

Prescriber EPMA User Guide CMM v8



For <u>day-to-day support</u> please contact your ward pharmacist. For any EPMA related queries please contact <u>elft.epma@nhs.net</u>.

For <u>training requests</u>, please 'Raise a Request' through the IT Service Desk Portal. Select 'Clinical Systems Training' and then 'EPMA' from the appropriate dropdown menu.

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1. Logging On

• To access EPMA, double click the 'EPMA Login' web link icon on your desktop.



• Enter your unique username and password (case sensitive).



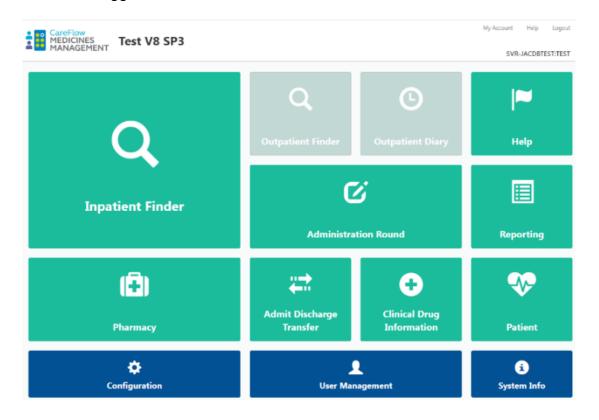
Do not share your password with anyone





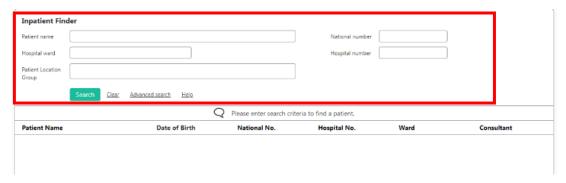
Refer to instructions in login detail email and Password Reset Guide for further information

You are now logged in and will see the screen below.



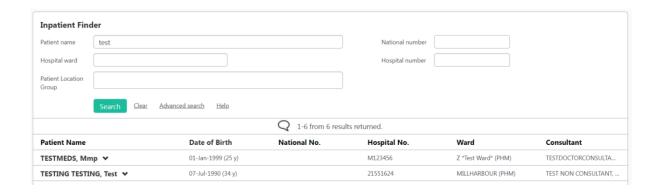
2. Patient Selection

• Select Inpatient finder, then use any of the following identifiers to select the correct patient. If you are searching by Patient Name you should type in their Surname.



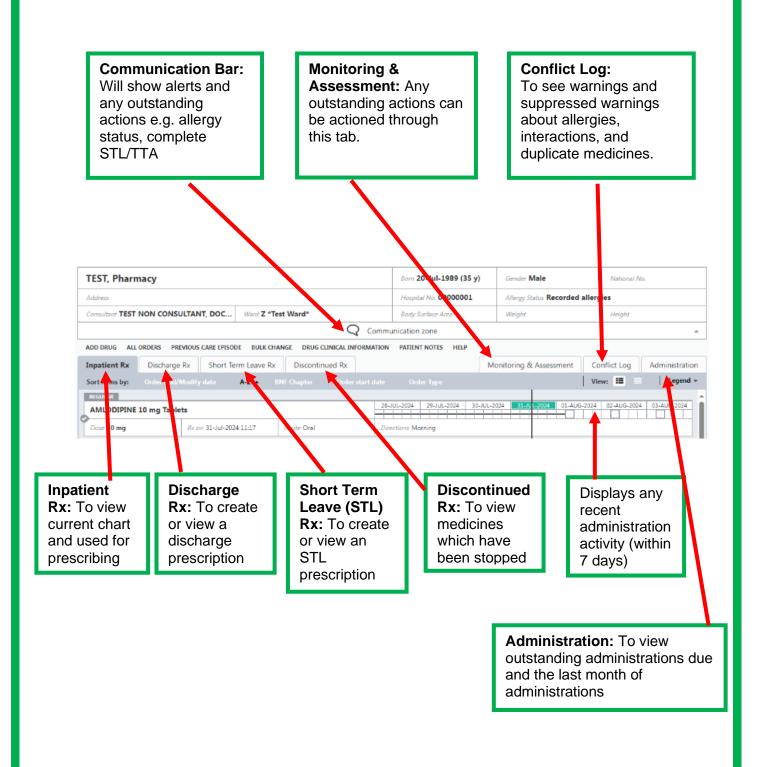
Select the patient.

Note: EPMA will warn you when there are patients with similar names are on the same ward. You should always check that the patient's date of birth and NHS number are correct to ensure you have selected the correct patient.



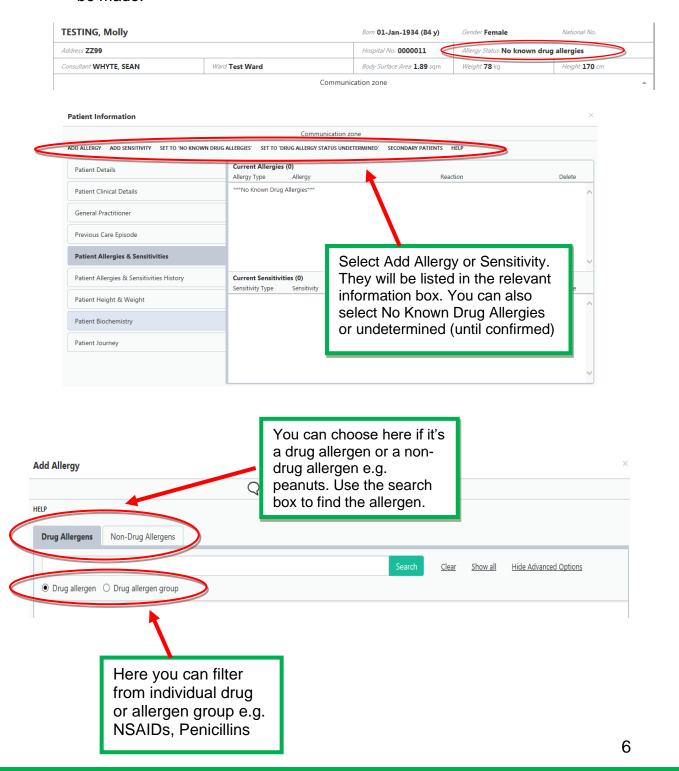
- Only patients currently admitted to an inpatient ward/HTT with EPMA will appear.
- If the patient does not appear when searching, please contact your ward pharmacist or the Duty Senior Nurse out of hours.

See below for an overview of the chart.

