

<b>ISSUING OF DISCHARGE MEDICINES TO IN-PATIENTS</b>	<b>Policy</b> <b>Register No: 10128</b> <b>Status: Public once ratified</b>
--	---

Developed in response to:	PCT Key Performance Indicators and SHA indicators
Contributes to CQC Core Standard number:	12

Consulted With	Post/Committee/Group	Date
Lyn Hinton	Director of Nursing	December 2017
Maria Richards	Principle clinical pharmacist, acute medicine	March 2018
<b>Professionally Approved By</b>	MO&SG Chair's approval	March 2018

Version Number	4.2
Issuing Directorate	Pharmacy
Ratified by:	DRAG Chairman's Action
Ratified on:	2 <sup>nd</sup> August 2018
Trust Executive Board Date	September 2018
Implementation Date	28 <sup>th</sup> August 2018
Next Review Date	July 2021
Author/Contact for Information	Alison Felton, Head of Pharmacy
Policy to be followed by (target staff)	All Trust staff members and Clinicians
Distribution Method	Trust Intranet and Website
Related Trust Policies (to be read in conjunction with)	Medicines Management Strategy, Non Medical Prescribing Policy, Unlicensed Drugs Policy

### Document Review History

Version No:	Reviewed by:	Issue Date:
1.0	J Giles	27 February 2011
2.0	J Giles - clarification of responsibilities and insertion of section relating to TTA medicines	August 2014
3.0	Alison Felton	November 2017
4.0	Alison Felton	28 August 2018
4.1	Sarah Ferguson – clarification of responsibilities and insertion of point 7.5	3 <sup>rd</sup> September 2019
4.2	Alison Felton – clarification to section 6 including documentation required for TTA packs and the removal of TTA registers	17 <sup>th</sup> October 2019

## **Index**

- 1. Purpose**
- 2. Scope**
- 3. Training**
- 4. Equality and Diversity**
- 5. Issuing Medicines for Discharge**
- 6. Issuing TTA Packs**
- 7. Exceptions**
- 8. Monitoring**
- 9. Communication**
- 10. References**

## 1. Purpose

- 1.1 This policy describes the process for the issuing of discharge medications to patients at Mid Essex Hospital Services NHS Trust (MEHT). It is designed to ensure patients receive adequate medicines for their condition but also to discourage unnecessary prescribing and consequent waste or hoarding of medicines by patients.

## 2. Aim

- 2.1 To ensure there is clear guidance on what medication patients need to take home after an admission.
- 2.2 To ensure there are clear procedures for obtaining drugs for discharge when required.

## 2. Scope

- 2.1 This policy applies to all patients who are admitted to MEHT wards.

## 3. Training

- 3.1 Training is delivered in accordance with the training needs analysis (Mandatory Training Policy).

## 4. Equality and Diversity

- 4.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

## 5. Issuing Medicines to Patients Being Discharged from MEHT

- 5.1 Patients should have at least 14 days' worth (or an amount appropriate to course length) of any **new** medicines, or **any medicine that has been changed** during admission, to take home (if appropriate). Ensure that the medication is correctly labelled and that the directions are clear.
- 5.2 It is not necessary to supply all the regular medicines that the patient was taking prior to admission for the patient on discharge as most patients will have supplies of regular medicines at home. If patients do not have enough of their regular medicines with them, or at home, and arrangements cannot be made to collect them from their usual chemist, then these can be ordered from pharmacy (see section 5.5). Patients should be discouraged from hoarding medicines or obtaining extra supplies on a "just in case" basis.
- 5.3 All the medications currently being taken by the patient, including regular medications taken prior to admission, should be recorded on the discharge summary. [Exceptions to this are day case and short stay patients where no changes have been made to regular medication and an accurate medication history may not have been obtained. Specify in the letter, no changes to regular medication. In these cases, the patient can take home any of the medications they brought into hospital with them, along with any

new medications prescribed on the discharge letter. Ensure that all the medication returned to the patient are labelled for that patient.]

- 5.4 The medications to be given to the patient to take home should be checked against the discharge letter, ensuring that the letter was written at the appropriate time and that a change in discharge date has not resulted in an out of date list written previously. The medication should be checked for drug name, dose, directions, patients name and expiry date. If there are any discrepancies, discuss with the nurse in charge or the ward pharmacy team.
- 5.5 If a further supply of medication is required at the point of discharge, the ward should contact the ward pharmacy team to arrange the further supply (Monday to Friday). If this is not possible, the discharge letter and drug chart should be sent to pharmacy along with a request slip stating the items that are required (not just “all meds”). Ward based nursing staff should have first ensured that the medication is not already on the ward (in patients locker, fridge etc) and that the patient does not have more supplies at home or any awaiting collection from their usual chemist. Patients should be discouraged from hoarding medicines or obtaining extra supplies on a “just in case” basis.
- 5.6 When medicines are given to patients at discharge it is the responsibility of the discharging nurse to ensure that the patient has the correct medicines and understands how to take them. In some cases this may have been completed by the ward pharmacy team but it remains the responsibility of the nurse to undertake a final check at the point of discharge. Should the patient have questions or problems with their medicines, the nurse may be able to answer the questions using their professional knowledge. However should there be any doubt the discharging nurse must contact the pharmacy department – or the on-call pharmacist if out of hours – for advice and confirmation.
- 5.7 Healthcare support workers should not be delegated the responsibility for discharge medicines.
- 5.8 **Patients own medication**  
If a medication that the patient was taking prior to admission has been stopped, then this should be removed and returned to pharmacy. If the patient is reluctant to surrender their own medication that they had brought into hospital with them, then discuss with the nurse in charge. In most cases, the patient can take the medication home with them as long as the patient understands the reason why this medication has been stopped. However, in the case of a controlled drug or in cases where there is concern, this should also be discussed with a clinician looking after the patient and pharmacy if necessary. If it is deemed unsafe or inappropriate for the controlled drug/medication to be returned to the patient, then this should be clearly documented in the medical notes and not returned to the patient.

