INDEPENDENT HEALTH GROUP

Medicines Management Policy

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Standard Operating Procedure (SOP)	
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1. Medicines Management Policy

The aim of this policy is to

- inform all clinical staff who hold a registered pin of their responsibilities in the medicine management process,
- set out ways of prescribing and administering medication so as errors of transcription and omissions are eliminated,
- educate all staff about the safe and secure handling of medication, including non-registered staff who may be involved in the ordering, distribution or checking of medication,
- ensure adequate record keeping is carried out throughout the process,
- Provide clear guidance regarding the transfer of medication between sites,

IHG is committed to the principle that all medicines should be handled in a safe, secure manner, allowing patients to receive the right medicine, in the right dose, at the right time. IHG is also committed to ensuring that medicines are used in the most cost-effective manner throughout the organisation.

2. Responsibilities

This Policy sets out the position of IHG in relation to how medicines are handled. Medicines management is a multidisciplinary activity involving doctors, licensed prescribers, pharmacists, nurses, managers as well as patients.

The Medical Director and Head of Nursing and Operations are responsible for ensuring the safe implementation of the policy.

This policy applies to all staff who are involved with medicines on a day to day basis in IHG staffed facilities. They must ensure they adhere to all terms, definitions and processes as described in this policy and other relevant policies.

Failure to comply with the Medicines Management Policy may be regarded as misconduct and dealt with in accordance with IHG's Conduct Procedure.

NOTES

In the normal course of daily activity at IHG, Intravenous medication is not routinely administered and therefore nursing and ODP staff are not locally trained and assessed as competent. However, in the event of an emergency requiring intravenous medication, IHG would expect that staff take all reasonable steps within the resuscitation guidelines to administer intravenous medication as required.

3. Prescribing Medication

3.1 The function of prescription

A prescription acts as authorisation and direction for the giving of medicine. Prescription charts or sheets are legal documents, recording medicines to be given and those actually administered. It will appear in the patient's Integrated Care Pathway (ICP) within SystmOne as a permanent record.

3.2 Responsibilities of prescribers

All prescribers are responsible for:

- Ensuring they only prescribe medicines that fall within their areas of clinical competence.
- Taking, or referring to, an accurate patient medication history before prescribing medication for a patient under their care.
- Checking and recording patient allergies and sensitivities.
- Deciding the drug, dose, route, frequency and appropriate duration of treatment.
- Checking clinically significant drug interactions.
- Ensuring instructions for the administration of medicines are clear and easy to interpret.
- Providing a legal, legible, signed and dated prescription giving all the detail necessary in a way that is accessible, and easily understood by the patient to enable the drug to be taken safely and correctly
- Maintaining their competence in prescribing in accordance with their code of conduct and employment contract

3.3 Prescribing

Authorisation must be provided in writing, by the prescriber in advance of the administration of the medicine, with some recognised exceptions,

- Authorised nursing procedures - as long as the procedure does not involve the use of prescription only medicine, been authorised by a medical practitioner and is recorded in the ICP or the electronic system (SystmOne).

3.4 Medication given throughout the procedures

Any medication given by an authorised prescriber throughout the patient's treatment episode is documented on the operative procedure page of the ICP to include name, strength, volume given and expiry date of medication.

This page must be signed by the administering practitioner, being logged into SystmOne to document in a patient's record is also a recognised legal documentation method.

In order to be compliant with the EU Falsified Medicines Directive (2011/62/EU) (FMD) the unique identifier code on the medicine packaging should be scanned to "decommission" the medicine prior to administration. This will be done in accordance with organisation standard operating procedure (pending scanner availability).

3.5 The discharge prescription used by IHG

Medicines can only be prescribed on the official IHG paperwork which states the patients name, address, date of birth and NHS Number. Other information pertinent to drug administration can be found in ICP within SystmOne

A pre-printed Take Home '**Post-Operative Medication for Adult Patients form'** is part of the patients Integrated Care Pathway. This ensures clear, accurate and unambiguous prescribing. Any information added must be in ink and legible.

The Discharge Prescription includes information required as stated above, plus

- Name, dose and form of the medicine
- Frequency of administration
- Signature of prescriber
- Batch number
- Expiry Date
- Space is provided for 2 signatures - the dispensing practitioner (Must be registered nurse or Registered ODP and a second checker (can be a Health Care Assistant).

