

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

EMERGENCY DISPENSING BY NURSING STAFF

1. INTRODUCTION

- 1.1 This procedure has been developed to ensure continued access to medicines in emergency situations, whilst minimising the risks associated with dispensing medication in the ward setting. It will ensure a structured approach for nurse dispensing.
- 1.2 This procedure will apply to all units where individuals go on leave of any length or are discharged requiring medication. Only nurses trained and deemed competent to dispense by pharmacy can work under this procedure. **This procedure is only applicable if leave medication or discharge medication is required during an emergency situation and when enacted through the emergency planning route because pharmacy services are overwhelmed.**
- 1.3 Key principles about this procedure:
- To ensure access to medication for people on leave or being discharged when business continuity is compromised.
  - Reduce risk of medication errors occurring when nursing staff dispense
  - Facilitate accurate dispensing by nursing staff by ensuring they complete Trust training prior to undertaking nurse dispensing
  - Clarify responsibilities of nursing staff dispensing and checking leave and discharge medication

2. SCOPE

- 2.1 All staff working within EPUT and who are involved in the prescribing, ordering, administration or supply of medicines, are required to familiarise themselves with the contents of, and practice within this procedural guideline, its appendices and related documents. This will form part of the Business Continuity Plan (BCP) for operational staff.

3. DEFINITIONS

- 3.1 For the purpose of this document, the following terms encompass:

**BNF:** British National Formulary

**Dispensing:** To label from stock and supply a clinically appropriate medicine for an individual, against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use.

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**One Stop Dispensing:** Items prepared in pharmacy with full directions for use during the in-patient stay. These can then be supplied directly from the ward against a discharge prescription.

**PRN:** This term refers to “as required” medicine prescribed for an individual. The administration of this medicine is left to the nurse’s discretion.

<b>4. PROCEDURE</b>
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- 4.1 Medicines must not be dispensed by the prescriber. Where medicines are prescribed by a non-medical prescriber, they must be dispensed by another member of staff. Equally, if prescribed by a doctor, they must be dispensed by another member of staff.
- 4.2 **Competence – Dispensing Medicines**
  - 4.2.1 Only nurses deemed competent to dispense, following successful completion of the ‘emergency dispensing by nursing staff’ e-learning OLM, can work under this procedure. If no such nurses are available then the duty doctor must be contacted.
  - 4.2.2 A second competent person, which could include medical staff, must check all items dispensed.
- 4.3 **Preparation For Nurse Dispensing**
  - 4.3.1 Medication should be normally ordered in advance via pharmacy (refer to Annex One).
  - 4.3.2 Medication can only be dispensed for leave or discharge in accordance with a valid leave or discharge prescription.
  - 4.3.3 Check that the medication prescribed on the leave or discharge prescription, matches those currently prescribed on the medication chart. Unless there are clear documented instructions by the prescriber, or another member of the medical team, explaining a discrepancy; any discrepancy must be resolved before dispensing commences. (Refer to Section A of Annex Two).
- 4.4 **Nurse Dispensing Leave Or Discharge Medication**
  - 4.4.1 The nurse dispensing must take the item(s) and medication chart to the clinic room, to minimise the risks of being disturbed.
  - 4.4.2 Collect the empty boxes/ containers and blank nurse dispensing labels needed, from the designated storage place.
  - 4.4.3 If relevant, the individual’s tray(s) of medication must be removed from the medication cupboard and placed with the medication chart and prescription.
  - 4.4.4 A one stop dispensing supply and/ or PODs may be used for dispensing; but if there is insufficient supply then collect suitable stock medicines to fill the prescription request.

