

PROCEDURE FOR LABELLING MEDICINES AT WARD LEVEL

Document Reference No:	PTHB / MMP 408	
Version No:	2	
Issue Date:	November 2023	
Review Date:	November 2026	
Author:	Hospital Support Pharmacy Technician	
Document Owner:	Medicines Management	
Accountable Executive:	Medical Director	
Approved By:	Area Prescribing Group	
Approval Date:	14 th December 2023	
Document Type:	Standard Operating Procedure	Clinical
Scope:	Community Services Pharmacy Team	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

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

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	June 2019
2	Reviewed and updated	November 2023

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

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Circulated to the following for Consultation

Date	Role / Designation
July 2018	Powys Hospital Pharmacy Team

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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 labelling machine 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 'To Take Out' (TTO) from recent District General Hospital (DGH) transfer
- Relabelling medications where the directions have changed so they can continue to be used
- 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
- Enabling self-administration of medicines during an inpatient stay.

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

- **Accredited Checking Pharmacy Technician (ACPT)** – a registered Pharmacy Technician who has been deemed competent to final accuracy check dispensed medicines, which can then be given directly to the patient.
- **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 by working to a SOP or under the supervision of a registered pharmacy professional.
- **CRC** – child resistant container
- **DGH** – District General Hospital
- **ePMA** – Electronic Prescribing and Medicines Administration
- **GPhC** – General Pharmaceutical Council

- **GSL** – General Sales List Medicine
- **Medicines Management Pharmacy Technician (MM Pharmacy Technician)** – a Pharmacy Technician registered with the GPhC who has gained the Medicines Management qualification. Performs the initial check of POD's following medicines reconciliation.
- **MTeD** – Medicines Transcribing and Electronic Discharge system. An All Wales system that allows an electronic communication of a PTHB discharge to the GP practice.
- **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.
- **P** – Pharmacy only Medicine
- **Patients Own Drug (POD)** – is a medicine that has been individually dispensed and labelled with directions 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.
- **Pharmacist** – Registered with the GPhC
- **Pharmacy Technician** – Registered with the GPhC. Can check POD's (excluding initial check), order POD's.
- **POM** – Prescription Only Medicine
- **Pre-registration Pharmacy Technician** – undertaking a Level 4 training programme to enable registration with the GPhC as a registered Pharmacy Technician.
- **PTHB** – Powys Teaching Health Board
- **Senior Assistant Technical Officer (SATO)** - a senior non-registered member of pharmacy staff who may be trained to be competent to deliver a number of pharmacy tasks by working to a SOP or under the supervision of a registered pharmacy professional.
- **Supplying Pharmacy** – An organisation providing a medication supply service to PTHB under a Service-level agreement (SLA).
- **Trainee Pharmacist** – working under the supervision of a designated supervisor
- **TTO**- 'to take out' is a common abbreviation for a hospital discharge prescription and the subsequent medication pack supplied for discharge.
- **WOREQ2** – Online pharmacy stock ordering system

4. Role / Responsibilities

Chief Pharmacist

The Chief Pharmacist will carry out the statutory duties, as defined by the GPhC in order to satisfy the requirements

	<p><u>of The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022</u></p>
	<p>4.1 Head of Community Services Pharmacy Team</p> <p>The Head of Community Services Pharmacy team must:</p> <ul style="list-style-type: none"> • Ensure all staff read and understand this procedure • Arrange regular review to monitor compliance with this procedure
	<p>4.2 Pharmacy Technician</p> <p>The Pharmacy Technician will have undertaken a dispensing competency assessment as required.</p> <p>The Pharmacy Technician is responsible for checking the POD against the inpatient medication chart/Electronic Prescribing and Medicines Administration (ePMA) entry/TTO and will re-label when amendments are required.</p> <p>If a POD is unavailable, the Pharmacy Technician will label medication from ward stock (if available) or order from the supplying pharmacy.</p> <p>The item on the medication chart or ePMA entry must be clinically checked before it can be labelled.</p> <p>The Pharmacy Technician will also label ward stock/check assembled PODs against a clinically checked TTO ready for discharge.</p> <p>Pharmacy Technicians may produce a label in the absence of a pharmacist. The label must be placed in a designated folder and inform the pharmacist that a label has been generated for the patient. The pharmacist will check the label and dispense the medication, adding their initials to the 'dispensed' box. Before passing to the Pharmacist/ACPT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a complex calculation (e.g., resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered nurse before the final check.</p>
	<p>4.3 Accuracy Checking Pharmacy Technician (ACPT)</p> <p>The ACPT 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 or labelling the medicine.</p>

