

Livewell Southwest

**Leave Medication: Standard Operating
Procedure (SOP) for supplying from inpatient
wards / units**

Version No 2.1

Review: April 2017

Notice to staff using a paper copy of this guidance.

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: Mental Health Pharmacist

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Document Review History

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1.1	Extended	29.7.13	Chief Pharmacist	Extended, no changes.
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2.1	Updated	June 2016	A Hawke	Updated and formatted.

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Standard Operating Procedure (SOP) for supplying leave medication from inpatient wards / units

1. Introduction

1.1 In most cases medication for leave or discharge is provided by Derriford Pharmacy or LSW pharmacy staff. However in some cases, particularly in mental health, it is necessary to allow patient's periods of leave at short notice. Due to the unpredictability of the demand for this service during normal hours and also at evenings / weekends it is sometimes necessary for nursing / medical staff to supply medication to ensure that a patient who has a period of leave from the ward has a sufficient supply of medication for that time.

2. Purpose

2.1 The purpose of this SOP is to ensure that in such circumstances when nursing and medical staff are involved the supply of medication for periods of leave from an inpatient ward / unit that the supply is appropriate, safe and meets essential legal, ethical and good practice requirements.

3. Duties

- 3.1 The Director of Professional Practice and Safety is ultimately responsible for the content of all policies and their implementation.
- 3.2 The Chief Pharmacist is responsible for ensuring safe systems for supply of medication exist and are adhered to.
- 3.3 The pharmacist, mental health, as author / editor of this SOP is responsible for ensuring that it is reviewed every 2 years and is amended as necessary.
- 3.4 Ward / unit managers are responsible for ensuring that the SOP is followed in their place of work and for keeping an up to date register of those staff assessed as competent to work under this SOP.
- 3.5 All staff who supply medication for periods of leave from inpatient wards / units must be assessed as competent to do so and are responsible for following this SOP.

4. Definitions

Abbreviation / term	Definition
ACT	Accredited Checking Technician
Authorised Pharmacy Staff	Any qualified pharmacist, pharmacy technician or pharmacy assistant authorised as competent and appropriate to perform a specific function by the LSW lead Pharmacist
CRC	Child Resistant Closure

DHP	Derriford Hospital Pharmacy
HTT	Home Treatment Team
MM	Medicines' Management
MDS	Monitored dosage system – system to supply medication in compartmentalised doses
PIL	Patient Information Leaflet
MGG	Medicines Governance Group
PRN medication	Medication prescribed to be used on a “when required basis”
SOP	Standard Operating Procedure
TTA	(Medication) To Take Away

5. General principles

- 5.1. This SOP applies to any supply of medication issued to a patient for a period of absence of a specified duration from an inpatient unit or transfer from inpatient mental health services to Home Treatment Team (HTT) or the Assertive Outreach Service (AOS).
- 5.2. It can also be used to supply medication to a patient under the care of HTT or AOS.
- 5.3. It does not cover the provision of medication “To Take Away” (TTA) home at discharge from an inpatient unit, with the exception of discharge from Glenbourne to HTT or AOS when these teams are to continue to supply medication.
- 5.4. For discharges from LSW services (e.g. where the GP is expected to take over prescribing) a TTA prescription must be written by a qualified prescriber on a LSW TTA prescription. This must be clinically screened by a pharmacist before it is supplied. The supply of TTA medication must involve a pharmacist or checking technician unless all of the patient’s medication is to be supplied from previously dispensed and correctly labelled “patient’s own drugs” or “one-stop” supplies when 2 nurses or a doctor and a nurse may “check out” these supplies (see medicines management procedures). The TTA prescription must be sent to the patient’s GP surgery on the day of discharge and any other relevant services which will be involved in the patient’s care or supply of medication.’
- 5.5. This SOP may be followed by registered nurses, doctors and authorised pharmacy staff or any combination of these staff groups.
- 5.6. Please refer to the flow diagram (appendix 1) and the guidance below to confirm if a supply may be made under this SOP.
- 5.7. Wherever possible leave medication should be supplied by Authorised Pharmacy Staff.

