Giving Out Prescriptions and Patient Counselling

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Objectives

By the end of this module you will

- Know your role/responsibilities in relation to supplying prescribed items and counselling patients
- Know the importance of maintaining patient confidentiality when counselling a patient
- Understand the importance of confirming a patient’s name and address at the point of supply
- Have an awareness of the key points discussed when counselling a patient
- Understand that in addition to telling patients information about their prescription it may be necessary to demonstrate how to use an item, provide written information or refer the patient to an electronic source of information
- Know when and how to refer to your pharmacist or a pharmacy technician when counselling patients

Upon completing this module you will be more confident carrying out the tasks your pharmacist has delegated to you that relate to supplying prescriptions and patient counselling.
Supplying Prescribed Items

Supplying prescribed items isn't simply a case of handing over a bag of medicines when the patient or their representative asks for them.

There are a number of steps to the process; the right prescription must be given to the right person with the right information about how to take or use the medication in a way which meets any special needs or requirements that person may have.

Many pharmacists are happy for trained members of staff to give out medication to patients under their guidance. Check what your responsibilities are with your pharmacist and ensure you follow the relevant SOP as there may be some prescriptions you are not allowed to give out.

Before addressing the issues of supplying prescribed medicines and patient counselling we will revisit drug formulation, consider the most popular routes of administration, introduce how the body processes drugs taken orally and cover some common conditions and their treatments.

Figure 1 is a simplified diagram of the head, chest and abdomen and will act as a visual aid for the information provided on pages 3-5.

![Figure 1: A simplified diagram of the head, chest and abdomen.](image-url)
Mouth

The vast majority of drugs are taken orally as tablets or capsules and should be swallowed whole, with a glass of water.

However, some are chewable e.g. the calcium supplement Calcichew®, whereas others are designed to break up in the mouth and then be swallowed e.g. Zomig Rapimelt®, which is used in the treatment of migraine.

Drugs can be absorbed in the mouth; this can either be under the tongue (sublingual absorption) e.g. glyceryl trinitrate spray which is used by patients with the heart condition angina, or they can be absorbed from the space between the gum and the cheek (buccal absorption) e.g. nicotine is absorbed this way from nicotine replacement gum.

The mouth and throat are also sites of action for some drugs e.g. anaesthetic lozenges and sprays used for symptomatic relief of sore throats.

Oesophagus

The oesophagus is a tube approximately 25cm long which connects the mouth/throat to the stomach. There is a sphincter (a bit like a valve) at the lower end where it reaches the stomach. The sphincter opens to allow food, drink and medicines to pass into the stomach and closes to keep them there when the stomach churns. Drugs can irritate the oesophagus when they are not taken with enough water so it is important to remind patients to do this.

If the acidic stomach contents manage to enter the oesophagus this causes pain and discomfort and is known as heartburn or reflux. Drugs that either neutralise the acid in the stomach e.g. Gaviscon® or reduce the amount of acid produced e.g. omeprazole, can help to relieve the symptoms of reflux.

Stomach

The stomach is a muscular bag that churns and digests food. Tablets and capsules will also start to be digested in the stomach.

Drugs that are irritant to the stomach or are destroyed by stomach acid are often coated in an acid resistant enteric coating which is not removed until the preparation reaches the alkaline environment of the small intestine.

It is important that patients taking enteric coated medication do not take antacids at the same time as their medication because the antacid will neutralise the stomach acid and could therefore strip the enteric coating from the preparation allowing the drug to be released in the stomach. When dispensing enteric coated medicines cautionary label 5 (“Do not take indigestion remedies at the same time of day as this medicine”) should be added to the dispensing label.
Intestines

The intestines are divided into the small intestine and the large intestine and their combined length is around 25 metres!

The acidic stomach contents pass into the alkaline environment of the small intestine to be further digested. Once the food and any drugs are fully digested they will be absorbed into the blood through the intestinal wall.

Anything not absorbed will enter the large intestine which carries waste to the colon, rectum and anal canal. Some water and useful chemicals are absorbed from the large intestine before the waste hardens and forms stools. Not all drugs are absorbed in the small intestine, some remain in the gastrointestinal tract e.g. the laxative lactulose acts in the colon in a number of ways to help patients pass normal stools.

Liver

Absorbed food particles and drugs are carried from the small intestine to the liver in the hepatic portal vein. The liver processes the blood and will:

- Remove some substances and store them for use at later date
- Leave those that are “safe” unchanged
- Metabolise other substances e.g. drugs, making them “safer” for the body

The blood leaving the liver carries these substances around the body and they will be used or act when they reach their target sites. If the liver is not functioning as it should drugs may not be metabolised in the normal way and patients may need to avoid certain drugs e.g. patients with poor liver function should avoid taking large doses of paracetamol as it can reach toxic levels.