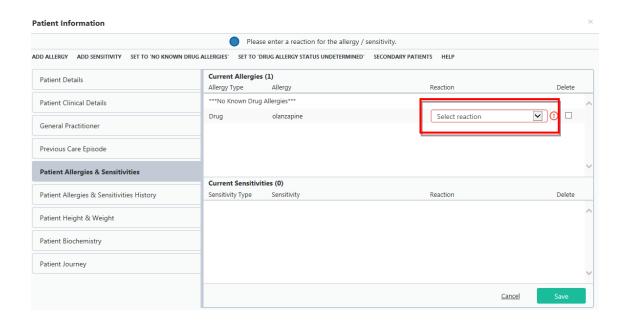


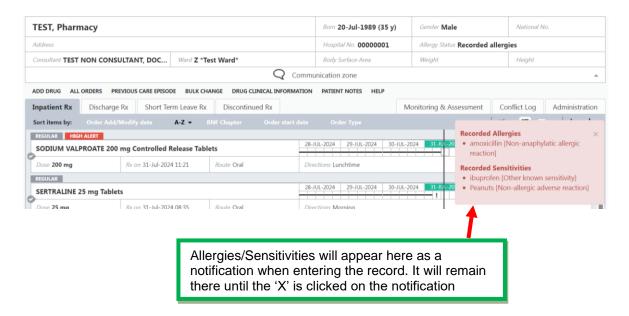
3. Adding and Amending Allergies and Sensitivities

- In the patient record click on 'Allergy Status'. The patient information page will open in a new window. You can make the changes needed using the relevant options and tabs available.
- Please ensure to check the allergy status on every admission to ensure the status is still up to date.
- Brand new patients may have an allergy status of 'Unknown'. The allergy status will need to be updated as shown below to allow any prescriptions to be made.



 On the next page select the relevant allergen from the list compiled and click select. This will take you back to the Patient Information page. Use the dropdown menu highlighted below to select the reaction and press save, the allergy is now added.

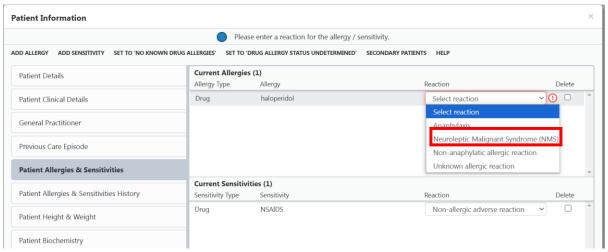




The same process applies when an adding a sensitivity.

 When an item is listed as an allergy the prescriber will not be able to prescribe that item, however when listed as a sensitivity the prescriber will receive a warning which can be overridden for the item to be prescribed.

 Please note there has been a <u>clinical alert issued on 02-DEC-2024</u> – refer to this for full details. If a previous NMS reaction is confirmed, then please document this as an 'ALLERGY' in the patient's EPMA record to block prescribing of this. You will be able to select 'Neuroleptic Malignant Syndrome (NMS) from the dropdown list of reactions as per below screenshot.



 You can also select 'Patient Allergy & Sensitivity History' tab to view all the previous allergies and sensitivities recorded for the patient.

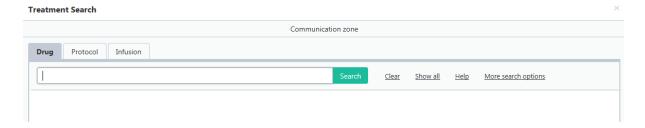
4. Overview of Prescribing

4.1 Prescribing for Inpatients

 Each tab (Inpatient Rx, Discharge Rx, etc.) has relevant tasks listed above them.

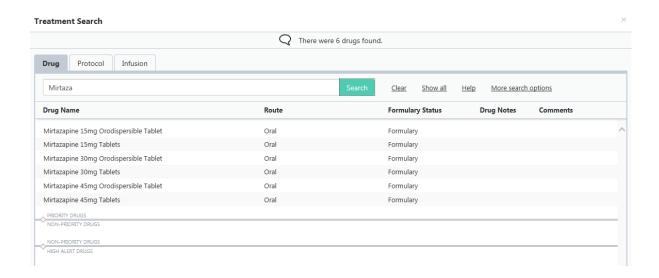


- To prescribe a medicine click 'Add Drug' on the Inpatient Rx tab and the following screen will appear.
- Please note 'Bulk Change' function is not in use and can be ignored.



 You can type the full name or first few letters of a medicine (try searching generic name, brand name, double check spellings), click Search and the list of available preparations will appear.

- Select the required medicine. Choose the most appropriate strength and formulation available.
- If you cannot find a medicine on EPMA contact your ward pharmacist (within working hours) or prescribe the dummy drug "*Medication not on EPMA" (for out of hours working). Refer to allocated guide for more support.

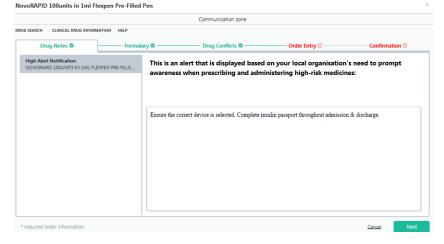


 On the following page the tabs shown below will appear after the medicine is selected, each tab will highlight GREEN (no action needed) or RED (awaiting action).



4.2 Drug Notes

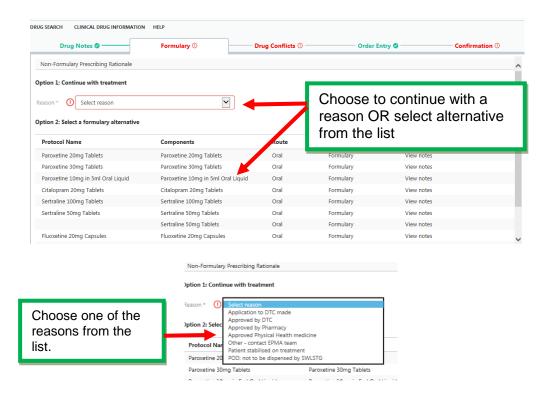
• If there are any drug notes attached to the drug then a notification will appear. This is usually attached to High Alert medicines. Please ensure you read the note and adhere to the instructions attached. Click Next to continue.



• If no drug notes are attached, the system will automatically take you onto the next stage of prescribing.

4.3 Prescribing Non-Formulary Medications

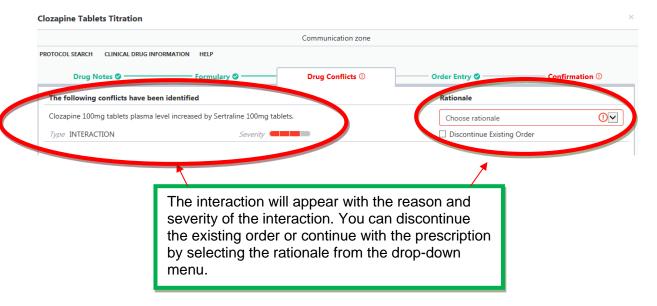
 When prescribing non-formulary medicines, you will be prompted to either select an alternative or continue with the non-formulary choice. If you choose to continue with the non-formulary choice, then you must select a reason from the dropdown list.



• If the drug is on the formulary (most likely) then this section will highlight GREEN and the system will direct you to the next stage of prescribing.

4.4 Drug Conflicts

If any conflicts are present between medicines then this tab will highlight RED. Here you have the option to overide the conflict by choosing the rationale behind the prescribing or discontinue the existing medicine it is conflicting with.

