

<b>NHSGGC Safe and Secure Handling of Medicines</b>	
<b>Guidance Section 2</b>	
<b>Ordering and stock control of medicines in clinical areas, wards, theatres and departments</b>	
Approved by: ADTC Safer Use of Medicines Committee	April 22
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## **2.1 General principles**

- 2.1.1 All staff ordering medicines must be trained and competent in the required procedures.
- 2.1.2 Medicines must be ordered by a registered nurse or midwife or other suitably qualified personnel (e.g. radiographer). Pharmacists / pharmacy technicians / pharmacy support workers can also order medicines for clinical areas on an adhoc basis or as part of a routine top up service.
- 2.1.3 Where electronic ordering is in place it must be appropriately password protected and accessed only by authorised personnel.
- 2.1.4 Pharmacy departments must maintain an up to date list of authorised signatories permitted to requisition controlled drugs.
- 2.1.5 All stationery used to order medicines is controlled stationery. This includes stationery used to order ward stock, CDs, and medicines to be given to patients to take away on discharge or at a clinic. Controlled stationery must be stored and issued from pharmacy in a secure manner.
- 2.1.6 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for the safekeeping of all controlled stationery.
- 2.1.7 Controlled stationery comprises Controlled Drug Order Books, Ward Controlled Drugs Registers, Medicine Prescription Forms (including Hospital Discharge Prescriptions and HBP forms), requisition forms, and any other stationery used locally to order medicines. All controlled stationery must be stored securely to avoid misappropriation.
- 2.1.8 The Appointed Registered Nurse / Midwife or Manager in Charge, ward / department medical staff and the designated pharmacy representative will agree a stock list that reflects the needs of the patient group in each clinical area, and is in line with agreed formularies.
- 2.1.9 The stock list must be reviewed and updated regularly, at least once every year.
- 2.1.10 The stock list contains a list of the name, form and strength of all medicines routinely required, and the minimum stock level that must be held.

- 2.1.11 All staff ordering routine medicines should have the required knowledge and competence to order and safely store medicines within the clinical area.
- 2.1.12 Arrangements must be in place to ensure that medicines that are not included in the agreed stock list, or where the patient's own supply is not available or is not deemed suitable for use, are obtained timeously, so that doses are not missed or delayed if this would potentially harm the patient.
- 2.1.13 The Appointed Registered Nurse / Midwife or Manager in Charge must ensure that a system is in place to regularly check expiry dates and rotate stocks of medicines.
- 2.1.14 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring that medication ordering systems are in place that minimise dose omissions and delays, reduce medication wastage and utilise staff resource efficiently.
- 2.1.15 When a patient is transferred to another clinical area the nurse / midwife responsible for the patient's care must make arrangements to ensure that required doses of medicines are not missed or delayed and that stock is not wasted by duplicate orders.
- 2.1.16 If a patient is at risk from a missed dose of medication the medicines may be transferred from another area in the hospital, provided the correct procedures are followed.
- 2.1.17 Appropriate documentation must be completed at all stages of the ordering and receipt of medicines process by suitably qualified staff.

### **Controlled Drugs: Additional Requirements**

- 2.1.18 An up to date list of authorised signatories for controlled drugs must be maintained within pharmacy departments and updated by the Appointed Registered Nurse / Midwife or Manager in Charge.
- 2.1.19 Doctors and pharmacists are not routinely authorised to sign Ward Controlled Drugs Order Books (exceptions may apply in some areas e.g. due to staffing issues).
- 2.1.20 All requisitions for CDs should be made using the Ward / Department Controlled Drugs Order Book.

## **2.2 Requirements for ordering medicines for clinical areas, wards, theatres and departments**

- 2.2.1 A schedule for ordering and delivery of medicines should be agreed with the Appointed Registered Nurse / Midwife or Manager in Charge, the Sector Chief Technician and Porter Manager.

- 2.2.2 Suitable quantities of medicines included in the stock list must be ordered so that they may be processed and delivered according to the agreed schedule. Sufficient quantities of stock should be held so that they will not require ordering outwith the agreed schedule, except in emergency situations.
- 2.2.3 The Appointed Registered Nurse / Midwife or Manager in Charge should monitor ordering practice to ensure that it is carried out efficiently i.e. doses are not missed or delayed unnecessarily, medicines are not wasted, and nursing, pharmacy and portering time is used efficiently.
- 2.2.4 Ward / department staff may be required to arrange delivery and collection for items that are ordered outwith the agreed delivery schedule. Local SOPs will apply.

### **Controlled Drugs: Additional Requirements**

- 2.2.5 CDs must be requisitioned in the sequentially numbered Ward Controlled Drugs Order Book (or equivalent electronic order form if in use), which will be signed by a registered nurse / midwife who must be an authorised signatory for CDs for the area concerned. In theatre environments, suitably qualified operating department practitioners (ODPs) can requisition CDs if they are an authorised signatory for that area.
- 2.2.6 The requisition must state the name, form and strength, where appropriate, of the CD and the total quantity required. The Ward Controlled Drugs Order Book should be sent to pharmacy for supply.
- 2.2.7 CDs for ward stock should be ordered according to a locally agreed schedule. Sufficient quantities of stock should be held so that they will not require ordering outwith the agreed schedule, except in emergency situations.

### **2.3 Requisitioning medicines for discharge and pass prescriptions and for out-patient clinics**

- 2.3.1 An Immediate Discharge Letter (or Discharge Prescription form / locally agreed Pass Prescription form, if appropriate, or other electronic prescription form) must be used to prescribe all medicines supplied to patients from hospital, including supply of medicines from out-patient clinics. This ensures adequate amounts of medication are provided on discharge and facilitates communication with the patient's GP. Prescribers should also include information on medicines that have been stopped or altered and the reasons for these changes.
- 2.3.2 The information required must be accurately transcribed from the Medicine Kardex (whether electronic or paper is in use) and / or the patient's medical notes, with an appropriate clinical review of the kardex to take account of the patient's current health status and desired treatment objectives.

- 2.3.3 Clinical trial medicines may be ordered on approved documentation as per trial protocol.
- 2.3.4 The doctor / authorised prescriber responsible for the patient's care must ensure that the prescription is completed in adequate time.

### **Controlled Drugs: Additional Requirements**

- 2.3.5 A printed IDL (or separate paper Discharge prescription) is required for CDs for discharge or pass medication. The IDL or paper prescription must specify the name, form and strength of each CD and the total quantity of each CD to be supplied in words and figures. A handwritten paper discharge prescription form / pass prescription for CDs should not include any non CD medicines.
- 2.3.6 IDLs containing CDs must be printed and annotated in ink by the prescriber with the date, ward, hospital name and prescriber name and signature. Addressograph labels must not be used on paper CD prescriptions as this does not fulfil the legal requirement that the name and address are indelible.
- 2.3.7 Ward / department CD checks carried out by pharmacy or CD governance teams will ensure that IDLs containing CDs have been appropriately recorded within ward / department CD registers.