Blood and the Heart

The heart is responsible for pumping blood round the body. Arteries carry blood away from the heart and veins carry it back to the heart. Arteries and veins are connected by tiny vessels known as capillaries. Capillaries pass between cells of the body and deliver nutrients to the cells and carry waste substances away.

Arterial blood is high in oxygen and nutrients and low in waste products and carbon dioxide and is red in Figure 1. Venous blood travelling back to the heart contains waste products from the cells and more carbon dioxide than arterial blood and is coloured in blue in Figure 1.

Red blood cells carry oxygen and carbon dioxide and give blood its colour. Blood also contains white blood cells which are responsible for fighting infections. Warfarin is a drug which prevents blood clotting inappropriately. Patients taking warfarin must have their blood checked regularly to make sure it does not clot too quickly or too slowly. The tests are performed in hospital outpatient clinics and in some community pharmacies. Patients taking warfarin should carry an anticoagulant book with them which states the dose they take and also the results of their last clotting test, this is known as the International Normalised Ratio or INR.
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**Kidneys**

The kidneys filter the blood and remove excess water and waste products from it. They create urine and play an important role in the removal of many drugs from the blood (known as excretion).

If a patient's kidneys are not functioning normally they may have to avoid some drugs or need lower doses to avoid the drug accumulating in their bodies.

**Lungs**

The lungs allow oxygen to be brought into the body and the waste gas, carbon dioxide, to be removed.

Blood low in oxygen and high in carbon dioxide passes from the right side of the heart to the lungs. It picks up oxygen there and releases carbon dioxide. The oxygen rich blood then travels to the left side of the heart so it can be sent round the body.

Asthma is a common condition which affects the airways making it harder for patients to breathe. Drugs used to treat asthma are usually inhaled directly into the lungs e.g. salbutamol opens the airways and is available in a variety of inhalers. Good inhaler technique is important to ensure the drug reaches the airways where it is needed and is not deposited in the mouth and throat.

**Skin**

Drugs acting systemically can be administered by injection just under the skin e.g. diabetic patients self administer subcutaneous injections of insulin.

Some drugs that are absorbed through the skin (known as transdermal absorption) are available as patches which are worn for a set time e.g. Evra® contraceptive patches are worn for a week and the patches containing the Schedule 2 Controlled Drug fentanyl are usually worn for 72 hours.

Topical treatments can also be used to treat conditions affecting the skin. Corticosteroid creams and ointments e.g. Eumovate Cream®, are often prescribed for patients with the skin condition eczema.

**Nose**

Drugs delivered to the nose and nasal cavity can have a local action e.g. Naseptin Cream® is used to treat nasal infections, or a systemic action e.g. Zomig Nasal Spray® can be used to treat migraine.

**Eyes**

Eye drops and ointments are used for their local effects to treat conditions associated with the eye. Common conditions affecting the eye include glaucoma, conjunctivitis and dry eye.
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Ears

Ear drops and sprays are prescribed for the treatment of conditions affecting the ear. These include antibiotics, antifungals and corticosteroids. There are a number of simple ear drops available which are used to soften ear wax e.g. olive oil and almond oil.

Interactions, Contra-Indications, Cautions and Special Needs

When a pharmacist performs the professional and clinical checks on a prescription they are looking to confirm that the prescription meets all the legal requirements and that the items prescribed are suitable for the patient.

In this process the pharmacist will consider many things including the patient's age, any long term (chronic) illnesses and/or special needs they have, the medication they already take, any known allergies and whether the patient is pregnant or breast feeding. This is because these factors may affect the treatment options available to the patient:

Chronic Illness and Special Needs

Chronic illnesses may affect the patient's response to treatment or their ability to take their medication as prescribed.

For example, an asthmatic patient with arthritic hands may struggle to use an evohaler as the aerosol cylinder has to be depressed when taking a dose and they may not have the dexterity to do this. Instead, an alternative formulation such as a breath-actuated inhaler might be a more suitable preparation.

Special needs do not have to be related to chronic conditions; a patient with bacterial tonsillitis who is struggling to swallow may simply need liquid antibiotics rather than capsules or tablets. Where a special need is identified it should be recorded on the patient’s medication record.

Medication and Supplements

Knowing every medication (prescribed and purchased) plus any supplements or herbal remedies patients take is extremely important as the preparations may interact.

