Procedure to Allow Nursing Staff to Dispense Leave and Discharge Medication

Version 2 – minor update June 2013

<table>
<thead>
<tr>
<th>Procedure Number</th>
<th>Replaces Policy No.</th>
<th>N/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratifying Committee</td>
<td>PPPF</td>
<td></td>
</tr>
<tr>
<td>Date Ratified</td>
<td>April 2009 Minor update June 2013 Reviewed unchanged May 2015</td>
<td></td>
</tr>
<tr>
<td>Date Policy Manual Holder Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Review date</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>Executive Sponsor</td>
<td>Dr Kim Shamash</td>
<td></td>
</tr>
<tr>
<td>Policy Author</td>
<td>Chief Pharmacists</td>
<td></td>
</tr>
</tbody>
</table>

Key Issues:

1. Training requirements and competency
2. Full procedure to dispense leave or discharge medication
3. Additional procedure to dispense urgent leave or discharge medication in exceptional circumstances

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)
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1.1 Purpose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Scope</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Principles</td>
<td>3</td>
</tr>
<tr>
<td>2.0</td>
<td>THE PROCEDURE – KEY ISSUES</td>
<td>4</td>
</tr>
<tr>
<td>3.0</td>
<td>THE PROCEDURE – LEAVE MEDICATION</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3.2 Patients suitable to use ‘one stop’ stocks</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3.3 Leave medication dispensed from ward stocks</td>
<td>6</td>
</tr>
<tr>
<td>3.0</td>
<td>THE PROCEDURE – DISCHARGE MEDICATION</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.4 Patients suitable to use ‘one stop’ stocks</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.5 Discharge medication dispensed from ward stocks</td>
<td>9</td>
</tr>
<tr>
<td>4.0</td>
<td>DEVELOPMENT AND CONSULTATION PROCESS</td>
<td>10</td>
</tr>
<tr>
<td>5.0</td>
<td>MONITORING COMPLIANCE and REVIEW</td>
<td>10</td>
</tr>
<tr>
<td>6.0</td>
<td>DISSEMINATION and IMPLEMENTATION</td>
<td>11</td>
</tr>
<tr>
<td>7.0</td>
<td>DOCUMENT CONTROL and ARCHIVING ARRANGEMENTS</td>
<td>11</td>
</tr>
<tr>
<td>8.0</td>
<td>CROSS REFERENCE</td>
<td>11</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Dispensing Record</td>
<td>12</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Nurse Dispensing Procedure for Urgent Discharge and Leave Medication in Exceptional Circumstances</td>
<td>13</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Dispensing Record for Emergency or Urgent Leave / Discharge for up to 72 hours</td>
<td>17</td>
</tr>
</tbody>
</table>
1.0 **Introduction**

This document explains:

- Why the procedure is necessary (purpose)
- To whom it applies and where and when it should be applied (scope)
- The underlying benefits upon which the procedure is based (principles)
- The standards to be achieved
- How standards will be met through working practices

1.1 **Purpose of this procedure**

1.1.1 The purpose of this procedure is to ensure a structured approach for nurse dispensing that meets the same standards as would be applied in the pharmacy.

1.2 **Scope**

1.2.1 This procedure will apply to all units where patients/residents go on leave of any length or are discharged requiring medication.

1.2.2 Only those nurses who have successfully completed pharmacy run certificated training and competency assessment to dispense, can work under this procedure. A separate dispensing procedure for use in exceptional circumstances by nurses who have not successfully completed the certificated assessment and training has been developed. (Appendix 2).

1.2.3 In the context of this procedure, the term dispensing includes the selection of appropriate ‘one stop’ stocks already labelled for use on leave or at discharge.

1.2.4 It is only applicable if:

- Delayed access to leave medication from the pharmacy would significantly compromise discharge.

  Or

- ‘One stop’ dispensing supplies are available and the patient (or carer) has been assessed as suitable to use pre labelled containers.

1.3 **Principles**

1.3.1 This procedure has been developed to improve patient care whilst minimising the risks associated with dispensing medication on the ward or unit.
2.0 The Procedure – Key Issues

2.1 Only those nurses that have successfully completed the pharmacy run certificated training and competency assessment to dispense, can work under this procedure. If no such nurses are available then the ‘Nurse Dispensing Procedure for Urgent Discharge and Leave Medication in Exceptional Circumstances’ may be used. (See appendix 2). In such circumstances, if it is essential that more than 48-72 hours medication need to be dispensed, then the duty doctor can either dispense the medication or provide an FP10 prescription.