4.4 Medicines Management Pharmacy Technician (MM Pharmacy Technician)

The MM Pharmacy Technician will provide the initial POD checks after reconciling the patient's medication.

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

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

The item on the medication chart or ePMA entry must be clinically checked by a pharmacist before it can be labelled. The MM Pharmacy Technician will also label ward stock/check assembled PODs against a clinically checked TTO ready for discharge.

MM Pharmacy Technicians may produce a label in the absence of a pharmacist. The label must be placed in a designated folder and inform the pharmacist that a label has been generated for the patient. The pharmacist will check the label and dispense the medication, adding their initials to the 'dispensed' box.

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

4.5 Pharmacist

The Pharmacist will provide clinical support and advice and clinically check the suitability of medicines prescribed for inpatients and on discharge.

In the absence of the ACPT or in the case that the ACPT 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).

They may also, if necessary, dispense/label medication/ and assemble/ check assembled medication ready for discharge. If dispensing medication in the absence of a Pharmacy Technician and the labelled item is needed before a second Pharmacy check is available, the Pharmacist may request that a registered nurse provides a second check.

	<p>4.6 Student Pharmacy Technician</p> <p>Under the direction and supervision of the registered 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/ACPT available to check the labelled product. Before passing to the Pharmacist/ACPT for a final check the student/registered Pharmacy Technician should perform a self-check. Any item dispensed that involves a complex calculation (e.g., resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered nurse before the final check.</p>
	<p>4.7 Trainee Pharmacist</p> <p>Under the direction and supervision of the Pharmacy Technician or Pharmacist, the Trainee 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/ACPT available to check the labelled product. Before passing to the Pharmacist/ACPT for a final check the trainee pharmacist should perform a self-check. Any item dispensed that involves a complex calculation (e.g., resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered nurse before the final check.</p>
	<p>4.8 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/ACPT available to check the labelled product. Before passing to the Pharmacist/ACPT for a final check the ATO/SATO should perform a self-check. Any item dispensed that involves a complex calculation (e.g., resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered nurse before the final check.</p>
	<p>4.9 Registered Nurse</p> <p>If a POD is not available in the POD locker, the registered 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</p>

<p>sticker (refer to POD's policy) until the pharmacy team are next on the ward to label it. Registered Nurses are not permitted to label/dispense medication. They can, however, provide a second check of medication labelled/dispensed by a pharmacist (only), in the absence of another Pharmacy professional to act as a second check in the required timeframe.</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 and competent pharmacy professional/student Pharmacy Technician/ATO/SATO or a trainee Pharmacist may label new medication started for a patient or re-label PODs 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 or ePMA directions.</p> <p>In all cases of inpatient administration, it is the dose or frequency stated on the inpatient medication chart or ePMA entry that 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.</p> <p>The following must appear on the label;</p> <ul style="list-style-type: none"> (a) Name of the patient (b) Name and address of the supplying pharmacy e.g. Pharmacy – Powys THB, <i>Hospital Site</i> (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 <p><i>The Royal Pharmaceutical Society recommends that the following also appear on the label;</i></p> <ul style="list-style-type: none"> (g) The words 'Keep out of the sight and reach of children'