This is a legal document and must be retained with the patients record as proof of treatment received.

4. Ordering

Please see attached standard operating procedure for the ordering and distribution of medication.

5. Storage

5.1 Responsibility for Stored Medicines and Keys

The Registered Manager is responsible at all times for the safekeeping of all medicines and for controlling access to the medicines and storage cupboards. They may delegate the key holding on a day to day basis to a Registered Nurse or Registered Operating Department Practitioner.

The medicines keys should be in the possession of a Registered Nurse or ODP at all times. When the department is closed, keys should be stored securely in a key safe which is accessible for a restricted number of staff.

If the Drug cupboard keys are lost or misplaced, every effort must be made to recover them. If they cannot be located, the GP practice and relevant Matron must be informed immediately, and an incident form completed.

5.2 Storage Accommodation

In line with the Safe Handling of Medicines regulations appropriate storage conditions must be provided. This must take the form of locked cupboards or refrigerators, taking into account any specific issues relating to the medication, i.e., light, temperature, separating of internal and external medication and skin disinfectants.

Details of storage requirements can be found in the summary of product characteristics (eMC), the patient information leaflet dispensed in UK licensed medication and any instructions on the labels issued by the manufacturer or dispensing pharmacist.

No flammable liquids are to be kept in the refrigerator; they must be stored in a cupboard away from potential sources of ignition in accordance with COSHH regulations.

See Appendix 2 and 3 regarding the use of refrigerators.

5.3 Breach of Security

Any incident of tampering, or breach of medicine storage must be reported immediately and investigated by the Head of Nursing and Operations or Matron together with other relevant managers. An incident form must be completed and escalated as per Independent Health Groups Incident Management Policy.

5.4 Checking of Stock Medicines

Any medication dispensed is recorded in a drug supply record to include the date, patients name, amount dispensed, i.e. one box, and to be signed by dispensing practitioner.

The stock balance of all drugs recorded must be checked each working day against the actual stock held in the department. This check should be carried out and a single entry made in the drug supply record and signed by two practitioners, one of which can be a Healthcare Assistant.

If a discrepancy is found, the practitioners must make every effort to identify and rectify the problem. If this is not possible, an incident form must be completed, and it must be reported to the Head of Nursing and Operations.

5.5 Review of Stock

Regular monthly stock reviews will be carried out to ensure the medication is being stored correctly, a stock rotation system is in place, the correct level of stock is maintained and to check expiry dates and use accordingly (In the event that a site is not

utilised weekly stock checks will occur every time the site is used). The amounts and range of medicines to be stocked will be reviewed regularly or when practice changes.

5.6 Transportation of medication between sites

Where medicines are being redistributed within IHG sites, this is done in accordance with organisational standard operating procedure.

If a site closes all medication is to be counted, documented and returned to head office in line with the transfer of medication between sites SOP.

6. Administration of Medication

6.1 Authorisation for administration

Only medication that has been supplied or approved for use by IHG may be administered.

Only Registered practitioners may administer medication.

Practitioners must only administer medicines to patients that have been authorised by licenced prescribers for that individual patient through a prescription.

In IHG clinical settings registered practitioners administer the majority of the medication throughout the surgery (i.e., local anaesthetic). The nursing staff provide and check the medication in the original packaging, but the Operating surgeon is responsible and accountable for selecting, the medication and ensuring it is the correct item and in date, prior to administration. If any member of the team identifies an prescribed drug is contraindicated for an individual patient, they must take reasonable steps to ensure the drug is not given with escalation to Head of Nursing, Matrons or Medical Director for advice or guidance as necessary,

6.2 Administration procedure

- Check the prescription for medication, dose, route, time, signature and that it has not already been given (including taken by the patient or carer). If this is not clear, consult prescriber.
- Check medication container for medication name, strength, and volume and expiry date.
- Check the patient’s identity against prescription both written and verbally.
- Check patient has no sensitivity to or contra-indications for the medication.
- Administer medication following any special instructions.
- Observe the patient for side effects and act accordingly.

- Record and sign for medicine administration on the patient's individual care pathway and the volume/amount administered

- Registrants must not prepare substances for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence.

6.3 Reporting adverse incidents or near misses involving medicine

Errors, incidents and near misses relating to the use of medicines (prescribing, administration and dispensing) of medications must be reported using the Incident Reporting System by the Senior Nurse, ODP, or Clinician at the time of the incident.

