

Livewell Southwest

**Medicines Management Scheme  
Policy and Procedures for  
Inpatient Units**

Version No. 4.3  
Review: July 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.

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## Reader Information

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	Pharmaceutical Journal 2002 268 63-67 Department of Health. Implementing medicines-related aspects of the NSF for older people. London: Department of Health 2001 Livewell Southwest Safe & Secure Handling of Medicines Guidelines v 6.1
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### Document Review History

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1	Original Document	November 2003	Community Services pharmacist	Original Document
2	Re-format	December 2005	Community Services Pharmacist	Procedures formatted to Trust format and re-ratified
2:1	Minor review – no changes	October 2008	Community Services Pharmacist	Reviewed, no changes made.
2.2	Minor review – no changes	Jan 2009	Pharmacy Manager (Provider Services)	Reviewed, no changes made.
2.3	First draft of major Review	April 2009	Clinical Pharmacist Mental Health	Changes to format to comply with new Trust standards Major review of policies and procedures to reflect current practice Inclusion of Mental Health and Learning Disabilities Directorate
2.4	Minor changes	June 09	Clinical Pharmacist	Minor changes following first round of consultation

			Mental Health	
3.0	Minor changes	July 09	Clinical Pharmacist Mental Health	Minor changes following feedback from Policy Ratification Group. Removal of Compliance Aid Request Form as also in Discharge Policy
4.0	Major Changes	February 2012	Advanced Clinical Pharmacist	Major review Changes to formatting to include change to Livewell Southwest
4.1	Extended	May 2014	Chief Pharmacist	Extended no changes.
4.2	Minor changes	June 2014	Advanced Clinical Pharmacist	Formatting changes. Removal of 'receipt of orders' process
4.3	Update	Jun 2016	A Hawke	Updated and formatted.

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# Medicines Management Scheme Policy and Procedures for Inpatient Units.

## 1 Introduction

In their report “A Spoonful of Sugar: Medicines Management in UK Hospitals” (2001), the Audit Commission recommended that hospital Trusts should review their management of medicines at ward level in order to:

- Reduce drug costs
- Reduce wastage (and hence cost) of Patients’ Own Drugs
- Reduce prescribing errors, particularly on admission
- Promote self-medication by patients as a means to improve confidence and compliance
- Reduce discharge delay by the use of original pack dispensing

Medicines Management Schemes have been developed for a number of wards within Livewell Southwest since 2005.

For the purpose of this policy the directorate will be divided into Community and Rehabilitation Wards (to include Skylark, Kingfisher and Plym Neuro-rehabilitation wards) and Mental Health Recovery and Acute for all other wards and units.

## 2 Purpose

This policy has been written to outline the procedures to be followed by qualified nursing and pharmacy staff on inpatient units where a Medicines Management Scheme has been officially established.

The purpose of the policy is to ensure that:

- nursing staff are adequately trained for the scheme
- safe and effective procedures are followed
- staff are aware of their responsibilities and restrictions

The objectives of the Medicines Management Scheme at local level are:

- to reduce prescribing errors on admission, particularly where patients bring in their own medication with them. This will be in conjunction with the Medicines Reconciliation Scheme Link [S&S policy](#)
- to reduce wastage and cost by using Patients Own Drugs where possible
- to reduce wastage and cost by re-labelling of Patients Own Drugs by pharmacy staff wherever possible if the dosage changes
- to release nursing time by pharmacy staff taking-over the majority of ordering of both stock, non-stock inpatient supplies and discharge medication

- to reduce the amount of administration omissions caused by medication being out of stock at the time of need
- to reduce the amount of stock drugs needed to be kept on the ward/unit
- to reduce the delay for leave or discharge.
- to improve patient confidence and concordance by allowing patients to self-medicate on wards/units where such a policy is in place and the patient is deemed competent to do so. (Link to [Self-administration policy](#))

### 3 Duties

- 3.1 Livewell Southwest Board, through the Safety, Quality and Performance Committee has the corporate responsibility to ensure the implementation of the policy.
- 3.2 The Clinical Pharmacy Team has responsibility to draft the review of the policy, consult with all relevant parties at the Medicines Governance Group and present to the Policy Ratification Group for ratification. Once ratified, the Clinical Pharmacy Team has the responsibility for regular review of the policy.
- 3.3 The Nurse in Charge (or Manager) of each ward/unit is responsible for ensuring all qualified nursing staff within their area of responsibility:
- are aware of, understand and comply with this policy and understand the legal implications of failing to do so
  - attend training for the Medicines Management Scheme during their local induction programme and attend update training every two years and when significant changes to the scheme occur
- 3.4 The Clinical Pharmacy Team is responsible for providing training sessions for qualified nursing staff, and ensuring medical staff are aware of the scheme.

### 4 Definitions

**Monitored Dosage System (MDS)** – a device into which medicines are dispensed in separate administration times for each day in order to aid compliance e.g. Medidose, Venalink.

**One-stop dispensing** - medicines supplied to an inpatient by the hospital pharmacy as a complete patient pack, labelled with directions, to cover the in-patient stay, periods of leave and discharge.

**Packing-down** – the pharmacy staff dispense supplies of medication for periods of leave from the ward or unit, using either the patient’s own supply or ward stock drugs.