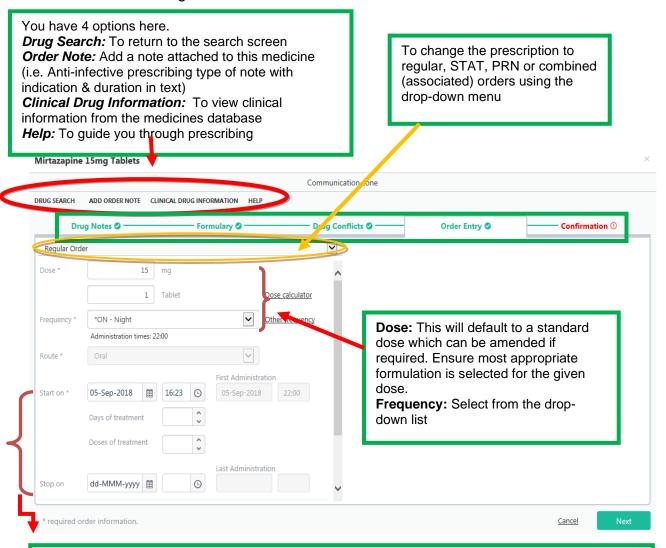


 If no conflicts are present then the system will direct you to the next stage of the prescribing process.

4.5 Order Entry

- This tab is your main page of prescribing. Here you can choose the frequency, change the type of order (regular, STAT, PRN etc), add start and stop dates and choose to add order notes if needed.
- The dose and frequency is usually set to a default setting but can be changed so please be careful when prescribing and double check you are happy with the order.
- If all the previous tabs are GREEN when prescribing, the system will automatically take you to this tab even if this tab is GREEN. This is in case you wish to make changes as stated above.

See below diagram for overview of the tab.

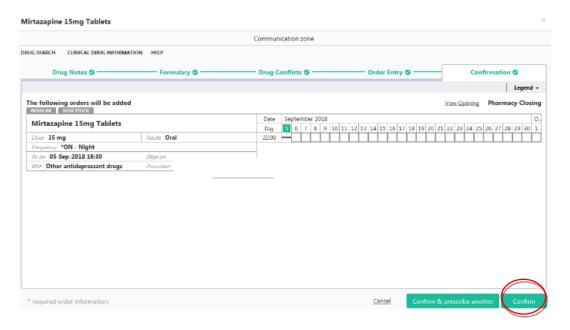


To change the start date and time, add duration of treatment (number of days or doses) or stop date if needed. Leave blank if the prescription is ongoing. Please note most antibiotic prescriptions will default to a 5 day prescription (which can be amended in the 'Days of treatment' section).

• You will see a field for 'Site of administration', this is not currently in use and can be ignored for now.

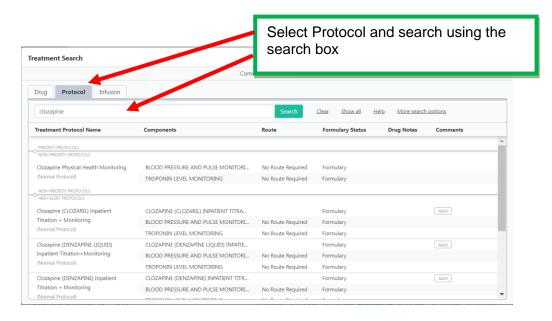
4.6 Confirmation

Here you can review your order before finalising. Click 'Confirm' to prescribe the medication.



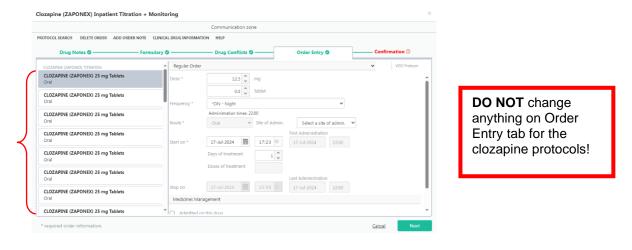
4.7 Prescribing a Protocol

- Protocols are prescriptions which are pre-defined to make it easier to prescribe more complex regimes (e.g. clozapine titrations, alcohol detox regimes, medicines for rapid tranquilisation such as IM/PO Lorazepam or Promethazine).
- On the Inpatient Rx tab click Add Drug then click on the Protocol tab: Search
 in the protocol tab or select 'Show all' to see all available protocols on the
 system.



Clozapine Standard Speed Titration Protocol (EXAMPLE 1)

- Select the required protocol carefully; ensure the correct brand, formulation
 and type of protocol is appropriate. For any slower or faster speed
 titrations DO NOT use these protocols contact your ward pharmacist
 for support. Fast or slower titrations should be prescribed as individual STAT
 doses.
- Please DO NOT change anything in the order entry tab this has already been set up based on a standard speed titration and MUST NOT be amended.

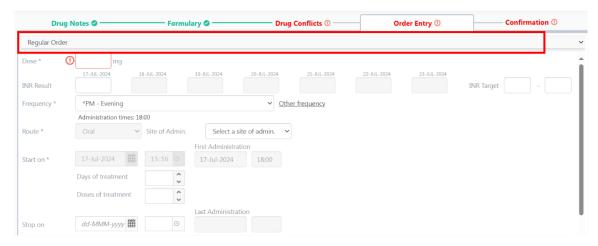


- Order notes can be added at this stage. Otherwise move ahead to confirm. The protocol will now be added to the inpatient chart.
- Key point 1: <u>Do not ever suspend this protocol</u>. If the titration needs to be paused or stopped, you will need to discontinue the whole protocol. This is due to a potential risk of patient harm. These are pre-set with dates and times, and resuming can take the patient to a dose that is not appropriate. Please discontinue instead of suspending. Speak to your ward pharmacist about further prescribing.

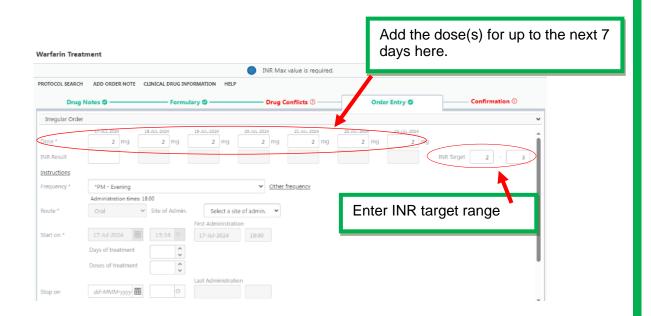
- Clozapine suspension alert report when a clozapine titration protocol is suspended by a prescriber a report will automatically send out to the ward and pharmacy email inbox. The pharmacist will support the prescriber to the discontinue the titration.
- Key point 2: The clozapine titration protocol will continue indefinitely once it reaches the 'final' doses of 100mg OM and 200mg ON. This is to ensure the patient won't unintentionally miss clozapine doses once the titration comes to an end. It is therefore vital that when prescribing maintenance doses, the prescriber discontinues the titration protocol before prescribing new doses. Make a note of the date that the patient will reach the 'final' doses and hand over to the ward team to ensure this is discontinued on that date or soon after. Once discontinued, prescribe maintenance doses via 'Add drug'. A 'drug conflict' warning will appear if a prescriber attempts to prescribe additional clozapine doses on top of the titration protocol doses.

