

MHS MRG 14

Procedure for Nurse Dispensing Outwith Pharmacy Hours

Background

Joint guidance from the Royal College of Nursing and The Royal Pharmaceutical Society (2019) states:

'It is preferable for the actions of prescribing, dispensing/supply and administration to be separated and performed by different health care professionals. Where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing and supply/administration of medicines. Where this occurs, processes should be in place to limit errors along with an audit trail and clinical documentation.'

This procedure is to provide guidance for nursing staff on dispensing outwith pharmacy hours. Nursing staff are accountable for all aspects of their practice whilst operating this procedure.

Routine prescriptions must be ordered from pharmacy, as must any prescriptions that staff may anticipate will be required. Ward teams should endeavour to order all pass medications prior to 4pm on a Friday. Nurse dispensing **must not** become routine practice. Examples where this procedure may apply include:

- A patient requests an urgent pass out of hours due to a family emergency
- A patient already out on pass from Friday to Sunday contacts the ward on Saturday with an appropriate request for an extension of the pass until Monday
- A patient discharging themselves against medical advice out of hours or at weekends

Note: This procedure only applies to hospital in-patients

Procedure

1. During normal pharmacy hours (Monday to Friday 8.30am to 4.30pm) all prescriptions **must** be dispensed by pharmacy. Pharmacy departments have a cut of time of 2:30pm for prescriptions to ensure delivery before the end of the working day. If medication is being requested after this time, the pharmacy should be contacted to discuss whether they are able to fulfill the request.
2. Out with these times, if a patient requires a prescription, suitable containers (bottles or plastic bags) and labels for that purpose will be held in the emergency cupboard or appropriate wards on each site. As this procedure will only occur infrequently, only a small amount of stock will be kept.
3. The response nurse or site nursing page holder, the duty doctor and if necessary the duty consultant should be contacted for advice regarding the appropriateness of the pass or prescription.
4. The nurse will obtain the appropriate amount of containers and labels (one container and one label per item). The number of containers and labels issued should be noted on the out of hours issue form (appendix 1) for audit purposes.
5. The precise number of doses required of each medicine will be dispensed from ward stock into the appropriately labelled container.
6. The label for each item must be completed with the name, strength, form and quantity of the medicine; clear dosage instructions; the patient's name and the date of supply. Each label will

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be written in indelible ink (see example below).

Medicine.....	Quantity.....
Take.....tablet(s)/capsule(s)	
.....	
Name:.....	Date:.....
Dispensed by.....	Checked by.....
Pharmacy, Leverndale, 510 Crookston Road, Glasgow	
Keep out of reach of children.	

7. Two suitably experienced registered nurses, band 5 or above, must complete the “dispense” and “check” section of each label.
8. The details of all medication supplied must be recorded on an out-of-hours pass form (see appendix 1) and filed in the integrated health record. This should include the total number of tablets/ capsules which have been dispensed. The nurse should then suspend the patients HEPMA prescription as described in the [Procedure for Ordering Pass Medication](#)
9. The nurse will discuss the prescription with the patient and/or carer to ensure that they know why the medicine has been prescribed; when and how to take the medication; details of any potential side effects and adverse reactions; advice on what to do if a dose is missed. Details of this discussion, the authorisation for the pass and the agreed pass period must be recorded in the patient’s integrated health record.
10. The maximum period of any out-of-hours pass must not exceed 72hours.
11. This procedure is for use in **exceptional circumstances only**.

