

One Stop Service

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AIMS

Improve your knowledge and understanding of:

- The roles of the pharmacy team
- One stop dispensing
- Patient safety
- The discharge process
- New NMC guidelines



Roles

- Pharmacists check drug histories and clinically check prescription charts to ensure the drugs are safe, appropriate and cost effective for the individual.
- Medicine management technicians (MMTs) will check the drug history and assess the medications patients have brought in from home. Finally when necessary they order any medication necessary including 'one stop'.

What is one stop medication?

- Patients are dispensed a sufficient amount of medication for both their inpatient stay and for at least 7 days/14 days after discharge.
- The containers will have the patients name, tablet dose, directions and warnings printed on them.
- Not all medication will be supplied as 'One Stop' e.g. controlled drugs and some analgesia.

- If at any stage of their stay doses have changed then the medicines must be relabelled. The pharmacist or MMT may be able to do this on the ward or back in pharmacy.



Example of one stop medication dispensed from pharmacy

Annotations on drug chart

- **S:** Stock medication to be used
- **POD** **17** **28/7:** 17 patients own drugs on the 28th July
- **OSD** **28** **28/07:** 28 one stop dispensed tablets with name, directions etc ready for use at discharge
- **N/S** **8** **28/07:** 8 tablets dispensed in a box labelled 'do not send home with patient'. These tablets will either be for short term use or patient has more at home and we will not supply 28 days one stop.
- **Plenty at home:** Use stock, non stock (N/S) PODs medication whilst in hospital. On discharge you will not need to supply these as one stop, patient can take home their own medication and use any they have at home.(Unless medications have been modified.)

Patients own drugs (PODs)

- Patients own drugs can be checked by both nurses and pharmacy for safe re usage.
- If there are less than 7 days supply then the MMT will order one stop supply. However if patient has plenty at home then the drug chart will be endorsed with 'plenty at home' and stock or non stock will be used during the inpatient stay (one stop will not be ordered).
- PODs that are classed as controlled drugs will need to be recorded in the POD CD book in the correct manner and stored in the CD cupboard. Place the white sticker on the drug chart which informs staff that POD CDs are in use.

- Remember never administer any tablets including one stop, from the box directions. Always follow the prescription chart.
- Dossette boxes: Only administer medication from these if it is from a chemist and the medication labels are on the back. The hospital doctor must have prescribed the same tablets and doses. Nurses must be sure that they can identify the tablets from the chemists description. If unsure then do not use them.



Example of patients own

Ward TTO Packs

- At discharge nurses can use their ward TTO packs.
- Remember to get a 2nd nurse to check the TTO pack and to sign the register.
- Document on the infoflex that a TTO pack has been used.
- Some packs may be P packs and therefore do not have to be labelled E.G. paracetamol.

Advantages of using patient own drugs

- Prevents hoarding of tablets at home
- Reduces clinical risk by not having duplicate tablets and the patient being familiar with their tablets
- Helps doctors and pharmacists with the drug history
- Spots any compliance issues e.g. patients bring in multiple packets, wrong strip in wrong box
- Cost saving implications
- Helps to prevent missed doses

Drugs that are not supplied as one stop

- Nebules- use ward stock
- CDs
- On some wards analgesics and laxatives are used from stock until discharge
- Reducing doses eg steroids, chlordiazepoxide
- Certain antibiotics
- Enteral feeds

Patient Safety

- One stop medication is to be kept locked in the bedside locker. It is a nurses responsibility to keep medications locked away for patient safety.
- Patients must not keep hold of their own tablets, the exceptions are listed in the drug chart under code 6

Issuing TTOs

- The infoflex TTO must correspond to the prescription chart. Once the TTO has been checked for transcribing accuracy, the labels on the medication box must correspond to the TTO



Would you supply this?

SEND COPY TO PHARMACY WITH DRUG CHART TO ORDER TTOs

Patient

TEST LABEL
TEST LABEL FOR
CHELTENHAM GENERAL HOSPITAL
PAS SYSTEM
AA00 OAA
123456 789

Hosp No: EGT000000
NHS No: 000000000
DoB: 01/01/1901
Sex: M
Weight:

Date Adm: 04/07/2013
Date Disch:

Practice: UNKNOWN GP PRACTICE, THIS IS AN UNKNOWN GP, OF WHICH THE SYSTEM HAS, NO RECORD, ZZ99 3WZ.

Mode of Discharge:

Prescribed Drugs

Medication	Dose	Freq	Route	Any other Directions	Advice to cont	New Mod Pre	Days supply*	Supply
Aspirin	75mg	once daily	orally		y		28	P O W H D
lisinopril	5mg	once daily	orally		y		28	P O W H D
Atenolol	100mg	once daily	orally		y		28	P O W H D
Simvastatin	40mg	once daily	orally		y		28	P O W H D
Paracetamol	1gram	four times daily	orally		y		28	P O W H D

N- New, M -modified, P -Pre-existing medication

Supply P = Patient's Own Drug O = OSD (supplied for bedside locker) W = supplied from Ward
H = More at home D = Dispensed from Pharmacy

MEDICINE	APPROVED NAME PLEASE PRINT	N	M	P	06.00	08.00	14.00	18.00	22.00
Lisinopril	5								
Atenolol	100								
Aspirin	75								
Simvastatin	40								
Paracetamol	1								

Checklist for medication box

- Patient name
- Drug name
- Dose
- Frequency
- Cautions (if appropriate)
- Quantity: Sufficient to enable patient to get a new GP prescription or repeat prescription



- Patients can be discharged with less than 7 days medication if they have been taking it prior to admission and have a supply them at home. However any new medication/modified will need a 14 day supply so the GP can arrange a repeat. The labels must be checked against the infoflex TTO.



Would you discharge a patient with this box?

Advantages of Nurse Led Discharge

- Quicker discharge process for the patient due to one stop
- Reduces length of stay
- Reduces risk of hospital infections
- More time spent on discharge reduces the risk of error

Discharge Process

- There is already a lot for nurses to do but spending a few extra minutes talking through the TTOs (what, when and how to take the medication and side effects) will benefit the patient and is part of professional accountability.
- It will give the patient an excellent standard of care at the end of their stay and ensure a safe discharge –it may mean they don't bounce back!



- Getting a patient home safely and quickly can send the patient away happy and improve your job satisfaction
- Help with professional development as it will increase your drug knowledge through counselling patients about their medication. This will in turn help with your drug round knowledge. **The NMC states nurses must know the therapeutic uses of medicines, normal dosage, side effects, precautions and contra-indications.**



How nurses can help pharmacy

- Please look at the TTOs before you send them to pharmacy, in many situations you may not need to send it down
- Please circle D on the infoflex if medicine is required from pharmacy.
- If your patient is going to the discharge lounge and waiting for their TTOs ensure that it is documented in the destination part of the drug chart.
- Please send down all 3 copies of the TTO to pharmacy if medicines are required
- Please remember that you have TTO ward packs available to use on the ward.

Protect your pin.....

- NMC have published standards for medicines management which is essential for all nurses to read.
- NMC states that if medication has been stopped during admission and not restarted on discharge the patient must be informed.