

5. ORDERING AND SUPPLY OF MEDICINES FROM PHARMACIES

Medicines are supplied by Pharmacies in several ways, as follows:

- To Wards and Departments as stock
- To Wards and Departments dispensed against an individual patient's prescription and labelled with the patient's name and dosage instructions (referred to as dispensing for discharge) or as temporary stocks with no instructions.
- To Wards and Departments as labelled pre-packs of medication for supply to patients according to a local agreement or by authorised practitioners against a patient group direction
- Dispensed directly to a patient as leave/discharge medication or on an outpatient prescription form
- Dispensed and delivered to a patient at home by a homecare company.

5.1 Stock Medicines other than Controlled Drugs

5.1.1 Ordering – Pharmacy Topping-up Service:

- Pharmacy technicians or assistants visit Wards and Departments at agreed times to check stock against a previously agreed stock list. Supplies to replenish used stock are then sent to the Ward or Department and the requisition will be signed by the appropriate Pharmacy technician/assistant.

5.1.2 Ordering - Ward Box Service

- A requisition signed and name printed by a registered nurse or other healthcare professional is sent to Pharmacy on an agreed day. Stock requisitions must be kept in a safe place when not in use. Signatures of registered nurses likely to sign ward stock requisitions may be deposited with the Pharmacy Department or a system introduced which allows the signature to be verified.

5.1.3 Items Requested In-Between Top-Up / Requisition Days:

- These items will be supplied by the Pharmacy Department on submission of a stock requisition form signed by a registered nurse, pharmacist or pharmacy technician
- In an emergency situation a telephone request may be made from a ward area.

5.1.4 Stock / Item Procedures

- Stock lists for Wards and Departments must be agreed and regularly reviewed (6 monthly) between the Ward Manager and a pharmacist or pharmacy technician. Each stock list will be held on file and no item will be available for issue as ward stock without the express sanction of the ward pharmacist/technician, unless it is on an agreed list. If there is any doubt regarding the specification of any item ordered, clarification must be sought before the supply is made. Particularly toxic or corrosive items should only be issued with full identification as to the hazard and the necessary warning labels.
- Certain medicines are not allowed to be kept as stock on wards due to concerns flagged through previous safety alerts. Please check against agreed lists in individual Trusts.

5.1.5 Medicines which must be available on wards/ departments:

- All areas must have
 - ❖ a Cardiac arrest box (CAB)
 - ❖ additional access to medicines needed for the treatment of anaphylaxis (adrenaline pen, hydrocortisone, antihistamine, salbutamol nebulas) which may not be in the Trust CAB box
- Reversal agents flumazenil and naloxone must be kept where midazolam or opiates are used.
- Additional boxes are available in some Trusts – (please check individual hospitals)
 - ❖ Hypoglycaemia treatment boxes
 - ❖ Sepsis boxes containing meropenem

5.2 Transfer of medicines between wards

For the supply of medicines outside Pharmacy opening hours, please refer to individual Trust policies. The following guidelines must be adhered to when borrowing:

- Controlled Drugs issued to the ward for use on the ward cannot be transferred from one ward to another. Single doses may be given to a patient on one ward from stocks on another. The necessary records must be made in the Controlled Drug Register of the Ward making the supply; Patient's own CDs must be transferred with the patient and a record made in the Patients own register where available.
- For other drugs, the whole container must be transferred - drugs should never be decanted from one container to another;
- The container should be returned to the lending ward immediately after administration to the patient, or arrangements made with the Pharmacy to supply a replacement as soon as possible after verification of the transfer has been established.

5.3 Dispensing of Individual Prescriptions - General

5.3.1 Individual prescriptions must fulfil legal requirements and be in accordance with procedures outlined in this document.

5.3.2 Dispensing must not be undertaken by nursing staff, except for the issue of a pre-pack prepared by the Pharmacy and available for a specific purpose or for the issue of leave medication in mental health units in accordance with the appropriate procedure. For issuing of pre-packs, agreed lists on wards/departments as to what can be supplied in these circumstances must be available. Please refer to local Trust Policy for details. **To meet legal requirements, the pre-pack must be marked with the name of the patient and a date at the time of supply.** Supply in this manner may be **according to a local agreement or by authorised practitioners against a patient group direction.** The dispensing / issue of a pre-pack must be checked by a registered member of staff. The practitioner retains accountability for any supply made under these circumstances.

5.3.3 **Ward stocks and medicines dispensed for in-patients must not be given to patients to take home unless authorised by Pharmacy and correctly labelled.** Many medicines are supplied prior to discharge for use on the ward labelled with a patients name and full instructions for use. These may be given to patients upon discharge as long as the dose and instructions are correct against those on the discharge prescription for example eye drops, inhalers, and topical preparations. These may be given directly to the patient on discharge at the request of Pharmacy.