2.2 If ‘one stop’ dispensing stocks are available, these should be used in preference to getting new supplies dispensed by pharmacy, provided the patient is deemed able to use them.

2.3 In other situations, leave or discharge medication should be ordered from pharmacy whenever possible. Planned leave or discharge should take into account access to pharmacy services and arrangements to order medication in advance whenever possible.

2.4 A second competent person, who could include medical and pharmacy staff if available, and care assistants in the Learning Disability Service trained to administer medicines, must check all items dispensed.

2.5 The appropriate ‘pharmacy’ box on the leave section of the drug chart must be completed and initialled by the persons dispensing and checking the medication.

2.6 A dispensing record, (see appendix 1 or 3), must be completed whenever dispensing takes place on the ward or unit.

2.7 Pharmacy staff will regularly review the dispensing log against leave requests and discharge summaries to ensure adherence with the procedure.

3.0 The Procedure

3.1 Only leave medication ordered on the drug chart by a doctor, or nurse deemed competent to order leave, can be dispensed.

3.2 Patients suitable to use ‘one stop’ stocks

3.2.1 ‘One stop’ dispensing stocks must be used if the patient (or carer) has been assessed as suitable to use them.

3.2.2 The nurse undertaking the dispensing must take the drug chart to the clinic room to minimise the risks of being disturbed.

3.2.3 The patient’s tray(s) of medication should be removed from the drug trolley and placed with the drug chart.
3.2.4 Each item ordered should be in the patient’s tray(s). If a medicine is unavailable or the quantity is not sufficient to cover the leave period, then a request for the missing drug should be sent to the pharmacy. This should be for an original pack and not just the quantity required for the leave. Dispensing of the leave medication should be delayed until the missing stock is received.

3.2.5 In the event that stock is missing or insufficient and the leave commences before the pharmacy can supply it, then the missing stock may be supplied following the procedure described in section 3.3.

3.2.6 On occasions there may be two containers of the same drug, i.e. when the one in use is due to run out. If the stock remaining in the opened container is insufficient to cover the leave period, then the unopened container should be supplied instead.

3.2.7 Having ascertained that all the medication required is available the following must be checked and confirmed as correct for each item:

- The drug name, form and strength
- The directions
- The patient’s name
- The expiry date

3.2.8 Having confirmed that everything is correct, the nurse must sign the drug chart in the ‘pharmacy’ section of the leave box, also stating that ‘one stop’ stocks have been supplied. A dispensing bag with the patient’s name on it must then be placed with the medication and chart, ready for checking.

3.2.9 A second competent nurse, doctor (if on the unit), care assistant with the Learning Disability Service trained to administer medicines, or member of the pharmacy team must then check the medication and if correct, they must initial the drug chart in the ‘pharmacy’ box and place the medication in the dispensing bag.

3.2.10 The dispenser or checker (except care assistants with the Learning Disability Service) are then responsible for ensuring the patient (or carer) is counselled on the medication including:

- Explicit instructions on when ‘as required’ medication should be taken.
- Directions for use.
- Very common or common side effects to watch out for.
- The importance of bringing any unused medication back with them when they return to the ward.

Interpreters are available to assist people who experience communication difficulties in terms of language and visual or hearing impairment.

3.2.11 If this is the first time the patient/resident has left the ward or unit on the medication then a patient information leaflet should be supplied with the
medication. If there is not one in the medication container already one can be accessed via the medication section of the Trust’s website using the link to the electronic medicines compendium. (www.medicines.org.uk).

Information can be made available in other formats and community languages to assist people who experience communication difficulties in terms of language or visual impairment from the Communication Team on 01903 843129.

3.3 **Leave medication dispensed from ward stocks**

3.3.1 This must only take place when delayed access to the leave medication from pharmacy would significantly compromise the start of the leave.

3.3.2 Situations in which this will apply are:

- When the patient is using ward stocks and is not on a ‘one stop dispensing scheme’

- When the patient is not on a full ‘one stop dispensing’ due to them being seen as at risk if excess quantities are supplied for some or all their medication.

- Where full ‘one stop dispensing’ applies but pre-labelled stock is unavailable or is insufficient to cover the leave period.

3.3.3 The nurse undertaking the dispensing must take the drug chart to the clinic room to minimise the risks of being disturbed.

3.3.4 Collect the empty containers and blank labels needed from the designated storage place.

3.3.5 The patients own medication can be used for dispensing if partial ‘one stop dispensing’ applies. Otherwise, collect suitable stock drugs to fill the leave request.

3.3.6 If the prescription cannot be filled due to unavailable stock; the pharmacy or on call pharmacist must be contacted for advice.

3.3.7 Prepare the labels needed first, writing clearly the following information:

- Drug name, form (e.g. tablet) and strength
- Directions i.e. dose and frequency
- The patient’s name
- The quantity supplied
- Date supplied
- Ward

Dispense each individual drug into an appropriate container and then apply its completed label, before dispensing the next item.
3.3.8 When all the items have been dispensed, double check all the details before initialling the ‘pharmacy’ box in the leave section of the drug chart along with the quantity supplied marked against each letter. A dispensing bag with the patient’s name must then be put with the dispensed medication.

3.3.9 A second competent nurse, doctor (if on the unit), care assistant with the Learning Disability Service trained to administer medicines, or member of the pharmacy team must then check the supply and if correct they must initial the drug chart in the ‘pharmacy’ box and place the medication in the dispensing bag.

3.3.10 The dispenser or checker (except care assistants with the Learning Disability Service) are then responsible for ensuring the patient (or carer) is counselled on the medication including:

- Explicit instructions on when ‘as required’ medicines should be taken.
- Directions for use.
- Very common or common side effects to watch out for.
- The importance of bringing any unused medication back with them when they return to the ward.

Interpreters are available to assist people who experience communication difficulties in terms of language and visual or hearing impairment.

3.3.11 If this is the first time the patient has left the ward on the medication then a patient information leaflet should be supplied with the medicine. If there is not one in the stock container to use, one can be accessed via the medication section of the Trust’s website using the link to the electronic medicines compendium. (www.medicines.org.uk).

Information can be made available in other formats and community languages to assist people who experience communication difficulties in terms of language or visual impairment from the Communication Team on 01903 843129.

**DISCHARGE MEDICATION**

3.4 **Patients suitable to use ‘one stop’ stocks**

3.4.1 ‘One stop’ dispensing stocks must be used if the patient has been assessed as suitable to use them.

3.4.2 The nurse undertaking the dispensing must take the drug chart and discharge form & prescription to the clinic room to minimise the risks of being disturbed.

3.4.3 The ‘pharmacy’ box in the regular medication and ‘as required’ medication sections of the drug chart should be checked to see if the patient has additional stocks of some of the drugs already at home. If this is the case, additional medication does not need to be dispensed for these items.
3.4.4 Before commencing dispensing, check that the medication prescribed on the discharge form & prescription matches those currently being prescribed on the drug chart. Unless there are clear documented instructions by the prescriber, or another member of the medical team, explaining the discrepancy, the discrepancy must be resolved before dispensing commences.

3.4.5 The patient’s tray(s) of medication must be removed from the drug trolley and placed with the drug chart and the discharge form and prescription.

3.4.6 Each item prescribed should be in the patient’s tray(s). If a medicine is unavailable or the quantity is not sufficient to cover at least 10 days leave (unless fewer days are specifically requested) then a request for the missing medication(s) only, should be sent to the pharmacy. This should be for 10 days (unless fewer days are specifically requested). Dispensing of the remaining leave should be delayed until the missing stock is received.

3.4.7 In the event that stock is missing or insufficient and the leave commences before the pharmacy can supply it, then supply the missing stock following the procedure described in section 3.5.

3.4.8 On occasions there may be two containers of the same medication i.e. when the one in use is due to run out. If the stock remaining in the opened container is insufficient to cover at least 7 days, or the days specifically requested if less, then both containers should be supplied, explaining to the patient or carer that they should finish the open container before starting the new one.

3.4.9 Having ascertained that all the medication required is available the following must be checked correct for each item:

- The drug name, form and strength
- The directions
- The patient’s name
- The expiry date

3.4.10 Having confirmed that everything is correct, sign the discharge form & prescription in the ‘pharmacy’ section of the prescription, also stating that ‘one stop’ stocks have been supplied. A dispensing bag with the patient’s name on it must then be placed with the medication, discharge summary & prescription and drug chart, ready for checking.

3.4.11 A second competent nurse, doctor (if on the unit), care assistant with the Learning Disability Service trained to administer medicines, or member of the pharmacy team must then come and check the discharge form & prescription against the drug chart and then the medication. If correct, they must initial the discharge form & prescription in the ‘pharmacy’ box and place the medication in the dispensing bag.
3.4.12 The dispenser or checker (except care assistants with the Learning Disability Service) are then responsible for ensuring the patient (or carer) is counselled on the medication including:

- Explicit instructions on when ‘as required’ medication should be taken.
- Directions for use.
- Very common or common side effects to watch out for.

