

# Dispensing Medicines Out of Hours Policy

**This policy applies to dispensing medication out-of-hours in home treatment teams, crisis hubs and inpatient wards.**

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## Version Control Summary

Version	Date	Status	Comment/Changes
1.0	August 2005	Final	
2.0	January 2008	Final	Changes in line with current policy format. Changed logo to new one.
3.0	July 2017	Final	<ol style="list-style-type: none"> <li>1. Document control summary amended</li> <li>2. Title changed to reflect applicable teams</li> <li>3. Introduction changed</li> <li>4. Definitions updated for non-nursing staff, prescribing, dispensing, administration and supervision of self-administration</li> <li>5. Clinical checks moved to prior dispensing procedure</li> <li>6. Procedure for inpatient dispensing added</li> <li>7. Procedure for nurse dispensing updated and sample label added</li> <li>8. Controlled drugs mentioned in line with policy.</li> <li>9. Checking separated in policy</li> <li>10. Training section updated</li> <li>11. Audit section updated</li> <li>12. Appendix A title amended</li> <li>13. Appendix C changed</li> </ol>
4.0	November 2020	Final	<ol style="list-style-type: none"> <li>1. Document control summary amended</li> <li>2. Title changed to reflect applicable teams</li> <li>3. Introduction updated and changed to reflect applicable teams</li> <li>4. Procedure for HTT dispensing</li> <li>5. Checking updated with label sample</li> <li>6. Changes made to the document to include JAC prescriptions</li> <li>7. Section 6 changed to allow for dispensing of CD schedule 4 part 1 only as TTAs</li> <li>8. Appendix A: update BNF caution labels and link to online resource.</li> </ol>

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## 1. Introduction

When a patient requires TTA (to take away) or STL (short term leave) medication, in case of discharge or short term leave, the standard procedure is for this to be dispensed by pharmacy. However, it will not always be possible for pharmacy to dispense these, for example during outside of normal working hours. In such cases, a nurse or a doctor may dispense individual doses of medicines into suitability labelled containers. Dispensing represents an extension to your professional practice and should be in accordance with the registered prescriber's prescription and as per the guidance of the policy. The patient has the legal right to expect that the dispensing will be carried out with the same reasonable skill and care that would be expected from a pharmacist.

Out-of-hour dispensing should be limited to exceptional circumstances and a limited supply of medication can be dispensed from medication stock to ensure doses of essential medication are not missed. Dispensing by a nurse or a doctor from stock into containers that are neither labelled (with clear instructions for administration) or child-proof is unsafe and illegal. Wherever possible, medicines left with patients for them to self-administer will be dispensed by pharmacy as TTAs (To Take Away).

### Nursing guidance

“Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medicine to a patient, against a written prescription (not PGD), for self-administration or administration by another professional, and to advise on its safe and effective use.”

*NMC Standards for medicines management. Section 2, standard 4*

### Doctors' guidance

“Your primary duty is to act in your patient's best interests. You must also make efficient use of the resources available to you. You should not prescribe in a manner that conflict with either of these duties. You should respect patients' freedom to choose where to have their prescribed medicines dispensed. You should not prescribe differently for patients to whom you also dispense for your own or your employers' commercial or financial benefit.”

*Good Practice in Prescribing Medicines (September 2008)*

This policy applies to the following services:

- Home Treatment Teams
- Inpatient wards
- Mental health hubs

## 2. Purpose of policy

The aim of this policy is to ensure that staff members comply with professional and legal requirements of dispensing medication out-of-hours.

## 3. Definitions

### a) Non-nursing staff

For the purpose of this document, non-nursing staff refers to staff **who are not** registered (first level) nurses. For the purpose of this document they may also be referred to as staff members. These include:

- Social Workers

- Occupational Therapists
- Health Care Assistants
- Support Workers
- Outreach Workers
- Psychologists

#### **b) Prescribing**

This refers to the prescription of medicines. A medicine can be written up on JAC, a community prescription chart or on an out-patient prescription. Medicines can only be prescribed by doctors and qualified independent non-medical prescribers which may be a nurse or a pharmacist.

#### **c) Dispensing**

The supply of medication from stock against a valid prescription together with information and advice to enable safe and effective use by patients and carers, and maintenance of appropriate records. Dispensing includes activities such as checking the validity of the prescription, the appropriateness of a medicine for an individual patient, assembly of the product, labelling in accordance with legal requirements and providing information leaflets for the patient.

#### **d) Dispenser**

In this policy a dispenser will be either a doctor (for inpatient wards) or a registered nurse or nursing associate (for home treatment team) who assembles medication from stock against a valid prescription for a supply.