Dispensary computer systems will create an alert or warning if an interaction is identified and you must always make your pharmacist aware of this. However, the computer's information is limited to the patient's medication record which doesn't typically include records of purchased medicines or supplements. In addition, the patient may use more than one pharmacy so the records of prescribed medicines may not be complete.

When counselling patients who have been prescribed drugs that are known to interact with other medication, especially those available over the counter, it is crucial to check if the patient is taking any other medicines. Some supplements can also interact with prescribed medication e.g. the herbal remedy St John's Wort interacts with several prescribed medicines including warfarin, contraceptive tablets and drugs used to lower cholesterol.
Interactions can affect drug treatment in the following ways:

- The two drugs may enhance one another’s actions and so have a greater effect on the patient than is desirable
- One drug may oppose the other’s action making treatment less effective
- A drug may affect the absorption, distribution, metabolism or excretion of another which could increase or decrease the effect the drug has on the body

Food and drink can also interact adversely with prescribed medication e.g. grapefruit juice is known to increase the blood concentrations of some drugs. Milk, wine and cheese can also affect the way the body handles certain drugs.

Information on interactions including those involving food, drink and a limited number of supplements can be found in Appendix 1 of the BNF and also in Stockley’s Drug Interactions.

The patient’s medication record should be updated with information about other medication and/or supplements taken when possible.

**Allergies and Adverse Reactions**

Drug allergies often cause relatively minor effects such as rashes although the patients affected may not consider them to be minor! Sometimes however, they can be very serious and affect the patient’s ability to breathe and can even cause death.

It is therefore very important to ask patients if they have any allergies, particularly when supplying antibiotics as allergies to antibiotics are common, especially to penicillins.

Any allergies or adverse reactions to medicines should be noted in the patient’s medication record.

**Pregnancy & Breast Feeding**

Certain drugs are known to have the potential to harm an unborn baby and so are contraindicated (cannot be taken) in pregnancy e.g. the anticholesterol drugs known as “statins”. Others can be used with caution when the benefit to the mother outweighs the risk to the baby e.g. the antiviral aciclovir.

Many drugs also pass through breast milk and although the quantity that reaches the baby is often considered insignificant, it may be that it changes the taste of the milk which could have a negative effect on feeding.

Where possible information about breast feeding and pregnancy should be recorded in the PMR.

You must be alert when counselling patients as they may mention something which the pharmacist is not aware of. Any additional information provided must be promptly passed on to the pharmacist so they can confirm the patient’s medication is still appropriate.
We will now consider the stages of the supply process:

**Confirmation of the Patient’s Name and Address**

On *every* occasion a prescription leaves the pharmacy the patient’s name and address must be confirmed.

If a patient is calling back, the best way to do this is to ask for the name, locate the prescription and then ask the person collecting the prescription to state the address. If the patient is waiting, call the full name and then ask the person to state the address.

These techniques help to reduce handing out errors as often a name will be called, a patient can mishear it, think it was theirs and arrive at home with the wrong medication and may even take it.

**Prescription Transactions**

At this point it may be appropriate to complete any outstanding transactions e.g. asking the patient or their representative to complete appropriate sections on the reverse of NHS prescription forms if necessary, collect any payments due, issue NHS receipts if required, ask for evidence of exemption from charge or identification if the person is collecting a Schedule 2 or 3 Controlled Drug etc.

Once the transactions are complete, any items kept in special storage conditions e.g. Controlled Drugs, have been collected and you are confident the prescription has been put with the correct bag of dispensed items, counselling can begin.

**Patient Counselling**

Patient counselling is an extremely important pharmacy service. It helps to improve concordance and studies have shown that a large majority of prescribing and dispensing errors are picked up before leaving the pharmacy when a member of staff trained in patient counselling goes through the medication with the patient. It is therefore recommended to do this wherever practical.

Throughout the supply process it is extremely important to maintain patient confidentiality. This may be difficult at the pharmacy counter; if there is a private consultation room the patient may prefer to hold any discussions in there.

If the patient is not present refer to your pharmacist as in some cases giving someone other than the patient information about prescribed medicines could be considered a breach of confidentiality.

The main aim of counselling is to ensure the patient knows how to take their medication safely. In order to achieve this pharmacy staff must communicate effectively with the patient, adapting their approach as necessary to meet the individual’s needs.
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In most cases the communication will be verbal, face to face, in the pharmacy. However, sometimes this will not be sufficient and a demonstration and/or written information may be needed. In some cases the patient might benefit from accessing reliable electronic information sources e.g. www.nhs.uk

You may be aware from the PMR, or the patient may tell you, that they have had the medication many times before and so do not need or want to be counselled. Your pharmacist however, may still want you to cover the most important points when supplying the dispensed items.

