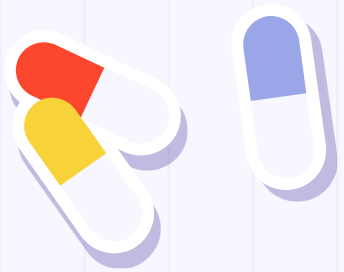
Prescribing and Pharmacy



POWH RMO and Registrar Orientation 2025

Ian Fong (Lead Pharmacist, Education and Training)

Outline

01 Prescribing

02 Medication Reconciliation

03 Discharge Prescriptions

04 Pharmacy Services

01

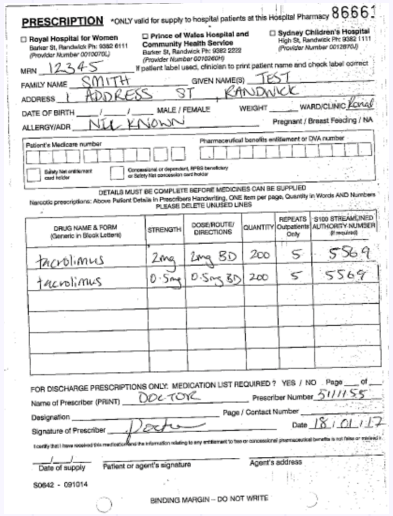
Prescribing

Prescribing

At POWH, there are several different systems used to prescribe medications

Electronic

- eMR Powerchart – most of the time
- FirstNet – in ED
- eRIC – in ICU
- MOSAIQ – for chemotherapy


PRESCRIPTION *ONLY valid for supply to hospital patients at this Hospital Pharmacy 86661

☐ Royal Hospital for Women Barker St, Randwick Ph: 9382 6111 (Provider Number 0010070L)
☐ Prince of Wales Hospital and Community Health Service Barker St, Randwick Ph: 9382 2222 (Provider Number 0012402R)
☐ Sydney Children's Hospital High St, Randwick Ph: 9382 1111 (Provider Number 0012870J)

MRN 12345 If patient label used, clinician to print patient name and check label correct

FAMILY NAME SMITH GIVEN NAME(S) TEST

ADDRESS 1 ADDRESS ST RANDWICK

DATE OF BIRTH __/__/__ MALE / FEMALE WEIGHT ____ WARD/CLINIC Renal

ALLERGY/ADR Nil KNOWN Pregnant / Breast Feeding / NA

Patient's Medicare number Pharmaceutical benefits entitlement or DVA number

Safety Net entitlement card holder Concessional or dependent, RPBS beneficiary or Safety Net concession card holder

DETAILS MUST BE COMPLETE BEFORE MEDICINES CAN BE SUPPLIED
Narcotic prescriptions: Above Patient Details In Prescribers Handwriting, ONE item per page, Quantity in Words AND Numbers
PLEASE DELETE UNUSED LINES

DRUG NAME & FORM (Generic in Block Letters)	STRENGTH	DOSE/ROUTE/ DIRECTIONS	QUANTITY	REPEATS Outpatients Only	S100 STREAMLINED AUTHORITY NUMBER (if required)
tacrolimus	2mg	2mg BD	200	5	5569
tacrolimus	0.5mg	0.5mg BD	200	5	5569

FOR DISCHARGE PRESCRIPTIONS ONLY: MEDICATION LIST REQUIRED ? YES / NO Page ___ of ___

Name of Prescriber (PRINT) DOCTOR Prescriber Number 511155

Designation ____ Page / Contact Number ____

Signature of Prescriber Doctor Date 18/01/17

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading

Date of supply Patient or agent's signature Agent's address

S0642 - 091014

BINDING MARGIN – DO NOT WRITE

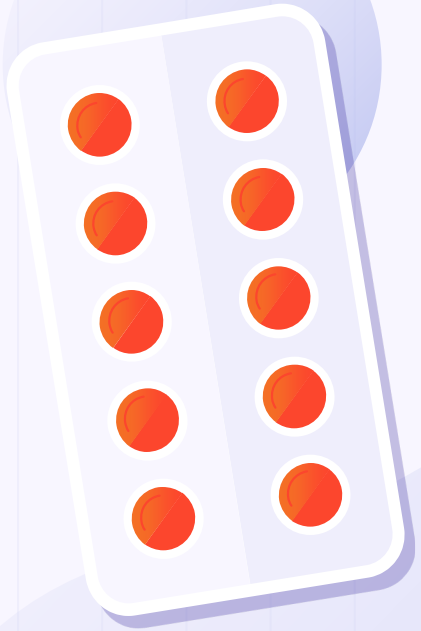
Paper

- POV prescriptions (generated from eMR) – on discharge
  - POV2 = Prescription Output Version 2
- PBS prescriptions (handwritten) – on discharge
  - Also known as "outside scripts"
  - Can be used for non-PBS items as well
- Outpatient prescriptions – in clinics or for S100 drugs
- Paper charts in some clinical areas – operating theatres, medical imaging
- Paper charts for some specific medications – IV heparin, IV insulin, PCA, TPN

We will go more into the '**how**' later…

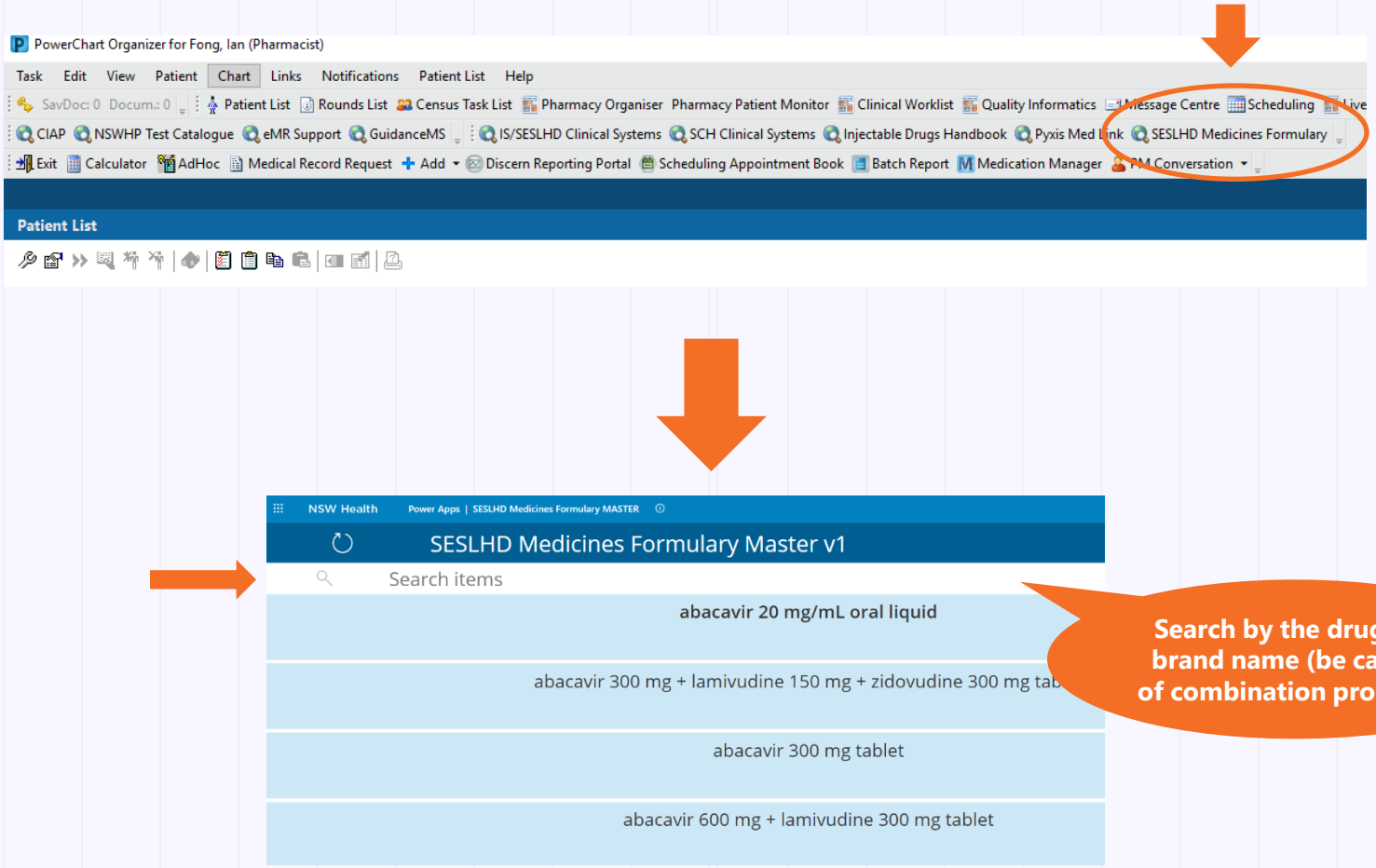
What can we prescribe?

Most of a patient's home medications can and probably will be continued in hospital for continuity of care



What can we prescribe?

For new medications, we need to consider the medicines formulary


PowerChart Organizer for Fong, Ian (Pharmacist)
Task Edit View Patient Chart Links Notifications Patient List Help
SavDoc: 0 Docum.: 0 Patient List Rounds List Census Task List Pharmacy Organiser Pharmacy Patient Monitor Clinical Worklist Quality Informatics Message Centre Scheduling
CIAP NSWHP Test Catalogue eMR Support GuidanceMS IS/SESLHD Clinical Systems SCH Clinical Systems Injectable Drugs Handbook Pyxis Med Link SESLHD Medicines Formulary
Exit Calculator AdHoc Medical Record Request Add Discern Reporting Portal Scheduling Appointment Book Batch Report Medication Manager PM Conversation
Patient List
NSW Health
Power Apps | SESLHD Medicines Formulary MASTER
SESLHD Medicines Formulary Master v1
Search items
abacavir 20 mg/mL oral liquid
abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tab
abacavir 300 mg tablet
abacavir 600 mg + lamivudine 300 mg tablet
Search by the drug not brand name (be careful of combination products)

SESLHD Medicines Formulary Master v1

Medicine

simvastatin 40mg tablet

Inpatient initiation

Not approved

Atorvastatin, pravastatin, rosuvastatin are the formulary listed alternatives for initiation in inpatients

Continuation during inpatient admission

Continue

Outpatient supply from Hospital Pharmacy

Not approved

SESLHD Medicines Formulary Master v1

Medicine

atorvastatin 20 mg tablet

Inpatient initiation

Approved

Unrestricted

Continuation during inpatient admission

Continue

Outpatient supply from Hospital Pharmacy

Not approved

SESLHD Medicines Formulary Master v1

umec

umeclidinium 62.5 microgram powder for inhalation, actuation (Incruse Ellipta)

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, actuation (Anoro Ellipta)

SESLHD Medicines Formulary Master v1

fluticasone

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, actuation (Trelegy Ellipta)

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, actuation (Breo Ellipta)

fluticasone furoate 100 microgram/actuation powder for inhalation, actuation

fluticasone furoate 200 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, actuation (Trelegy Ellipta)

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, actuation (Breo Ellipta)

fluticasone furoate 200 microgram/actuation powder for inhalation, actuation

SESLHD Medicines Formulary Master v1

Medicine

tapentadol 50 mg tablet

Inpatient initiation

Approved

On the advice of a pain service for chronic pain unresponsive to non-opioid analgesia.

