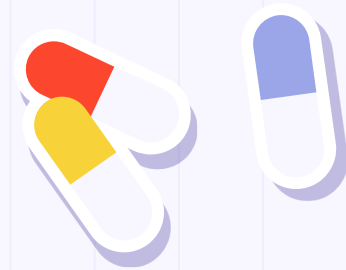


Prescribing and Pharmacy

POWH RMO and Registrar
Orientation 2024

Ian Fong (Lead Pharmacist, Education and Training)



Outline

01

Prescribing

02

**Medication
Reconciliation**

03

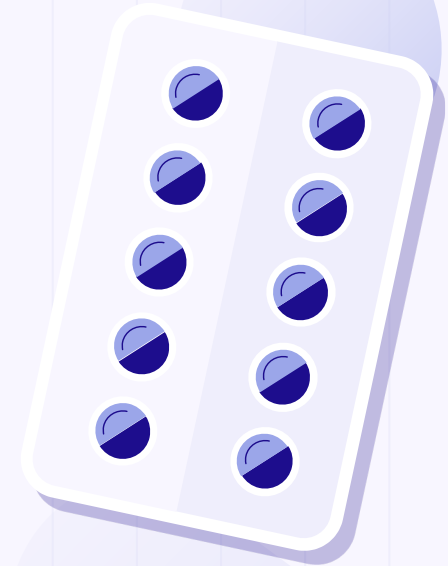
**Discharges
Prescriptions**

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

Paper

- POV2 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 (e.g. in clinics or for S100 drugs)
- Paper charts in some clinical areas (e.g. operating theatres)
- Paper charts for some specific medications (e.g. IV heparin, IV insulin, PCA, TPN)

We will go more into the ‘**how**’ later...



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

Royal Hospital for Women
Dunedin St, Dunedin Ph: 0303 8111
(Prescriber Number: 00700762)

Prince of Wales Hospital and
Community Health Services
Dunedin St, Dunedin Ph: 0303 2222
(Prescriber Number: 00700905)

Sydney Children's Hospital
High St, Dunedin Ph: 0303 1111
(Prescriber Number: 00700902)

MRN: 12345 GIVEN NAMES: TEST
FAMILY NAME: SMITH ADDRESS: ST RANDOLPH
DATE OF BIRTH: / / MALE / FEMALE: WEIGHT: WARD/CLINIC: 1000
ALLERGI/ACR: ALL KNOWN Pregnant / Breast Feeding / NA

Patient's Medicare number: Pharmaceutical benefits entitlement or OVA number:
 Baby for carer and home Concessional or dependent child beneficiary or both the concessional and home

DETAILS MUST BE COMPLETE BEFORE MEDICINES CAN BE SUPPLIED

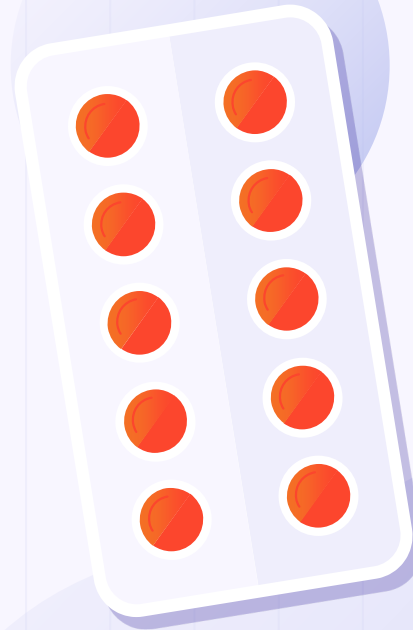
Narcotic prescriptions: Above Patient Details in Prescription Handwriting, ONE item per page, Quantity in Words AND Numbers PLEASE DELETE UNUSED LINES

| DRUG NAME & FORM (Generic & Spoc Letters) | STRENGTH | DOSE/ROUTE/ DIRECTIONS | QUANTITY | REPEATS @ 100 STRAIGHTENED | |
|--|----------|---------------------------|----------|----------------------------|---------------------------------|
| | | | | Quantity Per Day | ACTIVITY NUMBER # Prescribed |
| paralaminus | 2mg | 2mg BD | 200 | 5 | 5569 |
| paralaminus | 0.5mg | 0.5mg BD | 200 | 5 | 5569 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR DISCHARGE PRESCRIPTIONS ONLY: MEDICATION LIST REQUIRED? YES / NO Page ___ of ___
Name of Prescriber (PRINT): DOCTONE Prescriber Number: 511155
Designation: Page / Contact Number:
Signature of Prescriber: Date: 18/01/17
I hereby declare that I have issued this prescription in accordance with a direction relating to any entitlement to free or concessional pharmaceutical benefits to our town or region.
Date of supply: Patient or agent's signature: Agent's address:
80642 - 091214 BINDING MARGIN - DO NOT WRITE

What can we prescribe?

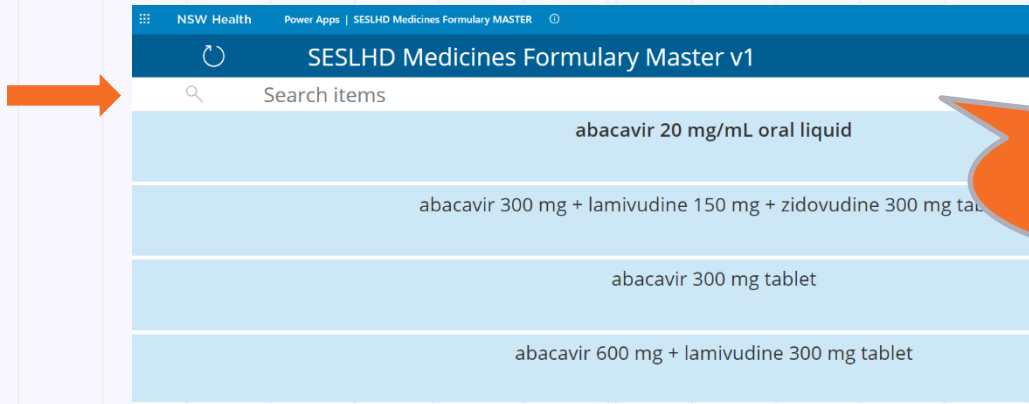
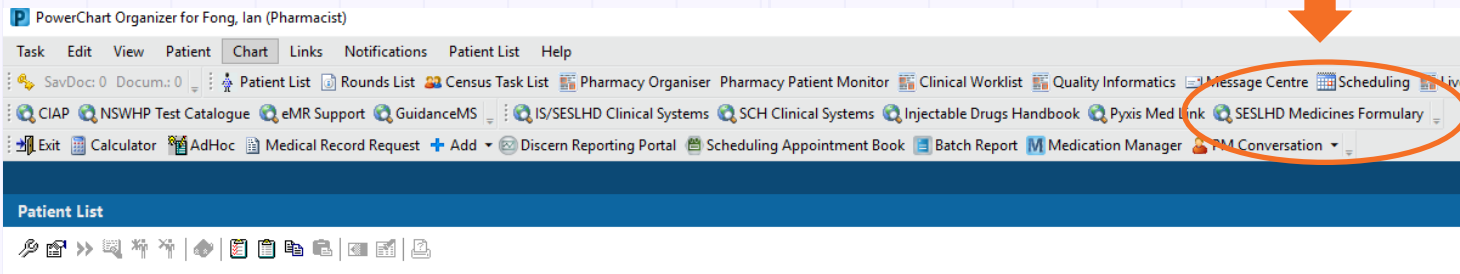
Most of a patient's home medications can and probably will be continued in hospital for continuity of care





What can we prescribe?

For new medications, we need to consider the medicines formulary



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 | |
|---|---|
|  <input type="text" value="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 | |
|---|--|
|  <input type="text" value="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) |

Medicine

tapentadol 50 mg tablet

Inpatient initiation

Approved

On the advice of an authorised prescriber as defined in SESLHDPR/587 – tapentadol in moderate to severe pain

Continuation during inpatient admission

Continue

Outpatient supply from Hospital Pharmacy

Not approved

Prescribing Protocol SESLHDPR/587 Tapentadol in Moderate to Severe Pain



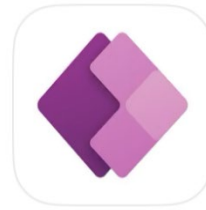
Health
South Eastern Sydney
Local Health District

TAPENTADOL IS A HIGH RISK MEDICINE

USE WITH CAUTION AND ENSURE THE DIRECTIONS WITHIN THIS PROTOCOL ARE FOLLOWED CAREFULLY

| | |
|-------------------------------|--|
| Areas where applicable | Adult inpatients in all SESLHD facilities |
| Authorised Prescribers | Any prescriber may initiate tapentadol on the recommendation of a pain specialist, anaesthetist, rehabilitation physician, geriatrician, general physician, rheumatologist, neurologist or palliative care physician. All medical officers may continue existing therapy. |

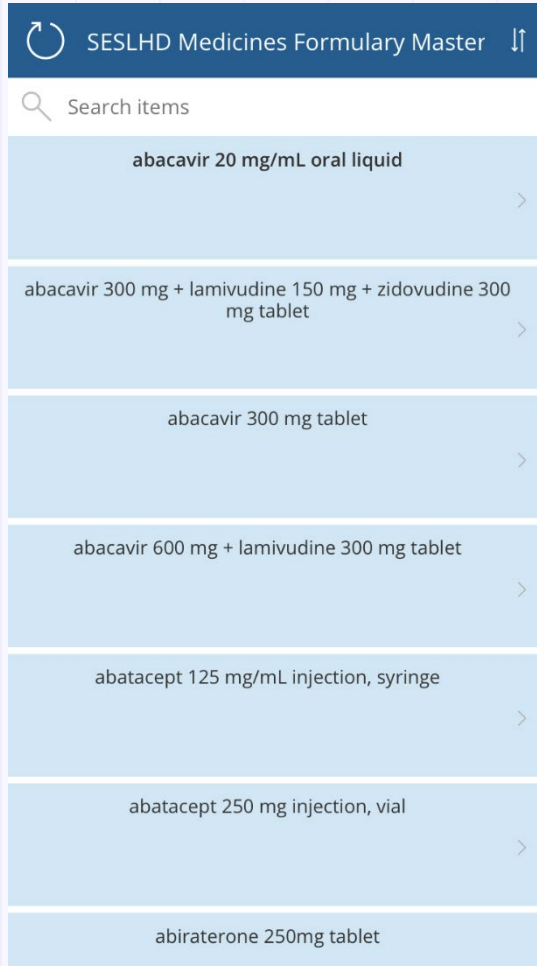
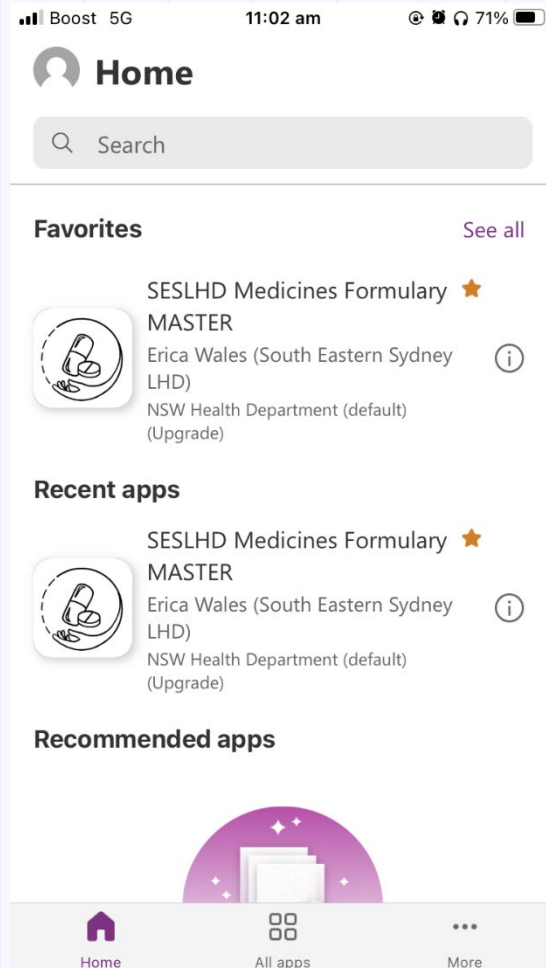
Medicines Formulary



Power Apps

Microsoft Corporation

OPEN



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 if not sure)
- Completed form
 - Signed by your Head of Department
 - Signed by your Nursing or Medical Co-director of your clinical stream
 - Send to your pharmacist **plus** SESLHD-POW-PharmacyIPUs@health.nsw.gov.au
 - **If cost > \$10,000**, then approval from Director of Clinical Services and General Manager is required
 - **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

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 | <input type="text"/> |
| Trade name | <input type="text"/> |

Special Access Scheme (SAS)

- Supply of medications not licensed by the TGA
- Must have signed 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
- Consent and SAS forms should be given to pharmacy so that it can be sent to the TGA



This form, when completed, will be classified as 'For official use only'.
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <<https://www.tga.gov.au/treatment-information-provided-tga>>.

Special Access Scheme – Category A (June 2022)

Important information

Please complete clearly, in full and sign. TYPE OR PRINT IN BLOCK LETTERS.

Medicines/biologicals: **Category A patient** means a person who is seriously ill with a condition from which death is reasonably likely to occur within a matter of months, or from which premature death is reasonably likely to occur in the absence of early treatment.

Medical devices: **Category A patient** means a person who is seriously ill with a condition that is reasonably likely to lead to the person's death within less than a year or, without early treatment, to the person's premature death.

Email completed form to SAS@health.gov.au (preferred) or fax to 02 6203 1105.

Privacy information

For general privacy information go to <<https://www.tga.gov.au/privacy>>

- The TGA is collecting personal information in this form in order to verify that the criteria for the administration of the therapeutic good(s) were met and to contact the medical practitioner and discuss the circumstances where necessary.
- The personal information of the medical practitioner may be disclosed to State and Territory authorities with responsibility for therapeutic goods or health practitioner registration.

Patient details (do not provide the patient's name – provide at least three patient identifiers)

| | | | |
|------------------|---|-----|----------------------------------|
| Patient initials | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> intersex/indeterminate/unspecified <input type="checkbox"/> | DOB | MRN (if applicable) |
| Diagnosis(es) | | | Previous SAS No. (if applicable) |
| Indication | | | |

The Special Access Scheme is available for exceptional circumstances where the prescribing health practitioner has considered appropriate treatment options included in the Australian Register of Therapeutic Goods (ARTG).