7. Procedure for Providing Pre-pack Take Home Medicine (TTA)

7.1 Introduction

At IHG pre-packed medication is dispensed to patients when they leave the facilities dependent on the requirements post procedure. Pre-packed medication is supplied as over labelled packs containing dosage instructions and BNF warning labels. There is a space on the label for the dispensing practitioner to enter the patients name and date of supply.

Pre-packed medication means that it is not necessary for nursing staff providing the patients with their medication to interfere with the standard packs.

7.2 Purpose

This procedure allows Registered Nurses and Operating Department Practitioners (ODP)'s to supply patients with Take Home pre-packs against a valid prescription found in the ICP, whilst ensuring all checks are completed.

It is the responsibility of nurses issuing pre-packs to be familiar with the possible adverse effects and interactions for each medicine supplied. (Please refer to Appendix 3 Clinical Checklist for information regarding take home packs of analgesia)**.**

7.3 Prescribing Take Home packs

Before a pack can be issued, a valid prescription must be completed by a prescriber. This can be found in the ICP – Discharge Prescription for Take Home packs

The prescription must include the patient's name, NHS number, and date of birth, consultant, and name of medicine, dose, frequency and duration of treatment (if appropriate)
The prescription must be signed and dated by the prescriber.

The prescription must be for an agreed TTA pre-pack stocked and must be at the agreed dose and for the agreed quantity of the medicine.

In the event that prepacked stock is not available, an FP10 can be issued, and the patient advised that they could reclaim any cost through IHG if prescription charges apply. NB the reclaiming of costs relating to FP10 only applies to drugs required immediately post-surgery that would otherwise be supplied and not for pre op or post-operative prescriptions.

Paracetamol and Ibuprofen are not routinely given as TTA packs.

7.4 Supply of Take-Home Packs against a valid prescription

Check that the prescription (FP10) fulfils the above requirements for validity as well as checking the IHG clinical checklist to ensure that the patient fulfils the criteria for inclusion and that the patient/ do not fulfil any criteria for exclusion.

Check with patient and SystmOne that the patient is not allergic to any of the prescribed medicine.

Select the appropriate pre-pack from the designated cupboard in the recovery/discharge room.

Check that the dose, frequency and quantity on the prescription correspond to the Instructions on the pre-pack.

For each pre-pack supplied, sign next to each item dispensed. Write the patient's name and the date on the pre-pack label/ box. Complete any further details on the label as follows:

- For eye drops (Dexamethasone and Chloramphenicol) fill in which eye to insert the drops and how many times per day

- For variable dose medicines (e.g. Naproxen, Omeprazole), complete the number of tablets/capsules to be taken

The medication should be given to the patient with a verbal explanation of the dose, frequency and duration of treatment. Best practice would be to also give each patient a leaflet, which includes information regarding medicine, how many tablets to take, stipulate a maximum dose in 24 hours and for how long, as well as other information that may be pertinent to that medicine ie.do not to mix medicines containing paracetamol, take ibuprofen with or after food etc.

The patient should be advised that there is a 'Patient Information Leaflet' inside the pre-pack.

Find the page in the Drug Supply Register that corresponds to that medication. Complete all sections of the record.

7.5 Verbal order for dispensing of medication following discharge

A written prescription or patient group direction is required in order to authorise medicine supply.

In exceptional circumstances, where a change or addition to the administration details is required and a delay in administering a medicine would compromise patient care, verbal orders may be used. Where appropriate, the prescriber requesting the changes provides a prescription or amends the drug chart or medication administration record containing the new administration details as soon as possible (within 24 hours). If the prescriber is unable to issue a new prescription or amend the medication administration record, the changes are communicated by an appropriately secure electronic method. The patient's records are updated.

The licensed prescriber's responsibility regarding a verbal order: -

You may prescribe only when you have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs, considering the means of communication with the patient, the need for a physical examination, is it necessary to have access to their medical records and are you able to prescribe in a written form within 8 hours.

The supplying practitioner's responsibility when acting on a verbal order: -

The practitioner must clarify the process with the prescribing licensed prescriber by listening to the message and repeating it back.
Once the medication is supplied the practitioner must then make a record of the medication, dose, route, the date and time on the ICP/PPS, stating clearly that it is a verbal order.

When the above is not possible the patient should be advised to seek advice from their GP.

