

<b>STANDARD OPERATING PROCEDURE:</b>	<b>DISCHARGE/LEAVE/OUTPATIENT PRESCRIPTIONS</b>
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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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## **1 INTRODUCTION**

- 1.1 This Standard Operating Procedure (SOP) covers the procedures to be followed when supplying medication to patients for discharge or leave from an inpatient stay or as an outpatient.
- 1.2 This SOP should be used in conjunction with the overarching Medicines Management Policy.

## **2 DISCHARGE/LEAVE MEDICATIONS**

### **2.1 General Information**

- 2.1.1 All discharge/leave prescriptions should be generated via the HIS system or as a paper discharge/leave prescription if appropriate to the clinical area or at times when HIS is unavailable. Paper prescriptions should be written in black indelible ink.
- 2.1.2 The discharge prescription should be submitted on HIS/written well in advance of it being required and no later than 5.30pm (weekdays) or 4.00pm on a weekend or Bank Holiday.
- 2.1.3 Ward stock supplies and medicines issued as temporary stocks should NEVER be given to patients' to take home.

### **2.2 Period of supply**

The period of supply on discharge prescriptions is a minimum of 14 days unless clinical reasons dictate otherwise. If a longer or shorter supply is required, this should be clearly indicated on the prescription.

### **2.3 Discharge Prescriptions**

- 2.3.1 The discharging prescriber must ensure that all changes to preadmission medications are documented clearly on the discharge prescription. On HIS this is entered in the "extra information on discharge" or it can be entered by hand if using printed prescriptions. It is the responsibility of the prescriber to ensure the accuracy of this information and this will be checked by the clinical checking pharmacist.
- 2.3.2 The HIS system must be used to prepare discharge prescriptions. Pharmacy Discharge Checklists should be sent to pharmacy once a prescription has been prepared by the prescriber. Ward staff must use the HIS system to check the status of discharge prescriptions prior to phoning pharmacy to enquire.
- 2.3.3 A member of ward staff with a valid ID badge must attend pharmacy to collect discharge prescriptions. Patients, patients' relatives or carers are not permitted to collect discharge medication from pharmacy.
- 2.3.4 The Registered Nurse/Midwife must check the medicines supplied by pharmacy against the discharge prescription prior to handing the medicines to the patient, relative or carer. The Registered Nurse should provide discharge counselling to the patient, relative or carer regarding the discharge medication.

### **2.4 Supply of Discharge Prescriptions Outside Pharmacy Hours**

- 2.4.1 If a discharge prescription is written outside normal pharmacy opening hours every effort should be made to ensure the patient receives their discharge medication as soon as possible post discharge and doses of medications not missed. However, it should be noted that ward stock supplies should NEVER be given to patients to take home. All medicines supplied for patients to take home must be clearly labelled with instructions and patient details.

2.4.2 Wards that operate a one-stop dispensing system can do this via the On-Call discharge SOP. This involves two nurses, the first assembles the discharge medication with a second checking the discharge letter.

2.4.3 Wherever possible, discharge prescriptions should be dispensed during pharmacy opening hours so that a full clinical and accuracy checking process can be carried out.

## 2.5 **Pre-packed medications**

2.5.1 When the pharmacy is open all prescriptions must be sent to pharmacy for dispensing.

2.5.2 Some wards have access to a supply of pre-packed medicines that may be utilised when the pharmacy department is closed, or when an agreement has been made with the pharmacy department (such as Pain Packs). A registered nurse/midwife can supply these items providing the following guidelines are followed:-

2.5.1.1 A valid prescription (discharge/outpatient/ward-attende) has been produced including the information listed below.

2.5.1.2 Check 3 points of reference: Patient's name, full address and NHS/unit number.

2.5.1.3 Drug form, strength, dose, period of supply.

2.5.1.4 Signature of a doctor in black indelible ink.

2.5.1.5 Date prescription was signed.

2.5.1.6 Two registered nurses/midwives are involved in the process, one of whom will dispense the product and the other will check the dispensed product.

2.5.3 Where only one registered nurse is available on the ward/department they become the dispensing nurse. The checking nurse may be from another ward/department and must check both the prescription and the dispensed product.

## 2.6 **Role of the nurse/midwife**

Each nurse/midwife must complete the following:-

2.6.1 Check the prescription is valid (see above.)

2.6.2 Select the product from the appropriate out of hours' storage area.

2.6.3 Read the label and check the details comply with the prescription:

2.6.3.1 Product name, including strength and formulation (E.g. co-codamol 8/500 tablets.)

2.6.3.2 Quantity - Only 1 original pack should be issued unless the course length is stated.

2.6.3.3 Check that the directions match the prescription.

2.6.3.4 Check the expiry date is sufficient for the duration of treatment.

2.6.4 Write (in block capitals) the patient's name and date of dispensing on the label.

2.6.5 Write (in block capitals) the directions for use, if this is not already printed on the label.

2.6.6 Where appropriate add the expiry date in the format DD/MM/YYYY.

2.6.7 Endorse the prescription with exact details of what was issued.

2.6.8 Sign and date the prescription.

2.6.9 Put prescriptions in an appropriate location for collection by or sending to the Pharmacy Department.

## 3 **OUTPATIENT PRESCRIPTIONS**

### 3.1 **General information**

- 3.1.1 All prescriptions must be securely stored when not in use as per Security and Handling of Prescriptions SOP (TW10-037: SOP 23.)
- 3.1.2 Outpatient prescriptions should be written via HIS when available, on FP10s or approved trust stationary.
- 3.1.3 The usual period of supply for outpatients is 28 days. If a shorter/ longer supply is required please state course length on prescription. All prescriptions should contain accurate directions for the patient to facilitate medication counseling when the medicines are issued to the patient at a pharmacy.
- 3.1.4 Accident and Emergency patients will receive the smallest available original pack unless otherwise specified by the clinical checking pharmacist or the prescriber.
- 3.1.5 Full supply of the following medications will be made for: -
  - 3.1.5.1 Controlled Drugs.
  - 3.1.5.2 Hospital only medications (GMMM red list.)
  - 3.1.5.3 Unlicensed medications.
  - 3.1.5.4 Clinical trial medications.

#### **4 HUMAN RIGHTS ACT**

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

#### **5 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 01942 77(3766) or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk).