Procedure for Managing Medicines in a Section 136 Suite – version 4

1. The management of medicines must conform to the Trust’s Medicine’s Code unless specific advice contradicting the Medicine’s Code is contained in this procedure. Unless specific, approved medication storage is provided within the Section 136 suite, there must be a designated adjacent ward where any medication brought in by the person can be safely stored, including Controlled Drugs, if appropriate.

2. Persons detained under Section 136 cannot be forced to take medication if they wish to refuse and are able to give informed consent. If they are assessed as lacking capacity, a ‘Best Interest’ decision may need to be made, in accordance with the Mental Capacity Act, by either a doctor or senior nurse.

3. Persons admitted to a Section 136 suite may require medication in two circumstances:
   3.1. Routine prescribed medications (including prescribed regularly used ‘as required’ medication)

   Information on the person’s need for routine medication may not always be available. In all circumstances the person’s medication should be confirmed as soon as practical with their GP (if they have one and is known) or by accessing their Summary Care Record (SCR), even when the person or their carer provides information or brings in labelled medication as the information may be inaccurate or out of date.

   If the person needs to take routine medication the following process should be followed:

   3.1.1. If the person’s prescribed medication has been brought in with them and an authorized prescriber is available the following should occur:

   - If access to the patient’s Summary Care Record is available, this should be checked first. The authorized prescriber should write the prescribed medication up on a Trust Drug Chart. Stock drugs held in the Section 136 suite or from an adjacent ward, an individually dispensed medication from pharmacy or medication from an emergency cupboard should be used in preference to the person’s own medication unless checked first by pharmacy.

   - If the medication is not available as a stock drug, or because the pharmacy is closed, then the person’s own medication can be used provided it has been checked against the Trust’s ‘Patient’s own medication checklist’ (appendix 1).

If you require this document in an alternative format, ie easy read, large text, audio, Braille or a community language please contact the Pharmacy Team on 01243 623349 (Text Relay calls welcome).
• If the person's own medication is found to be unsuitable, and the pharmacy is closed, advice should be obtained from the authorized prescriber on whether the medication is essential or whether doses can be missed. If it is deemed essential that the medicine is administered then advice should be obtained from the on-call pharmacist on how the medicine might be obtained.

3.1.2. If the person's own prescribed medication has been brought in with them but no authorized prescriber is available the following should occur:

• The person’s own prescribed medication must be checked against the units ‘Patient's own medication checklist’ (appendix 1), for suitability for use. Any medication deemed suitable for use can be administered by a qualified nurse against the authority provided by the label on the medicine and the dose written up in the 'once only section' of a Drug Prescription and Administration Chart with the words ‘Patient’s own medication label’ written clearly in the space set aside for the prescriber’s signature. The administration of these medicines must be recorded on the chart in the normal manner and in addition a record must be made in Carenotes confirming the procedure used for assessing the person’s medication as suitable for use.

• At the earliest convenient opportunity the medication should be fully written up on the Drug Chart by an authorized prescriber.

• If having checked the person’s own medication it is found not to be suitable for use, then advice must be obtained from a doctor on whether the medication is essential or whether doses can be missed. If it is essential that a dose is administered then a doctor will need to attend to write up the medication on a Drug Chart and the medication supplied from suite or ward stock, individually dispensed from pharmacy, obtained from emergency cupboard stocks or obtained by using an FP10 prescription and getting it dispensed from a local community pharmacy. If the medication is unavailable, advice should be obtained from the on-call pharmacist with regard to how it might be obtained.

3.1.3. If no prescribed medication is brought in with the person, but information on their routine medication is available, e.g. from their Summary Care Record, GP or a prescription repeat slip, the following should occur:

• If an authorised prescriber is available, the medication should be written up on a Drug Chart. Suite or ward stocks, individually dispensed stocks from pharmacy, emergency cupboard stock drugs or obtained on an FP10 prescription from a local community pharmacy, should be used. If the medication is not available then a doctor must assess whether it is essential or whether doses can be missed. If it is deemed essential that the medicine is administered then advice should be obtained from the on-call pharmacist on how the medicine might be obtained.

