

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	electronic Discharge Referral Summary (eDRS), discharge, medications, medication list, pharmacist, medical officer
SUMMARY	This document outlines the approved medication supply procedure in the inpatient setting, where medications are supplied by the hospital pharmacy department for patient take-home use

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This document outlines the process for safe medication management practices for the documentation of a current and comprehensive medication list on discharge and the prescription and dispensing requirements for the supply of medications for patient take-home use.

Refer to [SESLHDPR/267 - Medicine: Procedure Continuity of Management and Documentation](#) for more detailed policy requirements for medication reconciliation, review and documentation.

2. BACKGROUND

[The NSW Health Policy Directive PD2022_032 - Medication Handling](#) outlines the requirements for documenting medication management plans, comprehensive and accurate medication lists for clinicians and patients on discharge and the legislative requirements for prescriptions and dispensing in NSW Health hospitals.

SESLHD discharge and gate leave processes must also ensure compliance with NSQHS [Continuity of medication management](#) medication safety standards, including the provision of a medicines list to patients and receiving clinicians on discharge and transfer of care.

NSW Health [Criteria for Issuing Printed Computer-Generated Prescriptions](#) outlines the requirements for prescriptions used in NSW Health hospitals. The Cerner Millennium eMEDs 'Prescription Output Version 2' (POV2) meets the printed (paper) prescriptions requirements and is a legally valid form of prescription.

POV2 is the approved prescription format within SESLHD where medications are supplied by the hospital pharmacy department for patient take-home use on discharge or gate leave. POV2 prescriptions are not approved for use outside of SESLHD hospitals within the community. Prescriptions for use within community pharmacies must be handwritten outpatient prescriptions.

3. RESPONSIBILITIES

3.1. Prescribers must:

- Generate POV2 Prescriptions for medicines requiring supply through the hospital pharmacy
- Use handwritten prescriptions for medicines requiring supply outside of hospital pharmacy
- Ensure a complete and accurate medication list is available at discharge and gate leave.
- Be familiar with the procedures outlined in this document
- Undertake appropriate eMR training
- Communicate with the hospital pharmacy department where changes are made to a previously prepared supply of medicine for discharge/gate leave.
- Not prescribe patients more than seven days' supply of medicines on discharge unless it meets the approved criteria (See [SESLHD Medication Quantities for Supply on Discharge](#)).

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3.2. Pharmacists must:

- Contribute to safe medicine management within the hospital
- Perform medication reconciliation (against available information) and medication review prior to dispensing patient-labelled medicines for discharge or gate leave.
- Be familiar with the procedures outlined in this document
- Undertake appropriate eMR training
- Not supply patients more than seven days' supply of medicines on discharge, unless it meets the approved criteria (See [SESLHD Medication Quantities for Supply on Discharge](#))
- Take reasonable steps to ensure validity of prescriptions, including a check of the Prescriber Details against the 'Printed by' details and validation of any re-printed prescriptions

3.3. SESLHD eMR trainers will

- Provide eMR training to support medical officers and pharmacists

3.4. SESLHD Quality Use of Medicines Committee will

- Approve and regularly review the local business processes on use of the eMEDs system, including the identification and management of system risks and issues from data extraction to support quality improvement and medication safety.
- Ensure that procedures and learning materials are reviewed at regular intervals and are modified as needed.
- Ensure there is a clear distribution pathway of updated procedures and learning materials and acknowledgement system of communication and training received
- Outline post-implementation and ongoing audit requirements of the Prescription Output Version 2 eMR solution.

3.5. SESLHD Facility Executive will

- Implement and monitor completion of mandatory education for medical, nursing and pharmacy staff in relation to eMR training.

