NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 13	
Access to medicines when pharmacy is closed / medicine and CD transfers (inpatient areas)	
Approved by: ADTC Safer Use of Medicines Committee	November 23
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13.1 General principles

13.1.1 The Appointed Registered Nurse / Midwife or Manager in Charge is responsible for ensuring that appropriate systems are in place so that required medicines are available to minimise unnecessary dose omissions or delays. These systems should ensure that adequate supplies of required medicines are ordered during pharmacy opening hours.

13.1.2 The respective Sector Chief Technician and / or Lead Clinical Pharmacist must ensure that an on-call pharmacist is available to provide advice on the safe use and availability of medicines when the pharmacy is closed. The on-call pharmacist will facilitate the supply of urgently required medicines, where deemed appropriate, in consultation with ward medical and nursing staff.

13.1.3 On some sites, emergency cupboards are utilised for out-of-hours supply of medicines. These are maintained and stocked by pharmacy. Access to them is restricted to pharmacy staff and other agreed senior staff e.g. the Hospital Co-ordinator / other designated staff member responsible for site management and patient care. Local SOPs must be followed.

13.1.4 The on-call pharmacist will not routinely attend to supply discharge prescriptions out of hours but will assess and respond to calls according to his / her professional judgement.

13.1.5 In emergency situations the on-call pharmacist will make every effort to respond to calls as quickly as possible.

13.1.6 The Hospital Co-ordinator (or other designated staff member responsible for site management and patient care) must contact the on-call pharmacist personally, unless prescribing advice is required, when the prescriber responsible for the patient's care must contact the on-call pharmacist directly, via switchboard.

13.1.7 If a prescribed medicine is not available in a clinical area when pharmacy is closed, the Assigned Nurse / Midwife in Charge must identify if the medicine can be obtained from another ward / department or from the emergency cupboard (if available). The Hospital Co-ordinator (or other designated staff member responsible for site management and patient care) has access to the

emergency cupboard and should be contacted by the Assigned Nurse / Midwife in Charge once it has been ascertained that the medicine is not available on another ward.

13.1.8 If the medicine is not available from another ward / department or the emergency cupboard, the Assigned Nurse / Midwife in Charge should consult with ward medical staff to agree whether the dose may be missed or delayed without compromising patient care, until the pharmacy reopens. If clinical care will be compromised by missing doses a decision must be made as to whether or not an alternative medicine that is available can be prescribed and administered. If not, the Hospital Co-ordinator (or other designated staff member responsible for site management and patient care) must be advised, who will contact the on-call pharmacist. All missed doses must be documented in the Medicine Prescription Form (electronic or paper).

13.1.9 If a medicine deemed essential is required before the pharmacy reopens, the on-call pharmacist will take action to facilitate supply. This may include obtaining medicine from another hospital / location or attending the pharmacy department to supply.

13.2 Internal transfers of medicines between wards, theatres, departments and clinical areas.

13.2.1 Medicines should be transferred between wards, theatres, departments and clinical areas only when the pharmacy is closed, except when accompanying patients being transferred to other wards / departments / sites and / or to ensure continuity of supply, prevent dose omissions and reduce medication wastage.

13.2.2 If a ward/clinical area identify that they require to source a medication they must check if any neighbouring wards hold the required medicine. The Assigned Nurse / Midwife in Charge of the ward holding the required medicine must agree to the transfer. The ward requiring the medicine must send their Medicine Transfer Record Book, detailing what medicine is required, to the ward identified as holding the medicine. This book must be signed by the Assigned Nurse / Midwife in Charge of the requesting ward. A check must be made of the prescription chart (electronic or paper) at the time of the transfer by the staff involved to ensure the request is for a prescribed medicine (if paper charts are in use the chart should be taken to the ward along with the Medicine Transfer record Book).

13.2.3 The Medicine Transfer Record Book should record:

- Date of transfer.
- Name, form, strength and quantity of medicine transferred.
- Signatures of the two nurses / midwives involved.

The ward issuing the medicine should retain the ‘tear-off’ slip from the Medicine Transfer Record Book, which should be filed in a dedicated folder held by the Authorised Nurse in Charge. Periodically, these books will be

reviewed by nursing and / or pharmacy staff and used to amend stock lists to reflect current prescribing patterns.

13.2.4 Any medication transferred must be clearly identifiable e.g. transfer full or partially used bottles of oral liquid medicine in the original container; a complete / partially used blister strip of oral tablets or capsules rather than cutting off one or two blisters etc.

Controlled Drugs: Additional Requirements

13.2.5 The transfer of controlled drugs be recorded in the Medicines Transfer Record Book (as above) and also be fully documented in the CD register of both wards.

13.2.6 The Hospital Co-ordinator (or other designated staff member responsible for site management and patient care) must view the prescription chart (paper or electronic) for the patient requiring the CD.

13.2.7 The Assigned Nurse / Midwife in Charge of the ward holding the CD, Ward Y, must authorise the removal of the required CD from their CD cupboard.

13.2.8 A registered nurse / midwife on Ward Y must make an entry in the appropriate page of the Ward Controlled Drugs Register belonging to Ward Y, indicating that stock has been transferred to Ward X (the ward with a patient requiring the CD). The entry should state, e.g. “2 tablets transferred to Ward X for patient A”. This should be signed by the nurse / midwife from Ward Y and countersigned by the Hospital Co-ordinator (or other designated staff member responsible for site management and patient care).

13.2.9 The Hospital Co-ordinator (or other designated staff member responsible for site management and patient care) will transfer the controlled drug from Ward Y to Ward X.

13.2.10 A registered nurse / midwife on the ward requiring the CD, Ward X, must make an entry in the appropriate page of the Ward Controlled Drugs Register belonging to Ward X, stating e.g. “2 tablets transferred from Ward Y for patient A”. This should be signed by the nurse / midwife from Ward X and countersigned by the Hospital Co-ordinator or other designated staff member responsible for site management and patient care.