- 5.8. Prior to any supply by any staff other than authorised pharmacy staff the ward staff intending to undertake the supply must try to contact the designated pharmacy staff for that ward / unit.
- 5.9. If authorised pharmacy staff are not available consideration should be given to the urgency of supplying the medication for the patient: do the benefits of supplying the medication for the patient outweigh the risks involved in the process? Prescribing for the patient on an FP10 or ordering the medication from DHP are alternatives. (See flow chart appendix 1).
- 5.10. All medication labelled and assembled **must** be independently checked by another authorised staff member.
- 5.11. This SOP assumes no prior knowledge of labelling, assembling or checking medication other than that provided by in-house training and competency assessment (see appendix 2). It is deliberately detailed and systematic to ensure a uniform approach to these tasks and to minimise the potential for error.
- 5.12. Authorised registered nurses or doctors may label and assemble and / or check medication **independently of pharmacy staff** for the minimum period necessary up to a **maximum period of 5 days leave**. Authorised Pharmacy Staff involvement or supply from Derriford Hospital Pharmacy (DHP) may extend the maximum length of supply to 28 days (with proviso – see section 7.3).
- 5.13. For supplies ordered from DHP the Leave Section of the prescription chart must be completed by a doctor or non-medical prescriber. Band 6 nurses can order up to 3 days supply or a TTA prescription can be written.
- 5.14. For supplies to be provided from the ward the Leave Section of the prescription chart may be completed by any authorised member of staff.
- 5.15. On wards where a Medicines Management (MM) scheme is in place the patient may be issued with the named patient supplies (including Patient's Own Drugs) from their locker. These should be checked by 2 members of staff following the procedure below (section 9).
- 5.16. On wards where there is no MM scheme in place medication may be supplied from ward stock or patient's own named supplies dispensed by DHP.
- 5.17. **Schedule 2 or 3 Controlled Drugs cannot be supplied using this SOP.** They must be prescribed on a TTA form, the original of which must be sent to DHP for dispensing (see CD SOP no.1) or on an FP10 prescription.
- 5.18. Monitored dose systems ("Medidose", "Venalink" or "blister packs") may only be supplied by Authorised Pharmacy Staff or DHP.
- 5.19. All supplies must be labelled in accordance with the procedure below. Each ward should use their specified pre-printed dispensing labels. The master

copy of the labels will be sent to each ward / unit manager and ward clerk. The labels should be printed on Avery QuickPeel Addressing labels L7173-100 (oracle code WXF692).

- 5.20. Doctors and Nurses required to supply leave medication must have received training and competency assessment from pharmacy staff in assembling and checking procedures.
- 5.21. The competency assessment should be carried out and recorded using the template provided in appendix 2.
- 5.22. Subsequent to a successful assessment, re-assessment to supply leave medication can be part of the annual medication assessment, as long as these skills are specifically tested.
 - 5.22.1 Assessing nurses (e.g. ward managers and deputies) must be re-assessed in the supply of medication for leave by designated pharmacy staff.
- 5.23. The record of doctors and nurses trained and authorised to supply medication on each ward/unit will be kept by the nurse in charge / ward manager in a file in the clinic room on the ward /unit.

6. Supplying Procedure

- 6.1. Confirm the number of days of leave to be taken and the list of medication that the patient should be supplied with. Confirm which, if any PRN medication is to be supplied.
- 6.2. Enter the details of the medications to be supplied in the "Leave Medication" section of the prescription chart.
- 6.3. Find a clear space in the clinic room, away from distractions
- 6.4. Complete the labelling and assembling of one medication at a time, checking yourself as you go. Do not ask for a final check until you have assembled and labelled all the medication required for the patient.
- 6.5. Select the required medication from the patient's own supply or from ward stock.
- 6.6. Ensure that the drug name, strength and form match the prescription.
- 6.7. Ensure the medication to be supplied is in date (if the manufacturer's expiry date is not printed on either the outer container or the foil strip, do not use if more than 3 months has elapsed since the date of dispensing).
- 6.8. Calculate the required quantity of the medication for the period of leave and assemble.