**POD (Patients’ Own Drug)** - medication the patient is taking at home, either

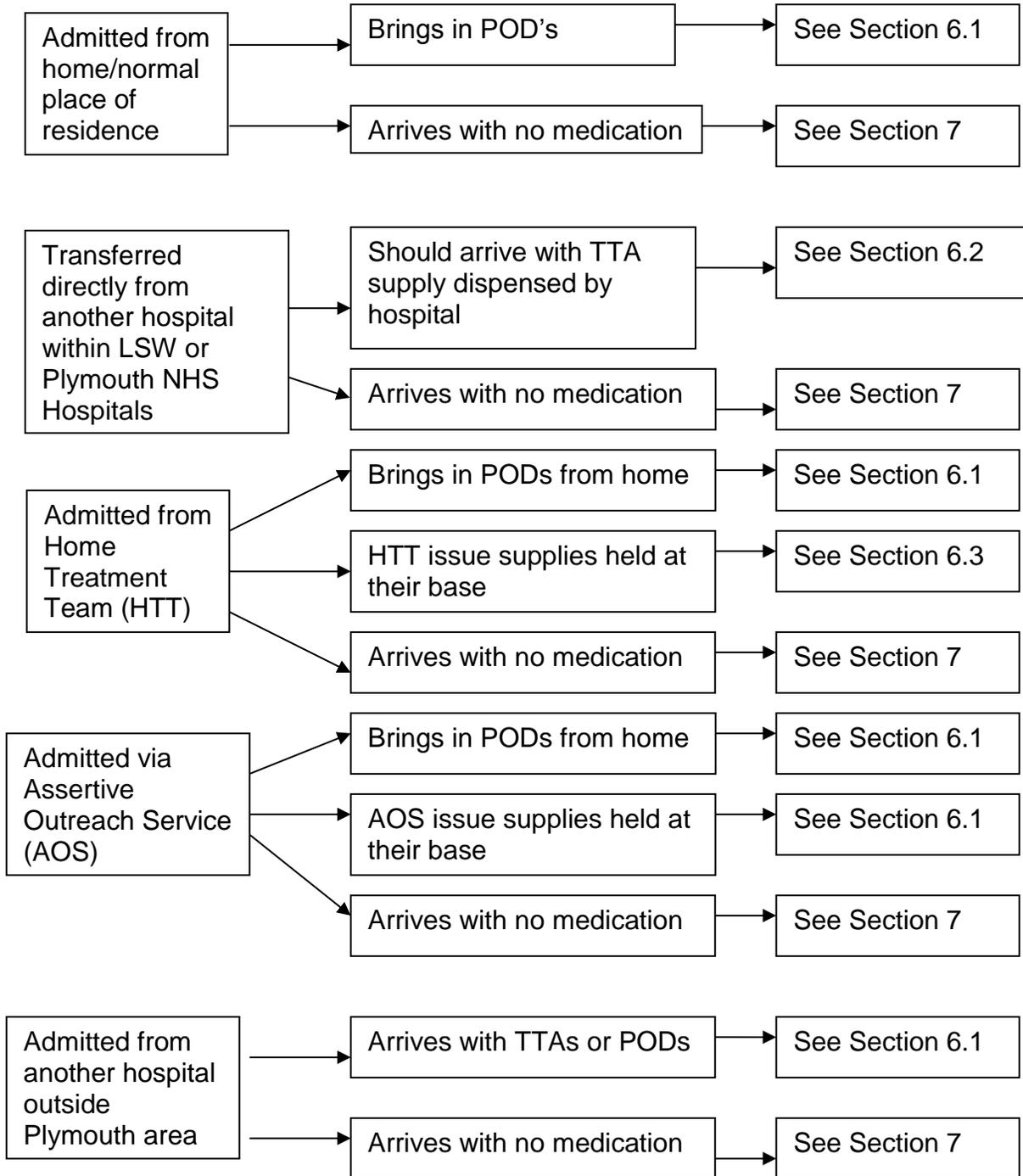
prescribed or purchased over the counter (OTC), which they bring into hospital with them

**TTA (To Take Away)** - medication that has been dispensed by a hospital pharmacy for the patient to take home with them, or for transfer to another hospital or ward

## **5. Authorisation for use of these procedures**

- 5.1 These procedures must only be used on wards/units where:
- there is an official Medicines Management Scheme in place
  - appropriate training has been given to staff using this policy (see section 16)
  - there are individual drug lockers (Community and Rehabilitation wards) or a suitable drug trolley with individual storage compartments for each patient (Mental Health Recovery and Acute wards and units).

