NSW TAG NSW Therapeutic Advisory Group Inc. | Advancing quality use of medicines in NSW

Group Discussion: Provision of S8/S4Ds for Emergency Department (ED) patients

Date: July 2018

Background:

The Chief Pharmacists Unit is commencing review of PD2013_043 this year. NSW TAG has been collating feedback from members regarding this Policy Directive (PD).

One challenging issue is the provision of S8 and S4D medicines to patients attending ED, especially after hours. It also appears difficult to monitor ED prescription of S8 (and S4D) medicines after hours and/or evaluate whether intervention such as in-services have any effect on judicious and appropriate S8/S4D prescription/supply.

Provision of written S8 scripts to ED patients for outside dispensing is also more complicated and challenging than normal as the 'registered community pharmacist must not dispense a prescription for a Schedule 8 medication unless he/she: -

a) Is familiar with the handwriting of the prescriber who issued the prescription, or
b) Knows the patient for whom the medication is prescribed, or
c) Has verified that the prescriber named on the prescription has actually issued the prescription.

In the case where the prescriber is not contactable, a registered pharmacist may supply the S8 medication in a quantity sufficient for no more than 2 days' treatment pending verification with the prescriber purported to have issued the prescription.' (Section 5.5.2 PD2013_043). It is quite likely that the community pharmacist in a late night pharmacy would not be able to comply with the three criteria above and would need to fall back on the '2 day supply' clause. How often ultimate verification occurs is unclear. There may also be no near-by after-hours pharmacies in many areas, particularly rural areas.

With regard to after-hours supply of S8 medications in ED, Section 6.8 Emergency Department After-Hours Medication Store Supplies in PD 2013_043 states:

The after-hours 'store must not include Schedule 8 or Schedule 4 Appendix D medications. In the rare circumstances that such medications will be required, procurement should be from the stocks held in the Emergency Department storage units.'

There appears to be differing interpretations of how after hours supply of S8s and S4Ds should be managed in the ED. Some believe provision of pre-labelled packs of S8 and S4D medications is possible as long as they are stored in the ED S8 safe (noting the challenges of safe size). However, others interpret the policy to mean that ED prescribers should dispense S8 medicine from ED 'ward stock', placing the medicine in boxes/vials and labelling themselves (in the same way that they would for medicines not routinely kept in the after-hours store). This is of concern given the unfamiliarity the doctor may have with the dispensing and labelling process for potentially high risk medicines (we note that ED nurses may often be more familiar with these processes). Furthermore, it is our understanding that, if the S8/S4D medicine is being supplied after hours in either way (providing and filling in pre-labelled prepack or dispensing from scratch), the prescriber does not need to write a script but simply records provision in the medical records, which may not be easily identified or monitored.

There currently appears to be no way of easily tracking after hours S8 (and S4D) prescriptions unless there are extra local requirements. Also, we are unsure how 'rare' the circumstance of after-hours ED S8 or S4D medication prescription is (as stated in the PD).

NSW TAG would like to understand how hospitals are managing the prescription and supply of S8/S4Ds to ED patients, particularly after-hours.

NSW TAG and TAGNet members were asked to provide answers to the questions below.

Responses:
15 responses were received from: Bankstown-Lidcombe Hospital (BLH), Blue Mountains District AM Hospitals (BMDAH), Canterbury, Calvary Mater Newcastle (CMN), Far West (FWLHD), Hunter New England-Northern Sector - Maitland (HNELHD), Liverpool, Murrumbidgee (MLHD), Northern Beaches Health Service (NBHS), Port Macquarie & Kempsey (PMK), Royal Prince Alfred Hospital (RPAH), Southern NSW (SNSWLHD), St George, St Vincent's and Tamworth.

1. *Does your hospital have a policy and if so, would you mind providing?*
    i. Yes: MLHD, PMK, SNSWLHD (see extract from PD below in section 7 comments), CMN (see extract from PD below in section 7 comments), NBHS (some information contained in local Medication Administration and Management procedure).
    ii. No: BLH, BMDAH, Canterbury, FWLHD, HNELHD (quick reference guide for short supply of medicines provided), Liverpool, RPAH, St George, St Vincent's and Tamworth.

2. *Is the usual after hours practice for S8/S4D meds, the writing of a prescription for dispensing outside the hospital or is in-hospital after-hours supply used?*
    i. BLH: We do both. We have provided ED with pre-labelled packs of Endone and Diazepam (the two most commonly used) so that the prescriber just needs to fill in the gaps on the label. They then write this out of the Drugs of Dependence (DD) register to the patient – they do NOT write a prescription in this case. They do also have S8 only script pads that they can use to write S8s for community dispensing – I am unsure how often this actually occurs.
    ii. BMDAH: We don't know if scripts are routinely written as it is not documented anywhere. We do know when prescriptions have failed, for example, when the doctor didn't put the patient's name on the script. The doctors generally don't want to supply or prescribe significant quantities as it can create issues with patients returning for extra supplies. There is also a legal issue if the patient is already being treated by a doctor with narcotics. Patients may be supplied with small amounts of narcotics e.g. Endone or Panadeine Forte®.
    iii. Canterbury: I think (from what I've been told by nursing staff) they write a prescription where appropriate, or give a stat dose until the patient can present to their local GP (if regular therapy). If they need more than a stat dose, 1 or 2 more doses might be provided from the ward supply.
    iv. CMN: Prescriptions are not commonly written for outside dispensing, we use prepacks mostly.

v. FWLHD: A mixture of the two in Broken Hill (BH) and after-hours supply used in remote sites with no onsite Doctor or pharmacy in town. In BH, circumstances and inclination of the ED CMO will dictate what's done. There are after hours pharmacies is town across weekends, evenings and limited public holiday hours. Nursing staff are aware of these, even if locum ED Doctor isn't. After hours supply is from ED safe, either prepacks or preparing and labelling themselves (despite our best efforts, this still tends to be via a labelled envelope).

vi. HNELHD: We do both.

vii. Liverpool: We have S4D prepacks (Panadeine Forte® x 4 or Diazepam 5mg x 2). These are often used within hours as well, especially when they don't want to admit the patient and need a quick fix to discharge from ED (we have a large number of Mental Health presentations to ED, hence requiring the Diazepam).
With S8 prepacks (we previously had Endone® x 4), we had a procedure for them to follow and they didn't, so we never continued it. My understanding with the S8s is that there needs to be a serial number on the prepack which has to be reflected on the script. This was something that our ED didn't comprehend/follow. As far as I know they send prescriptions to outside pharmacies out of hours and I'm sure there are problems with these being filled. Our hospital scripts are stamped "Not Valid for Narcotics outside the hospital" as we have had stolen script pads and forgeries. The ED medical staff insist on and get unstamped prescription pads that they are supposedly responsible for keeping secure. The medical staff don't seem to mind writing Endone scripts for dispensing in the Community, some of them report that they get calls to confirm the script, but they do comment on the fact that they would like to prescribe less than 20 tabs, but have this idea that if they prescribe less than the pack size in the Community that the patients will be over-charged.

viii. MLHD: We do not currently enable nurses to dispense S4Ds or S8s despite some practical challenges in rural locations where no GP VMO may be readily available and also when sites are on Critical Operation Standing Operating Procedures (COSOPs). One exception is we manage/classify Panadeine Forte® as an accountable medication in MLHD.

ix. NBHS: A mixture of both, prepacks for S4D or S8s or scripts for S4D are issued. S4D and S8 prepacks for ED after hours use include things such as Endone®, Panadeine Forte® and Diazepam.
Note: Our S8 script pads are stamped "FOR HOSPITAL USE ONLY" so patients cannot technically get these scripts filled externally if an ED Doctor writes a S8 prescription by mistake.

x. PMK: We have prepacks and they also sometimes write scripts.

xi. RPAH: after hours a prescription is written for use in the community. For inpatients this would not happen that often, and we discourage it. I don't know if community pharmacists honour them or not because of the many variables which according to legislation would make it inappropriate to dispense; at least for S8 medicines. I think many community pharmacists might rely on knowing the patient. Either way the prescriptions are not reimbursable under the PBS therefore patients will have to pay a private dispensing fee which might be substantial.

xii. SNSWLHD: After-hours supply is used but we do not keep accountable drugs in after-hours drug cupboards – supply comes from an ED only.
xiii. St George: After hours prepacks of Endone® x 4 tabs is available for supply by MO. There are also prepacks of diazepam 5mg x 4 tabs and Panadeine forte® x 4tabs.
xiv. St Vincent's: For S8s we will write an outside prescription for after-hours use.
xv. Tamworth: Our usual preference would be to write a prescription, but there are no 24-hour pharmacies within the city. For this reason, an after-hours supply is often given to start if the only thing keeping the patient in ED is access to analgesia.

3. *Do you use prepacks and if so, how are they managed? Do you have a separate entry in the accountable drugs register for prepack supplies?*
i. BLH: Prepacks are used and are a separate entry in the DD register. We treat them like a whole different product.
ii. BMDAH: We have stopped using prepacks (for e.g. of Panadeine Forte®) because the nurses get them confused with the non-prepacks in the DD register or on occasions thought they didn't have to account for them as they were in prepacks. We supply pre-labelled bags now (these are empty bags with either specific or general directions where the doctor self-dispenses and put the desired quantity in the bag as they have labelled). They generally only like to give small quantities such as 24 hours' worth in most cases because of abuse/rebound presentation effect.
iii. Canterbury: No prepacks. I believe they just use and label ward stock. There is no separate register. We provided them with ancillary label 1 – but it is unclear if this is being used as per the legal requirement to do so.
iv. CMN: Yes, prepacks are assembled in pharmacy and distributed to ED as required. They have a separate entry in the pharmacy and in the ED DD register.
v. FWLHD: Prepacks available for Endone® x 2 and Panadeine forte® x 4 in BHHS ED. Larger prepacks available for remote sites of Panadeine forte® x 10 due to distance from pharmacy services. We also have diazepam and temazepam prepacks for remote sites. Separate page in the DD register as a different product, obtained via requisition from pharmacy (pharmacy stock also on separate page).
vi. HNELHD: Prepacks of 5 Endone®. Separate entry in the ward S8 book
vii. Liverpool: Our S4D take home prepacks are ordered on the accountable requisition and stored in the safe and recorded in a separate DD register.
viii. MLHD: We use prepacks but do not have any S4D or S8 prepacks (exception is as above for COSOPs).
ix. NBHS: Prepacks are put together by pharmacy and recorded in the pharmacy and on the ward as their own separate entry in the S8 and S4D book.
x. PMK: We have in Kempsey prepacks of oxycodone 2 capsules and in Port Macquarie 5 capsules but we are changing to 2 packs everywhere.
xi. RPAH: Prepacks for S4D medicines are used in ED. We do not have any for S8s. A separate page is used to record transactions of prepacks.
xii. SNSWLHD: Yes for oxycodone liquid, Panadeine Forte® and in 1 or 2 locations Endone®, separate pages in DD registers.
xiii. St George: There is a separate entry for the prepack in Pharmacy and ED DD register.

xiv. St Vincent's: Panadeine Forte® - we have prepacks in ED safe that are provided and recorded in separate section of the DD register when a prescription is written.

xv. Tamworth: We do use prepacks. They are written up separately in both Pharmacy and ED. Prior to us using prepacks there was a high frequency of patients being given inappropriately labelled and packaged take-home supplies which was identified as a significant medico-legal risk to the hospital.

4. *What 'prescriber' documentation is required for prescription and supply of S8/S4D medications in the ED? Do you require scripts to be written even if provision is from the 'store'?*

i. BLH: No scripts need to be written – we ask that they document on eMR2 and write it out to the patient in the DD register.

ii. BMDAH: It is a legal requirement that prescriptions and medication supply of S8 drugs must be written in a ledger with the full prescription details. We take this to means that they should be documented in the patient's eMR notes. In practice, though, we have no way of knowing if this happens.

iii. Canterbury: They only note it on the medication chart/medical record. No one has given us scripts (even for non S8/S4D prepacks...). We were considering formalising a kit like another hospital in the district. But as their kit hasn't been used in the months it's been available, it doesn't seem like an easy project at present.

iv. CMN: Supply is authorised by prescribing on the STAT section of the medication chart. A separate script is not required.

v. FWLHD: Document on chart in ED. Sometimes written in MOs notes in eMR or by RN in eMR. Remote sites document on chart as phone order from RFDS MO. Local policy which requires RFDS MO to forward confirmation in writing within 24 hours (as signing not practical) by fax/email to facility as well as the consultation number – to be put on the NIMC – and notes from Medical Director (RFDS MO software of choice) to go in patient record. I'd love to require scripts every time, but not sure I have the legislation/policy to back this up, so haven't gone there. Other jurisdictions I've worked have insisted on scripts for all prescription medicine given out without pharmacy input.

vi. HNELHD: Documented in the discharge tab of MedChart. No script written if prepack

vii. Liverpool: Yes we do require prescriptions to be written for any of the take-home packs, but unfortunately this doesn't always happen. Another reason that we have limited the take home packs to S4Ds and no S8s

viii. MLHD: Extract from procedure attached – "The registered nurse records the details of the medication order received from the prescriber and the quantity of medication supplied to the patient in the patient's health care record, and Where possible, the prescriber's telephone order is confirmed by a second person (registered nurse or enrolled nurse)"

ix. NBHS: Supply is authorised by prescribing on the STAT/Once only section of the medication chart (sometimes also additionally written in the discharge referral note that a prepack was issued). A separate script is not required.

