

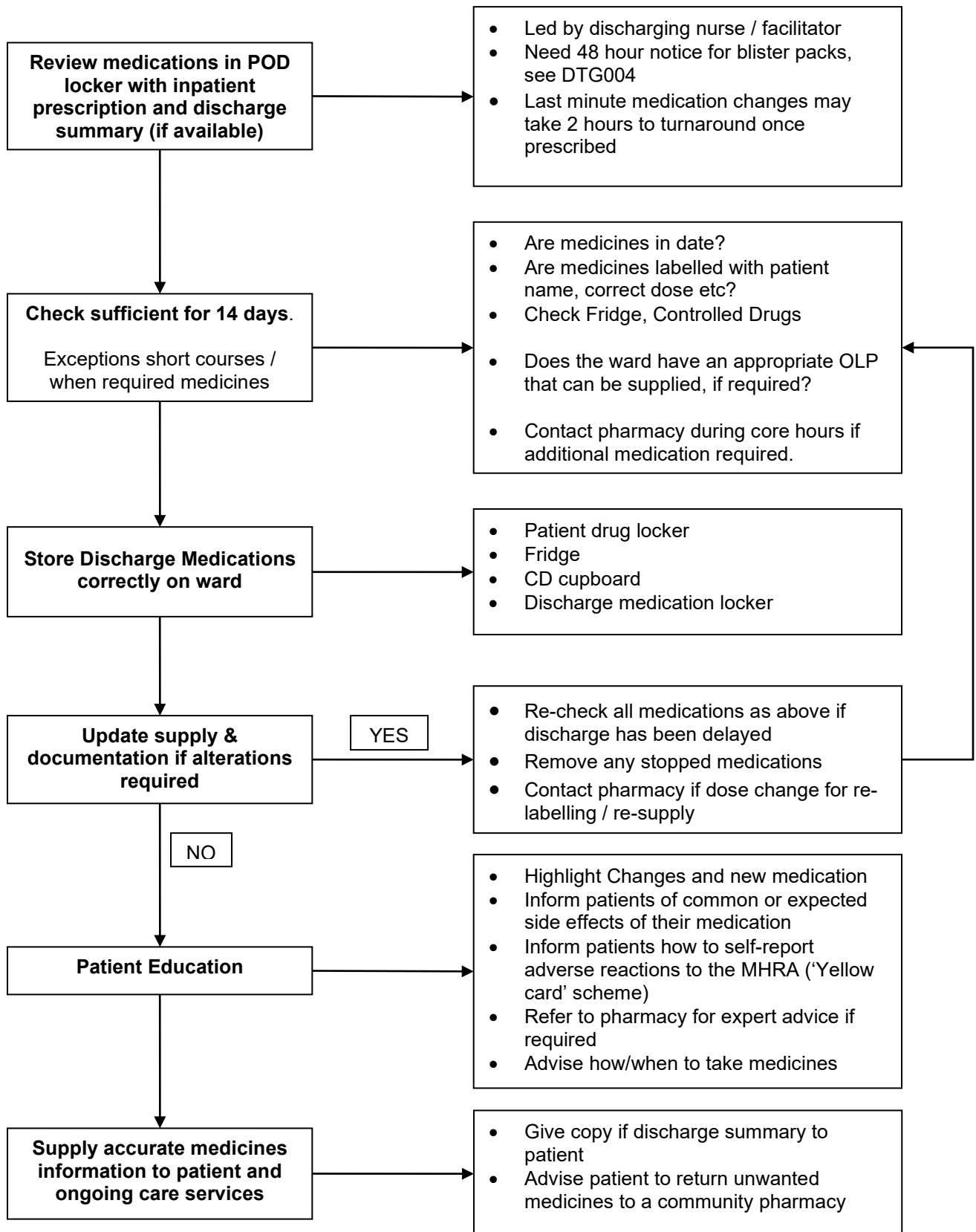
**Chief Operating Officer's Directorate
Pharmacy Department**

GETTING MEDICINES RIGHT ON DISCHARGE

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

1.0 Clinical Guideline Summary



Purpose

- 1.1 To set out the standards for leave and discharge medication.
- 1.2 Identify the procedure to ensure safe discharge or transfer of all inpatients in relation to medicines.
- 1.3 Improve personal care of the patient and reduce the risks associated with poor communication of accurate medication required post discharge or transfer.
- 1.4 To promote person centred care.

