

GATE PASS, DISCHARGE & OUTPATIENT MEDICATIONS MANAGEMENT PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- This guideline outlines principles and processes which should be followed to ensure safe, accurate and timely management of gate pass, discharge and outpatient medications within SCHN. Key topics covered include:
 - Discharge Medications
 - Pharmaceutical Benefits Scheme (PBS) Prescriptions
 - Gate Pass Medication Management
 - Outpatient Medications
- For SCH Randwick please see [SCH documentation processes](#)

READ ACKNOWLEDGEMENT

- All staff involved in the provision of medications within SCHN are to read and acknowledge this document, including:
 - Medical Officers
 - Nursing
 - Nurse Practitioners
 - Pharmacists

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st March 2019	Review Period: 3 years
Team Leader:	Nurse Manager	Area/Dept: Children's Cancer Centre

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Background

Safe, accurate and timely management of medications at the point of discharge from hospital is important to ensure continuation or completion of appropriate therapy, where required, and to support efficiency in the discharge process. Inpatients who are allowed to leave the hospital temporarily on a gate pass arrangement may require medicines to be administered outside of the hospital by a parent, carer or themselves. Some patients may also require ongoing supply of medications from the outpatient pharmacy service of the hospital when these medicines cannot be obtained from a community pharmacy.

For areas where Electronic Medication Management (eMM) is in place using PowerChart®, specific concepts will be outlined under the subheading '**When using eMM**'.

Discharge Medications

Discharge Reconciliation

- At the time of discharge, the patient's medications should be reviewed by the medical officer as part of the patient's general review prior to leaving the hospital.
- All medications prescribed for a patient at discharge should be included in the discharge summary, whether or not it is to be supplied by the hospital pharmacy. This is in addition to any other medications that the patient will be taking beyond the episode of care at the hospital.
- Care should be taken to amend the discharge summary if a late change is made to discharge medications or if a pharmacy-initiated modification to the prescription has been necessary.

When using eMM:

- The Discharge Reconciliation tool should be used to review and document the medications that the patient will be taking upon discharge from hospital, including any changes to medication regimens. This tool can also be used to generate discharge prescriptions from inpatient orders and will generate a list of medicines being taken upon discharge in the Electronic Medical Record (eMR) Discharge Summary.
- Changes to discharge medications or the patient's medication regimen should be documented in Discharge Reconciliation. The medications section of the eMR Discharge Summary should be refreshed and updated once the amended discharge reconciliation has been signed.

Refer to eMM Quickstart: [Medication Reconciliation – Discharge](#)

Discharge Prescriptions

- Discharge medications should be ordered by an authorised prescriber using an approved prescription form.
- For new or ongoing medications where the dose has been altered, sufficient quantity up to a 7-day supply can be prescribed for supply by the hospital pharmacy on discharge. Generally, a 3-day supply of regular medications is recommended unless required for completion of a defined course of therapy, for example, a course of antibiotics or steroids.
 - Paracetamol and ibuprofen are **not** supplied by the hospital pharmacy on discharge. Parents/carers should be instructed to obtain these medications from a community pharmacy if required.
- Hospital discharge prescriptions (internal prescriptions) should only be dispensed by the hospital pharmacy.

Quick tips for completing a valid discharge prescription

- Ensure that the patient details are correct (and handwritten for S8 prescriptions)
- Document an accurate and most recent patient weight used for dose calculations (and BSA if applicable) and allergies/ADRs to assist with pharmacy review
- Specify the ward and expected discharge date and time (where possible)
- Clearly indicate the duration of therapy (for short courses)
- Do not use abbreviations such as 'Max. Qty', 'M.Q.' or 'M.R.'
- Sign and date the prescription and provide prescriber contact details

When using eMM:

- Discharge prescriptions for supply from the hospital pharmacy should be generated from the eMR for **non-PBS prescribing only**. See Figure 1 for an example of a prescription generated from the eMR.
- A handwritten signature of the prescriber is required on the printed prescription.
- Prescriptions generated in the eMR are only approved for dispensing by the pharmacy of the hospital at which the prescription was issued.

Prescriptions generated in the eMR are **not** electronically transmitted to the hospital pharmacy for dispensing. The signed, printed prescription must be faxed or sent otherwise to the hospital pharmacy to be dispensed.

