



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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| Lead Manager: | MH SUM Group |
| Responsible Director: | Nurse Director Partnerships & Lead Associate Medical Director |
| Approved by: | MH Quality & Clinical Governance Group |
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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 | Scope broadened in keeping with other guidance. Reference and link added to MRG14. Pharmacy added to staff group who can authorise passes. Noted added that forms are in pdf format. Reference and link added to NHS GG&C Faxing Policy. Medical prescriber replaced by appropriate prescriber for who can write CD prescriptions. Pass request form updated | MHS SUM group |
| 3 | July 2022 | Updated to reflect HEPMA introduction | MHS SUM group |
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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 EMIS 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, a new pass medication request form will need to be completed for each episode of leave (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 **should be scanned and emailed to the appropriate generic pharmacy email address (e.g. Leverndale.Pharmacy@ggc.scot.nhs.uk)**. Where there is an onsite dispensary, the form may be taken to pharmacy.

Step 4

Pharmacy staff will access HEPMA and print of the MAC to dispense the prescriptions.

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 HEPMA prescription. 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.

A HEPMA user with appropriate permissions should suspend all meds using 'All Orders' in 'InpatientRx', selecting 'Short Term Leave' as the reason. If a patient has had a drug suspend for clinical reasons before going on pass add a patient note saying, 'Patient on pass {add name of the drug} suspended for clinical reasons prior to pass, review by doctor on return'.

Section 4 in request form should be completed to confirm that medications have been suspended.

Upon the patients return, 'All Orders' should be used to resume all meds. However, this will resume all medicines including any which may have been previously suspended for clinical reasons. Therefore, if this applies ask a doctor to review the relevant medicine when the patient returns.

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

| | <i>Brand, strength & quantity dispensed</i> | | <i>Brand, strength & quantity dispensed</i> |
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Dispensed by: Checked by :Date:

Section 4: Checked and issued from ward by

Name: _____ Designation: _____
Date: _____ **Meds suspended on HEPMA:** _____

Patient/representative signature: