

Medicines Policy

Version:	9.0
Ratified by:	Medicines Committee, Quality Committee
Date ratified:	12 th July 2017 (Version 9)- Medicines Committee
Name of originator/author:	Jennifer Melville, Chief Pharmacist
Name of responsible committee/individual:	Medicines Committee
Circulated to:	Medicines Committee, Pharmacy team
Date of original issue:	April 2003
Version 2.0 issued:	January 2006
Version 3.0 issued:	August 2008
Version 4.0 issued:	March 2009
Version 5.0 issued:	July 2011
Version 6.0 issued:	July 2013
Version 7.0 issued:	July 2016
Version 8.0 issued:	May 2017
Version 9.0 issued:	July 2017
Next review due:	July 2019
Most recent version approved by:	Medicines Committee, 12 th July 2017
Ratified by:	Quality Committee, 21 st June 2017
Target audience:	All clinicians who are involved with medicines.

Version Control Summary

Version	Review Date	Author	Status	Comment
1.0	April 2003	Shameem	Draft 1	
2.0	Jan 2006	Shameem Mir		Change in order of sections. Cross-reference to other clinical policies. Dispensing medicines section added. Changes made as a result of incidents (transcribing, unusual dosing of medicines). Prescribing for colleagues now prohibited. Includes non-medical prescribing
3.0	Aug 2008	Shameem Mir		In line with the NMC Standards for Medicines Management 2007. Section around complimentary medicines added. Include the management of medication errors. Include the 10Rs Hyperlink relevant policies Hyperlink Appendices Section on training and audit added
4.0	March 2009	Shameem Mir		Change the order of the 10Rs in-line with e-learning. Add a section on one-stop dispensing. Amend Non-medical prescribing to include independent. Add a comment about patient's own drugs being the patient's property. Non-medical prescribers can transcribe medicine charts.
5.0	July 2011	Shameem Mir		Include: <ul style="list-style-type: none"> • a section on Patient Group Directions. • "where drug form not specified assume tablets". • Add to training section "as per TNA". • section about provision of patient information leaflets to patients. • critical drugs in "Right time" section in response to NPSA alert for missed / delayed doses. • General review and update.
6.0	July 2013	Shameem Mir		Include: <ul style="list-style-type: none"> • A section on 'prescription security' • A section on 'Lost or stolen prescription procedure'
7.0	July 2016	Jennifer Melville		<ul style="list-style-type: none"> • Add desmopressin to critical list
8.0	May 2017	Michael Coughlan	Ratified by Medicines Committee 10/5/17	<ul style="list-style-type: none"> • Add trainee nursing associates to section on single nurse administration

9.0	July 2017	Michael Coughlan	Ratified by Medicines Committee 12/7/17	<ul style="list-style-type: none">• In the relevant sections, remove sentences referring to obsolete nurse dispensing policy and add sentences referring to new policy for dispensing medicines out hours• Section on patient's own medicines updated
-----	-----------	------------------	---	--

Content		Page
1	Introduction	5
2	Prescribing Medicines	6
3	Ordering Medicines	9
4	Dispensing Medicines	12
5	Transporting Medicines	13
6	Receiving Medicines	13
7	Storing Medicines	13
8	Administering Medicines	13
9	Documentation	20
10	Disposing and returning Medicines	20
11	Risk Management	21
12	Training	22
13	Monitoring	24
14	Prescription Security	25
15	Lost or Stolen Prescriptions	25

1. Introduction

1.1 Aim

The purpose of this Trust-wide policy is to define standards, which ensure that the medication process is safe and secure and complies with legal requirements.

1.2 Standards

This policy is in accordance with:

- The NMC 'Guidelines for the Administration of Medicines (2004)'
- The 'Medicines Act (1968)'
- The 'Duthie Report Two (2005)'
- The NMC Standards for Medicines Management (2007)

The Trust carries legal liability for the safety, care storage and administration of medicines. Staff must comply with this policy at all times.

1.3 Linked Policies

1.3.1 This policy should be read in conjunction with the following Trust policies:

- Self-Administration Policy
- Dispensing Medicines Out Of Hours Policy
- Non-Medical Prescribing Policy
- Trust wide policy for the Management of incidents
- Community Medicines Policy
- Depot Medication Policy
- Consent to Treatment Policy

1.4 Accountability

1.4.1 The unit manager / team leader responsible for a ward or department / team is ultimately accountable for ensuring adequate systems are in place to control the stock of all medicines. It is also their responsibility to ensure that the procedures detailed in this policy are correctly followed.

1.4.2 The availability and administration of medicines at ward / team level is the responsibility of the registered nurse in charge of the shift.

1.4.3 The nurse with continuing responsibility for the ward / team has overall responsibility for the custody of the controlled drugs, medicines and medicine cupboard keys.

1.5 Use of Medicines by Staff

1.5.1 **Self administration:** On **no** account must any member of staff take for themselves or give to another person medicines from the medicines cupboard or trolley.

1.5.2 **Prescribing for colleagues:** Staff requiring treatment for minor ailments, should either be referred to occupational health or purchase medicines from a local pharmacy. If they require Prescription Only Medicines they must visit their GP.

2 Prescribing Medicines

2.1 Use of Patients Own Medicines

- 2.1.1 Contact the ward pharmacist in the first instance and refer to the Patient's Own Drugs Policy (PODs).
- 2.1.2 Medicine brought into hospital by one patient should never be used for another patient.
- 2.1.3 If the medicine is a controlled drug, it must be stored in the controlled drug cupboard and appropriate records made in the controlled drug register. (For more details see the [Controlled Drugs Policy](#))
- 2.1.4 If the medicine is a restricted drug and the restricted drugs policy has been implemented on a specific ward / team, it must be stored in the controlled drug cupboard and appropriate records made in the Restricted Drugs (RD) register. (For more details see the [Restricted Drugs Policy](#))
- 2.1.5 Patient's own emollients and/or moisturisers brought in for non-medicinal use do not need to be prescribed on the medication chart and may be kept with the patient.
- 2.1.6 Patient's own medicines remain the patient's personal property. When leaving the ward, the medicines must either be returned to the patient or destroyed with the patient's consent.
- 2.1.7 Complimentary / alternative medicines :** If an in-patient wishes to take alternative remedies/homeopathic medicines, this should be discussed with the prescriber. If the prescriber considers that the product is safe and unlikely to cause harm to the patient, the alternative remedy should be written on the prescription chart. The pharmacist will be required to review the alternative remedy to ensure that the product is safe and unlikely to cause harm to the patient. If suitable for use within the Trust, the pharmacist will endorse the prescription "patient's own medicine".

2.2 Prescribing: General principles

- 2.2.1 All sections of the prescription chart which require patient details should be completed.
- 2.2.2 All prescriptions will be written by a Registered Non-Medical or Medical Prescriber who is employed by the Trust.
- 2.2.3 In ELFT, Non-Medical Prescribers are nurses or pharmacists who have completed and passed the required non-medical prescribing course. Please see the Trust Non-Medical Policy ([Hyperlink](#)).
- 2.2.4 All prescriptions must be written on the appropriate medicine chart and signed by the prescriber. For example, depot injections and medicines for rapid tranquillisation have separate sections on the inpatient medication chart.
- 2.2.5 The prescriptions must be written LEGIBLY, in block capital letters and in indelible ink.
- 2.2.6 Generic drug names should be used, not brand names.
- 2.2.7 Where the form of a medicine is not specified, it will be assumed to be tablets.
- 2.2.8 A prescription should be cancelled by drawing a bold line diagonally across the prescription and the administration section of the chart. The cancellation must be dated and signed in full.
- 2.2.9 For dose changes, clearly cancel the old dose before prescribing the new dose.

- 2.2.10 For dose titrations, clearly indicate on the chart the date the dose is to change.
- 2.2.11 Where doses above British National Formulary (BNF) maximum are prescribed, the prescriber must document the reason in the medical notes. The patient must also be informed and their consent documented in their notes.
- 2.2.12 Where there is a requirement under the Mental Health Act for consent to be given concerning treatment, there should be a valid Form T2 or Form T3 reflecting the current medication being administered. This form must be placed in a clear plastic document wallet and securely stapled to the medicine chart.
- 2.2.13 Not more than one inpatient medicine chart should be in use at anyone time for any one patient. Where more than one chart is required because the number of drugs prescribed exceeds the spaces on one chart a second chart may be used. These charts must be clearly marked '1 of 2', '2 of 2' etc. The charts must run concurrently and the two charts must be stapled together.
- 2.2.14 Statutory regulations regarding the prescriber, the medicine and the prescribing of medicines must be adhered to.
- 2.2.15 A record of all prescribed medicines and any subsequent changes must be clearly documented in the medical notes.
- 2.2.16 When prescribing medicines, involve the patient in the decision and discussions in accordance with [NICE guidance for medicines adherence](#).

NB: Medicines must never be prescribed retrospectively.

2.3 Unusual dosing of medicines

- 2.3.1 For medicines not to be administered daily. Ensure that the administration boxes are clearly endorsed with an "X" on the days when the medicine is not to be administered. For example:
- alternate day dosing
 - twice a week dosing
 - depot injections

2.4 PRN medicines

- 2.4.1 The minimum interval between doses and the indication for administration must be clearly specified by the prescriber.
- 2.4.2 A maximum daily dose **must** be stated.
- 2.4.3 As required or "PRN" medicines should be reviewed at least once a week. If a "PRN" medicine is needed regularly, it may need to be prescribed on the 'regular' section of the medicine chart. If a "PRN" medicine has not been administered in the last week consideration should be given to crossing it off.
- 2.4.4 Please refer to "[Guidelines for PRN Psychotropic Medicines](#)" for more information.

2.5 Transcribing Medicines

- 2.5.1 If a prescription needs to be rewritten on a new medicine chart this must be done by a

medical or non-medical prescriber. Pharmacist or nurses not qualified as prescribers must not transcribe medicines.

2.6 Verbal orders

- 2.6.1 A verbal order is the instruction by a medical prescriber to prescribe a drug in an emergency.
- 2.6.2 **Verbal orders must not routinely be given to nurses.** A verbal order for TTAs (to takeaway) can be given to a pharmacist. A record of the verbal order should be made on the medicine chart and this should be endorsed with the pharmacist's signature, the word "pharmacist" in brackets, the date and name of the doctor contacted. **Verbal orders cannot be given for CDs.**
- 2.6.3 **In an extreme emergency,** a medicine may be administered by a nurse in accordance with specific instructions and under the direct supervision of the medical prescriber. Verbal orders taken by qualified nurses are subject to the following:
- 2.6.4 Verbal orders can be taken for **oral** medication only, **not** for controlled drugs.
- 2.6.5 The order must be taken by **two** registered nurses and repeated back to the prescriber. Where possible, a facsimile should be sent by the doctor to ensure the accuracy of the verbal message.
- 2.6.6 The prescriber must state the following:
- Name of the drug
 - Dose to be administered
 - Maximum dose in 24 hours if "prn"
 - Route of administration
 - Timing and frequency of administration
 - Reason for medication
- 2.6.7 The registered nurses taking the message must inform the prescriber of all other current medicines prescribed or any drug-related allergies, sensitivities or adverse reactions as detailed on the medicines chart or in the notes.
- 2.6.8 **The [verbal order form](#) must** be completed by one of the nurses taking the verbal order and checked and countersigned by the second nurse. Once completed it should be stapled to the medicine chart so that it does not obscure other prescriptions. **Failure to complete this form will result in an administration error.** The verbal order form is only valid for 24 hours.
- 2.6.9 The verbal order form can also be found on the intranet, forms and templates/medicines
- 2.6.10 The verbal order should also be recorded as a prescription on the medicine chart with the addition "verbal order" and the date, time and two signatures of the nurses and name of doctor giving the verbal order. A prescriber must countersign this prescription within 24 hours.
- 2.6.11 **Documentation:** An immediate record of the following should be made in the nursing notes:
- that a verbal order was taken
 - name of prescriber giving verbal order
 - the date and time
 - signatures of the registered nurses taking the verbal order

Failure to document the above will result in an administration error.

2.6.12 The registered nurse administering the medicine(s) in accordance with the verbal order must be satisfied that the medicine(s) are appropriate. She/he must not accept responsibility and administer the medication if they are not clear about the verbal order.

NB Verbal orders taken by nurses must only be done so in **extreme** circumstances and in an **emergency** situation

2.7 Patient Group Directions

2.7.1 The main and preferred method for patients to receive medicines is for a prescriber to prescribe for the patient based on their need. However, the need for services to provide patient – focused care has enabled the legislation of patient group directions (PGDs). These allow a number of healthcare professionals to supply and administer medicines to groups of patients that fit the criteria laid out in the PGD. A patient group direction related to the supply and administration of a named medicine to a group of patients, who may not be individually identified prior to presentation for Treatment. For more information see the Trust Patient Group Direction Policy.

2.8 Prescribing TTAs (To Take Away)

2.8.1 Pharmacists and accredited technicians can transcribe medicines for short-term leave for up to 4 weeks. They cannot, however, prescribe discharge medication.

2.9 Prescribing Complimentary Medicines

2.9.1 Complimentary medicines must not be initiated in this Trust as their use is not evidenced- based.

2.9.2 If a patient is admitted and is taking a complimentary medicines then the trust **Patient’s Own Drugs Policy** must be followed.

2.9.3 The medicine should be assessed and if the patient still wants to take it and it does not interact with other prescribed medicines, then it should be prescribed on the medicine chart. See Section 2.1.5 – Patient’s Own Medicines

3.0 Ordering medicines

3.1 Ordering Medicines

Newham: For stock and non-stock medicines are supplied from Mile End Pharmacy. Most short-term leave and some discharge medicines are dispensed on-site.

City and Hackney and Forensics: For stock and non-stock medicines are supplied from Mile End Pharmacy. Most short-term leave and some discharge medicines are dispensed on-site.

Tower Hamlets: All medicines are supplied from the Pharmacy Department at Mile End Hospital.

Pharmacy Contact Numbers

Locality	Pharmacy Department Supplying Medicines	Telephone Number	Opening days and times
----------	---	------------------	------------------------

Newham	Pharmacy Office, Newham Centre for	020 7540 4380 ext 2018	Mon to Fri, 9am – 5pm Saturday service
	Mental health		provided from Mile End
City and Hackney and Forensics	Pharmacy department, City and Hackney Centre for Mental Health	020 8510 7251	Mon to Fri, 9am – 5pm Saturday service provided from Mile End.
Tower Hamlets	Pharmacy Mile End Hospital	020 8223 8823 / 8014 Fax: 020 8223 8065	Mon to Fri, 9am – 5pm Sat, 9.30 – 11.30am.

3.2 Ward Stock

- 3.2.1 Stock items are commonly prescribed medicines that are kept on the ward whether they are currently in use or not.
- 3.2.2 The list of drugs that comprise “ward stock” will vary from one ward to another. This list will be agreed between the ward manager and the pharmacy technician and will be reviewed regularly to accommodate changes in prescribing patterns.
- 3.2.3 A pharmacy technician will visit the ward regularly to replenish ward stocks.
- 3.2.4 If an item of stock needs replacing before the next scheduled visit, it can be ordered from the pharmacy department.

3.3 Individual patient items (Non-stock)

- 3.3.1 Individual patient medicines are supplied for the sole use of the patient whose name appears on the label.
- 3.3.2 Clozapine** is always supplied as an individual patient item as all patients who receive this medicine are registered on a database, which must be accurate and up-to-date. Clozapine cannot be supplied without a valid blood result. Clozapine prescribed for an individual patient should never be used for another patient without prior discussion with pharmacy. At Weekends or out-of-hours, contact the on-call pharmacist for advice.
- 3.3.3 A pharmacy technician will visit the ward regularly to replenish individual patient items.

If any item needs replacing before the next scheduled visit or a new drug is prescribed (which is not ward stock) it can be obtained by sending the prescription chart to pharmacy. For off-site locations, prescription charts can be scanned and sent to Pharmacy Tower Hamlets. Prescribing charts must all be faxed to a secure site as the last resort.

3.3 One-Stop Dispensing

- 3.3.1 Some wards, for example, elderly and rehabilitation, may receive medicines via a one-stop dispensing process.
- 3.3.2 This involves patients having their individual medicines dispensed which will be kept in a tray in the medicines trolley.
- 3.3.3 One-stop dispensing allows quicker administration of medicines. It also reduces administration errors.

3.3.4 Please ask your ward pharmacist or pharmacy technician for the local one-stop dispensing policy.

3.4 Obtaining Medicines Out-of-hours

3.4.1 If necessary, stock medicines can be borrowed from other wards. Inform Pharmacy as soon as is practical so that stocks can be replenished.

3.4.2 Non-stock items may be obtained from the Emergency Drugs Cupboard. Contact the Senior Duty Nurse.

3.4.3 Mile End pharmacy department is open over the week end, contact your local pharmacy department for details (see contact numbers on page 8).

3.4.4 For prescribed medicines that are not in stock, **every effort must be made to obtain medicines so that treatment can be started as soon as possible. Contact the on-call pharmacist.** It is not acceptable to endorse the chart with “out-of-stock” without making every effort to obtain medicines. Failure to do this will result in a medicines incident.

3.4.5 Please do not contact the on-call pharmacy service in the first instance, always contact the DSN first.

3.5 Ordering Leave or Discharge Medicines (TTAs)

All leave and discharge medicines must be labelled with instructions for administration for the patient– even if it is for a single dose of medication.

3.5.1 Leave medication / TTAs:

- The TTA form and the medicines chart must be sent to pharmacy for dispensing or given to the ward pharmacist.
- For off-site clinical units, and where transport facilities do not exist, the TTA form and prescription chart can be scanned or faxed to the pharmacy department.
- Short-term leave prescriptions (for up to 4 weeks) can be written by the ward pharmacist or an accredited pharmacy technician.
- In the event of unplanned leave out-of-hours, a doctor can dispense TTAs according to the Trust's Dispensing Medicines Out Of Hours Policy

HTT

- During normal working hours in HTTs, TTA forms should be given to the HTT pharmacist to order.
- In the event of medication being required out-of-hours, depending on local procedures, a nurse may dispense TTAs from stock in accordance with the Trust's Dispensing Medicines Out Of Hours Policy or pre-pack TTAs can be used.

3.5.2 Discharge Medication

- All discharge medicines should be prescribed and signed by the prescriber on the appropriate prescription form and should be ordered, at least one working day before the patient is due to be discharged.
- The Trust is contracted to give patients up to 4 weeks supply of medicines on discharge.
- NB: The quantity of discharge medicine given is at the MDTs discretion; smaller quantities may be advisable for those patients at risk of harming themselves.
- The MDT must make every effort to ensure the patient is counselled on their discharge medication.

3.5.3 Outpatient prescriptions

- Outpatient medicines are labelled with instructions for administration for the patient.
- Outpatient prescriptions must be written and signed by a prescriber.
- Some outpatients may receive an FP10 prescription which they can take to a community pharmacy for dispensing.

3.5.4 Controlled Drugs

- Controlled drugs (CDs) for administration on the ward can only be ordered using the requisition slips in the CD register. A permanent registered nurse must sign the order. The person signing the order must have supplied pharmacy with a sample signature. If the signature is unknown, it will not be dispensed.
- Leave or discharge medication containing a CD must be written and signed by a prescriber and conform to the legal requirements. Full instructions can be found in the latest edition of the British National Formulary (BNF).
- Faxed prescriptions for controlled drugs cannot be dispensed, the original prescription must be seen.
- Please refer to the [Controlled Drugs Policy](#) for more details.

3.5.5 Restricted Drugs

- Restricted drugs (RD) for administration on the ward can only be ordered using the requisition slips in the RD register. A permanent registered nurse must sign the order. The person signing the order must have supplied pharmacy with a sample signature. If the signature is unknown, it will not be dispensed.
- Please refer to the [Restricted Drugs Policy](#) for more details.

4.0 Dispensing Medicines

- Medicines are dispensed by local pharmacy departments according to a Standard Operational Procedure for dispensing.

4.1 Dispensing on the wards

- This can be done by medicines management technicians and pharmacists in the ward.
- This must only ever be done out-of-hours by a doctor into appropriate containers and labelled appropriately. Nurses must never dispense medicines into brown envelopes, even if it is only a single dose. This is both unsafe and illegal. Please see the Trust's Dispensing Medicines Out of Hours Policy.

4.2 Nurse Dispensing

- Whenever possible, TTAs will be dispensed by either Mile End or City and Hackney pharmacy departments. In Newham, this may be done from ward stock by pharmacy staff. For some teams, TTAs may be needed out-of-hours so that treatment can be started or continued. In such cases, nurses from Home Treatment and Assertive Outreach Teams may dispense medicines, but this must be done in accordance with the Trust's Dispensing Medicines Out Of Hours Policy.

4.3 Provision of information leaflets to patients

- Anyone started on a medicine since admission must have a PIL on discharge

- Anyone started on a new drug in outpatients must have a PIL
- Anyone requesting a PIL must have one
- If a PIL was readily available in the stock box if dispensing less than a full box it would be put back in the pack but no one needed to go and photocopy a PIL unless one of the first two criteria applied.

5.0 Transporting Medicines

5.1 All medicines will be delivered from pharmacy in a sealed bag or locked box. Medicines will be transported to and from pharmacy by the hospital transport system. In between scheduled transport times, taxis may be used.

6.0 Receiving Medicines

6.1 A registered nurse must check all medicines when they arrive on the ward.

6.2 Any discrepancy between the order and the delivery should be reported to the pharmacy as soon as possible.

6.3 **Controlled Drugs:** must be checked and entered into the CD register immediately by a registered nurse. A second registered nurse must witness this. See [Controlled Drugs Policy](#) for details of registering and recording CDs.

7.0 Storing Medicines

7.1 Each area should nominate a lead staff member to be responsible for the clinic area or place where medicines are stored. The staff should be aware of stock control and the procedure for ordering additional supplies.

7.2 All medicines must be stored in a locked medicines cupboard approved for this purpose or a locked medicines trolley attached to a wall (which may be removed from its fixings during medicine rounds).

7.3 Resuscitation drugs are the only exception to this rule. They should be stored inside a locked clinical room but not a locked cupboard within the clinical room. This ensures ease of access in an emergency situation.

7.4 Medicines suitable for storage at room temperature must be stored at or below 25 °C.

7.5 Some medicines need to be stored in a refrigerator between 2-8 °C. Refrigerators used for the storage of medicines must be locked.

7.6 **Medicine keys:** The medicine keys should be held by the nurse in charge on their person. All medicine cupboard keys must be kept together, but separate from other team base keys. The keys should never leave the ward or be left unattended. Medicines for external use must be stored separately from internal liquids, tablets and injections.

7.7 **Controlled Drugs (CDs)** must be stored in a locked medicines cupboard reserved for CDs only. Access must be limited to registered nurses, pharmacists and pharmacy technicians. See the [Controlled Drugs Policy](#) for more details on the storage of CDs.

8.0 Administering Medicines

8.1 From January 2010 all nurses joining the Trust will have to complete and pass the e-learning course "The Safe Administration of Medicines". In addition, all registered nurses in

the Trust will undertake the programme between January and June 2010.

Medicines must only be administered in line with a valid prescription written by a doctor unless:

- a) The professional involved is a qualified non-medical prescriber. See the Trust Non-Medical Prescribing Policy.
- b) An approved Patient Group Direction (PGD) is in place and the member of staff administering the medicine has been approved to follow the PGD.

8.2 Staff must know the following about the medicines they administer:

- The [British National Formulary \(BNF\)](#) dose limits for the medicines being administered
- Potential side effects.
- What the medicine is for.

Should any staff member doubt their competence or ability to administer medicines, it is their responsibility to approach their line manager or supervisor who will offer support and identify any relevant training needs.

8.3 Single Nurse administration

The Trust operates a single nurse administration of medicines policy except when administering medicines in the following circumstances, (in which case two registered nurses must be involved):

- To children under 12 years old
- Injections, excluding depot injections
- Controlled drugs
- Supervising student nurses
- Supervising trainee nursing associates
- Registered Nurse undertaking Preceptorship
- Or if a concern identified

During two-person administration both nurses must check each step of the administration process.

8.4 Who should administer medicines?

8.4.1 Medicines must only be administered by trained nurses or doctors. Agency staff must only directly administer medicines if the ward manager feels they are competent to do so. In community settings, an untrained member of staff may prompt a patient to take their medicine or supervise the patient to self-administer medicines. Untrained staff should not select the medicine(s) on the patient's behalf. Please refer to the [Community Medicines Policy](#).

8.4.2 **Student nurses and trainee nursing associates:** Nurses in training are given every opportunity to become proficient in the administration of medicines with appropriate supervision. The registered nurse supervising the nurse in training has accountability for the correct administration of the medicines and must exercise two nurse administration principles. This involves the supervising nurse checking every step of the way.

8.5 Before administering medicines:

8.5.1 Ensure that the number of medicine charts corresponds with the number of patients on the ward and consider those patients who have two charts.

8.5.2 If the patient is detained under the Mental Health Act and a consent to treatment form/second opinion is in place, the nurse must check that the prescribed medicine is in line with the consent form including PRN. If it is not, the medicine should be omitted and

the discrepancy brought to the patients attention immediately.

- 8.5.3 **Injectable medicines** must not be mixed together in the same syringe unless confirmation of compatibility has been checked with a pharmacist.

NB: Haloperidol and lorazepam must never be mixed in the same syringe before administration.

- 8.5.4 Medicines must not be left on a table or by the patient's bedside. The registered nurse must observe the patient until the medicine has been taken by the appropriate route of administration. Self-administration may be practised and must follow the Trusts policy.

8.6 The 10Rs of the Safe Administration of Medicines

The 10Rs are:

- 1 Right Patient
- 2 Right Consent
- 3 Right Time
- 4 Right Medicines
- 5 Right Dose
- 6 Right Route
- 7 Right Expiry
- 8 Right Documentation
- 9 Right Effect
- 10 Right Education

8.6.1 Right Time

- Time plays a critical role in the therapeutic effects of medicines.
- Check oral medicines that need to be given:
 - Before food (ac)
 - With food
 - After food (pc)
 - 2 hours after food
 - BD: twice a day
 - TDS: three times a day
 - QDS: four times a day

In response to the NPSA alert for [missed and delayed doses](#), the Trust have agreed a list of critical medicines where timeliness of administration is crucial. These medicines are:

- Antibiotics
- Antivirals
- Anticoagulants (heparin and warfarin)
- Insulin and oral hypoglycaemics
- L-dopa preparations (e.g Sinement, Madopar)
- Opioid analgesics (e.g morphine, fentanyl)
- Antiepileptics
- Clozapine*

- Desmopressin

* Clozapine is not critical in the sense that severe harm / death can occur from delayed or missed doses but if doses are missed for 48 hours then patients have to be re-titrated.

8.6.2 Right Patient

For every medicine administered the nurse must identify the patient to be the correct recipient.

The most common method of suitability for most practice areas is to ask the patient to identify themselves by confirming.

- First Name, Middle Name and Surname (Last Name)
- Date of Birth

Please refer to the Trust procedure for service user identification. ([hyperlink](#)).

At this point the nurse should confirm THE RIGHT PATIENT by checking allergies.

- Check the patient is not allergic to all prescribed medicines before administering.
- The allergy / sensitivity box on the medicines chart must state the allergy status of the patient. The box should never be left blank.
- If the allergies box has not been completed, medicines should not be administered and the prescription should be referred back to the prescriber.
- The administering nurse should review the allergy status verbally, with the patient, as a double check of identity and allergies to medicines before administration.

8.6.3 Right Medicine

- Check name of the medicine carefully.
- Check unfamiliar medicines with your medicine reference e.g, [BNF](#).
- Read labels carefully.
- Check expiry dates and storage instructions.
- Use your medicine reference to contextualise this medicine order with the patient's condition (why is this patient on this medicine?).

8.6.4 Right Dose

To ensure safe administration of medicine the nurse should:

- Read the medicine chart.
- Read measurements and abbreviations carefully.
- Check your medication calculation(s) and recheck.
- Show workings if a second person is required to check.
- Know your pharmacology. Is this the RIGHT DOSE for this age, condition, history or weight? For doses above the BNF maximum, refer to prescriber.

- For high dose antipsychotics refer to the Trust High Dose Antipsychotic Policy.
- Report inappropriate doses e.g. 5x10mg tablets if 1x50mg is available.

8.6.5 Right Route

- Methods of administration are:
 - Oral
 - Rectal
 - Injections
 - Topical
 - Inhalations
- Administration of a prescribed medicine via the prescribed route is essential. Before administering medicines:
 - Check unfamiliar medicines with the [BNE](#), pharmacist
 - Check unfamiliar routes of administration with your pharmacist.
- The nurse should report inappropriate routes e.g. Tablets and Capsules for infants and unconscious patients or patients that have difficulty swallowing.
- Oral liquids must always be administered using the oral syringes (with purple bungs). Never use syringes intended for injection as this can lead to error.
- If the form of the medicine is not specified on the medicine chart then assume tablet form.

8.6.6 Right Documentation

- By law all medicine administration must be documented.
- The exact time, date and name of person prescribing and the person administering (nurse) should be documented on the medicine chart.
- Patient records should describe critical events in relation to medicine e.g. adverse reactions, side effects, and response to treatment. Documentation should include information on how these events were management.
- Patient records should also note critical events where STAT (immediate, once only) and “PRN” medicines have been prescribed and administered.
- Failure to document administration on the medicine chart will result in a medicine incident and must be reported via the DATIX reporting system.

8.6.7 Right Effect

- NEVER ADMINISTER A MEDICINE YOU DO NOT KNOW
- Check unfamiliar medicines with the [BNE](#) or pharmacist.
- Know the effect for each medicine.
- Know the side effects of each medicine.
- Know common interactions with other medicines.
- Know the toxic effects of the medicines. Assess that the medicine has had its desired

effect e.g. pain has been relieved, patient is feeling calmer or nausea has abated.

8.6.8 Right Education

a) Patient Education

Safe administration of medicine always involves an educational component for the patient (and or family).

The nurse should ensure at each administration the patient learns:

- The correct name and reason for the medicine including the dose.
- The effect of each medicine.
- When the medicine should and should not be taken.
- Side effects and interactions.
- Precautions and when to seek professional help.
- Information on how the medicine is monitored e.g. when blood tests might need to be taken.
- To be aware that some complimentary / alternative therapies can interact with medicines so they should always mention if they are taking other therapies as well as those prescribed. See section 2.1.5.

b) Nurse Education

Safe administration of medicine involves a significant educational responsibility for a nurse. Pharmacology and therapeutic regimes are always changing. Nurses are required to have advanced knowledge of pharmacology and pharmacotherapy to support and advise those persons in their care.

- NEVER ADMINISTER A MEDICINE YOU DO NOT KNOW.
- Check unfamiliar medicines with the [BNF](#), pharmacist.
- Know the effect for each medicine.
- Know the side effects of the medicine.
- Know the toxic effects of the medicine.
- Know common interactions.
- Know appropriate antidotes and emergency procedures.

8.6.9 Right Expiry

- The expiry dates of all medicines must be checked before administration. Examples given below aim to clarify what is meant by the different terms used.

Expire 11.Nov 2005	Do not use after 11. Nov 2005
Use by 31.12.05	Do not use after 31.12.05
Use by end May 2005	Do not use after the last day in May
Expire end May 2005	Do not use after the last day in May

- Expired medicines must NEVER be administered.
- Any suspicion that a medicine may be out-of-date must be checked with the pharmacist.

8.6.10 Right Record On Form T2 and T3.

Consent to treatment and medication

a) Introduction

In general, everyone has the legal right to determine what happens to their own bodies and therefore to decide which treatment they do or do not want to receive.

As Mental Health professionals, we are required to ensure that the appropriate legal authority is in place before giving any form of treatment. If the rights and interests of our patients are to be protected, it is essential that we all understand the consent to treatment provisions of the Mental Health Act 1983 (MHA 1983) for those patients who are liable to be detained under certain sections of the Act.

b) The Three Month Rule

The issue of consent to treatment is dealt with under part IV of the MHA 1983. For the first three months of a patient's detention, a doctor may prescribe and a nurse may administer medication for a mental disorder, even if the patient refuses consent, or is incapable of giving it. This three-month period begins from the point that medication was first given to the patient during any continuous period of detention.

c) Form T2 and Form T3

After three months, statutory Form T2 and T3 represent the legal authority to continue administering medication to a detained patient. If a patient validly consents to the administration of medicine for a mental disorder, this consent should be recorded on a Form T2 by the Responsible Medical Officer. In the absence of such consent, authorisation by a Second Opinion Appointed Doctor should be recorded on a Form T3.

- d) **All medicines** being used for the purpose of treating a mental disorder needs to be recorded. This includes any off-licence / unlicensed medicines, in addition to medicines that are being used to treat side effects of other psychotropics.

Administering Medication For A Mental Disorder Not Recorded On Form T2 and Form T3

- e) Except in an emergency in accordance with section 62 it is potentially unlawful to administer medication to the patient unless it is recorded on these documents. Unlawful administration may constitute an assault and therefore a civil wrong or criminal offence.

f) Whose Responsibility Is It To Check Form T2 and Form T3?

