

## Policy and Procedures for Supply of Pre-Pack / Over Labelled Medication from Wards

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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

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June 2022:

- Removal of second signature from registers
- Removal of need to count stock and check against balance at every dispensing.
- Strengthening words that labels cannot be amended

### KEY WORDS

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Pre-packed, overlabelled

## 1 INTRODUCTION

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy for the supply of medications at ward level using pre-packed and over labelled medication from ward / clinic stock to facilitate discharge.

## 2 POLICY SCOPE

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- 2.1 This policy applies to all nursing, midwifery, prescribing and pharmacy staff employed by UHL involved in the dispensing and supply of medication for discharge.

## 3 DEFINITIONS

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- 3.1 **Over labelled** medication are those medicines which remain in the original packaging but have been labelled with pre-printed instructions requiring minimal completion for discharge, produced in batches in a production unit (or locally in line with Specialist Pharmacy Service guidance: <https://www.sps.nhs.uk/articles/guidance-on-the-licensing-requirements-of-prepacking-and-overlabelling-operations/>).
- 3.2 **Pre-pack** describes a medication which has been taken out of its original container, and re-packaged in a production unit (or locally in line with Specialist Pharmacy Service guidance: <https://www.sps.nhs.uk/articles/guidance-on-the-licensing-requirements-of-prepacking-and-overlabelling-operations/>), labelled with pre-printed instructions which require minimal completion for discharge.

## 4 ROLES – WHO DOES WHAT

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- 4.1 Executive lead for this policy is the Medical Director

### 4.2 **CMG's and Specialities Heads of Nursing are responsible for:**

- a) Ensuring that all relevant staff are aware of this policy.

### 4.3 **Ward managers** are responsible for:

- a) identifying which ready labelled and pre packaged medicines are appropriate to keep at ward level and can be issued from the ward directly in agreement with the lead CMG pharmacist.
- b) storing pre-packed and overlabelled medication in a designated locked cupboard.
- c) ensuring that dispensing and record keeping of this medication is in line with the enclosed procedures

### 4.4 **Pharmacy staff** are responsible for:

- a) Ensuring adequate supplies are available and will check that records of issue are being kept when stocks are replenished
- b) Notifying the CMG lead pharmacist who will discuss with ward managers any deviations from procedures.
- c) Monitoring the use and reviewing the appropriateness of pre-packed / overlabelled medication in ward areas with ward managers.
- d) Escalating concerns about the use of pre-pack / overlabelled medicines to the Chief Pharmacist for investigation.

### 4.5 **Individuals**

All staff involved in dispensing, supplying pre-packed or overlabelled medication to patients on discharge must follow this policy.

## **5 POLICY STATEMENTS**

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- 5.1 Wards / Departments who wish to stock pre-packed and over labelled medication must have this agreed by their Matron and CMG Lead Pharmacist as relevant to service need.
- 5.2 Pre-packs cost more than original packs and should only be used to assist fast discharge processes especially when the pharmacy is not open.
- 5.3 Supplies of prepacked/over labelled medication must be dispensed in accordance with the procedures described in appendix 1.
- 5.4 The pre-pack register used within the policy can be obtained from the print room on all sites.

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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- 6.1 All relevant staff must have read and understood this policy and the procedures therein. Additional support in the use of pre-packs may be obtained by contacting the medicines management team on 12644 or speaking to the clinical pharmacy team.
- 6.2 Nursing staff supplying medication under a Patient Group Direction (PGD) must have completed the PGD training and be authorised to undertake this role. Please refer to the Patient Group Directions policy B43/2005

## **7 PROCESS FOR MONITORING COMPLIANCE**

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The following table lists the monitoring arrangements for this policy:

<b>Element to be monitored</b>	<b>Lead</b>	<b>Tool</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Incidents including the loss of pre-packs.	Medication Safety Pharmacist	Datix incident reporting system	Regular review of incidents	Medicines Optimisation Committee

## **8 EQUALITY IMPACT ASSESSMENT**

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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- Leicestershire medicines code
- Chapter 16 of Leicestershire Medicines Code, Supply and administration of medicines by midwives E2/2020
- Patient Group Directions Policy (B43/ 2005)

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

10.2 This Policy will be reviewed every three years or sooner in response to clinical or risk issues.

## **1. Introduction**

This provides the procedures to be taken for issuing a pre-pack or overlabelled medicine to a patient upon discharge.

## **2. Scope**

This applies to all staff involved in the supply of medicines as part of the discharge process to patients.

