

Standard Operating Procedure	
Title: Medicines Management for Skilled Not Registered (SNR) Staff in Learning Disability Settings	
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Presented to: Care & Clinical Policies Sub Group	Date: 27 th March 2013
Ratified by: Care & Clinical Policies Sub Group	Date: 27 th March 2013
	<p>Review date: February 2015</p> <p>Agreed at Care & Clinical Policies meeting held on 21st January 2015 to extend SOP to end July 2015</p> <p>Agreed at Care & Clinical Policies Sub Group meeting on 16th September 2015 to further extend this SOP to January 2016</p> <p>Agreed at Care & Clinical Policies Sub Group meeting on 16th March 2016 to further extend this SOP for 3 months.</p>
Links to policies:	<p>Medicines Policy for Skilled not Registered Staff</p> <p>Covert Administration of Medicines Policy</p> <p>Controlled Drugs SOP</p> <p>Supervision, Accountability and Delegation of Activities to Skilled Not Registered Staff</p> <p>Incident policy</p>

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Contents

Purpose of this SOP.....	3
Scope of this SOP.....	3
Competencies Required.....	3
Service Users Covered	3
Administration of Medication	4
Administration of 'As Required' Medication	6
Changes in Medication.....	7
Handwriting Medication Administration Records.....	8
Leaving Medication Out for a Service User to Take Later.....	9
Transfer of Medication when Service Users Transfer to a Health or Social Care Setting.....	10
Visits into the Community or To and From a Persons Place of Residence	10
Dealing with Medication Errors.....	11
Medication Issues that Occur Out of Hours	12
Removal of Unwanted Medication	12
Collection of Prescriptions.....	13
Requesting Repeat Prescriptions	14
Controlled Drug Storage.....	14
Monitoring Tool	15
References.....	15
Appendix 1 As Required Medication Instructions	16
Appendix 2 Information from the Prescriber - Confirmation of Changes	17
Appendix 3 Permission to Remove Unwanted Medicines	18

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1. Purpose of this SOP

To ensure that medicines are handled safely by skilled not registered staff employed by Torbay and Southern Devon Health and Care NHS Trust ('the trust').

2. Scope of this SOP

All Learning Disability Skilled Not Registered staff who work under the SNR Medicines policy and employed by the trust.

All skilled not registered staff, who are trained, competent and confident to carry out tasks assigned or delegated to them.

Registered staff who undertake delegation must ensure that their staff adhere to this SOP. Ensure that they are competent and confident to undertake the task and in the case of Level 3 tasks that the appropriate delegation and patient specific training has taken place.

Should the SNR on duty have any concerns regarding any aspect of medicines management which cannot be resolved on site, then they have a duty of care to escalate the concern as promptly as possible to the appropriate person or professional e.g. service manager, prescriber, out of hours medical services, learning disability nurse or pharmacist.

3. Competencies Required

Skilled not registered staff in learning disability setting with responsibility for medicines support and/or administration who have received medicines management training and been assessed as competent to operate services covered by this SOP.

Staff should have completed relevant competences and receive regular medicines management updates at least every two years.

Where level 3 medicines are administered by skilled not registered staff (see Skilled Not Registered Medicines Policy), the skilled not registered staff will have undertaken the Qualifications Curriculum Framework (QCF) unit in Medicines Administration accessed from the Vocational Education Centre- 01803 656659.

4. Service Users Covered

All service users receiving support or administration of medicines by SNR staff in learning disability settings.

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5. Administration of Medication