Interpreters are available to assist people who experience communication difficulties in terms of language and visual or hearing impairment.

3.4.13 If this is the first time the patient has left the ward on the medication then a patient information leaflet should be supplied with the medication. If there is not one in the container already, one can be accessed via the medication section of the Trust’s website using the link to the electronic medicines compendium. (www.medicines.org.uk).

Information can be made available in other formats and community languages to assist people who experience communication difficulties in terms of language or visual impairment from the Communication Team on 01903 843129.

3.5 **Discharge medication dispensed from ward stocks**

3.5.1 This must only take place when delayed access to the pharmacy would significantly compromise the start of the leave.

3.5.2 Situations in which this will apply are:

- When the patient is using ward stocks and is not on a ‘one stop’ dispensing scheme.

- When the patient is not on a full ‘one stop dispensing’ due to them being seen as at risk if excess quantities are supplied for some or all their medication.

- Where full ‘one stop dispensing’ applies but pre-labelled stock is unavailable or insufficient to cover 7 days, or the period requested.

3.5.3 The nurse undertaking the dispensing must take the drug chart and the discharge summary & prescription to the clinic room to minimise the risks of being disturbed.

3.5.4 The pharmacy box in the regular medication and ‘as required’ medication sections of the drug chart should be checked to see if the patient has additional stocks of some of the drugs already at home. If this is the case, additional medication does not need to be dispensed for these items.

3.5.5 Before commencing dispensing, check that the medication prescribed on the discharge form & prescription matches those currently being prescribed.
on the drug chart. Unless there are clear documented instructions by the prescriber, or another member of the medical team, explaining the discrepancy, the discrepancy must be resolved before dispensing.

3.5.6 Collect the empty containers and blank labels needed from the designated storage place.

3.5.7 The patient’s own medication can be used for dispensing if partial ‘one stop dispensing’ applies and the quality being supplied on discharge is being restricted.

3.5.8 If the prescription cannot be filled due to unavailable stock, the pharmacy or on call pharmacist must be contacted for advice.

3.5.9 Prepare the labels needed, writing clearly the following information:

- Drug name, form (e.g. tablet) and strength
- Directions i.e. dose and frequency
- The patient’s name
- The quantity supplied
- Date supplied
- Ward

Dispense each individual drug into an appropriate container and then apply its completed label.

3.5.10 When all the items have been dispensed, double check all the details before initialling the ‘pharmacy’ box in the prescription section of the discharge summary and prescription along with the quantity supplied marked against each letter. A dispensing bag with the patient’s name on it must then be placed with the drug chart, medication and discharge summary & prescription ready for checking.

3.5.11 A second competent nurse, doctor (if on the unit), care assistant with the Learning Disability Service trained to administer medicines, or member of the pharmacy team must them come and check the discharge summary & prescription, first against the drug chart, then the medication and if correct they must initial the discharge summary & prescription in the ‘pharmacy’ box and place the medication in the dispensing bag.

3.5.12 The dispenser or checker (except care assistants with the Learning Disability Service) are then responsible for ensuring the patient (or carer) is counselled on the medication including:

- Explicit instructions on when ‘as required’ medication should be taken.
- Directions for use.
- Very common or common side effects to watch out for.

Interpreters are available to assist people who experience communication difficulties in terms of language and visual or hearing impairment.
3.5.13 If this is the first time the patient has left the ward on the medication then a patient information leaflet should be supplied with the medication. If there is not one in the stock container used, one can be accessed via the medication section of the Trust’s website using the link to the electronic medicines compendium. (www.medicines.org.uk).

Information can be made available in other formats and community languages to assist people who experience communication difficulties in terms of language or visual impairment from the Communication Team on 01903 843129.

4.0 Development and Consultation Process

4.1 The following have been consulted during the development of this policy.

- The Trust Drugs and Therapeutics Group
- The Trust Pharmacy Forum
- The Associate Directors of Nursing

5.0 Monitoring Compliance and Review

5.1 Compliance with this procedure will be monitored by the pharmacy team. Any concerns about inappropriate application of the procedure, or practice not in accordance with the procedure, will be discussed with ward / unit managers in the first instance.

5.2 The procedure will be reviewed by the Chief Pharmacists not later than three years from the date of ratification. The procedure may be reviewed at any time in response to failings of the procedure coming to light, or to the availability of new local or national guidance that may influence the effectiveness of the procedure.