- 6.9.1 Foil strips / blisters may be cut with scissors providing there is no integral desiccant included. Take care to leave the foil seals intact and the name of the medication visible wherever possible (to allow the tablets to be identified by checker / user). Be aware that cutting foil can leave sharp corners – take care to avoid this.
- 6.9.2 Loose tablets / capsules should be handled as little as possible, using a triangle or capsule counter if available.
- 6.10 Separate cartons / bottles must be used for each medication supplied.
 - 6.10.1 Use a carton if the medication is supplied by the manufacturer in foil strips / blisters. Cartons should be of appropriate size to accommodate the blisters without cramming, and a Patient Information Leaflet (PIL) where available.
 - 6.10.2 Amber plastic bottles should generally be used for loose tablets / capsules.
 - 6.10.3 Amber glass bottles should be used only for liquids and a few particular tablets / capsules which must be supplied in a glass bottle – check with pharmacy staff if unsure.
 - 6.10.4 A Child Resistant Closure (CRC) should be used routinely unless the patient / carer requests otherwise. If using ordinary tops the patient / carer should be reminded to store the medication out of the reach and sight of children, and a note to this effect should be recorded on the leave chart / prescription.
- 6.11 Sundries for packaging (e.g. cartons, bottles) should be obtained from DHP and are included on ward / unit top-ups where appropriate.
- 6.12 All original containers and blisters used should be left with the assembled medication for inspection by the checker.
- 6.13 A PIL should be included with every medication if available. However in the case of original packs of medication re-packaged for several periods of leave the leaflet may be given on the 1st occasion and the patient counselled to keep the PIL for future reference thereafter.
- 6.14 All assembled medication **must** be properly labelled.
 - 6.14.1 Authorised pharmacy staff may produce labels using the Dymo label printer following the SOP for Dymo labelling or the CegedimRx system following the SOP for the CegedimRx system.
 - 6.14.2 Any authorised staff following this SOP may use a pre-printed dispensing label and fill in the details clearly on the label e.g.

Drug.....	<i>Risperidone</i>
Form... <i>Tablets</i>Strength.....	<i>2mg</i> ...Quantity... <i>6</i> ...
Take ... <i>ONE</i> ...at... <i>8am</i> and <i>TWO</i> at <i>10pm</i> ...	
Pt.. Name <i>Jo Bloggs</i>	NHS No. <i>1234567890</i>
Date... <i>01.08.09</i>Assembled.....	Checked.....
Glenbourne Unit, Morlaix Drive. PL6 5AS. 0845 155 8262	
Keep out of sight and reach of children	

6.15 Notes on labelling:

- Ensure you have the correct labels for your location.
- Drug Names – use the name (brand or generic) as prescribed. Check spelling using the original pack or the BNF if unsure.
- Strength – use g for grams; mg for milligrams; however “micrograms” or “units” must not be abbreviated.
- “Form” is the description of the medication, exactly as it appears on the pack you are dispensing from (some abbreviations e.g. e/c or m/r are acceptable – but only those listed in the back inside cover of the current BNF)
- Quantity is the number of dose units (e.g. tablets) supplied, not the number of days or doses.
- Complete the instructions with how many dose units to take and at what time(s).
- State if the medication is to be used “when required” and further details as per the prescription to include the minimum dose interval and maximum dose in 24 hours. Include the indication if stated on the drug chart e.g. “for pain” or “for sleep”,
- “Date” is the date of preparing the supply, not the anticipated date of leave.
- “Assembled by” space must be completed with the initials of the member of staff. These should be readily identifiable from the list of authorised staff (appendix 3).
- Affix the label so that it may easily be read, without obstructing the opening (to a carton).
- It is recommended that additional cautionary and advisory labels are applied to dispensed medicines. The reference number of the advised label(s) appears within both the monograph of each preparation and in Appendix 3 of the BNF. The wording for each label is listed in Appendix 3 and in the back inside cover of the BNF. Always use the current version of the BNF. Where pre-printed warning labels are available they should be used, otherwise neatly write the warning on the packaging
- The words “For external use only” must be on the label / packaging for any medication that is not intended to be taken via the oral route (e.g. creams, patches)

6.16 Repeat the above steps from sections 6.5 to 6.15 for each medication required.

- 6.17 When all the medications have been assembled and labelled, record the quantity supplied on the “Leave Medication” section of the Mental Health drug chart. For Community and Rehabilitation wards, the photocopied drug chart should be marked clearly with the drugs / quantities supplied together with initials of assembler and the date against each drug.
- 6.18 If supplying for more than one patient, complete the entire procedure for one patient before moving on to the next.

7. Checking Procedure

7.1 All assembled medications for periods of leave must be independently checked by authorised pharmacy staff, or a (second) qualified nurse or doctor who has completed the training and competency assessment successfully.

7.2 Nurses and doctors may check medication only for up to 5 days leave if the medication has been assembled by a doctor or nurse. Nurses and doctors may check medication for up to 28 days if it has been assembled by authorised pharmacy staff.

7.3 An accredited checking pharmacy technician (ACT) may check leave medication for any patient up to a maximum of 5 days leave. They may also check supplies for longer periods of leave so long as the whole drug chart has been clinically screened by a pharmacist. If the whole drug chart is not screened the ACT can contact a pharmacist who may at their discretion be able to attend the ward / unit or screen items following receipt of a fax (which the pharmacist should fax back once screened). In such cases the ACT should endorse the drug chart with “Pharmacist (insert initials) contacted” and the date. The ACT may refuse to check medication if the whole drug chart has not been clinically screened by a pharmacist. A pharmacist may check leave for any duration providing they clinically screen the prescription first.

7.4 All items of medication for one patient should be checked before moving on to the next patient’s medication.

7.5 Check the details on the label against the “regular” or “when required” sections of the prescription chart (as appropriate) to ensure:

- Correct drug name, form and strength
- The dosage instructions have been written correctly
- The correct quantity has been calculated for the duration of leave
- The patient name and NHS number are correct

7.6 Check the contents of the container to ensure:

- Correct drug, form and strength – check against the original container and / or used blisters
- Correct quantity for the intended period of leave
- Medication has not expired – expiry / use by date is printed on outer original container and usually imprinted on each blister (if the

manufacturer's expiry date is not printed on either the outer container or the foil strip, do not use if more than 3 months has elapsed since the original date of dispensing).

- 7.7 Any errors must be corrected by the person who assembled and labelled the medication and re-checked by the person checking.
- 7.8 Errors should be recorded by the checker on a "leave medication error recording sheet" (appendix 3). Blank copies will be kept in a file in the clinic room on the ward/unit. Completed forms should be placed in an envelope for the ward manager or designated senior nurse who will review them in consultation with designated pharmacy staff.
- 7.9 If any individual is deemed to be making frequent errors they will be required to be reassessed before they can continue to supply leave medication. At any time, concerns about the quality of another practitioners assembling / labelling / checking should be brought to the attention of the ward / unit manager and / or designated pharmacy staff.
- 7.10 If everything is correct, initial the label in the space provided ("Checked") on the pre-printed labels or the top right hand corner of pharmacy produced "Dymo" labels.
- 7.11 Repeat the above checking steps for each medication supplied.
- 7.12 Check the drug chart to ensure all medications (including any "when required" medications likely to be needed) have been supplied.
- 7.13 When all medications have been checked as correct, sign the "Checked by" box on the Leave Medication section of the drug chart.
- 7.14 If a photocopied drug chart is used for recording dispensing (for Community and Rehab wards), ensure the photocopy is of the current drug chart, and annotate with initials and date against each medication checked. File the completed record in the patient's notes.