The health professional administering the medication is required to ensure that the appropriate legal authority is in place and therefore to check the appropriate form. However, all healthcare professionals who prescribe, administer and monitor treatment

charts have a duty to check Forms T2 and T3 against the medication charts. It is also mandatory that such professionals attend the Trust's consent to treatment training session every 2 years. By working together, we should be able to prevent any further errors from occurring.

8.7 Self Administration of Medicines by patients

Self-Administration is a process whereby in-patients administer medicines themselves, that is, they are not administered by a member of staff.

Aims

- To increase patient knowledge about individual drug therapy.
- To teach the patient to administer their medicines correctly and safely in an environment in which they can be appropriately trained and supported.
- To emphasise the need for safe storage of medicines.
- To identify and overcome any problems associated with medicines.
- To give an opportunity to continuing care patients to maintain some independence in a way of life in which the patient may otherwise have limited control.

See the Trust [Patient Self Administration Policy](#).

9.0 Documentation

- 9.1 The prescription chart must be signed immediately to confirm that the medicine has been administered, **failure to do so will result in an administration error**.
- 9.2 If a medicine is not administered, the prescription chart must be endorsed appropriately (see instructions on prescription chart) and the reason why the medicine omitted documented (using appropriate coding or wording) on the medicine chart. This should be done immediately. **Failure to do this will result in an administration error**. If a drug cannot be administered because it is out of stock, every effort should be made to obtain a supply at the earliest opportunity. All stock medicines can be borrowed from other wards. In addition, most medicines are kept in the emergency drugs cupboard. See section 3 on ordering medicines.
- 9.3 The administration of Controlled Drugs and Restricted Drugs must be recorded in the ward CD / RD register as well as on the prescription chart. See [Controlled Drugs Policy](#) and [Restricted Drugs Policy](#).
- 9.4 The administration of any "prn" medication for the purpose of rapid tranquillisation must be documented in the patient's notes.
- 9.5 Where a dose has been prescribed above BNF limits, the reason for doing so must be documented in the patient's notes by the prescriber. If not, the dose must be checked with the prescriber before administration.

10.0 Disposing and returning Medicines

- 10.1 All out-of-date medicines or, medicines that are no longer required should be returned to pharmacy. When patients are discharged all medicines for that patient should be returned to pharmacy.
- 10.2 Patients must give their consent to dispose of their own medicines brought from home. If they do not wish for them to be disposed they must be returned to the patient as the medicines are the patient's property.

- 10.3 Non-pharmaceutical waste e.g. sharps, empty bottles should not be returned to Pharmacy.
- 10.4 **Controlled Drugs:** contact the ward pharmacist if CDs need to be returned or destroyed. The procedure outlining the procedure for returning or destroying CDs can be found in the Trust [Controlled Drugs Policy](#).
- 10.5 For the disposal of alcohol and illicit or unknown substances please see the Trust [Policy for Dealing with and Disposal of Illicit Drugs and Alcohol](#).

11.1 Risk Management

11.2 Medicine Incidents

Medicines incidents can be broadly divided into 3 categories, prescribing, dispensing and administration.

11.2.1 Prescribing Incidents are defined as:

- Prescribing the wrong medicine
- Prescribing the wrong dose of medicine
- Prescribing the wrong frequency
- Prescribing the wrong route
- Prescribing the wrong time of administration
- Failure to sign the prescription

11.1.2 Dispensing incidents are defined as:

- Dispensing the wrong medicine
- Dispensing the wrong dose of medicine
- Dispensing the wrong form of medicine
- Dispensing the wrong quantity
- Dispensing the wrong strength
- Dispensing to the wrong patient
- Dispensing an expired drug

11.1.3 Administration incidents are defined as:

- Administration to the wrong patient
- Administration of a drug not listed on a form T2 / T3
- Administration at the wrong time
- Administration of the wrong medicine
- Administration of the wrong dose of medicine
- Administration via the wrong route
- Administration of an expired drug
- Failure to sign the medicine chart to confirm the administration of a medicine
- Failure to appropriately endorse the medicine chart if a medicine is omitted or not given as prescribed

All Medicines Incidents must be reported via the Trust DATIX system using the [electronic incident reporting form](#).

11.2 Steps to take if an administration error occurs

Should an administration error occur, the nurse responsible must take the following action immediately

- Inform the patient of the incident and ensure the patient is safe. Carry out any necessary physical observations.
- Inform the Duty Doctor and Duty Senior Nurse (DSN)
- Inform the ward pharmacist as soon as is practicable.
- Review the care plan in light of 1, 2 and 3 above.
- Document the error in the medical and nursing notes.
- Complete the Trust [electronic incident reporting form](#) within 24 hours
- Report to the line manager as soon as is practicable.

As soon as possible, the team should meet to conduct a critical analysis of the incident. Factors leading up to the incident, systems failures and how to prevent the incident from happening again should be discussed. The action plan that follows should then be sent to the relevant Modern Matron / representative of the Medicines Safety Group.

11.3 Procedure for the Management of Medicine administration incidents

Please refer to the Trust [Safe Administration of Medicines Policy](#).

11.4 Near Misses

The Trust encourages the reporting of “near misses”. A near miss is defined as a medication error that is detected up to and including the point at which the medication is handed over or administered to a patient. That is, an error that could have occurred but did not because of an appropriate intervention. The purpose of such reports is to use them as a learning tool and to identify training needs. Near misses should be reported in the same way as medicine errors.

11.5 Medicines Safety Group

This is a multidisciplinary team that meets every month. They discuss all medicines incidents reported via the DATIX system. The aim is to discover systems failures and ways to prevent the same incidents happening again.

11.6 Recording Allergies and Adverse Drug Reactions

- 11.6.1 On admission, patients should be asked specifically for any history of drug allergies or adverse drug reactions (ADRs). This should be documented in the medical notes and on the medicine chart. This should be carried out by the prescriber and the pharmacy staff member conducting medicines reconciliation for that patient.
- 11.6.2 Where no allergies/ ADRs are known this should also be documented in the medical notes and on the medicines chart.
- 11.6.3 It is the responsibility of the prescriber, nurse and pharmacist to ensure this section of the medicine chart is complete and that details are transferred to subsequent charts.
- 11.6.4 On discharge all allergies/ ADRs should be included on the discharge liaison form. Where a discharge liaison form is not available, include this information on the TTA form.
- 11.6.5 If a patient experiences an adverse drug reaction to a medicine, it should be documented in their notes and on their medicines chart. The doctor, pharmacist or nurse should complete a yellow card (if appropriate) and send it to the Committee for the Safety of Medicines (CSM). Yellow cards are available at the back of the British National Formulary (BNF). Yellow forms are now available for patients to complete.

11.6.6 Availability of Yellow Cards

For patients

Yellow Cards are available from the National Yellow Card Information service on 0800 731 6789 or email patientreporting@mhra.gsi.gov.uk. More information on the Yellow Card Scheme is available on the Yellow Card Scheme website at www.yellowcard.gov.uk.

For Healthcare Professionals

Health professionals may continue to report suspected adverse drug reactions using Yellow Cards available in the BNF or on the Yellow Card website at www.yellowcard.gov.uk.

12.0 Training

- 12.1 As a result of medication incidents analysed by the trust medicines safety group and audit results relating to prescribing administration and dispensing the expectation of the trust is;
 - For all trust medical staff, that is nurses, doctors and pharmacists to be trained at induction and then every 3 years.

- For all non-medical staff that handle medicines (Occupational Therapists, Social Workers, Support workers, Social Therapists, and Psychologists) to have an awareness of the medicines policy and be trained at induction.

- 12.2 Medicines Policy training will be included in the regular “Medicines Safety” slot at induction.
- 12.3 All new staff all also have to work through and pass the e-learning programme on “Safe Administration of Medicines” before administering medicines. This training programme is based on the 10Rs of administration of medicines and will be linked to the Medicines Policy. Staff members will be asked to read and understand the Medicines Policy.
- 12.4 Local training is delivered by pharmacy staff as and when it is needed, for example, in response to a medicine incident.

13.1 Monitoring

13.2 Audit

13.2.1 Prescribing

This a 6 monthly mandatory audit. The audit tool is available on the intranet. A record of which teams have completed the audit is available on the P Drive.

13.2.2 Administration

This a 6 monthly mandatory audit. The audit tool is available on the intranet. A record of which teams have completed the audit is available on the P Drive.

- 13.1.3 The audit of prescribing and administration is undertaken by ward staff under the direction of Modern Matrons and Borough Lead Nurses. Results and reports are collated and records are monitored by the Clinical Risk Group.

13.2 Training

- 13.2.1 Training and Education select all staff expected by the trust (as detailed above) to attend training at induction as per the Training Needs Analysis (TNA).
- 13.2.2 The attendance of staff at induction is monitored by the Training and Education Department. Those staff that do not attend are recalled at a later date. If absence is repeated, the manager is contacted by Training and Education and attendance is ensured at a later date.
- 13.2.3 The e-learning package around the “Safe Administration of Medicines” includes a management system for evidence. An electronic record of all staff that have completed the package is available to all managers.

14.0 Prescription Security

- 14.1 The safe management of prescriptions is a fundamental aspect of prescribing and professional practice. Standards for prescription security have been set by the Department of Health, NHS London, NHS Business Services Authority (Security Management Services) and Professional Regulators. All prescribers for the Trust must adhere to these standards.
- 14.2 Staff not exercising due diligence in prescription security render themselves liable to disciplinary action.
- 14.3 The prescriber can only prescribe medicines on a prescription pad bearing his/her/the team's own unique prescribing code or via EMIS using their personal identifier number. The prescriber **MUST NEVER** use a prescription pad or EMIS number belonging to another prescriber or allow their prescriptions to be used by someone else.
- 14.4 Prescription pads must be kept in a secure, locked cupboard or safe, access to which is restricted. If a departmental safe/cupboard is used access should be restricted and a record kept of staff accessing it. A record of all prescriptions kept within must be maintained, with a signing in/out system in operation. Prescription pads must never be left unsecured or unattended; this includes not leaving prescriptions in a car/vehicle that is unattended.
- 14.5 The prescriber must ensure the security of prescription pads at all times. Only one pad should be in use at a time and the prescriber must, at the end of the working day, make a separate record of the serial number found at the bottom of the prescription in a log. This will facilitate early detection of any prescription(s) that may be stolen.
- 14.6 Prescription pads remain, at all times, the property of ELFT. They must not be removed from the premises unless in the course of duty. When travelling between patients the prescription pad must not be visible and must be locked in the car boot. The prescription pad must be removed from the car when the car is unattended. At the end of the working day the prescription pad must be returned to a secure place.
- 14.7 If a prescriber terminates their contract of employment or is to be absent from work for a period of greater than 4 weeks, they must return prescriptions to their manager for safe keeping. In the case of the prescriber leaving employment the manager will contact the Pharmacy Lead or prescribing Lead to advise of the prescriber leaving or being absent for a prolonged period and arrange for collection and destruction of prescriptions. The Pharmacy Lead or prescriber Lead will complete and send the notification form to the PPA so that the individual is removed from ELFT's record and is no longer permitted to prescribe for ELFT, make a record of the serial numbers of prescriptions returned and shred them. Two staff (one of which is the Pharmacy Lead or prescriber Lead) will witness the destruction of prescriptions and sign the 'Destroyed Prescription' record.
- 14.8 A maximum of 3 months supply of paper prescription forms will be enforced to minimise risk. Blank prescription forms must never be pre-signed.