Warfarin Prescribing Protocol (EXAMPLE 2)

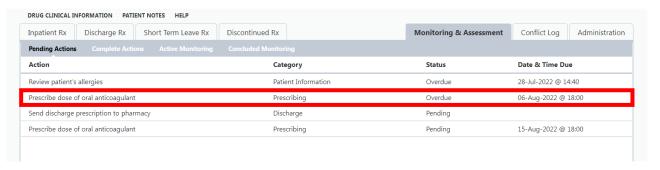
- Search by protocol for 'warfarin' and select 'Warfarin Treatment'. All
 prescriptions for warfarin need to be prescribed via the protocol tab.
- For a regular order where the patient is on the same dose of warfarin daily, select the 'Regular Order' type from the drop-down menu and prescribe the required dose. INR target range's must also be completed.



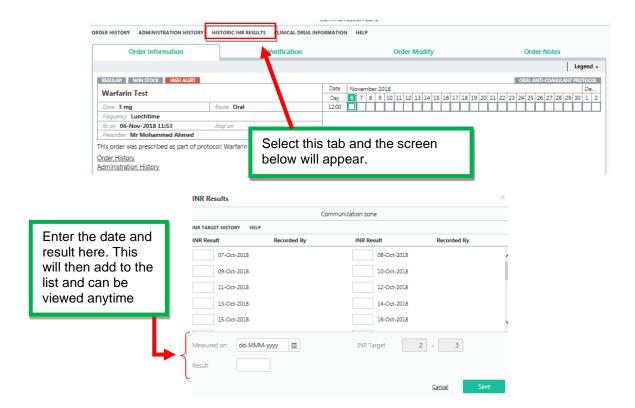
 For an 'Irregular Order' where the patient is on different doses of warfarin daily: Add the required dose(s) for up to the next 7 days and include the INR target range in the field below.



• Key point: Please note that the 'Irregular Order' type of order is a maximum 7-day prescription at a time - it will need to be updated within the 7 days or the patient will miss their warfarin doses after this point. Make a note of the day that you are prescribing until and hand over to the ward team to ensure the prescription is renewed on or before that date. The system will also create a task on the 'Monitoring & Assessment' tab as a reminder (as shown below).



- Warfarin irregular report when a patient is prescribed an 'Irregular Order'
 protocol of warfarin an automated report will be sent to the relevant pharmacy
 inbox by email to support the prescriber to update the prescription (traffic light
 system for urgency).
- To add an INR result to the patient's record, select the Warfarin prescription from the inpatient chart. On the following screen select 'Historic INR Results' as shown below.



Click save and this will now add the results to the patient's record

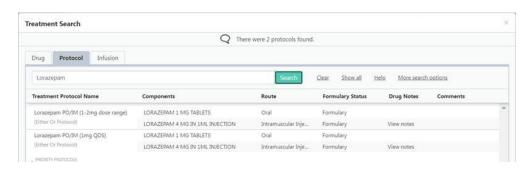


NB you MUST enter INR results when they are received



Either/or PO/IM Protocol e.g. Lorazepam (EXAMPLE 3)

- There are other drugs set up this way e.g. promethazine
- Note: for lorazepam protocols there is the 1-2mg dose range or 1mg QDS PO/IM options
- These should be used when the prescriber needs to prescribe PRN oral and IM
 of the same drug usually for rapid tranquilisation purposes it will allow the
 nurse to give only the oral OR the IM, not both at the same time and will allow
 easier monitoring of usage for that drug.



4.8 Prescribing High Alert Medicines

Some medicines are flagged as 'High Alert' by the system. These are associated with alerts that are aimed at helping clinicians to prescribe and administer safely. 'High Alert' medicines include controlled drugs, clozapine and insulins.

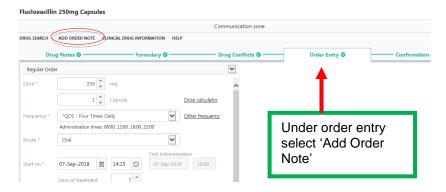


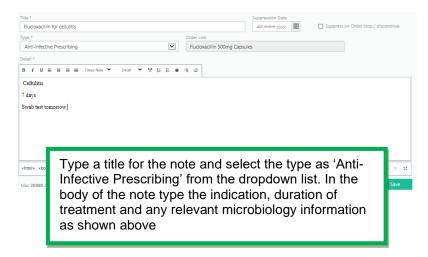
 All High Alerts medicines will appear on the Inpatient Chart with a High Alert red label.



4.9 Anti-Infective Prescribing

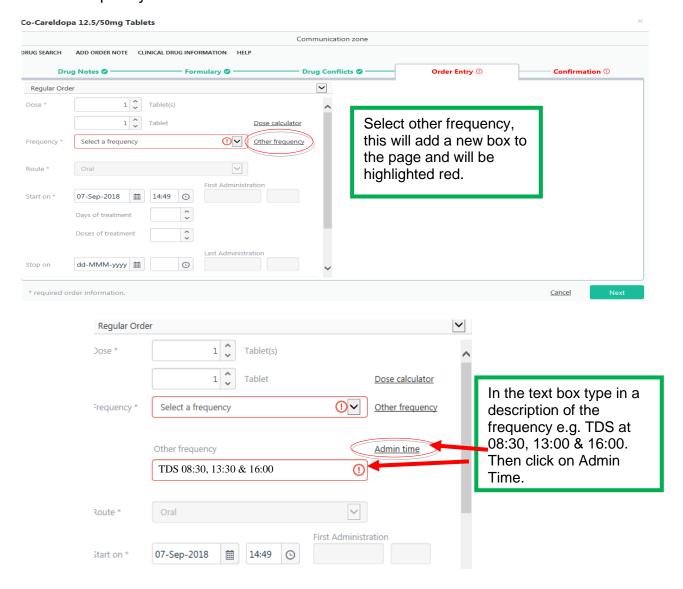
• Creating an Anti-infective Note can be done whilst prescribing by clicking on 'Add Order Note' under the order entry tab during the prescribing process.



