

Medicines Policy

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Services	Applicable
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Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Review Date	Author	Status	Comment
1.0	April 2003	Shameem	Draft 1	
2.0	Jan 2006	Shameem Mir		Change in order of sections. Cross-reference to other clinical policies. Dispensing medicines section added. Changes made as a result of incidents (transcribing, unusual dosing of medicines). Prescribing for colleagues now prohibited. Includes non-medical prescribing
3.0	Aug 2008	Shameem Mir		In line with the NMC Standards for Medicines Management 2007. Section around complimentary medicines added. Include the management of medication errors. Include the 10Rs Hyperlink relevant policies Hyperlink Appendices Section on training and audit added
4.0	March 2009	Shameem Mir		Change the order of the 10Rs in-line with e-learning. Add a section on one-stop dispensing. Amend Non-medical prescribing to include independent. Add a comment about patient's own drugs being the patient's property. Non-medical prescribers can transcribe medicine charts.
5.0	July 2011	Shameem Mir		Include: - a section on Patient Group Directions. "where drug form not specified assume tablets". - Add to training section "as per TNA". - section about provision of patient information leaflets to patients. - critical drugs in "Right time" section in response to NPSA alert for missed / delayed doses
6.0	July 2013	Shameem Mir		Include: - A section on 'prescription security' - A section on 'Lost or stolen prescription procedure'
7.0	July 2016	Jennifer Melville		Add desmopressin to critical list

8.0	May 2017	Michael Coughlan	Ratified by Medicines Committee 10/5/17	Add trainee nursing associates to section on single nurse administration
9.0	July 2017	Michael Coughlan	Ratified by Medicines Committee 12/7/17	- In the relevant sections, remove sentences referring to obsolete nurse dispensing policy and add sentences referring to new policy for dispensing medicines out hours - Section on patient's own medicines updated
10.0	February 2019	Siân Mason	Ratified by Medicines Committee 13/3/19	Section on patient's own medicines updated (now allows for nurses to check and administer- not just pharmacy)
11.0	July 2019	Whitney Yeboah	Ratified by Medicines Committee 11/9/19	The critical medication list has been added to the medicines policy as an appendix
12.0	November 2019	Stephanie Tannis-Ellick, Maggie Parks	Ratified by medicines committee November 2019	6.3 add a second registered nurse or registered nursing associate must witness this. 8.1 remove reference to 2010 SAME implementation, and add and registered nursing associates 8.3 addition of NA as second check where two nurse administration occurs, link to appendix 2 8.4.3 Registered nursing associates are permitted to administer certain medications via certain routes, see appendix 2. Nursing Associates must refer to relevant policies e.g. Protocol for delegation of administration of insulin in community health services, Community health services policy for the safe use of insulin, Community medicines policy.
13.0	May 2020	-	-	-

14.0	November 2021	Indreet Anand (Medicines Safety officer)	Ratified by medicines committee Sept & Nov 2021	Amendments to Policy ahead of expected policy review (due May 2023) in response to a significant no. of avoidable DATIX incidents pertaining to errors with TTA or discharge medication Addition of: • 16.0 (NEW)- Discharge (TTA /STL) Medication – Nursing Checklist. • Appendix 3 (NEW)- Nurse Discharge Medication (TTA / STL / Leave) Checklist Amendments to sections: • 1.3 Linked Policies – further relevant polices specified • 2.1.5 –comments on restricted drugs policy removed. Trust does not have a restricted drugs policy • 2.5 Transcribing Medicines – clarity on who can transcribe in community health settings. • 3.0 Ordering Medicines – pharmacy contact information updated General updating and clarity added to various sections. Amendments made to account for EPMA implementation and to differentiate in processes between paper chart and electronic prescribing. Related changes made to sections: • 2.2 Prescribing: General Principles • 2.3 Unusual Dosing of Medicines • 2.4 PRN Medicines • 3.5.2 Discharge Medication General updating and clarity added to various sections in relation to EPMA.
15.0		Rajesh Jethwa (Medicines Safety Officer)		Section 8 – addition of expiry date checking. Roles and responsibilities of service team and pharmacy staff for this task Appendix 4 – addition of nurse date checking matrix Appendix 5 – Short dated medication stock list

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1. Introduction

1.1 Aim

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

1.2 Standards

This policy is in accordance with:

- Professional guidance on the administration of medicines in healthcare settings (Jan 2019) co-produced by the Royal College of Nursing (RCN) and the Royal Pharmaceutical Society <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/>
- Advisory guidance on administration of medicines by nursing associates' (Health Education England) <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/>
Professional guidance on the safe and secure handling of medicines (Dec 2018); the Royal Pharmaceutical Society <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/>
- The 'Medicines Act (1968)'

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

1.3 Linked Policies

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

- Self-Administration of Medicines (SAM) by Inpatient Policy
- Dispensing Medicines Out Of Hours Policy
- Non-Medical Prescribing Policy
- Trust wide policy for the Management of incidents
- Community Mental Health Medicines Policy
- Patient Group Direction Policy
- Controlled Drugs Policy
- Procedural Guidelines for the administration of medicines by staff in Community Health Services
- Procedure for the transcribing of Medication for the purpose of recording administration in community health services
- Prescribing Policy for Long Acting Depots Consent to Treatment Policy
- Standard Operating Procedure: Fridge and Clinical Room Temperature Monitoring for Safe Storage of Medicines
- Guidelines for the prescribing and administration of PRN psychotropic medication
- Policy for the use of FP10 prescription forms
- Unlicensed and Off-label Medicines Policy
- Patient's Own Drugs Policy (PODS)
- Above list is not exhaustive; please consider any other relevant policies pertaining to the prescribing/administration/monitoring of specialist medication e.g. Lithium, Clozapine, Valproate in females, high dose antipsychotic medication policy, rapid tranquilization policy (all Trust Policies/Protocols are accessible via the intranet).

1.4 Accountability

- 1.4.1 The unit manager / team leader responsible for a ward or department / team is ultimately accountable for ensuring adequate systems are in place to control the stock of all medicines. It is also their responsibility to ensure that the procedures detailed in this policy are correctly followed.
- 1.4.2 The availability and administration of medicines at ward / team level is the responsibility of the registered nurse in charge of the shift.
- 1.4.3 The nurse with continuing responsibility for the ward / team has overall responsibility for the custody of the controlled drugs, medicines and medicine cupboard keys.

1.5 Use of Medicines by Staff

- 1.5.1 **Self-administration:** On **no** account must any member of staff take for themselves or give to another person medicines from the medicines cupboard or trolley.
- 1.5.2 **Prescribing for colleagues:** Staff requiring treatment for minor ailments, should either be referred to occupational health or purchase medicines from a local pharmacy. If they require Prescription Only Medicines they must visit their GP.

2 Prescribing Medicines

2.1 Use of Patients Own Medicines/Drugs (PODs)

- 2.1.1 The Trust has Patient's Own Drugs Policy (please access via searching on the intranet) please read this policy for more comprehensive information.
- 2.1.2 Patients and carers should be encouraged to bring in PODs on every hospital admission or as early on in the admission as possible. Admitting personnel should encourage this when accepting admissions to the trust. General safe storage requirements should be followed for any PODs received.

Benefits include:

- Helping to confirm an accurate list of the services users current medication (medication reconciliation)
- May reveal useful information about the service user's adherence with treatment
- Continuity of service user medication is not disrupted (providing timely access to medication, especially if admitted out of hours)
- Reduce stockpiling at the service user's home. (Stockpiling could be a potential suicide risk)
- Allow safe disposal of old/unwanted/ expired medication
- Wastage is reduced by minimising:
 - unnecessary destruction of PODs
 - re-dispensing of medicines
- Discharge is improved by
 - reducing waiting times for discharge medications
 - helping service users understand which medicines they should and should not use
- Overall cost-savings

- 2.1.3 Standard medication checks (as per section 8) should apply to any POD before administration by nursing staff including:
 - Checking drug name, strength, manufacturer expiry date, manufacturers storage instructions on packaging
 - Checking label for patient's name (to confirm it is for their use), drug name and strength, instructions and date of dispensing (NB: If >6 months since dispensed, medical team to review

if still clinically appropriate before prescribing)

- Checking that contents of the container match that on the packaging (including expiry date)- see below for individual preparations and their time limits for use:

Preparations	Time limit for use
Oral solid doses (Tablets and Capsules)	For loose tablets/capsules within 6 months of dispensing or expiry stated. Check foil strip of those in a blister for the expiry
Oral Liquids	Within 6 months of dispensing or the manufacturer's expiry date (whichever is first)
Creams, ointments, lotions and other external preparations	Tubs: Opened for less than 2 months Tubes: Manufacturer's expiry date
Fridge Items	Within Manufacturer's expiry date. Patient MUST be sure item has been correctly refrigerated at all times, if not the DO NOT USE – contact pharmacy for advice.
Eye drops and ointments: WITH eye infection WITHOUT eye infection	Opened for less than 1 week Opened for less than 2 weeks
Nose and ear drops	Opened for less than a month

- If in any doubt about suitability of medication/ or previous storage conditions then do not administer a POD. Obtain a supply from pharmacy or use ward stock. Liaise with your ward pharmacist for advice

2.1.4 Medicine brought into hospital by one patient should never be used for another patient

2.1.5 If the medicine is a controlled drug, it must be stored in the controlled drug cupboard and appropriate records made in the controlled drug register. (For more detail see the [Controlled Drugs Policy](#))

2.1.6 Patient's own emollients and/or moisturisers brought in for non-medicinal use do not need to be prescribed on the medication chart and may be kept with the patient

2.1.7 Patient's own medicines remain the patient's personal property. When leaving the ward, the medicines must either be returned to the patient or destroyed with the patient's consent.

2.1.8 **Complimentary / alternative medicines:** If an in-patient wishes to take alternative remedies/homeopathic medicines, this should be discussed with the prescriber. If the prescriber considers that the product is safe and unlikely to cause harm to the patient, the alternative remedy should be prescribed on the prescription chart. The pharmacist will be required to review the alternative remedy to ensure that the product is safe and unlikely to cause harm to the patient. If suitable for use within the Trust, the pharmacist will endorse the prescription "patient's own medicine".

2.2 Prescribing: General principles

2.2.1 All sections of the prescription chart which require patient details should be completed. On EPMA, completion of the allergy status is a mandatory requirement prior to prescribing medication.

2.2.2 All prescriptions will be written by a Registered Non-Medical or Medical Prescriber who is

employed by the Trust. Registered Non-Medical or Medical Prescribers using EPMA must ensure they prescribe using their own account.

- 2.2.3 In ELFT, Non-Medical Prescribers are nurses or pharmacists who have completed and passed the required non-medical prescribing course. Please see the Trust Non-Medical Policy.
- 2.2.4 All prescriptions must be prescribed on the appropriate medicine chart and signed by the prescriber. For example, if the ward is using EPMA, all prescriptions must be prescribed on JAC EPMA; if the ward isn't using EPMA and a paper medication chart is being used, once only medications and regular medications have separate sections on the inpatient medication chart.
- 2.2.5 If using a paper medication chart, the prescriptions must be written LEGIBLY, in block capital letters and in indelible ink.
- 2.2.6 In general generic drug names should be used to prescribe, not brand names unless specified in JAC EPMA or unless it is a drug specific requirement to prescribe by brand e.g. Lithium has a narrow therapeutic index and bioavailability can differ between brands and therefore it must be prescribed by brand. Other examples include; aminophylline, cfc-free beclomethasone metered dose inhalers. Prescribers can contact their pharmacy team if unsure.
- 2.2.7 If using a paper medication chart, full details of the medication must be specified including name, form, strength, clear dosage and frequency instructions. If the formulation is modified release this must be specified. When using JAC EPMA please ensure you select the correct particulars when prescribing.
- 2.2.8 If using a paper medication chart, a prescription should be cancelled by drawing a bold line diagonally across the prescription and the administration section of the chart. The cancellation must be dated and signed in full. If using EPMA, the prescription should be cancelled by clicking on the medication and selecting 'discontinue order' from the 'modify order' tab.
- 2.2.9 For dose changes, clearly cancel the old dose before prescribing the new dose.
- 2.2.10 For dose titrations, clearly indicate on the chart the date the dose is to change. If using EPMA, this should be done by ensuring the stop and start dates of both prescriptions are correctly selected.
- 2.2.11 Where doses above the British National Formulary (BNF) maximum are prescribed, the prescriber must document the reason in the medical notes. The patient must also be informed and their consent documented in their notes. In such cases the trust's 'Unlicensed and Off-label Medicines Policy' should also be followed.
- 2.2.12 Where there is a requirement under the Mental Health Act for consent to be given concerning treatment, there should be a valid Form T2 or Form T3 reflecting the current medication being administered. This form must be placed in a clear plastic document wallet and securely stapled to the medicine chart. In addition to this, if using EPMA the dummy drug 'Consent to Treatment Form' should be prescribed and an 'order note' created to document the type of form and date that it was signed.
- 2.2.13 If using paper medication charts, not more than one inpatient medicine chart should be in use at any one time for any one patient. Where more than one chart is required because the number of drugs prescribed exceeds the spaces on one chart a second chart may be used. These charts must be clearly marked '1 of 2', '2 of 2' etc. The charts must run concurrently and the two charts must be stapled together.
- 2.2.14 Statutory regulations regarding the prescriber, the medicine and the prescribing of medicines must be adhered to.

- 2.2.15 A record of all prescribed medicines and any subsequent changes must be clearly documented in the medical notes.
- 2.2.16 When prescribing medicines, involve the patient in the decision and discussions in accordance with [NICE guidance for medicines adherence](#).

NB: *Medicines must never be prescribed retrospectively.*

2.3 Unusual dosing of medicines

- 2.3.1 For medicines not to be administered daily. If using a paper medication chart, ensure that the administration boxes are clearly endorsed with an “X” on the days when the medicine is NOT to be administered. For example:
- alternate day dosing
 - twice a week dosing
 - depot injections
- 2.3.2 In EPMA, the chart will automatically endorse the chart with an “X” on the days when the medicine is not to be administered providing the correct frequency is selected within EPMA.

2.4 PRN medicines

- 2.4.1 The minimum interval between doses and the indication for administration must be clearly specified by the prescriber.
- 2.4.2 A maximum daily dose **must** be stated.
- 2.4.3 As required or “PRN” medicines should be reviewed at least once a week. If a “PRN” medicine is needed regularly, it may need to be prescribed on the ‘regular’ section of the medicine chart. If a “PRN” medicine has not been administered in the last week consideration should be given to discontinuing; the prescriber should review.
- 2.4.4 Please refer to [“Guidelines for PRN Psychotropic Medicines”](#) for more information.
- 2.4.5 The administration of any psychotropic or rapid tranquilisation “prn” medication must be documented in the patient’s notes. This also includes oral medication e.g. lorazepam, haloperidol, promethazine. For specific information of what should be documented please refer to “Guidelines for PRN Psychotropic Medicines”, section ‘Documentation of Administration’.
- 2.4.6 On EPMA, the indication and maximum daily dose must be stated in the PRN notes section on the ‘order entry’ page.

2.5 Transcribing Medicines

- 2.5.1 If a prescription needs to be rewritten on a new medicine chart this must be done by a medical or non-medical prescriber. Pharmacist or nurses not qualified as prescribers must not transcribe medicines.
- 2.5.2 For details of those authorized to transcribe within the community health service setting please refer to: ‘Procedure for the transcribing of Medication for the purpose of recording administration in community health services’

2.6 Verbal orders

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

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

- 2.6.12 The registered nurse administering the medicine(s) in accordance with the verbal order

must be satisfied that the medicine(s) are appropriate. She/he must not accept responsibility and administer the medication if they are not clear about the verbal order.

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

2.7 Patient Group Directions

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

2.8 Prescribing TTAs (To Take Away)

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

2.9 Prescribing Complimentary Medicines

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

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

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

3.0 Ordering medicines

3.1 Ordering Medicines

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

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

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

Pharmacy Contact Information

Newham Mental Health	elft.pharmacynewham@nhs.net
City & Hackney Mental Health Forensics	elft.pharmacycityandhackney@nhs.net
Luton & Bedfordshire Mental Health	elft.pharmacyluton@nhs.net
Tower Hamlets Mental Health	elft.pharmacytowerhamlets@nhs.net
Tower Hamlets Community Health Services	elft.pharmacytowerhamlets@nhs.net
Newham Community Health Services	elft.pharmacychs@nhs.net
Bedfordshire Community Health Services	elft.pharmacybchs@nhs.net

The above email accounts are monitored on normal working days between 9am and 5pm. The email accounts linked to **mental health directorates** are additionally monitored on Saturdays, 9am to 12pm. Outside of these hours and on weekends and bank holidays, ward staff should contact the DSN (Duty Senior Nurse) who can then assess the request and contact the on-call pharmacist if deemed appropriate (the on-call pharmacist should not be contacted directly).

3.2 Ward Stock

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

3.3 Individual patient items (Non-stock)

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

If any item needs replacing before the next scheduled visit or a new drug is prescribed (which is not ward stock) it can be obtained by contacting the ward pharmacy team.