7.6 FP10

A FP10 form may be used in the event of unavailability of TTA or in the event of patients requiring for example a course of antibiotics.

FP10 forms are stored in the locked drugs cupboard and a list of FP10 numbers and quantity is stored alongside them. Additionally, on issuing an FP10 this is recorded in the drugs record book.

Patients may only be advised to reclaim the cost of an FP10 if the medication was required on discharge from surgery. All other FP10 should be paid for by the patient (unless exempt).

8. Disposal

8.1 Regulations

Medicine management regulations require procedures to be in place to ensure the safe removal and destruction of unwanted, damaged, out of date or part-used medicines from all locations where medicines are stored and administered.

8.2 Responsibilities

All medicine that is no longer required or no longer suitable for their intended use must be disposed of in accordance with current legislation covered by IHG waste disposal policy. Any medications that ae found to be out of date and continue to remain in circulation are to be removed, and an Incident Form completed and escalated in line with IHG Incident Management Policy.

Safety, security, legal requirements, local environmental policies and IHG policies must be considered.

8.3 Actions

In some instances, the medicines should be sent for appropriate waste disposal via clinical waste containers and sharps container, i.e. injection syringes into sharps container without liquid medication being discharged.

Out-of-date medicines and any stock no longer required should be returned to the appropriate pharmacy for safe disposal.

However medication is disposed of, appropriate records should be kept to complete the audit trail.

9. Glossary, Definitions and Abbreviations

- **Medicine/ medication**
  Any substance or combination of substances which may be administered to human beings with a view to making a medical diagnosis or restoring, correcting or modifying physiological functions.

- **Prescribe**
  To authorise, in writing the supply and administration of a medicine usually, but not necessarily, a prescription only medicine for a named patient.

- **Dispense**
  To make up or give out a clinically appropriate medicine to a patient for self-administration or administration by another, usually another professional.

- **Administer**
  To give a medicine by either introduction into the body, whether by direct contact with the body or not (e.g. orally or by injection) or by external application (e.g. application of an impregnated dressing)

- **Patient Group Direction (Group Protocol)** A specific written instruction for the supply and administration of named medicines in an identified clinical situation in the absence of a written prescription.

- **ICP** Integrated Care pathway – documentation of patients' treatment plan throughout their experience.

- **To Take Away (TTA's)** Medicines given to a patient on discharge

- **P** Pharmacy Only

- **POM** Prescription Only Medicines are medicines that may only be supplied or administered to a patient on the instruction of a licensed prescriber and from an approved list for a nurse prescriber.
- **GSL** General Sales List
- **OD (o.d.)** Each day
- **OM (o.m.)** Each morning
- **ON (o.n.)** Each night
- **BD (b.d.)** Twice daily
- **TDS (t.d.s.)** Three times daily
- **QDS (q.d.s.)** Four times daily
- **Mane (m.)** Morning
- **Nocte (noct.)** At bedtime
- **PRN (p.r.n.)** as required, with indication of interval to be stated

All other dosage regimens must be written out in full.

10. Relevant Documentation

British National Formulary www.medicinescomplete.com Royal Pharmaceutical Society of Great Britain. Accessed October 2019

Care Quality Commission (2013) Guidance about compliance Essential standards of quality and safety http://www.cqc.org.uk/content/essential-standards Accessed October 2019

Electronic Medicines Compendium, (eMC) www.medicines.org accessed October 2019

MHRA, **Guidelines, control and monitoring of storage and transfer temperature of medicinal products** www.mhra.gov.uk

Misuse of Drugs Act (1971) www.legislation.gov.uk/ukpga/1971/38/contents

Royal Pharmaceutical Society (RPS)/Nursing and Midwifery Council (NMC). (2018). **Professional guidance on the safe and secure handling of medicines.** www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines. Accessed Oct 2019

RPS/NMC. (2019). **Professional guidance on the administration of medicines in healthcare settings**. www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20

standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567. Accessed October 2019

RPS (2019) **Medicines Ethics and Practice. Edition 43.** Accessed October 2019

The Safe and Secure Handling of Medicines: A Team Approach (March 2005) Revision of Duthie Report, 1988 Department of health Accessed Oct 2019

Appendix 1: TTA Pre-packs held in stock at IHG facilities

Co-codamol 8/500mg tablets x32: 1-2 tablets every 4-6 hours when required

Co-codamol 30/500mg tablets: 1-2 tablets every 4-6 hours when required

Naproxen 250mg tablets x 28. Take…….tablet(s) …….times a day

Diclofenac 50mg tablets x28: 1 tablet THREE times a day when required

Omeprazole 20mg capsules. Take …..capsule……times daily for …….days

Codeine 30mg Tablets x 28. 1-2 tablets every 4-6 hours when required

Dihydrocodeine 30mg tablets. Take ONE tablet every 4-6 hours when required

Chloramphenicol Eye drops 0.5%. 10ml. Put ……. Drop(s) into the ……eye(s) …….. times a day.