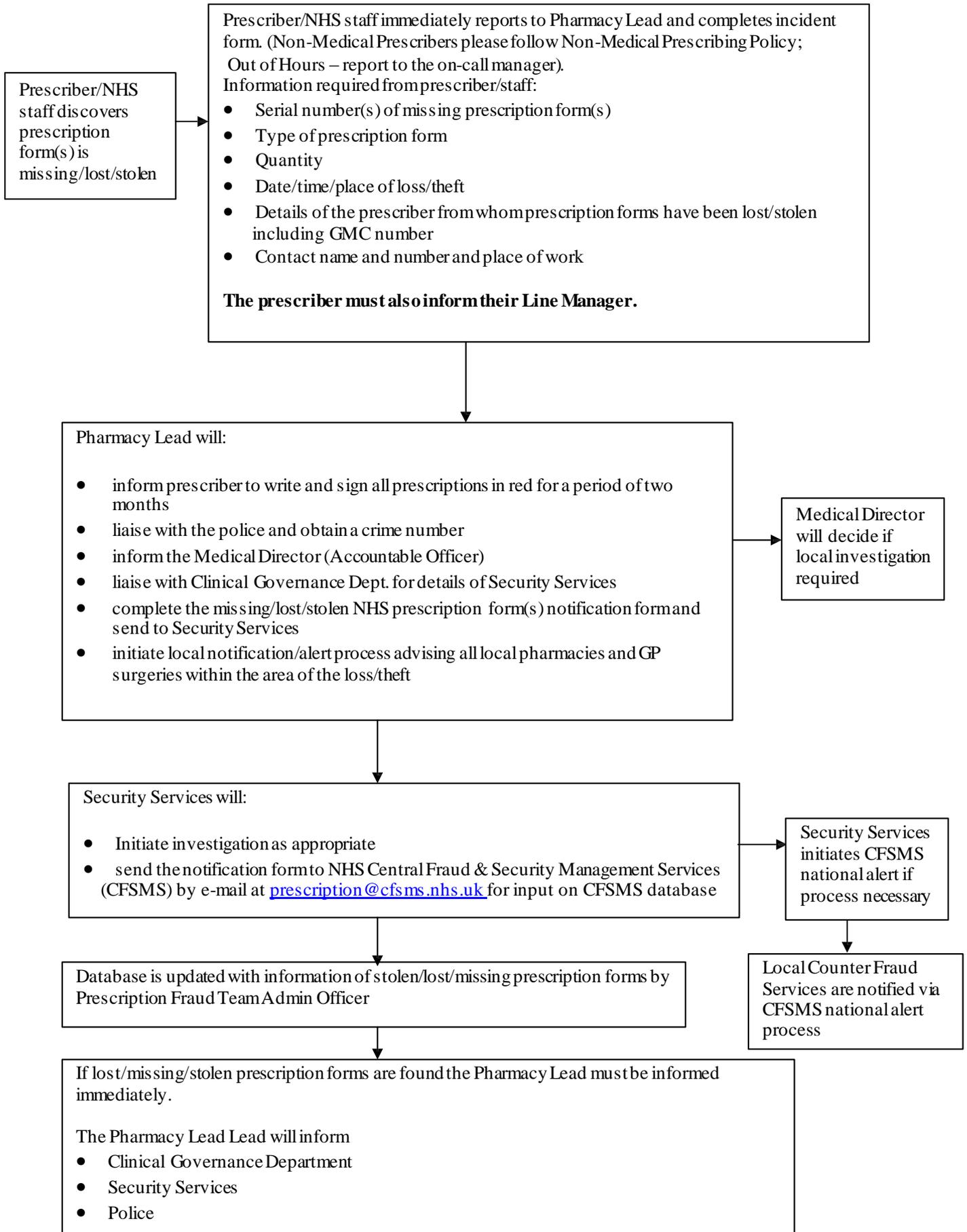
15.0 Lost or Stolen Prescriptions

- 15.1 The prescriber and service Manager must ensure that at all times prescriptions are securely stored and there is an up-to-date record of the serial numbers of prescription forms. This will help prevent theft/loss of prescriptions and allow Security Services and Pharmacies to identify bogus prescriptions. Any loss or theft of prescriptions must be reported immediately.
- 15.2 The prescriber must give details of how the loss/theft occurred and the serial numbers of the prescriptions lost/stolen. The prescriber is required to co-operate at all times with the process and any investigation. The Police and Local Security Management Services (LSMS) will be advised of any lost or stolen prescriptions by the prescriber Lead/Pharmacy Lead. The LSMS will advise the Counter Fraud Services (CFS). The LSMS and CFS are

trained and accredited to undertake investigations involving theft and fraud to a level whereby they can prepare statements and present evidence in Court if needed. The prescriber will be required to write prescriptions in a different colour for a specified period following the loss or theft of prescription – they will be advised of this at the time of reporting the loss/theft.

- 15.3 The loss or theft of prescriptions is a serious matter which can pose a risk to the public and must be reported immediately so that action can be taken to prevent their illegal use. All loss or theft will be subject to investigation. If such investigation reveals that the prescriber breached this policy and best practice, disciplinary action will be taken.

Missing/lost/stolen prescription form flowchart



Missing/lost/stolen NHS prescription form(s) notification form

Health body:	Date reported:																																										
Contact name:	Contact telephone number:																																										
Contact address:																																											
The following numbered NHS prescriptions forms have been identified to us as lost or stolen:																																											
Date of theft/loss																																											
Name of person reporting (GP, practice manager, nurse, trust pharmacist)																																											
Telephone number																																											
Full details of theft/loss (please fill in details below)																																											
Include the following information: <ul style="list-style-type: none"> • date and time of loss/theft • date and time of reporting loss/theft • place where loss/theft occurred • type of prescription stationery • serial numbers • quantity • details of the LSMS to whom the incident has been reported. 																																											
Details of doctor/department/dentist/nurse etc from whom prescription form(s) have been stolen or lost																																											
Name																																											
Personal dispensing or identification code/number																																											
Address																																											
Serial number(s) lost or stolen																																											
From	To																																										
Details of NHS prescription form type lost or stolen (tick appropriate box) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Issue</th> <th style="width: 20%;">Colour</th> <th style="width: 50%;">Please indicate type lost/stolen</th> </tr> </thead> <tbody> <tr><td>FP10HNC</td><td>Green</td><td></td></tr> <tr><td>FP10NC</td><td>Green</td><td></td></tr> <tr><td>FP10SS</td><td>Green</td><td></td></tr> <tr><td>FP10HMDA-S</td><td>Blue</td><td></td></tr> <tr><td>FP10MDA-S</td><td>Blue</td><td></td></tr> <tr><td>FP10MDA-SP</td><td>Blue</td><td></td></tr> <tr><td>FP10MDA-SS</td><td>Blue</td><td></td></tr> <tr><td>FP10P-REC</td><td>Lilac</td><td></td></tr> <tr><td>FP10PN</td><td>Lilac</td><td></td></tr> <tr><td>FP10SP</td><td>Lilac</td><td></td></tr> <tr><td>FP10D</td><td>Yellow</td><td></td></tr> <tr><td>FP10PCDSS</td><td>Pink</td><td></td></tr> <tr><td>FP10PCDNC</td><td>Pink</td><td></td></tr> </tbody> </table>		Issue	Colour	Please indicate type lost/stolen	FP10HNC	Green		FP10NC	Green		FP10SS	Green		FP10HMDA-S	Blue		FP10MDA-S	Blue		FP10MDA-SP	Blue		FP10MDA-SS	Blue		FP10P-REC	Lilac		FP10PN	Lilac		FP10SP	Lilac		FP10D	Yellow		FP10PCDSS	Pink		FP10PCDNC	Pink	
Issue	Colour	Please indicate type lost/stolen																																									
FP10HNC	Green																																										
FP10NC	Green																																										
FP10SS	Green																																										
FP10HMDA-S	Blue																																										
FP10MDA-S	Blue																																										
FP10MDA-SP	Blue																																										
FP10MDA-SS	Blue																																										
FP10P-REC	Lilac																																										
FP10PN	Lilac																																										
FP10SP	Lilac																																										
FP10D	Yellow																																										
FP10PCDSS	Pink																																										
FP10PCDNC	Pink																																										
<table style="float: right; border-collapse: collapse;"> <tr> <td style="width: 100px;"></td> <td style="width: 40px; text-align: center; background-color: black; color: white;">Yes</td> <td style="width: 40px; text-align: center; background-color: black; color: white;">No</td> </tr> </table>			Yes	No																																							
	Yes	No																																									
Has this incident been reported to the police?																																											
Name and police station of investigating police officer (please fill in details below)																																											

	Yes	No
Has an alert and warning been issued to all local pharmacies and GP surgeries within the area? (please tick box)	<input type="checkbox"/>	<input type="checkbox"/>
Please give details of any ink change or security measures and the effective dates of these measures (please fill in details below)		
Name:		
Position:		
Signed:		
Dated:		

Return this completed form by email to prescription@cfsms.nhs.uk