3.3 One-Stop Dispensing

- 3.3.1 Some wards, for example, elderly and rehabilitation, may receive medicines via a one-stop dispensing process.
- 3.3.2 This involves patients having their individual medicines dispensed which will be kept in a tray in the medicines trolley/cupboard.
- 3.3.3 One-stop dispensing (named patient dispensing) allows quicker administration of medicines. It also reduces administration errors.
- 3.3.4 Please ask your ward pharmacist or pharmacy technician for the local one-stop dispensing policy.

3.4 Obtaining Medicines Out-of-hours

- 3.4.1 If necessary, a ward’s normal ‘stock’ medicines can be borrowed from other wards. Inform Pharmacy as soon as is practical so that stocks can be replenished.
- 3.4.2 Non-stock items may be obtained from the Emergency Drugs Cupboard (EDR). Contact the Senior Duty Nurse. Any items taken from the Emergency drug cupboard must

be recorded correctly on the paperwork in EDR, so that there is clear audit trail.

3.4.3 Mile End pharmacy department is open Saturday morning: URGENT medication order requests can be made emailing your relevant directorate's email address before 12pm – see table above for email addresses under 'Pharmacy Contact Information'

3.4.4 For prescribed medicines that are not available on the ward for administration, **every effort must be made to obtain medicines so that treatment can be started as soon as possible. Contact the on-call pharmacist via your DSN (Duty Senior Nurse).** It is not acceptable to endorse the chart with "out-of-stock" or select 'medicine unavailable' on EPMA without making every effort to obtain the medicine. Failure to do this will result in a medicines incident and should be reported on trust's internal reporting system; DATIX.

During out of hours, please do not contact the on-call pharmacy service in the first instance, always contact the DSN (Duty Senior Nurse) first. All calls to the on-call pharmacist should either be authorized by the DSN or directly from the DSN

3.5 Ordering Leave or Discharge Medicines (TTAs)

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

3.5.1 Leave medication / TTAs:

- If using EPMA, the prescriber, pharmacist or pharmacy technician must complete the 'Short Term Leave Rx' section and 'Send Order to Pharmacy'. Prescribers should communicate with ward pharmacy team to ensure order has been received i.e. it is not acceptable for prescribers to complete this on EPMA and not tell pharmacy; pharmacy must be informed by the completing prescriber.
- If using paper medication charts:
 - The TTA form and the medicines chart must be sent to pharmacy for dispensing or given to the ward pharmacist.
 - For off-site clinical units, and where transport facilities do not exist, the TTA form and prescription chart can be scanned and emailed to the pharmacy department.
- Short-term leave prescriptions (for up to 4 weeks) can be ordered by the ward pharmacist or an accredited pharmacy technician.
- In the event of unplanned leave out-of-hours, a doctor may be able to dispense TTAs according to the Trust's Dispensing Medicines Out Of Hours Policy

HTT

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

3.5.2 Discharge Medication

- All discharge medicines should be prescribed (and signed by the prescriber on the appropriate prescription form if using paper medication charts) and should be ordered, at least one working day before the patient is due to be discharged. If using EPMA, the prescriber should complete the 'Discharge Rx' section, ensure they select their name from the 'Discharge Letter' dropdown list, and 'Send Order to Pharmacy'. Prescribers should communicate with ward pharmacy team to ensure order has been received.
- The Trust is contracted to give patients up to 2 weeks supply of medicines on discharge.

- NB: The quantity of discharge medicine given is at the MDTs discretion; smaller quantities may be advisable for those patients at risk of harming themselves/overdose.
- The MDT must make every effort to ensure the patient is counselled on their discharge medication.

3.5.3 Outpatient prescriptions

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

3.5.4 Controlled Drugs

- Controlled drugs (CDs) scheduled 2 & 3 for administration on the ward can only be ordered using the requisition slips in the CD register. A permanent registered nurse must sign the order. The person signing the order must have supplied pharmacy with a sample signature. If the signature is unknown, it will not be dispensed.
- Leave or discharge medication containing a CD must be written and signed by a prescriber and conform to the legal requirements. Full instructions can be found in the latest edition of the British National Formulary (BNF).
- Please refer to the [Controlled Drugs Policy](#) for more details.

4.0 Dispensing Medicines

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

4.1 Dispensing on the wards

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

4.2 Nurse Dispensing

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

4.3 Provision of medication specific patient information leaflets (PILs) to patients

- PIL refers to the patient information leaflet for an individual medication product.
- Anyone started on a medicine since admission must have a PIL for the new medicine on discharge.
- Anyone started on a new drug in outpatients must have a PIL for the new medicine.
- All TTA discharge medicines must have a PIL for each medication product.
- Anyone requesting a PIL must be provided with one.

- Healthcare professional can access/print medication patient information leaflets directly from: <https://www.medicines.org.uk/emc#gref> and <https://www.choiceandmedication.org/florid-eastlondon>
-

5.0 Transporting Medicines

- 5.1 All medicines will be delivered from pharmacy in a sealed bag or locked box. Medicines will be transported to and from pharmacy by the hospital transport system. In between scheduled transport times, taxis may be used for extremely urgent request, please liaise with the ward pharmacist.

6.0 Receiving Medicines

- 6.1 A registered nurse must check all medicines when they arrive on the ward. These should not be left unattended; the medicines bags/containers should be checked immediately. Any refrigerated items should be appropriately stored in refrigerator immediately.
- 6.2 Any discrepancy between the order and the delivery should be reported to the pharmacy as soon as possible.
- 6.3 **Controlled Drugs:** must be checked and entered into the CD register **immediately** by a registered nurse. A second registered nurse or registered nursing associate must witness this. See [Controlled Drugs Policy](#) for details of registering and recording CDs.

7.0 Storing Medicines

- 7.1 Each area should nominate a lead staff member to be responsible for the clinic area or place where medicines are stored. The staff should be aware of stock control and the procedure for ordering additional supplies.
- 7.2 All medicines must be stored in a locked medicines cupboard approved for this purpose or a locked medicines trolley attached to a wall (which may be removed from its fixings during medicine rounds).
- 7.3 Resuscitation drugs are the only exception to this rule. They should be stored inside a locked clinical room but not a locked cupboard within the clinical room. This ensures ease of access in an emergency situation.
- 7.4 Medicines suitable for storage at room temperature must be stored at or below 25 °C.
- 7.5 Some medicines need to be stored in a refrigerator between 2-8 °C. Refrigerators used for the storage of medicines must be locked.
- 7.6 **Medicine keys:** The medicine keys should be held by the nurse in charge on their person. All medicine cupboard keys must be kept together, but separate from other team base keys. The keys should never leave the ward or be left unattended. Medicines for external use must be stored separately from internal liquids, tablets and injections. The CD keys must be kept on a separate set of keys from the main general medicine keys.

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

8.0 Expiry date checks

8.1 The expiry date of a medicine is the point in time when a pharmaceutical product is no longer within an acceptable condition to be considered effective for a service user or has the potential to do harm and the medication reaches the end of its useable 'shelf life'

8.2 When opening liquid medicines, eye drops, tubes or creams and ointments in the ward/clinic setting nursing staff must write the date of opening on the adhesive label attached from pharmacy

8.3 The expiry date check of all medicines stored in a clinical area must be completed once every 3 months

Inpatient wards – Pharmacy team

CMHT/Outpatients (community clinics) – Service Clinical team

8.4 For ELFT Community Health Services – date checking of patient's own drugs (POD's) must take place at the point of administration. Please refer to administration section of the policy

8.5 For non pharmacy items (ward or Community Health Services) dressings, blood glucose test strips, oral nutritional supplements, catheter products) the responsibility for date checking lies with a suitable member of the team as delegated by the ward manager/service lead

8.6 A record of the 3 monthly date checking should be stored in the appropriate ward folder for audit trail purposes. (Please see appendix 4 for template).

8.7 Stock items with less than 3 months should be entered on the short dated stock sheet (appendix 5) for the month in which they expire. The expiry date on the packaging should be highlighted and a green 'use first' sticker should be applied to the medicines. This will be completed by pharmacy for any inpatient wards and for outpatients it will be completed by the service clinical team.

8.8 At the end of each month all items on the relevant list should be reviewed and disposed of appropriately.

- i. When removing expired stock ensure you have contacted the local pharmacy team so that replacement stock can be ordered if necessary
- ii. Expired stock must be disposed of in a blue pharmaceutical waste bin on the ward/community clinic. Cytotoxic medicines need to be disposed of in clinical waste bin with a purple top (lid).