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4. PROCEDURE

In preparation for discharge and gate leave, there are 2 key requirements from the medical officer within the admitting team:

1. A list of medicines as determined by the treating medical officer that the patient should be taking is clearly documented within the patient medical record as outlined in workflow below.
2. A prescription to enable medication supply.
 - a. For Hospital Pharmacy Supply, a POV2 Prescription (generated using eMR) must be used
 - b. For Community Pharmacy Supply of Discharge Medicines, a handwritten external prescription for each item requiring supply
 - c. For inpatients where eMEDS is not available, a handwritten external prescription for each item requiring supply.

4.1 Discharge Medication Procedure: For supply from hospital pharmacy

Process for an authorised prescriber to generate discharge prescriptions via eMR:

1. Review of the current medication orders and the patient's medication history to complete the eMEDs Discharge Reconciliation Process
 - If the medicine for supply is an S100 item, utilise the PBS tab to prefill the S100 streamline code and quantity on the POV2 prescription details.
2. Collect POV2 Prescriptions from the Printer and Sign
 - Medicines where a "Pill Bottle" was used will automatically print a POV2 Prescription to the mapped printer. Reprinting is available if there are printer errors (QRG)
 - Complete additional handwritten details as required for Schedule 8 Prescriptions.
3. Import the Medication List into the electronic Discharge Referral Summary
 - Print and sign a copy of the eDRS to confirm the medication management plan on discharge
4. Provide to the Hospital Pharmacy Department Printed and Signed:
 - POV2 Prescriptions (medicines requiring supply)
 - Discharge Referral – this confirms the complete medication plan on discharge (required to accompany all POV2 prescriptions for supply except non-admitted ED patients or patients with a hospital stay <24 hours)

See [Appendix A](#) for visual workflow representation.

Click here for Quick Reference Guide for [Generating Prescriptions on Discharge](#).

Prior to dispensing through the hospital pharmacy, a pharmacist must reconcile and review the POV2 prescriptions and medicine list within eDRS for safety and accuracy.

- If discrepancies or medicine related problems are detected, a discussion must occur with the prescriber.
- Where amendments are required, the prescriptions/medication list must be updated in the eMEDs discharge reconciliation tool and imported into the eDRS.

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- The medications are to be released from the Pharmacy Department only once all updates are made and the required paperwork had been supplied. The updated medication list within the eDRS may be viewed online within eMR.

4.2 Gate and Weekend Leave and Leave from an Acute Mental Health Inpatient Unit Processes

Medication review must occur prior to leave to ensure the patient's medications are safe, appropriate, and effective outside of the inpatient environment.

1. Navigate to the current medication orders tab and "convert to prescription" medication orders required to be supplied
 - Ensure the quantity for each medicine is enough for the doses required for the period of gate leave
2. Collect POV2 Prescriptions from the Printer and Sign
 - Additional handwritten details are required for Schedule 8 Prescriptions.
3. Complete the Converted Prescriptions in eMEDs
 - This removes the medicines from the active orders and prevents complications when discharge reconciliation is commenced.
 - Pharmacy must not release gate leave medicines until the prescriptions have been "completed"
4. Import the current Medications List into the "Gate Leave Medication List" note template.
 - This ensures there is a clear record of the medication management plan during gate leave. It also enables a patient medication list to be generated if required by the pharmacy department.
5. Provide the Hospital Pharmacy Department with the:
 - Printed and Signed POV2 prescriptions
 - Electronically signed and printed copy of the 'Gate Leave Medication List'

See [Appendix B](#) for visual representation of workflow.

Click here for Quick Reference Guide on [Generating Gate Leave Prescriptions](#).

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4.3 Additional Information for all POV2 Prescription Requirements:

4.3.1 SESLHD Medication Quantities for Supply on Discharge

NSW public hospital prescribers must not supply patients more than seven days' supply of medicines on discharge, unless prior authority has been obtained from either the Chief Executive, Medical Administrator or Medical Administrator's nominee.