I have considered approved and available treatments for this patient

Product details

| | | | |
|---|--------------------------|---|--------------------|
| Medicine <input type="checkbox"/> Biological <input type="checkbox"/> | | Medical device | |
| Trade Name (if known) | Sponsor / Supplier | | |
| Active ingredient(s) | | Trade name | |
| Product description (including variant ¹) | | Product description (including variant ¹) | |
| Dosage form (e.g., tablet) | Strength (e.g., 1 mg/ml) | No of units to be supplied | Sponsor / Supplier |
| Route of administration (e.g., IV) | | Expected duration of treatment | |
| Dose & frequency (1 tds) | | Expected duration of treatment | |
| Expected duration of treatment | | | |

Medical Practitioner Details

| | |
|------------|------------|
| First name | Surname |
| AHPRA ID | Speciality |
| Email | |
| Fax | Phone |

Submitter details (if different)

| | |
|--|----------|
| Business or practice name | AHPRA ID |
| First name (as per AHPRA registration) | Surname |
| Health practitioner type | Fax |
| Email | Phone |



SharePoint



ipu



Preference for results in English ▾

Result type

You've seen this result before

Excel

IPU Application Form

PDF

IPU Application Form

Web page

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 ...

Word

seslhdweb.seslhd.health.nsw.gov.au/.../SESLHDF020-IPUApplicationFor...

SharePoint



sas



Preference for results in English ▾

Result type

Special Access Scheme – Category A

Excel

PO Box 100 Woden ACT 2606 ABN 40 939 406 804 Phone: 1800 020 653 Fax: 02 6203 1605 Email ... **SAS**@health.gov.au (preferred) or fax to 02 6232 8112 ... Previous **SAS** No. (if applicable ...

PDF

Web page

seslhdweb.seslhd.health.nsw.gov.au/.../special-access-scheme-catego...

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
 - Dispensing of medications for patient take-home use using paper prescription generated by eMEDS
 - Prescribing protocols (available for various drugs)
- Other useful webpages on the intranet
 - Antimicrobial stewardship
 - Haematology



- 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 Guidelines Webpage
- POWH Business Rules out for comment
- How to navigate this POWH Policy webpage Video

Document Name

Search From NSW Health Policies
 SESLHD Policies
 POWH Business Rules

(Default All):

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.