9.0 Administering Medicines

9.1 All registered nurses and registered nursing associates (and their respective trainee juniors involved in medicines administration) joining the Trust MUST complete and pass the e-learning course "The Safe Administration of Medicines".

9.2 All nurses working on a ward using EPMA must have completed the EPMA Nurse training and have access to the system.

Delegating administration of medicines to staff who do not know the patients can introduce significant risk. Only stable patients should be delegated.

Furthermore, the task of administering medicine(s) to individual patients must **NOT** be delegated part way through the process i.e. if you are the nurse preparing the medication in accordance with the medication chart, you should also administer that medication in accordance with the medication chart; it is NOT acceptable to give or accept a verbal instruction when it comes to administering a medication. You MUST check the patient's medication chart before administering i.e. check you have the correct patient in front of you; check the patient's name and DOB matches the medication chart and the medication you are

administering is correct

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

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

Staff must know the following about the medicines they administer:

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

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

9.3 Single Nurse Administration

The Trust operates a single nurse administration of medicines policy except when administering medicines in the following circumstances, in which case two registered nurses or one registered nurse and one registered nursing associate must be involved:

- Injections, excluding depot injections
- Controlled drugs
- Supervising student nurses
- Supervising trainee nursing associates
- Registered Nurse undertaking Preceptorship
- Or if a concern identified

During two-person administration both nurses must check each step of the administration process. See also Appendix 2 in relation to nursing associates and administration routes

9.4 Who should administer medicines?

Medicines must only be administered by registered nurses or doctors, apart from where local procedures are in place which include strict training and competency framework. Agency staff must only directly administer medicines if the ward manager feels they are competent to do so. In community settings, an untrained member of staff may prompt a patient to take their medicine or supervise the patient to self-administer medicines. Untrained staff should not select the medicine(s) on the patient's behalf. Please refer to the Procedural Guidelines for the administration of medicines by staff in Community Health Service.

- 13.2.1 **Student nurses and trainee nursing associates:** Nurses in training are given every opportunity to become proficient in the administration of medicines with appropriate supervision. The registered nurse supervising the nurse in training has accountability for the correct administration of the medicines and must exercise two nurse administration principles. This involves the supervising nurse checking every step of the way.
- 13.2.2 Registered nursing associates are permitted to administer certain medications via certain routes, see appendix 2. Nursing Associates must refer to relevant policies e.g. Protocol for delegation of administration of insulin in community health services, Community health services policy for the safe use of insulin, Community medicines policy.

8.5 Before administering medicines:

- 8.5.1 If using paper medication charts, ensure that the number of medicine charts corresponds with the number of patients on the ward and consider those patients who have two charts. If using EPMA, ensure that the number of patients appearing in the 'Administration Round' view corresponds to the number of patients assigned to the ward i.e. ensure all admitted patients appear in the ward list.
- 8.5.2 If the patient is detained under the Mental Health Act and a consent to treatment form/second opinion is in place, the nurse must check that the prescribed medicine is in line with the consent form including PRN. If it is not, the medicine should be omitted and the discrepancy brought to the patients attention immediately.
- 8.5.3 **Injectable medicines** must not be mixed together in the same syringe unless confirmation of compatibility has been checked with a pharmacist.
NB: Haloperidol and lorazepam must never be mixed in the same syringe before administration.
- 8.5.4 Medicines must not be left on a table or by the patient's bedside or within the patient's reach. The registered nurse must observe the patient until the medicine has been taken by the appropriate route of administration. Self-administration may be practiced and must follow the relevant Trust policy.

8.6 The 10Rs of the Safe Administration of Medicines

The 10Rs are:

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

8.6.1 Right Time

- Time plays a critical role in the therapeutic effects of medicines.
- Check when the oral medicine needs to be given, for example:
 - Before food (ac)
 - With food
 - After food (pc)
 - 2 hours after food
 - BD: twice a day
 - TDS: three times a day

- QDS: four times a day

In response to the NPSA alert for [missed and delayed doses](#), the Trust have agreed a list of critical medicines (see appendix 1, this list is not exhaustive) where timeliness of administration is crucial. Examples of these medicines include:

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

* Clozapine is not critical in the sense that severe harm / death can occur from delayed or missed doses but if doses are missed for 48 hours then patients have to be re-titrated and cannot suddenly resume their previous dose as this would present a clinical safety risk and potential harm.

8.6.2 Right Patient

For every medicine administered the registered nurse or registered nursing associate must correctly verify the identity of the patient to whom the medication is to be administered.

The most common method of suitability for most practice areas is to ask the patient to identify themselves by asking them 'what is your name and date of birth?' or 'can you confirm your name and date of birth?'

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

It is not acceptable to verify identity by stating their name to them i.e. it is **NOT acceptable** to ask 'Are you H Smith?'

At this point the registered nurse/registered nursing associate should confirm THE RIGHT PATIENT by checking allergies.

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

8.6.3 Right Medicine

- Check name of the medicine carefully.
- Check unfamiliar medicines with your medicine reference e.g, [BNF. Do NOT administer medication you unfamiliar with without undertaking necessary checks e.g. checking BNF or with pharmacist.](#)
- Read labels carefully.

- Check expiry dates and storage instructions.
- Use your medicine reference/professional knowledge to contextualise this medicine order with the patient's condition (why is this patient on this medicine?).

8.6.4 Right Dose

To ensure safe administration of medicine the registered nurse/registered nursing associate should:

- Read the medicine chart.
- Read measurements and abbreviations carefully.
- Check your medication calculation(s) and recheck.
- Show workings if a second person is required to check.
- Know your pharmacology. Is this the RIGHT DOSE for this age, condition, history or weight? For doses above the BNF maximum, refer to prescriber.
- For high dose antipsychotics refer to the Trust High Dose Antipsychotic Policy.
- Report inappropriate doses e.g. 5x10mg tablets if 1x50mg is available.

8.6.5 Right Route

- Common methods of administration are:
 - Oral
 - Rectal
 - Injections
 - Topical
 - Inhalations
- Administration of a prescribed medicine via the prescribed route is essential. Before administering medicines:
 - Check unfamiliar medicines with the [BNF](#), pharmacist
 - Check unfamiliar routes of administration with your pharmacist.
- The nurse should report inappropriate routes e.g. Tablets and Capsules for infants and unconscious patients or patients that have difficulty swallowing.
- Oral liquids must always be administered using the oral syringes (with purple bungs). Never use syringes intended for injection as this can lead to error.
- If the form of the medicine is not specified on the medicine chart then please confirm the form with the prescriber/pharmacist. EPMA will always show the medication form.
- See appendix 2 for allowed routes of administration for registered nursing associates.

8.6.6 Right Documentation

- By law all medicine administration must be documented.

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

8.6.7 Right Effect

- NEVER ADMINISTER A MEDICINE YOU DO NOT KNOW
- Check unfamiliar medicines with the [BNF](#) or pharmacist.
- Know the effect for each medicine.
- Know the side effects of each medicine.
- Know common interactions with other medicines.
- Know the toxic effects of the medicines. Assess that the medicine has had its desired effect e.g. pain has been relieved, patient is feeling calmer or nausea has abated.

8.6.8 Right Education

a) Patient Education

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

The nurse should ensure at each administration the patient learns:

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

b) Nurse Education

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

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

8.6.9 Right Expiry

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

Expires 11.Nov 2022	Do not use after 11. Nov 2022
Use by 31.12.22	Do not use after 31.12.22
Use by end May 2022	Do not use after the last day in May 2022
Expire end May 2022	Do not use after the last day in May 2022

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

8.6.10 Right Record on Form T2 and T3.

Consent to treatment and medication

a) Introduction

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

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

b) The Three Month Rule

The issue of consent to treatment is dealt with under part IV of the MHA 1983. For the first three months of a patient's detention, a doctor may prescribe and a registered

nurse/registered nursing associate may administer medication for a mental disorder, even if the patient refuses consent, or is incapable of giving it. This three-month period begins from the point that medication was first given to the patient during any continuous period of detention.

c) Form T2 and Form T3

After three months, statutory Form T2 and T3 represent the legal authority to continue administering medication to a detained patient. If a patient validly consents to the administration of medicine for a mental disorder, this consent should be recorded on a Form T2 by the Responsible Medical Officer. In the absence of such consent, authorisation by a Second Opinion Appointed Doctor should be recorded on a Form T3. In addition to a completed form, if using EPMA, a dummy drug called 'Consent to Treatment Form' should be prescribed and an 'order note' completed containing the type of form and date it was signed.