Continuation during inpatient admission

Continue

Outpatient supply from Hospital Pharmacy

Not approved

If needed, we can give a small supply to them on discharge
(Note: outpatient supply ≠ discharge supply)

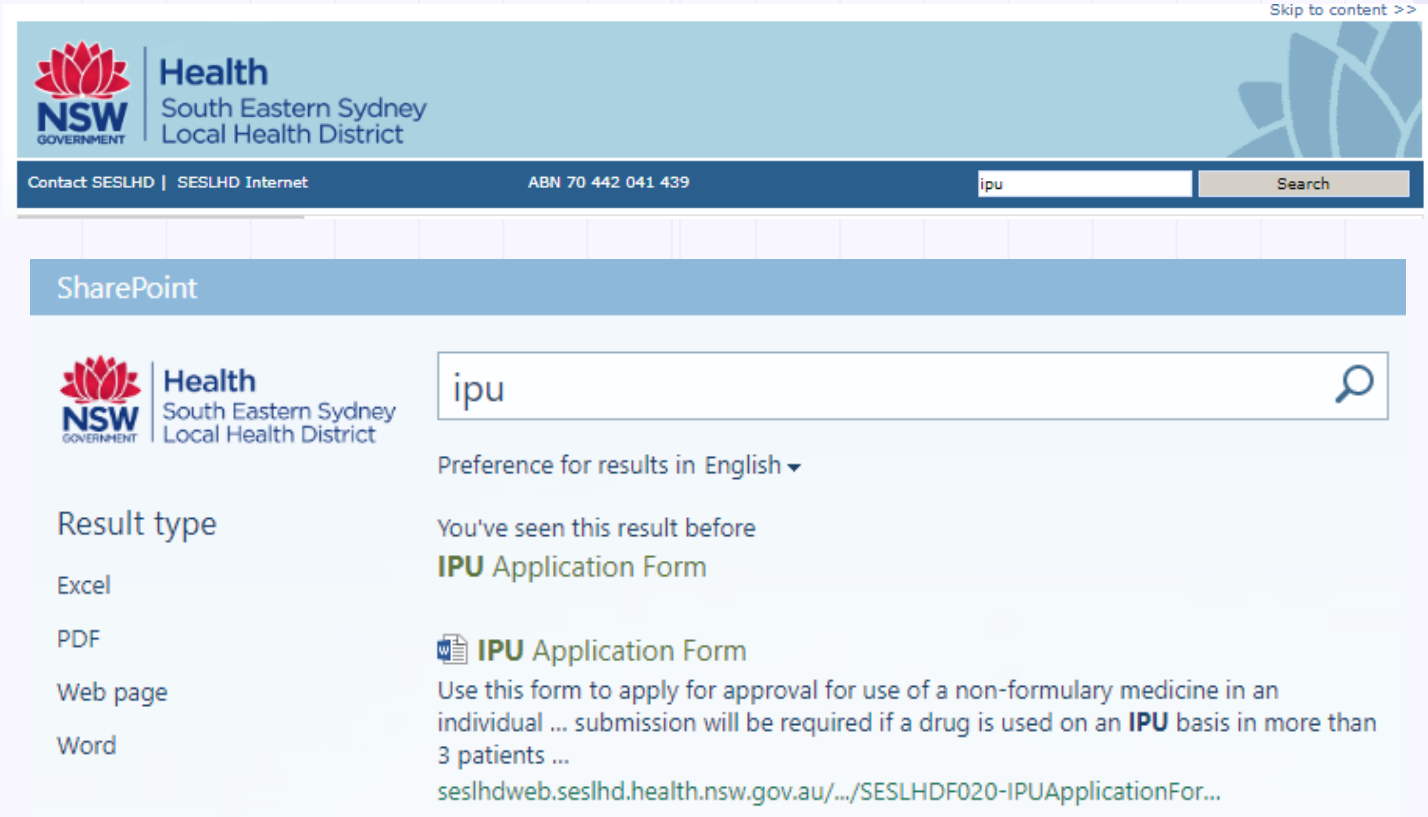
Individual Patient Usage (IPU)

- Required for:
  - Initiating any medication not on the formulary
  - Using a medication for an off-label indication

- Supporting evidence for the proposed medication/indication is required
- Cost of the proposed medication and regimen is required (ask pharmacist for help)
- Signatures of approval required from:
  - Head of Department
  - Nursing or Medical Co-director of your clinical stream
  - Director of Clinical Services
  - General Manager (if cost > $10,000)

- Completed paper form should be sent to your pharmacist plus SESLHD-POW-PharmacyIPUs@ health.nsw.gov.au
- If treatment is urgent, then notify your pharmacist and they will escalate further
- If treatment is urgent and it is after-hours, escalate to Director of Clinical Services

- We will soon transition to an online portal to make submissions easier


Skip to content >>
Health
South Eastern Sydney
Local Health District
Contact SESLHD | SESLHD Internet
ABN 70 442 041 439
ipu
Search
SharePoint
Health
South Eastern Sydney
Local Health District
ipu
Preference for results in English
Result type
Excel
PDF
Web page
Word
You've seen this result before
IPU Application Form
IPU Application Form
Use this form to apply for approval for use of a non-formulary medicine in an individual ... submission will be required if a drug is used on an IPU basis in more than 3 patients ...
seslhdweb.seslhd.health.nsw.gov.au/.../SESLHDF020-IPUApplicationFor...

IPU Application Form

Health
South Eastern Sydney
Local Health District

Use this form to apply for approval for use of a non-formulary medicine in an individual patient, or for use of medicine outside of the formulary restrictions.

In most circumstances, a formulary submission will be required if a drug is used on an IPU basis in more than 3 patients. In such cases, the formulary submission form should be used instead of this form.

Please complete all required fields of this form electronically. Incomplete or handwritten forms will not be accepted.

Priority

NOT URGENT: review at next Drug and Therapeutics Committee meeting ☐

URGENT: within 24 hours ☐ within 1 to 3 working days ☐ within 4 to 7 working days ☐

Please justify reason for clinical urgency:

Patient details

Patient name: MRN:

Date of Birth: Weight:

Location (hospital/ward/clinic):

Is this patient's area of residence outside SESLHD?

Product Profile

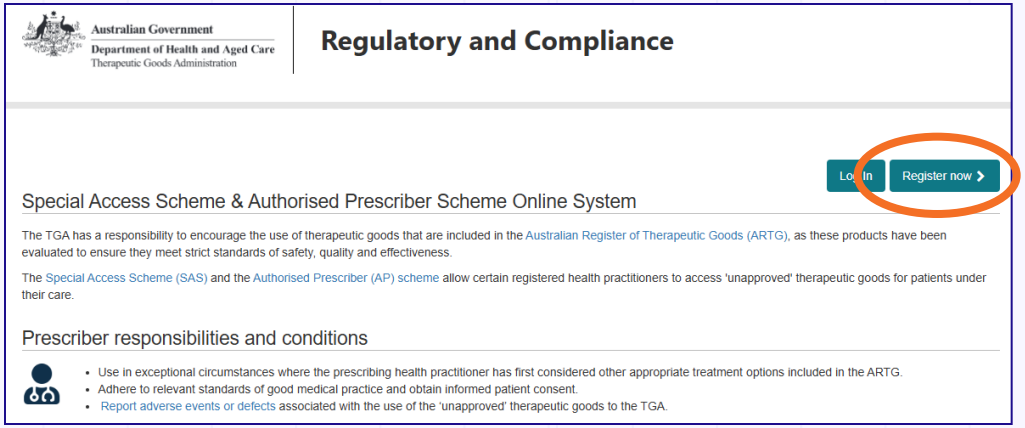
Australian approved (generic) name	
Trade name	

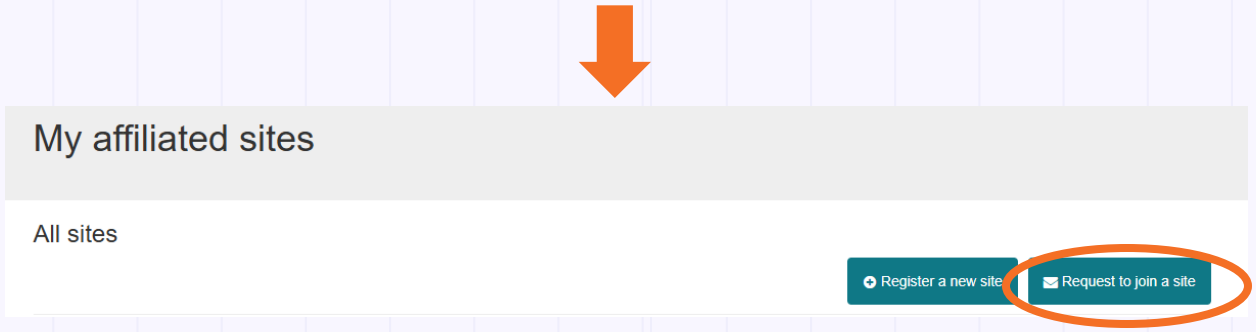
Special Access Scheme (SAS)

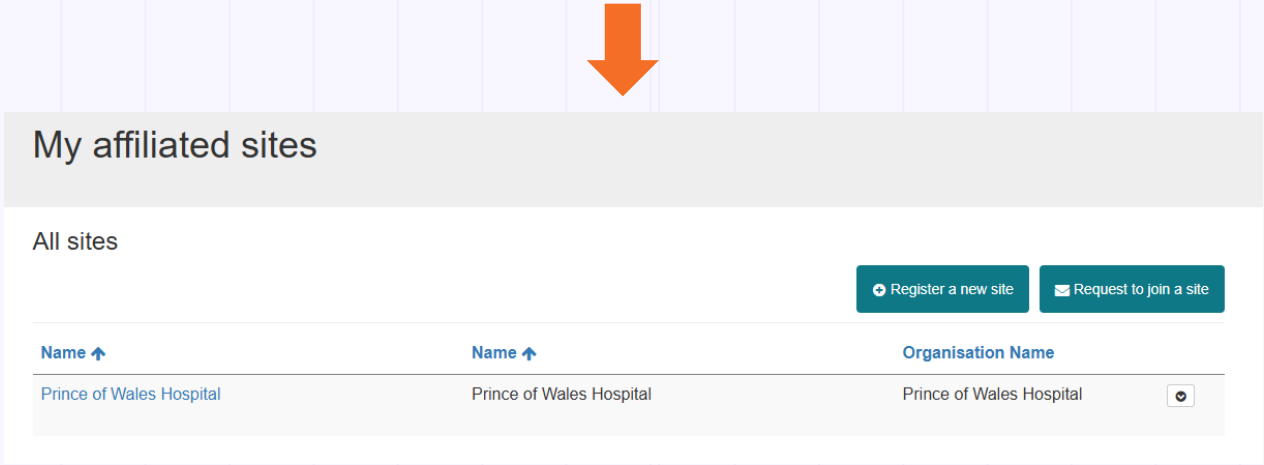
- Supply of medications not licensed by the TGA
- Must obtain patient consent prior to use

- Category A
  - Medications that are for seriously ill patients or life-threatening conditions
  - Pharmacy can supply the medication immediately
- Category B
  - Medications that do not fit Category A or C
  - Pharmacy cannot supply until TGA approval received
- Category C
  - Medications with an established history of use
  - Pharmacy can supply medication immediately if being used for the approved indication