## 6. Handling of Medication on Admission



## 6.1 Admission from Home/Normal Place of Residence

- 6.1.1 If the patient has brought in their own medication (PODs), lock them in the patient's individual locker/section of the drug trolley until they have been assessed as suitable for use by a member of the pharmacy team. Patient's Own Controlled Drugs (CDs), including temazepam and tramadol, must be locked in the CD cupboard, clearly marked with the patient's name and segregated from other CDs, and recorded in the back of the CD Register (Link to [Controlled Drug SOP](#) No.7, procedure no 1.1).
- 6.1.2 Use ward stock supplies until the PODs have been assessed.
- 6.1.3 If the patient has NOT brought in PODs use stock until a One-Stop Supply can be ordered (See section 7).
- 6.1.4 The PODs will be assessed according to the "Criteria for use of Patients' Own Drugs" flowchart (Appendix A) by the pharmacy staff on their first ward visit following the patient's admission.
- 6.1.5 **PODs that have not been assessed by the pharmacy staff should ONLY be used if:**
- there is no ward stock available **and**
  - the patient has given consent for the drug to be used **and**
  - two nurses (trained in the Medicines Management Scheme) have assessed the POD according to the "Criteria for Use of Patients' Own Drugs" flow chart (Appendix A) and have completed the "Nurses Assessment Form for the use of Patient's Own Drugs" (Appendix B) and have attached and signed an "Approved for Use" sticker to the container
- 6.1.6 For a Monitored Dosage System (MDS) to be used on the ward/unit it must be possible to identify the medication contained in the device. The MDS must have been dispensed within the previous 8 weeks by a pharmacist. If the MDS contains a controlled drug, the whole system must be locked in the controlled drug cupboard (Link to [Controlled Drug SOP](#) No.7).
- 6.1.7 The pharmacy staff will explain the POD scheme to the patient and will give them a copy of the information sheet (Appendix C or D) if appropriate.
- 6.1.8 If the patient does not want their own medication to be used on the ward the PODs must either be sent home with a relative, or stored in a locked medicines cupboard in the clinic room until discharge. Use stock until a One-Stop Supply can be ordered (See section 7).

- 6.1.9 If the patient is unable to give consent (e.g. due to confusion or severe illness) the PODs will still be used. If possible a relative or carer should be asked to give permission. Patient consent should be sought at a later time if possible.
- 6.1.10 The pharmacy staff will annotate the drug chart in the appropriate place if consent is given to use the PODs
- 6.1.11 After checking the PODs the pharmacy technician will resolve any discrepancies or omissions on the drug chart with the pharmacist.
- 6.1.12 The pharmacy staff will also check the PODs against the Medicines Reconciliation Form.(Link to [S&S Policy Medicines Reconciliation section 5.4](#)) If there are discrepancies these must be dealt with by a pharmacist or doctor.
- 6.1.13 For each item assessed as suitable, pharmacy staff will endorse the pharmacy box on the drug chart with “own”, the quantity, the date, and initials of the assessing pharmacist or pharmacy technician. An “Approved for use” sticker will be attached to the approved PODs.
- 6.1.14 If patients bring in loose blister strips these can be repackaged on site by the pharmacy team, providing the identity of the medication can be confirmed, the batch number and an in-date expiry are visible and there is evidence the medication is prescribed for the patient. Loose blister strips must not be packaged and/or labelled by nursing staff.
- 6.1.15 If any PODs do not fulfil the criteria for use they will be returned to pharmacy for destruction with the patient’s knowledge and consent (with a completed “Patients Own Medication: Consent to Destruction” form for Controlled Drugs). If PODs for destruction include controlled drugs see (link to [Controlled Drug SOP 6](#)).
- 6.1.16 If the patient does not give consent for destruction the unsuitable item(s) will be sent home or, if this is not possible, placed in a bag and clearly labelled as unsuitable for use on the ward and stored in a locked medicines cupboard in the clinic room.
- 6.1.17 If sending the medication home would pose a risk to the patient then the medication can be destroyed without the patient’s consent, providing the reason for this is clearly documented in the patient’s notes.

## **6.2 Patients Transferred Directly from another Hospital within Livewell Southwest or Plymouth Hospitals NHS Trust**

- 6.2.1 If a patient is transferred directly from another hospital or ward with discharge medication (i.e. TTAs) nursing staff may use this medication without following any formal approval process.

- 6.2.2 Formal consent does not have to be obtained but it would be courteous to explain to the patient that the medication will be used for administration on the ward.
- 6.2.3 Pharmacy staff will check the medication on their next visit to the ward after the patient's admission and will endorse the pharmacy box on the drug chart with "own", the quantity, the date, and initials of the assessing pharmacist or pharmacy technician.
- 6.2.4 If a patient is transferred with PODs follow section 6.1

### **6.3 Patients admitted via Home Treatment Team (HTT)**

- 6.3.1 Any medication that has been dispensed from Derriford or Mount Gould Pharmacy and stored at HTT for supply to the patient may be used by nursing staff without following any formal approval process.
- 6.3.2 Formal consent does not have to be obtained but it would be courteous to explain to the patient that the medication will be used for administration on the ward.
- 6.3.3 Pharmacy staff will check the medication on their next visit to the ward after the patient's admission and will endorse the pharmacy box on the drug chart with "own", the quantity, the date, and initials of the assessing pharmacist or pharmacy technician.
- 6.3.4 Any medication that has been stored at the patient's home must be treated as a POD and approved before use (including medicines dispensed by Derriford or Mount Gould Pharmacy).

