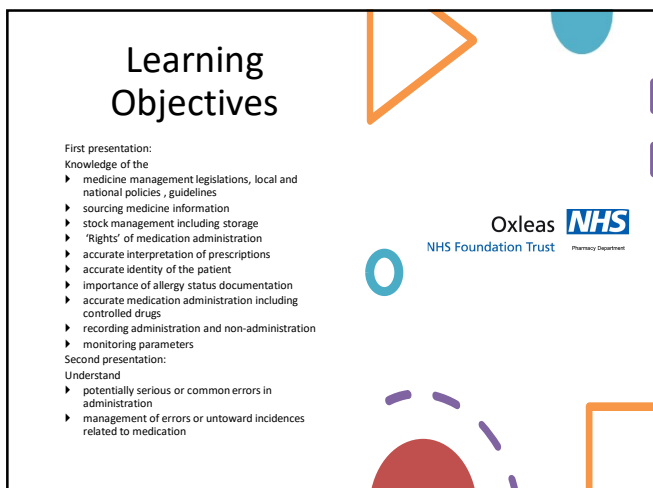




1



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3




Oxleas MH Pharmacy

- Pharmacy is located at Bracken House, Pinewood site
- Open Monday - Friday, 9am - 5:15pm
- Telephone number: **01322 625762**; Email: oxl-tr.pharmacydispensary@nhs.net
- Team of pharmacists, pharmacy technicians & pharmacy assistants.
- Our role is to support the safe and effective use of medicines, medicine optimisation, by implementing guidance e.g. NICE, trust Medicines Management Committee (MMC) and the local Area Prescribing Committee (APC)
- Pharmacists work in: Wards, CMHCs, Clinics, Perinatal services, Audits, Education, Research
- Electronic prescribing system (eMeds) implemented on all wards
- CMHC & HTT use paper prescriptions, which are scanned and sent to pharmacy via email
- Medication delivered to acute inpatient units twice a day and to long-stay wards and CMHCs once daily

4

Out-of-hours service

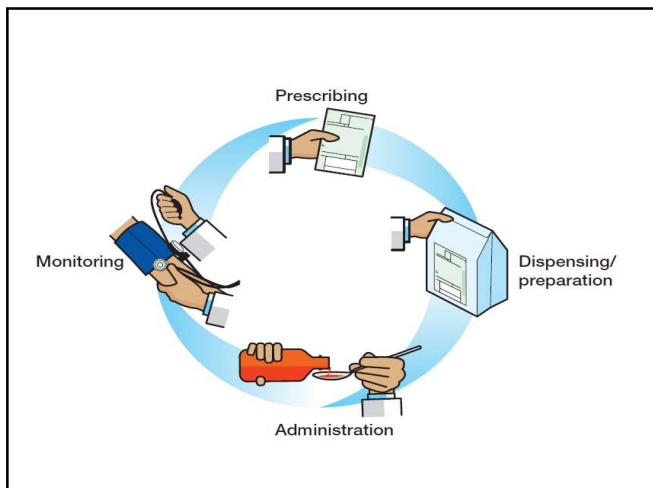
- A pharmacist is on-call out of hours for advice and urgent supply of medication, contacted via the Bracken Centre reception (**01322 294300**).

NB: The pharmacy does not supply TTOs out-of-hours.

- An **Emergency Drug Cupboard** (EDC) is available on each main inpatient site and the [EDC stock lists](#) can be found on the eMed.
- See handbook for more information



5



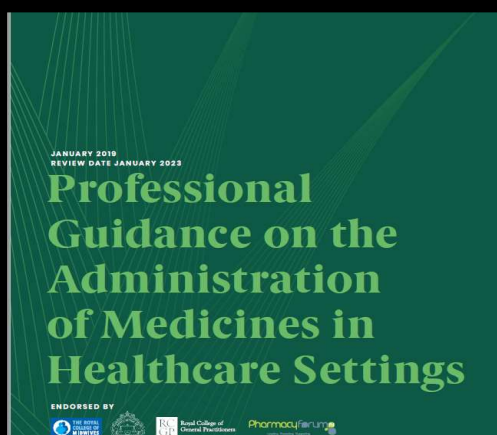
6

NMC MM Standards

- Administer medicines in accordance with legal, professional and policy requirements safely and effectively
- Know the therapeutic uses and side-effects of medicines
- Calculate the dose/volume accurately
- Identify the method of administration
- Identify patient and check prescription chart appropriately
- Appropriate action in response to an administration error

REPLACED

7




8

15. The organisation's administration procedure is followed. This may include, but **is not limited to**, checking the following:

- 15.1 The identity of the patient
- 15.2 The prescription or other direction to administer meets legal requirements, is unambiguous and includes where appropriate the name, form (or route of administration), strength, and dose of the medicine to be administered
- 15.3 That issues around consent have been considered (11,12,13,14,15,16,17,18,19,20)
- 15.4 Allergies or previous adverse drug reactions
- 15.5 The directions for administration (e.g. timing and frequency of administration, route of administration and start and finish dates where appropriate)
- 15.5.1 **any** ambiguities or concerns regarding the direction for administration of the medicine are raised with the prescriber or a pharmacy professional without delay
- 15.5.2 **any** calculations needed are double checked where practicable by a second person and uncertainties raised with the prescriber or a pharmacy professional
- 15.6 The identity of the medicine (or medical gas) and its expiry date (where available)
- 15.7 That any specific storage requirements have been maintained
- 15.8 That the dose has not already been administered by someone else (including patient or carers).

9



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Medicines Management

An overview for nursing

CLINICAL PROFESSIONAL RESOURCE

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Guidelines and Policies

- ▶ Trust Medicines Management policy
- ▶ Trust Controlled Drugs policy
- ▶ NSCA alerts e.g. insulin, lithium, opioids, critical medicines
- ▶ Never Events
- ▶ BNF
- ▶ Doh documents: NICE, Safety in doses, Building a safer NHS, Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines, Health Education England. (2017). Advisory Guidance: Administration of medicines by nursing associates.
- Consent to examination and treatment Policy
- Mental Capacity Act Policy
- Medical Treatment under the Mental Health Act Policy
- Covert Administration of Medicines Policy
- Policy for the promoting Safer Use of Injectable Medicines
- Incident management policy and procedures
- **Medicines Reconciliation Policy**
- Non-medical prescribing Policy
- Records Management Policy
- Safe handling and disposal of sharps policy
- **Transcribing Policy for Community Health Services**
- Vaccine storage and handling standards Patient Group Direction Policy
- Standing Financial Procedure 15, Requisition, Storage and Distribution of FP10 Prescription Pads/Forms
- Central Alerts System (CAS) policy
- Waste management policy and procedure
- **Report antipsychotic medication guidelines for administration**

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Information resources

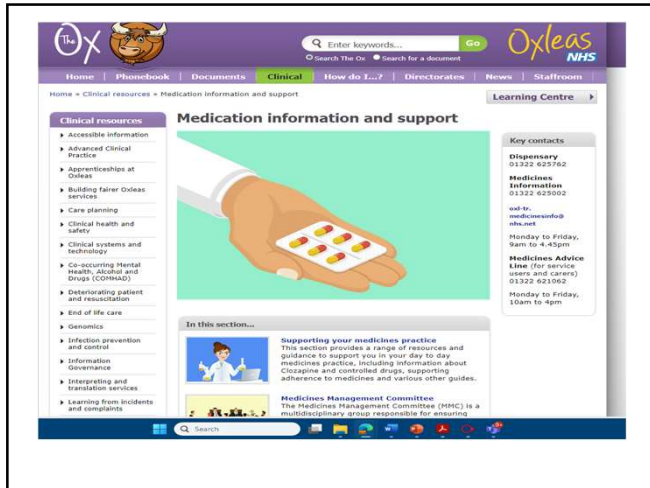
Medicines information: 01322625002
Patient & Carers line: 01322621062

The OX
PILs
Decision aid posters
Side-effect assessment tools e.g. GASS, clozapine GASS

BNF
Bnf.org, app

Ward/Clinic pharmacists
Link pharmacists/techs

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www.choiceandmedication.org/oxleas

- Over 3,000 leaflets available to download, view, print or email
- Information about medicines in pregnancy
- Charts to compare different medicines
- Handy fact sheets/summaries on mental health topics
- Several types of leaflets available in easy-to-use/read formats
- Different languages available, with phased translations added periodically

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MEDICINES POLICY

Scope	Mental Health and Community Health
Owner	Clinical Effectiveness Group
Contact	Chief Pharmacist Head of Nursing (Education and Development) Medical Director
Version	1.1
Issue date	January 2019
Reviewed	July 2019
Next Review date	July 2022

Management of Controlled Drugs

Scope	Trustwide
Owner	Medicines Management Committee
Contact	Chief Pharmacist
Version	3
Issue date	January 2017
Reviewed	July 2019
Next Review date	March 2022

Search summary:
The purpose of this policy is to:

- Ensure the Trust complies with the legal requirements of the Misuse of Drugs Regulations (1971), the Misuse of Drugs Regulations, 2002 (as amended), all other relevant Controlled Drugs Legislation and NHS Guidance including that issued by the NPSA and NICE.
- Provide clear, standards and procedures for staff carrying out their duties involving Controlled Drugs.

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Critical Medicine List

Drug Name or Class	Rational for inclusion
Insulin	Poor glycaemic control and potential for symptomatic hyperglycaemia
Anticoagulants therapeutic	Progression of thrombus and risk of serious embolic episode (stroke/PE)
Anticoagulants thromboprophylaxis	Risk of thrombus and serious embolic episode
Opiates Prescribed regularly for severe chronic pain (Oral, injectable and transdermal)	Loss of pain control Increased need for intermittent analgesic doses
Systemic Antimicrobials in first 48 hours of therapy (including antibiotics, antiviral, antifungal or antimalarial)	Potential worsening of systemic infection and deterioration of condition
Antiretrovirals	Potential for emergence of viral resistance
Antiepileptics	Loss of seizure control
Anti – Parkinsonian Agents e.g. co-careldopa (Sinemet), co-beneldopa (Madopar)	Loss of symptom control See 'Get it on time' campaign
De-tox medicines e.g. chlordiazepoxide, oxazepam	Loss of symptom control
Desmopressin Prescribed for cranial diabetes insipidus	Risk of life threatening dehydration and hyponatraemia

Medicines for emergency, resuscitation or life saving should, of course, be given immediately.

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2018 Never Events and what we need to do to prevent them

Definition

Never Events are a particular type of serious incident that meet all the following criteria:

- They are **wholly preventable**, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Each Never Event type has the **potential to cause serious patient harm or death**. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.
- There is evidence that the category of Never Event **has occurred in the past**, for example through reports to the National Reporting and Learning System (NRLS), and a risk of recurrence remains.
- Occurrence of the Never Event is easily recognised and clearly defined**—this requirement helps minimise disputes around classification, and ensures focus on learning and improving patient safety.

Never Event	Responsibilities of
	Pharmacists
	Nurses
Overdose of insulin due to abbreviations or incorrect device Overdose refers to: <ul style="list-style-type: none"> When a patient receives a twofold or greater exposure of insulin because a prescriber abbreviates the word UNIT or INTERNATIONAL UNITS, despite the care setting having electronic prescribing in place. When a healthcare professional fails to use a specific insulin administration device i.e. does not use an insulin syringe or insulin pen to measure insulin. A healthcare professional withdraws insulin from an insulin pen or pen vial and then administers this using a syringe and needle. 	<ul style="list-style-type: none"> Always prescribe insulin in UNITS and in very clear handwriting to avoid any misinterpretation of the dose of insulin that is required. Clearly specify the formulation of insulin and administration device. Check the dispensing history for the patient to make sure the formulation of insulin and administration device are correct. Contact the prescriber if the dose is not prescribed in UNITS.
Overdose of methotrexate for non-cancer treatment Overdose refers to: <ul style="list-style-type: none"> When a patient receives methotrexate, via any route, for non-cancer treatment which results in more than the intended weekly dose being taken, despite the care setting having electronic prescribing and administration system. 	<ul style="list-style-type: none"> Keep only the low strength oral preparation in stock. Never dispense a prescription for daily administration without checking RQJ with the GP. For inpatients only dispense one week at a time. Be aware that methotrexate is usually given once weekly. Never administer daily methotrexate without checking with pharmacy/GP first. Nurses that transfer: on the drug chart cross out six of the administration boxes each week to avoid accidental administration on the wrong days.

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<p>Wrong route administration of medication</p> <p>The patient receives one of the following:</p> <ul style="list-style-type: none"> Oral/enteral medication or feed/flush administered via any parenteral route Intravenous chemotherapy administered via the intrathecal route Intravenous administration of medicine intended to be administered via the epidural route 	
<ul style="list-style-type: none"> Consider transfer to a medical bed for any patient who requires the administration of feeds/medicines through both enteral and parenteral routes. Only use purple oral/enteral syringes to draw up enteral feeds/medicines. NEVER attach an enteral syringe to an IV line (if the syringe doesn't fit, it's the wrong line). 	<ul style="list-style-type: none"> Only use purple oral/enteral syringes to draw up enteral feeds/medicines. If administering through an enteral syringe, always check that it is attached to the enteral, not IV access (if the syringe doesn't fit, it's the wrong line)
Intrathecal or epidural administration of medicines does not occur in the Trust	
<p>Mis-selection of high-strength midazolam during conscious sedation</p> <p>Mis-selection refers to:</p> <ul style="list-style-type: none"> When a patient receives an overdose due to the selection of a high strength midazolam preparation (5mg/ml or 2mg/ml) rather than the 1mg/ml preparation, in a clinical area performing conscious sedation. Excludes clinical areas where the use of high-strength midazolam is appropriate. These are general only in general anaesthesia, intensive care, palliative care, or where its use has been formally risk assessed. 	<p>High-strength parenteral midazolam is not stocked on wards</p> <p>Only issued against patient specific palliative care prescriptions</p>
<p>Mis-selection of a strong potassium containing solution</p> <p>Mis-selection refers to:</p> <ul style="list-style-type: none"> When a patient intravenously receives a strong potassium solution rather than an intended different medication 	<p>High-strength parenteral potassium chloride is not stocked</p>