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

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

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

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

The health professional administering the medication is required to ensure that the appropriate legal authority is in place and therefore to check the appropriate form. However, all healthcare professionals who prescribe, administer and monitor treatment charts have a duty to check Forms T2 and T3 against the medication charts. It is also mandatory that such professionals attend the Trust's consent to treatment training session every 2 years. By working together, we should be able to prevent any further errors from occurring.

8.7 Self-Administration of Medicines by patients

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

Aims

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

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

9.0 Documentation

- 9.1** The prescription chart must be signed immediately to confirm that the medicine has been administered, ***failure to do so will result in an administration error.***

- 9.2 If a medicine is not administered, the prescription chart must be endorsed appropriately (see instructions on prescription chart) and the reason why the medicine omitted documented (using appropriate coding or wording) on the medicine chart. This should be done immediately. **Failure to do this will result in an administration error.** On EPMA, a 'non-administration reason' must be selected from the drop-down menu. It's important to note that once a non-administration reason has been selected for a dose, it cannot be reversed. If a drug cannot be administered because it is out of stock, every effort should be made to obtain a supply at the earliest opportunity. During working hours, the pharmacy/ward pharmacist can be contacted. A routine 'stock' medicine can be borrowed from another ward. Outside of normal working hours, the DSN (Duty Senior Nurse) should be contacted, who may be able to access medication from the emergency drugs cupboard (EDR) or will escalate to the on-call pharmacist.
- 9.3 The administration of Controlled Drugs must be recorded in the ward CD register as well as on the prescription chart. See [Controlled Drugs Policy](#).
- 9.4 The administration of any psychotropic and rapid tranquilisation "prn" medication = must be documented in the patient's notes.
- 9.5 Where a dose has been prescribed above BNF limits, the reason for doing so must be documented in the patient's notes by the prescriber. If not, the dose must be checked with the prescriber before administration.

10.0 Disposing and returning Medicines

- 10.1 All out-of-date medicines or, medicines that are no longer required should be returned to pharmacy. When patients are discharged, all medicines for that patient should be returned to pharmacy.
- 10.2 Patients must give their consent to dispose of their own medicines brought from home. If they do not wish for them to be disposed they must be returned to the patient as the medicines are the patient's property – see the Trust's Patient's Own Drugs Policy (PODS)
- 10.3 Non-pharmaceutical waste e.g. sharps, empty bottles should NOT be returned to Pharmacy.
- 10.4 **Controlled Drugs:** contact the ward pharmacist if CDs need to be returned or destroyed. The procedure outlining the procedure for returning or destroying CDs can be found in the Trust [Controlled Drugs Policy](#).
- 10.5 For the disposal of alcohol and illicit or unknown substances please see the Trust [Policy for Dealing with and Disposal of Illicit Drugs and Alcohol](#).

11.0 Risk Management

11.1 Medicine Incidents

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

11.1.1 Prescribing Incidents examples below (not fully exhaustive):

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

11.1.2 Dispensing incidents examples below (not fully exhaustive):

- Dispensing the wrong medicine
- Dispensing the wrong dose of medicine
- Dispensing the wrong form of medicine
- Dispensing the wrong quantity
- Dispensing the wrong strength
- Dispensing to the wrong patient
- Dispensing an expired drug
- Incorrect details on prescription label

11.1.3 Administration incidents examples below (not fully exhaustive):

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

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

11.2 Steps to take if an administration error occurs

Should an administration error occur, the nurse/registered nursing associate responsible must take the following action immediately

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

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

11.3 Procedure for the Management of Medicine administration incidents

Please refer to the Trust's Incident Policy

11.4 Near Misses

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

11.5 Medicines Safety Groups/Committee

All directorates should meet periodically to discuss medicines incidents reported via the DATIX system (discussion of trends/themes/significant incidents/learning/change implementation); this should be led by the lead directorate pharmacist. The aim is to discover systems failures and ways to prevent the same incidents happening again. Medication incident details to be provided by directorate lead pharmacists.

The medicines committee is periodically presented with data in relation to medication incidents and any potential trends/theme and system wide issues are highlighted for discussion and action.

11.6 Recording Allergies and Adverse Drug Reactions

- 11.6.1 On admission, patients should be asked specifically for any history of drug allergies or adverse drug reactions (ADRs). This should be documented in the medical notes and on the medicine chart. This should be carried out by the prescriber and the pharmacy staff member conducting medicines reconciliation for that patient.
- 11.6.2 Where no allergies/ ADRs are known this should also be documented in the medical notes and on the medicines chart.
- 11.6.3 It is the responsibility of the prescriber, nurse, nursing associate and pharmacist to ensure this section of the medicine chart is complete and that details are transferred to subsequent charts i.e. in the case of paper charts being re-written.

- 11.6.4 On discharge all allergies/ ADRs should be included on the discharge liaison form. Where a discharge liaison form is not available, include this information on the TTA form.
- 11.6.5 If a patient experiences an adverse drug reaction to a medicine, it should be documented in their notes and on their medicines chart. A registered nursing associate should report immediately to the doctor and registered nurse in charge. The doctor, pharmacist, or nurse/registered nursing associate should complete a yellow card (if appropriate) and send it to the MHRA via the yellow card reporting scheme. Yellow cards are available at the back of the British National Formulary (BNF) but can be completed online electronically. Yellow forms are now available for patients to complete.

11.6.6 Availability of Yellow Cards

For patients

Yellow Cards are available from the National Yellow Card Information service on 0800 731 6789 or email yellowcard@mhra.gov.uk. More information on the Yellow Card Scheme is available on the Yellow Card Scheme website at <https://yellowcard.mhra.gov.uk/>

For Healthcare Professionals

Health professionals may continue to report suspected adverse drug reactions using Yellow Cards available in the BNF or on the Yellow Card website at <https://yellowcard.mhra.gov.uk/>.

12.0 Training

- 12.1 As a result of medication incidents analysed by the trust medicines safety group and audit results relating to prescribing administration and dispensing the expectation of the trust is;
- Trust medical staff, undertake safer prescribing e-learning at induction and every 3 years
 - For all non-medical staff that handle medicines (Occupational Therapists, Social Workers, Support workers, Social Therapists, and Psychologists) who need to have an awareness of the medicines policy, they have access to e-learning medicines safety for non-clinical staff and.
- 12.2 Medicines Policy training will be included in the regular “Medicines Safety” slot at induction.
- 12.3 All new registered nurses and registered nursing associates (including trainees from this role) have to work through and pass the e-learning programme on “Safe Administration of Medicines (SAME)” before administering medicines. This training programme is based on the 10Rs of administration of medicines and will be linked to the Medicines Policy. Staff members will be asked to read and understand the Medicines Policy. The SAME e-learning will be repeated every year.
- 12.4 Local training is delivered by pharmacy staff as and when it is needed, for example, in response to a medicine incident.
- 12.5 All clinical staff working on a ward using EPMA should attend EPMA training.

13.1 Monitoring

Audit

Trustwide audits are conducted on a periodic basis, led by the quality assurance team in relation to the use of medicines, including the clinical use of medicines, controlled drugs and safe and secure handling of medicines. Ward/units/clinical teams are expected to complete these via an online platform; instructions are email by the Quality Assurance Team ahead of

13.2 Training

- 13.2.1 Training and Education select all staff expected by the trust to attend training at induction as per the Training Needs Analysis (TNA).
- 13.2.2 The attendance of staff at induction is monitored by the Training and Education Department. Those staff that do not attend are recalled at a later date. If absence is repeated, the manager is contacted by Training and Education and attendance is ensured at a later date.
- 13.2.3 The e-learning package: "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 (managed by the Training and Education Department). The learning and development team can also be contacted to check an individual's compliance status.

