The dispensing of prescription medication in athletic therapy settings in colleges, universities, and professional sports organizations presents logistical problems for team medical personnel as well as local affiliated pharmacies. Both parties, along with any governing bodies, must maintain accurate records in dispensing prescription medications to team and club personnel.

These records should include official team purchase orders, invoices, individual player records, individual dispensing and restock logs, and team dispensing logs to maintain full control of drug distribution and to keep an accurate pharmaceutical inventory.

A report was compiled several years ago from Auburn University after an investigation of the distribution of legal therapeutic drugs in college athletics (Laster-Bradley & Berger, 1991). Titled the Laster-Bradley Report, it defines "drug distribution" as the selection, acquisition, control, storage, delivery, preparation, and administration of drugs in the sports environment.

One of the main objectives of the study was to identify characteristics of a model or optimal drug delivery system. The report concluded the following:

1. The health care of athletes is often compromised.
2. Many current drug distribution practices are illegal.
3. Drug inventory management could be improved.

Some of the problems that led to these findings were: improperly packaged and/or improperly labeled medications, inadequate record-keeping, excessive inventories, and a lack of information about some drugs provided to athletes.

The Problem

Regardless of the level of athletics, there are times when the team physician expects to have a few days supply of a particular medication available for immediate distribution to an ill or injured athlete/patient.

This is not unlike the situation in the doctor’s office when a patient needs a medication of which, it turns out, the doctor has samples on hand from the drug company sales rep. The information is recorded on the patient’s chart, the patient has the medication and begins the therapeutic course immediately, and the doctor has faith that the patient will comply with the treatment regimen.

The problem is compounded in the athletic setting, however, due to the hectic schedule for the
physician and athletic health care staff as well as the sheer numbers of athlete/patients being seen in a short period of time.

An Optimal System

In an attempt to stay within the legal limits of drug delivery while providing the advantages of physician access to medications that are needed, a system of distribution was developed for the Pittsburgh Steelers by athletic trainers, pharmacists, physicians, and a data systems company. This system utilizes a satellite pharmacy setup for the physician's use in-house.

Medication records are maintained by the pharmacist and the athletic trainer through hard-copy data sheets contained in the packaging of the medication, and a modem link between the pharmacy and the training room. This system meets the needs of physicians, athletic trainers, and pharmacists while complying with league regulations and laws of the State Board of Pharmacy in Pennsylvania.

The Satellite Pharmacy

The pharmacy prepares an "acute-therapy pack" of medication upon the physician's orders—accompanied by a purchase order from the athletic trainer—and dispenses them to the team's satellite pharmacy to be kept on hand for physician use.

The pharmacy labels all packs with a prescription number, directions for use, precautions, physician's name, and expiration date of the medication. The information is entered into the system when the pharmacist fills the purchase order. This lets the pharmacy know what is on hand at the satellite site.

Identical information is contained on an insert in the package, but the insert has blank spaces for the athlete's name and the date of distribution (Figure 1). This duplicate label placed inside the prescription bag allows for tracking of the prescription after it is given to the athlete.

When a player is prescribed a medication from the inventory of the satellite pharmacy, the physician fills in the information needed on the inside label: date, patient's name, and condition treated (Figure 2). The label is then given to the athletic trainer, who contacts the pharmacy via computer modem to identify the player and prescription number. Both parties then transfer this information to the athlete/patient's profile.

Benefits of the System

This distribution system allows the athletic trainer, the physician, and the pharmacist access to all medication history on team members. This factor becomes increasingly significant as more pharmacies are linked. With the linking of the pharmaceutical network, drug interactions and composite medication histories can be made available even when medications are obtained outside the satellite or regular pharmacy system.

This system also gives the pharmacy tight control of the inventory at the satellite pharmacy and provides additional measures to track the distribution of medi-