- Modification of any core prescription details (medication, dose, route, frequency, quantity, repeats) on printed computer-generated prescriptions from the eMR is not permitted. Prescribers must cancel and reorder a prescription in the eMR, re-send the new prescription pharmacy and destroy the old prescription.

Refer to eMM Quickstart: [Prescriptions](#)

The Children's Hospital at Westmead Cnr Hawkesbury Rd & Hainsworth Street Westmead NSW 2145		Name:	
Hospital Phone: (02) 9845-0000		Address:	MRN:
			
Medicare Number: 0000000000	DOB: 12/05/2010	Age: 7 years	Sex: Male
Concession/DVA Number:	Weight: 27kg	Height: 90cm	BSA: 0.82m2
Entitlement Number: _____	Pregnancy Status: Not recorded		Breastfeeding Status: Not recorded
	Unit/Consult: Adolescent Medicine		Fin Class: Comp Other Non Acute
	Ward/Clinic: Clancy Ward		Enc Type: DISCHARGE

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

ALLERGIES: No known allergies				
Prescribing Details	Qty	Rpts	Approval Number	Pharmacist Use Only
amlodipine (amlodipine 10 mg oral tablet) 1 tab(s) Oral daily Comment: Target Dose: amlodipine 10 mg oral tablet 0.4 mg/kg (Actual Dose: 0.3571 mg/kg) 14/07/2017 14:26:03 Prescription ID: CHW-142787693	7 tab(s)	0		

1 items ***** Page: 1 of 1 *****

Prescriber Name: _____ Date: 20/07/2017
 Prescriber #: _____ Signature: _____ Pager #: _____ Clinic Unit: _____
 Dispensed by: _____ Pharmacy Note: _____ Medication List 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
 Issued in accordance with clause 35 of the Poisons and Therapeutics Goods Regulation, 2008
 Printed by _____, Date and time: 20/07/2017 08:00

Patient / Pharmacist Copy

Figure 1. Example of a prescription generated from the eMR (at CHW) – requires handwritten signature.

Schedule 8 (S8) Prescription Requirements

Note: Schedule 8 medications currently require different prescriptions at each hospital.

Sydney Children's Hospital: Use approved paper prescription form (Figure 6)

The Children's Hospital at Westmead: Use the eMR to generate a printed prescription (Figures 1 and 2)

- Pre-printed 'addressograph' labels **cannot** be used for S8 prescriptions.
- Each S8 medication must be written on an individual prescription. Prescriptions for S8 medications must not include any other orders e.g. regular medications or another form or strength of the same S8 medication.

Each S8 prescription must include (in addition to regular prescription requirements):

- The patient's name and address handwritten by the prescriber (unless the prescription is computer-generated)
- The quantity of medication product in both figures and words
 e.g. *20 (twenty) 5 mg tablets*
20 mL (twenty millilitres) of 1 mg/mL oral liquid
- The interval (typically in number of days) for repeat dispensing (if applicable)

When using eMM:

Computer-generated S8 prescriptions (at CHW only) from the eMR will contain designated boxes on the printed prescription to write the required handwritten information (Figure 2).

ALLERGIES: No known allergies						
Prescribing Details			Qty	Rpts	Approval Number	Pharmacist Use Only
fentanyl (fentanyl 25 mcg/hr transdermal modified release patch) 1 patch(es) Topical every 72 hours Prescription ID: CHW-142787777			1 patch(es)	0		
Medication name <i>fentanyl</i>		Strength <i>25 microg/hr patch</i>				
Dosing Instructions <i>Apply ONE patch to clean skin every 72 hours (every 3 days). Remove old patch, rotate application site.</i>						
Qty (Figures) <i>1 patch</i>	Qty (Words) <i>ONE patch</i>	Repeats <i>NIL</i>	Repeat Interval <i>-</i>			
To comply with NSW legislative requirements, all prescription details for Drugs of Dependence must be handwritten, with quantity specified in words and figures.						

Figure 2. Section of CHW computer-generated prescription for handwriting S8 prescription details.

Refer to NSW Health Policy Directive [Medication Handling in NSW Public Health Facilities](#) for more information.

Obtaining Discharge Medications

- Discharge medications dispensed by the hospital pharmacy should be collected by the parent or carer during business hours of the pharmacy:
 - **Sydney Children's Hospital**
 - Mon, Tues, Wed, Fri - 09:00 – 16:30
 - Thursday - 09:30 – 16:30
 - Sat-Sun – no service
 - Note that SCH Pharmacy is closed from 13:00-14:00 daily during the week
 - **The Children's Hospital at Westmead**
 - Mon-Fri 09:00 – 20:00
 - Sat-Sun 09:00 – 12:00
 - **Public Holidays** – Check distributed pharmacy opening hours
- If the prescription was faxed (or transmitted otherwise), the person collecting the discharge medication from the hospital pharmacy must present the original, unaltered prescription to the pharmacy to be able to collect the medication.
- Collection of Schedule 8 discharge medications (e.g. oxycodone) requires a signature by a parent or carer upon collection from the hospital pharmacy.

Costs

- For medication supply quantities of up to a 7-day supply, discharge medications are provided free of charge.
- For medication supply quantities exceeding a 7-day supply, the hospital pharmacy will charge the equivalent of the current PBS co-payment for each 1-month supply of medication prescribed.
 - The current co-payment charge is available on the [PBS Information](#) website (this is updated on 1st January of each year).

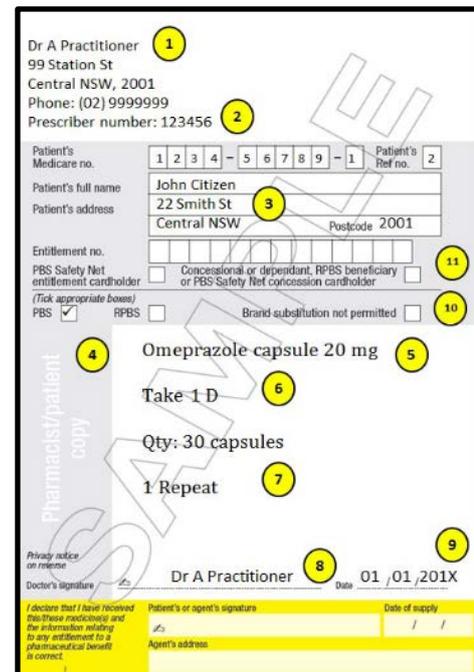
Ongoing Medication Supply

- Ongoing supply of medications available on the PBS should be obtained from a community pharmacy with a valid PBS prescription.
- Non-PBS medications including products manufactured by the hospital pharmacy (e.g. oral liquid formulations) and Special Access Scheme (SAS) medications may be obtained from the hospital pharmacy outpatient service where use is concordant with the hospital formulary – see section 'Outpatient Prescriptions' on p.12 of this document.
- Ongoing supply of medications available without prescription should be obtained from a community pharmacy.

PBS Prescription Requirements

When a prescription is required to be dispensed by a community pharmacy under the PBS, for eligible patients, prescribers must use a PBS prescription form and ensure prescriptions meet the requirements of a PBS prescription (Figure 3), including:

1. Prescriber's name and practice address
2. Prescriber number
3. Patient's name and address
4. Specify the PBS category relevant to your patient (i.e. PBS)
5. Name, strength and form of medicine
6. Dose or instructions for use
7. Quantity and number of repeats, no abbreviations
8. Prescriber's signature
9. Date prescription is written – *forward or back dating is not permitted*
10. If appropriate, tick 'Brand substitution not permitted' box
11. Medicare and concession card numbers



Dr A Practitioner (1)
 99 Station St
 Central NSW, 2001
 Phone: (02) 99999999
 Prescriber number: 123456 (2)

Patient's Medicare no. 1 2 3 4 - 5 6 7 8 9 - 1 Patient's Ref no. 2
 Patient's full name John Citizen
 Patient's address 22 Smith St (3)
 Central NSW Postcode 2001

Entitlement no.
 PBS Safety Net entitlement cardholder
 Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder (11)

(Tick appropriate boxes)
 PBS
 RPBS
 Brand substitution not permitted (10)

Omeprazole capsule 20 mg (5)
 Take 1 D (6)
 Qty: 30 capsules
 1 Repeat (7)

Privacy notice on reverse
 Doctor's signature Dr A Practitioner (8) Date 01 / 01 / 201X (9)

I declare that I have received the above medicine and the information relating to my entitlement to a pharmaceutical benefit is correct.
 Patient's or agent's signature _____ Date of supply ____ / ____ / ____
 Agent's address _____

Figure 3. PBS Prescription

A maximum of 3 items from the 'unrestricted' or 'restricted' PBS schedule may be written on each prescription.