14.0 Prescription/Prescribing Security

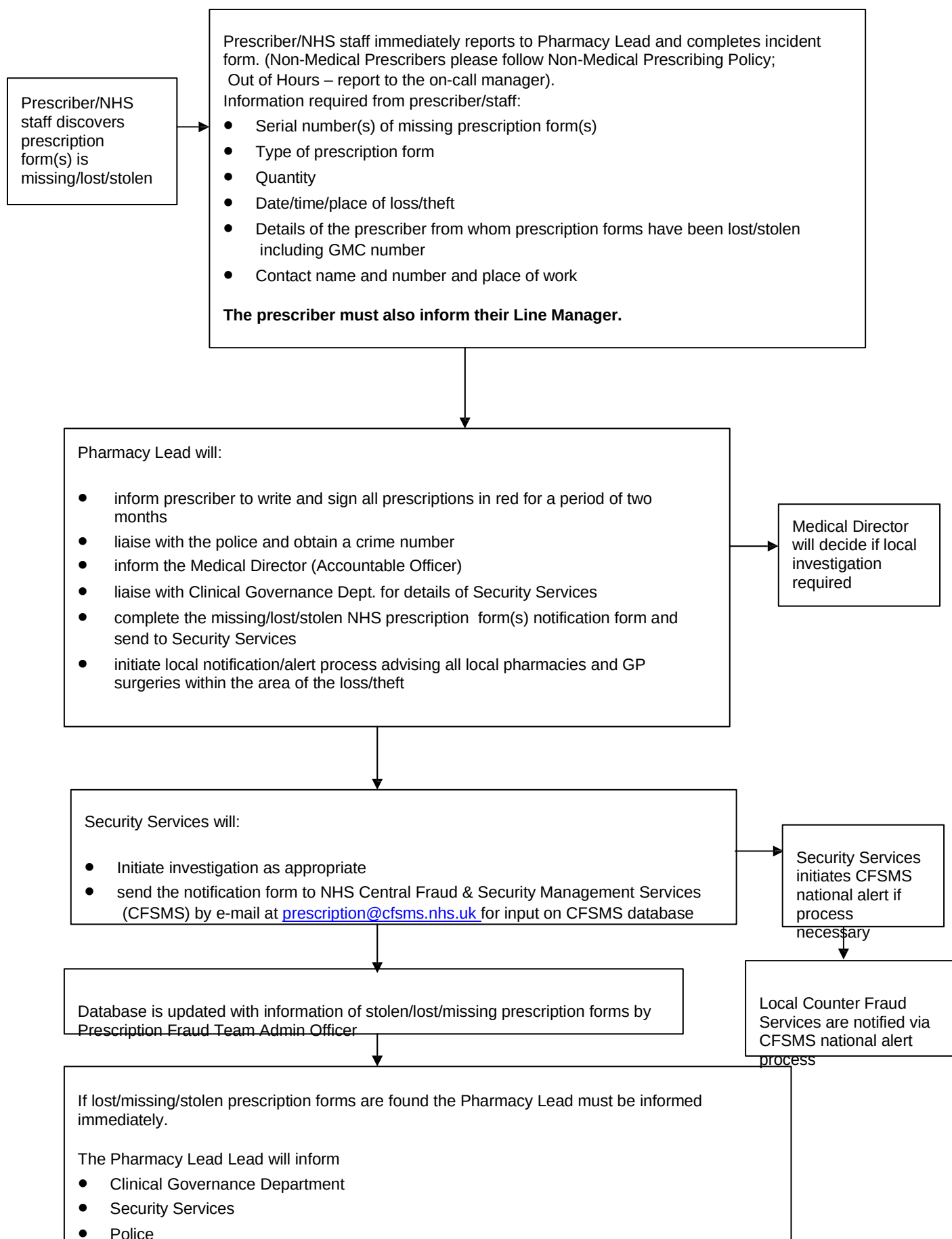
- 14.1 The safe management of prescriptions is a fundamental aspect of prescribing and professional practice. Standards for prescription security have been set by the Department of Health, NHS London, NHS Business Services Authority (Security Management Services) and Professional Regulators. All prescribers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

- 14.8 A maximum of 3 months' supply of paper prescription forms will be enforced to minimise risk. Blank prescription forms must never be pre-signed.

15.0 Lost or Stolen Prescriptions

- 15.1 The prescriber and service Manager must ensure that at all times prescriptions are securely stored and there is an up-to-date record of the serial numbers of prescription forms. This will help prevent theft/loss of prescriptions and allow Security Services and Pharmacies to identify bogus prescriptions. Any loss or theft of prescriptions must be reported immediately.
- 15.2 The prescriber must give details of how the loss/theft occurred and the serial numbers of the prescriptions lost/stolen. The prescriber is required to co-operate at all times with the process and any investigation. The Police and Local Security Management Services (LSMS) will be advised of any lost or stolen prescriptions by the prescriber Lead/Pharmacy Lead. The LSMS will advise the Counter Fraud Services (CFS). The LSMS and CFS are trained and accredited to undertake investigations involving theft and fraud to a level whereby they can prepare statements and present evidence in Court if needed. The prescriber will be required to write prescriptions in a different colour for a specified period following the loss or theft of prescription – they will be advised of this at the time of reporting the loss/theft.
- 15.3 The loss or theft of prescriptions is a serious matter which can pose a risk to the public and must be reported immediately so that action can be taken to prevent their illegal use. All loss or theft will be subject to investigation. If such investigation reveals that the prescriber breached this policy and best practice, disciplinary action will be taken.
- 15.4 See associated Missing/lost/stolen prescription form(s) flow chart and notification form below

Missing/lost/stolen prescription form flowchart



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

Health body:	Date reported:																																										
Contact name:	Contact telephone number:																																										
Contact address:																																											
The following numbered NHS prescriptions forms have been identified to us as lost or stolen:																																											
Date of theft/loss																																											
Name of person reporting (GP, practice manager, nurse, trust pharmacist)																																											
Telephone number																																											
Full details of theft/loss (please fill in details below)																																											
Include the following information: - date and time of loss/theft - date and time of reporting loss/theft - place where loss/theft occurred - type of prescription stationery - serial numbers - quantity - details of the LSMS to whom the incident has been reported.																																											
Details of doctor/department/dentist/nurse etc. from whom prescription form(s) have been stolen or																																											
Name																																											
Personal dispensing or identification																																											
Address																																											
Serial number(s) lost or stolen																																											
From	To																																										
Details of NHS prescription form type lost or stolen (tick appropriate box)																																											
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Issue</th> <th style="width: 20%;">Colour</th> <th style="width: 50%;">Please indicate type</th> </tr> </thead> <tbody> <tr><td>FP10HNC</td><td>Green</td><td></td></tr> <tr><td>FP10NC</td><td>Green</td><td></td></tr> <tr><td>FP10SS</td><td>Green</td><td></td></tr> <tr><td>FP10HMDA-S</td><td>Blue</td><td></td></tr> <tr><td>FP10MDA-S</td><td>Blue</td><td></td></tr> <tr><td>FP10MDA-SP</td><td>Blu</td><td></td></tr> <tr><td>FP10MDA-SS</td><td>Blu</td><td></td></tr> <tr><td>FP10P-REC</td><td>Lila</td><td></td></tr> <tr><td>FP10PN</td><td>Lilac</td><td></td></tr> <tr><td>FP10SP</td><td>Lila</td><td></td></tr> <tr><td>FP10D</td><td>Yellow</td><td></td></tr> <tr><td>FP10PCDSS</td><td>Pink</td><td></td></tr> <tr><td>FP10PCDNC</td><td>Pink</td><td></td></tr> </tbody> </table>		Issue	Colour	Please indicate type	FP10HNC	Green		FP10NC	Green		FP10SS	Green		FP10HMDA-S	Blue		FP10MDA-S	Blue		FP10MDA-SP	Blu		FP10MDA-SS	Blu		FP10P-REC	Lila		FP10PN	Lilac		FP10SP	Lila		FP10D	Yellow		FP10PCDSS	Pink		FP10PCDNC	Pink	
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	Yes	No																																									
Has this incident been reported to the police?																																											
Name and police station of investigating police officer (please fill in details below)																																											

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

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

16.0 Discharge (TTA /STL) Medication – Nursing Checklist – please view Appendix 3

16.1 The nursing team must ensure that the patient is given the correct medication before discharge from the ward (this includes discharge for short term leave).

16.2 Prior to discharge (on the same day), the discharging nurse must undertake a final check of the discharge medicines. A medicines bag must never be handed over without the contents being checked first.

Nursing staff must check:

- **NAME**: patient name on the medication bag and labels is correct
- **DATE**: the date on the discharge medication bag corresponds with that of the most recently generated TTA/STL on the medication chart (i.e. the supply of discharge medication is the most recent supply and not an old/previously dispensed supply).
- **MEDICINES**: all medicines in the bag are correct against the medicines chart. Check for:
 - INCORRECT items, such as 'stopped' or 'discontinued' medicines. These should not be supplied.
 - MISSING items such as creams, inhalers, drops, refrigerated medicines. If missing please contact pharmacy.
- **LABELLED INSTRUCTIONS**: labelled instructions are correct and correspond with the medicines chart i.e. no prescribing changes have occurred since the medicines were issued by pharmacy.

16.4 NURSE DISCHARGE MEDICATION CHECKLIST (APPENDIX 3)

A comprehensive checklist for completion can be found in Appendix 3.

16.5 Records should be made in the service user's notes (RiO) that discharge medicines have been issued to them and that the formal Nurse Discharge Medication Checklist (Appendix 3) has been completed.