#### **e) Administration**

In this context, administration refers to the act of selecting a dose of medication and placing it in the hand or mouth of the patient. The administration of medicines must **not** be carried out by non-nursing staff. Please refer to the Trust Medicines Policy and Community Medicines Policy.

#### **f) Supervision of self-administration**

In community a non-nursing member of staff may **prompt** a patient to take their medicine or supervise the patient to self-administer medicines. Non-nursing staff should **not** administer medicine on the patient's behalf. Please refer to the Trust Community Medicines Policy.

### **4. Clinical Checks**

The following Clinical checks must be made before a medicine is dispensed:

<b>Check</b>	<b>Details</b>
<b>Dose</b>	<ul style="list-style-type: none"> <li>• Check the dose is within the range stated in an up-to-date British National Formulary (BNF)</li> <li>• If the dose is above BNF maximum limits, check the medical notes to see if the reason for this is clearly documented</li> <li>• If there is no reason stated in the notes or the reason is unknown, check with the prescriber</li> </ul>

<b>Interactions</b>	<ul style="list-style-type: none"> <li>• Check for possible interactions between all other medicines: prescribed, over-the-counter and herbal</li> <li>• Information sources: prescriber, BNF, on-call pharmacy.</li> </ul>
<b>Side Effects</b>	<ul style="list-style-type: none"> <li>• Check potential side effects for each medicine dispensed</li> <li>• Information sources: Patient Information Leaflets (Intranet/Information/Leaflets Medicines).</li> </ul>
<b>Allergy status</b>	<ul style="list-style-type: none"> <li>• Check the allergy status of the patient before dispensing medicines</li> <li>Information sources: JAC or front of the medication chart, patient's notes, patient, carer, GP.</li> </ul>

## 5. Procedure for inpatient dispensing

Where possible the following steps should be tried prior to dispensing medication:

- 1) In the first instance, the patient should be encouraged to stay on the ward until TTAs can be obtained from Pharmacy.
- 2) If the patient insists on leaving that day, and they are due medication later on, they should be encouraged to stay for their next dose of medication and to return the following day to collect TTAs.
- 3) If the patient insists on leaving immediately and they are due medication, they may be able to take their next dose before leaving and return the following day for their next dose or to collect TTAs.
- 4) If the patient refuses the above, where available, a pre-pack of the medication may be given (see local procedures).
- 5) If the above are not possible, or Pharmacy is shut the next day, medication can be prescribed on an FP10 (where available-see local procedures) which the patient can take to their local pharmacy.

Where the patient refuses all of the above, the carers or relatives should be informed. The following procedure should then be followed for dispensing medication:

**NB Where possible patient's own drugs can be returned to the patient (see Patient's Own Drugs Policy).**

- (a) Medicines should be dispensed from ward stock or from the emergency drug cupboard in line with a valid prescription. Materials required for dispensing medicines are located in the Emergency Drug Room/Cupboard (EDR). Controlled drug schedule 2 or schedule 3 (including Temazepam) cannot be dispensed without the presence of a pharmacist. Medication **must be dispensed by a doctor and checked by a second doctor or nurse.**
- (b) Medicines must be dispensed into a suitable container that is either a tablet bottle with a child-proof top or a cardboard container (supplied by pharmacy in EDR).
- (c) The container must be labelled, using pre-printed labels supplied by pharmacy in EDR. The label should be written in indelible black ink. The label must contain the following information:
  - the patient's name
  - the drug name, strength, form and quantity
  - the dose directions
  - the time of administration (preferably relate this to the patient's regular routine)
  - the date of dispensing
  - Keep out of the reach of children
  - Address and name of team
  - Route of administration (Apply, Take...)

- Warning labels (see Appendix A)

### Sample Labels

KEEP OUT OF THE REACH OF CHILDREN

Drug Name ..... Strength .....

Take ..... tablet(s) .....

.....

Name ..... Date .....

Number of tablet(s) issued .....  
(Name and address of team with telephone number)

- (d) This must be checked by a second doctor or nurse.
- (e) The checker should refer to “Dispensing Checklist” – (Appendix B) to aid a complete checking process.
- (f) Complete the dispensing log sheet (Appendix C) which must be signed by both members of staff. The same two members of staff must sign the label on the pharmacy box.
- (g) These records will be audited by pharmacy and cross-checked with the number of containers supplied by pharmacy and used by the ward.

## 6. Procedure for home treatment team dispensing

Where possible the following steps should be tried prior to dispensing medication:

- 1) In the first instance, the situation should be identified as an exceptional circumstance and medication is required immediately for treatment.
- 2) If available, a pre-pack of the medication may be given (see local policies).
- 3) If the above is not possible, or pharmacy is shut the next day, medication can be prescribed on an FP10 (where available -see local policies) which the service user can take to their local pharmacy.
- 4) Physical alterations to patient’s own medication constitute dispensing and should be avoided.