### **6.4 Patients admitted via Assertive Outreach Service (AOS)**

All medication (whether patient's own from home or medication stored at AOS base) will be treated as PODs. Follow section 6.1

### **6.5 Patients admitted from another hospital outside Plymouth Area**

All medication will be treated as PODs. Follow section 6.1

## **7. One-Stop Supplies**

- 7.1 A One-Stop Supply will be made for any items:
- where the POD has been assessed as unsuitable for use
  - that are missing

- that are newly prescribed
- where the POD supply is 14 days or less

Note: Controlled Drugs (including temazepam and tramadol) must not be ordered as a One-Stop supply. Link to [Controlled Drug SOP 2](#).

7.2 The pharmacy staff or nurse will order the supply using the One-stop Dispensing Order Form (Appendix E).

7.3 Any special instructions about packaging (e.g. plain bottle caps, large print labels) should be noted on the order form.

7.4 The pharmacy staff or nurse ordering the One-Stop Supply will endorse the pharmacy box on the drug chart with the date, quantity ordered, "TTA" and their initials.

7.5 **Nursing Staff:**

**Out of hours Sundays and between 1700 and 0730hrs on weekdays:** If a patient arrives without medication which is not available on site, the on-call pharmacist should be contacted via the out of hours senior nurse bleep holder. If the patient is admitted from another medicines managed ward within LSW or Plymouth Hospitals, the ward should be contacted to forward TTAs.

**In-hours at weekends (Saturday 0900-1230hrs) and bank holidays (Details circulated to each ward prior to bank holiday):** Fax the one-stop order form to Derriford Pharmacy, together with a complete copy of the patient's in-patient prescription chart.

7.6 **Pharmacy Staff:** Fax the one-stop order form (together with a complete copy of the inpatient prescription chart if the chart has not been completely screened by a pharmacist). Alternatively dispense medications from Mount Gould Pharmacy.

7.7 A one month supply will be made using original packs where possible, except for:

- **Antibiotics** - 7 days or stated course will be sent or, to allow treatment to be started as soon as possible and prevent excess quantities being dispensed, antibiotics may be administered from ward stock for the duration of the stated course. (Community and Rehabilitation units – unlabelled antibiotics can be kept in patients locked medicine cabinet for the duration of the course. Except for those patients self-administering)
- **Other finite courses or variable dose regimens** - the appropriate course length/quantity will be sent (at the pharmacist's discretion) or ward stock should be used (A variables list is in operation on the Community and Rehabilitation units. These items can be kept in the patients locked medicine cabinet unlabelled until medically stable).
- **Eye-drops, creams, inhalers etc.** - one original pack will be ordered,

- **Warfarin** - 28 tablets each of 3mg and 1mg will be supplied routinely. If the patient is on a high dose then 5mg tablets can be ordered in addition.
- 7.8 Items which are unlikely to be required for discharge, or which have special storage requirements, will not usually be supplied in this way and should be administered from ward stock. For example:
- Antibiotics (see above)
  - When required (PRN) medications, e.g. analgesics, anti-emetics and laxatives
  - Injectable preparations
  - Items requiring refrigeration
  - Items for short stay patients (24-48 hours) which are unlikely to change during admission and which the patient has plenty of supply at home
  - Controlled drugs
- 7.9 If a Monitored Dosage System (Medidose or Venalink<sup>®</sup>) is required for use on the ward/unit (for self-administration purposes only), order as above but also include a completed “Compliance Aid Request Form” (Link [NHS Plymouth “Discharge and Transfer of Patients from Hospital Policy”](#)) with the order. Note clearly on the “One Stop Dispensing Order Form” that a Medidose / Venalink is required and include the administration times for each drug on the order. 48hours notice is required for dispensing. Use stock until MDS available. Note: Medidose packs are more expensive but can be re-used. They are normally used for mental health units only.

## **8. Storage of Medication for Individual Patients**

- 8.1 Community and Rehabilitation Units:** each patient will have a bedside medication locker. The nurses will have a master key which will allow access to all lockers on that ward. If patients are self-administering at level 3 they will hold a key to their bedside locker (Link procedure for [self-administration of medication](#)).
- 8.2 Mental Health Recovery and Acute Units:** the ward/unit will have a suitable drugs trolley with individual storage compartments for each patient.
- 8.3** Only medication should be stored in the drug lockers/trolley. Money, jewellery and other valuables must be dealt with according to usual ward procedures.
- 8.4** Stock drugs must not be stored with the individual patient drugs. This is to prevent unlabelled stock being given to a patient for leave/discharge or being transferred to another ward with the patient. (Exceptions: those medicines on the variables list in operation on the Community and Rehabilitation units).

- 8.5 PODs and One-Stop Supplies must **not** be kept in unlocked drawers or bags, with the exception of topical preparations, inhalers and GTN tablets/sprays, which may be kept accessible to the patient.
- 8.6 All One-Stop Supplies received on the ward should be unpacked and put into the patient's drug locker/trolley drawer as soon as possible after delivery.
- 8.7 Items that must remain refrigerated will be stored in the ward fridge.
- 8.8 Patient's Own Controlled Drugs (including temazepam and tramadol) must be locked in the CD cupboard, clearly marked with the patient's name and segregated from other CDs, and recorded in the back of the CD Register (Link [Controlled Drug SOP No.7](#))

## 9. **Administration** (for full procedure Link [S&S Chp 10](#))

- 9.1 One-Stop Supplies and approved PODs will be used for nurse administration on the drug round. The administration section of the drug chart must be signed in the usual way.
- 9.2 Remember that patients will be self-administering from these containers at home. Use one strip at a time and finish one box before starting a new one.
- 9.3 On wards/units where a self-administration scheme is in place, One-Stop Supplies and approved PODs may be used for self-administration by the patient.
- 9.4 One-Stop Supplies and approved PODs will also be used for periods of leave and discharge, provided a sufficient supply is available (see section 12 and 13).

