

**AT A GLANCE – 3 RECEIVING AND STORING OF CDS IN ST JOHNS HOSPICE Including WARD CLOSURE and CD KEY MANAGEMENT [V2]**

ROLE	TRUST WIDE		ST JOHNS HOSPICE SPECIFIC <sup>1,2</sup>
	Last Review: November 2020	Next Review: November 2023	
<b>RECEIVING CDS - INPATIENT</b>	<p><b>1. RDaSH REQUISITIONED CDS (Schedule 2, 3a and 3b)</b></p> <ul style="list-style-type: none"> <li>• All CD items will be delivered in either a sealed box or satchel. There should be a tamper evident closure. This will be separate to other stock.</li> <li>• The delivery note MUST be signed and given to the driver as proof of delivery for the provider.</li> <li>• The order is to be opened; with the contents checked and stored immediately in the CD cupboard (this is applicable to Schedule 2 and 3a CDs).</li> <li>• No need to store Schedule 3b CDs in the CD cupboard.</li> <li>• <b>At no time following delivery is the order of CDs to be left unattended</b></li> </ul> <p><b>1a. STOCK CDS (unlabelled supply)</b></p> <ul style="list-style-type: none"> <li>○ Stock MUST be checked against the CD requisition book and the delivery note.</li> <li>○ As a matter of good practice, the person receiving the CDs should not be the same person who ordered them unless this is unavoidable.</li> <li>○ Receipt of the CDs MUST be entered into the CD register (see <a href="#">SOP 4</a> Record Keeping below)</li> <li>○ Stock should be stored in the CD cupboard ensuring all stock is rotated such that stock with the shortest expiry date is available for first use.</li> </ul> <p><b>1b. PATIENT DISPENSED (leave/discharge)</b></p> <ul style="list-style-type: none"> <li>○ Each such CD received must be checked, against the prescription</li> <li>○ Receipt of the CDs MUST be entered into the CD register (see <a href="#">SOP 4</a> Record Keeping below)</li> <li>○ Individually labelled CDs MUST be clearly separated from stock in the CD cupboard</li> </ul> <p><b>2. PATIENT'S OWN MEDICINES (POM)</b> This applies to CDs brought in by the patient</p> <ul style="list-style-type: none"> <li>• Each such CD received must be checked for accuracy of drug, strength, form and quantity</li> </ul>		<ul style="list-style-type: none"> <li>• Staff authorised to sign the delivery note are All qualified nurses within the hospice inpatient unit, who have been assessed as competent</li> <li>• Staff authorised to receive and record CDs are All qualified nurses within the hospice inpatient unit, who have been assessed as competent</li> <li>• Staff authorised to act as witness for the CD register are All staff within the hospice inpatient unit, who have been assessed as competent – as per SOP</li> </ul>

	<ul style="list-style-type: none"> <li>• Receipt of the CDs MUST be entered into the CD register (see <a href="#">SOP 4</a> Record Keeping below)</li> <li>• Patient's own CD's MUST be clearly separated from stock in the CD cupboard</li> </ul> <p><b>3. DISCREPANCIES</b> Any discrepancies should be reported Immediately to</p> <ul style="list-style-type: none"> <li>○ the shift manager and</li> <li>○ the provider</li> </ul> <p>if not rectified to the Trust CD Accountable Officer (via the pharmacy department). Appropriate records must be made in the CD register and all necessary action taken to resolve the discrepancy.</p>	
<p><b>STORAGE</b> of CDs and CD stationary <b>INPATIENTS</b></p>	<ul style="list-style-type: none"> <li>• CD stationary must be stored by the ward in a locked cabinet, cupboard or drawer. It must not be kept in CD cupboard.</li> <li>• CD cupboards MUST be reserved solely for the storage of CDs and be secured to a wall.</li> <li>• CD cupboards used by wards must conform to the British Standard reference BS2881 or be otherwise approved by the Chief Pharmacist.</li> <li>• CDs (Schedule 2 and 3a stock, patients dispensed and patient's own drugs) must be locked away not in use.</li> </ul>	
<p><b>WARD AND SERVICE CLOSURES</b></p>	<p><b>1. Temporary Closure (7 days or less):</b></p> <ul style="list-style-type: none"> <li>• All CDs to remain locked in the CD cupboard.</li> <li>• The security of the ward and its CD cupboard must be satisfactory to both the appointed practitioner in charge and to the Trust Chief Pharmacist.</li> <li>• If there is any doubt about security then follow the guidance for long term closures.</li> </ul> <p><b>2. Long term Closure (more than 7 days):</b></p> <ul style="list-style-type: none"> <li>• All CDs recorded in the CD registers must be reconciled with the actual stock held (see <a href="#">SOP 5</a> Reconciliation of CDs below).</li> <li>• All CDs must be returned to the SLA pharmacy dispensary.</li> <li>• All CD registers and order books both current and archived should be sent securely to RDaSH Pharmacy Department for storage.</li> </ul>	
<p><b>KEYS</b></p>	<p><b>1. Possession of Keys:</b></p> <ul style="list-style-type: none"> <li>• CD cabinet keys must be kept in the possession of the appointed practitioner in charge (or deputy).</li> </ul> <p><b>2. Missing Keys:</b></p>	<ul style="list-style-type: none"> <li>• Staff authorised to keep the keys are All qualified nurses within the hospice inpatient unit, who have been assessed as competent</li> </ul>

	<ul style="list-style-type: none"> <li>• If the keys go missing and cannot be found then urgent efforts must be made to retrieve them as quickly as possible.</li> <li>• If the keys cannot be retrieved then Appointed Practitioner in Charge and Accountable Officer (Chief Pharmacist) on 07789 878849 must be informed as soon as possible. If the Accountable Officer is unavailable contact RDaSH pharmacy services for advice on 03000 211307 / 03000 211308.</li> <li>• The Accountable Officer will decide whether to call police.</li> <li>• The loss of keys must not impede service user care. In such cases any necessary staff must be</li> </ul>	
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1. 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.
2. 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