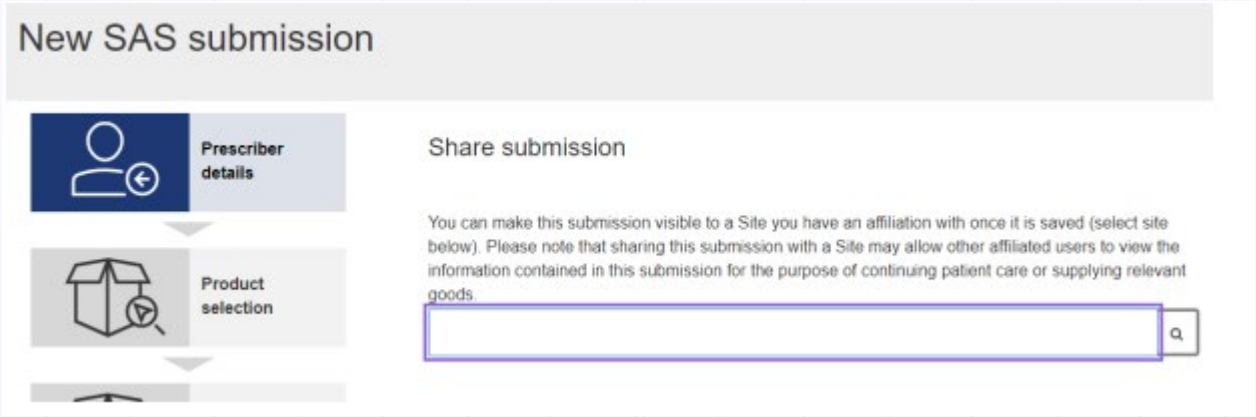
- Applications must be submitted via the online portal: https://compliance.health.gov.au/sas/
- You will need to make an account and request to join 'Prince of Wales Hospital' as a site (ask the pharmacist to help you)


Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration
Regulatory and Compliance
Log In
Register now
Special Access Scheme & Authorised Prescriber Scheme Online System
The TGA has a responsibility to encourage the use of therapeutic goods that are included in the Australian Register of Therapeutic Goods (ARTG), as these products have been evaluated to ensure they meet strict standards of safety, quality and effectiveness.
The Special Access Scheme (SAS) and the Authorised Prescriber (AP) scheme allow certain registered health practitioners to access 'unapproved' therapeutic goods for patients under their care.
Prescriber responsibilities and conditions
Use in exceptional circumstances where the prescribing health practitioner has first considered other appropriate treatment options included in the ARTG.
Adhere to relevant standards of good medical practice and obtain informed patient consent.
Report adverse events or defects associated with the use of the 'unapproved' therapeutic goods to the TGA.

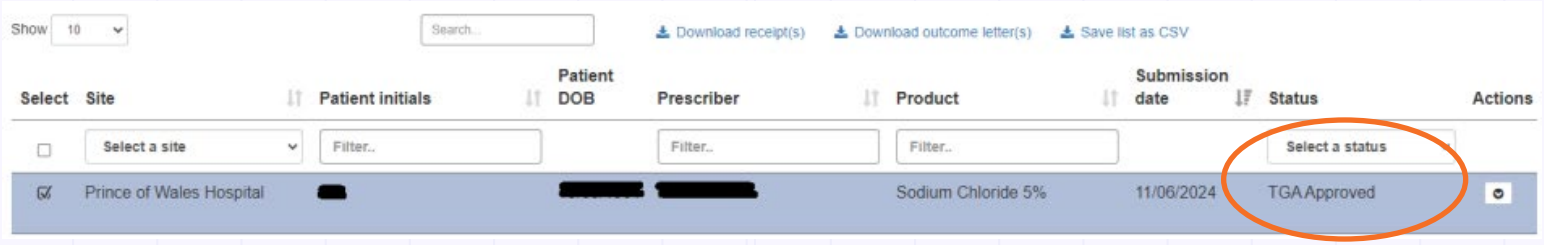

My affiliated sites
All sites
Register a new site
Request to join a site


My affiliated sites
All sites
Register a new site
Request to join a site
Name
Name
Organisation Name
Prince of Wales Hospital
Prince of Wales Hospital
Prince of Wales Hospital

- To submit a form, click on “SAS Dashboard” → New SAS Submission then follow the form. Ensure to press the magnifying glass to search and select “Prince of Wales Hospital” so it can be viewed by pharmacists to verify submission



- When SAS Cat A and C forms have been submitted, the status will say “TGA Completed” and these can then be supplied by pharmacy
- When SAS Cat B forms have been submitted, the status will initially say “Under TGA Review”
  - Once this status changes to “TGA Approved”, it can be supplied by pharmacy



Clinical Business Rules

- Can be accessed via the intranet
  - SESLHD page > POWH page > Policies & Procedures

- Some examples of important drug policies:
  - Electrolyte replacement guidelines for general wards
  - Warfarin guidelines for prescribing, administration and monitoring
  - Heparin – anticoagulation with intravenous heparin infusion
  - Surgery and medical procedures for patients with diabetes
  - Iron infusions

- Other useful webpages on the intranet
  - Antimicrobial stewardship – antibiotics
  - Haematology – anticoagulants

A A

NSW Health Policies Webpage | Provide Feedback to the Policy Team | POWH Business Rule Training Resources

NSQHS Clinical Care Standards Webpage | POWH Business Rule Document Templates | POWH Policy Reports

SESLHD Policies, Procedures and Guideliness Webpage | POWH Business Rules out for comment | How to navigate this POWH Policy webpage Video

Document Name Type Here..

Search From (Default All):

- NSW Health Policies
- SESLHD Policies
- POWH Business Rules

Clear Search | Advanced Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Doc No	Title	Document Type	Publish Date	Review Date
POWH CLIN173	Vaccinations and antimicrobial prophylaxis in patients undergoing splenectomy - in the General Surg...	Business Rule	22/01/2024	02/11/2024
SESLHDPR/268	Work Health and Safety - Managing Electrical Risks in the Workplace	Prescribing Protocol	01/01/2024	01/01/2024
SESLHDPR/428	Secondment of Permanent Employees	Prescribing Protocol	01/01/2024	01/01/2024
SESLHDPR/662	Responding electronically to subpoena requests	Prescribing Protocol	01/01/2024	01/01/2024
POWH/SSEH ...	Designated Officer - Appointment Responsibilities	Business Rule	20/12/2023	01/12/2026
POWH CLIN207	Drug Allergy Skin Test	Business Rule	20/12/2023	01/12/2026
POWH CLIN206	Assessment and Management of Abdominal and Loin Pain in Adult Patients Presenting to the Emerg...	Business Rule	19/12/2023	01/06/2026
POWH CLIN203	Intraoperative Cell Salvage – in Randwick Campus Operating Theatres (RCOS) and Cardiothoracic Th...	Business Rule	18/12/2023	01/11/2024
POWH CLIN119	Parenteral Nutrition (Home) Discharge Planning	Business Rule	18/12/2023	01/12/2028
POWH CLIN176	Cough Assist Machine - Use of	Business Rule	18/12/2023	01/12/2028
POWH CLIN204	Transmitting of ECG using Philips PageWriter TC70 into patient electronic health record - in the POW...	Business Rule	18/12/2023	01/12/2028
POWH CLIN117	Nurse specials and continuous observation in the general hospital	Business Rule	13/12/2023	01/12/2025
POWH/SSEH ...	Transfer of patients from Prince of Wales Hospital (POWH) to Sydney Sydney Eye Hospital (SSEH)	Business Rule	13/12/2023	01/12/2025
POWH CORP...	DD Keys - Storage of Dangerous Drug Keys for Wards that Close Overnight and/or on Weekends	Business Rule	13/12/2023	01/12/2025
POWH CORP...	Voluntary Assisted Dying (VAD) - Admission Process for patients accessing	Business Rule	13/12/2023	07/02/2024
NA	Azithromycin for prevention of exacerbations in non-cystic fibrosis bronchiectasis	NA	01/12/2023	01/12/2023

02

Medication Reconciliation

The process of obtaining, verifying and documenting an accurate list of a patient's current medications and comparing this list to the admission, transfer or discharge medication orders.

Confirming that the medications that should be prescribed match those that have been actually prescribed. Transitions of care are especially prone to unintended changes and medication errors.

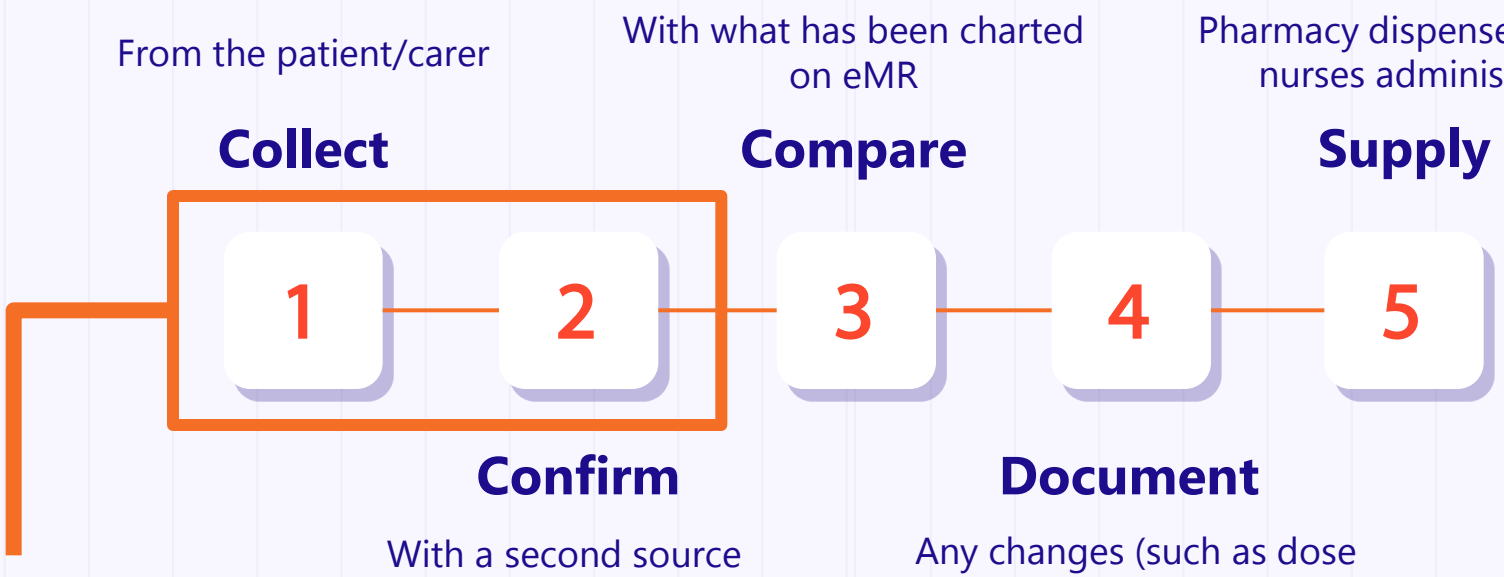
The **admitting team** is ultimately responsible for ensuring that medication reconciliation and medication reviews have occurred.

BUT pharmacists are here to share the responsibility

10. APPENDIX A: SUMMARY OF ROLES AND RESPONSIBILITIES IN MEDICATION MANAGEMENT ON ADMISSION

Patient presents to hospital	Admission to treating team	Inpatient stay
Initial medical officer to review patient (OR Pharmacist, NP or Authorised Clinician).	**Medical Officer – Admitting Team**	**Medical Officer – Admitting Team**
• Take **initial medication history** & document in Document Medication by Hx section of eMR. • Completing the checkbox to indicate if further verification of the medication history is required. ☑ Leave Med History Incomplete - Finish Later Document History • Authorised prescribers only: Utilise Admission Reconciliation function to chart any medications required that the patient was taking at home. • Document in eMR notes, the reason for any medication changes. • High risk/complex patients - complete referral to pharmacy if BPMH not achievable during initial review.	• **Checkpoint 1:** Within 24 hours of admission, review the medication history & reconciliation status & plan for completion if not already achieved. • If medication history is incomplete or not done, either complete a BPMH or refer to pharmacy if high-risk/complex patient and unable to complete. • Utilise the Admission Reconciliation function to make any required changes to the medication chart based on updated medication history. • **Checkpoint 2:** Monitor BPMH/Med Rec referrals made to pharmacy and follow up to ensure completion within one working day.	• Regularly review the medication chart for all admitted patients under their care • Document completed medication reviews • Document & action decisions relating to medication recommendations made by other clinicians (e.g. pharmacists) • Respond to changes in medication related risk by: • Completing a medication review and/or • Referring to pharmacy for high-risk/complex patients • **Checkpoint 3:** Monitor Medication Review referrals made to pharmacy and follow up to ensure response or completion within 24 hours.

Medication Reconciliation



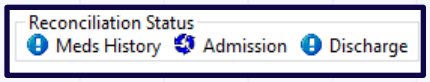
Unable to obtain a BPMH?

If unable to complete the med history or cannot confirm with a second source

1. **List the meds that you *have* been able to ascertain on eMR**
2. **Document which source(s) you *have* used**
3. **Leave the "Medication History Incomplete – finish later" box ticked on eMR**
4. **Document in progress notes what needs following up (e.g. you could ask the pharmacist to complete the BPMH and med rec)**

☑ Leave Med History Incomplete - Finish Later

Leave ticked – if further information/verification is needed. You can still prescribe on the medication chart. You can come back and complete the med history later or ask your pharmacist to help you.



Untick – if all information has been verified with at least TWO reliable information sources and no further information is required. Remember that BPMH = two sources of information.

03

Discharge Prescriptions

Discharge Prescriptions

- Discharge prescriptions are generated from eMR

- Pharmacy requires two printed documents:
  1. POV2 scripts
     → **only** meds that need to be supplied
  2. Medication list section of the discharge summary
     → **all** meds needed to be listed (including home meds that are to be continued, even if we didn't chart them in hospital)

- Generally, **up to 7 days** supply of **new** medications or **changed** doses are given to the patient (default quantity on eMR). However there are exceptions.

- Include other relevant information where appropriate:
  - Stop dates (e.g. antibiotic course, short-term analgesics)
  - Tapering/titrating regiment (e.g. steroid weaning course)
  - When it should be reviewed by GP (e.g. electrolyte replacements, opioid analgesics for acute pain)

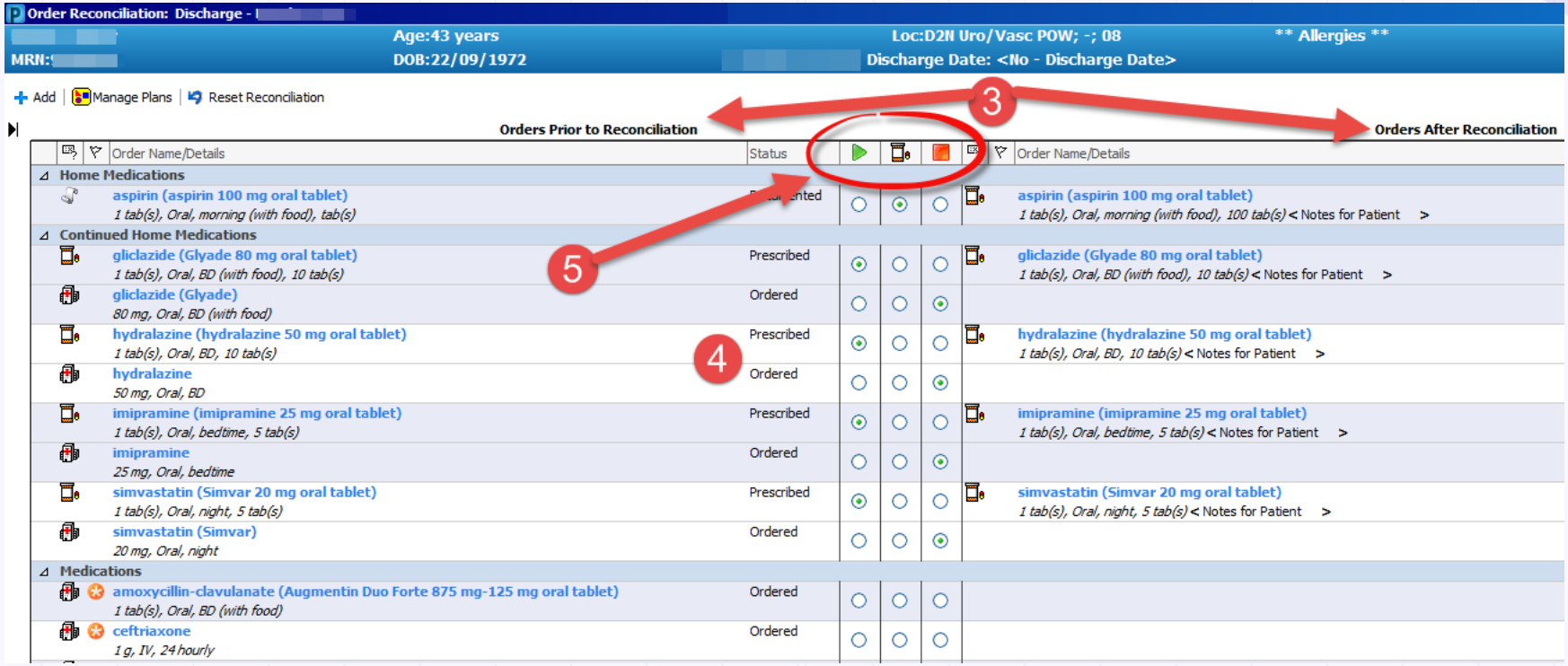
Discharge Prescriptions

Some exceptions:

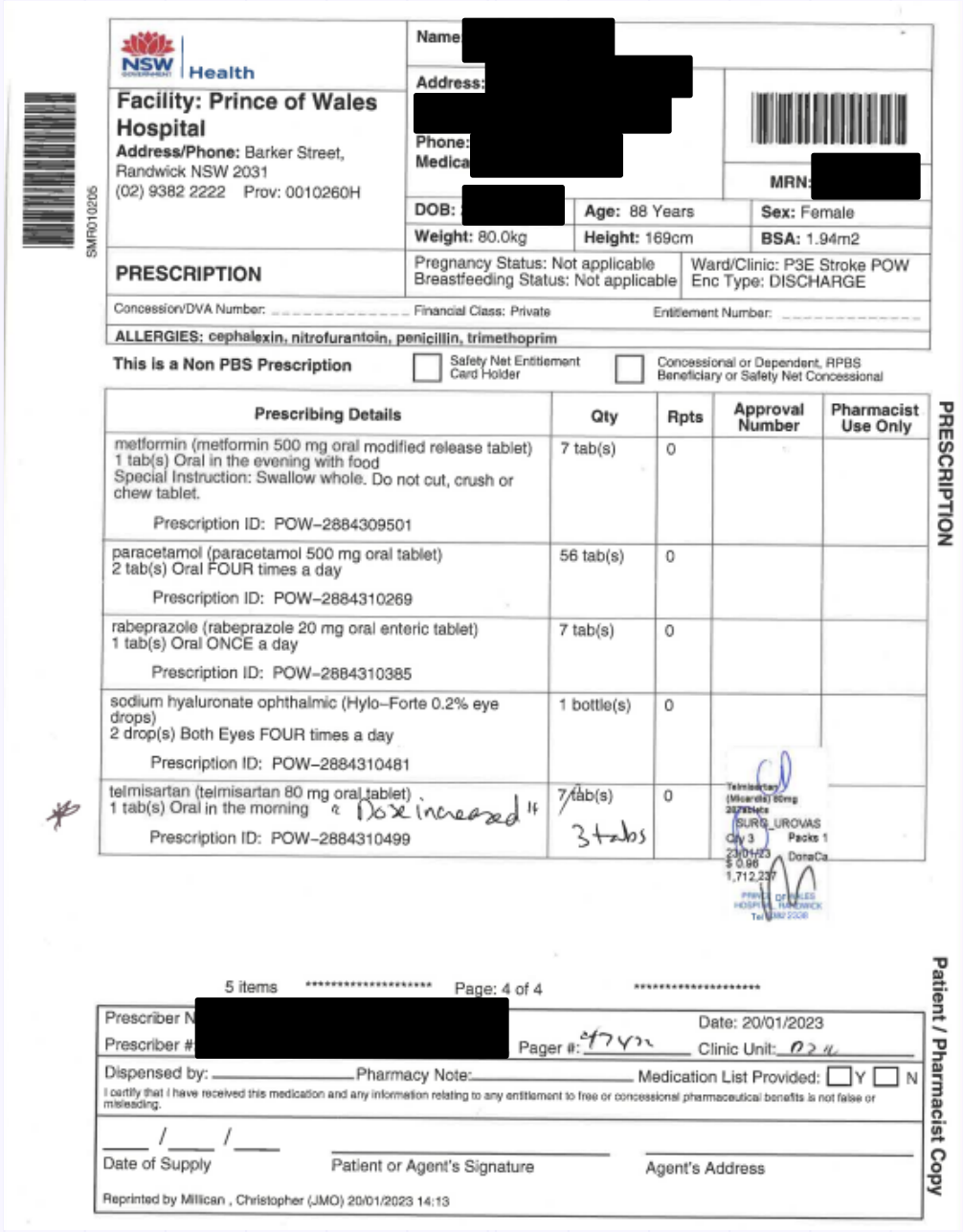
- There may be times where you **supply more than 7 days**
  - Complete a short-term course (e.g. steroids, antibiotics, VTE prophylaxis after surgery, treatment phase of a VTE)
- Ensure that the required quantity is specified on the prescription
  - Pharmacists can legally supply a lower quantity to what is originally printed on the prescription, however they cannot supply more
  - A new prescription with the higher quantity would need to be generated by the doctor

- There may be times where you **supply all the medications** even if they are home medications
  - New admission to an aged care facility
  - Transfer to a rehab or private hospital
  - Patient has no supply left at home and cannot feasibly obtain more prescriptions/supply from their GP/community pharmacy

Discharge reconciliation window



POV script



NSW Health

Facility: Prince of Wales Hospital
Address/Phone: Barker Street, Randwick NSW 2031
(02) 9382 2222 Prov: 0010260H

SMR010205

Name: [redacted]
Address: [redacted]
Phone: [redacted]
Medica[redacted]
MRN: [redacted]

DOB: [redacted]	**Age:** 88 Years	**Sex:** Female
Weight: 80.0kg	**Height:** 169cm	**BSA:** 1.94m2

PRESCRIPTION

Pregnancy Status: Not applicable
Breastfeeding Status: Not applicable

Ward/Clinic: P3E Stroke POW
Enc Type: DISCHARGE

Concession/DVA Number: _____ Financial Class: Private Entitlement Number: _____

ALLERGIES: cephalexin, nitrofurantoin, penicillin, trimethoprim

This is a Non PBS Prescription ☐ Safety Net Entitlement Card Holder ☐ Concessional or Dependent, RPBS Beneficiary or Safety Net Concessional

Prescribing Details	Qty	Rpts	Approval Number	Pharmacist Use Only
metformin (metformin 500 mg oral modified release tablet) 1 tab(s) Oral in the evening with food Special Instruction: Swallow whole. Do not cut, crush or chew tablet. Prescription ID: POW-2884309501	7 tab(s)	0		
paracetamol (paracetamol 500 mg oral tablet) 2 tab(s) Oral FOUR times a day Prescription ID: POW-2884310269	56 tab(s)	0		
rabeprazole (rabeprazole 20 mg oral enteric tablet) 1 tab(s) Oral ONCE a day Prescription ID: POW-2884310385	7 tab(s)	0		
sodium hyaluronate ophthalmic (Hylo-Forte 0.2% eye drops) 2 drop(s) Both Eyes FOUR times a day Prescription ID: POW-2884310481	1 bottle(s)	0		
* telmisartan (telmisartan 80 mg oral tablet) 1 tab(s) Oral in the morning " Dose increased " Prescription ID: POW-2884310499	7 tab(s) 3 tabs	0		

Telmisartan (Micardis) 80mg 2078blets
SURG_UROVAS
Qty 3 Packs 1
23/01/23 DonaCa
$ 0.96
1,712,237
PRINCE OF WALES HOSPITAL RANDWICK
Tel 9382 2228

PRESCRIPTION

5 items ********** Page: 4 of 4 **********

Prescriber N[redacted]
Prescriber #[redacted] Pager #: 47422 Date: 20/01/2023 Clinic Unit: 02 4

Dispensed by: _____ Pharmacy Note: _____ Medication List Provided: ☐ Y ☐ N

I certify that I have received this medication and any information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

____ / ____ / ____ Date of Supply _____ Patient or Agent's Signature _____ Agent's Address

Reprinted by Millican , Christopher (JMO) 20/01/2023 14:13

Patient / Pharmacist Copy

Discharge summary

Discharge Referral Note – eMEDs

Smith, Mr John **MRN 1XXXXXX1**

DOB 27/04/1945

- Community nursing for dressing changes
- Continue metformin 500mg nocte. If requiring further control of sugars, would recommend linagliptan as additional agent.
- Augmentin Duo Forte 1 tab BD for 5 more days for HAP
- Candesartan, frusemide and spironolactone ceased – GP to kindly review need to restart
- Follow up with Dr BB (endocrinology) in diabetes clinic in February – will call with time for appointment

The above has been discussed with the patient and acknowledged.

Thank you for your continued care.

Regards,

Dr XX XX

Junior Medical Officer

Cardiology Department

Prince of Wales Hospital

Discharge Plan

The Hospital may have supplied small quantities of new or changed medications

Medications being taken on discharge

Amoxicillin-clavulanate (Augmentin Duo Forte 875mg-125mg oral tablet) 1 tab, oral, TWICE a day with food until 1/1/2021

Metformin (metformin 500mg oral tablet) 1 tab, oral, ONCE a day with food

Oxycodone (OxyNorm 20mg oral capsule) 1 cap, oral, TWICE a day, PRN for breakthrough pain for 3 days only

Paracetamol (Panadol 500mg tablet) 2 tabs, oral FOUR times a day for pain relief

Medication previously recorded that has not been reviewed this visit

Nil

Medication ceased during this admission

Candesartan (candesartan 16mg tablet)

Furosemide (Lasix 40mg tablet)

Spironolactone (Aldactone 25mg tablet)

XX XX
28/12/2020.

Completed Action List:

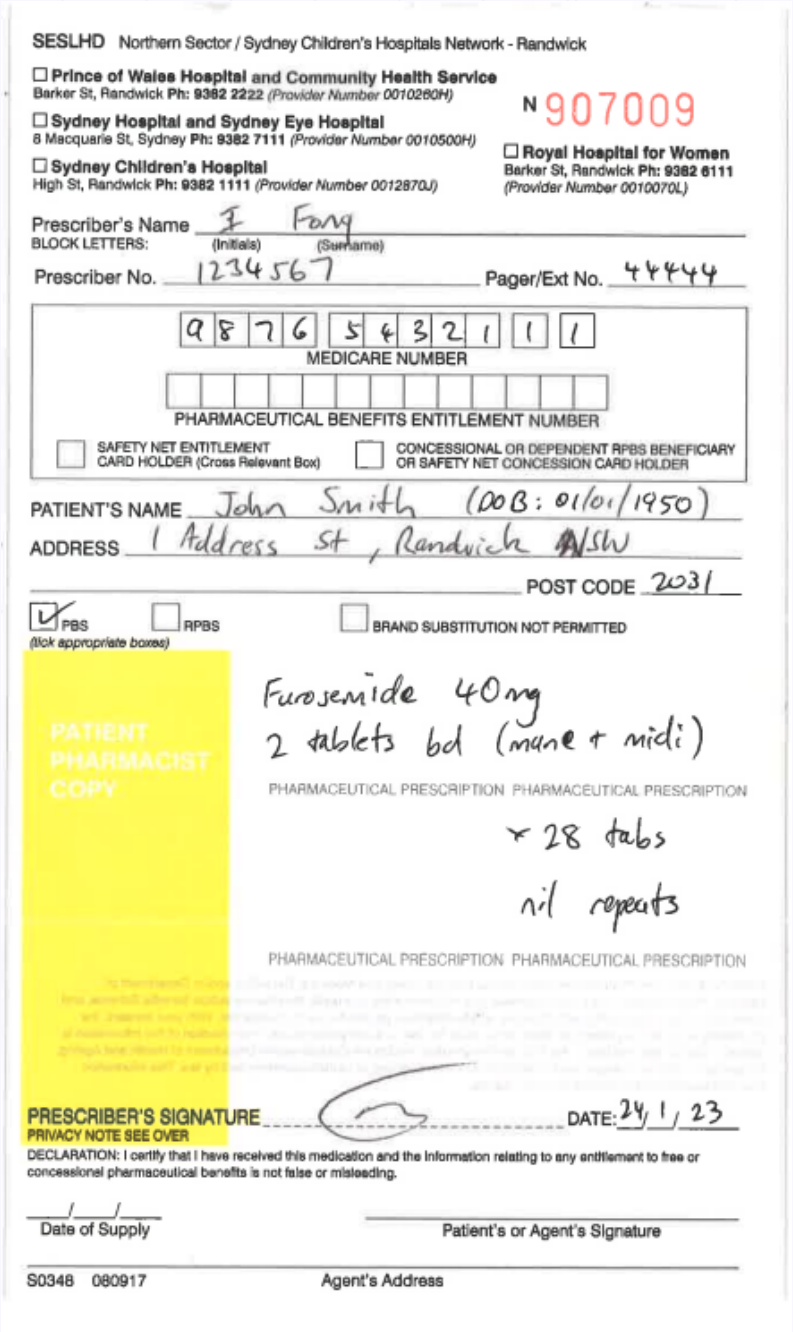
*Perform by XX XX (JMO) on 28 December 2020

Printed by: XX XX

Printed on 28/12/2020 11:22

(continued)

PBS script



SESLHD Northern Sector / Sydney Children's Hospitals Network - Randwick

☐ **Prince of Wales Hospital and Community Health Service**
Barker St, Randwick **Ph: 9382 2222** *(Provider Number 0010260H)*

☐ **Sydney Hospital and Sydney Eye Hospital**
8 Macquarie St, Sydney **Ph: 9382 7111** *(Provider Number 0010500H)*

☐ **Sydney Children's Hospital**
High St, Randwick **Ph: 9382 1111** *(Provider Number 0012870J)*

N 907009

☐ **Royal Hospital for Women**
Barker St, Randwick **Ph: 9382 6111**
(Provider Number 0010070L)

Prescriber's Name I Fong
BLOCK LETTERS: (Initials) (Surname)

Prescriber No. 1234567 Pager/Ext No. 44444

9 8 7 6 5 4 3 2 1 1 1
MEDICARE NUMBER

PHARMACEUTICAL BENEFITS ENTITLEMENT NUMBER

☐ SAFETY NET ENTITLEMENT CARD HOLDER (Cross Relevant Box)
☐ CONCESSIONAL OR DEPENDENT RPBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER

PATIENT'S NAME John Smith (DOB: 01/01/1950)

ADDRESS 1 Address St, Randwick NSW

POST CODE 2031

☑ PBS ☐ RPBS ☐ BRAND SUBSTITUTION NOT PERMITTED
(tick appropriate boxes)

PATIENT PHARMACIST COPY

Furosemide 40mg
2 tablets bd (mane + midi)

PHARMACEUTICAL PRESCRIPTION PHARMACEUTICAL PRESCRIPTION

x 28 tabs

nil repeats

PHARMACEUTICAL PRESCRIPTION PHARMACEUTICAL PRESCRIPTION

PRESCRIBER'S SIGNATURE _____ DATE: 24/1/23
PRIVACY NOTE SEE OVER

DECLARATION: I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

__/__/__
Date of Supply

Patient's or Agent's Signature

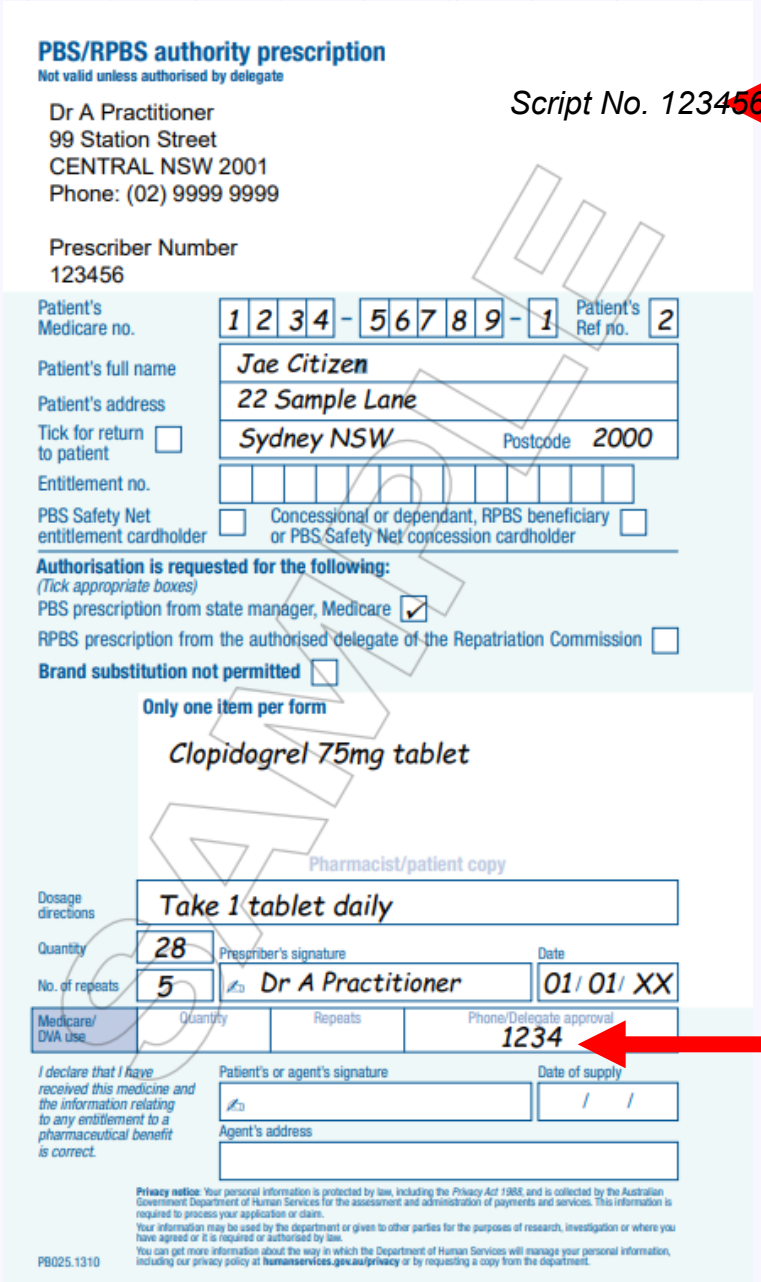
S0348 080917 Agent's Address

PBS prescriptions ("outside scripts") can be given to the patient to get filled at a community pharmacy, such as when:
- hospital pharmacy is unavailable (after hours)
- discharge meds are not complicated, and patient capable of self-managing