2.0 Area

- 2.1 The contents of this policy will apply to all personnel working in wards and departments involved with in-patient episodes of care within Northern Lincolnshire and Goole NHS Foundation Trust.
- 2.2 For EOL Discharge medication, please follow DCP 053 and WQN 1489.

3.0 Duties

- 3.1 Consultant and Medical Team has the primary responsibility for patients' care and discharge although this may be delegated to appropriately trained members of the multi-disciplinary team following certain discharge criteria.
- 3.2 Prescribers are responsible for ensuring that any medications required for discharge are prescribed on the electronic prescribing system (ePMA) or, where ePMA is not in place, the inpatient prescription chart in a timely manner. Ideally this should be 24 hours prior to any period of leave or the discharge of the patient so that the medication is available at the point of discharge.
- 3.3 Registered Nurses / Registered Midwives have overall responsibility for the transfer / discharge of patients in a safe and timely manner and for reviewing discharge medications prior to discharge and notifying pharmacy if medications are required. **N.B. ward stock drugs MUST NOT be supplied for patients to take home but OLP can be used where available and appropriate.**
- 3.4 Clinical Pharmacists are responsible for clinically validating prescriptions and supporting discharge planning so that appropriate medicines are available for discharge in line with the Trust dispensing for discharge model.
- 3.5 Clinical Pharmacy Technicians are responsible for reviewing patient own drugs for suitability for use and reviewing medications in POD lockers against inpatient prescription and ordering medicines as required in line with the dispensing for discharge model.

4.0 General principles for medicines discharge planning

- 4.1 A multi-disciplinary review relating to discharge medication should take place on a regular basis involving nursing, medical and pharmacy staff for each patient.
- 4.2 When an estimated date of discharge is known medications can be prescribed in advance of discharge to allow adequate time for ordering and supply.
- 4.3 The electronic discharge summary MUST include a complete list of current medications and include information on any changes to medication, such as medicines stopped, started and doses altered. Information on course length should be included where relevant.
- 4.4 Any Patient Own Drugs brought into hospital MUST be assessed for appropriateness (in date, labelled correctly, still required and sufficient quantity) for discharge.
- 4.5 If the patient has suitable, labelled and in date PODs then these items can be used as part of the final discharge medications. If patients have additional suitable medications at home these can also be taken into account before making additional supplies. At least **14 days' supply** should be available upon discharge.
- 4.6 If the medications are not supplied or the supply is below 14 days, the reasons must be clearly documented in the patient notes e.g. patient would not wait or patient said would get them from own GP.
- 4.7 Ensure that the patient has a total of at least **14 days' supply** of medication on discharge
- 4.8 Where possible, ensure discharge medicines are prescribed and pharmacy made aware at least 24 hours before discharge. Where this is not possible ensure medications are prescribed and as much notice as possible provided to pharmacy where supply is required. Prescribing discharge medication is an integral part of discharge planning and MUST not delay a patients discharge.
- 4.9 **n.b.** Please be aware of the formulary status of any new medications prescribed. For hospital only medications arrangements must be made for on-going prescribing and supply from the hospital and not the GP. Where a medication is subject to shared care explicit agreement from the GP is required before care is transferred, without this arrangement must be made for on-going prescribing and supply from the hospital.

5.0 Controlled Drugs for discharge

- 5.1** Controlled drugs required for discharge **MUST** be prescribed using the controlled drug prescription form and **MUST** meet all legal requirements before they can be dispensed.
- 5.2** Once dispensed, they **MUST** be received by the ward into the ward patients own controlled drug register and stored in the controlled drug cabinet.
- 5.3** They **MUST** be issued to patients at the point of discharge.
- 5.4** Ward stock CD drugs **MUST NOT** be supplied for patients to take home
- 5.5** The return of Patient Own CD drugs must be adequately documented in the Patient Own CD drugs book.