x. PMK: it gets written on the chart in ED and is written out of the controlled drugs book in ED and honestly I haven't ever thought of doing a prescription. And think now is that an oversight on my behalf? Hmmm. But currently no scripts.
xi. RPAH: We don't require a prescription but the clinical record must contain a note to say that a prepack was issued. We do not audit this process. The information may be as a progress note or preferably in the discharge summary from ED.
xii. SNSWLHD: scripts are required for any supplies from pharmacy but if doctor dispensed in ED, only the medication chart is needed; in the ED the prescriber is usually a Chief Medical Officer (CMO).
xiii. St George: The prescriber has to write a prescription for the supply. ED send a requisition for replacement of prepacks e.g. 10 prepacks with 10 prescriptions attached.
xiv. St Vincent's: script required (see above answer to question 3).
xv. Tamworth: Supply needs to be documented in the medical record. Typically this is done on the chart as this allows the nurse obtaining the pack to countersign that it was supplied.

5. *Do you/can you monitor (all) S8/S4D prescriptions for ED patients?*
i. BLH: No we can't monitor who the S8 scripts go to patient wise. We do know which prescriber is using the scripts as we issue pads to prescribers and record these in a DD register, but who they write them for and what is on the scripts, we have no way of knowing.
ii. BMDAH: No. Even if you had a paper trail it wouldn't cover non-compliance issues
iii. Canterbury: Not yet. But more likely when eMeds comes in 2019. We could audit their DD registers but we wouldn't be able to pick up any non-single doses – and it might be difficult detecting multiple doses given as take-home if it was say 2 tablets of Endone® which could be a single stat dose or multiple take-home doses.
iv. CMN: Only prescriptions dispensed from Pharmacy in hours can be monitored, and retrospectively if required through the DD register in ED.
v. FWLHD: No, and we couldn't without regular auditing and we don't have the resources for that.
vi. HNELHD: No, and this concerns me. It is on my list of problems to investigate.
vii. Liverpool: No. We would expect to have a medication chart order for anything administered on the premises and in our DD registers. We have absolutely no way of monitoring prescriptions for ED non-admitted patients. If the regulations can allow the issuing of take-home packs without a serial number, they could probably be managed.
viii. MLHD: No.
ix. NBHS: Can be monitored via iPharmacy dispensing, the ED S4D or S8 prepack DD register for any prepacks issued and to whom or by manually looking at the medical records copy of the hand written prescription quadruplicate copy left behind in the prescription pad.
x. PMK: No. Maybe we should.
xi. RPAH: No, not with current processes.
xii. SNSWLHD: EMM may provide opportunity to do this.

xiii. St George: We can monitor that we have received a script against replacement supply of prepacks. However, if the script has not been written correctly it can be very difficult to contact the prescriber who may only work after hours. Also if the script numbers do not correlate with the number requested we could identify the missing patient from ED DD register but is difficult to chase down the prescriber.
xiv. St Vincent's: No.
xv. Tamworth: No.

6. *Will eMeds or other technology make a difference to any of the processes?*
   i. BLH: No
   ii. BMDAH: Yes, potentially. The process would need to identify supply. In practice the system should be able to identify gross use by subtraction (i.e. the (number of administrations by an RN in a day) – (the daily S8 DD register balance)).
   iii. Canterbury: Tracking might be easier. Unsure capabilities of the system as yet.
   iv. CMN: Unclear. EMM yet to be introduced here.
   v. FWLHD: Maybe. If there are reports we could pull and I have the resources to review the reports, then yes.
   vi. HNELHD: Yes. I will be able to see who has followed the rules (entered in discharge tab) and who has just handed out a prepack more easily.
   vii. Liverpool: Not at the moment as eMeds will only handle inpatient orders.
   viii. MLHD: I would think our ability to run reports on prepack usage/prescribing and by type of pack will definitely assist monitoring. Have also suggested to our local eMEDs project team a possible enhancement for ability to generate a dispensing label after completion of the prepack order in eMeds to ensure full labelling against legislative requirements are met and easily read.
   ix. NBHS: Unclear, eMeds not being implemented at our site.
   x. PMK: Maybe, we may see different recording of the prepacks.
   xi. RPAH: Potentially, but only if our electronically produced prescriptions can be made to comply with NSW legislation. At the moment they do not, so a hand written one must be used. If they were suitable the doctor may find producing an electronic script and then signing it is more efficient than handwriting one. An auditable record in theory could then be produced which could tally the number of ED discharges produced.
   xii. SNSWLHD: N/A.
   xiii. St George: Not for S8s.
   xiv. St Vincent's: Yes, if it is used to generate prescriptions, currently MedChart scripts can't be used in the community.