Dexamethasone 0.1% Eye Drops. 10ml. Put ……. Drop(s) into the ……eye(s) …….. times a day.

The following are not routinely stocked, and patients should be instructed to purchase supplies. Use the clinical checklist to ensure that the patient fulfils the criteria for inclusion and that he/she does not fulfil any criteria for exclusion.
The patient should be provided with verbal and written explanation of the dose, frequency and duration of treatment:

Ibuprofen 400mg tablets: 1 tablet every 6-8 hours when required

Paracetamol 500mg tablets x 32: 1-2 tablets every 4-6 hours when required

Appendix 2: Clinical Checklists for TTA Pre-pack Medicines

CLINICAL CHECKLIST FOR A NAMED ANALGESIA: Paracetamol 500mg Tablets

Patients clinical condition	Patients who require analgesia to take home following operation
Criteria for inclusion	**Patients who have been prescribed paracetamol 500mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription or are instructed to purchase own supplies**
Criteria for exclusion	Patients with known allergy to paracetamol Patients with severe hepatic impairment
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by the GP or a pharmacist
Name of medicine	Paracetamol 500mg tablets
Legal status of medicine POM/P/GSL	P
Dose or range criteria for dose	1-2 tablets
Method or route of administration	Oral
Frequency	4-6 hourly when required
Recommended Dose	4 doses in 24 hours, maximum of eight
Advice to patient or carer, prior to administration/on discharge including adverse effects	A patient information leaflet is available in every box of paracetamol supplied **Possible adverse effects**: • Rare, rashes have been reported This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk) • Avoid other medicines containing paracetamol • Do not take more than two tablets at any one time. Maximum of 4g (eight tablets) in 24 hours

This checklist should be used in conjunction with the Procedure for Providing Pre-pack Take Home Medication found in the policy.

For further information:

1. British National Formulary (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Paracetamol tablets Accessed online via the Electronic Medicines Compendium (eMC) at: www.medicines.org.uk

3. Patient Information Leaflet in each box

CLINICAL CHECKLIST FOR A NAMED MEDICINE:
Co-codamol 8/500mg Tablets

Patients clinical condition	Patients who require analgesia to take home
Criteria for inclusion	**Patients who have been prescribed co-codamol 8/500mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription**
Criteria for exclusion	• Patients with a known allergy to opioids • Patients with a known allergy to paracetamol • Patients with opioid dependence • Patients with acute alcoholism and liver disease • Patients at risk of paralytic ileus • Patients with severe renal impairment • Patients with head injuries or increased intracranial pressure • Patients who are pregnant • Patients who are breastfeeding
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by a GP or a pharmacist
Name of medicine	Co-codamol 8/500mg tablets (Codeine 8mg and paracetamol 500mg per tablet)
Legal status of medicine POM/P/GSL	P
Dose or range criteria for dose	1-2 tablets
Method or route of administration	Oral
Frequency	4-6 hourly when required
Recommended Dose	4 doses in 24 hours, Maximum of eight 8/500mg tablets
• **Advice to patient or carer, prior to administration/on discharge, including adverse effects**	• A patient information leaflet is available in every box of Co-codamol supplied • Possible adverse effects: - Nausea, vomiting - Constipation - Dry mouth - Drowsiness, dizziness - Allergic reactions (including skin rash) • This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk) • Avoid other medicines containing paracetamol and/or opioids while taking co-codamol tablets • Do not take more than two tablets at any one time. Maximum of eight tablets in 24 hours • May cause drowsiness – if affected do not drive or operate machinery • Avoid alcohol

Please note: This checklist should be used in conjunction with the Procedure for Providing Take Home Medicine, found in the policy

For further information:

1. British National Formulary - (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Co-codamol 8/500mg tablets accessed online via the Electronic Medicines Compendium (eMC) at :www.medicines.org.uk