Medication Supply Quantity	General Principles	
Up to 7 days (or full packs for individual patient use items)	Default quantity to prescribe for all patients in SESLHD for discharge. Medicines for supply should be limited to only those required by the patient (e.g., new, changed doses or if the patient's supply has run out).	
7-21 days	To complete short course therapy / loading dose or to ensure continuity of care.	See Appendix C for List of Scenarios and Medicines Pre-Approved for > seven days' supply.
14 – 28 days	To facilitate continuity of care / access to medicines at discretion of site.	For approval by site/service DOP/Senior Pharmacist or delegate
≥ 28 days	Listed on formulary as approved for outpatient dispensing. Individual Patient Use (IPU) approval required for discharge supply quantity ≥ 28 days. *If item is an ongoing hospital outpatient item - utilise handwritten outpatient prescriptions and charge co-payment rather than discharge process	
S100 PBS Items	PBS Quantity on S100 prescriptions. If Repeats required – handwritten prescriptions required.	

Note: Prescriptions must contain a quantity that matches the intended supply requirement.

- Dispensing quantities cannot be greater than the specified quantity on the prescription.
- A quantity lower than that specified on the prescription may be supplied at the discretion of the pharmacist.
- Co-payments may be charged for outpatient dispensing, but not discharge dispensings.

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POV2 prescriptions require prescribers to choose a specific medication formulation and strength. Each medication formulation and strength for supply must be individually prescribed on a POV2 prescription for supply.

For example, patients requiring a Tacrolimus 2.5mg Dose BD will require 2 x POV2 prescriptions generated by the medical officer to enable dispensing. Prescribers may need to use the “ADD” function to ensure multiple formulations are prescribed. Use the special instructions to indicate the total dose required. E.g.

- Tacrolimus 0.5mg Capsules – 1 Capsule BD (Total dose 2.5mg BD)
- Tacrolimus 1mg Capsules – 2 capsules BD (Total dose 2.5mg BD)

There is an exception for the supply of tapering prednisolone to ensure clear communication of the weaning plan within the eDRS. In this scenario, the prescriber should prescribe prednisolone by utilising the “ADD” function and prescribing a single strength of prednisolone (select the highest strength required e.g., prednisolone 25mg tablets). The instructions for weaning should be included in the “special instructions” field. The pharmacy department will supply the required number of tablets in the required strength to make up the weaning plan. A maximum quantity of 30 tablets of 25mg tablets may be prescribed – for prolonged weaning plans, the patient should see their GP for ongoing prescriptions.

4.3.3 Repeats:

No repeats are able to be prescribed or dispensed on POV2 discharge prescriptions. This applies to both S100 and non-PBS items supplied through the hospital pharmacy. Where it is clinically appropriate to provide the patient with a prescription with repeats for ongoing supply – utilise outpatient handwritten prescriptions instead of generating a POV2 prescription. A prescriber must not prescribe the same medicine on separate prescriptions with the same prescription date.

4.3.4 S100 Prescriptions:

S100 prescriptions may be generated on discharge using POV2 if the prescriber has a PBS prescriber number. The POV2 functionality allows the prescriber to import the streamlined authority code and quantity by clicking on the PBS tab within the scratchpad.

Two copies will print for the POV2 S100 prescriptions. Ensure both copies have the prescriber number included and are signed to enable dispensing.

4.3.5 Restricted Substances on Special Authority

Due to potential hazards with their use, the prescribing of certain Schedule 4 medications is restricted under the Poisons and Therapeutic Goods Regulation 2008 to authorised prescribers in accordance with the corresponding qualifications and/or conditions outlined in NSW Health Medication Handling Policy (PD2022_032). Authorised prescribers are required to complete the mandatory Clause 37 Authorisation field when generating paper prescriptions via eMEDs. Where supply of a Clause 37 medication is required for a patient on discharge, and their treating team does not include authorised prescribers, the team should take reasonable steps to ensure appropriate continuity of care is achieved (e.g., contacting the patient’s regular authorised prescriber and requesting a faxed prescription if appropriate).

