

AT A GLANCE – 2.0 PRESCRIBING CDS ON RDaSH CARE GROUPS COMMUNITY SERVICES (PHYSICAL HEALTH) [v3.0]

ROLE	TRUST WIDE		[TEAM NAME] TEAM SPECIFIC ^{1,2}
	Last Review: May 2022	Next Review: May 2025	Last Reviewed: [enter date]
PRESCRIBING of CDs	<ol style="list-style-type: none"> 1. Prescriptions for CDs for 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. The prescriptions MUST conform to all requirements of the Misuse of Drugs Regulations for a CD prescription and MUST include: <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. 		<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 team – and are INSERT LOCATION • Additional Trust outpatient prescriptions are ordered from xxxxxx. • Trust outpatient prescriptions can be written by xxxxxx.

	<p>SAMPLE CDS PRESCRIPTION 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 James Coburn 457657 Dr James Coburn 01/08/08</p> <p>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.</p>	
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1. Team managers should update this column with
 - team name and last review date
 - complete the suggested specific details of the SOP for the team
 - 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 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