## 10. **Change of dosage or instructions**

- 10.1 If the dosage or instructions change, nurses may continue to administer the medication, following the instructions on the prescription, until the supply can be re-labelled with the new dosage/instructions.
- 10.2 Incorrectly labelled medication must not be used for patients who are self-administering; nurses should administer until correctly labelled packs are available.
- 10.3 Medication must not be issued to a patient for leave or discharge with the wrong instructions on the label.
- 10.4 Nursing staff may **not** re-label medication. Pharmacy staff will re-label the supply with the correct instructions by attaching a hospital pharmacy label in such a way that:

- The original directions are always covered and
  - Whenever possible the details of the original supplier are visible
- 10.5 If Livewell Southwest pharmacy staffs are not available to re-label medication required for leave, a new supply should be ordered from Derriford Pharmacy (see section 7).
- 10.6 For PODs the label will carry the phrase “Patient’s own supply relabelled”.
- 10.7 If the dosage changes in such a way that the medication cannot be used, order a new supply as a One-Stop (see Section 7).

## 11. Continuation of Supply

- 11.1 Members of the pharmacy team will visit the ward on a regular basis to check drug charts and patient supplies.
- 11.2 The pharmacist will clinically screen each drug chart for clarity, dosage, appropriateness and interactions and will initial and date each drug; (in the “Pharmacist” (Community and Rehabilitation Charts) and “Pharmacy” Box in Mental Health Recovery and Acute Charts).The pharmacist will address any concerns with nursing or medical staff.
- 11.3 All Pharmacy endorsements on drug charts will be in green pen so that they are easily distinguishable from the prescriber’s instructions.
- 11.4 A drug chart is considered to be completely screened by a pharmacist only if every drug in current use has a pharmacist’s initials in the appropriate box. This is to ensure that all medication changes have been clinically reviewed by the pharmacist.
- 11.5 The pharmacist or pharmacy technician will write additional administration instructions on the drug chart in the “Additional Instructions” box if appropriate.
- 11.6 The pharmacy technician will check patient supplies against the drug chart and will approve PODs and order One-Stop Supplies if needed.
- 11.7 The doctors **must promptly communicate** any prescription amendments to the nursing or pharmacy staff, to ensure that the correct drugs are available when required. Items will then be dispensed or relabelled by pharmacy.
- 11.8 To ensure sufficient supply is available for discharge, items will be resupplied if the patient has less than 14 days remaining. These new supplies must also be stored in the patient’s drug locker/trolley drawer to minimise confusion they will kept in a separate bag until the previous supply runs out.

## **12. Medication for Discharge or Transfer to other Hospitals: From Community and Rehabilitation Units**

- 12.1 When discharge is planned a Doctor must request a Discharge Prescription (TTA) by completing the TTA box for each item on the drug chart.
- 12.2 The pharmacist will clinically screen the Discharge Prescription and sign and date the TTA request box.
- 12.3 48hours before Estimated Discharge Date (EDD) the pharmacy technician will perform a 'locker check' to ensure all medications are supplied and appropriately labelled for discharge. The front of the drug chart will be signed and dated in the appropriate box stating 'locker check (LC) complete.'
- 12.4 At the time of discharge a pharmacist or accredited pharmacy technician will ensure no amendments have been made to the in-patient chart or TTA since the pharmacist screened the TTA. If any amendments have been made or new items prescribed, the pharmacist will be contacted for a rescreen of the TTA.
- 12.5 The medication can then be given to the patient. Sign and date the front of the drug chart in the box "TTA checked at discharge" and the discharge checklist in section 3 of the patients medical notes.
- 12.6 It is the responsibility of the identified nurse to ensure that the patient (and/or carer) understands what they are taking and how to take it. Referring to the pharmacist for further advice if necessary. Sign and date the front of the drug chart in the box "Patient counselled for discharge" and in section 3 of the patients notes.
- 12.7 On occasions where a patient needs to be discharged at short notice, when LSW pharmacy staff are unavailable, a TTA must still be written. Two nurses who have undergone the Medicines Management training must:
  - Check the patient's drug supplies to ensure:
    - Each drug is still prescribed: remove discontinued medication (with the patient's consent for PODs).
    - The dosage is correct: Labels can be amended by a doctor if necessary.
    - The doctor can write an FP10 (NC) for additional items if necessary. FP10 (NC) forms are stored in the CD cupboard on Skylark ward.
  - At the time of discharge two nurses must check whether any amendments have been made to the in-patient chart or Discharge Prescription.
  - If any amendments have been made to the Discharge Prescription the doctor must be contacted to verify the changes.