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

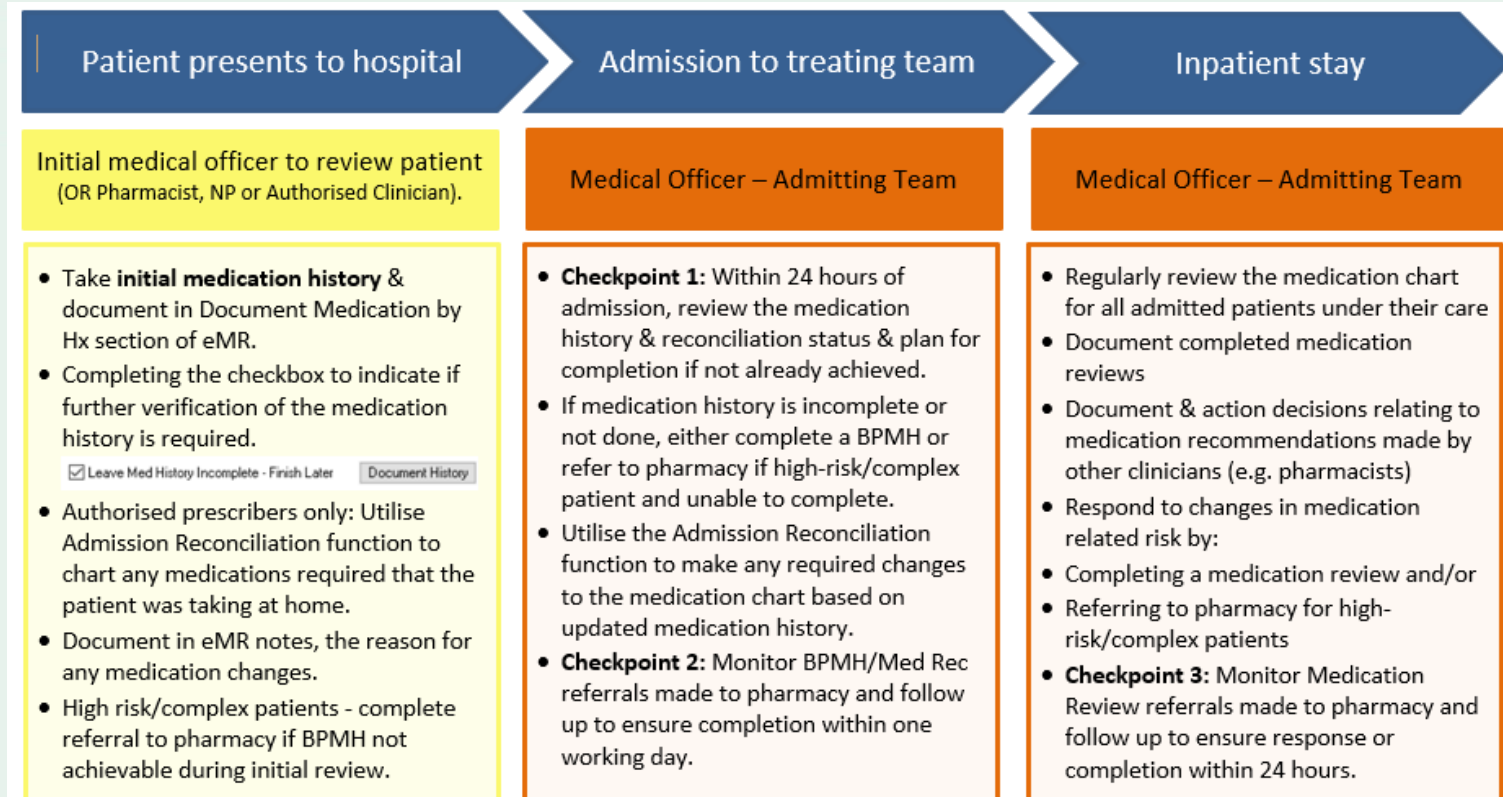




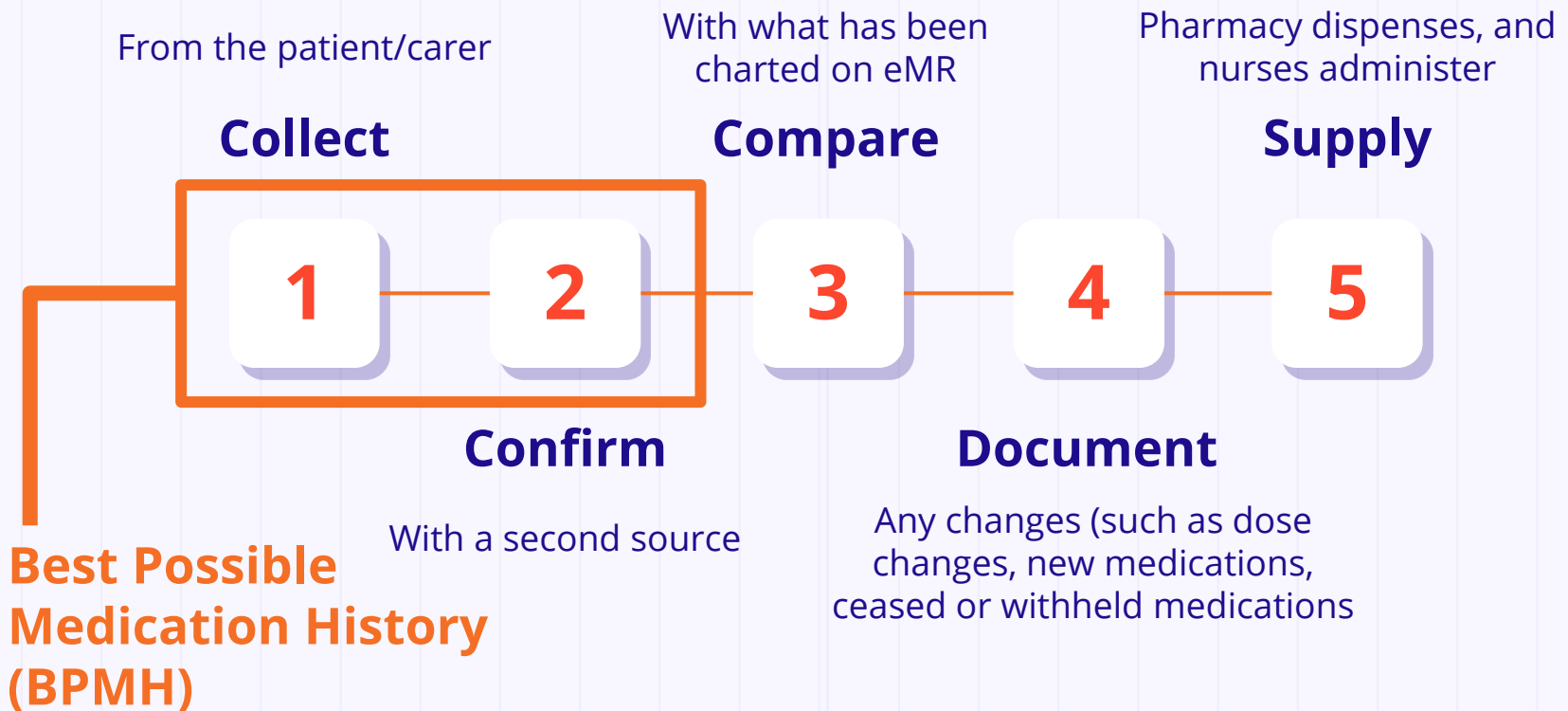
The **admitting team** is ultimately responsible for ensuring that medication reconciliation and medication reviews have occurred.

BUT
pharmacists
are here to
share the
responsibility





Medication Reconciliation



Unable to obtain a BPMH?

