Supply of Discharge Medications from Emergency Departments Procedure

Effective: 1 July 2021

1. Guiding Principles

The following information relates to the appropriate supply of medication to patients upon discharge from WA Country Health Service (WACHS) Emergency Departments (ED) in the Great Southern region.

2. Procedure

2.1 General Considerations

Discharge medications should only be supplied in circumstances where:

- There is a concern that delay in the commencement of treatment would be detrimental to patient care and it is not practical for the patient to have a script dispensed in the community, OR
- There is a concern that the patient would not fill a prescription and therefore would not receive the required treatment.

The provision of discharge medications to ED patients must be performed by prescribers only and is at the prescriber's discretion.

Available stock in both the Emergency Department and hospital must be considered when making the decision to dispense medications for discharge. The prescriber is responsible for ensuring that the provision of discharge medications does not leave the hospital with insufficient stock on hand to treat current and expected patients of the hospital until further stock can be sourced from Pharmacy.

Care must be taken to avoid creating a drug seeking environment. The prescriber must be of the belief that a patient is not drug dependant before considering supply of Schedule 8 (S8) or Schedule 4 Restricted (S4R) medications.

Should a registered nurse (RN) be required to assist a medical practitioner in the dispensing of a medication to an ED patient, the dispensed item is to be handed to the prescriber for supply by him/her to the patient. General nursing staff are not legally able to dispense medications to patients outside of approved Department of Health Starter Packs listed in the CEO SASA (with verbal authorisation by an authorised prescriber) as described in section 2.4.

Where a prescriber is reviewing the patient via video consult and is not physically able to hand the medication to the patient, the assisting RN is to prepare the label, package the medication and hand it to the patient within sight of the virtual prescriber. The prescriber remains responsible for the supply of

the medicine and must undertake all the checks they would ordinarily to ensure the correct medicine is selected, correct labelling is applied and appropriate records are made in accordance with the legislation and this guideline.

2.2 Providing Discharge Medication/s

- Discharge supplies must comply with the legal requirements for labelling and packaging described in the *Medicines and Poisons Act (2014)* and *Medicine and Poisons Regulations (2016)*. Use of the items supplied by the Pharmacy Department in dispensing packs as per the below instructions will ensure this compliance.
  - Discharge supplies must be packaged in an approved box or plastic bottle and labelled using the supplied pre-printed template label with all sections completed.
  - Discharge medications must not be supplied in an envelope.
  - If a medication is listed in Appendix K of the Poisons Standard, Cautionary and Advisory label #1 must also be applied to inform the patient that the medication may cause drowsiness. A list of these medications is available at each ED department and in Appendix 1 of this document.
- The prescriber is responsible for ensuring the supplied medication is within expiry date. If medication blister strips are cut it must be done in such a way as to retain batch number and expiry information on the portion remaining at the hospital.
- Discharge supplies should be limited to the quantity required to enable administration until a community pharmacy is open.
- Medication related counselling is the responsibility of the prescriber and should be provided, either in person or virtually, at the time discharge supplies are issued.

2.3 Recording and Reporting of Discharge Medications

- Any medications dispensed to a patient on discharge must be recorded in the patient's notes and on the patient's medication chart.
- All medications dispensed upon discharge must also be recorded in the Medication Supply Register. For any schedule 4, schedule 4R or schedule 8 medication, this record must include:
  - The name, quantity, strength and form of the medicine
  - The name and address of the person treated
  - The name of the prescriber
  - The date on which the medicine is supplied
- For schedule 8 medications, this record must additionally include:
  - The date of birth of the person treated
  - The address of the prescriber
- The tear-away copy of this register will be collected by the Albany Health Campus Pharmacy Department at the end of each month (Albany ED) or during regional visits (regional sites).
- The Pharmacy Department will provide a report of S8 medication dispensed to any non-admitted patients to the Medicines and Poisons Regulation Branch (MPRB) of the WA Health Department.

