

<b>STANDARD OPERATING PROCEDURE</b>	<b>Pharmacy: Supply of Out of Hours (OOH) Medication</b>
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### Version Control

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### Contents

CONTENTS	TITLE	PAGE NUMBER
1	Purpose	2
2	Scope	2
3	Procedure	2
4	Human Rights Act	4
5	Monitoring and Review	4
6	Accessibility Statement	4

## 1 Purpose

To ensure medication is dispensed to patients safely when the pharmacy department is closed.

## 2 Scope

- 2.1 This SOP provides direction on the safe dispensing of medication that has been pre-packed and labelled forward staff to use out of hours (OOH) when the pharmacy department is closed.
- 2.2 It does not cover the supply of items not pre-packed for this purpose.
- 2.3 OOH refers to situations where medicines are supplied when the pharmacy departments are closed be that via emergency cupboards or automated Omnicell® machines.

## 3 Procedure

- 3.1 When the pharmacy department is closed the out of hour's cupboard or Omnicell® can be used to supply medication for patients needing discharge supplies.
- 3.2 A doctor/authorised prescriber must write a prescription first and medication should be dispensed and supplied against this. It is not acceptable to supply first and get the prescription written later.
- 3.3 The prescription must include: -
  - 3.3.1 Patients' name
  - 3.3.2 Address
  - 3.3.3 Date
  - 3.3.4 Doctors' signature
- 3.4 If any of these details are missing the prescription should not be dispensed and the doctor should be asked to amend the prescription.
- 3.5 The prescription should clearly state the name of the medication required, the dose and directions for the patient.
- 3.6 Before dispensing the prescription the 'dispenser' (trained nurse who selects the medication with the intention to supply the patient) must check that all the above details are present and that they can clearly read the prescription.
- 3.7 The 'dispenser' should then select the appropriate products from the out of hour's cupboard/Omnicell®: -
  - 3.7.1 If the product is not available in the cupboard, then an alternative must be prescribed, or the product may be available in another location.
  - 3.7.2 The list of "Out of Hours Drug Locations" list on the Pharmacy page of the intranet can be checked to establish this.
  - 3.7.3 When deciding whether to contact the On-Call Pharmacist for assistance, further guidance can be found in the Pharmacy On-Call Service SOP (TW10-037 SOP 20) within the Medicines Management Policies on the Intranet.

- 3.8 The 'dispenser' should then check the directions on the prescription match those on the medication and that the medication is in date.
- 3.9 Medication in the out of hours cupboard/Omniceil® for take-home use has been labelled with standard directions by the pharmacy, if the prescription differs from these the prescriber should be contacted.
  - 3.9.1 If they do not wish to change their prescription the on-call pharmacist should be contacted for advice.
  - 3.9.2 If there are any spaces for numbers of tablets or times per day the 'dispenser' should complete this. They should be sure the maximum dose is not being exceeded; this can be checked in the British National Formulary.
- 3.10 The 'dispenser' should then sign and print their name on the prescription along with the date.
- 3.11 A second person should then check the prescription, this person will then be referred to as the 'checker'. They must: -
  - 3.11.1 Check that all the required details are on the prescription. See list above.
  - 3.11.2 They should then check each of the prescribed items has been dispensed and that the directions on the labels correspond with those on the prescription.
  - 3.11.3 They should check that the patients name and date of dispensing have been written on the label.
  - 3.11.4 They should check that all the medication is in date (the manufacturer's expiry date will be on the container or an expiry date sticker).
- 3.12 Each product should be provided along with an information leaflet where possible.
- 3.13 Once the 'checker' is satisfied that the correct medication has been dispensed and labelled correctly they should sign the prescription, PRINT their name, and add the date.
- 3.14 The supply should then be put into a bag and given to the patient with appropriate counselling on how to take the medication and what to do in case of any concerns/problems arising from the medication.
- 3.15 The prescription should be stored in the out of hour's cupboard for pharmacy staff to collect or sent back to the Pharmacy in a sealed envelope. Unsecured transit envelopes are not to be used for this purpose.

## 4 Human Rights Act

Implications of the Human Rights Act have been considered in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

## 5 Monitoring and Review

- 5.1 This procedure will be reviewed when there are any major changes in the law affecting the dispensing process or in the event of any dispensing incidents. In the absence of any of these events it will be reviewed every 3 years
- 5.2 Monitoring of adherence to the SOP is described in the associated Pharmacy Procedure Review Policy TW15-026. All staff will be expected to maintain a list to show that they have read all those Pharmacy and Medicines Management SOPs **relevant to them** during the calendar year prior to their annual Performance Review

## 6 Accessibility Statement

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