7. *Other comments*
   - BMDAH: We have a significant number of locum doctors which makes the problem more difficult. It is difficult to influence behavior in units such as ED and Theatres. They have enough nursing staff to be self-managed but many are reluctant to supervise their peers or doctors.
   - CMN statement extract from the relevant policy:

If discharge medications are required and the Pharmacy is closed, a prescriber may dispense the required medications from ward supplies. Dispensing labels and packaging requirements are supplied to wards for this purpose. Only a Medical Officer or Nurse Practitioner may dispense medications in this manner.

- FWLHD: I find the provision of any prescription medication through ED a bit of a grey area. I have been reluctant to leave bulk boxes/vials and formatted labels in ED for fear that silly things will be given out (non-essential, non-emergency medications, inappropriate antibiotics, the latest locum's favourite medication etc.) but equally there is the concern that medications may go out in an envelope without all the correct information. But we can't prepack everything. And when things are "remote" and medical/pharmacy services are limited it's important to encourage self-responsibility in patients. Other states have "dispensing RNs" and clearer guidelines for remote areas. We have lots of remote areas too and could do with something clearer and better pharmacy resourcing to manage it.
- HNELHD: This is an area that I am concerned about because we send down a fair few script pads and Endone® prepacks and an area we need to try and audit.
- Liverpool: The issue of "take-home" packs is also ongoing with other S4Ds. We don't seem to be able to keep up with what they take from ED shelves and give to patients (illegally). Anything to save ED time. This is also now arising with the HITH program – we find that they just "give" the patient antibiotic vials to take with them for the community nurse to go and administer. Even when we set up the packs for them, they don't follow through with the agreed process and we find that all the packs get used and we don't receive the scripts to replace them. It is an ongoing issue.
- MLHD: There seems to still be a lack of awareness and compliance by clinicians at many rural facilities that these prepacks should not be supplied during business hours even when there is a community pharmacy open in that rural community.
- NBHS: we have had on occasion, patients re-present to ED when their outpatient prescription for a S8 (which wasn't valid in the first place) was rejected from a local pharmacy (rightly so).
- RPAH: I agree this is a problem area for which there is no totally satisfactory solution in NSW. This problem in NSW is exacerbated by two issues.
  - The lack of the State Governments willingness to sign up to the pharmaceutical reforms arrangements. If we were a signatory then valid S4D prescriptions could be taken anywhere without issue. S8s may still present a problem due to requirements to know the doctor and patient. At least the script could be dispensed under the PBS though.
  - Poor hospital pharmacy staffing levels in comparison to other states. If we were able to provide at a minimum greater dispensary services outside our normal hours, such as on weekends, many patients would not need to take scripts outside the hospital. This could be changed if point 1 was addressed.
- SNSWLHD extract from our handling medications policy from a while back: Dispensing of S8 medication from EDs to patients to take home is not permitted other than in an emergency and then only by a medical officer. Only sufficient medication must be provided until the patient can obtain further supplies from a

community pharmacy. A child–resistant container and appropriate warning labels must be used.

- pharmacy-prepared starter packs may be dispensed by a medical officer or authorised nurse practitioner, or by an RN on phone order only
- RN's or pharmacists must not supply S8 medication to medical or ambulance officers for use outside hospital
- use of patient's own injectable opioids may be a useful practice for monitoring cumulative opioid use in conjunction with the patient's GP; where a patient presents with their own supply of medication, a full medication order and record of administration must still be made including an entry into the ED S8 DD register
- if the patient is opioid dependent, authorisation is required before any opioid analgesia given other than for acute injury

Since then we have been providing prepacked oxycodone liquid 10mL to EDs as a single occasion of use item for paediatric patients – at times these are used to give a dose then send the rest home with a carer. NSW Rural Emergency Adult and Paediatric Clinical Guidelines now provide for administration of opioids by authorised nurses but not for take home; in the past we had problems treating acute pain particularly in kids e.g. post fracture needing transfer to another facility and OxyNorm® liquid has helped with that – we have no data on how often it is sent home rather than directly administered, but I suspect it is relatively rare.

- St Vincent's: It would be easier to address if PBS was put into NSW public hospitals.

Responses received as at 30 July 2018

Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.