Check PBS website to see what is subsidised ww.pbs.gov.au

Note: these prescriptions can be used for PBS and non-PBS meds

PBS authority script



PBS/RPBS authority prescription

Not valid unless authorised by delegate

Dr A Practitioner
99 Station Street
CENTRAL NSW 2001
Phone: (02) 9999 9999

Prescriber Number
123456

Script No. 123456

Patient's Medicare no. 1234 - 5678 9 - 1 Patient's Ref no. 2

Patient's full name: Jae Citizen

Patient's address: 22 Sample Lane

Tick for return to patient ☐ Sydney NSW Postcode 2000

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:

(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☑

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Clopidogrel 75mg tablet

Pharmacist/patient copy

Dosage directions: *Take 1 tablet daily*

Quantity: *28*

No. of repeats: *5*

Prescriber's signature: *Dr A Practitioner*

Date: *01/ 01/ XX*

Medicare/DVA use — Quantity | Repeats | Phone/Delegate approval: *1234*

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature

Date of supply / /

Agent's address

Privacy notice: Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

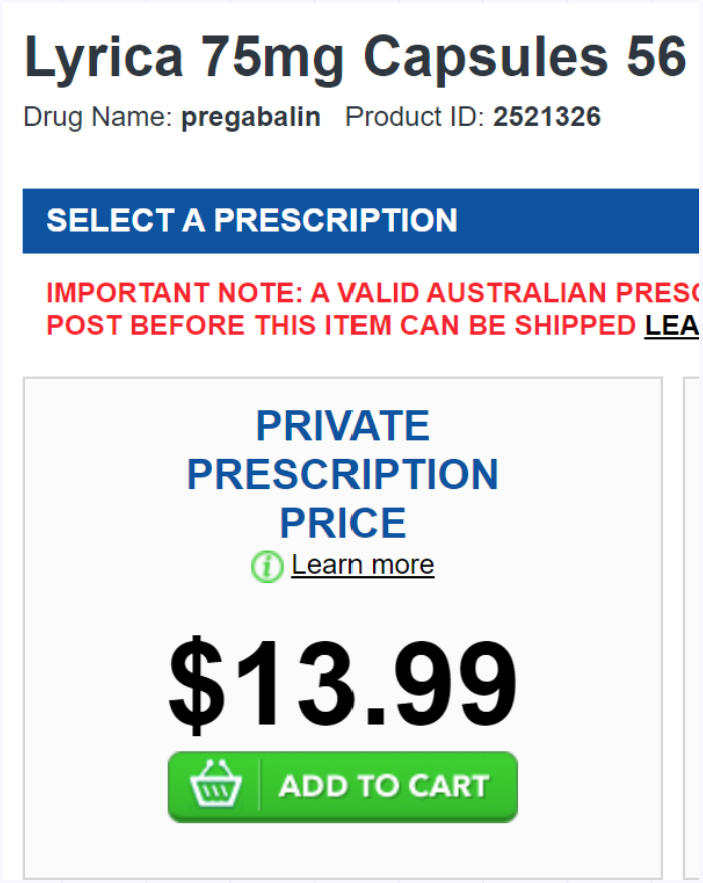
You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at **humanservices.gov.au/privacy** or by requesting a copy from the department.

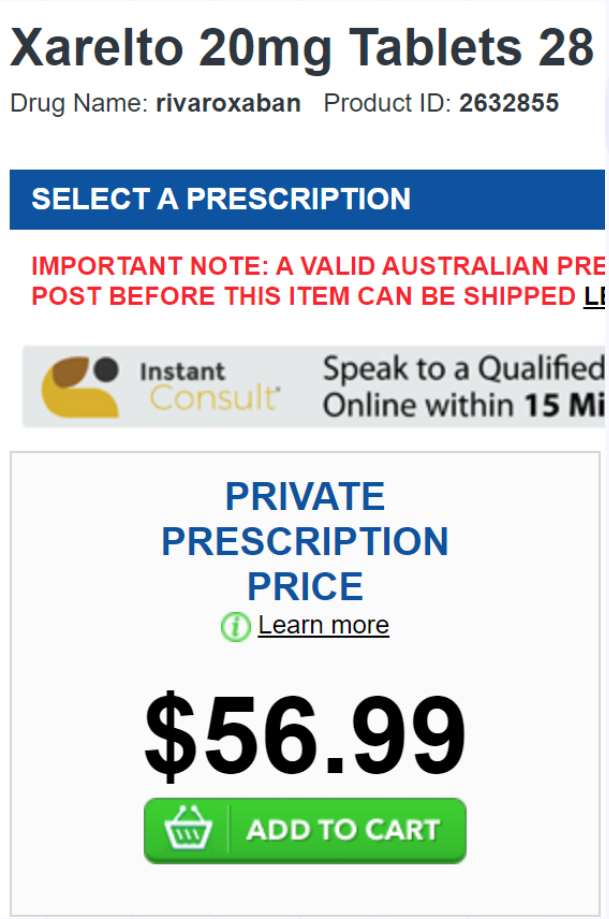
PB025.1310

SAMPLE

Authority script number

Streamline code 4 or 5 digit number

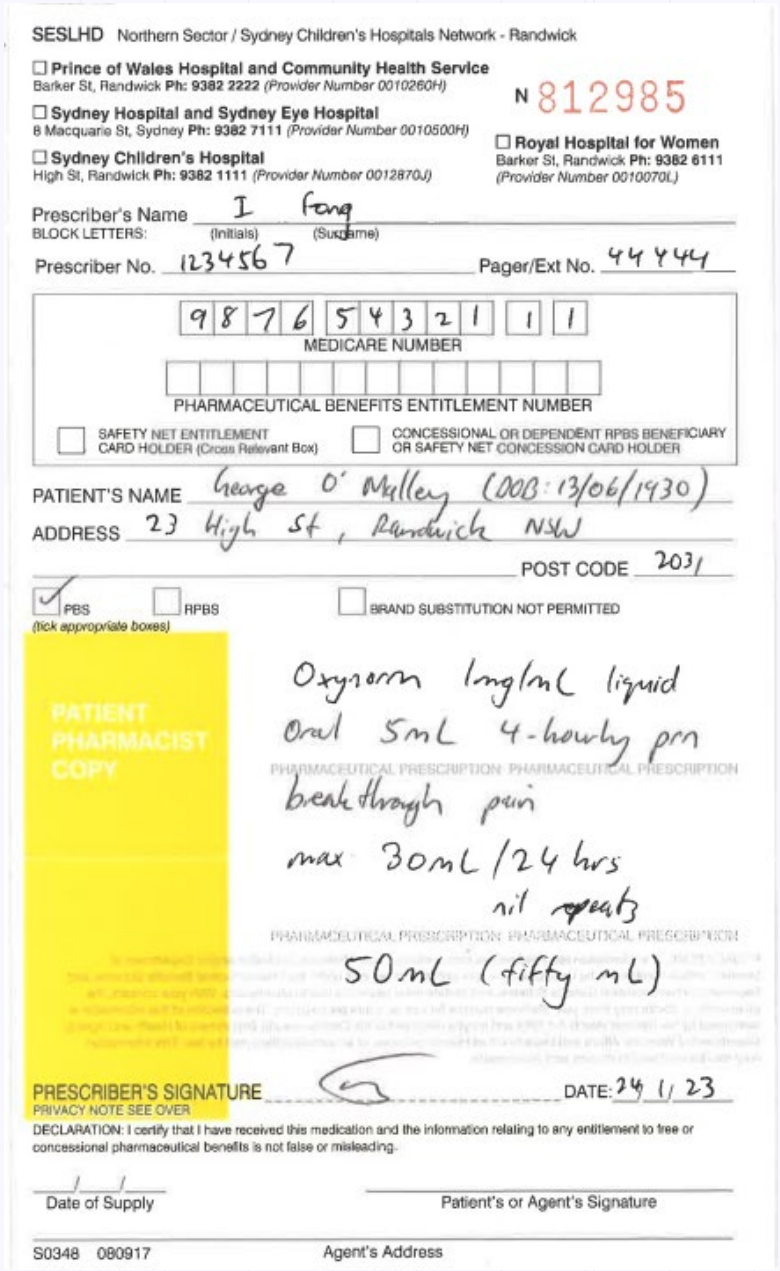




For medications subsidised by PBS:

- General patients: $31.60
- Concession patients: $7.70

PBS S8 script



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N 812985

☐ **Royal Hospital for Women**
Barker St, Randwick **Ph: 9382 6111**
(Provider Number 0010070L)

Prescriber's Name I Fong
BLOCK LETTERS: (Initials) (Surname)

Prescriber No. 123456 7 Pager/Ext No. 44444

9 8 7 6 5 4 3 2 1 1 1
MEDICARE NUMBER

PHARMACEUTICAL BENEFITS ENTITLEMENT NUMBER

☐ SAFETY NET ENTITLEMENT CARD HOLDER (Cross Relevant Box)

☐ CONCESSIONAL OR DEPENDENT RPBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER

PATIENT'S NAME George O' Malley (DOB: 13/06/1930)

ADDRESS 23 High St, Randwick NSW

POST CODE 2031

☑ PBS ☐ RPBS ☐ BRAND SUBSTITUTION NOT PERMITTED
(tick appropriate boxes)

PATIENT PHARMACIST COPY

Oxynorm 1mg/mL liquid
Oral 5mL 4-hourly prn
breakthrough pain
max 30mL/24 hrs
nil repeats

PHARMACEUTICAL PRESCRIPTION PHARMACEUTICAL PRESCRIPTION

50mL (fifty mL)