3. Patient Information Leaflet in each box

CLINICAL CHECKLIST FOR A NAMED ANALGESIA:
Co-codamol 30/500mg Tablets

Patients clinical condition	Patients who require analgesia to take home
Criteria for inclusion	**Patients who have been prescribed co-codamol 30/500mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription**
Criteria for exclusion	• Patients with a known allergy to opioids • Patients with a known allergy to paracetamol • Patients with opioid dependence • Patients with acute alcoholism and liver disease • Patients at risk of paralytic ileus • Patients with severe renal impairment • Patients with head injuries or increased intracranial pressure • Patients who are pregnant • Patients who are breastfeeding
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by a GP or a pharmacist
Name of medicine	Co-codamol 30/500mg tablets
Legal status of medicine POM/P/GSL	POM
Dose or range criteria for dose	1-2 tablets
Method or route of administration	Oral
Frequency	4-6 hourly when required
Recommended dose	4 doses in 24 hours, maximum of eight 30/500mg tablets
Advice to patient or carer, prior to administration/on discharge, including adverse effects	A patient information leaflet is available in every box of co-codamol 30/500mg supplied Possible adverse effects: • Nausea, vomiting • Constipation, abdominal pain • Dry mouth • Drowsiness, dizziness • Euphoria, dysphoria • Shortness of breath • Allergic reactions (including skin rash) • Pruritus This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk) • Do not take more than two tablets at any one time. Maximum of eight tablets in 24 hours

	• Avoid other medication containing paracetamol and other opioid analgesics whilst taking co-codamol 30/500mg • May cause drowsiness – if affected do not drive or operate machinery • Avoid alcohol

Please note: This checklist should be used in conjunction with the Procedure for Providing Pre-pack Take Home Medication, found within the policy

For further information:

1. British National Formulary (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Co-codamol 30/500mg tablets accessed online via the Electronic Medicines Compendium (eMC) at :www.medicines.org.uk

3. Patient Information Leaflet in each box

CLINICAL CHECKLIST FOR A NAMED ANALGESIA:
Ibuprofen 400mg Tablets

Patients clinical condition	Patients who require analgesia to take home after operation
Criteria for inclusion	**Patients who have been prescribed Ibuprofen 400mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription or have been instructed to purchase own supplies**
Criteria for exclusion	• Patients with a known allergy to ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) • Patients with asthma **(unless patient can confirm that no exacerbation of asthma occurs when NSAIDs are taken)** • Pregnancy • Patients with previous or active gastric ulceration/bleeding • Patients with renal impairment, hepatic impairment, severe heart failure, coagulation defects • Patients taking warfarin, methotrexate, lithium, ciprofloxacin.
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by a GP or a pharmacist
Criteria for caution	• Patients taking angiotensin-converting enzyme (ACE) inhibitors (e.g. ramipril, perindopril) or angiotensin-2 receptor antagonists (e.g losartan, irbesartan). • If the instance occurs where the patient would require an NSAID and is using an angiotensin-converting enzyme (ACE) inhibitors (e.g. ramipril, perindopril) or angiotensin-2 receptor antagonists (e.g losartan, irbesartan), then it would be the prescribing clinicians responsilbity to review the patient history and renal function to deduce if a NSAID can be prescribed.
Legal status of medicine POM/P/GSL	P
Dose or range criteria for dose	1 tablet
Route of administration	Oral
Frequency	6-8 hourly when required
Recommended dose	3 doses in 24 hours, maximum of three 400mg tablets
Advice to patient or carer, prior to administration/on discharge including adverse effects	A patient information leaflet is available in every box of ibuprofen supplied **Possible adverse effects:** • Nausea, vomiting, • Indigestion or heartburn • Abdominal pain, diarrhoea • Headache, dizziness, vertigo • Allergic reactions (including skin rash) • Possible bronchospasm in patients with asthma

	This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk) • Do not take more than one tablet at any one time. Maximum of three tablets in 24 hours • Take with or after food • Avoid all other NSAIDs whilst taking ibuprofen • Stop taking ibuprofen and inform your doctor if experience any adverse reactions documented in the Patient Information Leaflet • The patient may need to take a proton pump inhibitor for the duration of treatment with a NSAID if they have risk factors for NSAID induced gastro-intestinal events.

Please note: This checklist should be used in conjunction with the Procedure for the Supplying of Pre pack Take Home Medicine found in the policy.

