

AT A GLANCE – 2 PRESCRIBING CDS IN ST JOHNS HOSPICE [V2]

ROLE	TRUST WIDE		ST JOHNS HOSPICE SPECIFIC ^{1,2}
	Last Review: November 2020	Next Review: November 2023	
INPATIENT PRESCRIBING of CDs – onto drug card	<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. • 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 <i>DP8012</i> and <i>DP8015</i>. • Drug cards are kept in the files in the Inpatient Unit Treatment Room • Additional Drug cards are order from the print room. • CDs can be prescribed on the inpatient medication chart by Prescribers authorised to prescribe in the hospice Inpatient unit • Maximum total daily dose not required for opioid analgesia.
INPATIENT PRESCRIBING CDs for leave or discharge	<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 Service Level Agreement (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 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. 		<ul style="list-style-type: none"> • INTERNAL RDaSH Discharge/Leave prescriptions (for dispensing at the SLA pharmacy) on the ward is form TTO form (<i>WZT810</i>) and dispensed from Doncaster Royal Infirmary • These prescriptions MUST be kept securely on the ward – and are Designated Drawer in Nurses office, Doctors Office and locked store cupboard • Additional prescriptions are ordered from print room. • INTERNAL RDaSH prescriptions can also be written by authorised prescribers in the hospice inpatient unit • CDs prescribed for ward leave e.g. outpatient appointment or home leave should be in the ‘non-concentrate’ preparation (Morphine Sulphate 10mg/5mls, Oxycodone 5mg/5mls) • Large doses may warrant the concentrated preparation of Morphine 20mg/1ml or Oxycodone 10mg/1ml (e.g.

	<ul style="list-style-type: none"> 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 should be informed, along with the appropriate reasons.</p> <p>4. The information must be in indelible ink.</p> <p>SAMPLE CDS PRESCRIPTION <i>John Smith</i> NHS number 123 456 1234 DOB 30/05/62 Address 123 High Street Any town South Yorkshire S60 2UD</p> <p>Please supply <i>Methadone 1mg in 1ml Solution</i> 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>doses of Morphine Sulphate IR 50mg). If concentrate is warranted then only 2 doses to be supplied for an outpatient appointment and consider individual dosing bottles (see example methadone prescription below). If going on home leave, this needs to be considered on an individual basis and recorded in the medical notes</p> <ul style="list-style-type: none"> CD TTOs prescribed for ward leave must be explained (dosing, administration instruction and frequency) using the CD administration procedure (At a Glance 6.0) to the patient and/or relative prior to leaving by an authorised qualified nurse or doctor and the conversation recorded in the medical notes <p><u>Hospice specific sample CDs prescription:</u></p> <p><i>John Smith</i> NHS number 123 456 1234 DOB 30/05/62 Address 123 High Street Any town South Yorkshire S60 2UD</p> <p>Morphine Sulphate 10mg Modified Release Capsule. Take one 10mg capsule orally each morning and each night, twelve hours apart. Supply 56 (fifty six) 10mg capsules James Coburn 457657 Dr James Coburn 01/08/08</p>
--	---	---

- Ward manager should update this column with
 - Ward/team name and last review date
 - Complete the suggested specific details of the SOP for the ward
 - Add any further details of clarification to support a member of staff carrying out this particular aspect of managing medicines.
- Where a task is carried out within the ward 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

AT A GLANCE – 2 PRESCRIBING CDS IN ST JOHNS HOSPICE [V2]

Staff members should sign below to indicate that they have read and understand the process required to order CDs for this ward.

STAFF MEMBER'S NAME	STAFF MEMBER'S SIGNATURE	DATE