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<td>Supporting procedures</td>
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<td>• Pharmacy Standard Operating Procedures</td>
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<td>• Procedure for Ward Staff Collecting Items From the Pharmacy Lockers (out of Hours Only)</td>
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<td>• Pharmacy Standard Operating Procedures</td>
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<td>Lead executive</td>
<td>Medical Director, NUH</td>
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<td>Author</td>
<td>MMC, NUH</td>
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3.1 METHODS OF SUPPLY

Medicines will be supplied by pharmacy departments in three ways:
1. To wards and departments as stock
2. To wards and departments dispensed against an individual patient's prescription
3. Directly to the patient against an individual prescription.

3.2 WARD STOCK MEDICINES (other than Controlled Drugs)

3.2.1 Medicine Stocks
Lists of items to be held as stock in wards and departments will be agreed and amended following discussion between the Ward or Departmental Manager and a designated Pharmacist and/or designated Pharmacy Technician. Each stock list will be held on computer file and no item will be issued as ward stock, unless it is on the agreed list, without the approval of a Senior Pharmacist.

The ward pharmacist may sanction the issue of a temporary stock of a product for a particular ward or department.

Senior pharmacy staff and the ward or departmental Manager will review ward stock lists at least annually. Additions to ward stock lists must be formally requested by the ward pharmacist, in consultation with the ward manager, and must be approved by a senior pharmacist or relevant clinical pharmacist.

3.2.2 Ordering Stock items
3.2.2.1 Stock replenishment service (topping up)
Pharmacy Assistants will visit specified wards and departments at agreed intervals to check medicine stock against an agreed stock list and stock levels. Supplies to restore stock levels to the agreed level will then be ordered, dispensed and sent to the ward or department.

Topping up will not ensure adequate stocks if there is an increase in the use of a particular medicine. The ward or department staff retain responsibility for ensuring that further supplies of medication are ordered when stocks are clearly low and particularly when using the
last one (See section 3.2.2.3.). This is to ensure that there are no delays in treatment for the patients, notably at times when the pharmacy store is closed, since this can lead to a reportable incident.

3.2.2.2 Stock requisition service
Each area that does not receive a topping-up service, will have an agreed stock list. A stock requisition, signed by a registered nurse, must be sent to pharmacy by an agreed time on an agreed day. Where there is no registered nurse, the designated practitioner, whose role has been agreed by pharmacy, must sign the requisition. Pharmacy stores staff must confirm the identity of the person ordering the stock if they are in doubt as to their role and responsibility. The blank stock requisitions must be kept locked in a safe place, when not in use.

3.2.2.3 Urgent supplies of stock items
Urgently required stock items must be obtained from Pharmacy by submitting an appropriately signed, sequentially numbered emergency stock requisition, by air tube conveyor (QMC campus only) or personally delivered by a messenger. Any person ordering using an emergency stock requisition book must complete the sample signature table in the back of the book. Pharmacy stores must confirm the identity of the person ordering the stock if they are in doubt as to their role and responsibility. The stock requisition order book must be kept locked in a safe place, when not in use. Hospital staff collecting such supplies must bear official Trust identification.

3.2.2.4 Faxed or e-mailed stock orders
These are not permitted.

3.2.2.5 Telephone orders from clinical areas
Telephone orders alone are not permitted. A small, emergency order may be prepared in advance by pharmacy, from a telephone call, but a signed requisition must be received before it can be released to the ward or department.

3.2.3 Checking Procedures
Orders for ward and departmental stock ready for dispatch from the pharmacy will be checked against the requisition or top-up sheet by a validated checker, as per pharmacy procedures.
3.3 CONTROLLED DRUGS

See Procedure 12 of this Medicines Code of Practice for procedures to do with ordering and supply of Controlled Drugs

3.4 CONCENTRATED POTASSIUM SOLUTIONS (including Potassium Acid Phosphate)

See Procedure 25 of this Medicines Code of Practice.

