

PROCEDURE FOR LABELLING MEDICINES AT WARD LEVEL

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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1 Introduction

One stop dispensing at ward level is essential to provide an efficient service by the pharmacy team.

Advantages of using a labeller at ward level include:

- Reducing waste by preventing the unnecessary re-supply of medicines
- Relabelling previously dispensed medicines brought in from home or dispensed as a TTO from recent DGH transfer
- Relabelling medications where the directions have changed
- Dispensing medicines for discharge using a TTO or one-stop dispensing
- Reducing omitted and delayed doses due to waiting for medicines to arrive from the supplying pharmacy
- Faster turnaround in obtaining medicines for discharge on a TTO

2. Objective

The purpose of this policy is to enable the use of labellers within Powys Teaching Health Board community hospitals.

The policy will outline:

- how to label stock
- how to relabel POD's
- the process if stock is unavailable
- the process if the POD(s) are not suitable to be relabelled

3. Definitions

- **PTHB** – Powys Teaching Health Board
- **Pharmacist** – Registered with the GPhC
- **Pharmacy Technician** – Registered with the GPhC
- **Accredited Checking Technician (ACT)** – a registered Pharmacy Technician who has been deemed competent to final accuracy check dispensed medicines, which can then be given directly to the patient.
- **Student Pharmacy Technician** – Working towards NVQ Level 3
- **Assistant Technical Officer (ATO)** – a non-registered member of pharmacy staff who may be trained to be competent to deliver a number of pharmacy tasks under the supervision of a Pharmacy Technician or Pharmacist.
- **POD** – is a medicine that has been individually dispensed for a named patient. Medicines brought into hospital by the patient are POD's and any medicines dispensed by the

hospital pharmacy labelled with directions for a named patient are also POD's.

- **One Stop Dispensing or Dispensing for Discharge** – medicines supplied to an inpatient as a complete patient pack, labelled with directions, to cover the inpatient stay, periods of leave and discharge.
- **POM** – Prescription only Medicine
- **P** – Pharmacy only Medicine
- **GSL** – General Sales List Medicine
- **TTO**- 'to take out' is a common abbreviation for a hospital discharge prescription and the subsequent medication pack supplied for discharge.
- **MTED** – Medicines Transcribing and Electronic Discharge system. An All Wales system that allows an electronic communication of a PTHB discharge to the GP practice.
- **Supplying Pharmacy** – where stock medicines are supplied from to Powys THB wards.
- **WOREQ** – Online pharmacy stock ordering system

4. Role / Responsibilities

4.1 Head of Department

The Head of the Department must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

4.2 Pharmacy Technician

The Pharmacy Technician is responsible for checking the POD against the inpatient drug chart/TTO and will re-label when amendments are required.

If a POD is unavailable, the Pharmacy Technician will label medication from ward stock (if available) or order from the supplying pharmacy.

The item on the medication chart must be clinically checked before it can be labelled.

The Pharmacy Technician will also label ward stock/check assembled POD's against a clinically checked TTO ready for discharge.

Pharmacy Technicians may only label when they have a Pharmacist/ACT available to check the labelled product.

Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal

	<p>point number) should be second checked by a registered pharmacy professional or nurse before the final check.</p>
	<p>4.3 Accuracy Checking Pharmacy Technician (ACT)</p> <p>The ACT will carry out the final check of the re-labelled POD and/or medicines that have been dispensed from ward stock (one stop dispensing) this person must not have any involvement in the process of dispensing the medicine.</p>
	<p>4.4 Pharmacist</p> <p>The Pharmacist will provide clinical support and advice and clinically check the suitability of medicines prescribed for inpatients and on discharge.</p> <p>In the absence of the ACT or in the case that the ACT has dispensed the items, the Pharmacist will carry out the final check of the re-labelled POD and/or medicines that have been dispensed from ward stock (one stop dispensing).</p> <p>They may also, if necessary, dispense medication/ and assemble/ check assembled medication ready for discharge. If dispensing medication in the absence of a Pharmacy Technician, the Pharmacist must request that a registered nurse provides a second check.</p>
	<p>4.5 Student Pharmacy Technician</p> <p>Under the direction and supervision of the Pharmacy Technician or Pharmacist, the Student Pharmacy Technician can relabel POD's and dispense medicines from ward stock for use on the ward or for discharge only when they have a Pharmacist/ACT available to check the labelled product. Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.</p>
	<p>4.6 Pre-registration Pharmacist</p> <p>Under the direction and supervision of the Pharmacy Technician or Pharmacist, the Pre-registration Pharmacist, can relabel POD's and dispense medicines from ward stock for use on the ward or for discharge, only when they have a pharmacist/ACT available to check the labelled product. Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal</p>

