



Procedure for Ordering Pass Medication within Greater Glasgow & Clyde Mental Health Services and Associates

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
2	July 2018	<p>Scope broadened in keeping with other guidance.</p> <p>Reference and link added to MRG14.</p> <p>Pharmacy added to staff group who can authorise passes.</p> <p>Note added that forms are in pdf format.</p> <p>Reference and link added to NHS GG&C Faxing Policy.</p> <p>Medical prescriber replaced by appropriate prescriber for who can write CD prescriptions.</p> <p>Pass request form updated</p>	MHS SUM group

Procedure for Ordering Pass Medication

Scope

This procedure is intended for use by all registered nursing staff and prescribers working within NHS GG&C Mental Health Inpatient settings Including Adult, Older Adult, Learning Disability, Addiction and Forensic Mental Health Inpatient Settings.

Procedure

With appropriate planning, all pass medication can be ordered, dispensed and delivered to wards for patients on time. In exceptional circumstances, if necessary and outwith pharmacy hours, passes may be dispensed from ward stock following procedures outlined in MRG 14 [Dispensing outwith pharmacy hours](#)

Step 1

Staff from the multi-disciplinary team will document in the patient's care plan the duration of the pass plus any requirement for 'as required' medication.

Step 2

Complete the first two sections of the pass medication request form in full. As this is simply a request to supply individually labelled medicines for a patient for the period of their pass this may be done by nursing, pharmacy or medical staff.

- The details of any 'as required' medication i.e. the medicine name and number of doses should be clearly written on the 'as required/special instructions' section of the request form. Special instructions might also include requests for a compliance device if previously agreed with pharmacy.
- If the pass is to be repeated, state how often in the area provided on the request form (common for Learning Disability and Forensic patients).
- **The nurse, pharmacist or doctor completing the form must sign and date the 'Signature/date' part of the second section of the request form.**
- If any of these details are not included, pharmacy will not dispense the pass prescription.

Note:

Pass Medication Request Forms will not be available as pre-printed stationary. They are 'pdf' files and should be printed off for use when required.

Step 3

When sections 1 & 2 of the Pass Request Form have been completed, the form and the patient's prescription sheet should be conveyed to pharmacy. **Where sites have the capability, pass prescription forms and the associate prescription sheet should be scanned and emailed to the appropriate generic pharmacy email address (e.g. Leverndale.Pharmacy@ggc.scot.nhs.uk). This will become the preferred method of delivery in time.** Where there is an onsite dispensary, the form and prescription sheet should be taken to pharmacy where the prescription sheet will be photocopied and immediately returned to the member of staff who brought it to pharmacy. Sites without a dispensary may fax pass request forms and prescriptions provided the safeguards described below are met. Ideally, pass requests should be sent to pharmacy as far in advance as possible to minimise patient delays.

For services that cannot at present scan & email documents, when faxing named prescriptions to pharmacy provided the following criteria must be met:

- The fax system must be secure. This includes the installation of pre-programmed numbers for the pharmacy for your area Wards/departments or CMHTs sending information to these secure pharmacy faxes must only do so via the pre-programmed secure numbers
- Within pharmacy, only authorised dispensary staff will have access to receive faxes.
- A cover sheet must be sent with each fax that includes the following confidentiality warning and confidentiality notice.

“This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential or legally privileged information. If you are not the intended recipient, you are hereby notified that the unauthorised use, disclosure, copying, distribution or alteration of these contents is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents”

- Wards should contact pharmacy to confirm the successful receipt of any faxes sent.
- All faxing must comply with the NHS GG&C [Faxing policy](#)

Step 4

Pharmacy will dispense the patient’s medication and complete in full the pharmacy section of the Pass Medication Request Form.

Step 5

The dispensed pass medication and a copy of the completed form will be returned to the ward. Upon receipt in the ward they should be stored appropriately until required by the patient.

Step 6

Prior to issuing the pass medication to the patient, a qualified nurse must check the contents of the pass supply against the Pass Medication Request Form and the medicines prescription sheet. The purpose of this check is to pick up any dispensing errors or identify any changes to the patient’s prescription that may have taken place since the pass was ordered. Any discrepancies must be notified to pharmacy immediately and if necessary a new pass medication request ordered using the procedure above. If everything is correct the nurse must sign and date section 4 of the form.

Step 7

On handing the pass medication supply to the patient or their representative a signature must be obtained. This is a requirement on the NHS GG&C Safe & Secure Handling of Medicines Policy. The Pass Medication Request Form should then be filed appropriately in the patient’s notes.

Exceptions

1. Controlled Drugs – The system above may be used for any non CDs on the patient’s prescription. However, CDs required for the pass must be ordered on a separate prescription, compliant with the relevant legislative requirements and written by **an** appropriate prescriber.
2. Local policy must be followed for any passes dispensed out with normal pharmacy hours.

The current system for discharge prescriptions will remain unchanged.

PASS MEDICINES REQUEST FORM

Section 1				
Patient's Name		CHI (10digits):		(Address Label)
Ward/Hospital:		RMO:		

Section 2 Pass Information

PASS DATE FROM: Date:Time:
TO: Date: Time:

If prescription to be repeated please state how often:

Compliance device required:

'As required' Medicine/Special Instructions:

- 1.
- 2.
- 3.

Authorised signature	Name	Designation	Date

Section 3 Pharmacy (to be completed by pharmacy)

Medicines Supplied (list the letter corresponding to the item on the prescription sheet, the brand, the strength & quantity dispensed)

	<i>Brand, strength & quantity dispensed</i>		<i>Brand, strength & quantity dispensed</i>

Dispensed by:.....Checked by :Date:.....

Section 4: Checked and issued from ward by

Name: _____ Designation: _____
Date: _____

Patient/representative signature:.....