If the maximum PBS quantity is insufficient to provide one month of therapy, or repeats are insufficient for 6 months due to higher than normal dose, the prescriber may apply for a PBS Authority by phone (Department of Human Services Authority Applications: 1800 888 333) – see below section on *Authority PBS Prescription Requirements*.

Authority PBS Prescription Requirements

Each PBS item requiring an Authority must be written on a PBS Authority Prescription form, with only one item per form. This is issued by the Department of Human Services to authorised prescribers.

In order to be processed, a PBS Authority Prescription requires, in addition to the standard PBS Prescription (Figure 4):

12. Authority prescription number – this is used by the pharmacy as a reference when dispensing an approved PBS authority prescription and any repeats from that prescription. You will be required to quote the authority prescription number when applying for telephone approvals.
13. Authority approval number – this is the approval number given by the PBS and is essential for 'Authority required' PBS medicines. For 'Authority required (STREAMLINED)' medicines, write the 4-digit streamlined authority code from the PBS Schedule.

If authority is granted via telephone, the prescriber must notify the PBS if the medication is ceased. A single patient cannot have multiple telephone authorities for the same product at any one time.

PBS/RPBS authority prescription
Not valid unless authorised by delegate 23758031

Dr A Practitioner
99 Station St
Central NSW, 2001
Phone: (02) 9999999
Prescriber number: 123456

Patient's Medicare no. 1 2 3 4 - 5 6 7 8 9 - 1 Patient's Ref no. 2

Patient's full name John Citizen
Patient's address 22 Smith St
Central NSW Postcode 2001

Tick for return to patient

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
Medicine/DNA code: 1234

Prescriber's signature: Dr A Practitioner Date: 01 / 01 / 201X
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 2000, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. The information is required to provide 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 www.humanservices.gov.au/privacy or by requesting a copy from the department.

Figure 4. PBS Authority Prescription.

For more information on PBS prescribing, see the [Pharmaceutical Benefits Scheme](http://www.humanservices.gov.au/medicines) website.

Discharge Medication Education

It is important that parents/carers, and where appropriate, patients, are provided with adequate information to ensure safe and effective administration and management of discharge medications once they have left the hospital. This is particularly important where complex medication regimens are commenced or altered in hospital. Key examples include, but are not limited to:

- Immunosuppression for various indications (e.g. post-transplant, autoimmune disorders)
- Outpatient chemotherapy regimens and supportive care for oncology patients
- Weaning or tapering regimens of medications (e.g. antiepileptics, corticosteroids)

Typically, a ward pharmacist will provide discharge medication education for patients where it is considered appropriate. For patients being discharged with complex medication regimens in areas without a dedicated clinical pharmacy service, it is important that pharmacy is engaged to ensure patients/carers receive adequate medication education to confidently and safely administer these medicines after discharge.

Strategies that can be used to support discharge medication education:

- Medication list clearly outlining the medication regimen and administration times – typically prepared by a pharmacist
- Involvement of the patient or parent/carer in medication administration during the admission under the supervision of nursing, where appropriate

Gate Pass Medications

When inpatients are allowed to leave the hospital temporarily on a gate pass arrangement, it is important that medication administration is continued by the parent or carer where required. Gate pass medications **must** be dispensed for the individual patient by the hospital pharmacy to ensure that medications are packaged appropriately and labelled with adequate instructions for safe use.

Medications on ward imprest or individually dispensed patient supply on the ward (not labelled with adequate instructions for use) **must not** be supplied for use outside of the hospital.

Gate Pass Prescriptions

If any medications are required to be administered to a patient during gate pass:

- A prescription must be written by a medical officer or authorised nurse practitioner for the medication(s) required and sent to the hospital pharmacy to be dispensed, prior to the patient being allowed to leave on gate pass.
- The prescription should specify the same details as a regular discharge prescription as well as the following details:
 - Specify that the medications are for gate pass
 - Duration of gate pass – ensures sufficient supply of medication is dispensed

- Estimated time of gate pass commencing
- Gate pass medications should be collected from the hospital pharmacy by a parent or carer with the original copy of the signed prescription.
 - Where a parent/carer is unable to collect the medication, a registered nurse or medical officer may collect the medication from the hospital pharmacy with the original copy of the signed prescription. At SCH, a Patient Services Assistant (PSA) is permitted to collect non-S8 medications only.