Dispensing of Medications for Patient Take-Home Use using Paper Prescription generated by eMEDs (Prescription Output Version 2) in SESLHD Hospitals**4.3.6 Handwritten Amendments:**

Prescriptions that are electronically generated **must not** have handwritten alterations of the printed details. If updates to the dose, frequency, formulation, or quantity are required – return to the discharge reconciliation window to update and print a new prescription to be sent to the Hospital Pharmacy for dispensing.

4.3.7 Discharge Referral Medicine List Requirements

A complete and comprehensive list of medicines is to be imported in the discharge summary regardless of supply requirements. POV2 prescriptions must not be dispensed until this requirement has been fulfilled.

Exceptions to this requirement:

- **Non-admitted patients in ED or patients with a stay of < 24 hours:** where their regular medicines have not yet been prescribed or are unknown are exempt from this requirement. Due diligence is required by the prescriber and pharmacist completing the medication review process.
- **Prescriptions for Antimicrobial Elastomeric Infusor Devices:** Antibiotic infusor prescriptions [in the form of POV2 utilising the “ADD” function in the discharge reconciliation window] may be generated in advance of the complete discharge reconciliation process to enable ordering via pharmacy and external vendors. Antibiotic infusors prescriptions will be accepted for ordering infusors without a completed eDRS. Prior to discharge and release of antibiotic infusors – the discharge workflow will need to be completed including a complete list of medicines within the eDRS.

4.3.7 Dispensing alternative strength/form:

The pharmacist must supply the dose of drug, frequency of dosing and duration of therapy as per the prescriber’s intention.

The pharmacist may use discretion when appropriate to substitute an alternative:

- **Strength:** which then requires consequential substitution of the relevant dosage instructions, and relevant substitution of the quantity to supply
- **Dose form:** (where clinically appropriate and does not impact clinical care, and the clinical pharmacist has knowledge of the appropriate dose form for the patient)

4.3.8 Safety and Clarity of Medicine List Information:

Pharmacists may annotate clarifying comments on the printed prescriptions to facilitate discharge supply to match the formulary stocked items without requiring an updated POV2 prescription. If the dispensing is in line with the intention of the prescription details as above, no further updates are required to the eDRS. If the intention is unclear or is a safety risk – the medical officer must update the eDRS prior to release of medicines from pharmacy. This information may be viewed electronically on eMR prior to release of medicines.

4.3.9 Medicines to commence after discharge:

Where medicines are to commence after discharge, the medication plan should be clearly documented within the eDRS medication list

For medicines with a known start date – utilise the “PLAY or PILL bottle” functionality to continue the medicine on discharge. Ensure the start date is included in the special instructions.

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For medicines without a known start date – do NOT continue the medicine on discharge. Ensure there are clear instructions to the patient and receiving clinicians within the body of the discharge summary outlining the criteria to commence the medicine.

5. DOWNTIME

See [Electronic Medical Record Downtime Medication Management](#).

6. DOCUMENTATION

- eMEDs
- eDRS
- i.Pharmacy

7. AUDIT

- Retrospective discharge medication reconciliation and audit on a minimum of 20 eDRS printouts and POV2 prescriptions used for medication supply and compared to the final version for the eMR encounter reported to facility Medication Safety Committee annually.

8. REFERENCES

- [NSW Health Policy Directive PD2022_032 - Medication Handling](#)
- [NSW Health Policy Directive PD2019_050 - Electronic Medication Management System Governance and Standards](#)
- [NSW Health Guideline GL2022_005 - Patient Discharge Documentation](#)
- [NSW Health Policy Directive PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services](#)
- [NSW Health Policy Directive PD2014_025 - Departure of Emergency Department Patients](#)

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9. VERSION AND APPROVAL HISTORY

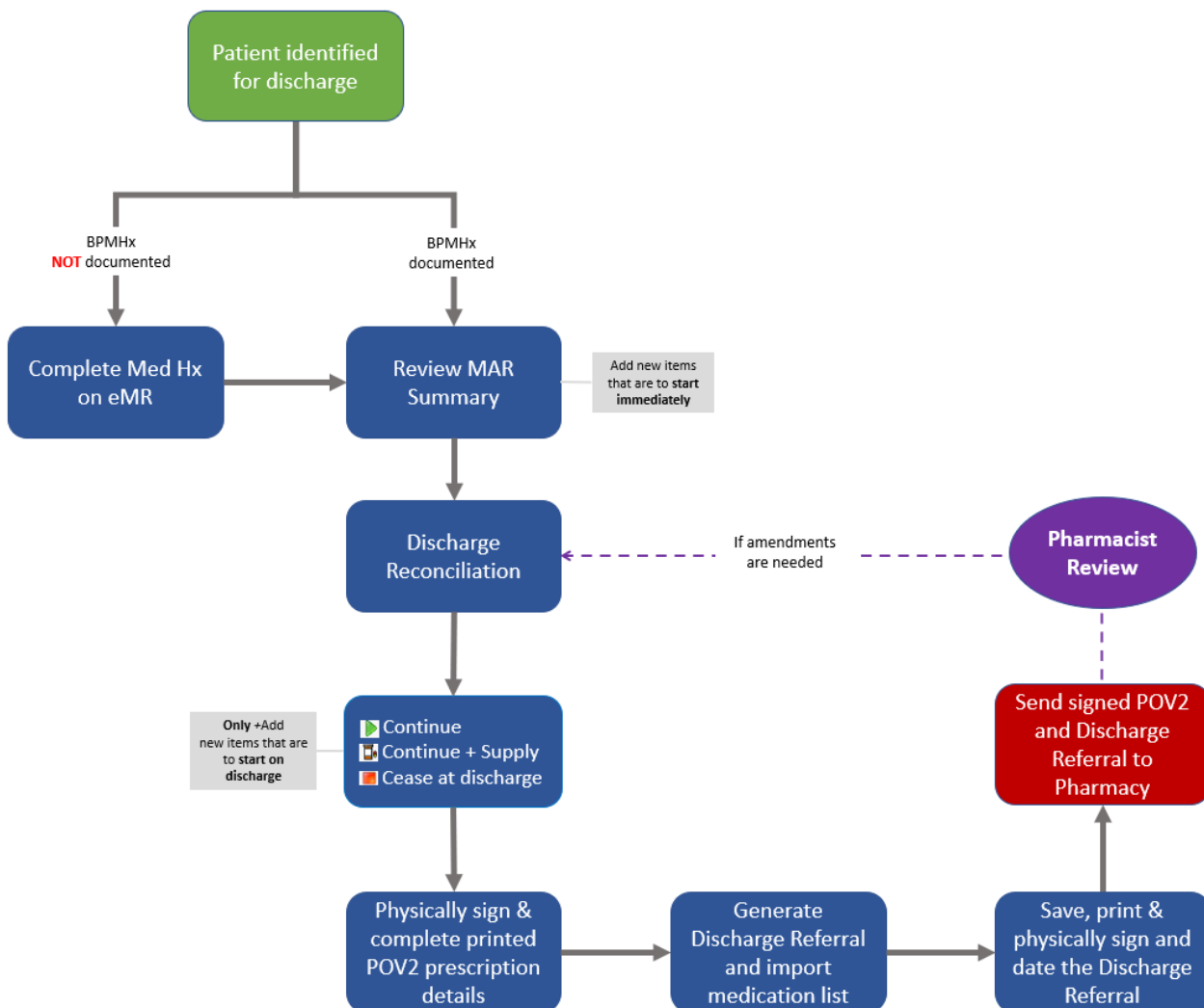
Date	Version No.	Version and Approval Notes
29 August 2023	1.0	New document. Approved at the July 2023 SESLHD Drug and Therapeutic Committee and August 2023 SESLHD Clinical and Quality Council.

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Appendix A: Discharge Medication Supply Workflow: For supply from hospital pharmacy

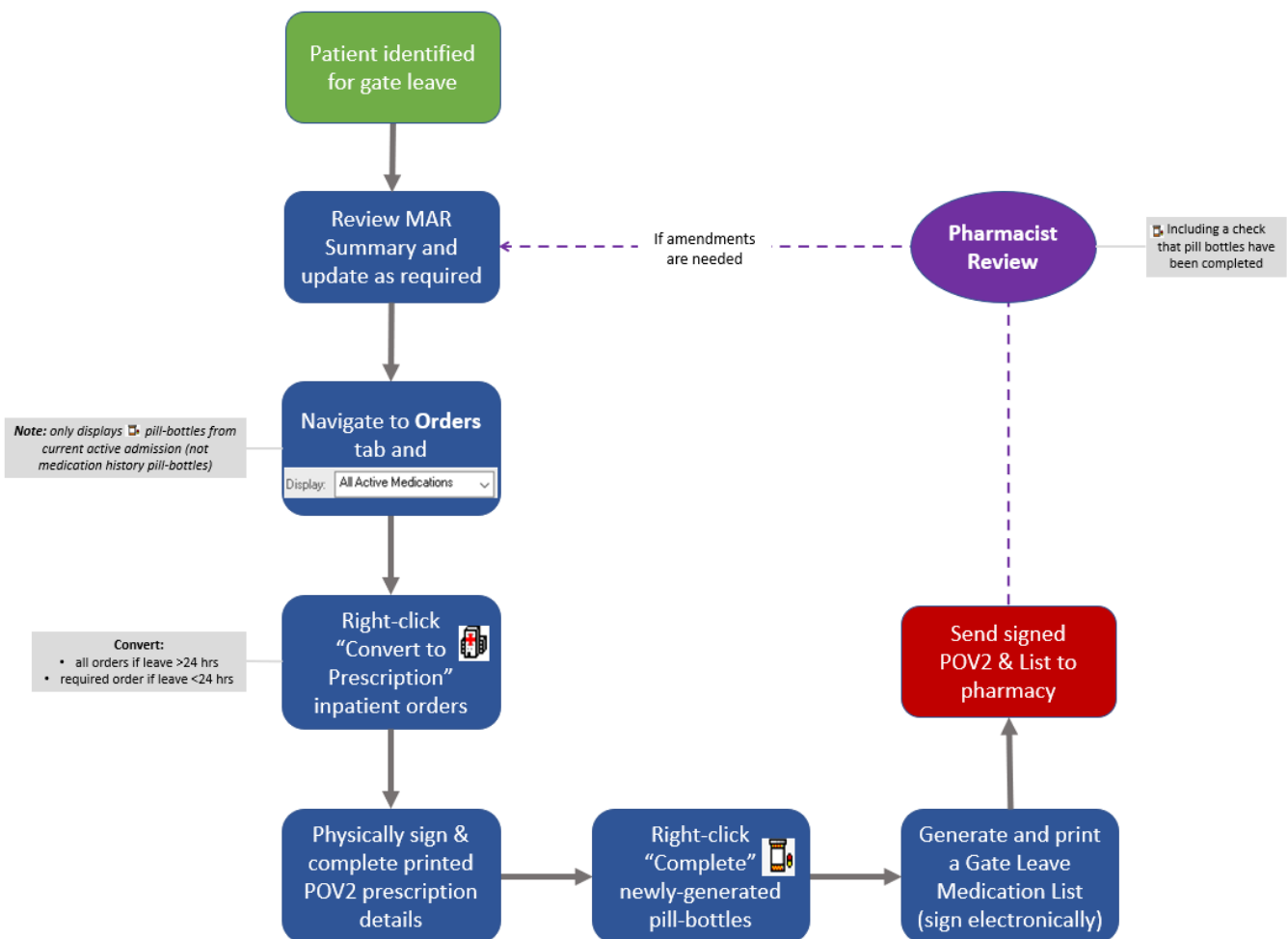


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Appendix B: Gate and Weekend Leave Medication Supply Workflow



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Appendix C: List of Scenarios and Medicines Pre-Approved for > seven days' supply

NSW public hospital prescribers must not supply patients more than seven days' supply of medicines on discharge, unless prior authority has been obtained from either the Chief Executive, Medical Administrator or Medical Administrator's nominee.

