Core Standards for Medication Handling by Assertive Outreach, Crisis, Home Treatment and other Community Teams with Complex Medication Handling Needs – version 4

For each team base where medicines are stored, a suitably qualified practitioner must be designated as the Appointed Practitioner in Charge. They will be accountable for the stock of all medicines held, ensuring that the Medicines Code procedures are followed correctly and the security of medicines is maintained. For further information you are referred to the other relevant sections of the Medicines Code throughout this chapter.

1. Ordering and receipt of stock medication

1.1 Stock medication should be obtained from a designated pharmacy according to local procedures and a record kept of what is ordered. Upon receipt, medication should be checked against the supplier’s delivery note to ensure:

- The correct product(s), form and strength have been received.
- The correct quantity has been received.
- The medication is in date.
- The medication has been stored appropriately during transit (e.g. medication that requires cold storage such as Risperdal Consta®)

1.2 Receipt of all medication should be documented in a bound record book or medication file with numbered sheets inserted into an A4 file, with A-Z dividers (see appendix 1) using a separate page for each drug, and should include the following details:

- Date medication received
- Name, form and strength of medication
- Quantity received
- Total quantity of drug held
- Signature of nurse receiving medication into stock

2. Storage of Medication

2.1 After recording receipt of medication, it should be immediately stored in a locked cupboard, specific for the purpose, which is secured to the wall.

2.2 The medicine cupboard should be kept locked at all times and the key kept in a digitally accessed key cupboard. Alternatively a medicine cupboard with a digital lock may be used. In either case, only staff with authorized access to medication may have the combination. (Please see Medicines Code – chapters 15 and 32 and sections 22.2.3 and 22.4).
Some medication will require cold storage (usually between 2- 8°C) and upon receipt should be placed immediately into a specialised lockable refrigerator. A designated member of staff should have overall responsibility for the receipt and storage of medication requiring cold storage. A digital maximum and minimum thermometer with an audible alarm should be used to monitor the temperature of the fridge. This may be integral to the refrigerator or bought separately. The temperatures should be recorded daily by the designated member of staff and the results recorded in a logbook. (Please see the Medicines Code - chapter 36 for more details.)

A stock check of medication should be carried out by a designated member of staff once a month to ensure that all stock is correctly rotated according to shelf life. The quantity of each medication should be counted to ensure it concurs with the amount recorded in the record book.

Sometimes it may be necessary to store patient's own medication in the cupboard for a short period of time (e.g. if there is a risk of overdose). In this situation please follow the procedure outlined under ‘Patient's Own Medication’ below.

3. Transport of Stock Medication

3.1 Designated Community Practitioners must possess a properly authenticated letter stating they have authority to carry stock medication (i.e. medication that is not labelled for a specific patient). The range of medicines they are allowed to carry will be specified in the letter.

3.2 The medication should be kept secure and out of sight, e.g within the locked boot of a car when travelling between visits. Medicines must not be left in practitioners’ cars overnight. (See the Medicines Code – Chapter 32).

4. Dispensing of Medication to Named Patients

From stock

4.1 Medication should be prescribed by a doctor or authorized non-medical prescriber on an appropriate prescription chart. Prescription charts should be kept in a suitable file with A-Z dividers, and filed by patient surname.

4.2 Each time medication is dispensed for a patient one nurse should take responsibility for dispensing the medication (i.e. the activity should not be shared). The process of dispensing each medication should be completed fully before starting the next. A second person should check each item dispensed. Ideally this should also be a nurse, but if none are available, a non-nurse who has been assessed as competent to check dispensed medicines, may perform the check.

4.3 The following should be checked by both the dispensing nurse and the person undertaking checking:

- Correct drug, form and strength
- The medication in the box is the same drug and strength as stated on the box
- The medication is within its expiry date
- Write a label using the labels supplied by Sussex Partnership NHS Foundation Trust. This should include:
- Name of medication, form and strength
- Dosage instructions
- Patient's name
- Quantity supplied
- Date of supply
- Name of team
- Contact telephone number
- Signature of dispensing nurse in the ‘dispensed by’ box and checker in the ‘checked by’ box.

4.4 The medication should be placed in an approved carton for blister packed medication or amber bottles with ‘clic-loc’ caps for loose tablets/capsules.

4.5 The prescription chart should be signed by the dispensing nurse to indicate the number of doses dispensed for each drug.

4.6 An entry should be made on the appropriate page of the medication record book/medication file (see appendix 1 for example). This will include the date of dispensing, the name of the patient and the quantity supplied. The new balance of stock remaining should also be recorded. The record should be signed by the dispensing nurse. The second member of staff will check the information and countersign the record.