The essential points will be on the dispensing label and in the patient information leaflet; patients should always be told that they can refer to both of these sources of information after leaving the pharmacy.

Figure 2 on page 9 and the additional notes on patient counselling that follow give the key points to be discussed when counselling a patient.

There is a lot of information but don't worry, your pharmacist will tell you what they expect you to say.

Figure 2: Summary of the Key Points in Patient Counselling
Giving Out Prescriptions and Patient Counselling

Additional Notes on Patient Counselling

Stating the name of the medication and explaining how to take it

Counselling should include:
- How many times a day/week it is to be taken
- Whether it should be before, with or after food
- Whether it needs to be chewed, sucked, swallowed whole etc.
- Additional information and advice should be given on the administration of certain products e.g. eye drops/ointments, ear drops/sprays, topical preparations to be used sparingly etc.
- Patients newly prescribed warfarin, lithium and those on oral steroids for more than three weeks will need additional written information in the form of specialised booklets or cards.

Any warnings

These should include (as appropriate):
- Interactions with food, drink or other medicines
- Side effects
- Ask the patient if they are allergic to any medicines

The correct way to store the medication

- Unless otherwise stated, medicines should be stored in a cool dry place (bathrooms and kitchens are not ideal as they are often warmer and more humid than other areas)
- For those requiring refrigeration refer to your pharmacist or the patient information leaflet as many can be kept at room temperature for a limited time with no adverse effects
- Keep the original packaging and patient information leaflet
- Any medication left at the end of a course of treatment should be returned for safe destruction
- Store all medicines securely out of the sight and reach of children

The quantity supplied

- State the number of dosage units (where applicable) and how many days/weeks/months treatment this represents
- For items available on repeat prescriptions give guidance on when to order the next prescription

An explanation of the Repeat Prescription Collection Service may be appropriate at this point if one is offered by the pharmacy.
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**Outcome of treatment**

Possibilities include:
- The treatment is expected to cure/resolve the condition
- The treatment is one the patient will take for some time or indefinitely

**Expiry date**

- Draw the patient’s attention to any products with a short shelf life

**Balanced owed**

The patient should be:
- Advised what is outstanding
- Told when it will be available
- Given a written note containing the details
- Told the timeframe within which the patient has to collect the owed items

*If the pharmacy offers a delivery service it may be appropriate to discuss this with the patient at this point.*

**Using the prescribed item/device/appliance**

Counselling could include:
- Demonstrating how to use the item
- Information on cleaning the product
- Guidance on when a replacement will be needed

**Sundry items**

- Explain how to use and clean measuring devices such as spoons (indicate which end to use on dual ended spoons) and oral syringes
- Bring any warning cards or additional written information to the patient’s attention

**Checking the Patient’s Understanding**

It is important to confirm that the patient has understood the information given to them. In many cases this will be apparent from the patient’s body language and facial expression but if you are uncertain ask them if they have any questions or if they would like you to repeat anything.
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Patients who appear to be confused or those asking questions which you cannot answer because they are outside your role and responsibilities must be referred to the pharmacist. Where the patient has not specifically asked for this, explain to them that you would like the pharmacist to discuss their prescription with them. Then, promptly, politely and discreetly approach your pharmacist and explain that you would like them to speak to the patient.

Even if the patient seems entirely happy with the information given it is considered good practice to mention that they can speak to the pharmacist if they would like to.

**Repeat Prescription Collection Service**

A pharmacy offering a repeat prescription collection service will collect repeat prescriptions on a patient's behalf from their surgery and dispense them.

The request for the service must come from the patient or their representative and a record of the request to participate should be kept in the pharmacy.

Some pharmacies will also deliver the paper copy of the request for the repeat medication to the surgery.

The relevant SOPs will give the full details of how to operate this service and each person's role.

**Prescription Delivery Service**

Pharmacies may offer a delivery service and those that do will have SOPs covering all aspects of the service.

The patient's consent must be given on every occasion a prescription is delivered and records of the request to have medicines delivered must be kept by the pharmacy.

Delivery services can make patient counselling a challenge and the pharmacist has to make a professional judgement as to whether the patient needs a face-to-face consultation.

**Key Points to Remember**

- When supplying a prescribed item always get the patient/their representative to state the patient's address to reduce the risk of the wrong person receiving the medication
- Patient counselling is an important service and all patients should be given the opportunity to discuss their medication with the pharmacist if they would like to
- Refer any patients who appear to be confused about their medication to the pharmacist

*You may now complete the Workbook Tasks and Multiple Choice Questions for this module before continuing onto module 7.*

*Remember to complete the summary of achievements section once you have completed these tasks.*