- 5.1 Medication must be administered by two people at all times - a responsible person (CRW/senior and above) and an observer (this can be a Care and Support Assistant who has attended medicines management training). All medicines should be confirmed by the prescriber using a confirmation of current medication form, a copy of the current GP repeat prescription (or similar) or an up to date Medicines Administration Record (MAR) chart.
- 5.2 Administration of Medicines must be recorded on a MAR.
- 5.3 Exceptions to this are when medications are prescribed in acute situations e.g. antibiotics or a change in medication prior to the MAR being reprinted where a current dispensing label will give adequate instructions for administration.
- 5.4 To ensure appropriate and safe administration of medicines the SNR must:
- 5.5 Check the identity of the service user to whom the medication is to be administered.
- 5.6 If a SNR worker believes the service user has already taken a dose of the medication, medication should not be given and advice sought from the line manager and the doctor.
- 5.7 Check that the name, form, strength and dose of the drug on the label corresponds with the MAR either handwritten or provided pre-printed from the community pharmacy. If there is any discrepancy, refer to line manager and do not give the medication until clarification is given.
- 5.8 Ask the service user if they are willing to take their medicines before removing them from the pack. People can refuse medicines for different reasons.
- 5.9 Check the MAR for any special dosing requirements for the medication e.g. take with food.
- 5.10 The SNR will ensure that there is a glass of water available if oral medicines are not administered. Hot drinks are not recommended for this purpose. Tablets and capsules should be swallowed one at a time whilst the service user is sitting or standing to minimise the risk of choking.
- 5.11 The SNR will ensure that the service user is not lying down before administering medication in order to prevent it becoming stuck in the throat.
- 5.12 Where medication is dispensed in a Monitored Dosage System / blister pack the SNR worker will open the appropriate section and empty the medication into a medicine pot and hand it to the service user.
- 5.13 Where medication is in a bottle or strip pack, the appropriate number of tablets/capsules will be transferred into a medicine pot and handed to the service user.

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- 5.10 Where medication is in a liquid form the SNR worker will use a medicine spoon or measure provided by a community pharmacy. The service user must not be allowed to drink medication from the bottle or use any other type of spoon to give the medication.
- 5.14 For medicines applied to the skin, gloves must be worn by the SNR to prevent cross-infection and cross contamination.
- 5.15 For other medications such as eye drops, ear drops etc the SNR administering must have received the relevant training to do so.
- 5.16 Both the MAR and the medication are both taken to the individual service user to record administration and reconfirm identity.
- 5.17 Once medication has been taken by the service user, the SNR workers will ensure the medicine pot is empty and record the administration of medication by initialling the correct date space on the MAR. The SNR will visually check that the service user has taken the medication. Each item of medication must be signed for separately.
- 5.18 Record if medication has not been administered on the MAR, stating the reason by using the appropriate code highlighted on the MAR. Complete the reverse of the medication chart with date, time, signature and the reason for non-administration.
- 5.19 If stated in 5.18 the MAR will usually highlight codes for circumstances when medicines are not administered or omitted. Please follow them. In situations when the codes are not highlighted on the MAR, please apply the following codes for omitted medicines:

R=Refused

A=Absent

S=Sleeping

O=Other (with explanation e.g. spillage, medication unavailable), P=Prepared (dose to be taken later)

For all omitted and delayed doses, please refer to the SOP Omitted and delayed medicines

- 5.20 The code "P" (prepared) is used if a dose has to be prepared and left for the service user to take later. The SNR staff should also initial the record to take responsibility for the preparation of the dose. See section 6 for full details. The medication should be left in a suitable and secure place to allow access for the service user but take into account safety issues. A risk assessment should be undertaken as part of the care plan by the Service Manager before this practice is adopted and should be considered exceptional. The care plan must include advice on how long the medication should be left out for and a means of monitoring the practice.
- 5.21 Where medication is administered from a Monitored Dosage System (blister pack) the MAR should be completed in full. It is not sufficient to annotate the MAR "as per MDS".

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- 5.22 All records should be written in black ink and be legible. There must be no obliteration with tippex or similar.
- 5.23 Any alterations should be crossed through with a single line and initialled by the SNR staff member.
- 5.24 If a SNR worker believes the service user is refusing medication on a regular basis the line manager or care manager should be notified. Additionally the service users Doctor should be notified and / or seek the advice of a Learning Disability nurse.
- 5.25 Where medication needs to be administered off site whilst participating in community activities, SNR staff having completed successfully the Medicines Management course will be responsible for the safe keeping of the medication during the whole period of the activity following the procedure, in line with the Individuals Risk Assessment, the Activity Risk Assessment and care plan.
- 5.26 If medication has not been received from the carer resulting in non administration an incident form must be completed and the omission recorded in the care plan / MAR.
- 5.27 Administration of Warfarin
- Where a service user is taking warfarin, this should be documented on the MAR, but the directions section should include the phrase 'variable dose – see warfarin sheet'
 - The dose of warfarin administered to a service user will depend on the results of their INR test.
 - When the dose of warfarin is changed (e.g. following an INR) the prescriber must ensure that dosing instructions are given until the next INR test is due and a date for the next INR test is arranged. A written or faxed result is preferred on headed notepaper. If the result is received by phone, two people should confirm what has been communicated and document the details in the care plan and the dose on the MAR (see handwriting MARs)
 - Upon receipt of the result, the SNR Senior Care worker must file it with the patient's MAR sheet.
 - If a SNR worker has concerns relating to the administration of warfarin they should contact the prescriber immediately for further advice. Incidents should be recorded on the trust incident form and the GP should also be contacted.