PRESCRIBER'S SIGNATURE _____ DATE: 24/1/23
PRIVACY NOTE SEE OVER

DECLARATION: I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

__/__/__
Date of Supply

Patient's or Agent's Signature

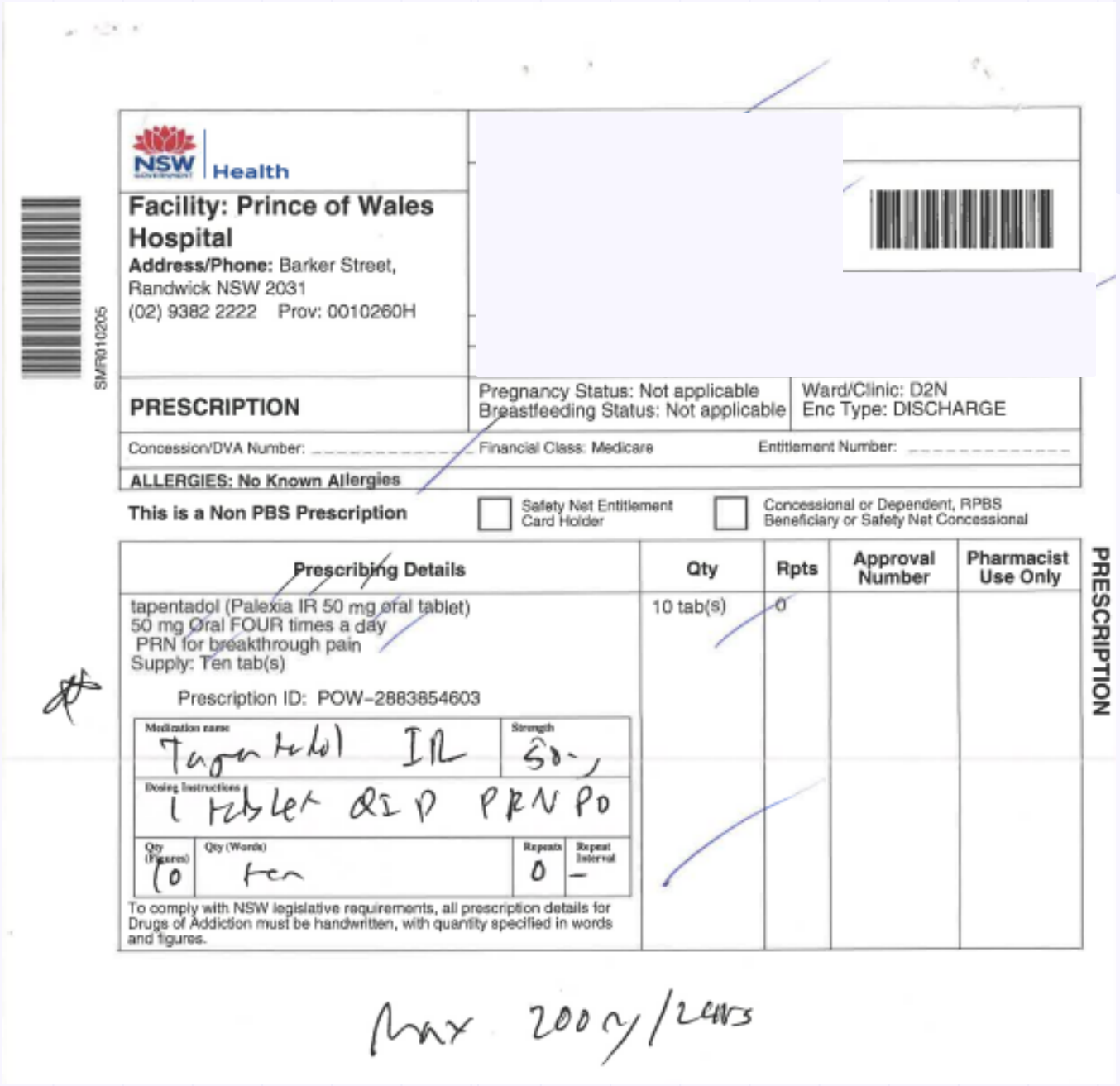
S0348 080917

Agent's Address

S8 medications must be written on their own separate prescription, and only one S8 product per prescription

The quantity must be written in words and numbers

POV S8 script



NSW Health

Facility: Prince of Wales Hospital
Address/Phone: Barker Street, Randwick NSW 2031
(02) 9382 2222 Prov: 0010260H

SMR010205

PRESCRIPTION

Pregnancy Status: Not applicable
Breastfeeding Status: Not applicable

Ward/Clinic: D2N
Enc Type: DISCHARGE

Concession/DVA Number: _____ Financial Class: Medicare Entitlement Number: _____

ALLERGIES: No Known Allergies

This is a Non PBS Prescription

☐ Safety Net Entitlement Card Holder

☐ Concessional or Dependent, RPBS Beneficiary or Safety Net Concessional

Prescribing Details	Qty	Rpts	Approval Number	Pharmacist Use Only
tapentadol (Palexia IR 50 mg oral tablet) 50 mg Oral FOUR times a day PRN for breakthrough pain Supply: Ten tab(s) Prescription ID: POW-2883854603	10 tab(s)	0		

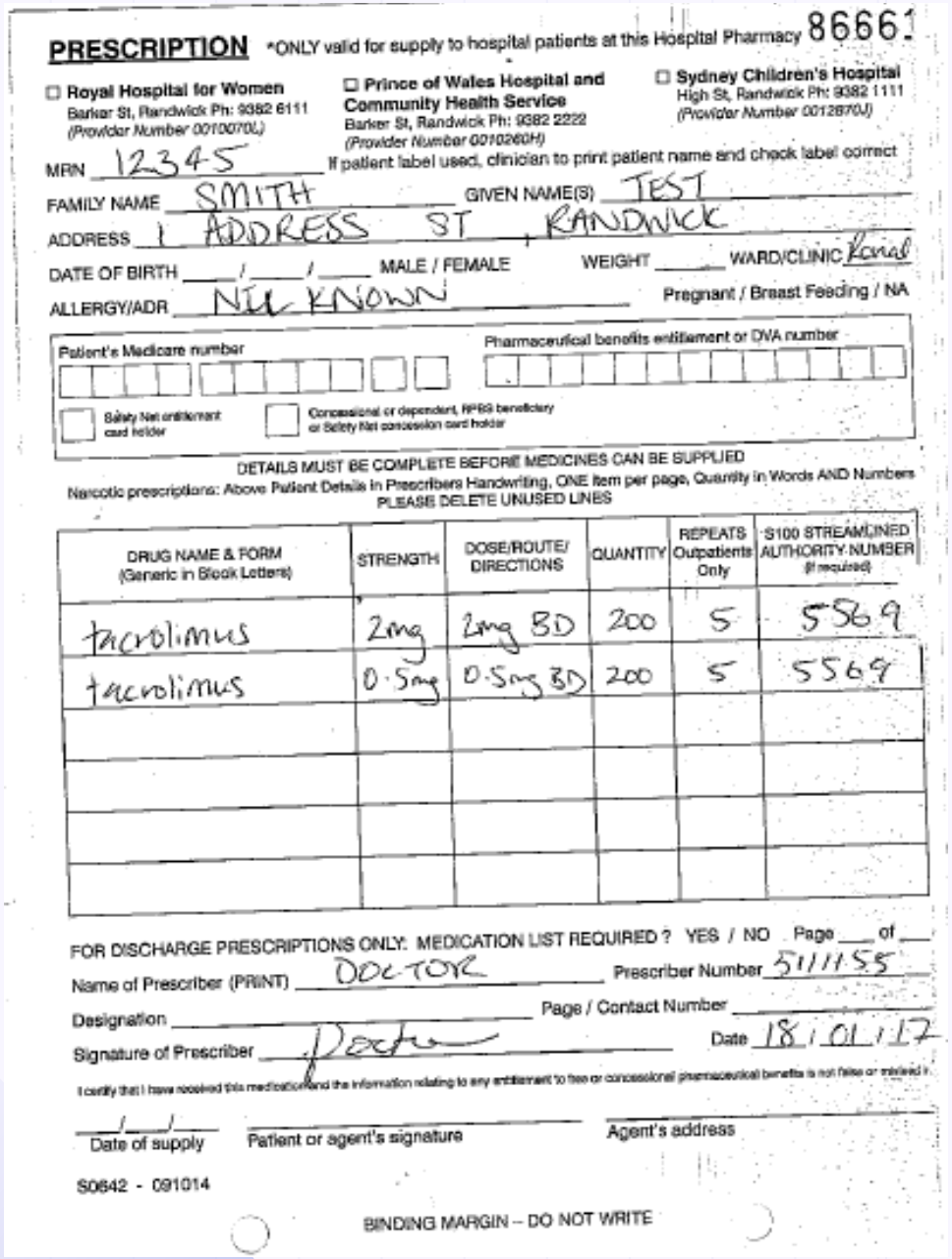
Medication name	Strength
Tapentadol IR	50 mg
Dosing Instructions	
1 tablet QID PRN PO	

Qty (Figures)	Qty (Words)	Repeats	Repeat Interval
10	ten	0	—

To comply with NSW legislative requirements, all prescription details for Drugs of Addiction must be handwritten, with quantity specified in words and figures.

PRESCRIPTION

Max 200 mg/24hrs



PRESCRIPTION *ONLY valid for supply to hospital patients at this Hospital Pharmacy 86661

☐ **Royal Hospital for Women**
Barker St, Randwick Ph: 9382 6111
(Provider Number 0010070L)

☐ **Prince of Wales Hospital and Community Health Service**
Barker St, Randwick Ph: 9382 2222
(Provider Number 0010260H)

☐ **Sydney Children's Hospital**
High St, Randwick Ph: 9382 1111
(Provider Number 0012870J)

MRN 12345 If patient label used, clinician to print patient name and check label correct

FAMILY NAME SMITH GIVEN NAME(S) TEST

ADDRESS 1 ADDRESS ST, RANDWICK

DATE OF BIRTH __/__/__ MALE / FEMALE WEIGHT ____ WARD/CLINIC Renal

ALLERGY/ADR NIL KNOWN Pregnant / Breast Feeding / NA

Patient's Medicare number | Pharmaceutical benefits entitlement or DVA number

☐ Safety Net entitlement card holder ☐ Concessional or dependent, RPBS beneficiary or Safety Net concession card holder

DETAILS MUST BE COMPLETE BEFORE MEDICINES CAN BE SUPPLIED
Narcotic prescriptions: Above Patient Details in Prescribers Handwriting, ONE item per page, Quantity in Words AND Numbers
PLEASE DELETE UNUSED LINES

DRUG NAME & FORM (Generic in Block Letters)	STRENGTH	DOSE/ROUTE/ DIRECTIONS	QUANTITY	REPEATS Outpatients Only	S100 STREAMLINED AUTHORITY NUMBER (if required)
tacrolimus	2mg	2mg BD	200	5	5569
tacrolimus	0.5mg	0.5mg BD	200	5	5569

FOR DISCHARGE PRESCRIPTIONS ONLY: MEDICATION LIST REQUIRED? YES / NO Page ___ of ___

Name of Prescriber (PRINT) DOCTOR Prescriber Number 511155

Designation ____ Page / Contact Number ____

Signature of Prescriber Doctor Date 18/01/17

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

__/__/__ Date of supply ____ Patient or agent's signature ____ Agent's address

S0642 - 091014

BINDING MARGIN – DO NOT WRITE

Outpatient script

If working in clinics, you may also need to write outpatient scripts that patients are to get filled at outpatient pharmacy
- S100 HSD meds
- Certain non-PBS meds

Most of these meds are only subsidised in a hospital outpatient pharmacy. Scripts may be invalid in the community.

For S100 meds, check the PBS website for:
- 4 digit streamlined authority number
- maximum allowable quantity and repeats

04

Pharmacy Services

What do pharmacists do?

Clinical
- BPMH and med rec
- Chart reviews
- Patient education
- Facilitating discharges

Education
- Nurses
- Doctors
- Allied health

Manufacturing

Medication supply and distribution

Drug enquiries
- Drug interactions
- Dosing (e.g. in renal impairment)
- Therapeutic drug monitoring

Medication safety
- Audits
- Committees
- Ward rounds

Research projects

Clinical trials

Pharmacy Service

High Risk – Proactive Pharmacy Service	Other Risk – Referral Based Pharmacy Service
Geriatrics	Acute Surgery
Respiratory Medicine	Colorectal Surgery
Cardiology	Neurosurgery
Intensive Care Unit	Vascular Surgery
Orthopaedics	Plastic Surgery
Renal Medical	Oncological Surgery
General Surgery/Upper GI Surgery	Ophthalmology
Cardiothoracic Surgery	Oral and Maxillofacial Surgery
Infectious Diseases	Urology
Neurology	Ear, nose and throat surgery
Medical Oncology	Palliative care
Gastroenterology	Endocrinology
Haematology	Neurointervention
Acute Spinal Medicine	Rheumatology
Psychiatry	Dermatology
	Immunology
	Spinal Rehabilitation
	General Rehabilitation
	Geriatric Rehabilitation
	Mental Health Rehabilitation
	Aged Psychiatry
	Neuropsychiatry

Specialty based model
- Proactive
- Referral only

Exceptions:
- ED
- ICU
- CAU

- Order a pharmacy consult regardless of the patient's specialty.

