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| **Controlled Drugs - (updated September 2021)** | |
| Receipt of controlled drugs on the ward | * **Revert back to standard practice**: two nurses to put away CDs into the CD cupboard and making a entry in the CD register |
| Controlled drugs stock balance check | * **Continue amended practice:** Two nurses to check CD stock balance however stock balance only to be checked once a day (not every shift change) * Preferable to same time of day to ensure consistency |
| Controlled drugs Administration | * **Revert back to standard practice**: Two nurses to take medication out from the CD cupboard, make entry into the CD register and administer to the patient. At the point of administration, a second nurse witness administration signature will be required on EPMA |
| Destruction of drugs | * **Continue standard practice:** Entry of destruction required in CD register and witnessed no changes |
| **Medicines supply (updated, September 2021)** | |
| Ward staff ordering medicines  **Previous practice pre covid:** ~~Writing orders in pharmacy communication books on inpatient units~~  **Current standard practice:** inpatient nurses to email order requests to pharmacy | * **Continue standard practice:** Inpatient Nurses to send orders requests directly to your relevant directorate pharmacy email address: [elft.pharmacytowerhamlets@nhs.net](mailto:elft.pharmacytowerhamlets@nhs.net) [elft.pharmacycityandhackney@nhs.net](mailto:elft.pharmacycityandhackney@nhs.net) [elft.pharmacynewham@nhs.net](mailto:elft.pharmacynewham@nhs.net) [elftpharmacyluton@nhs.net](mailto:elftpharmacyluton@nhs.net) * Above is also applicable for inpatient units where paper charts still in use e.g. East Ham Care Centre, Home treatment teams * Community nurses to send orders directly to email (as before). |
| Stock top ups | * **Continue standard practice:** Technicians are undertaking physical stock tops ups, this will be kept on review depending on staffing levels. * Check your pharmacy supply poster for dedicated person and frequency. |
| ROUTINE CHECKING OF EXPIRY DATES | * **Continue standard practice:** Expiry date checking should be undertaken at each administration of medicines to a patient by the administering nurse. This part of the checking process removes error. * Ward technicians will continue to check expiry dates and rotate stock approx. monthly. |
| Patients own drugs and charts | **Continue following covid associated infection control practices:**   * The COVID-19 virus can survive for up to 24 hours on cardboard and up to 3 days on plastic. * **Medication Charts** (where EPMA not in use)**:** As good practice decontaminate hands using either soap and water or hand sanitiser after a session of handling medication charts on the ward or HTT. * **Handling Medications on the ward:** It is essential to perform hand hygiene after handling patient medications on the ward/HTT. Please also refer to section on PODs. * Returning medicines from ward to pharmacy:   + Patients Own Medicines which are no longer required should be returned to the patient or disposed / destroyed on the ward following the appropriate process. These should not be returned to pharmacy. * If it is necessary to return medicines to pharmacy e.g. stock medicines which are no longer required, the pharmacy team must wipe these medicines down using chlorine wipes and place them in a bag before returning to pharmacy. * See appendix 1 |
| **Medicines management Training – safe administration of medicines (updated, September 2021)** | |
| Medicines management e-learning: ‘safe administration medicines’ | * Any updates on E-learning advice will come from education and training department * Continue to undertake mandatory e-learning for medicines |
| Face to face  CHS | * CHS staff should undertake mandatory e-learning module ‘safe administration medicines’ * Where there is need for face to face training please contact the lead CHS pharmacist |
| **Governance and forms (updated, September 2021)** | |
| High dose antipsychotic therapy (HDAT) monitoring forms | **Revert back to standard practice**:   * Complete **RiO** monitoring form for HDAT * See High Dose Antipsychotic Policy for frequency of monitoring in reference to individual parameters |
| Non formulary / LAI depot initiation and continuation forms / Clozapine IM request | **Continue standard practice:**   * All forms are in place now and required to be completed as per policy * Can be emailed and sent remotely |
| **Admission (updated, September 2021)** | |
| Medicines reconciliation | **Continue standard practice:**   * Pharmacists / pharmacy technicians are to complete medicines reconciliation as per policy * PPE should be utilised for face to face discussions * Doctors undertake medicines reconciliation out of hours and at weekends as per policy |
| **Prescribing (updated, September 2021)** | |
| Amount of supply of medicines at discharge or outpatient appointments | **Continue standard practice:**   * Do not stockpile or over order, * Normal supply amounts should be maintained for community prescribing to a max on 14 day supply. |
| Depot prescriptions for Mental health | **Continue amended practice:**   * Expiry extended from 6 months to 1 year |
| Clozapine outpatient prescriptions | **Continue amended practice:**   * Expiry extended from 6 months to 1 year * See clozapine guidance during COVID period for extended supply |
| FP10 Prescriptions  (posted to service users) | **Continue standard practice:**   * May be posted * Controlled drug prescriptions post via recorded delivery |
| Discharge summary | **Revert back to standard practice**:   * Discharge summary should be routinely available for patients on discharge (to be completed by clinician/doctor. * In exceptional circumstances where a discharge summary is not available; following consultant’s agreement to patient discharge, nurses can complete discharge process by checking labelled medicines supply against copy drug chart/EPMA record. Copy of Drug chart/EPMA printout to be added to patient discharge medication bag. Any PRN medication/injections (anticoagulants) to be checked with the ward doctor/pharmacist and copy chart endorsed accordingly. Nurse can make decision not to supply and endorse accordingly if medication has not been administered in the last 7 days. Nurse must document on RIO to reflect the above has been undertaken. |
| COMPLIANCE AIDS | **Continue standard practice:**   * See compliance aid policy for requesting a compliance aid. |
| MEDICATION CHANGES | **Revert back standard practice:**   * Medication changes/doses should be undertaken as deemed clinically appropriate. However, in circumstances where discharge medicines have already been supplied by pharmacy and medication or dose changes are made after this, the clinical/nursing team would need to contact the pharmacy department urgently to ensure these changes can be made to the discharge medicines supplied. This may not be possible and a plan may need to be agreed with pharmacy on an individual patient basis. Patients should not be discharged in these circumstances without first contacting pharmacy (or on-call pharmacist if out of hours). |
| DISCHARGE WITHOUT MISSING MEDICINES | **Revert back to standard practice**:  **Normal working hours:** In general, patients should **NOT** be discharged without their medicines and pharmacy should be contacted in a timely manner to arrange a supply of discharge medicines. **During working hours pharmacy must be contacted** before any discharge without medicines to ensure this is appropriate and a plan is in place.  **Out of hours:** During out of hours,pharmacy is not open in order to dispense discharge medicines. Therefore nurses/doctors should follow the ‘Dispensing medicines out of hours policy’. Alternatively, and only if a patient can be discharged **safely** without all or some medicines, a plan must be put in place regarding collection later, use of patient’s medicines at home and or delivery. Please, discuss with the on-call pharmacist if out of hours if required/unsure. Critical medicines doses must not be missed. |

Appendix 1