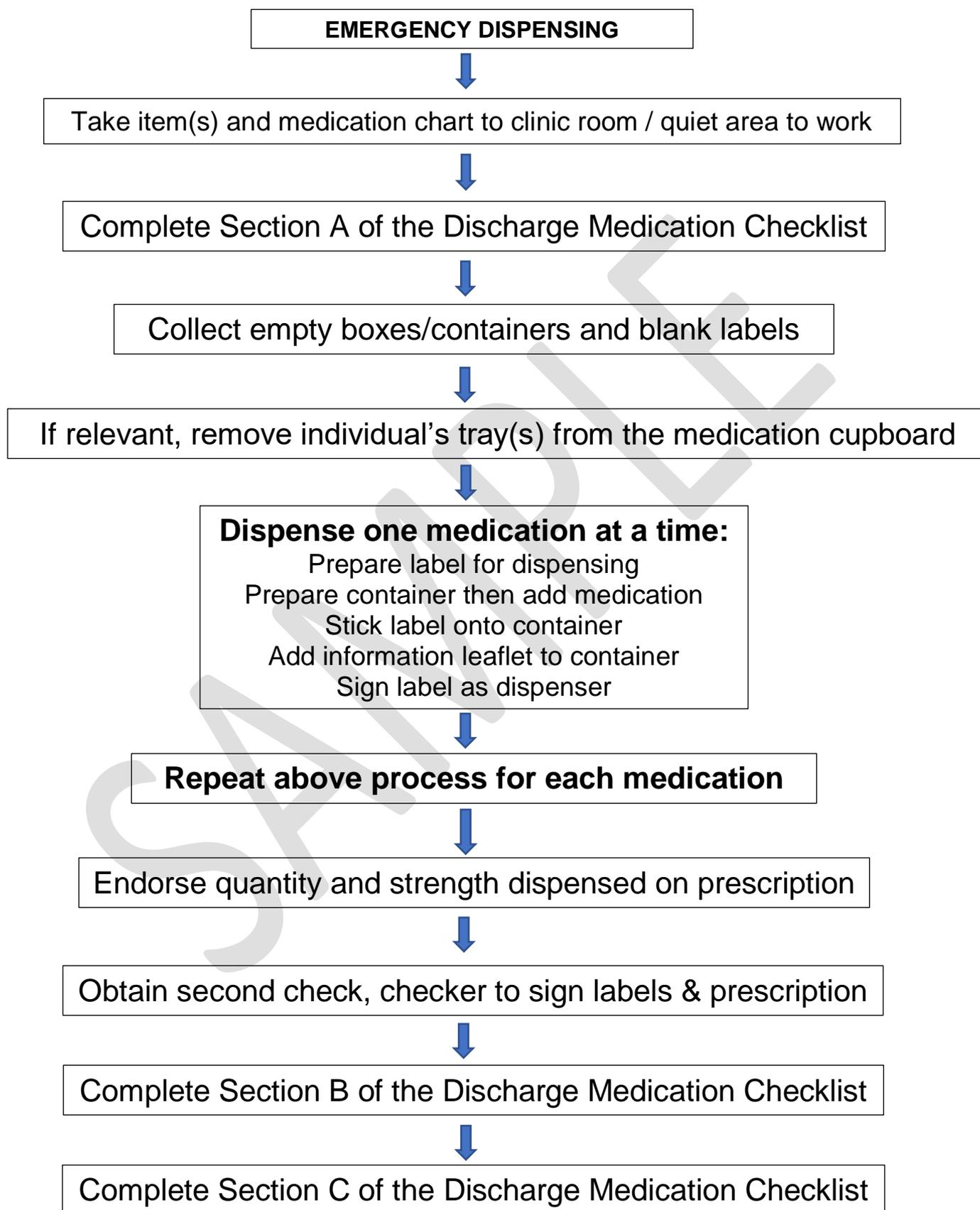
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- 4.4.5 For leave medication only supply the quantity necessary for the period of the leave.
- 4.4.6 For discharge medication, if the risk assessment does **not** identify an overdose risk, then the one stop dispensing supply and/ or PODs can be supplied to the patient, provided the quantity is equal to or greater than the amount prescribed. The quantities supplied must be endorsed.
- 4.4.7 If a risk of overdose is identified, then the specific amount prescribed must be dispensed.
- 4.4.8 PODs and/ or one stop dispensing medication found to be surplus to discharge supply requirements must be disposed of in line with 'disposal of medicines' guidance in CLPG13-MH.
- 4.4.9 Where 'one stop' or PODs supplies are being used for discharge medication make sure the directions on the label correspond to the current prescription. If they have changed then repack or relabel the product with an updated label.
- 4.4.10 If the prescription cannot be filled due to unavailable stock, the pharmacy or on call pharmacist may be contacted for advice. A plan must be put in place for collection/ delivery of outstanding items on the next working day.
- 4.4.11 Issue of leave/discharge medication from wards stocks **must never** include schedule 2 or schedule 3 controlled drugs (see CLPG13 Appendix 3 for details if uncertain).
- 4.4.12 Dispense one medication at a time (i.e. label then dispense each item in turn).
- 4.4.13 Prepare the label needed first, writing clearly the following information in indelible ink:
- Medication name, form (e.g. tablet) and strength
  - Directions i.e. dose and frequency
  - The patient's name
  - Quantity supplied
  - Date supplied
  - Ward/ Team
- 4.4.14 Make sure the labels are clear and do not use abbreviations. If a medication is to be taken when required ensure you specify on the label when to take the medication, what it is for (indication), the dose interval and the maximum dose in 24 hours.
- 4.4.15 Cautions and supplementary instructions (BNF appendix 3) must be added and written directly onto the box in indelible ink, to avoid obscuring the main directions.
- 4.4.16 Dispense each individual medication into an appropriate container and then apply the completed label, before dispensing the next item.

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- 4.4.17 When all the items have been dispensed, double check all the details then endorse the leave/ discharge prescription with the quantity and strength for each item supplied indicating 'Nurse Dispensed' or 'One Stop' as appropriate. Sign the medication labels and the prescription as the dispenser.
- 4.4.18 A dispensing bag with the individual's name must then be put with the dispensed medication.
- 4.4.19 A second competent nurse, (or doctor if trained nurse unavailable), must be asked to fully check the supply and sign as the checker on the medicine labels and on the leave/ discharge prescription.
- 4.4.20 If the checker finds an error, this must be brought immediately to the attention of the dispensing nurse, the error corrected and the item re-checked. A DATIX incident report should be completed.
- 4.4.21 The dispenser or checker is then responsible for ensuring the individual (or carer) is given the following information on the medication supplied:
- Explicit instructions on when 'as required' medicines should be taken, including maximum amount in 24 hours if stated
  - Directions for use
  - Very common or common side effects to watch out for
- 4.4.22 If this is the first time the individual has left the ward while taking the medication, then individual medication information leaflets should be supplied with the medicine. If there is not one in the stock container to use they can be accessed via the internet at [www.medicines.org.uk](http://www.medicines.org.uk) or [www.choiceandmedication.org/eput](http://www.choiceandmedication.org/eput).
- 4.4.23 Completed checklists and nurse dispensing records should be scanned into the electronic patient record (EPR).

FLOW CHART FOR LEAVE/ DISCHARGE MEDICATION



**Annex TWO**

**DISCHARGE MEDICATION CHECKLIST FOR NURSING STAFF**

Circumstances requiring nurse dispensing are exceptional cases where the prescription is written out of hours and leave / discharge is to occur before pharmacy opens		
<b>During working hours, contact the ward pharmacist to order leave / discharge prescriptions</b>		
<b>Section A: Before ordering leave or discharge medication</b>		
Name of nurse completing section A:	<b>Leave</b>	<b>Discharge</b>
Prescription is written, signed and dated by prescriber <b>Medication cannot be dispensed without a valid prescription</b>		
Prescription matches the current medication listed on the ward Medicines Prescription and Administration Record		
If 'PRN' medication is prescribed, has quantity been considered based on use on the ward? <b>Prescriptions must state exact quantity of PRN required</b>		
<b>Controlled Drugs cannot be nurse dispensed</b>		
<b>LEAVE</b>		
Leave prescription: Are the start and end dates and times of leave clearly stated? <b>Only the exact quantity of medication required for leave must be dispensed</b>		
<b>DISCHARGE</b>		
Allergy status completed on discharge prescription and matches current medication chart and Electronic Patient Record (EPR)		
Risk section on discharge prescription completed <b>If YES to risk of overdose the prescriber must state the exact number of days of medication to be dispensed on discharge</b> <b>If NO risk of overdose the default supply quantity is a minimum of 14 days</b>		
Prior to ordering from pharmacy if NO risk of overdose then check which PATIENT'S OWN or ONE STOP fully labelled medication is available on the ward. If the patient has less than 10 days' supply, endorse 'Yes' in the 'Pharmacy to supply' column. If the patient has more than 10 days, endorse 'No'.		
<b>In an emergency</b> , nurses who have passed the Trust competency assessment for nurse dispensing may dispense items that would have otherwise been ordered via pharmacy using the emergency nurse dispensing procedure.		

**Keep this checklist with the Prescription chart until the full process is complete**

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<b>Section B: Before issuing medication to patient</b>		
	<b>Leave</b>	<b>Discharge</b>
Name of nurse completing section B:		
Receive any TTO's sent from pharmacy. Retrieve any POD(s) or ONE STOP medication to be used for leave or discharge) <b>OR</b> use nurse dispensed items		
Check <b>all items</b> against a copy of the prescription i.e. do the labels <b>and</b> contents including the directions, quantity/number of doses issued match the prescription? <b><i>Inpatient labelled medication (with no directions) must not be given out</i></b>		
Mark the TTO bag label as "checked" and with your initials and date		
<b>DISCHARGE</b>		
Endorse the quantity and strength of each medication supplied on the discharge prescription		
Initial and date the "patient's labelled medication checked by" box on the discharge prescription		
<b>Copy the completed discharge prescription for:</b> Patient <input type="checkbox"/> GP <input type="checkbox"/> Community team (if applicable) <input type="checkbox"/> Scan into EPR <input type="checkbox"/>		
<b>Section C: Issuing medication to patient</b>		
	<b>Leave</b>	<b>Discharge</b>
Name of nurse completing section C:		
Discuss with the patient what medication they have been supplied with and ensure that they know what they are taking , how to take them and where to get their next supply		
Ensure Patient Information Leaflets are given for all medication supplied <i>If there is not one in the medication box to use they can be accessed via the internet at <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> or <a href="http://www.choiceandmedication.org/eput">www.choiceandmedication.org/eput</a></i>		

**SCAN THIS CHECKLIST INTO THE PATIENT'S EPR**