8. Issue to the patient

- 8.1 A registered nurse or doctor must re-check the medication at the time of the patient going on leave to ensure that there have been no changes to the prescription since the time of dispensing, that all of the required medications are included in the supply and that the quantity dispensed is appropriate.
- 8.2 Endorse the administration section of the drug chart with "L" against the administration times that medication has been given for, initial once for each medication for the entire period of leave (e.g. below the first "L")
- 8.3 Ensure the patient or carer understands how and when the medication should be taken and explain any additional instructions as necessary.

- 8.4. Provide oral syringe(s) / medicine spoon(s) if needed
- 8.5. For patients taking oral anticoagulants (e.g. warfarin) or lithium ensure that their record cards (e.g. "yellow book" or "purple book") are up-to-date and that they are taken on leave with them.
- 8.6. Provide the patient with their medicines reminder chart if appropriate.

9. Medicines Management scheme wards

- 9.1 A risk assessment should be performed by the MDT to determine if the patient is a suitable candidate to receive leave medication direct from their locker.
- 9.2 The assessment should consider if the patient is able to comply with their medication, whether there is any risk from them taking home the full quantity and if they can be relied upon to bring the remainder back to the ward.
- 9.3 If the assessment is positive then two authorised doctors or nurses or one authorised member of pharmacy staff should check that:
 - All the patient's current regular medication and any essential PRN medication is available from their locker
 - The medication is correctly labelled (see section 6.14 above), in date and of sufficient quantity to cover the anticipated period of leave.
 - The patient knows they are expected to return to the ward with remaining supplies.
- 9.4 A tablet count should be undertaken before the leave and on the patient's return to the ward. This must be recorded on the leave section of the drug chart for mental health patients or a photocopy of the drug chart for community and rehab patients.
- 9.5. Any medications that are required for the period of leave that are not available from the patients locker should be supplied following the procedure in sections 6 and 7 above.
- 9.6. Issue medication to the patient as per section 8 above.

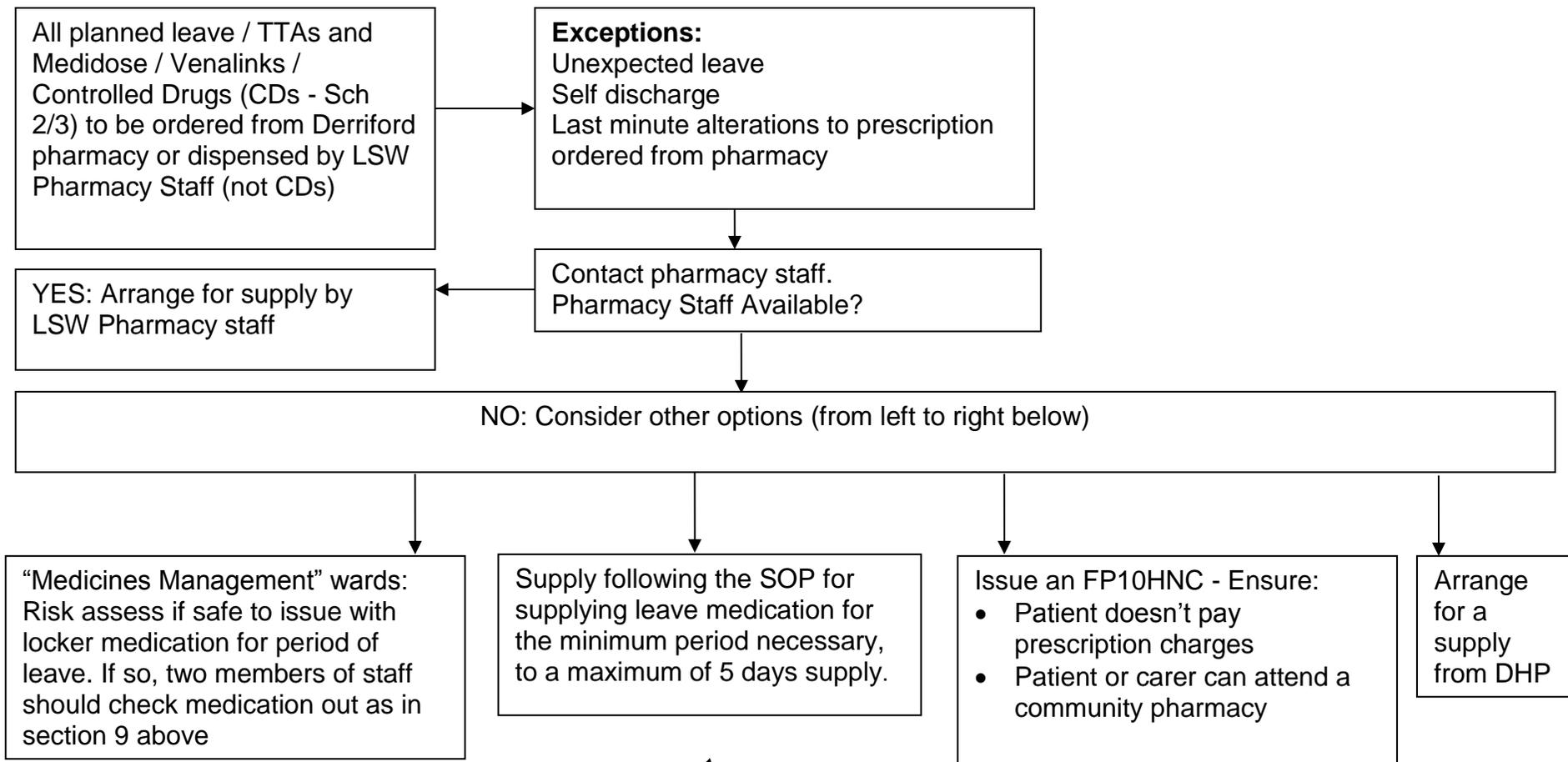
All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Interim Deputy Medical Director

Date: 14th July 2014

Appendix 1 – Flow Diagram for supplying leave medication from inpatient wards / units



LSW
Competency assessment for nurses (& doctors) supplying leave medication

Name and designation

Date of Assessment:

Name and designation of Assessor:

Instructions for use of this assessment

- The initial assessment must be carried out by a pharmacist or checking pharmacy technician employed by LSW, who will complete the declaration at the end of this form.
- Ward / Unit Managers (or appointed deputies) must repeat the assessment once yearly as part of the drug assessment for nurses
- Ward / Unit managers (and appointed deputies) who are carrying out this assessment must be re-assessed by designated pharmacy staff in the supply of leave medication
- The assessment should incorporate the preparation of at least 5 items and a check of at least 5 items
- If the nurse / doctor is assessed as 'not competent' in any area they should be given the opportunity to re-visit the guidance and then reassessed
- The Ward / Unit Manager will keep an up to date list of registered nurses competent to supply
- Nurses who have not completed or have failed this assessment will not be allowed to supply medication for leave
- Doctors wishing to supply medication for leave will be assessed by a pharmacist or checking pharmacy technician using this competency assessment. They will require annual re-assessment and a record of doctors authorised to supply under the SOP will be kept by medical staffing.

I have attended a session on the principles of supplying medication for leave.
 I have read, understood and will work to the standard operating procedure for supplying leave medication.

Name..... Designation.....
 Signed..... Date.....