If the above cannot be completed, the following procedure should then be followed for dispensing medication:

***NB: Medicines must not be dispensed by the prescriber. Where medicines are prescribed by an independent non-medical prescriber, they must be dispensed by another member of staff. Equally, if prescribed by a doctor, they must then be dispensed by another member of staff.***

- (a) Medicines only from team stock list should be dispensed in line with a valid prescription by a registered nurse or a nursing associate. Controlled drug schedule 2 or schedule 3 cannot be dispensed without the presence of a pharmacist. Only controlled drugs schedule 4 part 1 (e.g. diazepam, lorazepam) can be dispensed to a service user. Refer to controlled drug policy. If unsure, contact on-call pharmacist.

- (b) Medicines must be dispensed into a suitable container that is a bottle or carton supplied by pharmacy.
- (c) The container must be labelled, using pre-printed labels where possible. The label should be written in indelible black ink. The label must contain the following information:
  - the patient's name
  - the drug name, strength and form quantity
  - the dose directions
  - the time of administration (preferably relate this to the patient's regular routine)
  - the date of dispensing
  - Keep out of the reach of children
  - Address and name of team
  - Route of administration (Apply, Take...)
  - Warning labels (see Appendix A)

### Sample Labels

KEEP OUT OF THE REACH OF CHILDREN	
Drug Name .....	Strength .....
Take ..... tablet(s) .....	
.....	
Name .....	Date .....
Number of tablet(s) issued .....	
(Name and address of team with telephone number)	

- (d) This must be checked by a second member of staff. Whenever possible, the checker must be a qualified nurse. In the absence of another qualified nurse, the second checker, in order of priority, may be a social worker, an occupational therapist or a support worker (all of whom must have undertaken compulsory training).
- (e) The checker should refer to "Dispensing Checklist" – (Appendix B) to aid a complete checking process.

Complete the dispensing log sheet (Appendix C) which must be signed by both members of staff. The same two members of staff must sign the label on the pharmacy box.



## 7. Checking

- (a) For each dispensed item, check the following to ensure that the **contents** of the container are in accordance with the prescription:
- Drug name
  - Form e.g. tablets or capsules
  - Strength e.g. x mg
  - Quantity
  - Drug expiry date
  - Appearance of the drug is as expected
- (b) For each dispensed item, check the **label** to ensure that the details correspond with the patient, the prescription and the contents of the container. The label must be clearly written in indelible black ink. The label must contain the following information.
- Drug name
  - Form
  - Strength
  - Quantity e.g. **number of tablets supplied**
  - Directions for taking medicine i.e. **number of tablets (or capsules) to be taken, and time or frequency** e.g. “Take one tablet at night” or “Take two capsules twice a day”. **NB Use plain English to ensure patient understanding.**
  - Patient’s name
  - Date of dispensing
  - Appropriate additional labels e.g. BNF cautionary and advisory labels (see attached list).
  - Keep out of the reach of children
  - Team name dispensing medicine
  - Dispenser and checkers initials

### Sample Labels

KEEP OUT OF THE REACH OF CHILDREN	
Drug Name .....	Strength .....
Take .....	tablet(s) .....
.....	
Name .....	Date .....
Number of tablet(s) issued .....	
(Name and address of team with telephone number)	

## **8. Medication Errors**

If a dispensing error is made, a DATIX incident form must be completed and sent to the risk management team. Please refer to the Trust Medicines Policy and Trust-wide policies for the Management of Incidents for full details of what to do should a medication error occur.

## **9. Documentation**

The details of dispensing must be detailed on the dispensing log sheet (Appendix C). Details must also be documented in the patient's case notes on Rio and on the prescription chart or as a note on JAC.

## **10. Training**

In order for a nurse to dispense and non-nursing staff member to check, the following training is compulsory:

- i) Practical dispensing issues
- ii) Legal aspects of dispensing

This training will be provided locally by the Pharmacy Department.

Additional training in Medicines Management should be included in each staff member's professional development plan. Medicines Management Training is available on OLM.

## **11. Audit**

The following aspects of nurse dispensing will be audited by the team every 6 months:

- i) Medication errors
- ii) Dispensing log sheet documentation
- iii) Documentation in patient's case notes

The auditor is responsible for sharing the report with the team. It is important staff of all levels have access to the audit data results and it is suggested this is included as an agenda item in the relevant team meeting.

