

STANDARD OPERATING PROCEDURE	Supply of Pain Pack Medication to Patients
SOP ID NUMBER	TW10-037 SOP 22
VERSION NUMBER	3
APPROVING COMMITTEE	MMSG (Medicines Management Strategy Group)
DATE THIS VERSION APPROVED	July 2022
RATIFYING COMMITTEE	PARG (Policy Approval and Ratification Group)
DATE THIS VERSION RATIFIED	
AUTHOR(S) (JOB TITLE)	Pharmacy Senior Management Group (SMG)
DIVISION/DIRECTORATE	Medicine/Pharmacy
ASSOCIATED TO WHICH POLICY?	TW10/037 Medicines Management Policy & Associated SOPs
CONSULTED WITH	MMSG Membership

DATES PREVIOUS VERSION(S) RATIFIED	Version: 2 Date: February 2022
DATE OF NEXT REVIEW	July 2025
MANAGER RESPONSIBLE FOR REVIEW (Job Title)	Director of Pharmacy



Version Control

Version	Date	Amendment
3	May 2022	<ul style="list-style-type: none"> Pregnancy and breastfeeding separated as exclusion criteria – pregnancy > Pack B, breastfeeding > neither pack

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This procedure received preliminary approval at Medical, Surgical and Specialist Services DQEC prior to submission to MMSB in November 2016

1 PURPOSE

To ensure Pain Pack medication is dispensed to patients correctly and safely when pharmacy input is not required.

2 SCOPE

2.1 This guidance provides advice on the safe supply of Pain Pack medication that has been issued to the department for staff to use when pharmacy input is not required.