- Ordering a pharmacy consult is especially important for **high risk** patients who are admitted under a '**referral only**' specialty

- Consults can be ordered on the weekend as well

Referral Criteria for Pharmacist Medication History / Reconciliation

1. Patients to be admitted or admitted as an inpatient (LOS > 24 hours anticipated), AND
2. Initial and/or admitting clinician unable to complete BPMH due to complexity, AND
3. Patient has 1 or more risk factors (see below table for examples)

Referral Criteria for Pharmacist Medication Review

Patient has 1 or more risk factors (below table for examples)

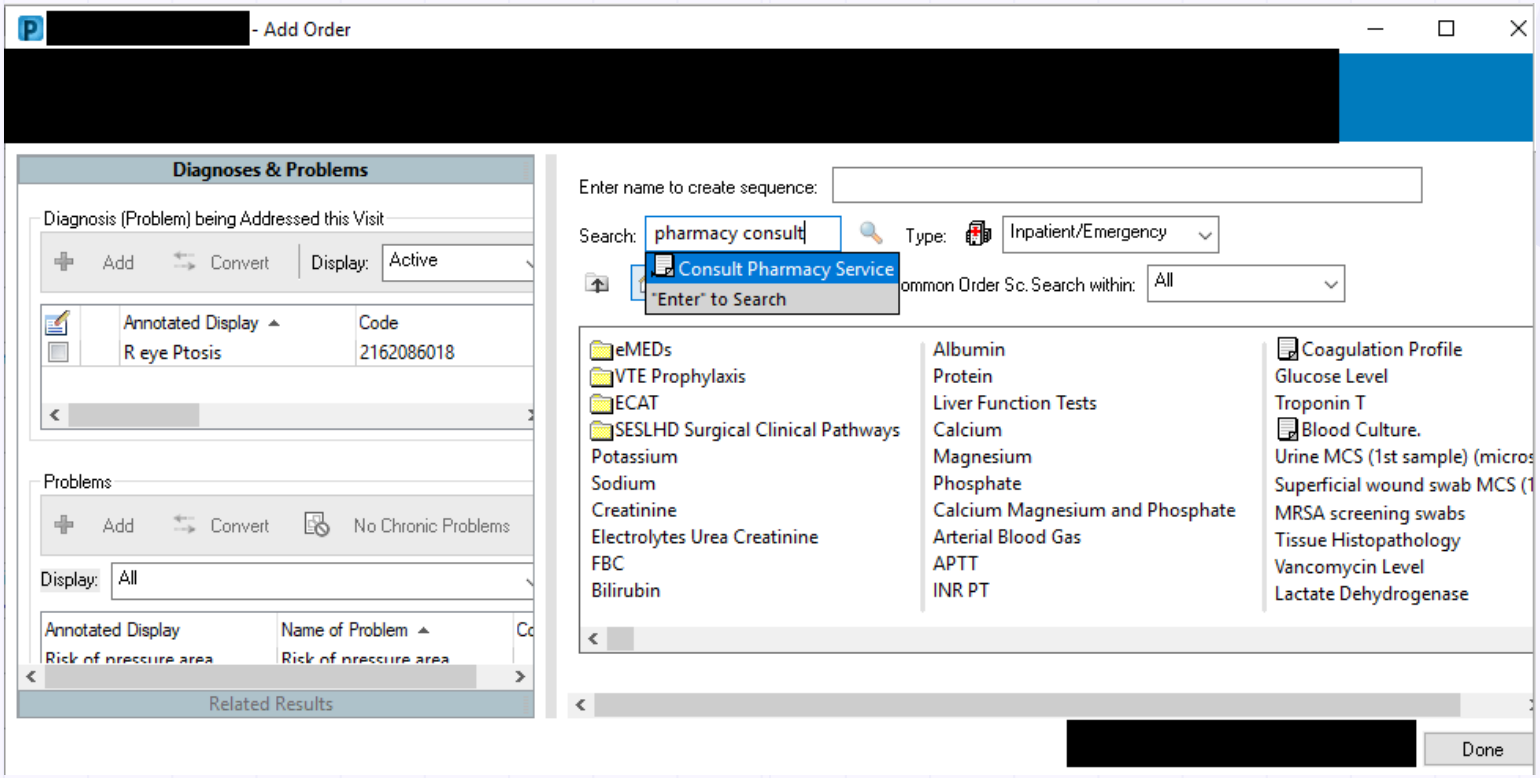
Patient Risk Factors	Medication Risk Factors
3 or more chronic comorbidities	High-Risk Medicine Groups:
Acute confusion/delirium	**A**nti-infectives
Acute Kidney Injury or CKD with eGFR<30mL/min/1.73m2	**P**otassium and electrolytes
Atrial Fibrillation	**I**nsulin
Epilepsy	**N**arcotics (opioids and sedatives)
Liver dysfunction	**C**hemotherapeutic agents
Parkinsons Disease	**H**eparin and other anticoagulants
Pregnant/Breastfeeding	Cannabis products
Swallowing Difficulties	Clozapine
Transplant	Lithium
	Methotrexate or other immunosuppressants
	Opioid Treatment Program

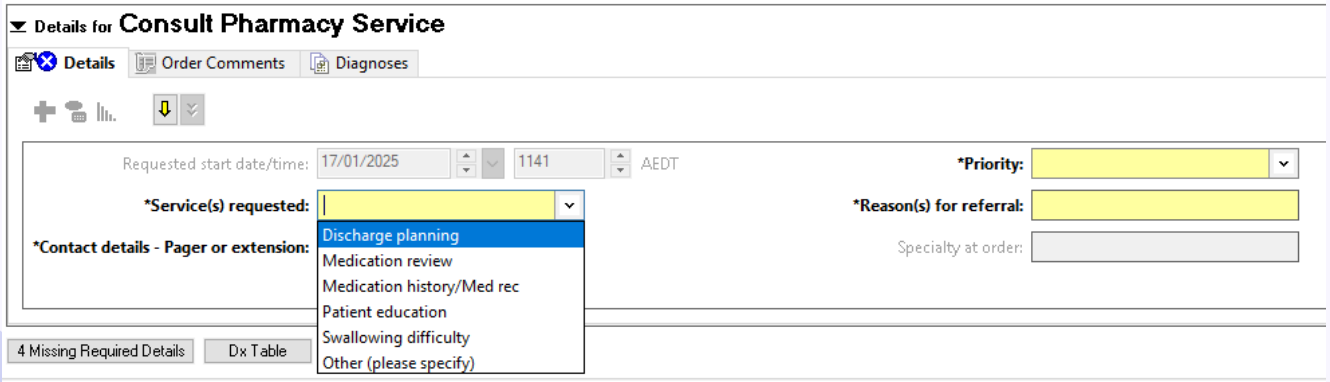
Business Hours (Monday to Friday, 08:30 to 17:00 hrs)

Consults will be completed within 24 hours, or the referrer will be contacted.
If URGENT review required, **please page the relevant ward/specialty Pharmacist in addition** to completing the referral.

Saturday, Sunday and Public Holidays

Consults will be completed within 24 hours on Saturday and Sunday, or the referrer will be contacted.
If URGENT review required, **please page the Medication Management Team Pharmacist on 40963 in addition** to completing the referral.

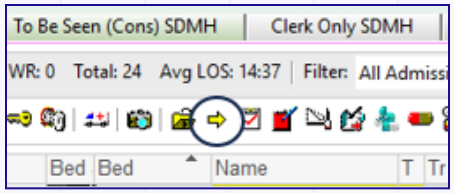

[redacted] - Add Order
Diagnoses & Problems
Diagnosis (Problem) being Addressed this Visit
Add
Convert
Display: Active
Annotated Display
Code
R eye Ptosis
2162086018
Problems
Add
Convert
No Chronic Problems
Display: All
Annotated Display
Name of Problem
Risk of pressure area
Risk of pressure area
Related Results
Enter name to create sequence:
Search: pharmacy consult
Type: Inpatient/Emergency
Consult Pharmacy Service
"Enter" to Search
ommon Order Sc. Search within: All
eMEDs
VTE Prophylaxis
ECAT
SESLHD Surgical Clinical Pathways
Potassium
Sodium
Creatinine
Electrolytes Urea Creatinine
FBC
Bilirubin
Albumin
Protein
Liver Function Tests
Calcium
Magnesium
Phosphate
Calcium Magnesium and Phosphate
Arterial Blood Gas
APTT
INR PT
Coagulation Profile
Glucose Level
Troponin T
Blood Culture.
Urine MCS (1st sample) (micros
Superficial wound swab MCS (1
MRSA screening swabs
Tissue Histopathology
Vancomycin Level
Lactate Dehydrogenase
[redacted]
Done


Details for Consult Pharmacy Service
Details
Order Comments
Diagnoses
Requested start date/time: 17/01/2025 1141 AEDT
*Priority:
*Service(s) requested:
*Reason(s) for referral:
*Contact details - Pager or extension:
Specialty at order:
Discharge planning
Medication review
Medication history/Med rec
Patient education
Swallowing difficulty
Other (please specify)
4 Missing Required Details
Dx Table

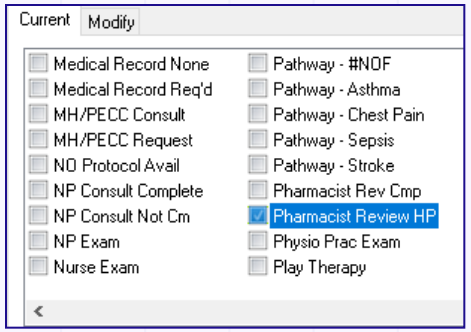
Ordering a pharmacy consult on FirstNet (in ED)

From the FirstNet Whiteboard click on the patient you want to refer then…

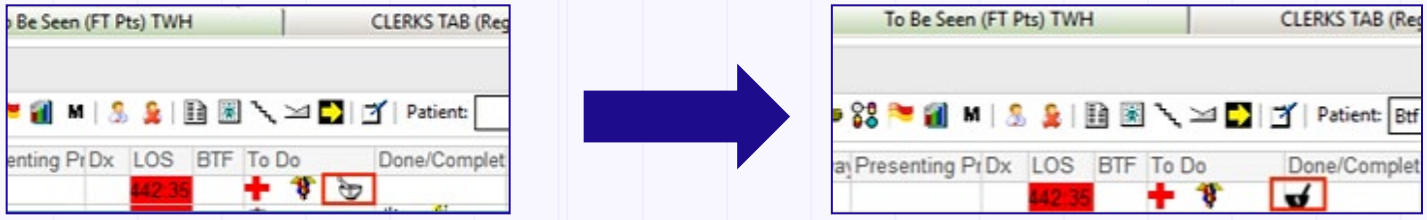
- Click on the Set Event icon (yellow arrow)



- A pop up box opens → tick the box for Pharmacist Review HP then click OK



- A Pharmacist Review HP icon (mortar & pestle) appears in the 'To Do' column. Once the pharmacist has completed their review, they will complete the referral and it will move to the Done/Complete column:



POWH Pharmacy Department

- Pharmacy Department is located on Level 2, Clinical Sciences Building (near the High St entrance, between the Parkes and Dickinson Buildings)
- Main operations are Monday to Friday (Inpatients 8:30am-5pm, Outpatients 9am-4pm)

- Give discharge scripts to you pharmacist by 3pm for same day discharge on weekdays
  - If you don't know who is covering your specialty, then send the script to pharmacy
  - Preparation time varies depending on the day but can be 2 hours
  - At least 24-hours notice required for patients on Webster packs as we need to liaise with their regular community pharmacy to update their pack
  - At least 24-hours notice required for patients discharging on antibiotic infusors
  - If patient is discharging over the weekend, try to have discharge meds organised during the week

- Weekend service
  - Dispensary (inpatient supply and urgent discharge supply) – Saturday only
  - Clinical cover in ED – Saturday and Sunday

- If your regular pharmacist is on leave, there will be another pharmacist relieving and they will be carrying the same pager
- On-call pharmacist available after hours 5pm-8:30am

- When you start your rotation, get to know your specialty/ward pharmacist
  - Decide on preferred method of communication
  - Spend some time going through any specialty/unit specific information with them

Thanks

If any questions, please email me:
ian.fong@health.nsw.gov.au

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