Community Mental Health

Medicines

Policy

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| 3.0   | June 2015   |    | Doctors can amend and dispense dose changes to prescriptions where necessary. Non-Medical Prescribers (NMP) can transcribe an old prescription to a new one when needed. NMP can prescribe in accordance with a management plan   |
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# Introduction

* 1. **Aims of policy**

This policy has been developed in response to the extended role of Mental Health Services in the community in East London Foundation Trust in managing patients with serious mental health needs. As many changes have taken place in relation to the provision of mental health care in the community, this policy specifically addresses issues with regard to the role of non-nursing staff in medicines management. Medicines management encompasses all aspects of the medication process including; prescription, ordering, supply, dispensing, administering, issuing, transport and disposal of medicines.

This policy forms part of the Trust-wide Medicines Policy and its purpose is to define standards, which ensure that the medication process is safe and secure and complies with legal requirements.

**1.2 Who does the policy apply to?**

* Community Mental Health Teams, including EQUIP and EIS (Early Intervention Service)
* Home Treatment Teams and Crisis Resolution
	1. **Scope of policy**

* This policy does not aim to cover specific operational procedures for individual teams.

 Please refer to local policies where they exist.

* This policy must be read in conjunction with the Trust Medicines Policy

# Definitions

**2.1 Non-nursing staff**

For the purpose of this document, non-nursing staff refers to staff working in

Community Mental Health Teams, Assertive Outreach Teams, Crisis Resolution, Day Hospital and Home Treatment Teams **who are not** registered (first level) nurses. For the purpose of this document they may also be referred to as community mental health staff members. Non-nursing staff include:

* Social Workers
* Occupational Therapists
* Social Therapists
* Support Workers
* Outreach Workers
* Psychologists

**2.2 Prescribing**

This refers to the prescription of medicines. A medicine can be written up on an inpatient chart, a community prescription chart, an out-patient prescription, on EPMA, or on an FP10. Medicines can only be prescribed by doctors and non-medical prescribers.

**2.3 Dispensing**

This is the selection of medicine from stock against a valid prescription which is then “dispensed” and suitably labelled. If original packs are not used, then the medicines will be dispensed into suitable containers.

**2.4** **Administration**

This refers to the act of selecting a dose of medication and placing it in the hand of the patient. The dose of medicine may be obtained either from stock held by the team, or from the patient’s individual TTA (To Take Away) medication. The administration of medicines must not be carried out by non-nursing staff. Please refer to the Trust Medicines Policy.

**2.5 Supervision of self-administration**

In community settings a non-nursing member of staff may prompt a patient to take their medicine or supervise the patient to self-administer medicines. Non-nursing staff should not select the individual dose of medicine on the patient’s behalf or from the medication cupboard.

**2.6 Issuing or supplying medication**

This is defined as the delivery or handing over of TTA medicines to a patient or carer for the purpose of self-administration by the patient. The medication must have been dispensed by pharmacy and clearly labelled with instructions for administration. Non-nursing staff may deliver medicines to a patient and can observe the patient taking the medicine. However the TTA should be selected for delivery by a registered nurse, doctor or pharmacist and checked before handing to non-nursing staff.

Outpatient prescriptions may also be issued or supplied to patients from local pharmacy departments.

**2.7 Verbal order**

A verbal order is the instruction by a doctor to prescribe a drug (that will subsequently be administered) in an emergency.

# Prescribing medicines

Please refer to the Trust Medicines Policy for the general Principles

**3.1 Home Treatment and Crisis Resolution Teams**

1. The team doctor will prescribe medicines on a Trust prescription chart, or EPMA for each client they have care responsibility for.
2. In an emergency, where the team doctor is not available, the duty psychiatrist should be contacted.
3. Non-Medical Prescribers or independent prescribers may prescribe medicines according to trustpolicy.
4. All medicines being taken by the patient will be included on the prescription chart, including:
* Those that have been prescribed by the client’s GP
* Herbal and homeopathic remedies
* Over-the-counter medicines
1. Assurance should be made, by the prescribing doctor, that no other team in the Mental Health Trust are prescribing medicines for patients under their care (e.g. inpatient wards and other community teams).
2. When the patient is discharged from the team, a discharge liaison form will be sent to the GP and the patient provided with a copy of the discharge form. Where appropriate, the care of that patient will then be transferred to primary care.

**3.2 Neighbourhood Mental Health Team**

At times prescribers in CMHTs may need to prescribe depot medication. This should be done following the prescribing procedures listed in the ELFT medicines policy and Long-Acting Depot policy.

**3.3 Transcribing Medicines**

If a prescription needs to be rewritten on a new chart this must be done by a doctor or an NMP (Non-Medical Prescriber.) Pharmacists or nurses who have not completed the NMP training must not transcribe medicines.

**3.4 Verbal Orders**

1. A verbal order is the instruction by a doctor to prescribe a drug (that will subsequently be administered in an emergency.
2. **Verbal orders can be given to a nurse or pharmacist.** A record of the verbal ordershould be made on the prescription chart and this should be endorsed with the health professional signature, the word ‘job role’ in brackets, the date and the name of the doctor contacted.
3. **Verbal orders cannot be given for CDs.**
4. In an extreme emergency, a medicine may be administered by a nurse in accordance with specific instructions and under the direct supervision of the prescribing doctor. Verbal orders taken by qualified nurses are subject to the following:
* For **oral** medication only, but **not** for controlled drugs.
* The message must be taken by **two** registered nurses and repeated back to the doctor. Where possible, an email should be sent by the doctor to ensure the accuracy of the verbal message.
* The doctor must state the following

ƒ Name of the drug ƒ Dose to be administered ƒ Maximum dose in 24 hours if ‘prn’ ƒ Route of administration ƒ Timing and frequency of administration ƒ Reason for medication

1. The registered nurse taking the message must inform the doctor of all other current medication prescribed for the patient in question, any drug related allergies, sensitivities or adverse reactions as detailed on the prescription chart or in the clinical notes.
2. **Verbal order form** [See appendix 1](#_Appendix_1). This form **must** be completedby one of the nurses taking the verbal order and checked and countersigned by the second nurse. Once completed it should be stapled to the prescription chart so that it does not obscure other prescriptions. ***Failure to complete this form will result in a*** ***medication administration error***. **The verbal order form is only validfor 24 hours.**
3. The verbal order should also be recorded as a prescription on the medication 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 doctor must countersign this prescription within 24 hours.**
4. **Documentation**: An immediate record of the following should bemade in the nursing notes:
* That a verbal order was taken
* Name of doctor giving verbal order
* The date and time
* Signatures of the registered nurses taking the verbal order

**Failure to document may result in an administration error.**

1. 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.

# Dispensing

**4.1 Definition**

1. This is the supply of medicines by pharmacy in the form of:
* Stock
* Non-stock
* TTAs (To Take Away)
* Out-patient prescriptions
* Dosette boxes (and other compliance aids)
1. Dispensing is done by the pharmacy department but in emergency situations a doctor may dispense from stock into suitably labelled containers. See Trust Medicines Policy “supply of medicines out of hours”. In addition when dose changes are made after a TTA is supplied the doctor can dispense the new dose on site if necessary during pharmacy working hours provided this medication is in stock.

**4.2 Home Treatment and Crisis Resolution teams**

1. Medicines are either supplied from stock held at the team base or through TTAs dispensed by pharmacy.
2. If medicines are to be supplied from stock, the whole container must be taken to the patient’s home; strips of tablets must not be removed from stock containers.
3. If medicines are to be dispensed by staff members, the “Policy for nurse dispensing” must be followed.
4. Once the patient’s medication regime has stabilised, TTAs can be ordered from pharmacy and left with the patient.
5. Medicines must not be left with patients unless they have been dispensed properly, are in suitable containers that are labelled correctly (see Policy for Nurse Dispensing).

**4.3 Neighbourhood Mental Health Teams**

For most patients, medicines are prescribed on FP10s by General Practitioners and dispensed by community pharmacies. Depot medicines and Clozapine prescriptions are dispensed by the Trust pharmacy or One Stop Pharmacy to CMHT’s.

# Administration of medicines

**5.1 General principles**

|  |  |  |
| --- | --- | --- |
|  | **From Stock**  | **From Patients Own Drugs (refer to** **ELFT Patient’s Own Drugs Policy)**  |
| a.  | The prescription is clearly written in  | The medicine(s) is clearly labelled and |
|   | indelible ink which is signed and dated by the doctor. | has clear instructions on how and when to administer. |
|    |    |    |
| b.  | The prescription chart must give accurate patient identification and the practitioner must be certain of the identity of the patient to whom the medication is being administered.  | The label on the medicine clearly shows the patients name to whom the medication is being administered and the practitioner must be certain of the identity of the patient. |
|    |  |  |
| c.  | Check the expiry date on the  | Check the expiry date (if available) on  |
|    | container of any medicine.   | the container of medicine.   |
| d.  | Check that blister strips inside  | Check that blister strips inside  |
|   | containers correspond with the | containers correspond with the |
|   | medicine and dose prescribed.  | medicine and dose prescribed.  |

**5.2 Clinical checks**

For the safe administration of medicines, the following steps should be taken:

1. Check that the prescription or label is clearly written with indelible ink and unambiguous. Check that the prescription is signed and dated by the prescribing doctor.

1. The prescription sheet must give accurate patient identification and the practitioner must be certain of the identity of the patient to whom the medication is being administered.

1. Make careful selection of medication to be administered. Check container for correct name or patient, drug name, strength and expiry date.

1. Carefully consider the dosage, method of administration, route and timing of administration in the context of the condition of the specific patient at that time.

1. Any nurse faced with a prescription which does not satisfy the above criteria should not administer medication and refer to the prescribing doctor or pharmacist.

1. Carefully consider whether any of the prescribed medicines will or may dangerously interact. Contact the prescriber without delay where contraindications to the prescribed medication are discovered, the patient has developed a reaction to medication or where the assessment of the patient indicates that the medicine is no longer suitable.

1. Determine whether it is necessary to withhold medication pending consultation with the prescribing doctor and/or pharmacist.

1. Make clear, accurate and immediate record of all medicines administered, deliberately withheld or refused by the patient ensuring any written entries and signature is clear and legible.

1. Where supervising a student nurse in the administration of medication, the registered nurse should clearly countersign the signature of the student.

1. For administration procedures when giving intramuscular injections please refer to the Depot Medication Policy.

**5.3 Nurses administering medicines**

NMC guidance states that:

*“The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council’s register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of the medical practitioner. It requires thought and the exercise of professional judgement and application of your knowledge and skill in a given situation.”(NMC 2002)*

Please refer to the Trust Medicines Policy which outlines in detail the steps to be followed before and during the administration of medicines.

A registered Mental Health Nurse (first level nurse) and Associate Nurse (NMC registered) may administer medication *(via oral, enteral, topical, Intramuscular, subcutaneous, inhalation routes and administer enemas and suppositories in line with a valid prescription. The administration of insulin will continue to be the responsibility of the RN. Administer to those titrated/established on depot medication and Schedule 4 -Benzodiazepine/z-drugs)* provided that he/she is confident in doing so and that he/she is accountable for their actions. Student nurses may administer under the supervision of a registered nurse (inclusive of an associate nurse)

1. A nurse/associate nurse/student nurse under supervision, can only administer medication in accordance with a prescription which has been written and signed by a registered medical practitioner/ non-medical prescriber.

1. Agency nurses may administer medicines as long as the team leader or ward manager feels they are competent to do so. Agency nurses are registered practitioners and are accountable for their actions.

**5.4 Non-nursing staff and the administration of medicines**

1. Non-nursing staff must not directly administer medicines. (That is, to select a medicine from stock or from patients’ own drugs and hand over to the patient to take).

1. Non-nursing staff may supervise a client self-administering medicines.

1. Non-nursing staff may prompt a client to take their medicines.

**5.5 Home treatment teams**

1. If the administration of medicines is not to be supervised by a team worker, the individual prescription will identify this.
2. If a non-nursing staff member has supervised the administration of medicines, that worker is responsible for documenting the administration chart with the appropriate code.
3. If the administration of medication is not supervised by a trust employee, the paper chart is to be documented for example with “TTA”.
4. For teams using EPMA, If the administration of medication is not supervised by a trust employee, the EPMA ‘note’ function should be used in accordance with section 7 of the HTT EPMA guide.
5. Prescription charts need to be taken to all home visits where medication is administered to ensure that there is immediate documentation of administration on the prescription chart and reduce risk of administration errors.

**5.6** **Physical Health Observations**

It is good practice to complete physical health observations before administering depot medication and providing Clozapine prescriptions. A review of a service users’ physical health will include, as a minimum, the following basic vital observations:

1. Depot
* Blood Pressure and Pulse
* Respirations
* Check of Pupils
1. Clozapine (see Clozapine Clinic Standard Operating Procedure)
* Full blood count
* Weight, height, BMI
* Pulse, BP
* Random blood glucose
* Temp if required
* Clozapine plasma levels if required

If physical health observations are outside of normal range administering nurse should discuss with the keyworker and or Consultant/Prescriber regarding next steps prior to depot administration. Administering nurse should also advise the service user to discuss with their GP and then write to the GP

**5.7 Drug Testing**

1. If the administering nurse observes signs of recreational/excessive drug use based on their observations and physical assessment, they should offer the patient a urine drug screen.
2. Prior to carrying out any drug testing, the practitioner should be clear about the rationale for testing and the perceived therapeutic benefits for the individual being tested. This should be fully discussed and agreed with the individual.
3. Consent should not be implied (i.e. “they willingly gave a sample”), but should be explicit (“they fully understood the rationale behind this”). Consent agreeing or not to the procedure should be clearly documented on the patient’s record
4. All clinicians should be appropriately familiar with the equipment they are using and feel confident in its safe use. All drug testing kits will come with user instructions. Kits should not be used if the clinician does not feel competent in applying it correctly. Drug testing kits should only be used if within expiry date.
5. All clinicians carrying out drug testing should be familiar with infection control procedures and adhere to these at all times.
6. If testing positive for substances not prescribed, discuss with the patient about current drug use. If presenting intoxicated discuss with the consultant prescribing the medication regarding next steps prior to medication administration.
7. If physical health observations are outside of normal range administering nurse should discuss with the keyworker and or consultant prescribing medication regarding next steps prior to depot administration. Administering nurse should also advise the service user to discuss with their GP. If there are serious life-threatening concerns to physical health, patient should attend A+E or emergency services called.
8. If patient refuses drug testing, vital physical health check should be offered and discussion with senior clinician and consultant prior to medication administration.

# Self-Administration of medicines

Please refer to the Trust Medicines Policy for the self-administration of medicines.

1. Self-administration of medicines and the supervision of self-administration by carers should be encouraged and supported where appropriate.

1. The suitability for a patient to self-administer should be discussed by the multi-disciplinary team and decisions documented in the medical and nursing notes.

1. It is important when delegating the responsibility for self-administration or the supervision of self-administration, every effort is made to ensure that the patient or carer is competent to carry out the task. Their competence should be reviewed periodically.

1. Non-nursing staff may supervise or prompt clients in the self-administration of medicines.

**6.1 The supervision of self-administration of medicines by Home Treatment and** **Crisis Resolution Teams**

*The Home Treatment Team and Assertive Outreach Team will decide locally whether an individual is able to provide this role. This information will be attached to the prescription chart.*

1. Medication taken by a patient will be the patients’ own TTAs.

1. Medication can be left with an agreed person for them to supervise self-administration.

**6.2 Responsibilities of the Multidisciplinary Team in the self-administration process**

1. The overall responsibility for establishing and maintaining a system for the secure prescription and issuing of medication is that of the team leader in consultation with medical staff and the senior pharmacist. If the team leader is not a nurse then the responsibility lies with the senior nurse in the team. In the absence of the team leader or senior nurse, the individual nursing staff will assume the responsibility.

1. The pharmacy department has professional responsibility for ensuring that medication is correctly dispensed.

1. The person issuing medication or supervising the self-administration of medication by the patient is responsible for confirming the correct identification of the patient.

1. The name and date on the label(s) must be checked to be correct so as to ensure that the most recent and appropriate supply is being issued.

1. Non-nursing staff issuing or supervising self-administration of medication is acting as the patient’s representative and is expected to check the medication with the patient.

**6.3 Checking medication with the patient**

The member of staff issuing the medication should ensure that the client and their carer understand the following:

* The name, dose and route of administration of the medication
* The purpose of the medication
* The duration of treatment
* Action to be taken in the event of a missed dose
* Instructions on the storage of the medication
* Advice on possible adverse reactions, side effects and interactions and what to do if they occur

It is the responsibility of the prescriber and care co-ordinator to have provided the client with this information when initiating treatment.

If the patient does not understand or has concerns regarding any of these points, then the prescriber, a nurse from the team or the pharmacist should be contacted for advice.

1. If there are any concerns regarding side effects, compliance and the patient’s mental state then an appropriate clinical member of staff must be contacted for advice.

1. The person issuing the medication or supervising the self-administration of medication should check that the patient can read the label, open the container and measure the dose required. If they cannot, this should be discussed among the MDT and pharmacy and alternative arrangements should be made.

1. Medication should not be re-dispensed into other containers (including compliance aids) by any staff other than pharmacy.

1. If an interval has lapsed when medication has not been collected or the patient has missed a dose and has been without medication during this time, clinical advice from the prescriber or pharmacist must be sought as to whether it is appropriate to issue or take the medication.

**6.4 Assisting with self-administration**

It is recognised that some patients may need assistance to self-administer medication. Non-nursing staff may only assist the patient to take medication, **not** administer it to them.

* Such assistance may require staff to remove any tablets from its container, and offer a glass of water to help swallow. However, the patient themselves must select the container from which the dose of medication is taken.
* With liquid medication, it may require staff to help the patient pour medication into a spoon and then help the patient in raising the spoon to their mouth. However, the respective bottle of medicine must be selected by the patient themselves.
* The patient must be fully active in administering their own medication.
* Staff documentation should indicate that they **assisted** the patient to self-administer and **did not** directly administer.

# Documentation

**7.1 Documentation of administration**

1. It is current practice in ELFT for Outreach Services such as Home Treatment Teams and Crisis Resolution Teams to use paper medication charts or EPMA. The medication chart **must** be taken to the patient’s home with the medication to be double-checked before administration, supervision of administration or issuing of medication. Staff must document their intervention immediately.

1. The prescription chart must be signed immediately to confirm that medication has been administered. ***Failure to do so may result in an*** ***administration error****.*

1. If medication is not administered, the prescription chart must be endorsed appropriately (see instructions on prescription chart or the HTT EPMA user guide and the reason why the medicine was omitted documented (using appropriate coding or wording) on the prescription chart. ***Failure to do this may*** ***result in an administration error****.*

1. A record of medication issued to a patient should be made according to local record keeping policy. Staff must make an entry in the patient’s notes when medication is issued and a note of when a further supply of medication is required.

1. Where advice from an appropriate member of clinical staff was given and acted upon, the details must be documented in the patient notes, including the name and profession of the person contacted.

**7.2 Documentation of supervised administration**

1. Where supervising a student nurse or nurse on preceptorship in the administration of medication, the registered nurse should clearly Countersign the signature of the student.

**7.3 Documentation of self-administration**

1. Where a member of staff has supervised the self-administration of medication by the patient, documentation on the prescription chart must indicate that administration of medication was **supervised only.** This must also be documented in patient notes.

1. Where self-administration of medication is being supervised by a carer or Care Workers, Mental Health staff should offer training and guidance. Care Workers should be made aware of basic information
2. Regarding medication and what to do and who to contact if a dose has been missed, a discrepancy is found or the patient has concerns about side effects.
3. Mental health staff should review this arrangement and the competence of carers or Care Workers to carry out the task, regularly.

**7.4 Suggested Codes for Documentation on paper charts**

Below are examples of codes that could be used to document that a patient has taken their medicine. Codes should be agreed locally.

|  |  |
| --- | --- |
| **Action** | **Documentation** |
| Direct administration by nursing staff  | Nurse’s signature ………………………………………………. |
| Omissions  | As per code stated on chart: …………………………………………………. |
| Student nurse administration  | Signature of student nurse countersigned by supervising nurse.………………………………………………….…………………………………………………. |
| Self-administration  | “SA” then staff member’s signature…………………………………………………. |
| Patient   has   TTAs   and   self-administering at home unobserved | “TTA” |

**7.5** For documentation codes on EPMA/JAC refer to section 7 of the HTT EPMA user guide.

# Issuing or supplying medicines

Medicines that have been dispensed by pharmacy in suitable container and correctly and clearly labelled can be given to a patient by any member of a community team. However, if for some reason a staff member does not feel comfortable in doing this they should make this known to the team leader.

**8.1 Responsibilities**

1. Medication must only be issued against a valid ELFT prescription.

1. The person issuing the medication to the client is responsible for confirming the correct identification of the client, and that the medication being issued is for that client and it is appropriate for the medication to be issued at that time.

**NB check dates on labels of dispensed medicines correlates to current prescription.**

1. The person issuing the medication is acting as the client’s agent and is expected to check the medication with the client. Any errors or discrepancies with the medication MUST be brought to the attention of the pharmacy manager, team leader and prescriber as appropriate, and a datix completed. The medication or dispensing label should not be tampered with in any way.

**8.2 Accountability**

1. The dispensing pharmacy has professional responsibility for ensuring that medication is correctly dispensed, and is therefore accountable for any errors.

1. The overall responsibility for establishing and maintaining a system for the secure prescription and issuing of medicines is that of the team leader, in consultation with the senior pharmacist and appropriate medical staff. If the team leader is not a nurse then the responsibility lies with the senior nurse in the team. In the absence of the team leader or senior nurse, the individual community mental health nursing staff bears the responsibility.

1. It is the responsibility of the non-nursing staff to work in accordance with this policy. An individual may be held accountable for untoward incidents that occur as a result of that individual not working in line with this policy or any other Trust policy.

**8.3 Procedure**

**Ordering of second generation long acting injections (SGA LAI) (Aripiprazole, Paliperidone and Risperidone)**

1. Where the service user is newly started on an SGA LAI, an initiation form should be completed as per the Trust’s [Prescribing Policy for Long -Acting Depots](https://www.elft.nhs.uk/sites/default/files/2022-01/prescribing_policy_for_long_acting_depot_5.0.pdf).
2. Form can be found on Appendix 1 of the document, following the link above. This must be completed by the requesting consultant and sent to the community (associate) clinical director and pharmacy for approval.
3. Once approved, the consultant must complete a community depot prescription. This should be sent to pharmacy for the supply of the 1st depot injection.
4. Subsequent supplies of the depots should be ordered through One Stop Pharmacy (OSP) using their SOP. Copy of the One Stop Policy and Change form can be found in **appendix 2**.
5. Please email a copy of the OSP private prescription to info.onestop-pharmacy@nhs.net and hand over the original prescription to the One Stop Pharmacy delivery driver. The original prescription can also be sent via recorded delivery to One Stop Pharmacy, Unit G Key Industrial Park, Fernside Road, Willenhall, WV13 3YA.
6. OSP delivers depot injections to community clinics **once a month**, thus, all requests for SGA LAIs should be sent to OSP (info.onestop-pharmacy@nhs.net), 1 week before the delivery date.
7. Any orders outside this delivery date will incur an additional charge for the CMHT. Kindly inform pharmacy before ordering outside the normal delivery times.
8. Any further queries regarding initiation or use SGA LAIs should be directed to the pharmacy department via email on elft.pharmacyluton@nhs.net.
9. All CMHT staff must also familiarise themselves with the Trust’s [Prescribing Policy for Long -Acting Depots](https://www.elft.nhs.uk/sites/default/files/2022-01/prescribing_policy_for_long_acting_depot_5.0.pdf).
10. Olanzapine Long-Acting Injection will only be supplied by pharmacy. This is a [non-formulary drug](https://www.elft.nhs.uk/sites/default/files/2022-01/unlicensed_and_off_label_medicines_policy_4.0.pdf) and approval must be sought before it is administered to service users.

The identity of the client must always be confirmed before they can be issued with medication. A member of staff who cannot identify an individual client must seek confirmation from a source other than the client.

1. There must be a valid ELFT prescription for the medication.
2. The timing of issuing the medication should be in line with the instructions on the prescription. The client should not be given more than one instalment at a time or at intervals less than those directed on the prescription, unless otherwise agreed by the prescriber or team leader or senior nurse.
3. If an interval has lapsed when medication has not been collected and the client has been without medication during this time then clinical advice from the prescriber or pharmacist must be sought as to whether it is appropriate to issue the medication.
4. The correct medication should be selected from the drug cupboard at the team base / collected from pharmacy.
5. The name on the label(s) must be checked to be correct and the date so as to ensure that the most recent supply is being issued.
6. Non-nursing staff issuing medication are acting as the client’s representative and are expected to check the medication with the client.
7. If there are any discrepancies with the dispensed medication or if information on the label is unclear then a clinical member of staff must be contacted for advice (see below for further details).
8. If there are any clinical concerns regarding side effects, compliance and the client’s mental state then a clinical member of staff must be contacted for advice (see below for further details).
9. The person issuing the medication should check that the client can read the label, open the container and measure the dose required. If they cannot, alternative arrangements should be made with the pharmacy department e.g. non child proof tops, compliance aids etc.
10. Medication should not be re-dispensed into other containers (including compliance aids e.g. nomads, dosette boxes) by any staff other than pharmacy.

**8.4 Checking medication with the client**

1. The member of staff issuing the medication should ensure that the client and their carer understand the following:

* The name, dose and route of administration of the medication.
* The purpose of the medication
* The duration of treatment
* Action to be taken in the event of a missed dose
* Instructions on the storage of the medication
* Advice on possible adverse reactions, side effects and interactions and what to do if they occur

1. It is the responsibility of the prescriber to have provided the client with this information when initiating treatment. If the client does not understand or has concerns regarding any of these points then the prescriber, a nurse from the team or a pharmacist should be contacted for advice.

1. Understanding and awareness can also be enhanced through the provision of advice leaflets which are available at the team base and from the pharmacy department.

# Storing Medicines

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

1. 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).

1. Medicines suitable for storage at room temperature must be stored at or below 25 degree centigrade. Further information can be found in the SOP Fridge and Clinical Room Temperature Monitoring for Safe Storage of Medicine 5.0 on the intranet.

1. Some medicines need to be stored in a refrigerator between 2-8 degrees Celsius. Refrigerators used for the storage of medicines must be locked. Further information can be found in the SOP Fridge and Clinical Room Temperature Monitoring for Safe Storage of Medicine 5.0 on the intranet.

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

1. **Controlled Drugs** (CDs) must be stored in a locked cupboardspecifically designed for CDs only.

# Risk Management

**10.1 Missed doses**

1. Non-nursing members of staff must seek the advice of the team leader/senior nurse and the prescribing doctor if an interval has lapsed when medication has not been issued and the patient is without medication during this time or if it is found or reported that the patient has missed a dose of medication.

1. It is the responsibility of the prescribing doctor, the pharmacist and the care co-ordinator to discuss the advantages and disadvantages of taking medication, to explain the possible side effects and give clear instructions as to how medication should be taken. Information should also be given to the patient and their carer as to what should be done if a dose is missed. Staff should reinforce this information as part of the ongoing assessment process.

**10.2 Medication Errors**

Definition of a medication error:

1. The wrong drug being prescribed, dispensed, administered or delivered to the patient.

1. Medication that has been prescribed, dispensed, administered or delivered to the wrong patient.

1. An incorrect dose that has been prescribed, dispensed, administered or delivered to the patient.

1. Medication that has been taken at the wrong frequency, too frequently or too infrequently.

1. Medication that has been taken at the incorrect time of the day or night.

1. Medication that has not been prescribed, dispensed, administered or delivered to the patient at all.

1. Medication that has been stopped by the prescriber but continues to be dispensed administered or delivered to the patient.

1. The prescription, dispensing or administration of a drug to a patient who is known to have had an allergy to the drug or a previous adverse drug reaction.

1. Not signing the prescription or administration record immediately after administration to the patient.

**10.3 Steps to be taken if a medication error occurs**

1. Immediately report this to the team leader.

1. Deal with the situation as appropriate e.g. in a suspected overdose or life-threatening situation call an ambulance (see section on overdose) if a small deficit then a verbal explanation on the purpose, nature and frequency of administration may be all that is required.

1. Inform other involved professionals e.g. community or district nurse, GP, prescribing doctor and pharmacist.

1. Inform the patient and their next of kin, main carer (may need to refer to the Crisis and Contingency Plan for this.)

1. Document all errors/suspected errors clearly in the patient/client records. Complete incident/accident/critical incident forms as appropriate.

**10.4 Dispensing errors**

1. Any error or discrepancy that is noticed in the dispensed medication must be reported to the team leader and senior pharmacist who will decide the appropriate action to take.

1. If there is an error the medication **MUST NOT** be given to the patient or taken by the patient. It should be returned to pharmacy as found and a correctly dispensed replacement will be supplied.

1. If an incorrectly dispensed medication has already been issued to the patient the outcome may be potentially very serious. In the event of such an error being identified the team leader / senior nurse must be contacted and they should take appropriate action in accordance with the Trust policy.

Dispensing errors may be in the form of:

* Incorrect name of patient on label
* Incorrect name of drug on label
* Incorrect strength of drug on label
* Incorrect form on label
* Incorrect quantity on label
* Incorrect directions for use on label
* Incorrect drug dispensed
* Incorrect dose dispensed
* Incorrect form of drug dispensed
* Incorrect quality dispensed

**10.5 Suspected side effects**

1. If a client appears to be suffering from side effects or an adverse drug reaction to a medication then the community practitioner should refer them to the initial prescriber or pharmacist.

1. If the reaction is severe then urgent medical advice should be sought immediately, using an emergency ambulance if necessary.

1. All medicines, including any “over-the-counter” medicines from a pharmacy, purchased items from a pharmacy, health/herbal shop or supermarket should also be sent with the client to Accident and Emergency.

1. If a client is concerned about side effects then the non-nursing community practitioner can show or read the appropriate sections of the leaflet from the dispensed pack of tablets or from the **Patient** **Information Leaflets (PIL).**

1. The client should also be encouraged to discuss their concerns with the prescriber, GP, or pharmacist.

1. Allergies and Adverse Drug Reactions **must** be recorded on medicine charts and in the clients’ notes. Adverse drug reactions should be reported to the Committee on Safety of Medicines using the yellow card system. These are available at the back of BNFs and can be completed by nurses, doctors and pharmacists.

1. If there are no known allergies or adverse drug reactions then this should also be stated on the medicine chart and in the notes.
2. Glasgow Antipsychotic Side-Effect Scale (GASS) can be used to monitor side effects. Good practice is to complete after first and second administration of medication/depot and then review regularly. GASS form can be found in [**Appendix 3**](#_Appendix_3)

**10.6 Suspected overdose**

An overdose is, as the name suggests, taking too much medication or too many tablets, whether prescribed or not and whether they have been taken intentionally or not.

(a) Possible indications of overdose*:*

* Supply of medication running out before next supply is due.
* Physical symptoms as listed under side effects.
* Unconsciousness.
* Previous known history of overdose

(b) What to do if an overdose is suspected.