- 5.3.4 Hospital staff collecting dispensed prescriptions from the Pharmacy Department must either be known to Pharmacy staff, bear official identification or have obtained advance authorisation from the Ward or Department. It is the responsibility of Pharmacy to ensure that individuals collecting prescriptions are authorised so to do.

The identity of patients collecting prescriptions must be checked by matching outpatient ticket numbers and/or by confirming name and address and date of birth. If there is doubt about whether it is the correct patient, the medicines should not be given to the patient without making further checks.

5.4 Dispensing Without a Prescription

Pharmacists will not dispense medicines for individual patients without a prescription written by a practitioner except in a **dire emergency**. An example of a dire emergency would be a situation where:

- a doctor cannot leave a patient;
- no other doctor is available to write a prescription and the clinical condition requires immediate treatment.

Inconvenience to a prescriber would never constitute a dire emergency. Prescribing of the medicine must be confirmed in writing as soon as possible (immediately after the emergency).

5.5 Checking of Dispensed Prescriptions

5.5.1 Out-Patient and Leave/ Discharge Medication Dispensing - Clinical (Professional) Checking

The pharmacist will clinically check (also referred to as professionally check) the prescription to ensure:

- prescription legibility and conforms with legal requirements;
- safety and acceptability of dose, regimen and medicine combination for individual patient;
- correct transcription / transfer of medication on the leave/discharge prescription from the current prescription chart (electronic or paper).

Final Dispensing Check

Final dispensary checks may be carried out by a pharmacist or a pharmacy technician who have achieved the required level of competence. Where a pharmacist/accredited technician checker has any doubt about any element of the prescription, he/she must contact the prescriber and/or confer with a senior colleague before proceeding. The final check will entail the following:

- a visual check of the identity of the medicine, where necessary comparing the dispensed supply against the original container and confirm that it the correct form and strength of the medicine as requested on the prescription and that it is in date.
- a careful check of the dispensed pack's label to ensure that the following are correct; name, strength and form of the medication, patient name, directions for use and quantity dispensed.

5.5.2 Dispensing for In-Patients

Medicines required by in-patients are either administered from ward stock or from supplies individually dispensed. A pharmacist must ensure that the prescription is unambiguous, legible, safe, appropriate for the patient and bears clear directions for administration. This activity will predominantly be that of the ward pharmacist who has access to the appropriate information, prescriber and nursing staff.

Instructions for dispensing provided for the Pharmacy must be clear and accurate. The dispensed item will then be checked either against the prescription itself or an accurate transcription, often an electronic printed worksheet.

5.5.3 Unusual Medicines and/or Especially Toxic Materials

Particular care must be taken with these. Section 11 describes procedures to be followed in their prescribing, dispensing and administration.

5.5.4 Unlicensed Medicines

Unlicensed medicines must be supplied in accordance with the organisations policy on Unlicensed Medicines where the quality and product is risk assessed. Appropriate records must be maintained.

5.6 Monitored Dosage Systems (MDS)

- A nurse or midwife, because of the difficulty in accurate identification, must not administer medicines from an MDS that is brought into hospital by a patient without prior approval by Pharmacy.
- A MDS is often supplied to a patient on discharge for those patients already using a compliance aid.

Where a patient is thought to be unable to self-administer their medicines from the dispensed containers, a Monitored Dosage System assessment form must be completed on the ward prior to ordering discharge medicines from pharmacy. The system is not suitable for confused patients and other options should be considered. It demands excellent communication and organisation between the patient, carer(s), hospital staff, GP, and those who fill the device (community pharmacist, district nurse, or social services may be involved).

The following options should be considered before supplying a MDS.

	Alternative options to using a MDS
Simplify medication regime	Reduce the number of medicines prescribed. Reduce the frequency. Schedule medicines to be taken at the same time of day. Consider compound preparations if appropriate.
Make label easy to read	Supply large print labels. Endorse label with the reason for taking.
Make pack easy to open	Supply easy opening tops on bottles. Pop out tablets/capsules in foil packs (not if integral desiccant).

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Encourage patient & carer(s)	Fully explain about the medicines to patient and carer(s). Supply a personalised sheet if available detailing when to take the medicines Use medicines packed in calendar packs.
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If a MDS is supplied, the following should be ensured before the patient is discharged:

- the patient / carer(s) are fully informed and can manipulate the device chosen
- the GP is informed and arrangements agreed with those who are going to be continuing the supply ie community pharmacist. .
- a Pharmacist has reviewed the medicines for appropriateness to put in the box.
- MDS should be filled by the Pharmacy