2.2 It does not cover the supply of other pre-packed items.

3 CHECKING THE PATIENT IS SUITABLE FOR A PAIN PACK

3.1 Ask the patient if they take any pain relief medication at home.

3.1.1 If “Yes” then advise the patient to continue with their own medication once discharged.

3.1.2 If “No” the Pain Pack assessment form must be completed and contain a doctor’s signature. (Appendix One)

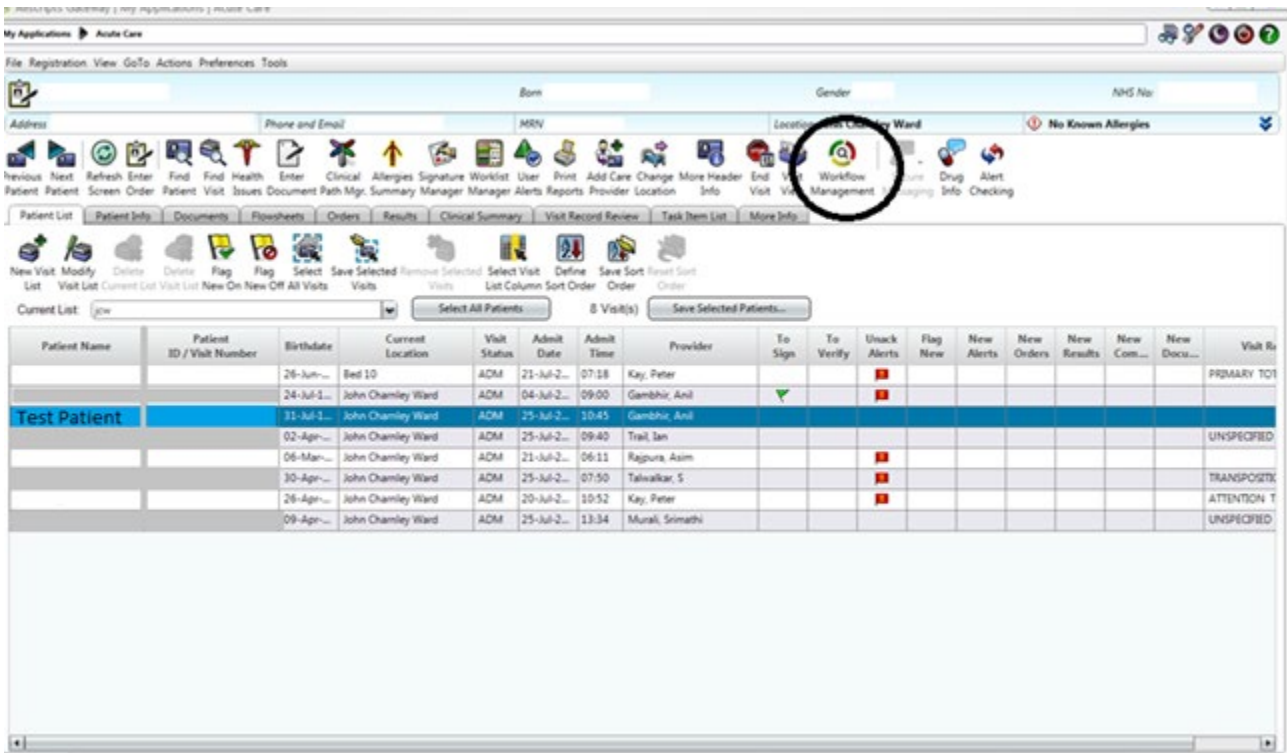
4 DISCHARGING THE PATIENT WITH A PAIN PACK THROUGH HIS

4.1 Log in.

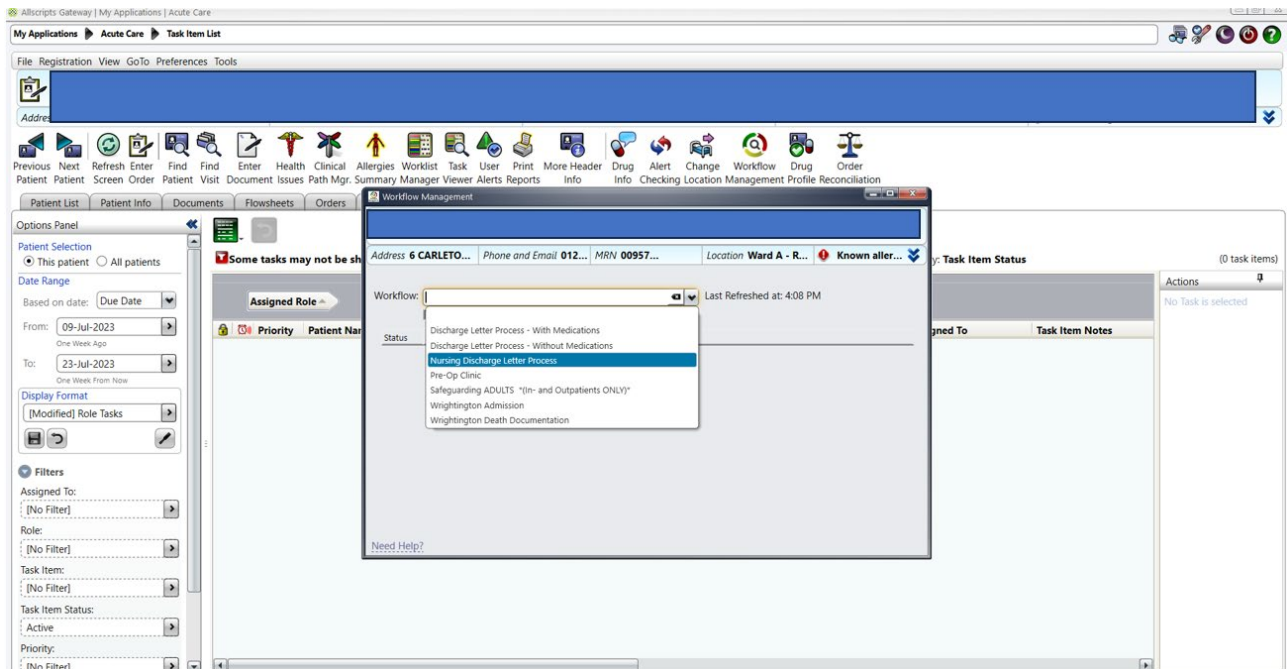
4.2 Select the patient.