4.7 A patient information leaflet (PIL) should be supplied with the medication to meet the legal requirements when initiating a new medication. This should be recorded in the patient's care notes. Choice and Medication website, accessed from the Medication and Pharmacy pages on the Trust intranet has a supply of user-friendly patient information leaflets, presented in various formats.

4.8 The supply of medication should be documented in the patient's care notes and an entry made on the patient's electronic record.

4.9 The above procedure should be followed for all medication to be dispensed/checked.

4.10 The dispensing nurse should return the stock medication to the cupboard, lock the cupboard and return the key to the safe, if there is not a digital lock on the cupboard.

4.11 If the dispensed medication is not being taken to the patient immediately it should be stored in the locked medicine cupboard until required.

From patient’s own medication

4.12 Occasionally it may be necessary, with the patient’s signed permission, to remove medication from a patient for their own safety. In this case it should be stored in a designated area of the medicine cupboard away from any stock medication.

4.13 Before dispensing any of this medication to the patient, all reasonable steps should be taken to ensure that all the medication is currently prescribed and to confirm that the patient is taking it as prescribed. Sources of information could include:

- List of all current medication from the G.P
- Summary Care Record
- Patient’s repeat medication slip,
- Drug history from patient /family member.
4.14 The medication should be inspected to ensure it is in its original packaging, in date, recently dispensed (in the last 6 months by the supplying pharmacy) and appropriately labelled. (See the Medicines Code - sections 19.8-19.10 for more detailed information).

4.15 The patient’s own medication may then be used to dispense appropriate quantities to that individual following the procedure for dispensing outlined above for dispensing stock medication. Under no circumstances should this medication be used to make supplies to another patient.

4.16 Receipt and subsequent dispensing of the medication should be documented. (See appendix 2 for example form). The patient’s signature should also be obtained when it is considered appropriate to return their remaining medication to them. These forms may be kept in the same file as the prescription charts.

Patient’s own Controlled Drug Medication

4.17 If the patient’s own medication contains any controlled drugs, after ensuring that they are currently prescribed and suitable for use, these must be stored in the CD cupboard. An entry must be made in the CD register on a page allocated for that patient’s own CD medication. An entry should also be made each time the medication is dispensed (Please refer to Medicines Code 13.4 and 18.1.4). If there is no CD cupboard at the community team base then the procedure shown in appendix 3 should be followed.

Patient’s own medication, including Monitored Dosage Systems (‘Blister Packed’)

4.18 Any named patient medication including ‘blister packs’ routinely ordered and received from a designated pharmacy should be recorded and stored appropriately.

4.19 Records should also be made when medicines are administered or blister packs are subsequently returned to the patient. Records can either be documented on the example form shown in appendix 2 or can be annotated on the Drug Prescription and Administration Chart.

4.20 The Designated Community Practitioner handing out the medication should be able to identify the drugs in the blister packs (by correlating the appearance of the drugs to the description given on the dispensing labels).

4.21 If there are any concerns about the identity of any medication dispensed the dispensing pharmacy should be contacted before they are used to confirm the correct identity or to get a replacement supply.

NB It should be noted that not all medication is suitable to be dispensed into blister packs and this would be determined by the designated pharmacy providing the service.

5. Transporting of Medication to the Patient

5.1 The medication should be kept secure and out of sight, e.g within the locked boot of a car when transporting to the patient.
5.2 The medication should be delivered in a sealed bag with the name and address of the patient on it and be checked by a qualified nurse, pharmacist or a second person assessed as competent to check dispensed medicines.

5.3 The name on the bag and prescription labels must be checked and matched to the name of the patient to whom it is being delivered by asking the patient to give their name. An agreed deputy e.g. carer may also accept the medication on behalf of the patient providing they are known to the team.

5.4 The patient or their carer must understand the instructions on the prescription label.

5.5 Designated Community Practitioners may answer any questions the patient may have, or refer to the pharmacist for advice.

5.6 Authorized employees may deliver medication to the patient. If the medication handed out or delivered to a patient is new to them the authorized employee must ensure that there is a patient information leaflet provided with the medication and the patient is advised that further information can be obtained on the medication from their care co-ordinator. Authorized employees should not make any alterations to the contents of the bag or answer any medication related questions. They should refer such questions to a Designated Community Practitioner or pharmacist. See the Medicines Code 27.1-27.6 for more detailed information).

