Clinical

Ordering, Receipt, Losses or Discrepancies, Diversion and Disposal of Medicines: SOP

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1. Introduction

This standard operating procedure aims to ensure that the staff who work in SSSFT are aware of how to appropriately order individual patient supplies, stock, leave, and discharge medicines, and to help understand the receipts and records process.

2. Purpose

Ordering medicines appropriately is essential so that the Pharmacy & Medicines Optimisation department can safely send the correct requested medicines required and maintain good records of what medicines have been sent and to which locations on site.

3. Scope

This SOP is applicable to all designated practitioners working in SSSFT.

4. Procedure

Stock Medicines

Stock medicines are those commonly prescribed for in-patients or items required in the event of an emergency. Ward stocks are retained on the ward regardless of whether they are currently prescribed for any patient.

Individual patient supplies are those medicines dispensed and labelled for a particular patient. Once the patient is discharged from the ward they should be returned to the pharmacy. Individual patient supplies are known as 'named patient medicines'. Individually dispensed medicines for patients who regularly receive planned respite care may remain on the ward for future use.

Medicines to take out (TTOs) are individually dispensed medicines which are labelled with directions for administration for an individual patient, who has authorised leave from the ward or who is to be discharged.

Home Oxygen is ordered on a Home Oxygen Order Form (HOOF) and may be ordered by any registered health professional, but only when s/he has completed a self-assessment and can demonstrate competency in oxygen. Such a self-assessment may be undertaken by adapting the PGD competency framework, and completing it within the context of ordering oxygen. This framework is available at: http://www.npc.nhs.uk/non_medical/resources/patient_group_directions.pdf

Ordering of Stock Medicines

A Designated Practitioner or Authorised Member of the Pharmacy Staff shall be responsible for ordering medicines from the pharmacy for the purposes of maintaining ward stocks. Stock medicines may be ordered by:

1. Supplying a written requisition from the appropriate order book/sheet (approved for use by Pharmacy) signed by a Designated Practitioner.
2. Using a Fax Machine to send a copy of the above.
3. By means of the pharmacy technician top-up service. Technicians will review stock levels, in liaison with the Assigned or Appointed Practitioner in Charge (always a registered nurse) of a ward/department, in order to ensure that stock levels are at the minimum level that remains appropriate to need. The review includes the type of drugs held, particularly pain relief, where multiple types may be an issue. The emergency cupboard remains a resource for unexpected requirements, outside of pharmacy hours.

**Delivery of Stock Medicines**

1. All medicines must be delivered to wards/departments in a secure container.
2. Where appropriate, a porter or messenger may deliver medicines in a tamper evident package or locked box.
3. Medicines may be collected by a Designated Practitioner or approved messenger and must be transported back to the ward in a tamper evident pharmacy package or locked box.

*For all units except those where pharmacy provision is from Burton Hospitals NHS Trust (e.g. Margaret Stanhope Unit)*

1. The porter or messenger must sign a Drugs Delivery Record Sheet.
2. A Designated Practitioner must receive the package or box and sign the Drugs Delivery Record Sheet. The Practitioner signs for the receipt of a tamper evident pharmacy container or locked box.
3. The porter or messenger must sign a Drugs Delivery Record Sheet for all medicines deliveries, which must also be signed by the Authorised Practitioner who receives it as a secure container.

**Receipts and Records**

The Designated Practitioner must:

1. Check the medicine against the delivery note
2. Sign the note and return it to pharmacy where it must be kept (for 2 years) as a record that the supply was complete.
3. Lock the medicines in the medicine cupboards or lockable drugs fridge immediately.
4. Report any discrepancies to the Pharmacy immediately.

**Individual Patient Supplies**

Medicines for named patients may be ordered by:

- Submitting the patient's prescription sheet.
- Using a Fax Machine to send a copy of the prescription sheet (a requirement for George Bryan Centre and Margaret Stanhope Unit).
- By means of the pharmacy top-up service.
- By telephone (exceptionally and under weekend pharmacy service provision)

1. If the Pharmacy is unable to supply medicines required, the patient's own medicines, if available, may be used with the patient's consent, providing they comply with the criteria set out in section 12, until the Pharmacy Department can obtain further supplies. Antibiotics may be used until the end of the prescribed course. Only in cases of clinical urgency must the on-call pharmacist be contacted. Supply of the majority of medicines will not be urgent and can normally be left until the Pharmacy Department is open.
2. The on-call pharmacist may assist ward staff in determining what is clinically urgent.
3. It may not always be possible to have individual medicine supplies available from the pharmacy for the next medicine administration round. Nursing/practitioner staff must make maximum use of patients' own medicines and ward stock pre-packs. If the medicines have been ordered and have not yet been supplied by the pharmacy the Designated Practitioner must record “drug not available” on the medicine administration chart (using omission code), and enter the reason in the patients' notes.

