The Royal HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
19/10/17

MEDICATION – STORAGE AND SUPPLY

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
- To ensure safe storage and supply of medication

2. PATIENT
- All women and neonates

3. STAFF
- Medical, midwifery, nursing and pharmacy staff

4. EQUIPMENT
- Nil

5. CLINICAL PRACTICE
- Store and supply all medication in line with below practices- see Educational notes

6. DOCUMENTATION
- National Inpatient Medication Chart (NIMC) or electronic equivalent

7. EDUCATIONAL NOTES

MEDICATION STORAGE:
- The nursing/ midwifery unit manager (NUM/MUM) or delegate is responsible for the safe storage of all medication on the ward. It must be ensured that the correct conditions are met in relation to security, temperature and stock rotation (expiry dates).
- For medications requiring storage in refrigerators- please refer to SESLHD PR300- Medicine: Management of Refrigerated Storage of Medicines and Vaccinations in Clinical Areas
- If further advice is required on storage conditions for particular medications please contact the Pharmacy department.
- All medication must be stored in the same container as received from Pharmacy except for emergency resuscitation or anaesthesia trolleys, where rapid access is essential and the quantity held is minimal.
- Re-packing must not occur outside of the Pharmacy Service, including the ‘pooling’ of medication from multiple containers into one container, re-labelling or over-labelling of containers, or re-packing from bulk stock into smaller containers.
- Medications must be stored in a manner that minimises medication error.
- All medication (except medication kept in the emergency resuscitation trolley) must be stored in a **locked** cupboard, room, drawer or medication trolley, specifically designated for that purpose. The medication cupboard, room, drawer or trolley must be kept locked when not in immediate use and the keys must be kept on the person of the nurse/midwife in charge of the ward.
- Medication keys must be **kept separate** from other ward keys.
- The NUM/MUM is responsible for communicating changes to medication and variations to existing medications.

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MEDICATION – STORAGE AND SUPPLY cont'd

MEDICATION SUPPLY

1) Ordering Ward Imprest

- Each ward has an individual imprest list which contains a list of commonly used drugs specific to that ward.
- The NUM/MUM (or delegate) and Pharmacy will determine the contents and number of medications on the imprest list. Ideally this list should be reviewed annually.
- Requests for additions or deletions from the imprest list should be made by the NUM/MUM to the Senior Pharmacist.
- The NUM/MUM (or delegate) is responsible for ordering and maintaining an appropriate level of medications on the ward.
- Expired/unwanted stock must be returned to the pharmacy department.

2) Ordering Medications which are not on the Ward Imprest

- If medication is required for a patient that is not found on the ward imprest, the medication must be dispensed for the individual patient. This can be arranged via the ward pharmacist or the **original order** on the NIMC (or other approved medication chart) must be sent to Pharmacy. For orders placed electronically please call the pharmacy department to arrange a supply.
- Unused individual patient dispensing must be returned to the Pharmacy on completion of therapy or when the patient is discharged.

3) Access of Medications outside of Pharmacy working hours.

- Please refer to the RHW LOP Medication-Access after hours
- A medication must not be omitted and 'Nil Stock' recorded without trying to obtain the medication via the steps outlined in the RHW LOP Medication: Access after hours

4) Discharge Medications

- Inpatient dispensed items or ward stock **must not** be given to patients on discharge.
- All discharge medication must be dispensed by the Pharmacy department or a Community Pharmacy. If a patient is discharged out of Pharmacy working hours prescriptions must be written to be dispensed at a Community Pharmacy. In exceptional circumstances a senior medical officer is permitted to dispense medications on discharge but these medications must be appropriately packed and labelled by a senior medical officer and discussed with the oncall pharmacist.
- For further information on discharge prescribing please refer to RHW LOP Medication-Prescribing.

Collecting Medication from Pharmacy

- Permanent staff employed by RHW can collect inpatient and discharge medications. Schedule 8 medication can only be collected by a Registered Nurse (RN) or Midwife (MW). Staff must produce their RHW identification badge prior to collection.
- Medication must be securely packaged in a bag with the destination clearly visible on the bag.
- Patients must not collect discharge medications from Pharmacy unless prearranged with Pharmacy.

Patient's Own Medication

1) On Admission

- All patients should be advised to bring in their current medications with them into hospital. This includes all tablets, capsules, patches, liquid medications, sprays, injections, creams, eye drops, complementary medicines, herbal medicines and clinical trial medications.
- Once the best possible medication history has been documented on the medical management plan, NIMC or electronic equivalents, patients should be advised to send medications home. If this is not possible the medications must be retained in a secure area on the ward (Schedule 4D and Schedule 8 medications must be stored in the DD cupboard and returned to patient on discharge/transfer)
- Patient's own medication should not be used for inpatient use, except in the following extenuating circumstances:-
  - Eyedrops, eardrops, inhalers and topical preparations provided they are in the original container and packaging, and dates of opening and expiry have been established and are acceptable.
  - The medication is not stocked by the pharmacy.
  - Substitution to an alternative therapeutic equivalent is inappropriate.
  - The medication is on order and not yet available from the Pharmacy department.
  - The patient is a day-only admission.
- If the patient's own medication has to be used in the circumstances outlined above, they must not be used until checked by a Pharmacist, Medical Officer or RN/MW to determine that:-
  - It is the correct prescribed medication for that patient and is intact.
  - It is appropriately labelled.
  - It is not mixed with other medications.
  - It does not contain different strengths of the same medication.
  - It is in date.
- The medication must be obtained by the patient care area as soon as possible, and when received, the patient's own supply must be withdrawn from use.

Inter-ward borrowing

There needs to be balance between enabling access to less familiar medications to meet clinical need and ensuring that patient safety is not compromised.

Medication must only be transferred between wards or accessed from the After Hours Drug Room (AHDR) for **continuation of therapy** for a patient already stabilised on treatment.

Medications must only be transferred between wards or accessed from the AHDR for **initiation** of treatment in a patient in the following circumstances:-

- Where the medication would normally be available in the Clinical Area (but is in short supply).
- Where the medication is not normally available in the Clinical Area its use must be:
  - consistent with a published policy or LOP **and**
  - at the request of and under the supervision of a Medical Officer.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Medication- Prescribing
- Medication- Administration

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MEDICATION – STORAGE AND SUPPLY cont'd

9. RISK RATING
- Low

10. NATIONAL STANDARD
- Medication Safety

11. REFERENCES

- Ministry of Health Policy Directive 2013_043 Medication Handling in New South Wales Public Health Facilities

REVISION & APPROVAL HISTORY
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