6. Administration of “As Required” Medication

- 6.1 It is the responsibility of the service manager to ensure that all details of 'as required' medicines are recorded in each individuals care plan at all times. The service manager should request the prescriber to highlight the details of how the medicine may be

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administered and under what circumstances on the form 'PRN (As Required) Medication Instructions' form (appendix 1)

- 6.2 It is essential that for each 'as required medication' the following is recorded for each individual service user:
- Service user name and personal details.
 - Medication name, form and how to give (plus any special instructions e.g. after food etc).
 - Reason (precise symptoms) why the medication should be given and a description of how the symptoms may be identified and recognised.
 - The dosage of the medication to be given and how often the dose can be repeated.
 - The maximum amount of medication to be given in 24 hours.
 - What actions to take if the symptoms are not relieved within a set timeframe (especially important for epileptic rescue therapy).
 - Provide a treatment review date.
- 6.3 Above details must be available to the responsible SNR staff whether the service user is on site or during activities and visits off site.
- 6.4 The SNR worker must consult the above criteria for each service user before administration of the medication.
- 6.5 The medication administered must be documented on the MAR including the dose, time and reason for administration e.g. pain or constipation.
- 6.6 When required medicines should only be administered to the service user when the reasons and symptoms for its administration are met, as defined in the care plan. It is therefore not necessary to record non administration of a dose on the MAR, unless the service user is experiencing symptoms and positively declines treatment.

7. Changes in Medication

- 7.1 It is recommended that all changes to medication are recorded by the prescriber on the form 'Information from the prescriber – confirmation of changes'(Appendix 2). Forms may be emailed for completion by a prescriber as well as sent in hard copy.
- 7.2 A prescriber may make the alteration directly on the MAR and countersign.
- 7.3 The SNR worker will take form 'Information from the prescriber – confirmation of changes' and insert into service user's record alongside the MAR so that the information is clear and accessible to all SNR staff and healthcare professionals involved in the care of the service user. Any discrepancies between the prescriber record and what is being administered must be investigated.
- 7.4 The MAR must be updated immediately, ideally electronically however if circumstances dictate, the entry may be handwritten – see handwriting MAR section.

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Any medicines that have been stopped or changed must be crossed through with a single line and a new entry made.

8. Handwriting Medication Administration Records (MARs)

There may be circumstances when the MAR may need to be handwritten. The following procedure should be followed in such circumstances.

- 8.1 A handwritten MAR should be completed for all service users prescribed medication where a printed MAR has not been provided by a pharmacy or where a medication has been added or altered before the next electronic MAR may be generated. The details may be taken from a faxed prescription, a prescription label or the form 'Information from the prescriber – confirmation of changes'.
- 8.2 The service manager should ensure spare blank MARs are available on site.
- 8.3 A hand written MAR may be completed by the prescriber.
- 8.4 If it is not possible for the prescriber to handwrite the MAR, The SNR Duty Manager should prepare a handwritten MAR by copying the full information regarding the medication directly from the prescribers authority. This authority may be in the form of a fax, hospital discharge letter, prescription label or form 'Information from the prescriber – confirmation of changes'.
- 8.5 The details should be written in black ink, printed, legible and include:
 - Name of the medication.
 - Form of the medication (e.g. tablets, capsules).
 - Strength of the medication.
 - Dose and frequency.
 - Time (hour) the medication should be given.
 - Any special instructions e.g. after food.
 - Date.
 - Name, Date of birth and Address of the service user.
 - Care Management details.
- 8.6 The Duty manager or SNR must sign and date the MAR.
- 8.7 A senior member of staff should independently check and countersign the MAR to confirm the information has been transcribed fully and correctly.
- 8.7 A copy of the handwritten MAR must be made and retained in the medication file.

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9. Leaving Medication Out for a Service User to Take Later

This activity should be viewed as exceptional.

- 9.1 If a service user requests medication to be left out for them to take themselves at a later prescribed time, this may only be undertaken if a risk assessment has been written by the Duty Manager as described in point 9.2.
- 9.2 The Duty Manager must undertake a full risk assessment considering such risks as:
- Whether the service user will remember to take the medication
 - Whether the medication will get taken at the correct time
 - Whether there is a risk of hoarding
 - Whether there are others in the house e.g. other Service Users who may take the medication by mistake
 - Whether the service user will take the medication just before the SNR worker next sees him/her.
 - Some medication must not be left out for a service user to take later (see 9.8).
- 9.3 The risk assessment and decision of whether the medication can be left out must be recorded and placed in the Service Users Care Plan.
- 9.4 A copy of the risk assessment will be given to the Service Manager for approval.
- 9.5 The SNR worker must consult the risk assessment before leaving the medication out for a service user.
- 9.6 The SNR worker must annotate the medication record sheet with a "P" (prepared) and sign. This indicates that the dose was prepared but that administration was not witnessed.
- 9.7 The SNR worker must report back to their line manager any evidence that indicates that the medication is not being taken in the correct manner.
- 9.8 Medicines not to be left out as Prepared 'P' include (this list is not exhaustive – seek advice from medicines management):
- Medicines likely to be susceptible to the effects of moisture including: dispersible, effervescent and soluble formulations (e.g. aspirin dispersible), buccal or mucosal products (e.g. buccastem), medicines which are unstable to moisture (e.g. sodium valproate / Epilim).
 - Medicines which can cause skin reactions or hypersensitivities on prolonged contact e.g. chlorpromazine.
 - Cytotoxic medication e.g. methotrexate.
 - Medicines requiring refrigeration or other special storage conditions.

The above list is not exhaustive. IF in doubt SNRs should seek Pharmaceutical advice.

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10. Transfer of Medication when Service Users Transfer to a Health or Social Care Setting

10.1 A service user may be transferred to another care setting which could include:

- Hospital admission
- Short break in a social care setting
- Permanent move to a care home
- Visit out into the community

10.2 They may also be transferred from home to a care setting and returned.

10.3 When a service user is transferred to a new service the Care Worker must ensure that the service users medication is sent with them as the new care service may not have all the current medication available. The Manager on duty (or nominated responsible Care Worker) will provide the new care service with a **copy** of the MAR as soon as possible. This will inform the new care service which medicines have been taken regularly and whether the person refuses to take any.

10.4 The Manager on duty (or nominated responsible Care Worker) must make a record of the medication that was sent with the service user in the care records.

10.5 If medication is held in between social care settings such as a service user going to day care and then onto a short break stay, transfer and receipt of medication must be recorded in the care records.

11. Visits into the Community or To and From a Persons Place of Residence

11.0 Rescue Medication

Where a person is prescribed rescue medication then it must travel with the person at all times. If the person is unable to take responsibility for their own rescue medication then a trained Care Worker must take responsibility for the medication for them. Where the service user is responsible for their own medication a risk assessment must have been completed and recorded in the care records.

When the rescue medication is taken to and from the social care setting each day the medication must be recorded as received or returned e.g. in the care records.

If the service user goes out the Care Worker must book the medication out of the Medication Cupboard when leaving the Day Centre / Short break Unit / Residential Home using the appropriate form (see unit policy). It must also be booked back into

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the Medication Cupboard when the person and their medication arrive back at the Day Centre/ Short Break Unit / Residential Home.

All forms must be kept on the service user's records.

The Care Worker must carry the medication with them at all times. It must not be left unattended at any time. If the rescue medication is used whilst away from the building the MAR sheet must be marked to that effect at the earliest opportunity.

11.2 Routine Medication

- When a service user leaves the Day Centre / Short Break Unit/ Residential Home for a period of time and is due to be away at the time when routine medication should be taken, then the medicines must be taken with them.
- If the service user is unable to take responsibility for their medication then a Care Worker who has up to date medicines training must take responsibility for it.
- The Care Worker must book the medication out of the Medication Cupboard and mark the MAR sheet "P" (prepared.)
- The medication must only be administered according to the original pharmacy dispensing label when away from the Day Centre / Short Break Unit / Residential Home and follow Section 1 Administration of medication.
- On returning to the building medication must be booked back into the medication cupboards and MAR sheet updated showing that the medication has been taken at the appropriate time (or refused if appropriate).

12. Dealing with Medication Errors

12.1 The SNR worker must notify the Duty Manager IMMEDIATELY an error is made or discovered including if medication has not been administered at the correct time. The Duty Manager will then contact the GP and family / carer (as appropriate) and the SNR worker should remain with the service user. The Duty manager should also inform the Service manager.

12.2 Advice given by the healthcare professional must be followed and documented in the service user's record.

12.3 All incidents must follow the trust Incident reporting policy which should record:

- The medication detail (including name & dose).
- The nature of the error.
- The steps taken to keep the service user safe.

12.4 The service manager must investigate & make a written report about the situation and consider whether the SNR worker should continue to undertake medication tasks at

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that time. Advice may be sought from the Professional Practice team or medicines management.

- 12.5 A meeting must then take place, at the earliest opportunity, between the line manager and the SNR worker involved in the error to ascertain the cause and to plan what action needs to be taken to prevent the error occurring again.

13. Medication Issues that Occur Out of Hours

- 13.1 If a SNR worker discovers that a service user has run out of medication or discovers a medication incident out of hours or has any other concern relating to medication the Duty Manager must be contacted immediately and Devon Doctors for advice.

- 13.2 The Duty Manager/Service Manager will contact the service user's family if necessary and the SNR worker should remain with the service user.

- 13.3 Advice given by the out-of-hours healthcare professional must be followed and documented in the Service User's Record.

- 13.4 If appropriate, the On Call Manager may be contacted via Torbay Hospital switchboard.

- 13.5 The service user's GP should be advised by the Duty Manager/Service Manager that a medication incident has occurred by the next working day. The GP should be advised of any action already taken and advice followed by the out-of-hours healthcare professional.

- 13.6 The Duty Manager/Service Manager must review the available details and consider whether the SNR worker should continue to undertake medication tasks at that time. Advice may be sought from Professional Practice team or medicines management.

- 13.7 A meeting must then take place, at the earliest opportunity, between the line manager and the SNR worker involved in the incident to ascertain the cause and to plan what action needs to be taken to prevent the incident occurring again

14. Removal of Unwanted Medication

- 14.1 Any unwanted, discontinued or expired medication should not be stored.

- 14.2 Medicines which are no longer required by a service user should be identified by an SNR or service user carer. These medicines must then be stored separately from current medication to avoid confusion or administration errors.

- 14.3 The carer should be encouraged to return unwanted medication to the local community pharmacy. In residential settings, this may not be appropriate and so the carer of the service user should be asked to consent (by signing if at all possible) to

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SNR to dispose of medicines no longer required. Consent will be recorded by completing form 'Permission to remove unwanted medication' (appendix 3).

- 14.4 If the relative or representative is unable to take responsibility for the return of the unwanted medication the SNR worker must contact the duty manager and list the medication that requires disposal. The duty manager will then confirm if the medication may be removed by the SNR worker to the local community pharmacy.
- 14.5 Medication must be returned to the community pharmacy as soon as possible and a signature requested from the community pharmacy as evidence of its receipt and the 'Permission to remove unwanted medicines' form to be completed. If the pharmacist does not agree to provide a signature, this must be documented on the form by the line manager.
- 14.6 It should be noted that sharps (e.g. needles, lancets) will not be accepted for disposal by community pharmacies. The duty manager should make arrangements with Torbay Council for their safe disposal by contacting:
- Torbay Council Refuse & Waste Department on 01803 402974.
- 14.7 Where possible Controlled Drugs should be returned to the community pharmacy where the medicine was dispensed.
- 14.8 The completed form 'Permission to Remove Unwanted Medicines' should be stored in the service users record.

15. Collection of Prescriptions

- 15.1 Where possible, the GP practice should send prescriptions directly to the nominated pharmacy using the prescription collection service. Additionally service managers are encouraged to negotiate a delivery service from the community pharmacy to the service premises once prescriptions have been dispensed.
- 15.2 If appropriate, an SNR will be assigned to collect the dispensed medicine from the pharmacy or the prescription from the surgery.
- 15.3 The dispensed medication should be taken directly to Service's Medicines Cabinet for recording & safe storage by the Duty Manager.
- 15.4 For collection of Controlled Drugs, SNR staff will need to provide identification to the pharmacist who will check and record this. SNR staff will be required to sign the back of the prescription to confirm that they have collected the Controlled Drug for audit trail purposes.
- 15.5 When service users are self administering medication SNR staff should take the medication directly to the service user and ensure that it is stored appropriately (e.g. a lockable cupboard only for the purposes of storing medication).

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- 15.6 The service user's record must detail what medication the SNR has collected. This must be completed by the SNR worker as a record of medication procurement.
- 15.7 If the medication is not available, then the SNR will discuss with the Pharmacist an appropriate time to return.