3.5 SUPPLY OF NON STOCK MEDICINES

Supplies of medicines dispensed against a prescription for an individual patient must be ordered through Pharmacy.

It is a legal requirement that a Patient Information Leaflet (PIL) is supplied with all medication dispensed with labelled directions for the patient. These must not be discarded on the ward, but given to the patient at discharge.

Medicines dispensed for in-patients must only be given to patients to take home if the supplies are correctly labelled in accordance with the discharge prescription and have been authorised by the pharmacy.

Faxed prescriptions are permitted for remote areas, including off site. However, local procedures must be agreed between the unit and pharmacy in respect of these transactions, and approved by MMC.

Faxed orders are permitted to and from either Campus pharmacy department following pharmacy SOPs.

3.5.1 Supply of compliance aids

Compliance aids e.g. monitored dosage system (dosette, Medidose), large font labels, non click-lok lids etc, will only be supplied for a patient if this is approved for the patient by a pharmacist, and it has been identified how it will be continued following discharge. If a patient uses a compliance aid at home, this must be documented on the inpatient prescription chart. The advice of a pharmacist must be sought if a new patient requires a compliance aid.
Nurses must not re-fill monitored dosage systems.

3.5.2 One-stop dispensing
One-stop dispensing means that all medication for a patient is labelled with directions for the individual patient from the start of their stay in hospital, and can then, following appropriate checks, also be issued to that patient at discharge. A system of One-stop dispensing is available in most areas in the Trust. See Procedures 4 and 8 of this Medicines Code of Practice. Nursing staff working in these areas must be familiar with the One-stop dispensing procedures and the implications for practice.

3.5.3 Pharmacy checking of prescriptions and dispensed items.
A pharmacist must always carry out a clinical check or screen before an item can be issued to a patient from the pharmacy department, either as an inpatient, at discharge or an outpatient to ensure the prescription is legal, appropriate and safe for the patient, see pharmacy SOPs.

An independent competent checker must carry out an accuracy check, according to pharmacy SOPs, on dispensed items before they are issued to the wards or patients.

A Pharmacist working alone out of hours, when no independent check will be available, must carry out a self-checking routine.

3.5.4 Discharge Prescriptions
See procedure 24 of this Medicines Code of Practice

3.5.5 Outpatient Prescriptions
3.5.5.1 Pharmacy responsibilities
A Pharmacist must clinically check or screen all outpatient prescriptions that are processed through Pharmacy following Pharmacy procedures. Some outpatient prescriptions may be supplied by nursing staff in some departments without going through pharmacy, according to approved local agreements. See section 3.7.

Outpatient prescriptions are for 28 days supply, or shorter if clinically indicated.
A longer supply (ensuring the patient has enough medicines until the next clinic appointment) will be made for hospital only medicines or medicines covered by a shared care protocol, until responsibility is passed to the GP.

Where medicines are issued directly to an outpatient the person issuing the medicines must confirm the identity of the patient. This may be done verbally, or by checking written identification, see local procedures. If it is not the patient collecting the prescription, the person issuing the medicine must be assured that the person collecting it is an appropriate representative. A separate pharmacy procedure applies for issuing Controlled Drugs to outpatients.

3.5.6 Dispensing without a Prescription
Pharmacy staff must not dispense medicines for individual patients (as opposed to supplying stock items) without a written prescription except in an emergency. The pharmacy staff must satisfy themselves that the situation is unavoidable.

A written prescription must be provided as soon as the emergency is resolved. It is the responsibility of the prescriber to provide the prescription.

3.6 TRANSPORT AND RECEIPT

3.6.1 Medicines other than Controlled Drugs
Supplies of dispensed medicines (with the exceptions of bulk fluids and inhalation anaesthetics) must be transported to the ward or clinic in a sealed or locked container. See local procedure for inhalation anaesthetics.