**Delivery of Individual Patient Supplies is the same as for Stock Medicines**

**Receipt of Individual Patient Supplies**
- The Designated Practitioner shall receive all Individual Patient Supplies arriving on a ward/department in the same way as Stock Medicines.

**Leave Medicines**

**Ordering of Leave Medicines**
- Leave medicines may be prescribed by a medical or nurse prescriber using the appropriate section of the medicines treatment & record sheet or a separate leave prescription form (for schedule 2 or 3 controlled drugs).
- Alternatively, once leave has been agreed (and documented) at the multi-disciplinary team meeting, the leave section of the medicines treatment & record sheet may be completed, either by the ward pharmacist or designated practitioner, and sent to the pharmacy for dispensing. The leave section may be utilised for all leave medicines except schedule 2 or 3 controlled drugs.

**Medicines 'To Take Out' (TTOS)**

**Ordering of TTOs**
1. When a patient is due for discharge, the nursing staff should ensure that the appropriate drugs are available for the patient to take out. Only prescriptions which comply with statutory and local requirements will be dispensed.
2. Requests for discharge medication will not be accepted over the telephone.
3. A maximum of 14 days' supply of medication will normally be given to patients when discharged. Where the patient is only going home for a specified number of days, only that amount of medication will be dispensed, unless the patient is on a self-administration scheme.
4. In exceptional circumstances, and only after completion of a Comprehensive Risk Assessment tool, which is documented in the notes, a prescriber may indicate, on the TTO prescription form, that it is appropriate for a patient in Services for Older People to receive more than two weeks supply. Often such patients will have been monitored on a self-administration scheme on the wards, and the benefit of patient convenience should always outweigh any potential risks.
5. TTOs can be ordered by:
   a. Requesting TTO drugs together with the inpatient prescription sheet, containing TTO prescription, or use of a completed, separate TTO prescription form, together with the in-patient prescription sheet.
   b. Using a fax machine to send a copy of the above.
The delivery of TTOs is the same as for Stock Medicines.

All TTO or leave medicines coming into a ward or department shall be received by a Designated Practitioner, who must:

1. Check them with another practitioner (only one needs to be qualified) against the medicine card, or leave card to confirm that all details are correct i.e. name, medicine, dose, directions. Both practitioners must sign at the end of the TTO list to show that checking has been conducted.
2. Lock them in the medicines cupboard immediately.
3. Report any discrepancies to pharmacy immediately. If patients are sent home without a complete supply of their discharge or leave medicines, then there must be clear arrangements for patients to obtain a supply in a timely manner, e.g. supplied with a FP10 prescription to be dispensed in the community, or to obtain further supply from the hospital pharmacy, and this must be communicated to the patient and/or carer.
4. The Designated Practitioner is responsible for handing out the discharge or leave medicine to the correct patient. This needs to be checked with another practitioner (only one needs to be qualified). Both practitioners must initial the label on the bag to show that checking of identity has been conducted.

It is important that the patient receives adequate information about their medicines prior to discharge. The patient should know the purpose of the medicine, how to take it and for how long it is to be taken. This is a shared responsibility of the Designated Practitioner and Authorised Pharmacy Staff. It is the responsibility of the Designated Practitioner who discharges the patient from the hospital to ensure that the patient has received adequate information about their medicines. Any information communicated verbally should be backed up and supported by an appropriate leaflet from the ward medicines information resource pack.

Borrowing of Medicines

- Medicines must not be borrowed from a ward or department during normal working hours, unless a supply cannot be obtained directly from the pharmacy. Only stock medicines may be borrowed and the original container must be lent to the receiving ward, transferring medicines into another container is forbidden.
- A signed record of the transfer of medicines must be kept on both wards involved in the "borrowing transaction". The signature must be that of the Assigned Practitioner in Charge.
- Controlled Drugs must not be borrowed, but they can be issued from any ward to a patient in another ward, in an emergency.
- Records of an issued dose of a Controlled Drug must be made in the Controlled Drugs register of the ward or department who has provided the medicine; i.e. the dose must be booked out directly to the patient in the receiving ward.
- The pharmacy must be informed as soon as practical after an issued supply of Controlled Drug has been made to a patient in another ward.

Disposal of Medicines

All out of date medicines as well as those no longer required by the ward or department must be returned to the pharmacy in a locked, tamper evident, box. A record of all such action taken must be kept on the ward.
For patient’s own drugs, see Patient's Own Medicines SOP.

Individual doses of medicines (for controlled drugs, see section 7.5) which have been prepared but not administered should be destroyed by a registered nurse on the ward or department, by placing in the sharps bin, in the presence of the second checker. When the bin is sent for destruction it should be labelled "contains mixed pharmaceutical waste and sharps – for incineration".

Loss or Discrepancies and Diversion

Any loss of other medicines must be reported to the senior manager responsible for the ward or department (via the Appointed Practitioner in Charge) and the Pharmacy Manager, who can then decide on a further course of action.

5. Process For Monitoring Compliance And Effectiveness

Annual audit.

Error reports.

6. References

Medicines Code.