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'High-risk' medicines

There are various national and local resources for prescribers and patients to minimise preventable harm for 'high-risk' medicines e.g.:

- [Unlicensed/off label prescribing](#)

Anticoagulant Alert Card	
NAME	
DOB	
GP	
Address	
Phone	
Signature	

- [Safe use of warfarin](#)

- [Safe use of methotrexate](#)

Epilepsy Therapy	
NAME	
DOB	
GP	
Address	
Phone	
Signature	

- [Safe use of lithium](#) - Avoid PRN NSAIDs, provide information booklet, monitor NB: Prudent lithium database*

- [Valproate - Valproate information for health professionals](#) Information for patients:

Valproate information leaflet on the intranet

- [Valproate guide for patients](#) and [consent form](#) incorporating a checklist

- [Safe use of insulin](#)

- [High-dose and/or combination antipsychotics](#) —ensure safety checks carried out and documented

- [Rapid tranquilisation](#) (see intranet Pharmacological management of acutely disturbed behaviour in adults/children)


ENSURE INFORMATION IS PROVIDED, DISCUSSED, DOCUMENTED

Use of off-label medicines
Medicines for children
Information for parents and carers


Valproate
Patient leaflet, what you need to know and give your child about valproate


Rapid tranquilisation
Patient leaflet, what you need to know and give your child about rapid tranquilisation

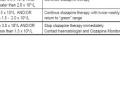
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Clozapine







- Brand**
Zaponec®; monitored by Zaponec Treatment Access System (ZTAS), who uses Magna Laboratories
- Registration**
Patients, prescribers, and pharmacists must be registered with ZTAS
- Blood samples**
A differentiated FBC test is required every weekly, fortnightly or monthly. Arrangements for analysis vary locally – ask ward staff and/or your link pharmacist for details. Usually:
 - Outpatients** – will attend a POCHI clinic, or blood samples are posted to Magna labs
 - Inpatients** – A courier will collect samples Monday or Tuesday to take to Magna labs, or samples taken Monday to Wednesday can be posted to Magna labs
 - Urgent samples or those taken after Wednesday** – should be sent to the local path lab. Team to chase results and email to ZTAS.
- Clozapine is supplied** only when patient's result status is **'GREEN'**

Plasma levels – monitoring – only take blood Mon-Wed and courier/post to Magna labs. See guidance on OX.

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Clozapine

1	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
2	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
3	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
4	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
5	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
6	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
7	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
8	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
9	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
10	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
11	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
12	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
13	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
14	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
15	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
16	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
17	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
18	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
19	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
20	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
21	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
22	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
23	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
24	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
25	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
26	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
27	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
28	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
29	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
30	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
31	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
32	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
33	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
34	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
35	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
36	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
37	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
38	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
39	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
40	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
41	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
42	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
43	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
44	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
45	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
46	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
47	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
48	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
49	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed
50	Chlorazepate tablets 15mg and 30mg, used for the treatment of anxiety and insomnia	01/01/2012	Completed

Please inform pharmacy when:

- Commencing clozapine
- Clozapine patients are admitted on the ward
- Discharging patients on clozapine
- Treatment is interrupted
- Changing doses

Pharmacy contacts:

- Pharmacy clozapine line - 01322 625000; for clozapine supply
- Contact a link pharmacist or Medicines Information for more complex clinical issues.

For more details, refer to the trainee handbook or documents on the Ox.

- [‘Support Services’](#) - [‘Medication Information and Support’](#) - [‘Supporting your medicines practice’](#) - [‘Clozapine information’](#).

