Guideline for amending prescribed medicines by pharmacists *Clinical Support & Imaging CMG*	University Hospitals of Leicester NHS NHS Trust **Trust Ref: C273/2016**

1. Introduction and who guideline applies to

Pharmacists who are not on the UHL NMP database can, in certain circumstances, amend patients' prescriptions in order to maximise medicines safety and optimise patient care.

There are **two** categories of amendment:

- Those that do not require the pharmacist to refer to the prescriber
- Those that can be made only after discussion and agreement with the original prescriber (or another prescriber who is familiar with the patient),

This guideline covers prescribed medicines on all inpatient and outpatient prescriptions and discharge letters. It is applicable only to pharmacists registered with the General Pharmaceutical Council who are not included on the UHL NMP database. Independent prescribing pharmacists should use their prescribing qualification to make changes to prescriptions.

Additionally pharmacists must have passed the UHL professional checking assessment, completed the education & training described in section 3 below, and have been trained in the prescribing elements of any relevant eMeds system(s) prior to undertaking this activity unsupervised.

2. Guideline standards and procedures

It is important to note that professional discretion must be used at all times. Pharmacists must act in the best interest of the patient, ensuring the safe prescribing of medicines. The examples given in sections 2.1 and 2.2 are intended to be examples rather than an exhaustive list, and some aspects (including those covered by the substitution policy) will change over time. If any prescription falls within section 2.3 (major errors) the pharmacist must act immediately to maintain patient safety.

It is important to provide feedback to the prescriber regarding errors as this can help to prevent reoccurrence. Trust incident forms should be completed when appropriate

Amendments to controlled drugs on inpatient charts.

- Amendments as detailed in 2.1 may be made by pharmacists under this policy. Amendments detailed in 2.2 should be referred to the prescriber who should make any necessary changes.

Amendments to controlled drugs on outpatient prescriptions and discharge letters.

- These are limited to those specific circumstances detailed in Pharmacy SOP 902. Pharmacists may facilitate discharge by making amendments ready for a prescriber to review and then sign, e.g. addition of total quantity to be supplied in words and figures.

2.1 Changes which may be made without first speaking to a prescriber

These types of amendments are limited to the categories listed below.

Amendment type	Examples
Add/amend times where times for administration differ from those in BNF or SPC or patient's usual practice	a. Diuretics prescribed at night b. Oral bisphosphonates in relation to other medicines c. Nitrates to ensure nitrate-free period d. Drugs used to treat Parkinson's disease e. Day of week for weekly medications f. To allow administration of a dose that has been unintentionally missed
Add/amend strength of product where dose remains unchanged	Bisoprolol 2.5mg tablet changed to 5mg tablet for 5mg dose
Add/amend device	a. Insulins b. inhalers
Add/amend route	a. eye or ear drops b. Switching between routes of enteral administration e.g. PO, NG, RIG, PEG, JEJ when a tube has been inserted/ removed or based on current patient situation
Add indictation	antibiotics
Add duration of treatment	Short courses of medicines
Add/amend rate of administration	Based on Medusa/SPC
Add/amend injection diluent	Based on Medusa/SPC
Add/amend brand	a. Insulins b. Tacrolimus
Add/amend form where form not stated, form prescribed is not available in pharmacy, not suitable, not as per MOA or not formulary first choice	a. Tablet to oral liquid b. Normal release to modified release tablet (where bioavailability differs the dose can be changed)
Cease therapeutic duplicate	a. Same drug prescribed twice e.g on regular and PRN section b. Branded product and generic name (e.g. Tildiem & diltiazem) c. Multiple brands of the same drug (e.g. Thiecal D3 & Adcal D3) d. Drugs from the same class (e.g. lansoprazole and omeprazole) e. Drugs for the same indication (e.g. proton pump inhibitors & H2-receptor antagonists)
Reduce dose for safety (Note - dose adjusments due to changed renal function are classed as 'moderate' amendments)	a. Paracetamol where the dose prescribed is not appropriate for patients less than 50kg. b. Drug unintentionally prescribed above maximum licensed dose (e.g. tiotropium 18mcg BD, Adcal D3 chewable 2 tabs BD)
Discontinue medicines where intended for inpatient use only	PCAs and intravenous fluids Drugs prescribed IV/PO during admission where PO only appropriate on discharge
Add fluids necessary for treatment on discharge	Sodium chloride 0.9% or Water for Injection required for end of life care or other home IV services
Amend to individual constituents of a combination product	a combination product not kept at UHL B Individual constituents more appropriate for patients' needs e.g. co-codamol

Amendment type	Examples
Change drug as per pharmacist substitution policy (limited to where drug prescribed by non-specialists)	a. ***Permitted changes are limited to those within the current policy.***

2.2 Amendments which can only be made after speaking to a prescriber

Amendment type	Examples
Add/amend medication missed unintentionally or unintentional dose changes from prescribed drug history*	a. Medicines not known about or not accurately documented during doctors' clerking drug history
Add medication omitted from the drug/administration chart but prescribed elsewhere	a. Supportive medicines from ChemoCare prescription (e.g. anti-emetics) b. Insulin prescribed on diabetes chart
Amendment to allow continuation of therapy based on available products / UHL practice	Levomepromazine 6mg to 6.25mg (quarter of tablet)
Cease medication no longer required	a. Drugs stopped by GP prior to admission b. Short courses already completed prior to admission c. Antibiotics at end of approved duration based on guideline or verification code d. Medication prescribed but not taken/required during inpatient stay (e.g. laxatives, analgesics, anti-emetics)
Amend duration or indicaton of treatment if that stated is inappropriate	Antibiotics
Adjust dose based on current renal function	Increased or decreased doses as renal function changes
Cease medication to which a patient is allergic (a prescriber must be informed to prescribe a suitable alternative)	e.g antibiotics
Add medication omitted from discharge letter	a. Ceased medications on admission that require re-start on discharge b. Medicines that are identified from drug history or POD checks that have been missed off discharge letter c. Medications commenced during inpatient stay which have not been included in discharge letter d. Thickener where required for safe use of other mediciations
Amend dose on discharge	a. Where doses have been changed unintentionally or should have been changed on discharge e.g escalation of beta blocker dosing
Amend frequency on discharge	Analgesics from regular to PRN where doses have been refused on ward
Amend to clarify administration regimen on discharge	Amending flucloxacillin dose for OPAT intermate devices (2g QDS → 8g over 24 hours by continuous infusion)

*Prescribed drug history relates to medicines that have previously been prescribed for the patient e.g. from the GP, prescriber in clinic or at another hospital. It does not include OTC or other purchased medication.

2.3 Major errors

These are errors covered in the sections above but which could cause significant harm to the patient.

Examples include:

- Daily methotrexate prescription
- 10 x overdoses

In these cases action must be taken immediately as follows

- Amend or cease the prescription to maintain patient safety
- Check if the patient has received any doses
- Complete a Trust incident report if considered appropriate
- Speak to the prescriber to inform them of the error and the actions taken
- Speak to the patient, or ensure there are arrangements for another member of the multidisciplinary team to do so, as appropriate in line with duty of candour.

2.4 Documentation

It is mandatory that the pharmacist documents details of the changes made under this guideline. The following must be recorded as defined below depending on the system used.

- **Pharmacist's name (captured automatically within some systems)**
- **Date (captured automatically within some systems)**
- **Actions taken**
- **Reason for amendment**
- **Name of prescriber contacted for amendments in sections 2.2 or 2.3**

System	Where to record
eMeds	Details should be recorded against the ceased prescription when an item is amended, or against the new prescription when an item is added.
Discharge letters	Details should be recorded in the hospital pharmacy notes or pharmacy check box.
Paper	Simple changes (e.g. addition of device) should be documented where space allows on or near the original prescription. More complex changes require the prescription to be rewritten in accordance with the Leicestershire Medicines Code. The pharmacist should sign the prescription and state they are working under the pharmacist amendment guideline. All relevant details above must also be recorded in either case.

3. Education and Training

All pharmacists wishing to amend prescriptions must demonstrate compliance with this guideline during a period of supervised practice. Assessment paperwork is issued by the Pharmacy Professional Development and Clinical Assurance Team and can be issued as soon as the candidate has completed their professional checking assessment. Candidates must meet the requirements set out in the current approved version of the assessment paperwork before undertaking this activity unsupervised.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
No incidents relating to inappropriate use of guideline	Incident monitoring	Chief Pharmacy Technician Quality & Safety	Continually	Monthly to Pharmacy Quality & Safety Board

5. Supporting References

- Leicestershire Medicines Code; https://www.lmsg.nhs.uk/guidelines/secondary-care/medicines-code/
- UHL Controlled Drugs Policy; http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Controlled%20Drugs%20UHL%20Policy.pdf
- Products which may be substituted by UHL pharmacists and Medicines Management Technicians ('Substitution policy'); http://267lv2ve190med3l1mgc3ys8.wpengine.netdna-cdn.com/wp-content/uploads/2015/05/Products-which-may-be-substituted-by-UHL-pharmacists.pdf
- ChemoCare Governance Document; http://uhlqpulseweb01/QPulseDocumentService/Documents.svc/documents/active/attachment?number=OHQS-RA-2
- Pharmacy SOP 902 – Professional Checking of Controlled Drugs; http://insitetogether.xuhl-tr.nhs.uk/SP2007/Pharmacy/SOP%20902%20for%20professional%20checking%20of%20CDs.pdf

6. Key Words

Pharmacist, amendment guideline, medicine

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review: • Removed columns for "stage of care" as the stage of care is clear from descriptor. • Confirmed inclusion of outpatient prescriptions in all relevant sections of guideline. • Updated some wording to remove ambiguity • Amended documentation instructions for discharge letters due to move to NerveCentre • Added/amended wording or examples of some amendments to increase clarity	