	<p>point number) should be second checked by a registered pharmacy professional or nurse before the final check.</p>
	<p>4.7 ATO/SATO</p> <p>If assessed as competent, the ATO/SATO, can relabel POD's and dispense medicines from ward stock for use on the ward or for discharge, under the direction and supervision of the Pharmacy Technician or Pharmacist. They may only do this when they have a Pharmacist/ACT available to check the labelled product.</p> <p>Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.</p>
	<p>4:9 Nurse</p> <p>If a POD is not available in the POD locker, the nurse can take the medication from ward stock and place it in the POD locker after checking its suitability for use and attaching a blue sticker (refer to POD's policy) until the pharmacy Team are next on the ward to label it. Nurses are not permitted to label/dispense medication. They can, however provide a second check of medication labelled/dispensed by a Pharmacist alone.</p>
	<p>4:10 Medicines Management Team</p> <p>The medicines management team will ensure the training and competency of all staff involved in implementing this policy and provide advice and support to the ward pharmacy team as necessary.</p>
<p>5. Labelling of Medicinal Products – see also Appendix 2</p>	
	<p>5.1 Label Requirements</p> <p>Only a trained pharmacy professional/student Pharmacy Technician/ATO/SATO or a Pre-registration Pharmacist may label new medication started for a patient or re-label POD's for a dose change. Labelling new medication or re-labelling any dose changes should only progress once a Pharmacist clinical check has taken place. If there is a delay then it is possible that the label on the medication may not match the inpatient medication chart directions.</p> <p>In all cases of inpatient administration, it is the dose or frequency stated on the inpatient medication chart that</p>

applies and not that on the POD label. Under no circumstances can an incorrectly labelled medication be issued at discharge. The ward pharmacy team must be contacted in this instance.

The following must appear on the label;

- (a) Name of the patient
- (b) Name and address of the supplying pharmacy e.g. Pharmacy – Powys THB, *Hospital Site*
- (c) Date of dispensing
- (d) Name of the medicine
- (e) Directions for use of the medicine i.e. 'ONE tablet to be taken ONCE a day in the MORNING'
- (f) Precautions for use of the medicine & additional instructions

The Royal Pharmaceutical Society recommends that the following also appear on the label;

- (g) The words 'Keep out of the sight and reach of children'
- (h) Where applicable, the words 'Use this medicine only on your skin'.

Where several containers of medicinal products of the same description are supplied in a package, the particulars required under (d) need only appear on the label on the package containing all the products.

A Patient Information Leaflet should be supplied with each medicine dispensed to the patient.

Some medicines have standard label directions – see Appendix 1.

5.2 Re-labelling of POD's

If the label is damaged, obliterated or needs amendment the ward pharmacy team will assess and re-label the supply, if appropriate. Under no circumstances are labels to be amended by any other staff. This will either be done during the POD locker checks or when the TTO is complete. Every effort should be made to relabel POD's in the lockers as soon as possible.

5.3 One-stop dispensing

Medicines can be taken from ward stock and labelled for the patient by the trained pharmacy professional/student Pharmacy Technician/ATO/SATO or a Pre-registration Pharmacist.

The medicine prescribed must be signed and dated by the Doctor and clinically checked by the Pharmacist. It must be ensured that the medicine has come from ward stock or previously labelled for the patient. If a stock item is unavailable then it can be ordered on WOREQ and labelled at a later date.

Some stock items may have been put into the POD's locker by the nurse, which will have a blue sticker attached, following interim assessment as per POD's policy. The trained pharmacy professional/student Pharmacy Technician/ATO/SATO or Pre-registration Pharmacist will label these medicines during POD locker checks.

The medicines dispensed must be final checked by the Pharmacist/ACT before they are placed into the POD locker to minimise the risk of unchecked medicines being sent with the patient at discharge or transfer to a DGH or other healthcare setting.

Non-stock medication should be ordered as per SLA with the supplying pharmacies using the approved POD's order form.

5.4 GSL and P Medicines

These medicines may be bought over the counter and have standard instruction printed on the packaging, therefore:-

- If the prescriber's instructions on the TTO match the standard instructions they may be supplied without over-labelling instructions (but must state the name and address of supplier, usually through use of an address sticker).
- If these standard directions do not match the prescribers recommended dosage advice on the TTO, the required dosage instructions should be confirmed with the prescriber. If required to be different from the standard then consideration should be given to over-labelling the GSL or P medicine (obscuring the standard directions), by the registered pharmacy professional, based on the individual patient circumstances.

5.5 Dispensing medication against a paper TTO/MTED TTO

Once the paper TTO/MTED TTO is signed and dated by the Doctor (electronically if MTED), it must be clinically checked by the Pharmacist before the POD's can be checked and/or medication can be dispensed against.