Assessment	Achieved	
	Yes	No
1) General principles		
• Aware of process to go through before dispensing leave medication (including who to contact)		
• Aware of circumstances when doctors / nurses may supply leave medication and alternatives.		
• Appreciation of operating to legal / ethical framework including Medicines Act,NMC guidance and accountability		
• Knowledge of which staff may supply		
• Aware of duration that may be supplied		
2) Dispensing		
• Works in an appropriate environment		
• Identifies medications to be dispensed		
• Aware of medication that may not be dispensed		
• One medication dispensed at a time		
• Dispenses using correct supply / stock and leave original pack with dispensed medication for checking		
• Uses correct packaging		
• Uses pre-printed labels, details completed correctly and fully		
• Additional warnings identified and added		
• Initials dispensed items		
• Records details of dispensing correctly		
• 5 items assessed as correctly assembled and labelled as per standard operating procedure and demonstrating all above competencies		
Assessor sign.....date.....		
3) Checking		
• Checks label against prescription for patient name, NHS number, drug name, strength, form and quantity and instructions		
• Checks contents of assembled medication against prescription chart for drug, strength, form, quantity and expiry date		
• Checks “bulk” supply when necessary e.g. for expiry date		
• Ensures medication is in appropriate packaging and appropriate warnings are added		
• Requests dispenser to correct errors		
• Initials checked items		

Assessment	Achieved	
	Yes	No
<ul style="list-style-type: none"> Signs records of supply to account for checking 		
<ul style="list-style-type: none"> 5 items checked following standard operating procedure and demonstrating above competencies and all errors identified demonstrating all above competencies Assessor sign.....date.....		
4) Issuing to patient		
<ul style="list-style-type: none"> Checks that the supply is applicable to the period of leave anticipated 		
<ul style="list-style-type: none"> Checks the medication to be given is correct, e.g. quantity and instructions 		
<ul style="list-style-type: none"> Marks the prescription chart with "L" for the doses that medication has been given for, states the quantity of "prn" medication given 		
<ul style="list-style-type: none"> Provides suitable information to the patient / carer 		
<ul style="list-style-type: none"> Provides spoons / measures if needed 		
5) Medicines management scheme wards only		
<ul style="list-style-type: none"> Aware of when medication may be supplied directly from "PODs" / locker supply 		
<ul style="list-style-type: none"> Checks "PODs" / locker supply suitable for period of intended leave (e.g. sufficient quantity, correct instructions) 		
<ul style="list-style-type: none"> Aware that "PODs" / locker supplies to be checked by 2 authorised members of staff 		
<ul style="list-style-type: none"> Records tablet count before and after leave 		

Declaration: I have assessed the above nurse / doctor against the stated criteria on (insert date) and confirm their competence for supplying in according to the "NHS Plymouth SOP for supplying leave medication" for one year from the date below

Name.....Designation.....
Signed _____ Date: _____

**Leave medication error recording sheet
Error Recording Form – leave medication**

Date identified: **Time:**
Date error occurred.....

Stage error detected

Dispensing		Name of person making the error: Informed Y/N Reported by:
Checking		
Left Ward / Unit*		

*Must also be reported via LSW on line incident reporting system

	MGH	Glenbourne
Site where error occurred		
Type of error	Dispensing Error	Labelling Error
Incorrect drug		
Incorrect strength		
Incorrect Form		
Incorrect patient name / number		
Incorrect ward / unit		
Incorrect directions		
Missing / inappropriate warnings		
Inappropriate packaging		
Drug missing		
Drug not prescribed/required		
Incorrect quantity		
Incorrect expiry		
Expired contents		
Missing PIL		
Labelling below standard/spelling		
Unscreened prescription		

Comments: e.g.

Drug(s) involved with form and strength – if relevant to error
If prescription was badly written
Training issue

Notes:

**All errors must be reported immediately upon discovery
Forms to be sent to ward manager or designated senior nurse**

Date	Patient inits	Description of error	Error by whom?	Checker
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