

Purpose of this procedure:

One stop dispensing refers to the practice of combining inpatient and discharge dispensing into a single supply labelled for discharge.

The Procedure:

1.0 Supplying medicines from the clinical area

- 1.1 Patients will use their own medicines brought in from home when they have been assessed as suitable for use using the suitability criteria as per the Safe Use of Medicine Procedure, [*Use of patients' own medicines in NHS Lothian premises including hospitals*](#)

It may be necessary to supply medicines for inpatient use for the following reasons:

- Patient's own medicines are unsuitable
- Patient's own medicines have not been brought in
- A further supply of a patient's own medicine is required
- A new medicine has been started or the instructions have changed.

- 1.2 Supplying a medicine for inpatient use can be done in one of three ways:

- As an over-labelled medicine from the ward over-labelled medicine supply
- As an individual patient supply (IPS) ordered from pharmacy
- As an unlabelled medicine from ward stock

2.0 Over-labelled medicines

- 2.1 The pharmacist or pharmacy technician and the charge nurse or nominated depute for each ward will agree a list of medicines that are commonly used in the clinical area. Pharmacy will then supply these medicines to the ward as over-labelled medicines (pre-packs).
- 2.2 All over-labelled medicines will have blank spaces for the patient's name and the date. They may have a hospital pharmacy label attached to them with either blank spaces for instructions to be added or a standardised instruction, or the instructions may be printed on the container. The patient name, date and instruction (where appropriate) are completed on discharge, pass, or if the patient is self-administering.

3.0 Individual patient supply (IPS) medicines

- 3.1 When medicines are not available on the ward as an over-labelled medicine (pre-pack), but a labelled supply is required for a patient, an order must be sent to pharmacy. The medicine must be ordered using the 'Request for Individual Patient Supply' order form (IPS). A registered nurse, pharmacist, pharmacy technician, suitably trained pharmacy support worker, trainee pharmacist or doctor can transcribe prescription details from the prescription and administration record on to the individual patient supply form (IPS). This transcription must be checked and signed by a second person who must be a registered nurse, pharmacist, pharmacy technician or doctor except in those areas where the Medicines Policy Subcommittee and the Chief Nurse have agreed for only one registered nurse to sign and this is only when two registered nurses are not available.

Electronic medicine ordering is available as part of the hospital electronic prescribing and medicines administration system (HEPMA). If this is used in your ward area then follow the standard operating procedures for this on the HEPMA intranet page: [Electronic Ordering \(scot.nhs.uk\)](http://scot.nhs.uk)

4.0 Unlabelled medicines

- 4.1 All wards will have a supply of unlabelled stock medicines. Unlabelled stock medicines can be used when:
- An over-labelled medicine supply is unavailable
 - An individual patient supply is ordered but has not yet arrived
 - When the patient is unlikely to be discharged on the medicine
 - As an 'as required' or 'once only' dose

Unlabelled stock medicines can be placed in the patient's lockable medicine cabinet temporarily.

- 4.2 If the patient is likely to be discharged on a medicine and the dose is stable, check if an appropriate over-labelled medicine (pre-pack) is available and if not, order a labelled supply from pharmacy as early as possible.
- 4.3 Unlabelled stock medicines, held at ward level, must never be sent home with a patient or be used on the ward for patient self-administration programmes.
- 4.4 Refer to section [16.0](#) for guidance on unlabelled patient's own medicines.

5.0 Controlled Drugs

- 5.1 If a supply of schedule 2 and 3 controlled drugs is required for a patient, it should be ordered for ward stock from pharmacy in the usual manner using the controlled drug (CD) order book. When the patient is discharged, a labelled supply should be ordered from pharmacy on the patient's discharge prescription and must comply with all controlled drug requirements.
- 5.2 Schedule 2 and schedule 3 controlled drugs labelled for an individual patient for use on the ward can be arranged as an exception and must be agreed with a pharmacist. The labelled

controlled drug must be ordered by a prescriber on a discharge prescription and must comply with all controlled drug prescription requirements. An individually labelled supply of schedule 2 controlled drugs must be recorded in the Patients' Own Controlled Drug Book, i.e., receipt, administration etc., and stored in the controlled drug cabinet, segregated from ward stock. If the patient is self-administering refer to NHS Lothian Safe Use of Medicine procedure, [Self-administration of Medicines Programme for Inpatients Procedure](#)

5.3 Refer to NHS Lothian Safe Use of Medicines procedure for 'controlled drugs': [Controlled Drugs Procedures \(nhslothian.scot\)](#).

6.0 Length of supply

6.1 Over-labelled medicines (pre-packs) and individual patient supply (IPS) medicines will be issued as original pack(s) to provide at least a 7 day supply on discharge. If the medicine regime requires a lesser supply these can be issued in one of three ways:

- Annotating the required course length on the IPS order.
- By contacting the clinical pharmacy team to arrange the correct supply
- By issuing a full pre-pack and giving the patient clear instructions on the length of supply to be administered. The patient should also be advised to return any excess medicine/s to their community pharmacy.

