

Section 15 - Supply of Medicines for Patients to Take Away From Hospital

For controlled drugs please see section 19

1. General Principles

- 1.1 Inpatients being discharged from hospital should have the required medicines prescribed by a hospital authorised prescriber and dispensed by pharmacy.
- 1.2 Medical or nursing staff are not permitted to use ward stock to supply patients with medicines to take home.
- 1.3 Patients attending out-patients clinics or A&E etc. usually have any changes in their medication initiated by the GP. Only if there is an immediate need to change medication or start a new medicine will a hospital supply be made.
- 1.4 All prescription forms and HBP10 pads are controlled stationery (see Section 1). The registered nurse in charge of the department is responsible for the safe custody of these forms and pads. Prescribers should return them promptly to the registered nurse in charge after use. They must not be left unattended.
- 1.5 All medicines issued to patients to take away must be labelled to comply with legal requirements with:-
 - The patients name.
 - The date of supply.
 - The name and address of the Hospital or Clinic.
 - The Warning “Keep out of Reach and Sight of Children”.
 - The name, quantity supplied, dosage and frequency of medication.

2. Discharge Prescriptions for In-Patients

- 2.1 The combined "hospital discharge letter and prescription sheet" should be completed by an authorised prescriber who also signs and dates it. Medicines should be prescribed by the Generic/Recommended International Non-Proprietary Name (rINN) unless they are a modified-release solid oral dose preparation of : - e.g. diltiazem, nifedipine, theophylline, treatments for epilepsy or a combined preparation e.g. Fostair inhaler etc.
- 2.2 Discharge prescriptions dispensed by the hospital pharmacy will be dispensed in the manufacturer's original pack where possible. Short courses of antibiotics or oral steroids will be supplied in full from the Hospital Pharmacy.

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- 2.3 Prescribers must ensure that there are clear instructions on the discharge prescription to the General Practitioner indicating which medicines are to be continued beyond the supply dispensed from the hospital pharmacy.
- 2.4 Where there will be a delay in communicating with the GP, a longer period of supply should be arranged with the pharmacy.
- 2.5 Where the medicine is a 'special' formulation details should be communicated to the GP and community pharmacist. The hospital will undertake to provide an appropriate supply to ensure continuity of treatment.
- 2.6 On receipt of the discharge medication at ward level, nursing or pharmacy staff must check that what has been prescribed on the discharge prescription agrees with the patient's current medication cardex and that the following details on the discharge prescription form are correct, before issuing the medicines to the patient or patients representative :-
- Patient's name
 - Patient's address
 - CHI number
 - Ward or dept
 - Prescriber's signature
- 2.7 Nursing or pharmacy staff must also check the accuracy of the medicines that have been supplied by pharmacy before issuing the medicines to the patient or patient representative by checking the information on the label for each item against the prescription:
- The patient's name
 - The name, strength, quantity supplied, dosage and frequency of administration of each medication
- Contact pharmacy if the label instructions are different from the directions on the discharge prescription.
- 2.8 The discharge medication will be explained to the patient, or when appropriate the carer, prior to discharge.
- 2.9 The top copy (white) is sent, with the patient, to the patient's General Practitioner unless the prescription is for a controlled drug, when for legal reasons the top copy is retained by pharmacy. The 3rd (pink) copy is retained by Pharmacy. The remaining copies are sent to the ward for clerical processing. The 2nd copy (yellow) is retained in the case notes.
- 2.10 If a patient refuses to wait for their discharge medicines and does not return to the ward to collect them on the day of discharge this should be documented on the

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discharge prescription. The patient's GP should be contacted by telephone by the ward staff if an urgent prescription is required. The top copy of the discharge prescription should be posted to the patient's GP for information.

Consideration must be given to the type of medicines on the prescription and the risk to the patient if they do not have a supply e.g. steroids, anticoagulant injections or antibiotics etc. Medical staff should be informed if there are any concerns.

- 2.11 Non-issued discharge prescription medications should be returned to pharmacy.

3. Patient Ready Packs

3. 1 Certain wards and departments for example A&E, day units and Out of Hours services etc, will be provided with a supply of pre-labelled patient ready packs of medicines. These packs are supplied bearing the name, form and quantity of the product, instructions for administration and any special handling and storage instructions.
3. 2 The range and quantity supplied will be agreed between the ward/department manager and the Hospital Pharmacy Manager.
3. 3 The Registered Nurse/Midwife in Charge is responsible for ensuring the safe keeping of the medicines.
3. 4 Packs of medicines are supplied to patients only in accordance with the written instructions of an authorised prescriber who is recognised by the organisation to perform this function.
3. 5 The registered nurse/midwife must enter the date and the patient's name on the label of these ready to use packs before they are issued to the patient
3. 6 These packs must not be modified or tampered with by changing the label or altering the quantity supplied.
3. 7 Medicines will be supplied by a registered nurse or midwife.
3. 8 A record must be made for all medicine supplies issued including packs used for first doses within any clinical area.
3. 9 Records will be checked by pharmacy with prescription reconciliation, where necessary.

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4. Supply of Medicines to Out-Patients

Hospital Out-Patients are referred back to their G.P. who will provide any medication recommended by the Consultant/Specialist Service the patient was referred to. However, when:-

- The administration of a medicine requires specialist hospital monitoring **and** the Consultant retains responsibility for prescribing treatment for the patient,
or
- The Consultant considers that treatment must start immediately, i.e. the treatment is initiated within the out-patient clinic,
or
- The medicine prescribed is only available to Hospitals.

The hospital prescriber may prescribe for the patient using an Out-Patient Prescription Form which can be dispensed in the hospital pharmacy.

5. Supply of Injectable Medicines to Patients & Carers

- 5.1 Patients and carers may need to prepare injectable medicines for self administration in clinical areas in NHS Lanarkshire premises, e.g. as part of a training plan for patients / carers. Injectable medicines may also need to be prepared by patients / carers / healthcare workers in a patient's home environment following discharge.
- 5.2 Injectable medicines for administration may be supplied entirely by the hospital pharmacy department via the Discharge Prescription or partly by Discharge Prescription with the remainder being met via GP10 prescription and community pharmacy supply. In some instances, medicines may be delivered direct to patient's home by an approved medicines home care supplier.
- 5.3 There are hazards associated with the preparation of medicines for injection and patients and carers must be suitably instructed and informed to ensure that these hazards are eliminated or minimised. Local SOPs will apply.
- 5.4 The information and instructions provided to patients and carers must be tailored to their individual needs and circumstances. Practitioners who are involved in supporting patients and carers should consider the patient's home, work and social circumstances when advising on the suitability of environments for preparation.
- 5.5 Patients and carers must be shown how to prepare their injections, and given adequate opportunity to practise under supervision until they are familiar and

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confident with the procedure and have achieved the necessary competence. Practitioners should re-assess the patient or carer's technique regularly. Records of initial instruction and re-assessment, as per local guidelines, should be kept, signed by practitioners involved, and the patient or carer.

- 5.6 Written information and instruction on the preparation of injections should include:
- Storage requirements for each product.
 - General good practice guidance on checking the medicines, the standard of the environment to be used, and preparation technique involved.
 - Specific step-by-step instruction on the preparation of each product.
- 5.7 Practitioners responsible for patient care must ensure that appropriate information and instruction are made available to patients and carers who need to prepare injections.