- If any changes have been made to the drug chart, the doctor must be contacted to review the chart for appropriateness for discharge.
- The medication can then be given to the patient. Sign and date the front of the drug chart in the box “TTA checked at discharge” and in section 3 of the patients’ notes.

## Medication for Leave or Home Visits

12.8 It will usually be necessary to order small supplies of medication to cover the leave period only.

12.9 This can be done by:-

- Completing the ‘leave medication record’ on page17 of the drug chart (To be completed by band 6 nurses or above, the Pharmacist or Prescriber)
- arranging “packing down” of supplies by the pharmacy team.

Each unit should discuss these arrangements with their ward pharmacist.

12.10 The same checking process as for Discharge Medication must be followed by either pharmacy staff or two nurses that have received Medicines Management training.

12.11 If it is deemed safe to do so, the patient may be given the whole supply from their drug locker to take home and bring back the remainder to the ward with them after their period of leave.

12.12 The supplies must be checked against the patient’s drug chart by either pharmacy staff or two nurses that have received Medicines Management training, prior to discharge. The names and quantities of all medications given to the patient must be recorded in the patient’s notes.

12.13 An orange sticker must be attached to each item taken from the unit for leave.

12.14 On return to the ward the medication must be checked as for PODs (section 6.1).

## **13. Medication for Discharge or Transfer to Community Teams: Mental Health Recovery and Acute Units**

13.1 If the patient needs a supply of medication from the ward before they are seen by a

Community Team or their GP, this must be requested on the Leave Medication Section of the Drug Chart. For patients discharged directly to their GP a discharge prescription should also be completed by the doctor.

- 13.2 If there is a correctly labelled supply of medication (of a suitable duration) in the patient's locker, this can be given to the patient. A member of the pharmacy team or two nurses (or a nurse and a doctor) must check the supply against the drug chart before giving it to the patient and record the issue on the Leave Medication section of the drug chart.
- 13.3 If a smaller quantity of medication is required, the pharmacy team can "pack down" from the patient's supplies, or dispense a suitable supply from stock (NOT Controlled Drugs). The dispensing must be recorded on the Leave Section of the drug chart. A member of the pharmacy team or two nurses (or a nurse and a doctor) must check the supply against the drug chart before giving it to the patient.
- 13.4 If the pharmacy team is not available the drug chart can be faxed to Derriford Pharmacy for dispensing (with the Leave Medication section completed). All pages of the drug chart must be faxed.
- 13.5 If the pharmacy team is not available, and there is not sufficient time to order the medication from Derriford Pharmacy, two registered nurses (or a registered nurse and a doctor) (who have completed the leave medication training and competency assessment) can dispense a maximum of 5 days' supply, from the patient's supplies or from stock (NOT Controlled Drugs). The dispensing must be recorded on the Leave Section of the drug chart. See Leave Medication policy (hyperlink required)
- 13.6 If the patient is being discharged to the care of LSW Home Treatment Team the remainder of the medication in their locker must be sent to the Home Treatment Team base where it will be used under the Medicines Management Scheme.
- 13.7 If the patient is being discharged to the care of LSW Assertive Outreach Service or Forensic Team, the remainder of the medication in their locker should be sent to the service base if it is required. Before being sent to the team base, the medication must be checked by a member of the pharmacy team, or a registered nurse, to ensure that the medication is current and is labelled correctly for their current prescription.

## Medication for Leave or Home Visits

- 13.8 It will usually be necessary to order small supplies of medication to cover the leave period only.
- 13.9 This can be done by **either:**

- Faxing the Leave Medication section of the drug chart with the complete copy of the prescription chart to Derriford pharmacy
- or
- arranging “packing down” of supplies by the LSW pharmacy team
- or
- Nurses or doctors who have successfully completed the “Competency Assessment for Nurses / Doctors supplying Leave Medication” may supply up to 5 days medication in accordance with the “Leave Medication: Standard Operating Procedure for Supplying from Inpatient Wards / Units” on the Intranet.

Each ward/unit should discuss these arrangements with their ward pharmacy team

- 13.10 The same checking process as for Discharge Medication must be followed (section 13.1) by either pharmacy staff or two nurses that have received Medicines Management training.
- 13.11 If it is deemed safe to do so following a risk assessment, the patient may be given the whole supply from their drug locker/trolley drawer to take home and bring back the remainder to the ward with them after their period of leave.
- 13.12 The supplies must be checked against the patient’s drug chart by either pharmacy staff or two nurses that have received Medicines Management training, prior to discharge. The names and quantities of all medications given to the patient must be recorded in the patient’s notes.
- 13.13 An orange sticker must be attached to each item taken from the unit for leave.
- 13.14 On return to the ward the medication must be checked as for PODs (section 6.1)

## **14. Transfer to other wards within Livewell Southwest**

- 14.1 If the patient is transferred to a different ward within Plymouth Hospitals NHS Trust or Livewell Southwest all current medication must be removed from the bedside drug locker/trolley drawer and transferred with them.
- 14.2 Before being sent to the new ward, the medication must be checked by a member of the pharmacy team, or 2 registered nurses, to ensure that the medication is current and is labelled correctly for their current prescription.
- 14.3 The medication can be used on the new ward if Medicines Management Scheme is in operation (see section 6.2).

## **15 Monitoring Compliance and Effectiveness**

### **15.1 Staff Training**

15.1.1 For wards/units already using a Medicines Management Scheme all registered nurses will require update training. This will be carried-out during the first 2 months of the policy being ratified and will be monitored after this time.

15.1.2 Registered Nurses should receive training in the scheme as part of their local Induction Programme, and every 2 years or sooner if significant changes occur. This will be monitored as part of a regular audit programme.

15.1.3 Training and competency assessments should include and will be supported by the Pharmacy Team :

- A general overview of the scheme
- The use of Patient's Own Drugs (PODs)
- Ordering of medication via the One-Stop system
- When to use ward stock
- Assessing PODs (including a practical session)

15.1.4 The Nurse in Charge (or Manager) of each ward/unit is responsible for ensuring that all staff are trained initially and when updates are due and is responsible for holding training records.

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

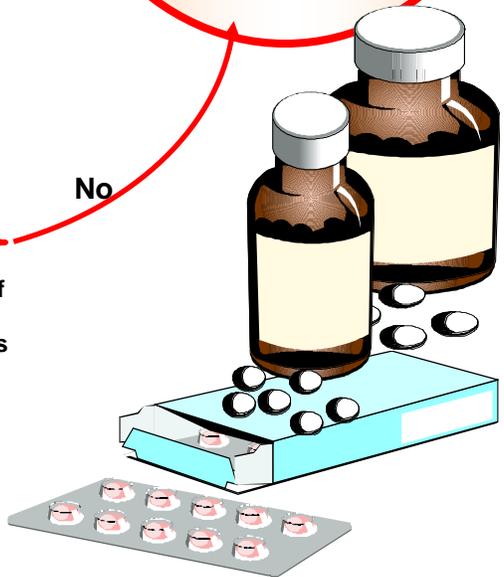
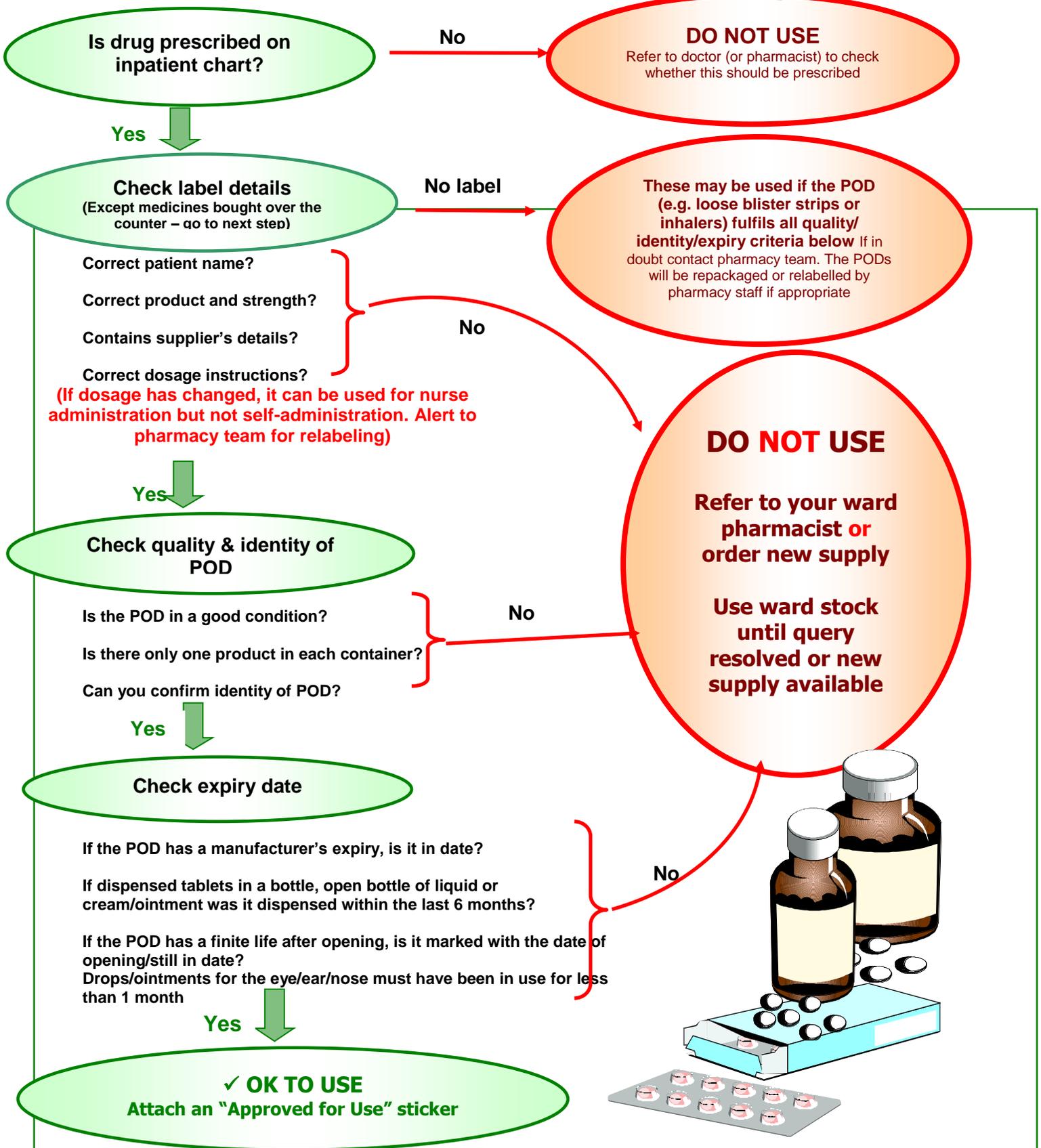
**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