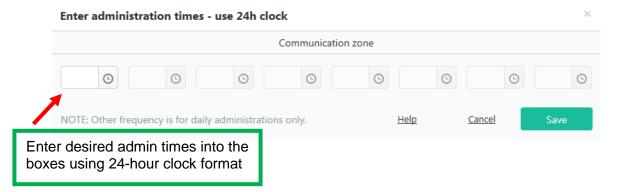


4.10 Creating a Custom Frequency

 Certain medications, e.g. Co-Careldopa, should be prescribed to be administered at specific times. This can be done by selecting 'Other frequency'



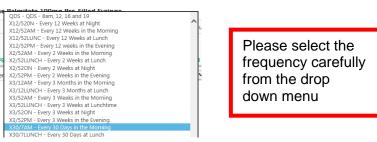
 Enter desired times of administration into the boxes using a 24-hour clock format e.g. 08:30, 13:30, 16:00. Note this is only suitable for daily administrations and up to a maximum of 8 administration times



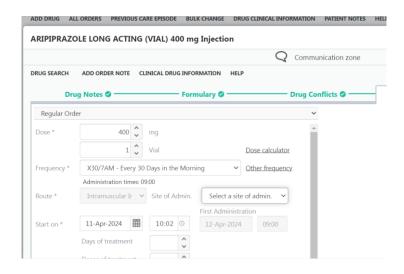
 Once complete, select 'Save' and continue with the prescribing process as normal

4.11 Prescribing Long Acting Injections & Depots

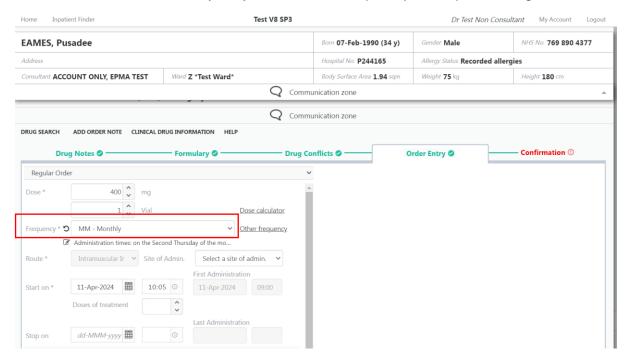
- Long acting injections & depots are prescribed just like any other medicines.
 However, please pay extra attention to the default frequency and start date.
 The drop down menu may seem a little confusing e.g.
 - X2/52AM Every 2 weeks in the morning
 - X4/52AM Every 4 weeks in the morning
- Long acting injections & depots should be prescribed to be given in the morning as that allows nursing staff to administer the injection any time that day.



- Key Point: It is vitally important to ensure the depot prescription 'start date' is correct. If prescribing for a new admission who has been receiving a depot in the community or changing an existing depot prescription, the prescriber must check when the last depot was administered and prescribe accordingly with an appropriate start date. There is a risk of patient harm if this step isn't followed.
- Site of admin functionality when prescribing When prescribing a drug you will
 notice new functionality called 'Site of Admin'. This is not currently in use, but
 we hope to use this for depot injection prescriptions soon. We will notify users
 when this is available.

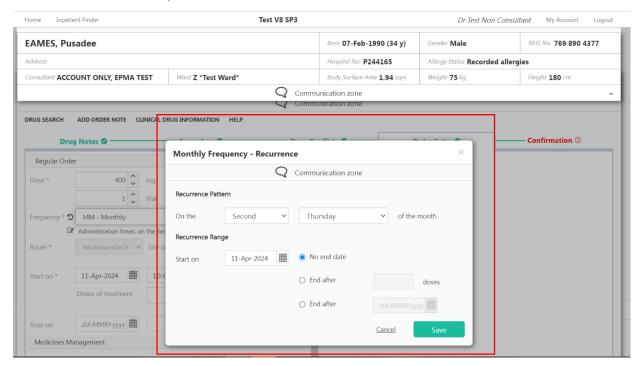


- Monthly prescribing When selecting a frequency for a prescription you will
 notice there is now a Monthly frequency available ('MM' as per below
 screenshot).
- This new functionality may be useful for depot injection prescribing.

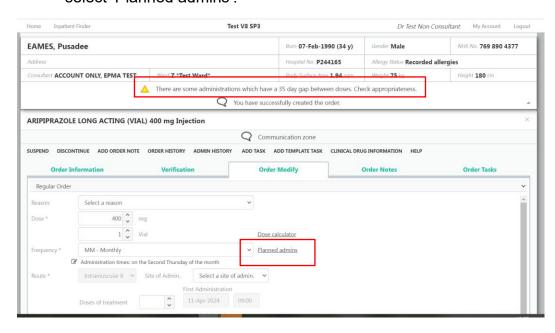


 When selecting 'MM – Monthly' from the dropdown you will be prompted to select a day of the month for the prescription to recur on i.e. Second Thursday of the month (as per below screenshot).

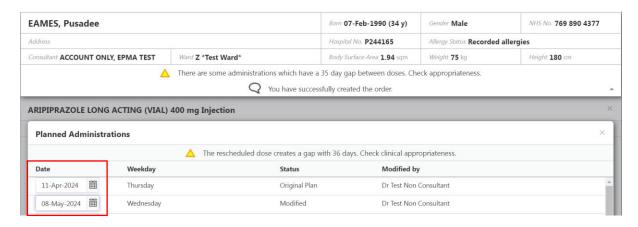
 Please note that you will not be able to select a particular date of the month i.e. 10th of every month.



- You may receive prompts in relation to spacing of doses, example below 'There are some administrations that have a 35-day gap between doses. Check appropriateness.'
- You can check upcoming dates of doses and will be able to adjust these. To do this you will need to click on the drug, onto the 'Order Modify' Tab and then select 'Planned admins'.

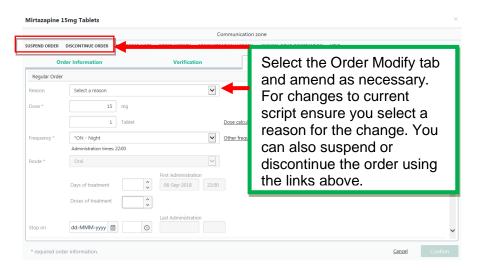


 Screenshot below shows upcoming doses and ability to change date via the calendar button.

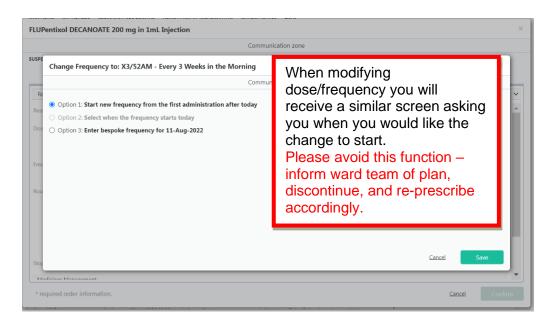


4.12 Modifying/Suspending/Discontinuing an order

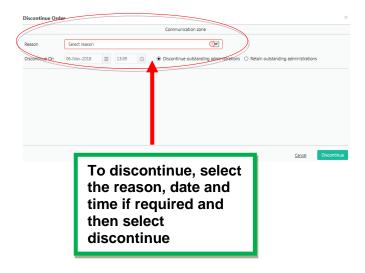
• If you wish to modify an existing prescription, click on the medicine. From the tabs select 'order modify' and make the changes you require.