Patient Name	Patient ID / Visit Number	Birthdate	Current Location	Visit Status	Admit Date	Admit Time	Provider	To Sign	To Verify	Unack Alerts	Flag New	New Alerts	New Orders	New Results	New Com...	New Docu...	Visit
		26-Jun-...	Bed 10	ADM	21-Jul-2...	07:18	Kay, Peter			■							PRIMARY
		20-Nov-...	Bed 3	ADM	21-Jul-2...	08:11	Porter, Martyn	✓		■							PRIMARY
		29-May-...	Bed 40	ADM	25-Jul-2...	06:53	Gambhir, Anil										REVISION
Test Patient	012345/12345	06-Sep-...	Bed 42	ADM	25-Jul-2...	06:41	Murali, Srimathi										PRIMARY
		26-Oct-...	D Ward	ADM	25-Jul-2...	07:07	Trail, Ian										SUBACRON
		01-Jun-...	D Ward	ADM	25-Jul-2...	09:00	Smith, Robert										
		24-Apr-...	D Ward	ADM	25-Jul-2...	07:30	Board, Timothy										UNSPECIF
		08-Mar-...	D Ward	ADM	25-Jul-2...	08:40	Board, Timothy			■							PRIMARY
		19-Sep-...	D Ward	ADM	25-Jul-2...	07:30	Board, Timothy										UNSPECIF
		16-Apr-...	D Ward	ADM	25-Jul-2...	07:30	Murali, Srimathi										CARPAL T
		28-Jan-1...	D Ward	ADM	25-Jul-2...	07:30	Smith, Robert										INJECTION
		21-Jul-1...	D Ward	ADM	25-Jul-2...	07:30	Murali, Srimathi										CARPAL T
		02-Mar-...	D Ward	ADM	25-Jul-2...	07:30	Board, Timothy										PRIMARY
		17-Jul-1...	D Ward	ADM	25-Jul-2...	07:30	Trail, Ian										SUBACRON
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		22-Oct-...	John Chamley Ward	ADM	25-Jul-2...	07:00	Gilbert, Robin			■							ENDOSCO
		24-Jul-1...	John Chamley Ward	ADM	04-Jul-2...	09:00	Gambhir, Anil	✓		■							
		31-Jul-1...	John Chamley Ward	ADM	25-Jul-2...	10:45	Gambhir, Anil										
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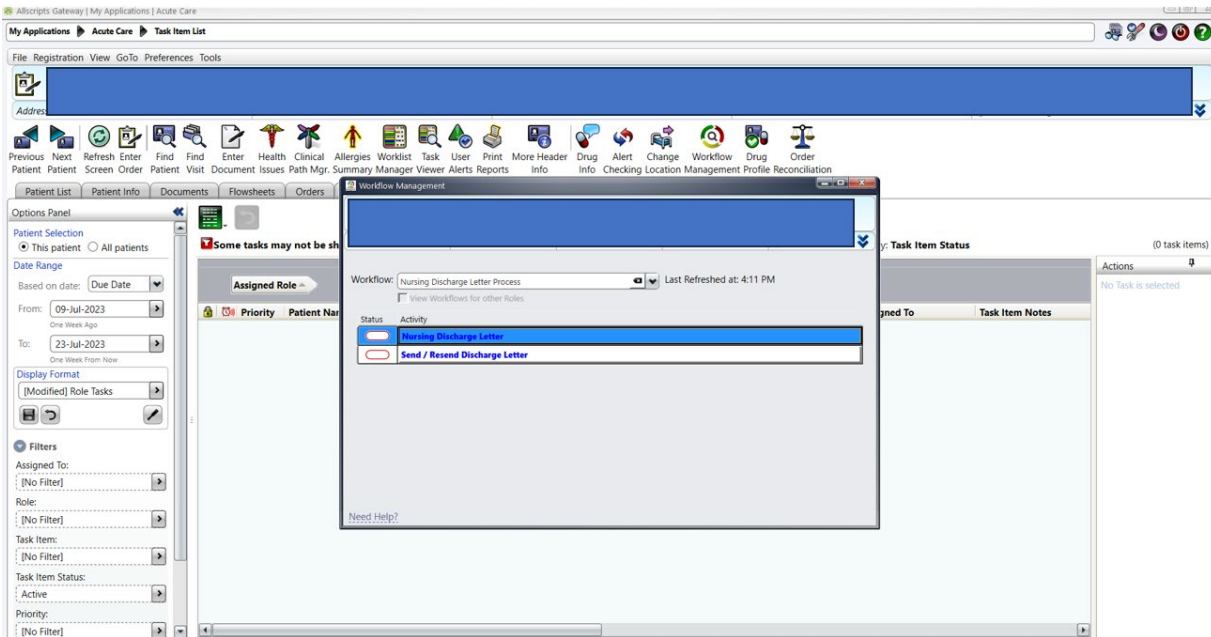
4.3 Select “Workflow Management.”