Signed: Interim Deputy Medical Director

Date: 14<sup>th</sup> July 2014

# Appendix A

## Criteria for Use of Patients' Own Drugs (PODs)



## Appendix B Nurses Assessment Form for the use of Patient's Own Drugs

Patient \_\_\_\_\_ Ward \_\_\_\_\_ Date \_\_\_\_\_

ALL medication brought in by the patient MUST be assessed and MUST be prescribed before administration. This includes non-prescribed medicines (e.g. OTC preparations, herbal or homeopathic remedies) or medicine prescribed outside the NHS (i.e. medicine not available under the NHS but obtained through private prescription).

**Please tick (✓) if medication meets stated criteria**

Name of Medication:												
The medicine is currently prescribed, on the in-patient chart												
The label on the container is clear, typed and correctly identifies the contents, the patient, the dose & frequency of administration												
The container and contents are in good condition and the supplier is identified												
There is only one product per container, except for pharmacist-filled and labelled monitored dose system												
Medicine (supplied in original containers) has not passed the manufacturer's expiry date												
Drops/ointments for the nose/eye/ear are labelled with date of opening & have not been open for longer than one month												
Medicine (supplied in pharmacy filled containers) has not been dispensed more than 6 months previously. Or - for pharmacist-filled and labelled monitored dosage systems - more than 8 weeks previously												

**If any medication fails to meet the stated criteria, do not use the medication. If in doubt seek advice from the pharmacy team, order a new supply & use ward stock in the meantime**

We have assessed the patient's medication as suitable for use on the ward and attached and signed an "Approved for Use" sticker to each container

Signature of Assessing Nurse.....Name (Block capitals).....Date.....

Signature of Checking Nurse.....Name (Block capitals).....Date.....

## Appendix C

### Community and Rehabilitation Units

#### Information for Patients Use of Patients' Own Drugs

To help us manage your medication better we would like to use your own supplies during your admission. Your medicines will be stored in an individual locker close to your bed and the nurses will use them when administering medicine to you throughout your stay. They will not be used for any other patient.

If your supplies run low or new medicines are prescribed an additional hospital supply will be issued. The medicines stored in your locker will be checked before you go home to ensure there is at least two weeks supply available to you when you are discharged.

#### **What this means to you**

- If you have come in without your medicines please arrange for a friend or relative to bring them in from home. If this is not possible please let the nurses or ward pharmacy staff know.
- The ward pharmacy staff will ask to see your medicines to check their suitability. They may remove medicines which are no longer prescribed for you or are out of date. They will always ask you before removing anything from the locker.
- Your discharge should be quicker as most of the medication required will already be on the ward. The pharmacy staff will check the supplies against your discharge prescription to ensure there is enough of each medicine available.

If you have any questions about your medicines during your stay please ask your nurse or ward pharmacy staff.

### Mental Health Recovery and Acute Units

#### Information for Patients Use of Patients' Own Drugs

To help us manage your medication better we would like to use your own supplies during your admission. Your medicines will be stored in an individual locked drawer within the medicine trolley and the nurses will use them when administering medicine to you throughout your stay. They will not be used for any other patient.

If your supplies run low or new medicines are prescribed an additional hospital supply will be issued. The medicines stored in the trolley will be checked before you go home to ensure there is at least two weeks supply available to you when you are discharged.

#### What this means to you

- Please bring **all** the medicines you are currently taking with you **in their original containers** each time you visit the unit.
- If you have come in without your medicines please arrange for a friend or relative to bring them in from home. If this is not possible please let the nurses or ward pharmacy staff know.
- The ward pharmacy staff will ask to see your medicines to check their suitability. They may remove medicines which are no longer prescribed for you or are out of date.
- Your discharge from the ward should be quicker as most of the medication required will already be on the ward. The pharmacy staff will check the supplies against your discharge prescription to ensure there is enough of each medicine available.

If you have any questions about your medicines during your stay please ask your nurse or ward pharmacy staff.

Appendix E



## One-Stop Dispensing Order Form

Ward: .....

Nurse/Ward Technician/Pharmacist.....

Patient's Name.....

NHS No.: .....

Hospital No.....

(Tick if required)

Plain caps                          Large print labels   

Other requirements:

Pharmacy Use Only										
Date	Drug Name and Strength	Dosage Instructions	Quantity	Label only	Clinically screened?	Disp. by	Check by:	Required for (date)	Comments	Rec'd on ward

A copy of the in-patient prescription chart MUST accompany this form when medication requested by nursing staff. Use one form per patient