• If an authorized prescriber is not available, the duty doctor should be contacted to advise on whether any of the prescribed medication is essential or whether doses can be missed. If some of it is essential then the duty doctor will need to attend to write up the medication on a Drug Chart. The medication must be used from suite or ward stock, individually dispensed from pharmacy, obtained from emergency cupboard stocks or obtained by using an FP10 and getting it dispensed from a local community pharmacy. If the medication is unavailable, advice should be obtained from the on-call pharmacist with regard to how it might be obtained.
3.2 If ‘as required’ medication is needed for immediate symptom control, and appropriate medication is not routinely prescribed for them or information on their routine prescribed medication is not available, then the following two options are available:

3.2.1 Some ‘as required’ medication can be administered under MAUPs (Medicines Administered Under Protocol) or PGDs (Patient Group Directions) at the discretion of suitably authorized nurses.

- The MAUPs cover ‘homely remedies’ including paracetamol and Gaviscon Advance® and all qualified nurses working within inpatient units can be signed off to use them by their ward manager, in line with specific criteria as described in the protocol.

- PGDs covering the administration of lorazepam, olanzapine or zopiclone in inpatient settings and Section 136 suites, are available for the treatment of both working age adults and older people. Their use is limited to authorized practitioners at Band 6 and above who have completed the appropriate training and have been signed off as competent.

- Repeat doses can be administered under MAUPs and PGDs for limited periods but it is good practice to get the ‘as required’ medication needs of the service user reviewed as soon as convenient and, if appropriate, prescribed on the Drug Chart by an authorized prescriber.

- Any medicine administered under a MAUP or PGD must be recorded in the MAUP and PGD section of the Drug Chart.

3.2.2 If the symptoms cannot be treated using MAUPs or PGDs then an authorized prescriber will need to review the person. Any medication prescribed should be written up on the Drug Chart and the medication supplied from suite or ward stock, individually dispensed from pharmacy, obtained from emergency cupboard stocks or obtained by using an FP10 prescription and getting it dispensed from a local community pharmacy. If the newly prescribed medication is unavailable, advice should be obtained from the on-call pharmacist with regard to how it might be obtained.

4. Medication that the person may have purchased ‘over the counter,’ and complementary medicines, must not be administered during their stay in the Section 136 suite.

5. If the person is subsequently admitted to an inpatient unit, any medication they brought in with them must be transferred to the admitting ward and assessed for continued use in the normal manner. Also, any medication specially obtained for them from pharmacy or from emergency drug cupboard stock should be transferred to the admitting ward for continued use.

6. If the person is subsequently released from the Section 136 suite without admission, any medication they brought in with them should be returned to them, unless it is felt that to do so would constitute unnecessary risk to the person or to others. If this is the case, return of their medication can be refused and a full record must be made in Carenotes of why this decision was taken. This record must be made by the practitioner taking responsibility for the decision.

Ray Lyon
Chief Pharmacist – Strategy

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Chief Pharmacist – Governance and Professional Practice

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### Patient's own medication checklist

Sussex Partnership NHS Foundation Trust

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**Unit or ward name:**

Put the medicines name and strength at the top of each set of columns

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**Patient's own medication will be checked against the following criteria:**

1. Does the medication have a dispensing label on it from a pharmacy or dispensing doctor?
2. Is the patient’s name correct on the container’s label?
3. If in a monitored dosing system is the medicine in a separate sealed blister? (see above)
4. Is the drug name on the label the same as the contents of the container (if identifiable)?
5. Is the drug strength on the label the same as the contents of the container (if identifiable)?
6. Is the drug formulation on the label the same as the contents of the container (if identifiable)?
7. Does the medicine look okay, e.g. not discoloured or cloudy?
8. Is the medication still within the manufacturer’s or dispenser’s expiry date (if identifiable?)
9. If already open and there is a different shelf life once opened, is this in date (e.g. eye drops, insulin)?
10. Are all the medicines in the container identical (if identifiable)?
11. If cold storage was needed can this be confirmed?
12. Was the medication dispensed within the last 6 months?
13. If an oral liquid, was it dispensed within the last 30 days?
14. I have assessed the medication and have no further concerns:

If the answer is **No** to any of the above questions the medication is not suitable for use.

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**Patient’s name:** ………………………………………………

**Date checked:** ………………….

**Medicines checked by:** ………………………………. (Name)

**Medicines checked by:** ………………………………. (Signature)

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Developed August 2009

If the patient brings in more than 3 medicines please start a new sheet and staple them together. Once completed store in the patient’s notes.