*If an overdose has been or is suspected of having been taken then the community practitioner should:*

* Ask the client what they have taken, dose, time etc if client is able to respond.
* Arrange for an immediate medical assessment.
* Call an ambulance if medical assessment is not feasible or if suspected overdose is serious.
* Perform first aid as appropriate e.g. put client in recovery position, maintain airway etc.
* Send any information available about the drug, dose etc, empty bottles, prescription lists and so on with the client to Accident and Emergency.
* Inform the clients GP and any other involved workers as appropriate.
* Inform next of kin.
* Make a record of the incident and action taken in the clients’ notes. Complete incident/accident forms as necessary.
* Participate in any care planning or investigations as appropriate following the overdose or suspected overdose
* Any previously known overdoses, whether purposeful or accidental, should be recorded clearly in the clients care plan and in their notes, and duration of supply should take this into account. For example weekly prescribing may be appropriate.

**10.7 Reducing the risk of overdose**

1. In order to reduce/avoid the risk of overdose large amounts of medication should not be stored in a client’s home.

1. If a community practitioner believes that there is such a risk it would be appropriate for such medication to be removed from the clients home and either returned to a pharmacy for destruction or returned to an appropriate storage facility e.g. medicine cabinet in a community team, and then delivered to the client at a future date as necessary.

This should be clearly stated in the care plan.

1. Medication is the clients’ property and should ideally only be removed with the clients’ consent and preferably a signed statement to this effect. If a client refuses to hand over medication then the GP, other appropriate doctor, pharmacist or qualified professional e.g. community mental health nurse or district nurse should be informed.

1. If there is a community mental health nurse available then they can be requested to intervene and remove the medication.

1. Transport of medication guidelines should be followed when removing drugs where there is a risk of overdose.

# Transport and delivery of medicines

Drugs are only to be transported by any community practitioner for the specific purpose of:

* Administration to the patient/client, by a nurse or doctor.
* Delivery to the patient by any member of the community team.
* Return to pharmacy e.g. out of date/amended prescription or non-delivered medicines

1. The medication must have been dispensed by the pharmacy department (orlocal pharmacy if prescribed by GP) as a To Take Away (TTA) or outpatient medication and clearly labelled with instructions on how the individual patient/client should take or use the medication.
2. Discussion should take place between the prescriber, patient, carer and non-nursing staff before non-nursing staff are requested to transport/deliver medication.

1. Non-nursing staff should only deliver medication where the patient has had an opportunity to discuss the advantages and disadvantages of taking medication with the prescribing doctor, or qualified nurse, and has had the potential side-effects explained to him or her. Such a discussion should be fully recorded in the multi-disciplinary notes.

1. A home carer may not have access to multi-disciplinary notes; in this case the care manager should inform the home carer of the intended plan.

1. If the patient has a cognitive deficit then this discussion should have taken place with the patient nearest relative, main care provider or other designated person who will be responsible for ensuring that medication will be used correctly and for monitoring for any potential side effects.

1. On collecting the medication for delivery to the patient the community practitioner should check the dispensed drugs against the prescription. The dose, frequency, name and address of the patient/client should be clarified.

1. The community practitioner must confirm the identity of the patient or carer before handing over any medication. If the community practitioner cannot identify the patient/client or carer, they must seek confirmation from another source other than the client.

1. The patient should not be given more than one instalment of medication at a time or at intervals other than that which is directed, unless otherwise agreed by the prescribing doctor or other involved professional. This may be appropriate when a patient is going away on holiday etc.

1. The overwhelming majority of medicines in common use are sufficiently stable to be stored at room temperature however some drugs are temperature or light-sensitive and will degrade if stored or transported at too high a temperature or if exposed to direct sunlight. Some may also be sensitive to moisture in the atmosphere and the efficacy of the medicine may be affected. Check storage requirements for medicines.

1. Medicines and pharmacy bags or boxes should be kept out of sight during transportation, preferably in another bag. If drugs are being transported by car then they should be in a locked compartment e.g. the boot of the vehicle, or out of sight within the car. Not to be used as storage in non-clinic areas i.e. overnight in cars or staff homes.

1. If the medicine is temperature, moisture or light sensitive this needs to be taken into account.

If the medicine is temperature sensitive then it should be transported in an insulated pharmacy bag or box.

If moisture sensitive then it should be in a blister pack anyway and being light sensitive should not be an issue as it should be in a pharmacy bag or box.

1. Once medicines are delivered to their destination they should then be stored in an appropriate, designated area of the patients home e.g. fridge if temperature sensitive, a locked or high cupboard if there are vulnerable others in the home who may be at risk of taking the medicines inappropriately e.g. children or adults cognitive deficits.

***If a team member is transporting medication for any reason, they must have trust identification.***

# Disposal and returning of Medicines

The safe disposal of medicines that are out-of-date or discontinued protects individual patients by preventing accidental administration.

1. Medicines found in the patient’s home are the patient’s own property and patients must give their permission for disposal, preferably with a signed statement from the patient/client or their carer to that effect.

If the patient refuses to do this and the community practitioner believes that there is a risk e.g. risks of overdose, or using medication no longer prescribed, then the patient’s GP, other appropriate doctor or pharmacist should be informed of the situation as soon as possible.

This needs to be documented clearly in the patient’s notes.

1. If a patient is at risk of overdosing, staff must use their professional judgement in deciding whether it is appropriate to remove medication. This should ideally be a decision of the multi-disciplinary team.

1. Staff should encourage clients to make use of local pharmacies for disposal of medication.
2. Medicines should never be discarded in rubbish bins.
3. Non-pharmaceutical waste e.g. sharps; empty bottles should not be returned to pharmacy. Nurses should be aware of local procedures for disposal of sharps or collection of sharps bins.
4. When medication has been handed to the community practitioner for removal, it should again be transported in a locked pharmacy bag or box, kept out of sight, in a locked compartment e.g. boot if transported by car, or out of sight within the car, and taken to a pharmacy for disposal within 72 hours.

# Staff training

Staff should be offered training to improve their understanding of medication, their use and possible side effects, in order to build competence and confidence when dealing with medication issues.

However, they should **always** have access to clinical staff who will advise or act on any concerns that may be raised.

1. Members of nursing staff responsible for administration of medication should be identified as such and it is expected that they are trained for this role. They are professionally accountable for their practice which must be in accordance with Trust policy.

1. Non-nursing Community Mental Health Workers should have basic introductory training in the use of medicines and identification of side effects as part of the assessment of competence to carry out the task of issuing medication or supervising self-administration by the patient.
2. 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.

# Appendix 1

**Verbal Order to Administer a Medication Form**

This message for is valid for **24 hours only**, except if the message is timed between 5pm on Friday and 5pm on Sunday when this period is extended to 72 hours. After this, the prescription **must** be signed by the prescriber.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:**   |    | **Time**   |    | **Ward/Unit:**   |    |
| **Patients Name:**   |    |    |
| **Patients DOB:**   |    | **Hospital:**   |    |
| **Allergies, adverse** **reactions or special** **circumstances:**   |      |      |
| **Message from:** **(please print name)**   |     |     |
| **Message taken by:**   | **(please print name)**  |    | **(signature)**  |
| **Witnessed by:**   | **(please print name)**  |    | **(signature)**  |
| **Drug:**   |    |    |
| **Indication:**   |    |    |
| **Dose & Directions:**   |    |    |
| **Other information:**   |    |    |

# Appendix 2

Named patient supply of long acting injections and depots to East London NHS Foundation Trust (ELFT)

**Standard Operating Procedure Pack**

**One Stop Pharmacy Ltd**

This service is administered by One Stop Pharmacy.

V1.0 July 2022

**Who are One Stop Pharmacy and what will we be doing for your Trust?**

We are a specialist mental health pharmacy provider of clinical services, logistics and delivery to hospitals throughout the UK.

We will be dispensing, supplying and delivering the following Long Acting Injections (LAIs) on a “named patient basis”

|  |  |
| --- | --- |
| **Name of medication**  | **Strengths / Formulation**  |
| **Aripiprazole** **(Abilify Maintena)** | 400mg / powder and solvent for prolonged-release suspension for injection vial / pre-filled syringe |
| **Paliperidone Palmitate (Xeplion)** | 50mg, 75mg, 100mg and 150mg / prolonged-release suspension for injection |
| **Paliperidone Palmitate (Trevicta)** | 175mg, 263mg, 350mg and 525mg / prolongedrelease suspension for injection |
| **Paliperidone Palmitate (Byannli)** | 700mg and 1000mg prolonged-release suspension for injection in pre-filled syringe |
| **Risperidone** **(Risperdal Consta)** | 25mg, 37.5mg and 50mg / prolonged-released suspension for injection |

This service is administered by One Stop Pharmacy.

V1.0 July 2022

**Supply of LAI’s and Depots: How will this work?**

1. Fill in the private prescription (ensuring consent is obtained at this point) that One Stop Pharmacy provide so that this matches with the ELFT depot chart. One Stop Pharmacy will be authorised to supply the medication 12 times against each prescription.
2. Scan in and email a copy of the private prescription to info.onestop-pharmacy@nhs.net so we can start dispensing the medication. We will require the original prescription to be

sent via recorded delivery in the self-addressed envelopes provided by One Stop Pharmacy or handed over to the One Stop Pharmacy delivery driver.

1. One Stop Pharmacy will start dispensing the medication and any queries will be directed back to the CMHT for clarification.
2. Deliveries will be made to ELFT once a month on a **WEDNESDAY**. Any deliveries outside of this will need to be agreed with the Lead Pharmacists at your Trust.
3. Each delivery consignment from One Stop Pharmacy will need to be signed for by a verified representative from the CMHT site (e.g. a nurse) which will state the number of ambient and/or cold-chain consignments being delivered to the CMHT site.

Within each consignment, there will be a dispatch note which details the exact number of each LAI within the consignment. The LAIs within each consignment must be checked in against the dispatch note as soon as practically possible after delivery and One Stop Pharmacy must be informed of any discrepancies within 24 hours of the delivery.

1. There may be times when a patient’s treatment plan changes and it is important

One Stop Pharmacy are informed of these changes as soon as possible via the

“Patient Change of Status Form” and/or via email so that we can update our records accordingly.

1. Once the 9th supply has been made against a prescription, One Stop Pharmacy will notify the

CMHT’s and trust leads to remind them to issue and send a new private prescription to One Stop Pharmacy.

**Please see pack for all forms mentioned above.**

**More forms can be requested by emailing info.onestop-pharmacy@nhs.net or by calling us on 01902 771166**

This service is administered by One Stop Pharmacy.

V1.0 July 2022

**Private Prescription**

**Section 1: Patient Details:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |  NHS Number: |  |
|  |

Title

Name of Patient

Patient Address

& Postcode

CMHT Team Name / Site

Date of Birth

Allergy Status

|  |
| --- |
|  |
|  |
|  |

Care Coordinator Name

Care Coordinator Email

Care Coordinator Mobile

*The patient has consented to this prescription being sent to and their medication being supplied from One Stop Pharmacy (to be ticked by the Care Coordinator or other verified representative of the patient only)*

**Medication to be supplied (please tick appropriate box):**

|  |  |  |
| --- | --- | --- |
| (Risperidone) **Risperdal Consta®** |  | (Aripiprazole) **Abilify Maintena®** |
|  |  |  |  |  |
| 25mg\* |  |  | 37.5mg\* |  |  | 50mg\* |  |  | 400mg\* Vial |  |  | 400mg\* Pre-filled Syringe |  |
|

|  |
| --- |
|  (Paliperidone Palmitate 3-monthly) **Trevicta®** |
| 175mg\* |  |  | 263mg\* |  |  | 350mg\* |  |  | 525mg\* |  |  |
|  |  |  |  |

 |

|  |  |
| --- | --- |
| (Paliperidone Palmitate) **Xeplion®** |  |
| 50mg\* |  |  | 75mg\* |  |  | 100mg\* |  |  | 150mg\* |  |  |
|  |  |  |  |

 |

|  |
| --- |
|  (Paliperidone Palmitate 6-monthly) **Byannli®** |
|  |  |
| 700mg\* |  |  | 1000mg\* |  |  |
|  |  |

\*prolonged release suspension for injection

|  |  |  |  |
| --- | --- | --- | --- |
|  **Route of Administration** | **Dose** | **Frequency of Administration** | **Tick if unlicenced / off-label use** |
|  |  |  |  |  |  |
|  |
| New |  | Drug change  |  | Continuation |  |  |
|  |  |  |  |  |  | Dose change |  |  |

Prescription valid for 12 months from the date of first dispensing:

**Risperdal Consta:** 24 supplies / **Xeplion:** 12 supplies / **Trevicta:** 4 supplies / **Abilify:** 12 supplies / **Byannli:** 2 supplies

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Prescriber Name & Signature

Number of Repeats Issued:

Purchase Order Number

**Prescriber Details:**

Consultant Name & Cost Code

**Please tick the box once the prescription has been clinically screened by the pharmacist**

Pharmacist Signature

Date

Professional Reg Number

Qualifications

Date

Hospital Address

Please email a copy of the prescription to info.onestop-pharmacy@nhs.net and hand over the original prescription to the One Stop Pharmacy delivery driver or you can send the original prescription via recorded delivery to One Stop Pharmacy, Unit G Key Industrial Park, Fernside Road, Willenhall, WV13 3YA.

This service is administered by One Stop Pharmacy.

V1.0 July 2022

**Patient Change of Status Form**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |  NHS No.: |  |

**Patient Details:**

Title

Patient Name

Patient Address

Postcode

Date of Birth

**Section 1: Change of patient status**

Please tick what is applicable to this patient:

**A**Treatment suspended (please go to section 2)

**B**Treatment stopped (please go \_to section 2)

**C**Patient deceased

**D**Change in address (please go to Section 3)

**Section 2: Please explain the reason for change in treatment in detail below:**

|  |
| --- |
|  |
|  |
|  |

**Section 3: Change in patient address / CMHT delivery site**

**New patient address New CMHT delivery site**

|  |
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|  |

Name Name

Address Address

Postcode Postcode

 Telephone

Please email a copy of the prescription to info.onestop-pharmacy@nhs.net and hand over the original prescription to the One Stop Pharmacy delivery driver or you can send the original prescription via recorded delivery to One Stop Pharmacy, Unit G Key Industrial Park, Fernside Road, Willenhall, WV13 3YA.

This service is administered by One Stop Pharmacy.

V1.0 July 2022

**One Stop Pharmacy Contact Details**

**Hospital Pharmacy Services**

Dispensary Telephone Number: 01902 771166

Dispensary Fax Number: 01902 423123

All correspondence and queries can be emailed to:

info.onestop-pharmacy@nhs.net **Website address: www.onestop-pharmacy.co.uk Opening Times:**

Monday - Friday: 9am - 6pm

Saturday: 9am - 12pm

Sunday: Closed

We also operate an out of hours on call service from 6pm - 8pm on weekdays.

If you have any queries then the below key contacts can be called if an emergency arises.

**Key Contacts:**

**Gavin Cheema**

Head of Compliance

07805 490118

**Kiran Matharu**

Senior Clinical Pharmacist

07568 055679

# Appendix 3

 ***Glasgow Antipsychotic Side-Effect Scale (GASS)***

**Name: Age: Sex: M / F**

**Please list current medication and total daily doses below:**

**This questionnaire is about how you have been recently. It is being used to see if you are suffering from side effects from your antipsychotic medication.**

Please place a tick in the column which best indicates the degree towhich you have experienced the following side effects.Also when you have had a side effect, please mark the end or last box between 1 – 10 to show how

distressing that was for you.

 *© Waddell & Taylor, 2007*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Over the past week:*  | ***Never***  | ***Once***  | ***A few times***  |  ***Everyday***  | ***Level of distress*** 1 = not at all 10 = very much  |
| 1. I felt sleepy during the day  |   |   |   |   |   |
| 2. I felt drugged or like a zombie  |   |   |   |   |   |
| 3. I felt dizzy when I stood up and/or have fainted  |   |   |   |   |   |
| 4. I have felt my heart beating irregularly or unusually fast  |   |   |   |   |   |
| 5. My muscles have been tense or jerky  |   |   |   |   |   |
| 6. My hands or arms have been shaky  |   |   |   |   |   |
| 7. My legs have felt restless and/or I couldn’t sit still  |   |   |   |   |   |
| 8. I have been drooling  |   |   |   |   |   |
| 9. My movements or walking have been slower than usual  |   |   |   |   |   |
| 10. I have had uncontrollable movements of my face or body  |   |   |   |   |   |
| 11. My vision has been blurry  |   |   |   |   |   |
| 12. My mouth has been dry  |   |   |   |   |   |
| 13. I have had difficulty passing urine  |   |   |   |   |   |
| 14. I have felt like I am going to be sick or have vomited  |   |   |   |   |   |
| 15. I have wet the bed  |   |   |   |   |   |
| 16. I have been very thirsty and/or passing urine frequently  |   |   |   |   |   |
| 17. The areas around my nipples have been sore and swollen  |   |   |   |   |   |
| 18. I have noticed fluid coming from my nipples  |   |   |   |   |   |
| 19. I have had problems enjoying sex  |   |   |   |   |   |
| 20. **Men only:** I have had problems getting an erection  |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  ***Tick yes or no*** *for the* ***last three months*** | *No*  |  *Yes*  | *Level of distress* 1 = not at all 10 = very much |
| 21. **Women only**: I have noticed a change in my periods  |   |   |   |
| 22. **Men and women**: I have been gaining weight  |   |   |   |

**F58 Glasgow Antipsychotic Side-Effect Scale (GASS) – V1.0 July 2010**

**Staff Information**

1. Ask people to fill in the questionnaire themselves. All questions relate to the previous week.

1. **Scoring**

For questions 1 to 20 award the following:

* + 1. point for the answer “once”
		2. points for the answer “a few times” 3 points for the answer “everyday”.

Zero points for an answer of “never”.

For questions 21 and 22 award the following:

* + 1. points for “yes” 0 points for “no”

Total score for all questions = \_\_\_\_\_\_\_\_\_\_

1. For completed questionnaires (male & female), scores indicate the following side effect severity:

|  |  |
| --- | --- |
| **0-21**  | **absent/mild side effects**  |
| **22-42**  | **moderate side effects**  |
| **43-63**  | **severe side effects**  |

1. Side effects covered include:

 1-2 sedation and CNS side effects

 3-4 cardiovascular side effects

5-10 extra pyramidal side effects

11-13 anticholinergic side effects

* + - 1. gastro-intestinal side effects
			2. genitourinary side effects
			3. screening question for diabetes mellitus

17-21 prolactinaemic side effects

 22 weight gain

The column relating to the **level of distress** experienced with a particular side effect is not scored, but is intended to inform the clinician of the **person’s** views and condition.

**F58 Glasgow Antipsychotic Side-Effect Scale (GASS) – V1.0 July 2010**

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