6.0 Patients with more complex medication needs

- 6.1.1** Blister packs: See DTG004 Guidance for patients requiring medicines compliance aids for discharge.
- 6.1.2** Other adjustments (e.g. haler-aids, eye drop aids, insulin, LMWH etc.): Ensure the patient is able to use the device before supplying. See WQN 1038: Assessment for Self-Administration of medicines, Section D.

7.0 Storing discharge medicines prior to discharge

- 7.1** Discharge medications are generally supplied for use during the patient's admission and should be stored in the bedside POD locker where available. Exceptions are controlled drugs and medicines requiring storage in a fridge

8.0 Checking the accuracy of medication supplied at the point of discharge

- 8.1.1** Before supplying medication to the patient the nurse giving out the supply must check the discharge summary against the inpatient prescription to identify if there are any late changes. The inpatient prescription is the legal prescription therefore any late changes on the discharge document **MUST** also be reflected on the inpatient prescription.
- 8.1.2** This final check should occur no earlier than 24 hours prior to discharge date.
- 8.1.3** Each medicine in turn should be checked against the inpatient prescription ensuring that it is the:
 - Right patient
 - Right medicine
 - Right dose
 - Right frequency
 - Right route

- 8.1.4** Ensure everything is present, including fridge items, insulin, inhalers, eye drops, Controlled Drugs, etc.
- 8.1.5** Where required to support safe administration of medicines following discharge, ensure that a **medicines reminder chart** (WQN 712) has been completed for the patient or the patients carer and that it has been checked against both the discharge summary, inpatient prescription and medicines supplied at discharge.
- 8.1.6** Where discharge is delayed, nursing staff must re-check the above in case further amendments have been made to the patients prescribed medications.

9.0 Prescription alterations before discharge but after dispensing

- 9.1.1** Order altered or new medication and remove medications no longer required and return them to pharmacy.

10.0 Patients education before discharge

- 10.1** Only qualified nurses should give discharge mediations to patients being discharged from wards:
- Go through all medicines and medication reminder charts with the patient (carer or relative as required), highlighting medicines which have stopped, started or changed and provide appropriate information. E.g. 'These are your paracetamol tablets. Take two four times a day as required for pain relief.'
 - The patient should receive a copy of the discharge summary with a complete list of medications and any changes.
 - If changes have been made to a patient's medication regimen, clearly explain the changes. If the patient has additional supplies of medication at home that are no longer required, encourage them to take to their community pharmacy for safe disposal
 - Gains consent for removal of PODs which are no longer required.
 - Inform patients of common or expected side effects of their medication and explain printed information is included in the packaging of medicines supplied on discharge.
 - Refer patients to the ward pharmacist if they require further information about their medication.
- 10.2** Additional information for all patients
- Keep all medicines out of reach of children
 - Do not share your medicines with anyone else
 - If you need a further supply of medicines contact your GP several days in advance. Note it may take up to 14 days for GP to receive and process the discharge summary

11.0 Associated Documents

11.1 DCP353 Discharge Policy

11.2 DCP040 The Medicines Code: Part 4

11.3 DTG004 Guidance for patients requiring medicines compliance aids for discharge

11.4 WQN1038 Assessment for Self-Administration of Medicines

11.5 DCP022 Guide for the Re-Use of Patients Own Medicines and Self-Administration (SAMPOD)

12.0 Consultation

12.1 Medicines Optimisation Pharmacists, NECS

12.2 Pharmacy Governance Group

12.3 Safer Medications Group

12.4 Medicines and Therapeutics Committee

13.0 Dissemination

13.1 Once approved, this guideline will be uploaded by Document Control and will be available to all staff via the Trusts Intranet Document Control system.

14.0 Implementation

14.1 It is responsibility of all line managers to ensure this guideline and any updates are implemented into practice by the staff within their areas of responsibility.

15.0 Document History

15.1 New document

16.0 Equality Act (2010)

16.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

16.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable

all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

- 16.3** The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.
- 16.4** We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

17.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this guideline, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Trust's Freedom to Speak Up Policy and Procedure (DCP126). Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg-tr.ftsuguardian@nhs.net. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian or with one of the Associate Guardians can be found on the Trust's intranet site.

The electronic master copy of this document is held by Document Control, Directorate of Corporate Governance, NL&G NHS Foundation Trust.