7.0 Re-labelling of Patients' Own Medicines and Individual Patient Supply Medicines (IPS)

7.1 The instructions on the label should correspond to those on the prescription and administration record. If these do not correspond and it is not clear from the patient's healthcare records, that the change was on purpose, then this should be queried with the prescriber in case an error has taken place. If a dose on the prescription and administration record is altered, the correct dose should be supplied by using an overlabeled medicine from the ward or by ordering from pharmacy as an IPS.

7.2 There may be times when the label does not correspond with the instructions on the prescription and administration record e.g. during dose titration or whilst awaiting a labelled supply from pharmacy. Administration of medicines by nursing staff on the ward may still be carried out in accordance with instructions on the prescription and administration record, even if the directions on the label are incorrect as long as the medicine is suitable for use and the appropriate dose can be administered.

7.3 For patient self-administration programmes, the label must always match the prescription and administration record. Refer to NHS Lothian Safe Use of Medicines procedure, [Self-administration of Medicines Programme for Inpatients Procedure](#)

7.4 All patient's own medicines and medicines issued by the hospital may be relabelled by pharmacy. If required, the medicine and a new IPS order should be sent to pharmacy. If re-labelling patient's own medicines, the name of the original dispensing pharmacy must remain visible.

8.0 Discontinued medicines

- 8.1 Patient's own medicines that are no longer prescribed, should be segregated within the patient's lockable medicine cabinet. If the medicine is discontinued permanently, it should be set aside in the appropriate medicine cupboard for destruction (with the patient's consent).
- 8.2 Over-labelled medicines that are no longer prescribed, may be considered for return to ward supply if they have not previously left the hospital, have been stored correctly and have not been endorsed with the patient's name, date of issue or instructions. Otherwise, they should be set aside in the appropriate medicine cupboard for assessment for either return to pharmacy or destruction.
- 8.3 Individual patient supply (IPS) medicines that are no longer prescribed, should be segregated within the patient's lockable medicine cabinet. If the medicine is discontinued permanently, it should be set aside in the appropriate medicine cupboard for assessment for either return to pharmacy for reuse or destruction.

9.0 Transfer of patients' medicines

When a patient is transferred to another clinical area within the same hospital site, a different NHS Lothian healthcare premises or to a hospital outwith Lothian, the nurse responsible for the patient's care and the nurse receiving the patient must make arrangements to ensure that the required doses of medicines are not missed or delayed. Refer to Safe Use of Medicines Procedures (documents under development, please see section 5 and section 14 of [NHS Lothian Safe Use of Medicines Procedures \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/lothian/safe-use-of-medicines-procedures)):

- *The transport of medicines*
- *Medicines on patient transfer within and between NHS Lothian healthcare premises*
- *Issue of medicines for patients to take away from hospital*

Discharge medicines

10.0 Discharge prescriptions and passes

Discharge prescriptions and passes must be planned in advance in order to minimise the delay for the patient.

- 10.1 Patient's own medicines must be re-issued where appropriate on discharge or pass. Refer to the Safe Use of Medicine Procedure, [Use of patients' own medicines in NHS Lothian premises including hospitals](#).
- 10.2 The patient must have at least a 7 day supply of each medicine on discharge, or adequate supplies to cover the length of course of medicine.
- 10.3 Using the discharge assessment criteria the following process must be observed.
- 10.4 The pharmacist prospectively clinically checks(verifies) and signs the discharge or pass prescription. This can be completed retrospectively outwith pharmacy opening hours refer to section Outwith pharmacy opening hours, or in other situations where waiting for this check would delay the discharge and with the agreement of the clinical pharmacist.

10.5 Two registered nurses must then:

- Check the discharge prescription or pass against the patient's prescription and administration record
- Check the patient's medicines against the discharge prescription or pass
- Check the patient's medicines for suitability and length of supply
- Check and complete patient details on the over-labelled medicines ie: name, date and any instructions as necessary. Both nurses must sign the discharge prescription or pass.

10.6 In some clinical areas a clinical pharmacist, pharmacy technician or an appropriately trained pharmacy support worker may be available to replace one of the nurses in the checking process as described in 10.5, requiring only one nurse to complete the second check. In some instances, the clinical pharmacists and/or pharmacy technicians may complete both checks.

10.7 One registered nurse issues the medicines to the patient, along with a copy of the discharge/pass prescription and instructions for use.

11.0 Pass prescriptions

11.1 Some clinical areas use a repeat pass prescription system. When working within these areas the process implemented must be identified and adhered to.

11.2 For pass medicine supplies, confirm with the prescriber that the patient may receive current quantities of medicines held in the patient's lockable medicine cabinet, as this is likely to be greater than that prescribed for the duration of the pass.

12.0 Multi-compartment compliance aids (MCAs)

12.1 There may be cases when the patient's multi-compartmental compliance aid (MCA) can be used on discharge, e.g. where medicines have not changed during admission, but thorough checks must be made against the prescription and administration record and discharge prescription to ensure this is appropriate.