For cytotoxics see Procedure 13 of this Medicines Code of Practice.

When any medicines arrive on the ward or clinic, a designated practitioner must ensure that they are immediately stored securely in the appropriate location, including POD lockers or the drugs refrigerator. Medicines must not be left unsecured at any time.
Where a delivery document is supplied with the goods, this must be checked against the order by a designated practitioner when they are received. Any discrepancy must be reported to the Pharmacy as soon as possible. There is no legal obligation to retain the duplicate requisition or delivery document.

Medicines may also be collected from the pharmacy by persons authorised by the nurse in charge. All staff must bear official Trust identification.

3.6.2 Out of hours
Items for collection (excluding Controlled Drugs) may be left in a locked two-way locker in Pharmacy at City campus. (See local procedures for use of these lockers.)

3.6.3 Controlled Drugs
See Procedure 12 of this Medicines Code of Practice for all issues relating to Controlled Drugs

3.6.4 Transfer of Dispensed Items
It is the responsibility of the nurse caring for that patient to ensure that any individually dispensed items and PODs are transferred with the patient if they move ward. If the items are not transferred, the receiving ward must contact the originating ward and arrange for transfer. If the originating ward cannot find the dispensed items, this must be treated as an incident (see Procedure 21 of this Medicines Code of Practice).

3.7 NON-PHARMACY SUPPLY OF LABELLED PRE-PACKS

See Procedure 4 of this Medicines Code of Practice. This practice must be covered by a local agreement or PGD approved by the MMC.

3.8 BORROWING OF MEDICINES

The transfer of medicines between wards is discouraged. During opening hours, every attempt must be made to obtain a timely supply from pharmacy. Out of hours the on-call pharmacist will authorise a
supply if appropriate. See section 3.9 for Out of Hours Supply of Medicines.

If borrowing occurs, the following guidelines must be followed:

3.8.1 **Controlled drugs**
Controlled Drugs may only be borrowed in exceptional circumstances, see procedure 12 of this Medicines Code of Practice.

3.8.2 **Concentrated potassium preparations**
Concentrated potassium injections (including Potassium Acid Phosphate) and concentrated potassium infusion fluids must never be borrowed. See Procedure 25 of this Medicines Code of Practice.

3.8.3 **All other medicines**
For other medicines:

- If the nurse who is going to administer the medicine is able to leave the ward, they must go to the lending ward with the inpatient prescription chart to collect a single dose of the medicine. They must follow the usual administration checking procedures in Procedure 8 of this Medicines Code of Practice and administer the medicine without delay.

- When a nurse is unable to leave the ward, another designated member of staff may go to the lending ward with the inpatient prescription chart and collect an original container, not a single dose. The nurse must phone the lending ward to check that they have an original container and to tell them who is coming to collect it.

Medicines must never be decanted from one container to another. A record should be made by the supplying ward to say where the stock has gone to, to provide an audit trail. Re-imbursement of expensive items can be made using these records, see local procedures.

3.9 **OUT OF HOURS SUPPLY OF MEDICINES**

Routine stock supplies should be planned for and arranged during normal working hours. When the dispensaries are closed a Pharmacist is available on-call for emergency items and advice. This pharmacist provides this service to all of NUH and is based on QMC campus. See local procedures.
3.10 DISPENSING ERRORS

The Trust Incident Reporting Policy must be followed at all times. See Procedure 20 of this Medicines Code of Practice for more details.

3.11 SUPPLY FOR NON-CLINICAL PURPOSES

If a department uses medicines for non-clinical purposes, they must have procedures agreed with Pharmacy detailing arrangements for ordering, storage, issue, administration and destruction of such medicines.
EMPLOYEE RECORD OF HAVING READ THE POLICY

Title of Policy/Procedure:

MEDICINES CODE OF PRACTICE - SUPPLY OF MEDICINES FROM THE PHARMACY DEPARTMENT

I have read and understand the principles contained in the named policy.

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