16.6 Should the patient have any questions about their medicines, which the discharging nurse cannot answer, the pharmacy department can be contacted or the on-call pharmacist out of hours.

Appendix 1: The Critical Medication List

A list of medicines that must be given urgently: i.e. immediately or within 2 hours

Whilst all medicines should be administered in a timely manner, there are certain circumstances where omitting or delaying a dose of a particular medication can lead to serious patient harm or even death. It is therefore of upmost importance to ensure that the medications listed below are never omitted or delayed without a plausible clinical reason. Omission or delay of these drugs constitutes an adverse incident and MUST be reported on DATIX. If you are unfamiliar with a drug you must gather more information surrounding it prior to prescribing, ordering or administering the medication.

The list is not exhaustive. There are medications used in other specialist areas of which timing of administration is paramount. Confirm with the medical team or pharmacist if you are unsure.

Responsibility	
Doctor	To notify nursing staff promptly when a new medication is prescribed
Nurse	To obtain & administer the medication promptly, either from patient's own supply or from pharmacy (see box below) Patient's own supply should always be obtained where possible but this is not an acceptable reason for delaying a critical medicine
Pharmacy	To supply a critical medicine as a priority

Obtaining a Critical Medicine – the Nurse should:
During normal pharmacy opening hours (Mon-Fri 9am-5pm, Sat 10am-12:30pm & Bank Holidays 10:30am-12:30pm) 1) Contact Pharmacy (via ward pharmacist/directorate pharmacy group email address) 2) Pharmacist will order as an urgent request Nursing staff should always obtain drugs via pharmacy during opening hours
Out-of-hours (i.e. outside of the normal pharmacy opening hours mentioned above) See Flowchart A

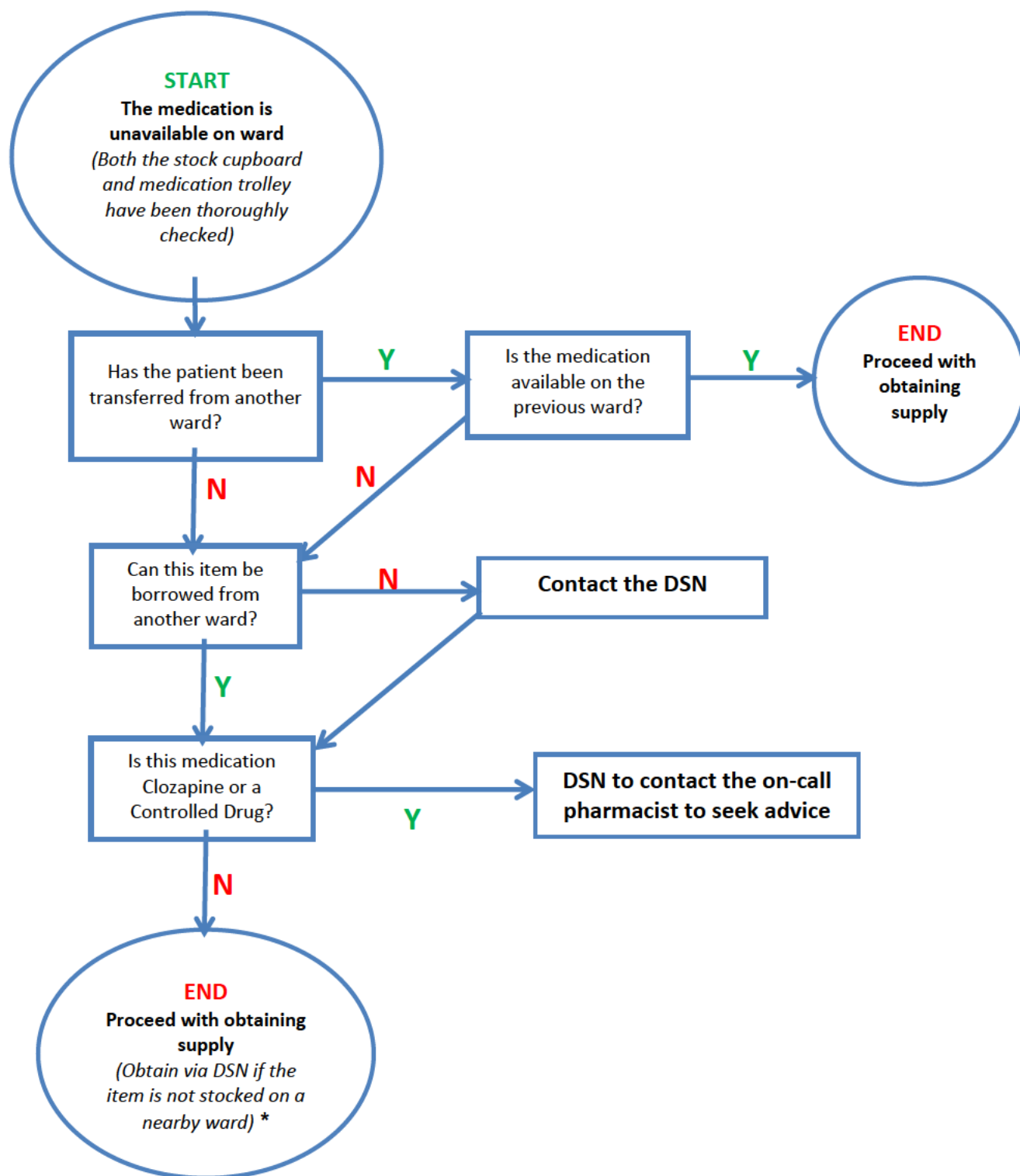
Critical Medicines List		
Drug Group/Class	Rationale for inclusion	Examples
EMERGENCY RED BAG kept in emergency trolley/emergency bag	Medical Emergency Treatment of acute anaphylaxis and angioedema Treat overdose/toxicity Treatment of hypoglycaemia Cardiac arrest	Contents include: Adrenaline pre-filled syringe (1:10,000) Adrenaline pre-filled syringe – anaphylactic shock kit (1:1000) Aspirin 300mg Tablets Chlorphenamine Injection Diazepam injection Diazepam 5mg/2.5ml rectal solution Flumazenil Naloxone GTN spray Glucogel Salbutamol nebulas 5mg/2.5ml
Thrombosis/Embolus		
Antiplatelet	Progression of thrombus and risk of serious embolic episode (stroke/PE)	Aspirin, Clopidogrel, ticagrelor
Anticoagulant	Risk of thrombus and serious embolic episode For DVT/PE & ACS treatment	Tinzaparin, Enoxaparin Warfarin, Dabigatran, Apixaban, Rivaroxaban, Edoxaban,
Infection		
Antimicrobial (systemic antibiotics, antivirals, antifungal or antimalarial)	Potential worsening of systemic infection and deterioration of condition	Amoxicillin, acyclovir, fluconazole, clindamycin
Neurology and Mental Health		
Anti-parkinsonian agents	Loss of symptom control	Co-beneldopa (Madopar), Co-careldopa (Sinemet), Rotigotine (Neupro) patches, Stalevo
Anti-epileptic	Loss of seizure control	Diazepam, lorazepam, Phenytoin, levetiracetam, carbamazepine, sodium valproate, lamotrigine
Antipsychotics/mood stabiliser	Loss of symptom control	Clozapine Lithium (Brand specific)
Diabetes / Glycaemic Control		
Insulin	Poor glycaemic control and potential for symptomatic hyperglycaemia	Short acting insulin's (Human actrapid, Novorapid, Humulin S)
Oral hypoglycaemic agents	Poor glycaemic control and potential for symptomatic hyperglycaemia	Metformin, Gliclazide, sitagliptin, linagliptin

Glucose/glucagon	When used for the management of hypoglycaemia	Glucose 10%, 50% infusion Glucagon injection
Withdrawal		
Management of alcohol related emergencies	Deterioration in clinical condition	Benzodiazepines i.e. chlordiazepoxide
Management of opiate dependence	Patient displaying symptoms of withdrawal	Buprenorphine (sublingual) Methadone
Analgesia		
Opiates (Strong Opiates)	Loss of pain control Increased need for intermittent analgesic doses	Morphine, Diamorphine Fentanyl Oxycodone Alfentanil Buprenorphine Methadone
Endocrine		
Corticosteroids	Treatment failure in acute conditions or flare up when used in the long-term management of inflammatory disorders Risk of acute adrenal insufficiency with abrupt withdrawal after a prolonged period of corticosteroid use (addisonian crisis)	Prednisolone, dexamethasone Hydrocortisone
Respiratory		
Bronchodilators	Deterioration in clinical condition when used for the management of an acute asthma attack or COPD exacerbation	Nebulised salbutamol Ipratropium Salbutamol inhaler
Others		
Immunosuppressants	Risk of rejection due to sub therapeutic levels	Tacrolimus, mycophenolate, ciclosporin, azathioprine
Desmopressin	Risk of life threatening dehydration and hyponatremia	Desmopressin nasal spray

Appendix 2 – The Role of the Registered Nurse

FLOWCHART A: Medication Supply for Inpatient Units Out Of Hours Flowchart

Staff nurses from East London Foundation Trust (ELFT) inpatient units should not be contacting the on-call pharmacist directly unless instructed to do so by the Duty Senior Nurse (DSN).



* If the item is not stocked in the local site Emergency Drug Room (EDR), please contact the on-call pharmacist to seek advice

Appendix 2

The role of the registered nursing associate in Medicines Management

Introduction / Purpose

A Nursing Associate is a new member of the nursing team in England. This role is designed to help bridge the gap between health and care assistants and registered nurses. Nursing associates work across all four fields of nursing: adult, children's, mental health, and learning disability.

The role will contribute to the core work of nursing, freeing up registered nurses to focus on more complex clinical care. The skills and responsibilities will vary, depending on the care setting the Nursing Associate is working in.

Nursing associates are a stand-alone role that will also provide a progression route into graduate level nursing.

Nursing associates are a new profession that are accountable for their practice. They hold their own registration under the Nursing and Midwifery Council 2018 (NMC). They are regulated in broadly the same way as nurses and midwives. Nursing associates will be working in all areas of the Trust from 2019.

Definitions and Abbreviations

HEE	Health Education England
IV	Intravenous
NA	Nursing Associate
PGD	Patient Group Direction
NMC	Nursing & Midwifery Council

Training

All registered nursing associates have completed a two year nursing associate foundation degree course at university that is approved by Health Education England (HEE) and NMC. Nursing Associates are educated to understand medicines management in order to safely administer medicines.

Upon successful completion of the programme and registration with the NMC nursing associates will undertake the Trust's Preceptorship programme.

During the preceptorship programme they must complete the Trust's e-learning course 'The safe administration of medicines' and supervised assessments relating to medicines administration.

Competency

Medicines must only be prepared and administered to a patient by authorised healthcare staff complying at all times to current professional guidance, and within Trust policies and procedures. Employees administering medicines to patients will be held individually accountable for their actions, non-actions and competencies.

All Nursing Associates must:

- Have valid registration with the NMC
- have read and understood and act at all times in accordance with Trust policies

- not act outside their scope of practice
- escalate to the registered nurse and concerns or doubts
- Be competent to carry out any calculations necessary

Responsibilities

The responsibilities that will be expected for the Nursing Associates to perform in their role in relation to medicines management with patients will include:-

- Safe practice, including administration according to the 10Rs
- Safe and secure storage of medicines
- Safe disposal of medicines
- Acting as second checker for the receipt, administration and destruction of controlled drugs
- Reporting any concerns immediately to registered nurse in charge

Routes of Administration

Nursing Associates are only permitted to administer medications via the following routes:-

- Oral (including buccal and sublingual)
- Topical (including use of patches)
- Subcutaneous
- Inhaled
- Enteral
- Intramuscular
- Rectal

If the Nursing Associate has not maintained competence and experience in an aspect of medicines administration they must immediately report this to the manager or the nurse in charge and discuss re-training to enable safe administration of medicines in line with the policy.

Intravenous Medication

Nursing associates are not permitted to administer any medication via the intravenous route. They are also not authorised to second check the administration of intravenous medication with the exception of simple IV fluids such as 0.9% Sodium Chloride. They are not permitted to second check any IV fluids with additives.

Second Checking

Nursing Associates are permitted to second check the administration of medication via all routes with the exception of intravenous (IV) medications. See above

Controlled and Restricted Medications

Nursing Associates may not administer Controlled or Restricted medication. They may act as second checker for all routes except IV, but only after they have successfully completed further training provided by the Trust. The first checker must be a registered nurse.

Nursing Associates may act as second checker for stock checks for controlled and restricted medications. The first checker must be a registered nurse.

Nursing Associates are not permitted to receive delivery of controlled and restricted medications but may act as second checker in the receipt process.

Nursing Associates must be sure they understand the Legislation pertaining to controlled drugs, and know what action to take in the event of a missing controlled or restricted medication.

Patient Group Directions (PGD's)

Currently Nursing Associates, as a new profession, are not on the national list of professionals allowed by law to administer medications under a PGD.

Therefore at this time Nursing Associates may not administer medication using PGD's.

References and Associated Documents

HEE, 2017. *Advisory Guidance Administration of Medicines by Nursing Associates*. [Online]
Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Advisory%20guidance%20-%20administration%20of%20medicines%20by%20nursing%20associates.pdf>

<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/>

NMC, 2018. *Nursing and Midwifery Council - The code - Professional standards of practice and behaviour for nurses, midwives and nursing associates*. [Online]
Available at: <https://www.nmc.org.uk/standards/code/>

NMC, 2018. *Standards of proficiency for nursing associates*. [Online]
Available at: <https://www.nmc.org.uk/standards/standards-for-nursing-associates/standards-of-proficiency-for-nursing-associates/>

<https://www.nmc.org.uk/standards/standards-for-nursing-associates/standards-of-proficiency-for-nursing-associates/>

Appendix 3 - Nurse Discharge Medication (TTA / STL / Leave) Checklist

Patient Name: _____ RIO no: _____ Date of Birth: _____
 Ward: _____ Consultant: _____
 Completed by (staff member): _____ Date & Time: _____

Discharging nurse must undertake a final check of discharge medicines at the point of discharge (i.e. on the same day of discharge/leave). This checklist should be checked against the patient's medicines chart.

All medicines to be checked against the medication chart	Task	Comments
	✓	
PATIENT NAME: correct name on the medicines bag and labels		
Correct medication labelled with correct instructions *Medicine *Dose *Form *Instructions *Quantity Check each medicine against the medication chart:		
MISSING ITEMS (check on ward and add to bag if appropriate) E.g. *insulin *creams *inhalers *eye/ear drops *PODs		
INCORRECT ITEMS: e.g. discontinued/stopped medication		
COUNSEL PATIENT: What is medicine(s) for, how to take, importance of taking, if medication is to be reviewed/stopped e.g. tablets for sleep/antibiotics.		
WRITTEN INFORMATION is needed for TTAs (not STL medicines): - Medication patient leaflet in each medicines box (if missing access from https://www.medicines.org.uk/emc/) - copy of discharge notification if available		
FURTHER SUPPLIES: advise patient to request from GP to supply (except clozapine, depots and any specialist medication)		
Disposal: Advise to return medicines to local chemist if no longer required		
Next section for those prescribed Depot, Clozapine, Lithium, Methadone or Buprenorphine		
DEPOT medication: Explain where and when next depot is due. Contact relevant team e.g. Community Mental Health Team(CMHT)/Depot clinic/HTT		
Clozapine medication: Explain where next blood test and supply are due i.e. which clozapine clinic (check with ward pharmacist).		
LITHIUM medication: Patient has lithium purple booklet; completed with correct information.		
WARFARIN medication: Patient has yellow booklet and next dosing schedule has been clearly instructed		
Methadone/Buprenorphine - Patients on opioid replacement Ensure community prescription arranged for post discharge (may need to contact relevant community drug and alcohol service).		
Completed by (staff member): _____ Ensure you make a RIO entry with the following RIO code: "RCODE PHARM03: Discharge medicines counselling offered, and received"		

Appendix 4

Date Checking Matrix

Ward: **Year.....**

Week No.	Medication Section (complete as appropriate for individual ward)	Quarter 1 (April – June)		Quarter 2 (July – September)		Quarter 3 (October – December)		Quarter 4 (January – March)	
		Signed/Initials of staff completed	Date	Signed/Initials of staff completed	Date	Signed/Initials of staff completed	Date	Signed/Initials of staff completed	Date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

NB. Any medication found to expire within the next 3 months, please highlight the expiry date on the box with a coloured highlighter and add to the relevant month's short dated stock sheet.

Appendix 5

Short Dated Stock Sheet:

Record of medication expiring in (complete month & year)

Ward:

- During regular expiry date checking process, items expiring in the following 3 months should be entered on the short dated stock sheet for the month in which they expire. The expiry date on the packaging should be highlighted, and a green 'use first' sticker should be applied.
- At the end of each month all items on the relevant list should be reviewed and disposed of appropriately. Seek advice from pharmacy if unsure.
- This sheet should be stored in a ward folder within the treatment room, kept for 3 months of which then can be disposed of.

[illegible]