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

List the meds that you *have* been able to ascertain on eMR

1

Document which source(s) you *have* used

2

Leave the "Medication History Incomplete – finish later" box ticked on eMR

3

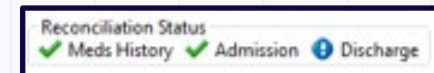
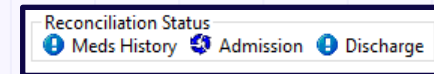
Document in progress notes what needs following up (e.g. you could ask the pharmacist to complete the BPMH and med rec)

4

Leave Med History Incomplete - Finish Later

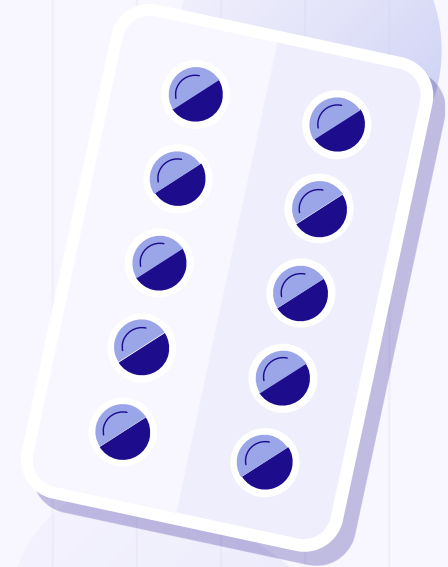
Leave ticked – if further information/verification is needed. You can still prescribe on the medication chart. You can come back and complete the med history later or ask your pharmacist to help you.

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)
 - 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

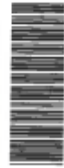
Order Reconciliation: Discharge - Age: 43 years Loc: D2N Uro/Vasc POW; -, 08 **** Allergies ****
 MRN: DOB: 22/09/1972 Discharge Date: <No - Discharge Date>

+ Add Manage Plans Reset Reconciliation

| Orders Prior to Reconciliation | | | | Orders After Reconciliation | | | |
|---|------------|--|---|-----------------------------|--|--|--|
| Order Name/Details | Status | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Order Name/Details | Status | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Home Medications | | | | | | | |
| aspirin (aspirin 100 mg oral tablet) 1 tab(s), Oral, morning (with food), tab(s) | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | aspirin (aspirin 100 mg oral tablet) 1 tab(s), Oral, morning (with food), 100 tab(s) < Notes for Patient > | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Continued Home Medications | | | | | | | |
| gliclazide (Glyade 80 mg oral tablet) 1 tab(s), Oral, BD (with food), 10 tab(s) | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | gliclazide (Glyade 80 mg oral tablet) 1 tab(s), Oral, BD (with food), 10 tab(s) < Notes for Patient > | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| gliclazide (Glyade) 80 mg, Oral, BD (with food) | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | gliclazide (Glyade) 80 mg, Oral, BD (with food) | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| hydralazine (hydralazine 50 mg oral tablet) 1 tab(s), Oral, BD, 10 tab(s) | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | hydralazine (hydralazine 50 mg oral tablet) 1 tab(s), Oral, BD, 10 tab(s) < Notes for Patient > | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| hydralazine 50 mg, Oral, BD | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | hydralazine 50 mg, Oral, BD | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| imipramine (imipramine 25 mg oral tablet) 1 tab(s), Oral, bedtime, 5 tab(s) | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | imipramine (imipramine 25 mg oral tablet) 1 tab(s), Oral, bedtime, 5 tab(s) < Notes for Patient > | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| imipramine 25 mg, Oral, bedtime | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | imipramine 25 mg, Oral, bedtime | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| simvastatin (Simvar 20 mg oral tablet) 1 tab(s), Oral, night, 5 tab(s) | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | simvastatin (Simvar 20 mg oral tablet) 1 tab(s), Oral, night, 5 tab(s) < Notes for Patient > | Prescribed | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| simvastatin (Simvar) 20 mg, Oral, night | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | simvastatin (Simvar) 20 mg, Oral, night | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| Medications | | | | | | | |
| amoxicillin-clavulanate (Augmentin Duo Forte 875 mg-125 mg oral tablet) 1 tab(s), Oral, BD (with food) | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| ceftriaxone 1 g, IV, 24 hourly | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Ordered | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

Annotations: Red arrows and circles (3, 4, 5) highlight specific UI elements: 3 points to the status column header, 4 points to the 'Ordered' status, and 5 points to the 'Prescribed' status.

POV2 script



SMF010205

| | | |
|--|--------------------------------------|-----------------------------|
| | Name: [REDACTED] | |
| | Address: [REDACTED] | |
| Facility: Prince of Wales Hospital Address/Phone: Barker Street, Randwick NSW 2031 (02) 9382 2222 Prov: 0010260H | Phone: [REDACTED] | |
| | Medical: [REDACTED] | |
| MRN: [REDACTED] | | |
| DOB: [REDACTED] | Age: 88 Years | |
| Weight: 80.0kg | Height: 169cm | BSA: 1.94m2 |
| PRESCRIPTION | Pregnancy Status: Not applicable | Ward/Clinic: P3E Stroke POW |
| | Breastfeeding Status: Not applicable | 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 (Hyo-Forte 0.2% eye drops) 2 drop(s) Both Eyes FOUR times a day Prescription ID: POW-2884310481 | 1 bottle(s) | 0 | | |
| * teimisartan (teimisartan 80 mg oral tablet) 1 tab(s) Oral in the morning "Dose increased" Prescription ID: POW-2884310499 | 7 tab(s) 3 tabs | 0 | Teimisartan (Mikardis) 80mg 28 Tablets SURG_UROVAS City 3 Packs 1 23/01/23 DoneCa \$ 3.95 1,712,237 PRINCE OF WALES HOSPITAL, RANDWICK Tel: 9382 2222 | |

PRESCRIPTION

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

| | |
|--|--|
| Prescriber Name: [REDACTED] | Date: 20/01/2023 |
| Prescriber #: [REDACTED] | Pager #: 4742 Clinic Unit: D24 |
| Dispensed by: _____ | Pharmacy Note: _____ Medication List Provided: <input type="checkbox"/> Y <input type="checkbox"/> 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 linagliptin 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)

Completed Action List:

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

Printed by: XX XX

Printed on 28/12/2020 11:22


28/12/2020.