Below is a list of pre-approved scenarios and medicines, where supply of medicine greater than seven days' can be given on discharge from hospital.

Medication	Rationale	Limitations
Corticosteroid (prednisolone / dexamethasone)	To complete tapering course	To a maximum of 1 full bottle of each strength Where a tapering course is > 4 weeks, they should be directed to their GP for ongoing supply.
Antimicrobials (antibiotics, antivirals, antifungals)	To complete short course treatment & avoidance of low quantity required via GP	Up to 2 weeks supply on discharge.
Clopidogrel antiplatelet to complete short course TIA/Minor Stroke treatment	To complete short course TIA/Minor Stroke treatment & Enable clarity of stop dates and avoidance of small quantity required via GP & PBS	To complete course (up to 30 days).
Prednisolone Immunosuppressant	To allow dose titration in high-risk period post-transplant	Up to 1 full bottle of 5mg and 25mg tablets
Warfarin	To allow dose titration with INR & accommodate doses requiring > 1 tablet	1mg = 20 tabs 2mg = 20 tabs 3mg = 20 tabs 5mg = 10 tabs
Rivaroxaban 15mg tablets (15mg BD for 21 days then 20mg once daily)	To complete acute VTE induction dose and avoid confusion with GP PBS supply quantities of high-risk medicine	To complete 21-day course
DOAC	To complete short course VTE prophylaxis	Up to a maximum of 2 weeks to complete short course. If > 14-day course, supply 7 days and GP for balance with Rx.
Enoxaparin	To complete short course VTE prophylaxis OR to coordinate supply quantity requirements from GP (packs 10 on PBS)	Up to a maximum of 2 weeks to complete short course. If > 2 weeks duration, up to 10 days and ongoing with GP & PBS Rx
Aspirin	To complete short course VTE prophylaxis after orthopaedic surgery	Up to a maximum of 2 weeks to complete short course.
Amiodarone Loading Dose (TDS for 1 week, BD for 1 week then daily thereafter)	To complete loading dose treatment and avoid confusion of dosing instructions with GP prescription	Up to 2 weeks supply until patient on maintenance once daily dosing
Metoclopramide	For ongoing antiemetic therapy with oncology / palliative care	25 tablets (1 full bottle)

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Eye drop preparations (multidose bottles)	Ongoing treatment post ophthalmic surgery (which specifies 4 weeks)	To supply up 4 weeks treatment per original packaging for multidose bottles For single dose unit (preservative free) eye drops, supply up to 7 days, then they should be directed to their GP/specialist for ongoing supply.
Isolation requirements for patient	To enable continuity of supply whilst patient in isolation	Isolation period + 2 days
Continuity of Care	To enable supply until GP/Clinic appointment available	<ul style="list-style-type: none"> • Up to 2 weeks • 2-4 weeks requires site delegate approval • > 4 weeks requires IPU
Medications that are unable to be split/decanted/cut due to stability reasons	Ensure stability and avoid wasted medicines (e.g., glyceryl trinitrate tablets, nicorandil strips)	Full strip, or pack as designated by
S100 Items	PBS Quantities on S100 prescriptions If repeats required – utilise handwritten outpatient prescription (no repeats available on discharge S100 prescriptions)	
Ongoing Items through hospital pharmacy outpatients	If > 7 days required utilise handwritten outpatient prescriptions with co-payment charged	
Medicines for the treatment of Mycobacterial infection	In accordance with PD2022_007 TB services are free of charge to the patient. Liaise with facility Chest Clinic prior to supplying TB medicines on discharge.	