	<p>(h) Where applicable, the words 'Use this medicine only on your skin'.</p> <p><i>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.</i></p> <p><i>A Patient Information Leaflet must be supplied with each medicine dispensed to the patient.</i></p> <p>Some medicines have standard label directions – see Appendix 1.</p>
	<p>5.2 Re-labelling of POD's</p> <p>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 PODs in the lockers as soon as possible. When placing the new label over the top of the original label, the patients name and the address of the supplying pharmacy must still be visible.</p>
	<p>5.3 One-stop dispensing</p> <p>Medicines can be taken from ward stock and labelled for the patient by the trained pharmacy professional/student Pharmacy Technician/ATO/SATO or a Trainee Pharmacist.</p> <p>The medicine prescribed must be signed and dated by the Doctor and clinically checked by the Pharmacist.</p> <p>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 WOREQ2 and labelled at a later date.</p> <p>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 Trainee Pharmacist will label these medicines during POD locker checks. The medicines dispensed must be final checked by the Pharmacist/ACPT 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.</p> <p>Non-stock medication should be ordered as agreement with the supplying pharmacies using the approved POD's order process.</p>

	<p>Schedule 2 and Schedule 3 Controlled Drugs <u>CAN NOT</u> be dispensed from ward stock.</p>
	<p>5.4 GSL and P Medicines</p> <p>These medicines may be bought over the counter and have standard instructions printed on the packaging, therefore: -</p> <ul style="list-style-type: none"> • 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 by the supplying pharmacies). • 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.
	<p>5.5 Dispensing medication against a paper TTO/MTED TTO</p> <p>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.</p> <p>The Pharmacist will sign the paper TTO or electronically check and lock the MTeD TTO. If there are POD’s available, they 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 ACPT 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. 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. A patient information leaflet must be supplied for each medicine, this may require a PIL to be printed from www.medicines.org.uk.</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 (review of this policy is underway). The pharmacy professional should discuss the reflection with their line manager at the earliest opportunity and agree an action plan as necessary.</p> <ul style="list-style-type: none"> • If necessary, the safety of the patient involved must be assured and escalated for advice as necessary.
<p>6. Monitoring Compliance / Audit</p> <p>Audit of compliance with this policy will be undertaken annually.</p>
<p>7. Review and Change Control</p> <p>This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.</p>
<p>8. References / Bibliography</p> <ul style="list-style-type: none"> • BNF (British National Formulary) NICE

- Medicines, Ethics and Practice - MEP | RPS (rpharms.com)
- Powys Patient's Own Drugs policy April 2018
- General Pharmaceutical Council (pharmacyregulation.org)

Standard Label Directions

- ONCE WEEKLY medication i.e Alendronic Acid, 'ONE tablet to be taken ONCE a week on the same day of the week.'
- Methotrexate – 'Take SIX tablets as a single dose ONCE a week on a (insert day of the week)'
- Insulin – 'Use as directed by subcutaneous injection'
- Warfarin- 'Take as directed as per INR'



Labelling Process

Labelling Process

- Check inpatient drug chart/ePMA/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/ePMA/TTO has had a clinical check by the Pharmacist.

For guidance on how to produce a label, follow SOP - [Standard operating procedure for labelling medicines using the LABP function within the Wellsky program.](#)

- Once all labels printed, dispense from ward stock if required or re-label patients own ensuring dispensed and checked boxes initialled against.
- Before passing to the Pharmacist/ACPT for a final check the pharmacy professional should perform a self-check. Any item dispensed that involves a complex calculation (e.g. resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered 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 patient's name, medicine, strength, form and directions on label match the TTO
- Check quantity of POD and document on TTO
- Before passing to the Pharmacist/ACPT for a final check the Pharmacy Technician should perform a self-check. Any item dispensed that involves a complex calculation (e.g. resulting in a decimal point number) should be second checked by a registered pharmacy professional or nurse before the final check.
- Place in agreed basket or location ready for final check by Pharmacist/ACPT

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/ACPT for a final check the pharmacy professional should perform a self-check. Any item dispensed that involves a complex calculation (e.g., resulting in a decimal point number) should be second checked by a registered pharmacy professional or registered nurse before the final check.