6. Disposal of Medication

6.1 After obtaining the patient’s permission, any unwanted patient’s own medication should be returned by staff to any community pharmacy, ideally one local to the patient but not necessarily the one that dispensed the medication. Community pharmacies have a contractual obligation to take in domestic medication waste, no matter who dispensed it. There is a letter on the website to show to community pharmacies should they complain: [www.sussexpartnership.nhs.uk/node/2406/attachment](http://www.sussexpartnership.nhs.uk/node/2406/attachment)

6.2 There is no obligation to make a record of what has been taken. However individuals may wish to make a record to avoid accusations of theft or misappropriation, particularly if the medicine is a controlled drug or another medicine liable to be abused, e.g. diazepam. Any record made (appendix 2) should be countersigned by the person in the pharmacy receiving the listed medicines

6.3 Any medication dispensed from stock and delivered to the patient, but returned, as it is no longer required, should be disposed of by returning to a community pharmacy.

6.4 Any medication dispensed from stock but not delivered to the patient, as it is no longer required, may be returned to stock following the reverse of the dispensing/checking procedure as detailed in section 5 and documented on the drug chart and in the medication record book /medication file (appendix 1).

7. Medication Errors

For full details of action to be taken, please refer to the Medicines Code - Chapter 30.
A medication error or near miss is a preventable incident associated with the use of medicines, which has or may have put a patient at risk. Such incidents may include incorrect ordering, supply and storage of medication as well as prescribing, dispensing, administration of medicine and the transfer of information. As a result the patient may receive:

- An incorrect dose or form of their prescribed medication
- A dose of prescribed medication being incorrectly omitted or delayed
- Medication that has been incorrectly stored
- Medication that they have not been prescribed

**Management of medication errors**

Where the medication error was not spotted before the patient received the medication; review patient and ensure wellbeing and minimization of further risk. Provide reassurance to patient, and if appropriate their relatives and carers.

In all cases, including 'near misses' the assigned practitioner in charge should be informed.

- If not a ‘near miss’ the assigned practitioner in charge should obtain advice from the patient’s doctor or pharmacist regarding further action to be taken. This should be documented in the patient's care notes and nursing record
- Use the Trust Incident Reporting Procedure, identifying the cause, the outcome and the measures being taken to prevent reoccurrence
- Where appropriate, counsel staff involved and provide re-training

**8. Documentation**

Appropriate documentation should be kept in respect of the following:

8.1 Record of medication ordered.

8.2 Retention of pharmacy delivery notes. Delivery notes to be kept for 3 months and invoices for the full financial year.

8.3 Documentation of stock medication received and disposed of, using a separate page for each drug, with a running balance kept (appendix 1).

8.4 Record of patient’s own medication received and any subsequent dispensing/return to patient or disposal. Signature of consent by the patient to store the medication should be obtained. (appendix 2).

8.5 Record of supply of medication from stock (appendix 1).

8.6 Record of dispensing medication from stock to named patients (short term only).

8.7 Log of fridge temperature.

8.8 Record of disposal of medication using either appendix 1 or 2 as appropriate.

8.9 Standard Operating Procedure (S.O.P) for dispensing should be clearly visible (e.g. on door of drug cupboard). N.B. It is also helpful to display on the medicine
8.10 Specimen signatures of all staff involved in dispensing/checking process.

8.11 Incident report forms to record medication errors

9. Training

9.1 Nursing staff should undertake Observed Structured Clinical Examination (OSCE) style dispensing/checking scenarios to ensure competency in dispensing and checking medication. Non-nursing staff who check medication should undertake a separate test to assess competency to check medication. The assessments will be run by members of the pharmacy team and a certificate of competency will be awarded upon successful completion.

9.2 Staff should receive training to ensure documentation is appropriate and staff understand how to complete it.

9.3 A cover sheet should be attached to a hard copy of these Core Standards with the names of all staff who will be involved in the dispensing or checking of medication. All staff must read and confirm by signing that they understand this document and will work within it.

9.4 This document should be displayed in a prominent place near the medication cupboard so that staff may refer to it.

First published in January 2009

Reviewed and updated January 2011 and April 2017

Amended in September 2011 to clarify the disposal of unwanted medicines

Appendix 3 amended September 2015

To be reviewed no later than April 2020
## CITALOPRAM 20MG

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Patient</th>
<th>Amount dispensed / received into stock</th>
<th>Stock Balance</th>
<th>Dispenser’s Signature</th>
<th>Checker’s Signature</th>
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Appendix 2

Page no.

**Record of Receipt, Dispensing and Disposal of Patient’s Own Medication**

Please complete this form whenever the team takes responsibility for custody, storage and dispensing of patient’s own medication. The patient’s signature should be obtained giving permission for storage of their medication. All medication should first be inspected by the team to ensure that it is suitable for use. (Please see guidance notes below) Two members of staff, one of whom must be a nurse should sign for both the receipt and dispensing of any medication. The patient’s signature should also be obtained when their current prescribed medication is returned to them, and any medication no longer prescribed is disposed of by the team.

Patient Name:  Date of Birth/PIMS No:

I consent to the storing and dispensing from my medication listed below.

Signature:  Date:

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and strength of medication received</th>
<th>Dose</th>
<th>Quantity Received</th>
<th>Signatures of staff receiving medication</th>
<th>Quantity disposed of</th>
<th>Signatures of staff disposing of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/04/17</td>
<td>Citalopram 20mg tablets</td>
<td>20mg daily</td>
<td>17</td>
<td>A. Nurse</td>
<td></td>
<td>B. Nurse</td>
</tr>
</tbody>
</table>

**Notes:** The overall appearance of the container, label and medicine must be acceptable e.g. the container intact and clean. The medicine must be without visible sign of deterioration

- The medicine in the container is all of the same type.
- Liquid medication should not be used unless in an unopened, sealed bottle
- The medication should be clearly labelled with:
  1. Name of patient
  2. Name and strength of medication
  3. Method and frequency of medication
  4. Date originally dispensed (do not use if more than 6 months ago)
  5. Name and address of supplier
  6. **Please refer to The Medicines Code - Chapter 19.8-19.10 for more information**
## Dispensing of Patient’s Own Medication

<table>
<thead>
<tr>
<th>Date Dispensed</th>
<th>Name and strength of medication dispensed</th>
<th>Dose</th>
<th>Quantity Dispensed</th>
<th>Balance</th>
<th>Signatures of staff dispensing medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/04/17</td>
<td>Citalopram</td>
<td>20mg</td>
<td>2 days</td>
<td>15</td>
<td>A. Nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>B. Nurse</td>
</tr>
</tbody>
</table>

I confirm that all my currently prescribed medication has been returned to me and give my consent for the disposal of any medication that is no longer prescribed.

Signature: ___________________________ Date: ___________________________
Procedure for receipt, storage and dispensing of patients’ own Controlled Drugs

Occasionally a community team may decide, with the patient’s agreement, to temporarily look after the patient’s own medication and dispense daily supplies. In rare instances there may be Controlled Drugs (CD’s) included in their medication.

If a community team base does not have a controlled drugs cupboard, but there is an inpatient ward/unit with a CD cupboard nearby, then with the ward/unit manager’s agreement, please use the following procedure when recording the receipt of patient's own Controlled Drugs.

- First check that the Controlled Drugs (CDs) are currently prescribed and suitable for use. Complete the ‘Record of Receipt, Dispensing and Disposal of Patient's own Medication’ form for this and any other medication.
  N.B. If the CDs are not currently prescribed please see section below relating to disposal.
- Take the CDs to the ward and ask the nurse in charge (who will be holding the CD key) to store the medication in their CD cupboard.
- Make a record of the CDs received on the ‘CRHT Patient’s own Medication’ section of the CD register. One nurse from the ward and one nurse or authorized employee from CRHT, must sign to confirm receipt.
- **The CD medication should be dispensed on the ward by a CRHT nurse, and checked by another CRHT nurse or a member of CRHT staff who has been assessed as competent to check medication.** Both CRHT staff should record the quantity dispensed and balance remaining in the CD register and on the ‘Record of Receipt, Dispensing and Disposal of Patient's Own Medication’ form. The nurse from the ward should sign underneath the entry in CD register, only as a witness to confirm the quantity of CD medication remaining in the cupboard. CRHT staff are responsible for ensuring delivery of CD medication to the patient.
- After dispensing, immediately return the remaining CD medication to the CD cupboard.
- When returning the balance of the medication to the patient, a CRHT nurse and another nurse or a CRHT authorized employee should record this in the CD register and on the Record of Receipt and Dispensing of Patient's own Medication form. The nurse from the ward should sign underneath the entry in the CD register only to acknowledge that the balance is now zero. CRHT staff are responsible for ensuring return of all CD medication to the patient.
- Whenever a CRHT authorized employee is delivering a patient's own CD medication to them, it must be in line with guidance in chapter 27 of the Trust’s Medicines Code.

**CD Medication for disposal**
- Any CD medication no longer required can only be removed from the CD cupboard by a pharmacist and witnessed by a nurse. Both will make an entry confirming disposal in the CD register.

Pauline Daw  Lead Clinical Pharmacist

Reviewed and updated: April 2017  Next review: April 2020