## 6. Issuing TTA packs

6.1 In order to facilitate discharge, some areas may keep TTA packs of medication for direct issue to patients. A TTA pack is a medicine that has been pre-labelled by the pharmacy for direct issue to patients.

6.2 TTA packs must only be supplied by a registered staff nurse, doctor, pharmacist or pharmacy technician against either:

- A valid hospital prescription (signed and dated) by a registered MEHT doctor or MEHT independent prescriber within 48 hours of the prescription being written;
- Against a discharge letter completed by a registered MEHT doctor;
- Via a PGD (by authorised nursing staff only – see separate protocol).

The TTA pack of the correct drug, strength and form should be selected and checked that:

- The pack is undamaged;
- The pack has a reasonable expiry date;
- The directions/frequency on the label are the same as on the prescription;
- There is a sufficient quantity to be supplied.

6.4 If the TTA pack does not match all the above, then the TTA pack cannot be issued. TTA packs **must not** be altered in anyway. For example, the contents cannot be removed or the strips cut. (If the TTA pack contains more than the patient requires, the patient should be told to discard the remainder). If the directions on the label are different to those prescribed, **do not** alter the label. If you do not have a TTA pack with the correct directions, then order this medicine from pharmacy.

6.5 If the TTA pack is appropriate, then all the details must be filled out on the label including name, date, dose (if appropriate) etc. This is a legal requirement.

6.6 The TTA pack must be double checked by another qualified member of staff\* against the discharge letter/prescription to ensure that:

- Correct drug, strength and form have been selected;
  - An appropriate quantity is being supplied;
  - The medication is in date;
  - The frequency is correct (complete details if necessary);
  - The patient details have been filled in;
- The checker should countersign the prescription/discharge letter if satisfied.

*\* Exceptions to this are doctors, pharmacists and registered staff nurses (band 6 and above) who are working in isolation where a double check is not possible. This must only be done in exceptional circumstances. The **FULL** responsibility of the accuracy of the dispensing is accepted by this individual.*

- 6.7 The prescription chart/discharge letter or patient's notes must be clearly signed and dated by both staff members involved in the issuing/Supply of the TTA pack(s). The quantity supplied must also be clearly documented e.g. 1x28 TTA pack supplied.
- 6.8 The member of staff should then present the TTA pack to the patient checking the patients name and date of birth or hospital number to ensure the correct patient. The TTA pack must then be explained to the patient ensuring the patient understands the directions, how to take the medication, what the medicine is for and the storage conditions (if appropriate).

## **7. Exceptional Situations**

- 7.1 In some circumstances, the provision of discharge medicines may vary from the principles set out above. These may, but not exclusively, include patients normally resident in care or nursing homes, patients being discharged into care settings other than their usual place of residence, and patients for whom a compliance aid is required.
- 7.2 Nursing and care homes often use their own monitored dose systems and are either unwilling or unable to utilise labelled packs issued from the hospital pharmacy. Medicines sent to these establishments are often simply thrown away. Ward staff and pharmacy staff will attempt to establish if a nursing or care home are able to use hospital dispensed medicines before dispensing.
- 7.3 When a patient has brought all of their medicines into hospital and these have been used up during their stay, the hospital will replace these medicines on discharge.
- 7.4 Patients being discharged to a care setting away from their normal place of residence will usually require a full supply of **all** medicines to enable treatment to continue uninterrupted. This will include patients being transferred into the intermediate care setting.
- 7.5 In the Burns and Plastics directorate, a band 5 registered nurse (with agreed competencies) may supply TTA packs of topical medication for wound care without a double check when necessary. This only includes topical preparations for application to a wound and not by any other route. The FULL responsibility of the accuracy of the dispensing is accepted by the individual.

## **8. Audit**

- 8.1 The pharmacy department has a responsibility for monitoring all prescribing and administration of medicines.
- 8.2 Monitoring of the supply of discharge medicines will be undertaken by the pharmacy department and reported to divisions at divisional management meetings.

## **9. Communication**

- 9.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's intranet and highlighted via the Trust's weekly newsletter "Focus".
- 9.2 Ward pharmacist and pharmacy near patient technicians will highlight this policy to ward managers.

## **10. References**

- DoH QIPP National Workstream (2010)
- MEHT Policy for prescribing medicines for Inpatients