Page 2 of 2

(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 | | | | | | | | | | |
| <input type="checkbox"/> SAFETY NET ENTITLEMENT CARD HOLDER (Cross Relevant Box) | | | | | <input type="checkbox"/> 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 (morn + midi)

PHARMACEUTICAL PRESCRIPTION PHARMACEUTICAL PRESCRIPTION

x 28 tabs

nil repeats

PHARMACEUTICAL PRESCRIPTION PHARMACEUTICAL PRESCRIPTION

PREScriBER'S SIGNATURE [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
www.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

Script No. 123456

Prescriber Number
123456

Patient's Medicare no. - - Patient's Ref no.

Patient's full name
Patient's address
Tick for return to patient Postcode

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
Quantity Prescriber's signature Date
No. of repeats Phone/Delegate approval

| 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.

Lyrica 75mg Capsules 56

Drug Name: pregabalin Product ID: 2521326

SELECT A PRESCRIPTION

IMPORTANT NOTE: A VALID AUSTRALIAN PRESCRIPTION REQUIRED BEFORE THIS ITEM CAN BE SHIPPED [LEARN MORE](#)

PRIVATE
PRESCRIPTION
PRICE

[Learn more](#)

\$13.99



ADD TO CART

Xarelto 20mg Tablets 28

Drug Name: rivaroxaban Product ID: 2632855

SELECT A PRESCRIPTION

IMPORTANT NOTE: A VALID AUSTRALIAN PRESCRIPTION REQUIRED BEFORE THIS ITEM CAN BE SHIPPED [LEARN MORE](#)



Instant
Consult

Speak to a Qualified
Online within 15 Mi

PRIVATE
PRESCRIPTION
PRICE

[Learn more](#)

\$56.99



ADD TO CART

For medications subsidised by PBS:

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

S8 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)

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

N 812985

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

Prescriber No. 1234567 Pager/Ext No. 44444

MEDICARE NUMBER 98765432111

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

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

PHARMACEUTICAL PRESCRIPTION: PHARMACEUTICAL PRESCRIPTION

PHARMACEUTICAL PRESCRIPTION: PHARMACEUTICAL PRESCRIPTION

50mL (fifty mL)

PRESCRIBER'S SIGNATURE [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

POV2 S8 script



NSW Health



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

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 | | | | | | | | |
|---|---|---------------------------------|---|---------------------|------------------------------------|-----------------------------------|-----------------------------|-------------------------------------|-----------|---|--|--|
| <p>tapentadol (Palexia IR 50 mg oral tablet) 50 mg Oral FOUR times a day PRN for breakthrough pain Supply: Ten tab(s)</p> <p>Prescription ID: POW-2883854603</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Medication name</small> Tapentadol IR</td> <td style="width: 50%;"><small>Strength</small> 50mg</td> </tr> <tr> <td colspan="2"><small>Dosing Instructions</small> 1 tablet QID PRN PO</td> </tr> <tr> <td><small>Qty (Figures)</small> 10</td> <td><small>Qty (Words)</small> ten</td> <td><small>Repeats</small> 0</td> <td><small>Repeat Interval</small> -</td> </tr> </table> | <small>Medication name</small> Tapentadol IR | <small>Strength</small> 50mg | <small>Dosing Instructions</small> 1 tablet QID PRN PO | | <small>Qty (Figures)</small> 10 | <small>Qty (Words)</small> ten | <small>Repeats</small> 0 | <small>Repeat Interval</small> - | 10 tab(s) | 0 | | |
| <small>Medication name</small> Tapentadol IR | <small>Strength</small> 50mg | | | | | | | | | | | |
| <small>Dosing Instructions</small> 1 tablet QID PRN PO | | | | | | | | | | | | |
| <small>Qty (Figures)</small> 10 | <small>Qty (Words)</small> ten | <small>Repeats</small> 0 | <small>Repeat Interval</small> - | | | | | | | | | |

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

Max 200mg/24hrs

PRESCRIPTION

Outpatient script

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 Koral

ALLERGY/ADR NIL KNOWN Pregnant / Breast Feeding / NA

Patient's Medicare number
 Safety Net entitlement card holder

Concessional or dependent, RPSB beneficiary or Safety Net concession card holder

Pharmaceutical benefits entitlement or DVA number

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 [Signature] 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

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

Manufacturing

Drug enquiries

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

Research projects



Education

- Nurses
- Doctors
- Allied health

Medication supply and distribution

Medication safety

- Audits
- Committees
- Ward rounds

Clinical trials

Pharmacy Service

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

Specialty based model

- Proactive
- Referral only

Exceptions:

- ED
- ICU
- CAU

High risk/complex patients can be referred for pharmacist completed Best Possible Medication History or Medication Review when the following criteria are met:

- Initial clinician has attempted to complete a best possible medication history or has identified a need for medication review
- **AND** patient is likely to have a length of stay > 24 hours
- **AND** patient has **1 or more** of the following risk factors:

| Patient Factors | Medication Factors |
|--------------------|--|
| Epilepsy | Cannabis products |
| Parkinsons Disease | Chemotherapy |
| Transplant | Clozapine |
| | High dose opioids |
| | Hydromorphone |
| | Lithium |
| | Medication related admission |
| | Methotrexate or other immunosuppressants |
| | Opioid Treatment Program |

- **OR 2 or more** of the following risk factors:

| Patient Factors | Medication Factors |
|---|---------------------------------|
| 3 or more chronic comorbidities | Drug interaction concerns |
| Acute confusion/delirium | Insulin |
| Acute Kidney Injury or CKD with CrCl<30mL/min | Medication compliance concerns |
| Atrial Fibrillation | Suspected adverse drug reaction |
| Liver dysfunction | Therapeutic anticoagulation |
| Pregnant/Breastfeeding | |
| Swallowing Difficulties | |

Consults will be completed by close of business wherever possible, however referrals placed **after 12pm** may be completed the following day.

- If urgent review is required, please page the relevant ward/specialty pharmacist in addition to entering the referral online

Consults can be ordered for any patient, regardless of whether they are proactive or referral specialties. **Pharmacy will prioritise:**
Consults > proactive patients > referral patients

Ordering a Pharmacy Consult on PowerChart (General Wards)

1. Open patient's chart
2. Click 'Add' icon in the Orders tab
3. Search for Pharmacy, select Consult Pharmacy Service and click Done
4. In the Clinical History pop up, enter X under Current Clinical History then click OK
5. Read pop-up to ensure patient meets referral criteria then click OK
6. Services Requested: select as appropriate
7. Enter your contact number/pager and priority of referral
8. Enter risk factors/further relevant details in reason(s) for referral
9. Sign to complete

Identified Order:
Consult Pharmacy Service

Reference

Consult Pharmacy Service

CarePlan information
 Chart guide
 Nurse preparation
 Patient education
 Policy and procedures
 Scheduling information

Consults are currently available for medication history/reconciliation or medication review in high risk/complex patients as per the following referral criteria:

- Initial clinician has attempted to complete a best possible medication history OR has identified a need for medication [review](#)
- AND Patient is likely to have a LOS>24 [hours](#)
- AND Patient has 1 or more of the following risk factors

| Patient Factors | Medication Factors |
|--------------------|--------------------|
| Epilepsy | Cannabis products |
| Parkinsons Disease | Chemotherapy |
| Transplant | Clozapine |
| | High dose opioids |
| | Autism spectrum |

▼ Details for **Consult Pharmacy Service**

Details
 Order Comments
 Diagnoses

+

Requested start date/time: 01/11/2023 7:34 AEDT

*Service(s) requested:

*Contact details - Pager or extension:

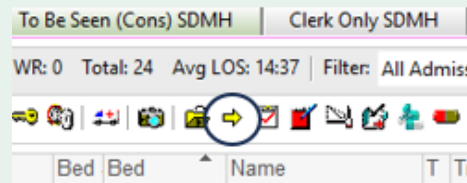
*Priority:

Reason(s) for referral:

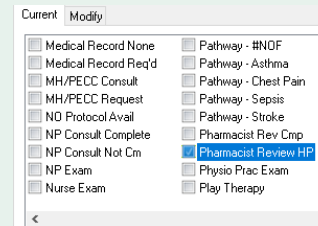
- Discharge Planning
- Medication Review
- Med history/Med Rec**
- Patient education
- Swallowing difficulty
- Other (please specify)

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

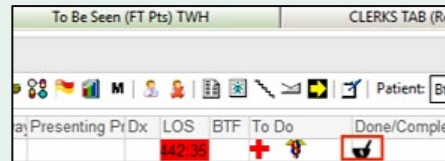
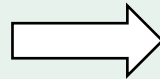
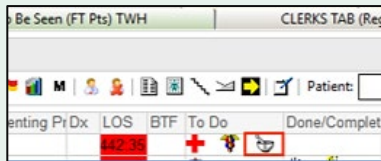
- Click on the Set Event icon (yellow arrow)



- 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
- Main operations are Mon-Fri (Inpatients 8:30am-5pm, Outpatients 9am-4pm)
- Give discharge scripts to your pharmacist by 3pm for same day discharge (weekdays)
 - If you don't know who is covering your specialty then send 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
- Weekend service
 - Dispensary (inpatient supply and urgent discharge supply)
 - Clinical cover in ED and CAU (with ICU cover coming soon)
 - We operate on a day-in-lieu model so different pharmacists might be relieving the regular specialty pharmacist on weekdays
- 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/ward specific orientation

Thanks

Any questions?

lan.fong@health.nsw.gov.au

CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon** and infographics & images by **Freepik**