## **3. Procedural Statements**

**Prepacked / over labelled medication may be dispensed either:**

### **3.1 Against a valid prescription (medication chart, discharge letter) signed and dated by an authorised prescriber.**

- Prescriber must sign electronically or print name alongside signature
- Prescription must be checked for accuracy and completeness
- The medication required must be available in a complete container and be clearly labelled
- The dose and directions on the pack must be the same as that on the prescription. Doses cannot be amended on the label. If the dosing required is not the same as that on the prescription then pharmacy must be contacted to obtain a supply.
- Prescription to be endorsed that a pre-pack has been issued and the pre-pack register completed **Or:**

### **3.2 Under a valid Patient Group Direction (PGD) by an authorised professional, documented on a discharge letter / in notes.**

- The medication under a PGD must be requested and supplied by the same qualified person
- Anything supplied under a PGD must be documented on the discharge letter or in the notes in red ink as specified in the written PGD. Electronic PGDs to be used where emeds is available
- The dose and directions must be identical to those specified in the Patient Group Direction.

### **3.3 By an authorised individual under the schedule 17 exemptions to Medicines Act.**

*Over the counter packs may be supplied under the midwifery exemption list : See chapter 16 of Leicestershire Medicines Code, Supply and administration of medicines by midwives E2/2020*

*Optometrists and other healthcare professionals are also authorised.*

3.3.1 Medication supplied from this list are Over the Counter packs, therefore do not need additional labels for directions, patients name or hospital address.

- The medication supplied must be a complete container
- The dose and directions must be clearly stated on the pack
- A written record must be completed.

#### 4. Process of Supplying to the patient:

A pharmacist must perform the 'Professional check' (pc) and authorise the discharge letter before the patient is discharged during normal working hours. If a patient only requires a pre-pack of analgesia the doctor may authorise and the nurse supplies from the ward to facilitate timely discharge.

In 'Out of Hours' situations a nurse may discharge a patient using the ward pre-pack/ over labelled medication if the discharge letter has been

- authorised by a pharmacist or doctor  
**and**
- the patient has all other medicines correctly labelled matching the discharge letter with a minimum of 14 days' supply, unless a short course  
**and**
- the pre-packs to be issued are the only medicine(s) required to complete the full list of prescribed medicines for discharge.

Midwives / nurses must not generally discharge patients where there have been alterations to regular medications without authorisation on the discharge prescription or verbal authorisation by the on-call pharmacist. In the case of discharges from some areas for example day case discharge may occur without the signature of a pharmacist for simple analgesia if on the midwife exemption list or using a PGD if available. If unsure, the pharmacy department should be contacted for advice

The number of packs which can be supplied will vary but consideration must be given to the following:

- Normally 1 pack should be sufficient to cover until the patient can obtain further supplies from a GP if continuation of treatment is required.
- No more than 1 pack of an antibiotic must be supplied at a time. For longer courses please request a supply from the Pharmacy Department.
- Enoxaparin – please ensure the patient has sufficient to cover until the next appointment if returning or for the length of the course stated on the prescription.
- The number of packs must not exceed that specified within a PGD (if supplied under a PGD).
- The contents of packs cannot be amended – strips, syringes must not be removed.

<b>a</b>	The appropriate medication must be selected and details checked (including drug name, strength, form, appropriate directions and expiry date).
<b>b</b>	Patient's name, and date of dispensing must be completed on the label, in indelible ink on pre-packs for products not included in the OTC Exempt list
<b>c</b>	Any dosage instructions to be added (e.g. length of course) – if applicable. e.g. Take ONE tablet.....times a day for .....days.
<b>d</b>	<b>Pre printed instructions must not be altered.</b>
<b>e</b>	Prescription / pre-pack register must be endorsed with number of packs supplied and signed by the staff member
<b>f</b>	Ward pre-pack register must be completed (at time of dispensing) and must include –

	<p><i>(Select the correct page for the drug supplied)</i></p> <ul style="list-style-type: none"> <li>• Date of supply</li> <li>• Patient's FULL name</li> <li>• Hospital number</li> <li>• Number of Packs supplied</li> <li>• Running total</li> </ul>
<b>g</b>	The register must be signed by one qualified practitioner supplying the medication
<b>h</b>	If a pre-pack is issued in error or medication is stopped it must not be re-issued for another patient. Cross out the patients name and use on the ward as a ward stock. Document action in the dispensing file.
<b>i</b>	File the outpatient prescription or copy of the discharge letter in medical notes. For chemotherapy prescriptions file the drug chart in the medical notes.
<b>j</b>	The balance of prepacks must be checked against the balance in the register at the time of placing a new order with pharmacy, either by the pharmacy assistant as part of the top up or the clinic/ward staff.
<b>k</b>	<b><i>The prepacked / overlabelled medication to be dispensed must be from the wards individual agreed stock list. Staff can only borrow in an "out of hours" situation. The Dispensing records need to be completed on both wards in this instance</i></b>



Sample Page from pre-pack register

Appendix Two

Drug name		Form : (tabs, liquid etc)		Strength		Pack size	
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Date received from pharmacy	Number of packs	Date Of supply	Patient's Name	S Number	Number of packs supplied	Running balance	Supplied By