## Appendix A

Cautionary and Advisory Labels to be added to Container (This list is for reference only and not exhaustive. Always refer to the British National Formulary (BNF) Appendix 9 for updated warning labels and <https://bnf.nice.org.uk/about/labels.html/>)

Drug	Warning Label Number	Warning
Amitriptyline	2	2 – Warning – may cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Carbamazepine Modified Release	3, 8, 25	3 – May cause drowsiness. If affected do not drive or operate machinery. 8 – Do not stop taking this medication except on your doctor's advice 25 – Swallowed whole, not chewed.
Carbamazepine	3, 8	3 – May cause drowsiness. If affected do not drive or operate machinery. 8 – Do not stop taking this medication except on your doctors advice
Chlorpromazine	2, 11	2 – Warning – may cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. 11 – Avoid exposure of skin to direct sunlight or sun lamps
Diazepam  This is a <b>Controlled Drug (CD) (Schedule 4 part 1)</b> . Nurses may administer these to patients in accordance with the doctor's directions but dispensed supplies may <b>NOT</b> be left with the patient or carer, <b>unless the dispensed medicine has been checked by a doctor or pharmacist</b> . The doctor or pharmacist should sign the dispensing record to confirm this.	2 or 19	2 – Warning – may cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. 19 – Warning – causes drowsiness which may continue the next day. If affected do not drive or operate machinery. Avoid alcoholic drink.
Fluoxetine	None	

**Cautionary and Advisory Labels to be added to Container (This list is for reference only and not exhaustive. Always refer to the British National Formulary (BNF) Appendix 9 for updated warning labels and <https://bnf.nice.org.uk/about/labels.html>)**

Haloperidol	2	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Lithium Carbonate Modified Release (Priadel)	10, 25	10 – Warning – Follow the printed instructions you have been given with this medicine 25 – Swallowed whole, not chewed.
Lofepamine	2	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Lorazepam  This is a <b>Controlled Drug (CD) (Schedule 4 part 1)</b> . Nurses may administer these to patients in accordance with the doctor's directions but dispensed supplied may <b>NOT</b> be left with the patient or carer, <b>unless the dispensed medicine has been checked by a doctor or pharmacist</b> . The doctor or pharmacist should sign the dispensing record to confirm this.	2 or 19	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. 19 – Warning – Causes drowsiness which may continue the next day. If affected do not drive or operate machinery. Avoid alcoholic drink.
Mirtazapine	2, 25	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. 25 – Swallowed whole, not chewed.
Olanzapine Dispersible	2	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Orphenadrine	None	

**Cautionary and Advisory Labels to be added to Container (This list is for reference only and not exhaustive. Always refer to the British National Formulary (BNF) Appendix 9 for updated warning labels and <https://bnf.nice.org.uk/about/labels.html>)**

Paroxetine	21	21 – Take with or after food.
Procyclidine	None	
Propranolol	8	8 – Do not stop taking this medication except on your doctor's advice.
Risperidone	2	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Sertraline	None	
Sodium Valproate Enteric Coated	5, 8, 25	5 – Do not take indigestion remedies at the same time of the day as this medicine. 8 – Do not stop taking this medication except on your doctor's advice. 25 – Swallowed whole, not chewed.
Sodium Valproate Modified Release	8, 25	8 – Do not stop taking this medication except on your doctor's advice. 25 – Swallowed whole, not chewed.
Sodium Valproate Crushable 100mg	8	8 – Do not stop taking this medication except on your doctor's advice. Crush or chew
Sulpiride	2	2- Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Thiamine	None	
Trifluoperazine liquid	2	2 – Warning – May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
Venlafaxine Modified Release capsules/tablets	21, 25	21 – Take this medicine with or after meals 25 – Swallowed whole, not chewed.
Zopiclone	19	19 – Warning – Causes drowsiness which may continue the next day. If affected do not drive or operate machinery. Avoid alcoholic drink.

**Appendix B**

**Checklist for Dispensing and Labelling Medicines**

<b>Dispensing</b>	<b>Dispenser</b>	<b>Checker</b>
Drug Name and Strength		
Drug Form (tablets, liquid)		
Quantity		
Drug Expiry Date		
Appearance of the drug is as expected		

**Appendix B**

<b>Label</b>	<b>Dispenser</b>	<b>Checker</b>
Drug name		
Form		
Strength		
Quantity		
Directions		
Patient's name		
Date of dispensing		
Appropriate additional labels (Appendix A)		
Keep out of the reach of children		
Team name dispensing medicine		
Dispenser and checkers initials		

## Out of hours Dispensing Log Sheet

Please fill in the table below if you remove any items from the EDR cupboard. Thank you!

<b>Date and time</b>	<b>Team</b>	<b>Patient Name</b>	<b>Consultant</b>	<b>Medicine Dispensed, strength and form</b>	<b>Directions</b>	<b>Dispenser Signature and profession</b>	<b>Checkers Signature and profession</b>

