



**DISPENSARY
SOP 01
ACCURACY CHECKING**

Purpose

To ensure that dispensed prescriptions have been assembled and labelled accurately before being transferred to the patient, ensuring the patient receives a safe service.

Scope

The procedure covers the way in which prescriptions that have been dispensed (assembled and labelled) are checked for accuracy. It covers all prescriptions except those which have to be dispensed into monitored dosage systems.

Procedure/Process

- Keep distractions and interruptions to a minimum.
- Read the prescription through once, including details of patient name as well as drug name, strength and quantity.
- Check each item individually in the order it appears on the prescription before moving onto the next.
- Ensuring confidentiality at all times, when disposing of prescriptions or labels printed in error, always shred the relevant data. If the label has been removed from the backing sheet, stick to another piece of paper and shred.

Check the Product

- Read the drug name on either the bulk stock pack or the pack size supplied and check that this matches the information on the computer and the prescription waiting to be dispensed. **DO NOT RELY ON CHECKING AGAINST THE LABELS.**
- Check that the product strength correlates with that on the computer/prescription being careful with units, e.g. mg (milligrams) and mcg (micrograms).
- If using multiple patient packs, check that *ALL* packs are the same medication and the same strength. Scan all individual selected packs when dispensing **DO NOT RELY ON JUST SCANNING ONE BOX WHEN THERE ARE SEVERAL OF THE SAME ITEM SCAN EACH INDIVIDUAL BOX..**
- Check that the correct form has been selected (Cream versus Ointment, tablets/capsules).
- Open all **UNSEALED** packs checking that the contents are the same as stated on the box. Also the number of strips present in each pack is correct and that there are no loose blisters or tablets. If this is a cytotoxic drug **GLOVES/MASK/APRON** must be worn (see cytotoxic drug list attached below (If the pack is sealed this does not need to be done).
- Check that each **UNSEALED** pack contains a Patient Information Leaflet (PIL); these can be downloaded from the internet via each medication name. i.e. google Aspirin 75mg EC PIL and it will bring up the correct PIL to download. Print this out and add to the relevant box.
- Scan the selected item to be dispensed as per SOP 11 (Electronic dispensing). If a red cross appears this denotes a wrong drug selected and another accuracy check should be completed with a suitable trained colleague and a second signature on the label should be obtained from the checker.

- For Controlled Drugs that require special storage and relevant paperwork a second checker must countersign the labels as confirmation of checking and sign and date the Schedule of Dispensing & Requisition Checklist to say this has been completed.
- **CONTROLLED DRUGS SHOULD NOT BE HANDED OUT/DELIVERED UNTIL ALL THE PAPERWORK HAS BEEN SIGNED BY A GP.**
- Check the expiry date on each selected pack or on the bulk pack. The expiry date must be manually written on the part dispensed box for all drugs.
- Once correct items have been dispensed check again against the prescription. Also checking patient details.

Check the Label

- Check the label against the prescription and the item to be dispensed to ensure that it contains the correct patient name, correct medication name, correct strength, quantity and dosage form.
- Check that the dose and usage instructions on the label correspond with the prescription and the instructions are not abbreviated in any way such as ON/MANE/BD. Refer to the abbreviations list above the computer for correct instructions and amend accordingly.
- Access the patient records in system one using SOP11 select repeat medication. Select the medication to be amended. Right click amend and then in the instructions box take out the abbreviation and replace with correct information.
- If dispensing more than one item, check that the labels on the items have not been transposed.

Complete the Checks

- When the accuracy check is complete, if the system's automated initial printing has NOT been activated with your own initials. Manually initial the "checked by" box on the dispensing label.
- If any of the above steps reveals that an error has been made, this must be brought to the attention of the dispenser concerned. Errors should be recorded (see SOP 07) and any trends should be brought to the attention of the Deputy Dispensary Manager/Dispensary Manager/Lead GP.
- PIs (parallel imports) cannot be scanned so a second check must be adhered too at all times. A signature on the label must be obtained from the second checker.
- Count the number of items on the prescription and then count the corresponding number of dispensed items into an appropriately sized bag.
- Check that you have not included any stock containers in the bag.
- If the dispensed items have special storage requirements, e.g. items needing refrigeration or Controlled Drugs, ensure relevant dispensing bag(s) is/are annotated accordingly with relevant label.
- Ensure that sundries (5ml spoons, oral syringes, etc.) are included if necessary.
- Attach any owing's labels to the prescription if necessary and refer to SOP 22.
- If item dispensed is an acute item hand the prescription to the patient to complete the reverse if under 60yrs or over 16yrs.
- Hand the dispensed item/s to the patient in accordance with the "Transferring Dispensed Items to Patient" SOP 30
- If the patient is collecting the prescription at a later time, store the dispensed item/s in the appropriate collection area, ensuring that any items which have special storage conditions are stored in the appropriate area Fridge/CD
- Place the prescription in the relevant basket CD/Cytotoxic/PA/for signing.
- Following GP signature, place prescription in the relevant box in the dispensary i.e exempt/paid for processing. Alternatively attach to the medication bag if payment or exemption check is required.