- The MCA must be sealed, clearly labelled and have been dispensed in a pharmacy, and/or the pharmacist must be satisfied that the contents are correct.
- All medicines in the MCA should be prescribed and be in the same time frame as the medicine prescription and administration record.
- The MCA should have been dispensed within 4 weeks and the medicine list confirmed as current for the patient.
- The MCA should be clean and dry with no obvious contamination or tampering.
- Contact must be made with the community pharmacy to ensure ongoing medicine supply.

12.2 A MCA will only be filled in the hospital pharmacy for a patient who has their MCA filled by a community pharmacy and is cared for at home or is being discharged to a council or NHS Lothian facility where this service has been agreed.

- 12.3 It may be necessary to send medicines from the patient's lockable medicine cabinet to pharmacy to allow a new multi-compartment-compliance aid (MCA) to be filled along with the discharge prescription.
- 12.4 A 7 day supply will be dispensed into the MCA in pharmacy. In some areas it may be necessary to provide a supply longer than 7 days but approval from clinical pharmacy staff must be obtained.
- 12.5 Where MCA are filled by family members or carers, a new MCA will not be filled, but any changes to medicines should be clearly communicated to relevant parties.

13.0 Medication Administration Records (MAR charts)

- 13.1 A MAR chart will only be supplied for a patient who is cared for at home and where the carers are required to record the administration of medication or are being discharged to a council or NHS Lothian facility where this service has been agreed. A MAR chart will not be provided for patients going to any other care facility.
- 13.2 A new MAR chart will be provided for the patient on discharge unless the patient's MAR chart is with the patient on the ward and there have been no changes to their medicines during the admission and there are a minimum of 7 days left on the MAR chart for recording medicine administration.
- 13.3 If the patient's medicines are changed during their inpatient stay then their MAR chart should be scored through and annotated as discontinued along with the date, designation and name of the prescriber cancelling the chart. This chart must be given to the patient on discharge.
- 13.4 If a new MAR chart is required on discharge this should be communicated to the appropriate clinical pharmacy team. The discharge prescription should be sent to pharmacy accompanied by the appropriate documentation detailing the requirements of the MAR.
- 13.5 At least seven day supply of each new medicine will be provided along with the MAR chart on discharge unless other formal agreements are in place.

14.0 Controlled drugs

- 14.1 Refer to section [5.0](#).
- 14.2 If patients' own schedule 2 and 3 controlled drugs require to be re-labelled for discharge/pass, they should be sent to pharmacy for re-labelling along with the discharge prescription. This should only be done under instruction and with the support of a member of the clinical pharmacy team. CDs must be transported in a secure, sealed, tamper evident container and at each point where a CD moves from the authorised possession of one person to another, a signature for receipt must be obtained.

15.0 Outwith pharmacy opening hours

- 15.1 Out of hours two registered nurses can check and supply discharge/pass medicines to the patient by following the discharge assessment criteria in section [10.0](#). At the Royal Hospital for Children and Young People this process can be carried out by one nurse and one doctor.
- 15.2 Discharge/pass prescriptions written and issued out with pharmacy working hours must have a retrospective pharmacist professional check.

16.0 Unlabelled medicines

- 16.1 Unlabelled patient's own medicines (e.g. blister strips) which are being returned to a patient on discharge or pass must be accompanied by a written instruction (patient copy of the discharge letter is acceptable in most cases), or, where appropriate, a new labelled supply can be issued.
- 16.2 When an unlabelled patient's own medicine has a change in dosage or instruction, the patient must be provided with a clear written instruction, which in most cases can be provided by the patient copy of the discharge letter, or a new labelled supply can be issued.

17.0 Discharge/pass prescription

- 17.1 Local procedures should be in place to ensure the signed copy of the discharge prescription is returned to pharmacy.
- 17.2 The patient must be given a copy of the discharge or pass prescription, which will provide written instruction on current medicines.
- 17.3 Local procedures should be in place to ensure transmission of information about discharge medicines to GP practices happens accurately and timeously. A digital copy of the immediate discharge letter (IDL) should be sent electronically to GP practices by authorising the IDL. A further 2 paper copies should also be given to the patient, one for themselves and one to deliver to their GP Practice.

Associated materials/references:

[Safe Use of Medicines Policy \(nhslothian.scot\)](#)

[Use of patients' own medicines in NHS Lothian premises including hospitals](#)

[Controlled Drugs Procedures \(nhslothian.scot\)](#)

[Self-administration of Medicines Programme for Inpatients Procedure.pdf \(nhslothian.scot\)](#)

Documents currently in development (see current version at [NHS Lothian Safe Use of Medicines Policy \(scot.nhs.uk\)](#)):

The transport of medicines

Medicines on patient transfer within and between NHS Lothian healthcare premises

Issue of medicines for patients to take away from hospital