• Key point: Please avoid modifying the dose/frequency of depot injection prescriptions via the order modify tab as there have been several incidents where prescribers have selected the wrong option of when to start the change of the prescription. Instead, inform the ward team of the change, then discontinue the item and re-prescribe accordingly. This can also apply to any medication that you wish to amend but are not sure about which option to select. Where you do continue to modify prescriptions via the order modify option, please ensure the ward pharmacist can check the prescription as soon as possible.

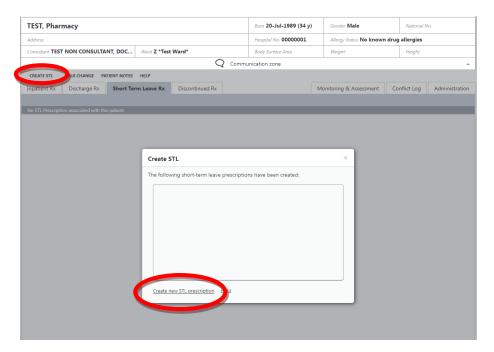


- To suspend an order, you can do so by following the same steps shown
 previously and then selecting Suspend Order. Suspended orders will suspend
 indefinitely. The option to 'resume order' will be present for suspended orders
 and the prescriber can select a future date/time for the order to resume.
- To discontinue an order, select 'Discontinue Order'. You will need to select a discontinuation reason and you also have the option to pre-plan the discontinuation by selecting a date and time. By default, the medication will discontinue immediately.

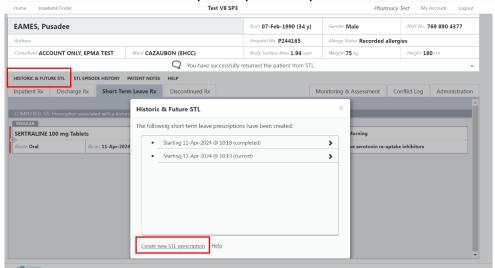


5. Prescribing Short Term Leave (STL) Prescriptions

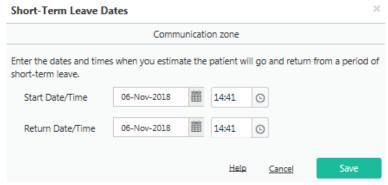
• When in the selected patient's record, click on Short Term Leave Rx tab and select 'Create STL', then click 'Create new STL prescription' (You will see below **for the first STL prescription** for a patient on the current admission)



• For every subsequent STL, you will need to select 'Historic & Future STL' and select 'Create new STL prescription' as per screenshot below.



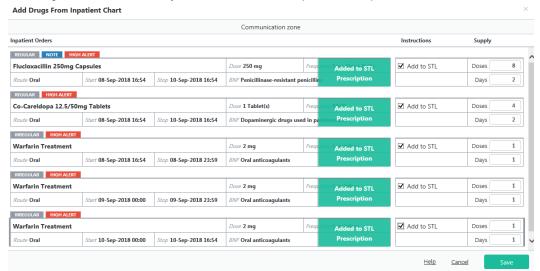
 The next screen will ask you to choose the dates you require for the leave: start date and estimated return date. Click save and you will then be brought back to the STL Rx screen



Select 'Add drug from inpatient'

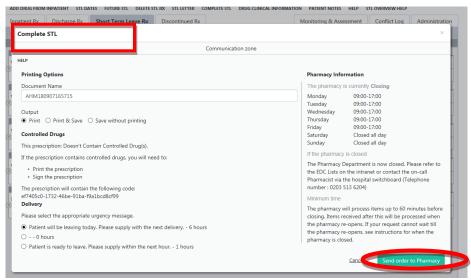


When the chart appears, select the medicines required for the STL. Please
ensure for any PRN orders you type in the **DOSES** required and <u>NOT</u> the
days. The regular medicines selected will automatically complete the fields of
days and doses required. Click save. (see below)

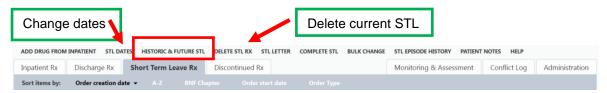


Click on 'Complete STL' and then 'Send order to Pharmacy'. This will change
the status of the prescription from 'DRAFT' to 'COMPLETED'. Then send an
email to your pharmacy team to request that this medication is ordered.
Pharmacy will order and reply to you via email. Ensure the prescription is
completed on the system AND an email is sent to pharmacy.

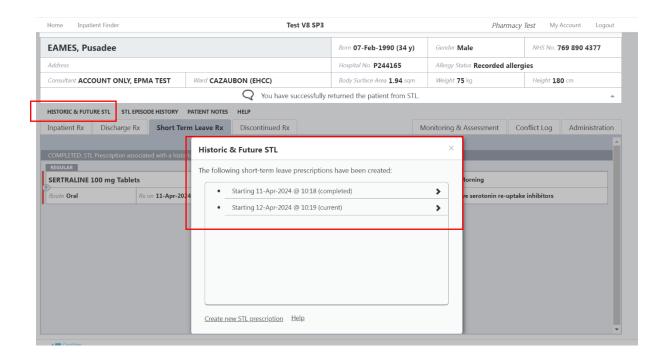




Other Functions for STL



- When a patient is going on leave again, the STL tab can be reused to do the next prescription.
- On the 'Short Term Leave Rx' tab you will notice the 'Historic & Future STL' option
- This will allow you to view any previous STL prescriptions within the current admission and can be useful to consider before prescribing further STL prescriptions.
- **Key point:** Do not create multiple Future STLs at the same time. STLs must be created and processed by Pharmacy one at a time.



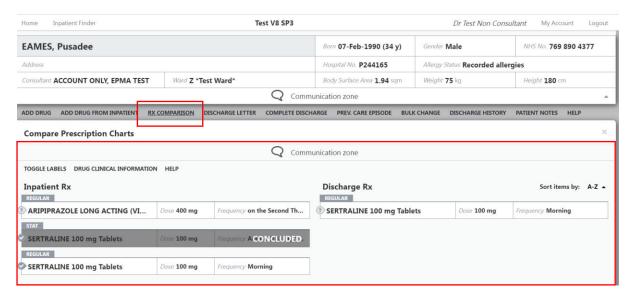
- Key point: for any Schedule 2 or Schedule 3 Controlled Drugs please add them
 onto the TTA but you will also need to complete an additional paper prescription
 which will be provided to you by pharmacy.
- **Key Point:** The 'Short Term Leave Rx' tab can be used for every instance of STL. It is important that once the patient is sent on leave, the ward selects 'Send Patient On STL' on the 'Short Term Leave Rx' tab. When they return to the ward from leave, the ward should select 'Return Patient From STL' on the 'Short Term Leave Rx' tab.

6. Prescribing Discharge (TTA) Prescriptions

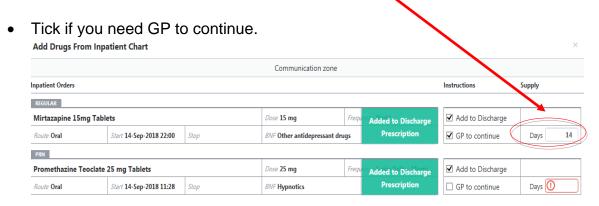
- These prescriptions should be reserved for the point of discharge. If there are any discrepancies, please liaise with your ward pharmacist for support. Select 'Discharge Rx' tab, click 'Add Drug from Inpatient chart'. New drugs can also be added at this point where required.
- Please ensure to add all the patient's medication to the discharge TTA including depot injections and patient-own drugs. In future, this will integrate with the GP discharge letter in RiO. Staff will be notified once this integration has been implemented



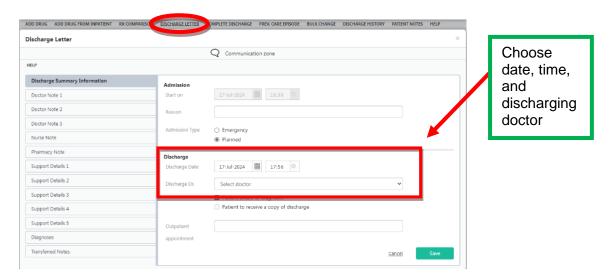
• **RX Comparison** view on Discharge tab - On the Discharge tab you will notice a new function 'RX Comparison'. This will allow you to compare what has been prescribed on the discharge tab versus the inpatient chart to help ensure discharge prescriptions are accurate. You can also go back and forth between the 'Inpatient Rx' and 'Discharge Rx' tab to check everything needed is included in the discharge TTA.



Tick the items that are required for the discharge prescription. Regular orders will default to 14 days' supply, this can be amended if needed. Please inform pharmacy for any changes to default quantity supply in your email. For PRN orders please ensure you specify how many <u>DAYS</u> you would like, then click save.



• You will now be required to select 'discharge letter'. Here you will need to enter a discharge Doctor (Please note that this is not the actual discharge letter, this is currently a formality step in the discharge TTA process). Select 'Save'.



- Click on 'Complete Discharge' which will change the status from 'DRAFT' to 'COMPLETED' and 'Send order to Pharmacy'. Then send an email to your pharmacy team to request that this medication is ordered. Pharmacy will order and reply to you via email. Ensure the prescription is completed on the system AND an email is sent to pharmacy.
- If you need to make changes to the discharge medication after sending to pharmacy, liaise directly with your ward pharmacist before selecting 'Edit Discharge' and making the necessary changes.
- Key point: for any Schedule 2 or Schedule 3 Controlled Drugs, please add these on to the TTA but note you will also need to complete an additional paper prescription which will be provided to you by pharmacy.

7. Clinical Information

 By selecting 'Clinical Drug Information' on the home page, you can view clinical information of any drug. This may be useful when discussing side effects and contraindication at the point of prescribing. This can also be found on the inpatient chart.

8. Conflict Logs

 When in a patient's record, 'Conflict Log' functionality allows you to see warnings, suppressed warning, allergies, interactions, and duplicate therapies that occur at the point of prescribing.



It is the prescriber's responsibility to check these regularly to ensure safe prescribing at all times.





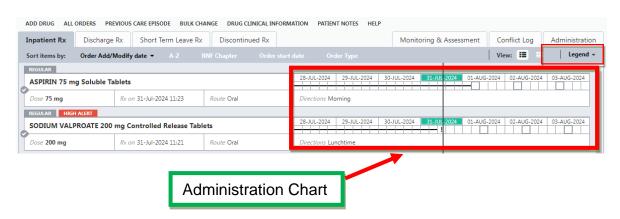
The system is set up in a way that will only show significant warnings. These are reviewed regularly by the EPMA team. To view all warnings, select the 'Suppressed Warnings' filter box

9. Administering Medications

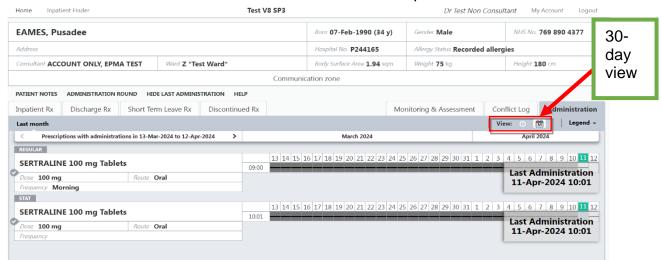
• Please refer to the EPMA Nurse Guide

10. Full Medication Chart

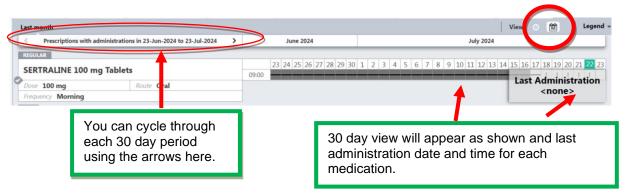
• The medication chart is available on the 'Inpatient Rx' page of the patient's record which shows the administration details of each drug for the past 3 days, current day and proceeding 3 days. You can use the Legend tab for more information.



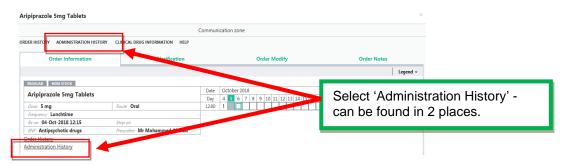
• For a view of the full administration chart, select the 'Administration' tab and choose the 'M' function for 30-day charting period. You will now be able to view last administration or available administration view as per below screenshots.



 Select the view as shown above and the following screens will appear for each view of the chart.



 To view a detailed administration history, click on any of the drugs on the administration page and the following screen will appear.



 You can now see full details of the administration history which includes name of nurse who administered, date, time and dose as shown below



 Non-admin reasons will display as an exclamation mark ('!') – various sub reasons can be entered as a non-admin reason e.g. patient declined, Other reason record on Rio notes, patient self-administered. These exact reasons can be found by hovering your mouse over any exclamation marks on the administration tab.

11. Dummy Drugs on EPMA

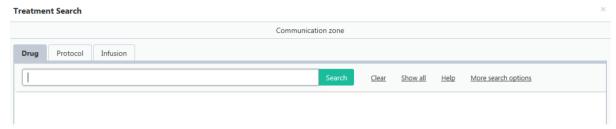
11.1 'Consent to Treatment Form' Dummy Drug

- Current EPMA functionality does not allow electronic Consent to Treatment forms
 (T2/T3) and Community Treatment Orders (CTO1/CTO11/CTO12). Therefore, there
 is a "dummy drug" called 'Consent to Treatment Form' which must be prescribed for
 all relevant patients.
- This 'Consent to Treatment Form' "dummy drug" should be prescribed in addition to the completion of the Consent to Treatment form. The "dummy drug" on EPMA does not replace the need for the original form, it will act as a prompt or reminder. Ensure that the original Consent to Treatment form is checked before making changes to or adding new medication.
- The process of adding a 'Consent to Treatment Form' dummy drug to the patient's chart can be found below:

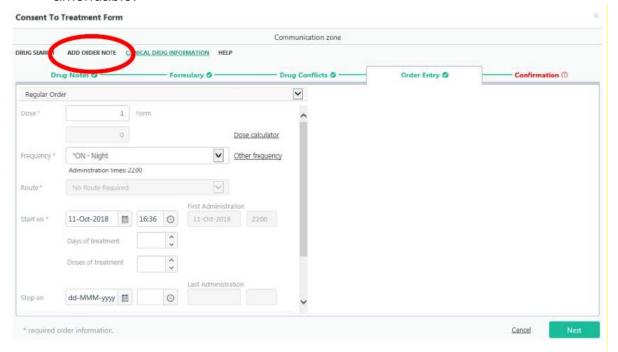
1. Select 'Add Drug'



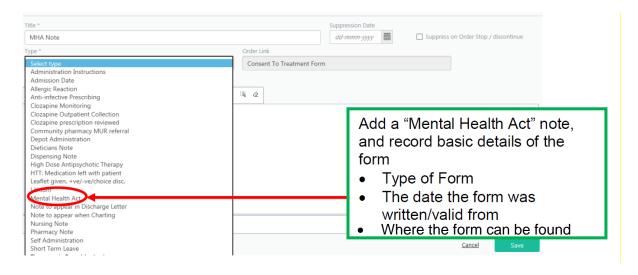
2. Next search for 'Consent to Treatment Form':



3. Now you need to prescribe the consent to treatment form. Note that the fields are all pre-populated. The form is normally prescribed at night-time, but this is amendable.



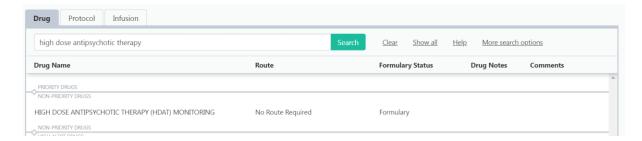
4. Before you confirm the order, you will need to attach a note to the item by clicking on 'Add Order Note' as circled above in Red. This alerts users that the patient has a valid consent to treatment form and prompts them to check the CTT/CTO. Add a "Mental Health Act" note (below) and record basic details of the form: type of form, the date the form was written/valid from, where the actual form can be found.



- 5. Click 'Save', move on to confirmation and confirm the order
- Paper copies of CTT & CTO forms should be stored on the ward where applicable, wards may also have electronic versions.
- To modify/discontinue a CTT/CTO dummy drug form follow the same steps as shown in Section 4.12

11.2 High Dose Antipsychotic Therapy (HDAT) Dummy Drug

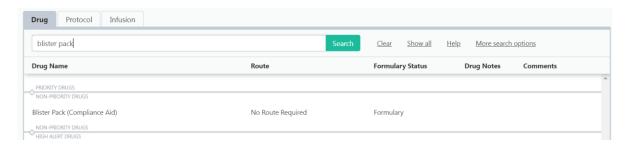
Search for 'high dose antipsychotic therapy' in the drug tab (as per below).
 Select the item and without changing anything go ahead to prescribe it onto the chart – this is just a reminder that the patient requires additional monitoring.



 This item can be discontinued when the patient is no longer HDAT status as per steps mentioned in Section 4.12.

11.3 Blister pack (Compliance Aid) Dummy Drug

- This dummy drug can be prescribed for patients already established on a
 dosette box or compliance aid in the community. For any patients that you
 wish to start on a compliance aid please contact your ward pharmacist before
 adding on the dummy drug.
- Search for 'blister pack' in the drug tab (as per below). Select the item and without changing anything go ahead to prescribe it onto the chart – this is just a reminder that the patient usually receives their medication as a dosette box.

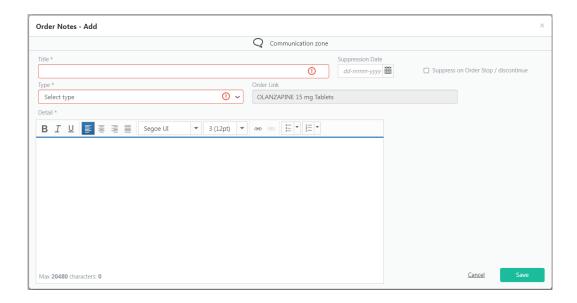


• Ensure this item is added on to any STL or discharge TTA that is required to be ordered as a dosette box.

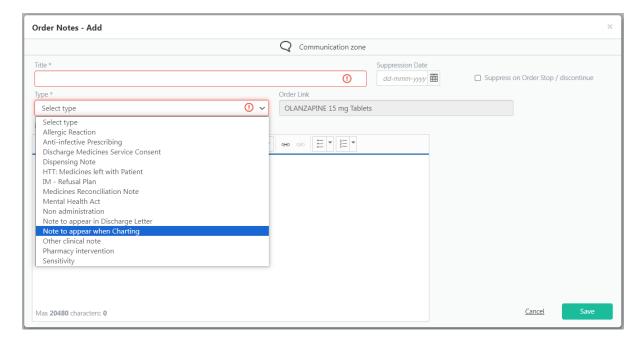
12. Adding an Order Note

- Order Notes can be useful when you want to attach important information to a prescription
- Examples of Order Notes can be found earlier in the guide 4.5 Order Entry,
 4.9 Anti-Infective Prescribing, 11.1 'Consent to Treatment Form' Dummy Drug
- Order Notes can be added at the point of prescribing by going to the 'Order Entry' tab and selecting 'Add Order Note'
- They can also be added retrospectively by selecting a medication in 'Inpatient Rx', going to 'Order Modify' and selecting 'Add Order Note'
- Please see screenshots on the following page

 You will be required to add a title, select a note 'type' and add detail in the text box. There's also an option to add a suppression date (at which point the note will be hidden) and a 'Suppress on Order Stop/discontinue' tick box



- There are several options when selecting a note 'type'.
- If you want the note to be visible by nursing staff before they administer the medication, please select 'Note to appear when Charting' as the note 'type'.



Document Control

Version	Date	Author / Editor	Details of Change
1.1	-	Sharlene Pereira / Alan Henry	Previous version prior to v8 upgrade
1.2	22/07/2024	Poonam Divani	Multiple changes new logo, EPMA login desk top client screenshot, changes to inpatient chart screenshot, add monthly prescribing function. Updated guide with new STL and discharge TTAs functions with information from day 1 guide.
1.3	23/07/2024	Lewis Pope	Format changes and added section 12 – Adding an Order Note
1.4	01/08/2024	Sharlene Pereira	Updated wording of clozapine protocol and STLs
1.5	14/11/2024	Sharlene Pereira	Updating of allergies, discharge TTA section and other minor amendments
1.6	06/12/2024	Sharlene Pereira	Addition of NMS reaction for allergy status in response to clinical alert.

Approval Sign Off for Final Release								
Owner	Role	Sign Off	Date	Version				
Sharlene Pereira	EPMA Pharmacist	Lewis Pope	06/12/2024	V1.6				

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