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ZTAS contacts:

Email: info@ztas.co.uk; Tel: 0207 365 5842; Fax: 02073655843;

Website: www.ztas.co.uk

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Stock & Storage

Ordering medication

- Stock ordered by pharmacy/nurses
- Non-stock ordered via eMeds by ward staff (pharmacist)
- CMHC - scan and email all copies of prescriptions accompanied by a cover sheet to: oxl-pharmacydispensary@nhs.net
- Controlled Drug (CD) (see how to order CDs in the Ox)
- Clozapine
- TTO/Discharge
- Dosette
- Community – chemists

Storage of medication

- Cupboards, cabinets, trolley, fridge, CD cupboards, Patients own drugs lockers
- Temperature
- Security
- Expiry date
- Returning excess stock to reduce wastage

Out of hours/Emergency cupboard at each acute site

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Rights in Administration

- **Right patient** – identify the patient accurately, use at least 2 sources
- **Right medication** – 3 checks
- **Right time** – remember critical medicines, before or after food e.g. alendronic acid, insulin
- **Right dose**
- **Right route/form**
- **Right information** – PILs, decision aids
- **Right consent** – section, unlicensed
- **Right monitoring** – response, side-effects, physical health
- **Right documentation** – ‘if not documented, did not happen’!

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Preparation for medication administration

- Self
- Environment :
Clinical room/space, clean and tidy, well lit, distraction free, confidential, secure
- Medicines storage:
Secure, tidy and adequately stocked
- Utensils:
Medicines pots, spoons, syringes, bowl, jug of water, drinking glasses, washing facility, swabs
- Infection control:

PPE

- Prescriptions
- Patients

Note any medication requires technical preparation

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Prescription

Ensure medication prescription is always:

- Appropriate, Legible, Safe, Clear, Indelible (hard copies)

Check the prescription for:

- Name and address of patient
- Prescribers signature
- Date
- Correct medication, dose, time/frequency, route of administration, instruction e.g. for PRN
- Allergy status
- Attachments e.g. clozapine, warfarin, alcohol detox

Any ambiguity – Ask!

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Administration Process of Oral

- ▶ Wash and dry hands well, wear gloves
- ▶ Select prescription card
- ▶ Select medications accurately
- ▶ Re-check the drug, dose, route, time, expiry date
- ▶ Dispense
- ▶ Confirm ID and try to converse with the patient about their treatment, information to encourage
- ▶ Observe any special instructions
- ▶ Hand the medication to the patient to be taken
- ▶ Offer a glass of water
- ▶ Witness the dose being taken

NB: Medication for substance misuse e.g. Subutex must to be observed directly

NB: Ensure the prescribed dose has not already been administered

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Administration of Injection

- ▶ Policies and guidance:
 - Safe use of injectable medicines
 - E-learning – Insulin
 - Depot antipsychotic medication guidelines for administration
 - Manufacturers information leaflets
 - Sharps disposal
- ▶ Good practice:
 - to obtain a double check on any calculation
 - use lowest volume e.g. zuclopenthixol decanoate IM 600mg use 500mg ampoule = 1.2ml instead of 3x200mg ampoules
 - Pabrinex IM 7ml divide in two smaller volumes and use both buttocks
 - Ensure completed training for Zypadhera administration and monitoring before administration

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Administration of Topical

Follow manufacturers instruction

- Patch
- Cream, ointments, gels
- Suppositories, enemas, pessaries,
- Inhalers

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Record of Administration

- All medicines administered must be signed, dated and timed (PRN) in the patient's medicines administration section (in black indelible ink).
- The administration of CDs must be also recorded in the ward CD register with a witness
- PRN medication should also be recorded in the clinical records (RIO)

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NHS Foundation Trust Pharmacy Department

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Record of non-administration

Mental health

- R if the patient refuses
- S if the patient is asleep
- A if the patient is absent and cannot be found
- O/L if the patient is on leave
- O/S if the medicine is out of stock
- W if the medicine is withheld at the nurses discretion

Community

- 1 Allergic reaction
- 2 Clinical reason
- 3 Patient refused
- 4 Medication unavailable
- 5 Patient unavailable
- 6 Other reason (to be communicated in communication sheet)

- An entry must be made in clinical notes to justify the reason for withholding prescribed medication.
- Delayed administration must be recorded with the actual time and reason

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Monitoring

- Physical health monitoring – base line/on-going – weight, BP, P, T, FBC, LFT, U&E, Lipids, TFT, ECG, Bone profile, drug level, glucose
- Response to treatment
- Side-effects – GASS, clozapineGASS
- Special monitoring e.g. rapid tranquilisation, clozapine, lithium, insulin, anticoagulant
- Documentation - NEWS

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Reducing Medicine Waste

- Use patients own drugs
- Avoid over ordering
- Check expiry dates regularly
- Send medication with patients when transferring
- Return unwanted medication to pharmacy

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Summary

- Know your policies, guidelines, local processes, drugs
- Know your patients, allergy status,
- MDT working
- Administer – Rights
- Record
- Reduce waste



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