2.4 Providing a Starter Pack on Discharge

- A SASA issued by the CEO of Health under Part 6 of the Medicines and Poisons Regulations (2016) authorises registered nurses to supply starter packs of approved medicines for the acute treatment of patients of a hospital, other than inpatients, at some district sites.
- The supply must be verbally authorised by a prescriber authorised under the Medicines and Poisons Regulation (2016).
- The RN must be satisfied that the patient has an acute medical condition requiring urgent treatment and there is no other person authorised under the Medicines and Poisons Regulations (2016) at the facility who could attend to the patient in person and supply the medication.
- The facility must be more than 25 kilometres away from the nearest open community pharmacy.
- Provision of a starter pack is to be recorded as per section 2.3.

3. Definitions

Prescriber	An individual who is legally authorised to prescribe and dispense poisons as per the *Poisons Act.* It is the prescriber's professional responsibility to ensure they are working within their scope of practice.
SASA	Structured Administration and Supply Arrangement – A written direction that authorises a health practitioner to administer or supply a medicine to any patient meeting the specified circumstances.
Dispense/Dispensed	
Poisons Standard (SUSMP)	Legal title of the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)
RN	Registered Nurse
MPRB	Medicines and Poisons Regulation Branch, WA Department of Health

4. Roles and Responsibilities

All staff are required to administer and supply medications in line with legislative requirements.

All prescribers are required to prescribe and dispense medications in line with their AHPRA registration, credentialing and scope of practice, as well as the legislation and processes described in this procedure.

Nursing staff are responsible for ensuring they work within their scope of practice. General nursing staff are not legally authorised to dispense medications.

Emergency Department Staff are responsible for requesting resupply of dispensing packs (template labels, boxes, bottles and Cautionary and Advisory label #1) from the Pharmacy Department as required.

Pharmacy staff are responsible for

- Supplying items required for Poisons Standard compliant dispensing including template labels, boxes, bottles and Cautionary and Advisory label #1.
- Reporting the dispensing of Schedule 8 medications to non-admitted patients to the MPRB in line with the WA Schedule 8 Prescribing Code.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

Records Management Policy
Health Record Management Policy

7. Evaluation

Monitoring of compliance with this document is to be carried out by the WACHS GS Pharmacy Department using the following means or tools:

- Reconciliation of requests for dispensing packs (template labels and containers) with supplies recorded in the Medication Supply Register.
- Six monthly review of medications supplied from Emergency Departments (per Medication Supply Register).

8. Standards

National Safety and Quality Health Service Standards - 4.1, 4.2, 4.3, 4.4, 4.11

9. Legislation

Medicines and Poisons Act (2014) (WA)
WA Medicines and Poisons Regulations (2016) (WA)

10. References

Poisons Standard (SUSMP) – Latest version available from the Federal Register of Legislation
Risk based requirements for medicines handling
WA Schedule 8 Medicines Prescribing Code – Available from Opioids, benzodiazepines and other Schedule 8 medicines
WA Department of Health Structured Administration and Supply Arrangements
WACHS Medication Prescribing and Administration Policy

11. Related Forms

Nil

12. Related Policy Documents

WACHS Medication Prescribing and Administration Policy
WACHS High Risk Medication Policy

13. Related WA Health System Policies

MP 0139/20 Medicines Handling Policy

14. Policy Framework

Clinical Governance, Safety and Quality

15. Appendix

Appendix 1: Appendix K – Drugs required to be labelled with a sedation warning (SUSMP No. 32 – Feb 2021)

This document can be made available in alternative formats on request for a person with a disability

Contact:	Chief Regional Pharmacist		
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Appendix 1: Appendix K – Drugs required to be labelled with a sedation warning (Cautionary & Advisory label 1 as pictured below)

ALIMEMAZINE	DULOXETINE	PERPHENAZINE
ALPRAZOLAM	ETHYLMORPHINE	PETHIDINE
AMISULPRIDE	FENFLURAMINE	PHENELZINE
AMITRITYLINE	FENTANYL	PHENIRAMINE
AMOBARBITAL	FLUNITRAZEPAM	PHENOBARBITAL
ARIPIPRAZOLE	FLUPENTHIXOL	PHENOPERIDINE
ASENAPINE	FLUPHENAZINE	PHENYLTOLOXAMINE
AZATADINE	FLURAZEPAM	PHOLCODINE
BACLOFEN	GABAPENTIN	PIMOZIDE
BENZATROPINE	GEMCITABINE	PIZOTIFEN
BREXPIPRAZOLE	GLUTETHIMIDE	PRAZEPAM
BRIVARACETAM	GUANFACINE	PREGABALIN
BROMAZEPAM	HALOPERIDOL	PROCHLORPERAZINE
BROMPHENIRAMINE	HYDROCODONE	PROMAZINE
BUCLIZINE	HYDROMORPHONE	PROMETHAZINE
BUPRENORPHINE	HYDROXYZINE	PROTRIPTYLINE
BUTOBARBITAL	IMIPRAMINE	QUETIAPINE
CANNABIS except cannabidiol when included in Schedule 4 or Schedule 3	LAMOTRIGINE	RETIGABINE
CETIRIZINE	LEVETIRACETAM	RISANKIZUMAB
CHLORAL HYDRATE	LEVOCABASTINE	RISPERIDONE
CHLORDIAZEPOXIDE	LEVOCETIRIZINE	ROTIGOTINE
CHLORMETHIAZOLE	LORAZEPAM	RUFINAMIDE
CHLORPHENAMINE	LURASIDONE	RUPATADINE
CHLORPROMAZINE	MAZINDOL	SAFINAMIDE
CLEMASTINE	MEBHYDROLIN	SECBUTOBARBITAL
CLOMIPRAMINE	MECLOZINE	SECOBARBITAL
CLONAZEPAM	MEDAZEPAM	SELETRACETAM
CLONIDINE	MEPROBAMATE	SODIUM OXYBATE
CLORAZEPATE	MEPYRAMINE	STIRIPENTOL
CLOZAPINE	MERCAPTAMINE	SUVOREXANT
CODEINE	METHADONE	TAPENTADOL
CYCLIZINE	METHDILAZINE	TEMAZEPAM
CYCLOBARBITAL	METHOCARBAMOL	TETRAHYDROCANNABINOLS except cannabidiol when included in Schedule 4 or Schedule 3
CYCLOSERINE	METHYLPHENOBARBITAL	THENYLDIAMINE
CYPROHEPTADINE	MIANSERIN	THIETHYLPERAZINE
DANTROLENE	MIDAZOLAM	THIOPROPAZATE
DESIPRAMINE	MIRTAZAPINE	THIORIDAZINE
DEXCHLORPHENAMINE	MORPHINE	THIOTHIXENE
DEXTROMORAMIDE	NABIXIMOLS	TRAMADOL
DEXTROPROPOXYPHENE	NALBUPHINE	TRANYLCYPROMINE
DIAZEPAM	NITRAZEPAM	TRIFLUOPERAZINE
DIFENOXIN	NORMETHADONE	TRIMIPRAMINE
DIHYDROCODEINE	NORTRIPTYLINE	TRIPOLIDINE
DIMENHYDRINATE	OLANZAPINE	ZIPRASIDONE
DIMETHINDENE	OPIUM in any form except the alkaloids noscapine and papaverine	ZOLPIDEM
DIPHENHYDRAMINE	OXAZEPAM	ZONISAMIDE
DIPHENOXYLATE	OXYCODONE	ZOPICLONE
DIPHENYLPYRALINE	PALIPERIDONE	
DOSULEPIN	PAPAVERETUM	
DOXEPIN	PENTAZOCINE	
DOXYLAMINE	PENTOBARBITAL	
DRONABINOL	PERAMPANEL	
DROPERIDOL	PERICIAZINE