16 Requesting Repeat Prescriptions

- 16.1 The SNR will check that the prescription request form has been completed.
- 16.2 The SNR will check with the surgery if a prescription collection service exists and if so, to which pharmacy prescriptions are sent. (NB: It remains the service user's choice to nominate a pharmacy). If no scheme exists, the SNR worker will check when the prescription would be ready for collection.
- 16.3 The SNR will document in the Service User's Record and notify the Duty Manager that a prescription has been requested and when it is ready to be collected.
- 16.4 Only medicines which are required will be ordered. Stock piling of prescription medication and unnecessary ordering must not occur. The service manager must monitor that overstocking is not taking place. To facilitate ordering the SNR will provide accurate information to the pharmacy staff e.g. name and address, date of birth, what items are on the prescription etc. i.e. tablets, medicine or eye drops.
- 16.5 If a service user has completely run out of medication, the team leader will ring or fax the surgery immediately. In the event of this being out-of-hours, the out-of-hours duty doctor should be contacted for advice.
- 16.6 If medication is unable to be obtained this must be reported through the incident reporting system.

17 Controlled Drug Storage

- 17.1 Within Learning disability residential settings i.e. Occombe House and Bay Tree House, if a service user is being treated with a controlled drug, then all controlled drugs should be stored in controlled drug cabinets which meet the British Standard. Additionally full audits of stock control and administered dosages should be recorded in approved Controlled Drug Record books.
- 17.2 In these instances SNRs should follow the Standard Operating Procedure for Controlled Drugs, following guidance for storage, recording, disposal (etc) of patients own medication.
- 17.3 If there is any questions of doubt on this matter, the Service Manager must contact the trust Medicines Management team for advice.

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18 Monitoring Tool

Each unit should develop monitoring procedures to show how it will monitor this SOP

Standards:

Item	%	Exceptions
All SNR staff with responsibility for medicines must read and sign this SOP in association with the medicines policy	100%	nil
How will monitoring be carried out?	Internal audit and signatory sheet	
When will monitoring be carried out?	Annually (or sooner if needed)	
Who will monitor compliance with the guideline?	Service leads managerially responsible for delivering care	

19 References

Medicines policy for SNR staff
 Covert Administration of Medicines Policy
 Controlled Drugs Standard Operating Procedure
 Supervision, Accountability and Delegation of Activities to Skilled Not Registered Workers

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V 1.0	Final	26.3.13	Amalgamation of Torbay Care Trust SOPs relating to SNR Medicines Management in Learning Disability Settings to one TSDHCT SOP.	Paul Humphriss

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Appendix 1

AS REQUIRED MEDICATION INSTRUCTIONS	
Name of Service User:	
DOB:	
Address:	
Medication	
Dose	
Reason for Medication	
Dosage Criteria E.g. Give 1 if..... Give 2 if.....	
How often dose can be repeated	
Max in 24 hours	
Further info. e.g. after food	
Review Date	
Circumstances for reporting to GP Tick <input type="checkbox"/> as appropriate <ul style="list-style-type: none"> <input type="checkbox"/> Persistent need for upper level of dosage <input type="checkbox"/> Never requesting dosage <input type="checkbox"/> Requesting too often <input type="checkbox"/> Side effects experienced <input type="checkbox"/> Other (please state) 	
Prescribers Signature: _____ Date: _____	

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Appendix 2

Information from the Prescriber – Confirmation of Changes

Name of Service User:	DOB
Address:	

CONFIRMATION OF CHANGES OF MEDICATION

NEW MEDICATION NAME	FORM	STRENGTH	DOSE	FREQUENCY	Please state time to be given			
					B'fast	Lunch	Tea	Bed
DISCONTINUE MEDICATION NAME	FORM	STRENGTH	DOSE	FREQUENCY				
SPECIAL INSTRUCTIONS								

If the client does not take the medication for more than.....days please inform GP / Community Pharmacist / Community Nurse (circle as required) or _____.

Prescriber's Signature: _____ Date: _____

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Appendix 3

Permission to Remove Unwanted Medicines

Service User Name
Address
GP
Surgery

The following is a list of drugs (and dressings) which are no longer required because:
 discontinued from treatment
 expired

Medication name form and strength	Reason for return*	Quantity Returned

* Key: **E** = Expired, **U** = Unwanted

I authorise the removal of the medicines listed above by

	authorised member of staff removing medicines
	Service user
	Pharmacist

for safe destruction. This is to return the medicines to my local community pharmacy. This form to be returned to service user and retained in the notes.