Refer to eMM Quickstart: [Gate Pass Prescriptions](#).

Documenting doses during gate pass

While a patient is absent from the ward on gate pass, doses that are scheduled to be given during that time should be appropriately documented on the medication chart or electronic medication administration record as described below.

National Inpatient Medication Chart (NIMC)

On the administration section of the medication order, the dose(s) scheduled to be given should be marked with 'L' as shown in Figure 5 below, to indicate that the patient was on gate pass when the particular dose was due.

Date	Medicine (print generic name)		<input type="checkbox"/> Tick if slow release						
20/7	CEPHALEXIN								
Route	Dose	Frequency and NOW enter times		0600	AB				
PO	450mg	QID		1200	(L)				
Pharmacy/additional information				1800	(L)				
Indication		Dose calculation (eg. mg/kg per dose)		2200					
UTI Treatment		15 mg/kg/dose							
Prescriber signature	Print your name	Contact/pager							
AD	A. Doctor	1234							

Figure 5. Example of a medication order on the NIMC with doses scheduled during gate pass.

Electronic Medication Administration Record (MAR)

Medication orders can remain active in the eMR while the patient is on gate pass. The scheduled doses on the MAR for the gate pass period should be marked as 'Not Done', with a reason of 'Patient on gate leave'.

When a patient returns to the ward following a period of gate pass, it is important to verify the time of the last dose(s) given by the parent/carer (or patient where appropriate) to ensure that the next scheduled administration for each medication is at an appropriate time on the medication chart or medication administration record.

Outpatient Medications

SCHN has many specialty outpatient clinics. Medications for outpatients seen in these clinics may be dispensed by the hospital pharmacy (with a valid prescription) if use is concordant with the hospital formulary and the medication is:

- Not available on the PBS (or the patient is ineligible to access the medication(s) through the PBS)
- Not available through community pharmacies e.g. compounded formulations

Outpatient medications are supplied in accordance with NSW Health PD2012_068: [Outpatient Pharmaceutical Arrangements and Safety Net Arrangements](#).

Refer to eMM Quickstart: [Prescriptions](#)

Outpatient prescribing guidance for each hospital

Sydney Children's Hospital

Supply quantity: Up to 28 days

Repeats: Up to 5

Prescribe using: Approved SCH Outpatient Prescription Form (Figure 6)

The Children's Hospital at Westmead

Supply quantity: Up to 28 days

Repeats: Up to 2

Prescribe using: eMR – Printed prescription must be signed and sent to pharmacy (Figure 1)

Costs

The hospital pharmacy will charge the equivalent of the current PBS co-payment for each 1-month supply of medication dispensed.

- The current co-payment charge is available on the [PBS Information](#) website (this is updated on 1st January of each year).

Special Access Scheme & Non-Formulary Medications

- Additional documentation may be required by the pharmacy to dispense an outpatient prescription, including (but not limited to):

- Special Access Scheme (SAS) approval letter or completed application for medicines not registered in Australia and obtained via the SAS.

For more information and access to SAS application forms, refer to: [Australian Therapeutic Goods Administration – Special Access Scheme](#)

- Approval of Individual Patient Use (IPU) by the relevant Drug and Therapeutics Committee (CHW, SCH or SCHN) for non-formulary medications.

PRESCRIPTION *ONLY valid for supply to hospital patients at this Hospital Pharmacy 89225

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

FAMILY NAME _____ GIVEN NAME(S) _____

ADDRESS _____

DATE OF BIRTH ____ / ____ / ____ MALE / FEMALE WEIGHT _____ WARD/CLINIC _____

ALLERGY/ADR _____ Pregnant / Breast Feeding / NA

Patient's Medicare number _____ Pharmaceutical benefits entitlement or DVA number _____
 Safety Net entitlement card holder Concessional or dependant, 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)

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

Name of Prescriber (PRINT) _____ Prescriber Number _____

Designation _____ Page / Contact Number _____

Signature of Prescriber _____ Date ____ / ____ / ____

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

Figure 6. Approved outpatient prescription form in use at SCH.

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