6.0 Dissemination and Implementation

6.1 The procedure will be disseminated via the Partnership Bulletin, by direct mailing to all General Managers and lead nurses, and will be posted on the Trust website. Availability of the procedure will also be announced via the Medicines Bulletin.

7.0 Document Control and Archiving Arrangements

7.1 The pharmacy team will be responsible for uploading this procedure onto the Trust website and for archiving any previous versions.

8.0 Cross reference


Reviewed unchanged May 15

Next review May 18
# Dispensing Record

<table>
<thead>
<tr>
<th>Ward / Unit</th>
<th>Date</th>
<th>Time</th>
<th>Patient’s Name</th>
<th>Leave or Discharge</th>
<th>No. of Days Dispensed For</th>
<th>Dispensed By (Name)</th>
<th>Initial</th>
<th>Checked By (Name)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

April 2009
Appendix 2

**Nurse Dispensing Procedure for Urgent Discharge and Leave Medication in Exceptional Circumstances**

It is possible that wards /units will occasionally be faced with the problem of patients requiring medication urgently, for hurriedly arranged discharge or for a short period away, and the time available is not sufficient to allow the dispensing and delivery of the drugs from the supplying pharmacy, or the nearest community pharmacy if a doctor is available to write an FP10 prescription. **In such exceptional circumstances**, and where units do not have nursing staff available that have successfully completed the pharmacy lead certified training and assessment to dispense medication, it is permissible for the assigned practitioner in charge to authorise the dispensing of the necessary medication from ward/unit stock.

However, nursing staff must remain aware that such dispensing of medication from ward stock is a particularly **high-risk activity** and one that is not endorsed by the Nursing & Midwifery Council unless nurses have been specifically trained to deliver this activity to the same standard as a pharmacist.

1. **Dispensing – Key Issues**

1.1 The dispensing of urgent discharge or leave medication is the responsibility of the assigned practitioner in charge and may only be undertaken by that practitioner or by another designated practitioner.

1.2 The dispensing process must be checked by another designated practitioner if available, or if not, by an authorised employee.

1.3 Only the patient’s current medication may be dispensed, and it must be exactly in accordance with the directions of the prescriber.

1.4 It is vitally important that the patient’s medication regime is carefully studied so that all the medicines needed are correctly dispensed. Conversely, there may be occasions when, for the period of absence in question, some medications will not be needed.

1.5 Only that medication due to be taken/used during the period of absence should be dispensed.

1.6 Medications should be dispensed in sufficient quantity, (i.e. sufficient number of doses), to exactly cover the period of leave or absence up to a maximum of 72 hours supply. (Unless supply is needed to cover a bank holiday, when up to 96 hours may be supplied).

1.7 **On no account may more than 96 hours supply of medication be issued, either for discharge or for leave. (See 1.6 above).** If a larger quantity is required then the patient (or agreed representative) must be asked to return to collect either pharmacy dispensed medication or an FP10 prescription for dispensing in the community. Alternatively, some units may be able to organize the delivery of further supplies of medication to the patient once dispensed by a pharmacy.
1.8 Where patients normally take variable doses of medication (e.g. "one to two tablets"), then sufficient quantity to allow the patient to take the higher dose should be dispensed – unless the prescriber or assigned practitioner in charge considers it unnecessary or inappropriate to do so. (It is very important that variable doses are discussed with the patient or carer in order to ensure that they fully understand the reason for the dosage and what criteria/symptoms will govern selection of the actual dose to be taken).

1.9 The supply of urgent discharge or leave medication from ward / unit stocks may also include ‘as required’ medication. If this is the case, the assigned practitioner in charge should look back over the record of medicine administration for the last week and use this record to assess whether a discharge supply is necessary, and if so, how many doses should be supplied. In all cases, the decision to supply, or not to supply any recently prescribed 'as required' medication on discharge must be discussed with the patient or carer, and the assigned practitioner in charge must ensure that the patient or carer fully understands which medication is being supplied and how, why and when it should be taken by the patient.

1.10 Each oral medication needed must be dispensed into a separate medicine container and fitted with a child resistant top - (Unless specifically inappropriate, e.g. patient with compromised manual dexterity). Foil packed medicines are classed as child resistant and can be packed in boxes.

1.11 Where patients are using topical preparations (creams, ointments, eye drops, etc) or inhalers then the complete pack should be issued.

2. Dispensing and Labelling Procedure.

2.1 Every medication must be correctly labelled in order to comply with The Medicines Act 1968. This must be done by the completion of ‘grid labels’, which are supplied specifically for the purpose by the supplying pharmacy or by the local pharmacy team.

2.2 The persons undertaking the dispensing must take the drug chart, and the discharge summary & prescription if applicable, to the clinic room to minimise the risks of being disturbed.

2.3 The pharmacy box in the regular medication and ‘as required’ medication sections of the drug chart should be checked to see if the patient has additional stocks of some of the drugs already at home. If this is the case, additional medication does not need to be dispensed for these items.

2.4 Before commencing dispensing, the nurse must check that the medication prescribed in the leave section of the drug chart or on the discharge form & prescription matches those currently being prescribed on the drug chart. Unless there are clear documented instructions by the prescriber, or another member of the medical team, explaining the discrepancy, the discrepancy must be resolved before any dispensing takes place.
2.5 The nurse should collect the empty containers and blank labels needed from the designated storage place.

2.6 The patient’s own medication or if not available, ward stocks, can be used for dispensing.

2.7 If the prescription cannot be filled due to unavailable stock, the pharmacy or on-call pharmacist must be contacted for advice.

2.8 All labels should be prepared ensuring that all are written clearly and all contain the following information. These should be checked by the second person, and both persons must initial the labels.

- Drug name, form (e.g. tablet) and strength
- Directions, i.e. dose and frequency
- The patient’s name
- The quantity supplied
- The date supplied
- The name and telephone number of the supplying ward or unit

2.9 Each individual drug must be dispensed into an appropriate container and its completed label applied before dispensing the next item. The second person must check that the correct medication has been selected, by checking against the original containers used for dispensing, and that the correct quantity has been dispensed.

2.10 When all the items have been dispensed, both persons must ensure that all details are double-checked. A dispensing bag with the patient’s name on it must then be prepared.

2.11 If the checking nurse finds an error in the dispensing or labelling, this must be brought immediately to the attention of the dispensing nurse, the error corrected and the item rechecked. A ‘near miss’ incident report must then be completed and submitted by the team manager.

2.12 The dispensing record must then be fully and accurately completed by the nurse, and signed by both persons involved with the dispensing process. (See appendix 3). The dispensing record must be kept in a ring-binder held on the ward specifically for the purpose.

2.13 The nurse is then responsible for ensuring the patient (or carer) is counselled on the medication including:

- Full directions for use.
- Explicit additional instructions on when ‘as required’ medication should be taken.
- A description of common side effects to watch out for.
- Who to contact if the patient has any concerns about the medication.

Interpreters are available to assist people who experience communication difficulties in terms of language and visual or hearing impairment.
2.14 If this is the first time the patient has left the ward on the medication, then wherever possible, a patient information leaflet should be supplied with the medication. If there is not one in the medication container used, one can be accessed via the medication section of the Trust’s website using the link to the electronic medicines compendium. (www.medicines.org.uk).

Information can be made available in other formats and community languages to assist people who experience communication difficulties in terms of language or visual impairment from the Communication Team on 01903 843129.

2.15 Units must ensure that they always have adequate supplies of medicine boxes, bottles, tops and labels, as the issue of medicines to patients in unofficial containers is unacceptable.

3. **Record Keeping**

A signed written record of all such issues must be kept by the unit and should detail the patient's name, medication issued (reference letters from the prescription chart may be used), and quantity, dosage instructions, the date of issue, and the names of staff taking responsibility for the packing and labelling of the medication. A proforma record is available for this purpose and should be used at all times. This record will be subject to regular review by pharmacy staff. (See Appendix 3).

4. **Limitations**

4.1 No more than a maximum of 72 hours supply of discharge / leave medication may be made from ward stocks. (96 hours is permissible to cover a bank holiday).

4.2 The issue of discharge / leave medication from ward stocks must not include Controlled Drugs.

4.3 Registered nurses who have received specific training from pharmacy staff and who have successfully completed a structured assessment of competency in this area are not limited by the terms of this interim procedure.
Appendix 3.

**Dispensing record for emergency or urgent leave / discharge - for up to 72 hrs*.**

Ward / Unit: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Patient’s name</th>
<th>Drugs and quantity dispensed. (Letter codes from drug chart + number of tablets / volume of liquid etc. in brackets).</th>
<th>Period of leave</th>
<th>Dispensed by (name)</th>
<th>Checked by (name)</th>
<th>Reason for emergency/ urgent dispensing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*On bank holiday weekends a maximum of 96 hours may be dispensed if essential to cover the period up to the next normal working day.*