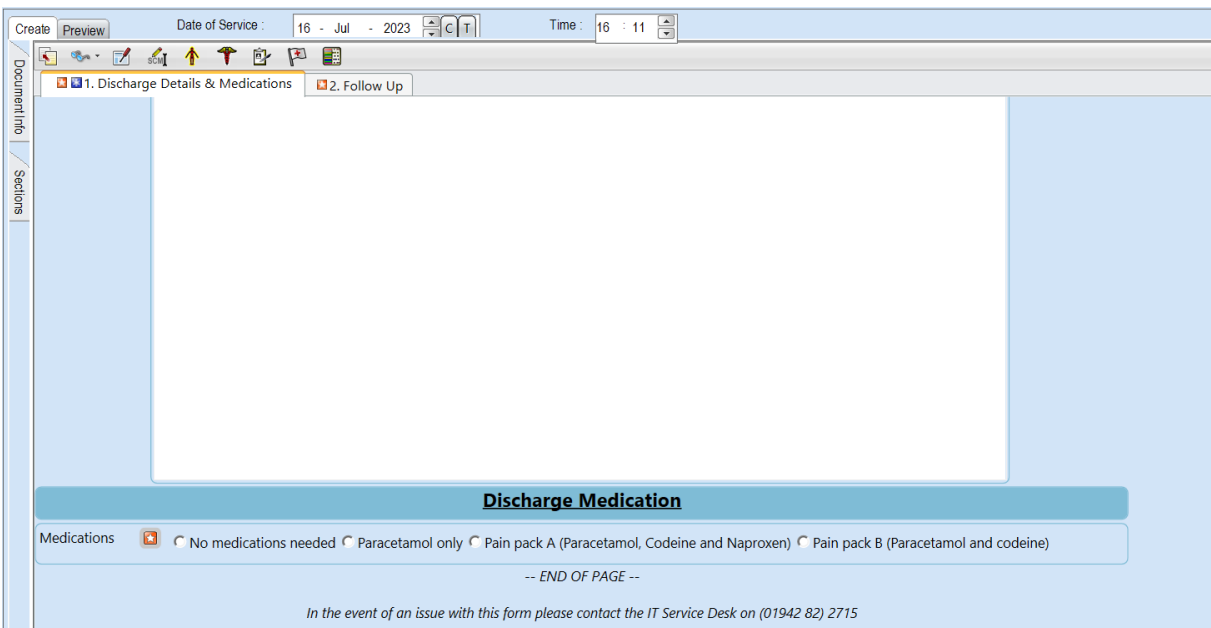
4.4 Select nursing discharge letter process from the drop-down box.



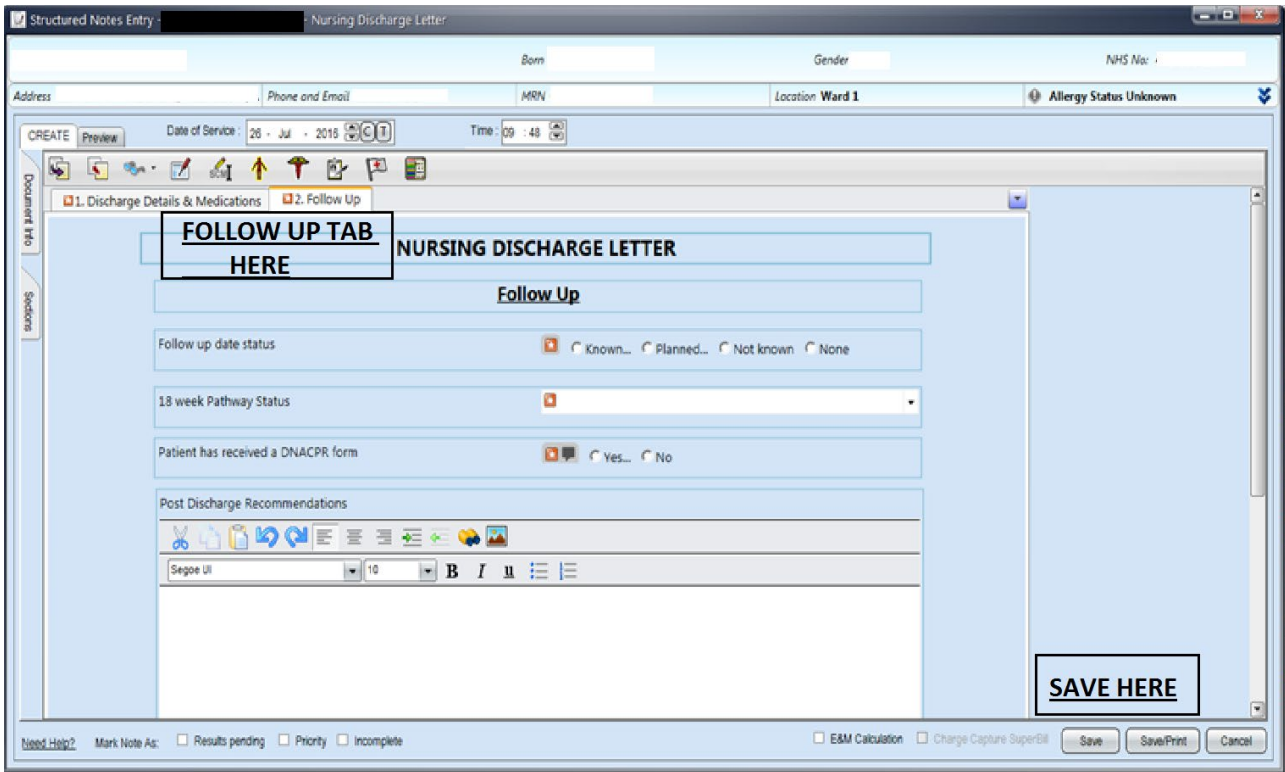
4.5 Click on “Nursing Discharge Letter.”



4.6 Scroll down to the section “Discharge medication” and select the correct pain pack.



4.7 Return to the top of the document and select the “Follow Up” tab.



4.8 Add any appointments or follow up information into the text box.

4.9 Save the document as complete.

5. PRINTING DISCHARGE LETTER

5.1 Select the patient.

Patient Name	Patient ID / Visit Number	Birthdate	Current Location	Visit Status	Admit Date	Admit Time	Provider	To Sign	To Verify	Unack Alerts	Flag New	New Alerts	New Orders	New Results	New Com...	New Docs...	Visi...
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		26-Apr...	John Chamley Ward	ADM	20-Jul-2...	10:52	Kay, Peter			1							ATTENTION

5.2 Select “Task Item List.”

TASK ITEM HERE

Some tasks may not be shown for all patients for due date from 19-Jul-2016 to 02-Aug-2016; Display Format: [Modified] Role Tasks; Filtered by: Task Item Status (2078 task items)

Priority	Patient Name	Patient ID	Category	Task Item	Task Item Status	Due Date	Assigned To	Task Item Notes
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			

