One Stop Dispensing (OSD) Risk Assessment Form

- This form must be completed and signed by the Consultant (or their nominated deputy) and a competency-assessed nurse.
- Only patients with a fully completed form can be included in the OSD scheme.

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Ward/Unit:</th>
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Please circle the appropriate response:

1. Will a suitable carer be responsible for looking after the patient’s medicines during leave and/or following discharge?  YES  NO

If the answer is ‘YES’ then the service user can be fully included in the OSD scheme.
If the answer is ‘NO’ then go to question 2.

Please circle the appropriate response:

2. What is the patient’s assessed overdose risk?  LOW  HIGH

If ‘LOW’ then the patient could be included in the OSD scheme (Go to question 3)
If ‘HIGH’, please describe the risks that render the patient unsuitable for the OSD scheme at present.

Note – regardless of assessment result, the patient’s eligibility for inclusion in the scheme, (or exclusion from it), must be kept under regular review as it may be subject to change and require reassessment.

Please circle the appropriate response:

3. Are there any other factors, such as adherence or the patient’s vulnerability to exploitation and harassment by others, that need to be considered?  YES  NO

If yes, please indicate what they are and whether they make the patient unsuitable for the scheme.

Decision (Tick as appropriate)

The patient is **suitable for inclusion in the OSD scheme** and will have all their stabilised medication included in the one stop dispensing process. ☐

The patient is **NOT suitable for inclusion in the OSD scheme** at present. ☐

Leave can be organized by a registered nurse who undertakes the ‘named nurse’ role. Additional information is provided overleaf?  Yes or no ☐

Signature of the Consultant or nominated deputy:  Date: 

Signature of the competency-assessed nurse:  Date: 

PTO