The Pharmacist will sign the paper TTO or electronically check and lock the MTED TTO. If there are POD's available, they

	<p>must be checked against the TTO and relabelled if needed. If a POD is not available then the medication can be relabelled from ward stock.</p> <p>The medication must be checked against the TTO and labelled accordingly, then final checked by an ACT or Pharmacist. If there is no stock available or the item is a non-stock medication, then it can be ordered by the supplying pharmacy either as a POD or using the TTO.</p> <p>A draft MTeD can be used for respite leave (eg Christmas leave) if it is Pharmacist locked, and the medication available. A wet signature of a prescriber will be required for the patient to take the medication away from hospital.</p>
	<p>5:6 Recommended wording of cautionary and advisory labels</p> <p>The BNF lists the recommended wording of cautionary and advisory labels which must appear on the label if applicable. Details can be found in Appendix 3 of the BNF. The label number(s), if required, are stated underneath each individual medicine entry in the respective BNF chapter. These will automatically be generated by the Pharmacy System.</p>
	<p>5:7 Packing down medicines</p> <p>Packing down medicine is an option if there is no full pack available, or for day/weekend leave. The blister strips in the box must be transferred into a white pharmacy box/brown bottle.</p> <p>The batch numbers(s) and expiry dates must be attached to the strips. This also applies when quantities less than a full pack are required e.g. day/weekend leave.</p> <p>A patient information leaflet must be supplied for each medicine.</p>
	<p>5:8 Managing Errors</p> <p>In the event of an error in dispensing picked up on final checking or at any other subsequent point (dispensing and checking) the pharmacy professional(s) involved are required to reflect on the error and document the reflection using the Reflection on Medication Errors Tool (Form 3), Appendix 3 from the PTHB Procedure: PTHB/MMP 013 Managing and Supporting Staff Following a Medication Error.</p> <p>The pharmacy professional should discuss the reflection with their line manager at the earliest opportunity and agree an action plan as necessary.</p>

- If necessary the safety of the patient involved must be assured and escalated for advice as necessary.

6. Monitoring Compliance / Audit

Audit of compliance with this policy will be undertaken annually.

7. Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

8. References / Bibliography

- BNF 74 September 2017 – March 2018
- Medicines Ethics and Practice. Royal Pharmaceutical Society. July 2018
- Powys Patient's Own Drugs policy April 2018

Standard Label Directions

- ONCE WEEKLY medication i.e Alendronic Acid, please state the day of the week on the label; 'ONE tablet to be taken ONCE a week on a FRIDAY'
- Methotrexate – 'Take SIX tablets as a single dose ONCE a week on a WEDNESDAY'
- Insulin – 'Use as directed by subcutaneous injection'
- Warfarin- 'Take as directed as per INR'



Labelling Process

Labelling Process

- Check inpatient drug chart/TTO has been signed and dated by doctor. MTED TTO will be electronically signed and dated by the doctor so will not need a physical signature (unless a Controlled Drug has been prescribed)
- Ensure medication on inpatient drug chart/TTO has had a clinical check by the Pharmacist
- Search for patient (linked to MIP) or add new patient
- Check patient selected matches TTO/inpatient drug chart
- Select 'discharge prescriptions'
- Enter first 3 letters of medicine followed by the first letter of the form, then the remaining spaces filled with the strength. For example; Paracetamol 500mg tablets = **PART50**
- Check selected medicine, strength and form is correct
- Enter directions for use using codes or manually type them
- Reprint label – select '3' repeat label with no charge (Powys THB are not 'issuing' labels)
- Repeat step 4 for additional items required
- Once all labels printed, dispense from ward stock if required or relabel patients own ensuring dispensed and checked boxes initials against;
- Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.

Dispensing process

Relabel POD(s)

- Use TTO to check POD(s) against to ensure they are correct
- Check POD is in date, suitable for re-use as per POD's policy
- If new label created for POD, ensure when label is attached that it does not obscure the original address of supply or patients name on original label
- Check patients name, medicine, strength, form and directions on label match the TTO
- Check quantity of POD and document on TTO

- Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.
- Place in basket ready for final check by Pharmacist/ACT

Dispensing from ward stock

- Pick medicine from ward stock using TTO
- Following creation of label, check medicine, strength and form match TTO and medicine
- Check blisters are intact, full packs
- Pack down if required using white boxes/brown pharmacy bottles with CRC lids (include Batch Number and expiry date)
- Patient information leaflets can be printed from EMC if unavailable (ensure correct brand is selected)
- Before passing to the Pharmacist/ACT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a calculation (resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.

EDS Pharmacy System steps for labelling:-

- Enter username, terminal set and password
- 1 – pharmacy issuing and labels
- 2 – discharge prescriptions
- Enter site code (this is the wards WOREQ username)
- Enter patient name
- Confirm patient name
- Enter short code for medication item or press enter to type in full medication
- Select medication (NB; 8 brings up page 2 of the list)
- Select unit of issue
- Enter directions. F2 takes you back a step if needed.
- Confirm / add warnings
- Print label N (no)
- 3 Repeat label no charge (to print label)
- 2 More this patient (to label other items for the same patient)
- 1 Next patient
- F4 Log out