For further information:

1. British National Formulary- (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Ibuprofen tablets - accessed online via the Electronic Medicines Compendium (eMC) at: www.medicines.org.uk

3. Patient Information Leaflet in each box

CLINICAL CHECKLIST FOR A NAMED ANALGESIA:
Naproxen 250mg Tablets

Patients clinical condition	Patients who require analgesia to take home after operation
Criteria for inclusion	**Patients who have been prescribed Naproxen 250-500mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription.**
Criteria for exclusion	• Patients with a known allergy to Naproxen, Aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) • Patients with asthma **(unless patient can confirm that no exacerbation of asthma occurs when NSAIDs are taken)** • Pregnancy • Patients with previous or active gastric ulceration/bleeding • Patients with renal impairment, hepatic impairment, severe heart failure, coagulation defects • Patients taking warfarin, methotrexate, lithium, ciprofloxacin.
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by a GP or a pharmacist
Criteria for caution	• Patients taking angiotensin-converting enzyme (ACE) inhibitors (e.g. ramipril, perindopril) or angiotensin-2 receptor antagonists (e.g losartan, irbesartan). • If the instance occurs where the patient would require an NSAID and is using an angiotensin-converting enzyme (ACE) inhibitors (e.g. ramipril, perindopril) or angiotensin-2 receptor antagonists (e.g losartan, irbesartan), then it would be the prescribing clinicians responsilbity to review the patient history and renal function to deduce if a NSAID can be prescribed.
Legal status of medicine POM/P/GSL	POM
Dose or range criteria for dose	250mg (1 tablet) every 8 hours when required
Route of administration	Oral
Frequency	8 hourly when required
Recommended dose	Maximum of 1000mg in 24 hours
Advice to patient or carer, prior to administration/on discharge including adverse effects	A patient information leaflet is available in every box of Naproxen supplied **Possible adverse effects:** • Nausea, vomiting, • Indigestion or heartburn • Abdominal pain, diarrhoea • Headache, dizziness, vertigo • Allergic reactions (including skin rash) • Possible bronchospasm in patients with asthma This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk)

	• Take with or after food • Avoid all other NSAIDs whilst taking Naproxen • Stop taking Naproxen and inform your Licensed prescriber if experience any adverse reactions documented in the Patient Information Leaflet • The patient may need to take a proton pump inhibitor for the duration of treatment with a NSAID if they have risk factors for NSAID induced gastro-intestinal events.

Please note: This checklist should be used in conjunction with the Procedure for the Supplying of Pre pack Take Home Medicine found in the policy.

For further information:

1. British National Formulary- (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Omeprazole Capsules - accessed online via the Electronic Medicines Compendium (eMC) at: www.medicines.org.uk

CLINICAL CHECKLIST FOR A NAMED MEDICINE:
Omeprazole 20mg capsules

Patients clinical condition	Patients who require analgesia with a NSAID to take home following operation but are at risk of NSAID induced gastro-intestinal events.
Criteria for inclusion	**Patients who have been prescribed Omeprazole 20mg by a licensed prescriber on the ICP Discharge prescription**
Criteria for exclusion	• Patients with a known allergy to Omeprazole • Patients already on a proton pump inhibitor (Lansoprazole 15-30mg, Esomeprazole 20mg, Pantoprazole 20mg, Rabeprazole 20mg) • Patients with severe hepatic impairment • Patients taking atazanavir, bosutinib, dabrafenib, erlotinib, itraconazole, lapatinib, methotrexate, posaconazole suspension, rilpivirine, saquinavir, ulipristal.
Action if excluded	If a patient is already taking a proton pump inhibitor, they should continue with this. If other exclusions, a licensed prescriber will review the prescription and if necessary, prescribe alternative analgesia
Name of medicine	Omeprazole 20mg capsule
Legal status of medicine POM/P/GSL	POM
Dose or range criteria for dose	1 capsule
Method or route of administration	Oral
Frequency	Once daily
Duration of treatment	Duration should match the duration of NSAID use.
Advice to patient or carer, prior to administration/on discharge including adverse effects	Instructions for the dose and duration should be written on to label. Ensure patient aware that should stop Omeprazole when stops taking NSAID A patient information leaflet is available in every box of Omeprazole supplied Swallow capsule whole with a glass of water. Do not crush or chew the capsules **Possible adverse effects**: • Gastro intestinal disturbances – nausea, vomiting, constipation, diarrhoea, abdominal pain, flatulence. • Less frequent – Dry mouth, peripheral oedema, headache, dermatitis, dizziness sleep disturbance, fatigue, joint pain, urticaria, pruritus, rash.

	This list of possible adverse effects is not exhaustive and rarely reported adverse effects not included. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk)

Please note: This checklist should be used in conjunction with the Procedure for the Supplying of Pre pack Take Home Medicine found in the policy.

For further information:

1. British National Formulary- (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Omeprazole Capsules - accessed online via the Electronic Medicines Compendium (eMC) at: www.medicines.org.uk

3. Patient Information Leaflet in each box

CLINICAL CHECKLIST FOR A NAMED MEDICINE:
Codeine 30mg tablets

Patients clinical condition	Patients who require analgesia to take home
Criteria for inclusion	**Patients who have been prescribed codeine 30mg by a licensed prescriber on the ICP Oral Analgesia Discharge prescription**
Criteria for exclusion	• Patients with a known allergy to opioids • Patients with a known allergy to paracetamol • Patients with opioid dependence • Patients with acute alcoholism and liver disease • Patients at risk of paralytic ileus • Patients with severe renal impairment • Patients with head injuries or increased intracranial pressure • Patients who are pregnant • Patients who are breastfeeding
Action if excluded	A licensed prescriber will prescribe alternative analgesia or prescription should be reviewed by a GP or a pharmacist
Name of medicine	Codeine 30mg tablets
Legal status of medicine POM/P/GSL	POM
Dose or range criteria for dose	1-2 tablets
Method or route of administration	Oral
Frequency	4-6 hourly when required
Recommended dose	4 doses in 24 hours, maximum of eight 30mg tablets
Advice to patient or carer, prior to administration/on discharge, including adverse effects	A patient information leaflet is available in every box of codeine 30mg supplied Possible adverse effects: • Nausea, vomiting • Constipation, abdominal pain • Dry mouth • Drowsiness, dizziness • Euphoria, dysphoria • Shortness of breath • Allergic reactions (including skin rash) • Pruritus This list of possible adverse effects is not exhaustive. For full details, please consult the Summary of Product Characteristics (accessed at: www.medicines.org.uk) • Do not take more than two tablets at any one time. Maximum of eight tablets in 24 hours

	• Avoid other medication containing other opioid analgesics whilst taking codeine 30mg • May cause drowsiness – if affected do not drive or operate machinery • Avoid alcohol

Please note: This checklist should be used in conjunction with the Procedure for the Supplying of Pre pack Take Home Medicine found in the policy.

For further information:

1. British National Formulary- (www.medicinescomplete.com). British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

2. Summary of Product Characteristics for Ibuprofen tablets - accessed online via the Electronic Medicines Compendium (eMC) at: www.medicines.org.uk

3. Patient Information Leaflet in each box

Appendix 3: Standards for Refrigerators

All refrigerators used for storing medicines should be of Pharmaceutical Grade and meet the MHRA guidelines on 'Control and Monitoring of Storage and Transportation Temperatures of Medicinal Products' i.e.

- Maintain an air temperature of 2-8 ^{o}C with the minimum of intervention.
- Are not sited in an environment where extremes of temperature (<10 ^{o}C or >32^{o}C) will affect their performance.
- Are lockable.
- Be large enough to allow adequate air flow between the goods and the internal surfaces
- Daily temperatures are recorded (see appendix 5 for use when automatic recording facilities are not available).

What to do if you suspect a refrigerator is not working correctly:

- Check the temperature
  If 1 ^{o}C or less, then the fridge is not working correctly
  If its 9 ^{o}C or more then check the fridge is still switched on, close door properly and re-read temperature after 30minutes, if still 9 ^{o}C or more then the fridge is not working correctly.
- Consult the electronic recordings / Fridge Monitoring Form to look for recent temperatures and note any deviations
- If in doubt, remove the affected stock and return to pharmacy for disposal.
- Contact the Head of Nursing and Operations or their Deputy who will arrange for maintenance of the fridge if it is IHG property. If not contact the local manager.

Appendix 4: Fridge Monitoring Form

Fridge temp range should be between 2 ^{o}C and 8 ^{o}C

Department:

Date	Time	Current Temperature	Maximum Temp (if available)	Minimum Temp (if available)	Signature