5.3 Select “This Patient.”

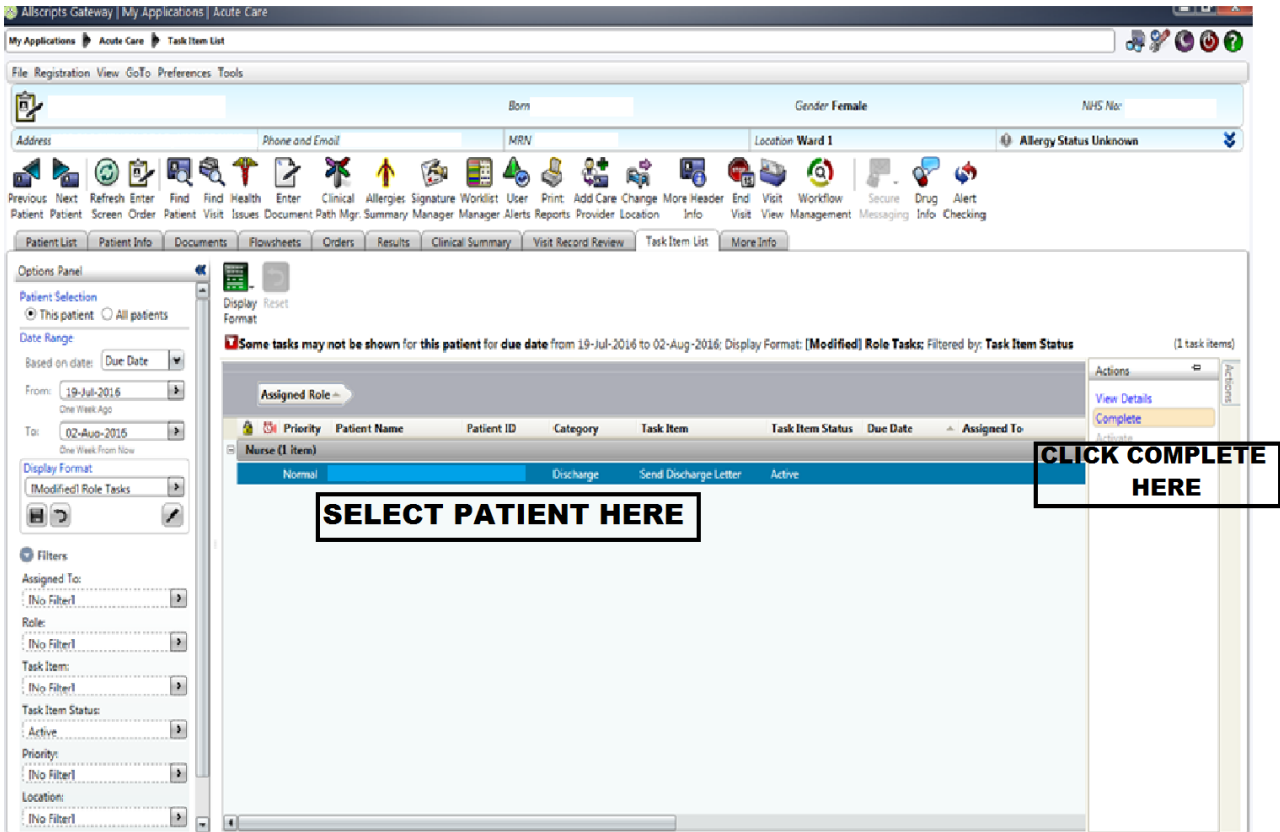
THIS PATIENT SECTION HERE

Some tasks may not be shown for all patients for due date from 19-Jul-2016 to 02-Aug-2016; Display Format: [Modified] Role Tasks; Filtered by: Task Item Status (2078 task items)

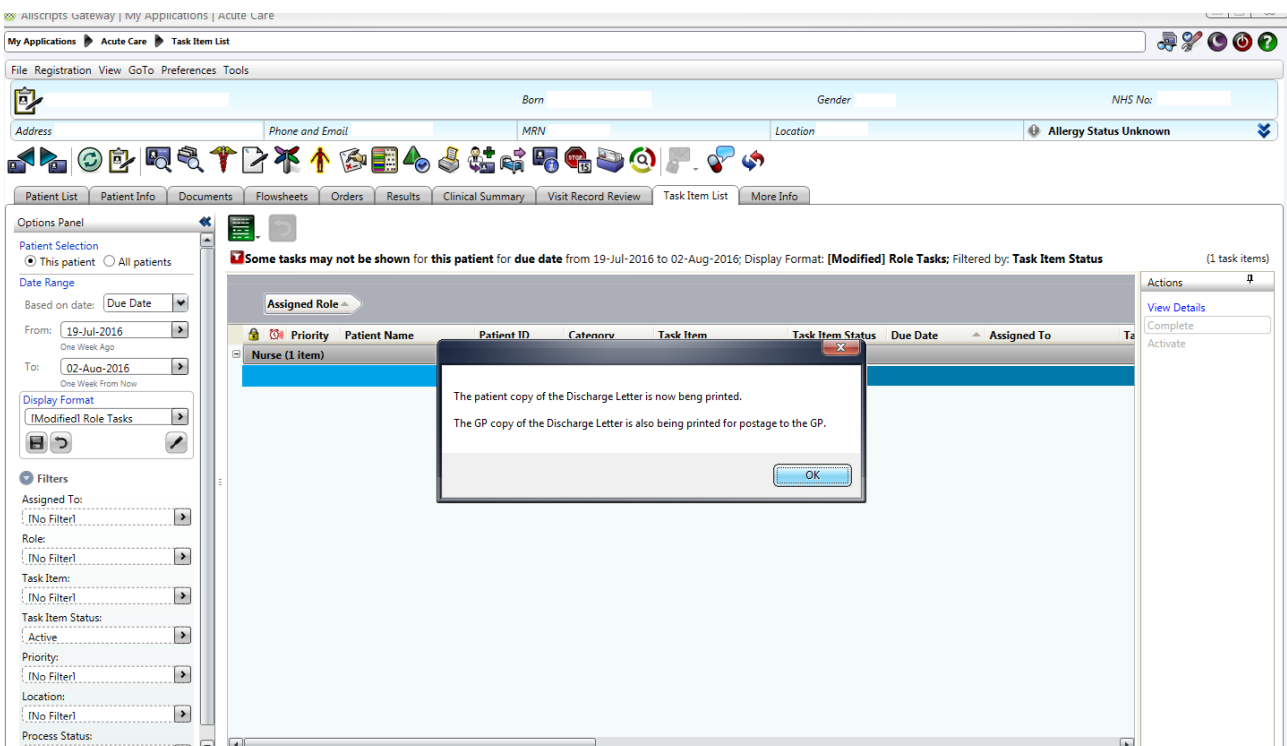
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Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Verify Discharge Letter	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			
Normal			Discharge	Dispense Discharge Meds	Active			

5.4 Select the patient from the “Task Item List.”

5.5 Click the “Complete” button.



5.6 Now press “OK.”



6 ISSUING THE PAIN PACK TO THE PATIENT

- 6.1 Retrieve the correct pack from the cupboard.
- 6.2 Complete the directions on the individual packs (if necessary).
- 6.3 Check the pack against the discharge.
- 6.4 Sign the pack out on the Pain Pack log, ensuring there are two signatures on the log. At least one signature must be a registered nurse.
- 6.5 To ensure the Pain Pack has been given to the correct patient check three points of reference, including the patient's: -
 - 6.5.1. Name
 - 6.5.2. Date of birth
 - 6.5.3. Address
- 6.6 Discharge the patient according to departmental procedure.

7 RESPONSIBILITY OF STAFF

- 7.1 It is the responsibility of the doctor to decide on which pain pack is appropriate for the patient and sign to the assessment form.
- 7.2 It is the responsibility of the pharmacist or technician responsible for that area to ensure that for each pain pack that is used, there is a legal and valid pain pack assessment form and HIS discharge letter to cover it.
- 7.3 It is the departmental clinical lead pharmacists' responsibility to ensure that packs are appropriate and re-approved as necessary.

8 REVIEW ARRANGEMENTS

This procedure will be reviewed when there are any major changes in pharmacy law, professional guidance or if there are any related critical incidents. In the absence of any of these events it will be reviewed every 3 (three) years.

9 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.

10 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille, and audio cd.

For more details, please contact the HR Department on 0194277(3766) or email equalityanddiversity@wvl.nhs.uk

**Appendix 1
Pain Pack Assessment Form**

Name Unit number
 D.O.B. Consultant

If the patient is allergic to either paracetamol or codeine or is breastfeeding neither Pain Pack should be prescribed.

If **all** the responses on the form are ‘No’ then **Pain Pack A** should be prescribed.

If any of the answers indicate ‘Yes’ then **Pain Pack B** must be prescribed.

	YES	NO
Do you suffer from asthma?		
Are you sensitive to aspirin-like products, such as aspirin, ibuprofen, naproxen, diclofenac?		
Do you or have you ever had a peptic ulcer, gastric (stomach) ulcer or duodenal ulcer?		
Do you suffer from gastritis?		
Are you pregnant?		
Do you take any of the following medication? -		
- long term NSAIDS (e.g., naproxen, diclofenac, ibuprofen)		
- COX- 2 inhibitors (e.g., celecoxib)		
- lithium		
- warfarin, ‘Sinthrome’ (acenocoumarol)		
- ciclosporin		
- methotrexate		
- mifepristone		
Do you suffer from kidney, liver, or heart failure?		

Pack A

Paracetamol 500mg tablets

Codeine 30mg tablets

Naproxen 250mg tablets

Pack B

Paracetamol 500mg tablets

Codeine 30mg tablets

SICK

NOTE

Yes	No

DOCTOR’S SIGNATURE

Signature

.....

Date

.....

Print Name

.....