Responsibility

All dispensing staff are involved in this procedure, ensuring accuracy checking is affected accordingly.

Prescriptions may be checked by the Dispensary Manager/ Deputy Dispensary Manager if any problems must be satisfactorily solved.

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing.
- Changes in DDA or other guidelines affecting the dispensing process.
- Change of staff.
- Any adverse dispensing incident.
- In the absence of any of the above, on a yearly basis.

Known Risks

- Distractions or interruptions.
- Working long hours without a break.
- Quieter periods (research shows that fewer errors occur when the dispensary is busy).
- Illness / lack of focus / personal problems.
- Over-reliance on accuracy of person who dispensed the medication.
- Self-checking.
- New staff, trainees, etc.

Managing Risks Policy

Refer to SOP 25 Risk Management Protocol

- Errors in dispensing are recorded in the “Errors Book” situated in the Dispensary.
- Deputy Dispensary Manager must be informed of all errors. In the absence of the Deputy Dispensary Manager errors must be reported to Dispensary Manager/Lead GP in dispensing.
- “Action To Be Taken” is recorded and followed through by the Deputy Dispensary Manager
- The “Errors Book” must be read by all dispensing staff on a weekly basis, as a reminder of any errors previously made. All dispensing errors are / to be discussed at the following monthly team meeting.
- The Deputy Dispensary Manager must give the lead GP in dispensing the errors book to sign on a monthly basis so he/she is aware of the dispensing errors being made.
- **Critical incidents in dispensing:** must be reported to the Deputy Dispensary Manager to be reported on the App.(in the absence of the Deputy critical incidents must be reported to Dispensary Manager/Lead GP. Deputy Dispensary Manager will follow the instructions on the App for reporting purposes. An internal SEA will also be filled in and sent to the relevant team to be recorded.
- The errors book must be filled in by Deputy Dispensary Manager.
- **All staff are responsible for reporting any errors/near miss that are found.**
- Non reporting of errors//nearmisses may result in further action being taken.

REVIEW

This SOP will be reviewed annually, when there are changes in legislation affecting the process, or in the event of any change of staff, or any increase or decrease in the competence level of staff. The SOP will also be reviewed following a critical incident.

The responsibility for reviewing the SOP is with the Dispensary Manager.

DISPENSARY SOP 01

APPENDIX 1

Date of Preparation: Jan 2019	Author: Sue Suddaby (Disp Manager)
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Date:	Version:	Reason for Amendment	Next review Due
Feb 19	3	Document Re-written by Disp Manager (SS)	Feb 2020
Feb 20	3	No amendments required	Feb 2021
Feb 21	3	No amendments required	Feb 2022
Feb 22	3	Using temporary dispensing SOP	Feb 2023
Aug 22	4	<ul style="list-style-type: none"> Ensuring confidentiality at all times, when disposing of prescriptions or labels printed in error, always shred the relevant data. If the label has been removed from the backing sheet, stick to another piece of paper and shred. Once correct item has been dispensed check again against the prescription. If the pack comes up with a green tick before scanning a qualified member of staff should check the medication against the prescription to ensure the item is correct. For Controlled Drugs a second checker must countersign the labels as confirmation of checking and sign the Schedule of Dispensing & Requisition Checklist to say this has been completed. If the dispensed items have special storage requirements, e.g. items needing refrigeration or Controlled Drugs, ensure relevant dispensing bag(s) is/are annotated accordingly with relevant label. Ensure that sundries (5ml spoons, oral syringes, etc.) are included if necessary. Place the prescription in the relevant basket for signing. Following GP signature, place in the relevant box in the dispensary. If exempt or attach to the medication bag for payment or exemption check. 	Aug 2023

