

AT A GLANCE – 2.0 PRESCRIBING CDS ON INPATIENT (EXCEPT ST. JOHN’S HOSPICE) AND COMMUNITY SERVICES (EXCEPT DONCASTER CARE GROUP COMMUNITY SERVICES (PHYSICAL HEALTH)) [v2.0]

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD, TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [enter date]
<p>INPATIENT (non - Hospice) PRESCRIBING of CDs – onto drug card</p>	<ul style="list-style-type: none"> • CDs (Schedule 2, 3a and 3b) can be prescribed on the inpatient medication chart in line with relevant Trust policies and guidelines. • Electronic medication charts are in use on Inpatient Mental Health, Non-Mental Health Wards and New Beginnings • The prescriber must check they have the correct drug card and then, taking in to account other prescribed medication, fill in the relevant sections stating: <ul style="list-style-type: none"> ○ Drug ○ Dose form ○ Strength where appropriate (e.g., Morphine sulphate 2mg/ml) ○ Dose ○ Route ○ Start Date ○ Frequency of dosing ○ Stop date if appropriate ○ If PRN indication and maximum frequency/total daily dose. ○ Signature of the prescriber 		<ul style="list-style-type: none"> • Medication chart in use on the ward is form INSERT FORM CODE. • Drug cards are kept in the files in the INSERT LOCATION. • Additional Drug cards are order from the print room. • CDs can be prescribed on the inpatient medication chart by (xxxxx)
<p>INPATIENT (non - Hospice) PRESCRIBING CDs for leave or discharge</p>	<p>Prescriptions for CDs (Schedule 2, 3a and 3b) for patients who are going home must be completed on the appropriate Trust prescription paperwork. These prescriptions must be on INTERNAL RDaSH Discharge/Leave prescriptions for dispensing at the SLA pharmacy</p> <ol style="list-style-type: none"> 1. Select the appropriate Trust documentation. 2. The prescriptions MUST conform to all requirements of the Misuse of 		<ul style="list-style-type: none"> • INTERNAL RDaSH Discharge/Leave prescriptions (for dispensing at the SLA pharmacy) on the ward is form INSERT FORM CODE. • These prescriptions MUST be kept securely on the ward – and are INSERT LOCATION • Additional prescriptions are ordered from print room.

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	<p>Drugs Regulations for a CD prescription and MUST include:</p> <ul style="list-style-type: none"> • Patient name, address and where appropriate, age • The name and form of the drug • The strength of the preparation required where appropriate (if multiple strengths are available). For example, MST 110mg should be prescribed as 60mg, 30mg and 20mg tablets. • The dose to be taken of each preparation. • The frequency or equivalent directions for “as required” doses. It is not appropriate to use the direction “as directed”. • The total quantity of the preparation, or the number of dose units, to be supplied in both WORDS and FIGURES. • If a medication is to be supplied in daily or single dose packs this should be clearly written on the prescription. E.g., “Seven by 1 day” rather than 7 day’s supply. Similarly, if for a liquid preparation, for example methadone, then “30ml thirty mls in single daily supplies for 3 days” not 90mls. The TOTAL quantity to be supplied is still required in words and figures. • Signed and dated by a prescriber with appropriate registration. <p>3. Quantities of up to a maximum of 28 days leave or discharge supply must be prescribed as a matter of good practice within the Trust. Where the prescriber believes that it is the clinical interest of the service user to prescribe less than 28 days then this should be done, but primary care</p>		<ul style="list-style-type: none"> • INTERNAL RDaSH prescriptions can also be written by xxxxxx.

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	<p>should be informed, along with the appropriate reasons.</p> <p>4. The information must be in indelible ink.</p> <p>SAMPLE CDS PRESCRIPTION</p> <p>John Smith NHS number: 123 456 1234 DOB: 30/05/62 Address: 123 High Street Any town South Yorkshire S602UD</p> <p>Please supply Methadone 1mg in 1ml Solution 30ml each morning 3 x 30mL bottles required 90 (ninety) ml of 1mg in 1ml solution</p> <p>James Coburn 457657 Dr James Coburn 01/08/08</p>		
<p>OUTPATIENT and COMMUNITY PRESCRIBING of CDs</p>	<ol style="list-style-type: none"> 1. Prescriptions for CDs (Schedule 2, 3a and 3b) for outpatients must be written in accordance with the requirements of the Misuse of Drugs Regulations. The prescription document can either be a Trust outpatient prescription form (for dispensing by the SLA pharmacy) or a FP10 (for dispensing by a community pharmacy). 2. See section 2 above for prescription writing details and example. 3. National guidance: CD prescriptions should not exceed 30 days' supply. Longer supply periods may be used in exceptional circumstances, however, the reason for this should be annotated in the patient notes. 		<ul style="list-style-type: none"> • Trust outpatient prescription form (for dispensing by the SLA pharmacy) or a hospital FP10 (for dispensing by a community pharmacy) in use on the team is form INSERT FORM CODE. • Trust outpatient prescription form or a hospital FP10 MUST be kept securely on the ward – and are INSERT LOCATION • Additional Trust outpatient prescriptions are ordered from xxxxxx. • Trust outpatient prescriptions can be written by xxxxxx.

1. Ward/team managers should update this column with
 - Ward/team name and last review date
 - complete the suggested specific details of the SOP for the team/ward
 - add any further details of clarification to support a member of staff carrying out this particular aspect of managing medicines.
2. Where a task is carried out within the ward/team which is either not covered by the SOP or cannot conform to the guidance within the middle column then the Trust Pharmacy Department should be contacted for guidance

