Module 8: Assembling a Prescription

This module is about assembling prescriptions.

By the end of this module you will be able to

- Understand the equipment and facilities a dispensary should have and know their importance
- Understand some of the risks associated with dispensing and how to minimise those risks
- Have a working knowledge of the different stages of the assembly process
- Know the details which need to be on the label of a dispensed medicine
- Be able to perform an in-process self-check of dispensed items

Upon completing this module you will be more confident in the dispensary and will have a better understanding of the dispensing process.

Reference sources needed

- Medicine Ethics and Practice Guide (MEP)
- British National Formulary (BNF)

Standard Operating Procedures (SOPs)

Record the number and title of the relevant SOPs in the space below or in your workbook.
Module 8: Assembling a Prescription

Assembling a Prescription in the Dispensary

The process of assembling a prescription is much more than simply putting a label on a box.

Confirm your role and responsibilities with your manager or by reading the appropriate SOP. There may be certain items you are not allowed to dispense.

Before even picking up a prescription we should check the area in which we plan to work to make sure it is suitable for the task. Where risks are indentified, any that cannot be removed must be managed to minimise their effects.

Dispensary Design

Dispensaries should be well organised, the atmosphere should be conducive to good concentration and distractions should be kept to a minimum.

Dispensaries vary in design but must be suitable for their purpose. The size and layout of the dispensary should be sufficient to allow effective communication, direct supervision of staff (as required) and safe and efficient work flow.

General Dispensary Guidelines

- The dispensary should be clean, tidy and uncluttered
- The shelves should be fit for purpose and not be overloaded
- There should be adequate lighting and a suitable method of heating. It should be neither be too hot, too cold nor damp
- There should be enough storage space for stock and stock should not be stored on the floor
- All surfaces should be smooth and impervious to dirt (this includes shelves and benches)
- The floor should be cleanable and be clean, there should be no tears in the flooring
- The pharmacist should be able to see and hear what is going on at the counter so they can supervise the staff and any transactions (as required)
- The dispensary bench should only be used for dispensing and be clean and tidy
- Written cleaning procedures should exist which should be regularly carried out
- The floor, walls and shelves should be clean and dust free
- All stock should be stored within reach
- Arrangements for the proper storage and disposal of waste materials should be made
- Food and drink should not be consumed in the dispensary
Module 8: Assembling a Prescription

Facilities and Equipment in the Dispensary

Refrigerator

Every dispensary needs a refrigerator. It must only be used for storing medicines and should be regularly cleaned and defrosted.

It is essential that it contains a minimum and maximum thermometer. The minimum and maximum temperatures should be recorded every day the dispensary is open. Any temperatures outside the recommended 2-8°C range should be investigated and appropriate action taken, including promptly notifying the pharmacist, or the person responsible for stock management, as the stock may no longer be fit for use. Information about the impact of storing items requiring refrigeration outside the recommended range may be given in a product’s Summary of Product Characteristics (SPC). However, if the SPC does not give this information, the manufacturer should be contacted to establish what the effect will be.

The fridge should also be serviced regularly to ensure it is running efficiently. In the event of a power cut or breakdown, the door should be kept shut to keep the stock as cool as possible.

Sink

A clean sink with hot and cold water must be available in the dispensary.

Ideally the cold water will be “potable” which means it comes from the mains supply and not a storage tank. Where it is from a storage tank it must not be used to reconstitute medicines.

A Computer with a Label Printer

Although only a machine capable of producing a typed label is technically required, all dispensaries now have at least one computer. On it will be a programme designed specifically to assist in the dispensing process. This software will identify interactions with other medicines the patient is known to take or have taken.

The pharmacist must be made aware of any interactions identified. They may also want to be told about new drugs prescribed and any changes in strength or formulation.

In addition to generating dispensing labels, the computer will also hold the patient medication records and it will often been used to order and manage stock. Therefore, the information held must be regularly backed-up to ensure it would not be lost in the event of a technical failure.

Private Consultation Area

Most pharmacies will have a private consultation area or room; in fact, those in England and Wales must have one which meets the following specifications in order to meet their NHS contract:

- The pharmacist and patient must be able to sit down in the consultation room
- The conversation must not be able to be overheard when speaking at a normal volume
- The area must have a sign which clearly identifies it as a private consultation room
Module 8: Assembling a Prescription

Reference Sources

These will include:

- British National Formulary (BNF)
- British National Formulary for Children (BNFC)
- Medicines, Ethics and Practice Guide (MEP)
- Drug Tariff
- Stockley’s Drug Interactions
- Martindale: The Complete Drug Reference
- Chemist and Druggist

In some cases these will be reference books but in others they will be accessed electronically through the dispensary computer. *(Reference sources were addressed in more detail in Module 1).*

Controlled Drugs Cupboard

As mentioned in Module 6, there should be a Controlled Drugs cupboard available for Schedule 2 and 3 drugs requiring safe custody. It should meet the set specifications and only be accessed by authorised members of staff.

Controlled Drugs Register and Prescription-Only Register

Each pharmacy must have a Controlled Drugs register and a prescription-only register to keep records of the receipt and supply of Controlled Drugs and of the other transactions requiring records to be kept e.g. the supply of prescription-only medicines against private prescriptions.

General Dispensary Equipment

The dispensary also needs:

- Suitable and hygienic equipment for counting tablets and capsules e.g. counting triangles and capsule trays. Some dispensaries will also have electronic counters but these are often not suitable for counting all types of tablets and capsules. All equipment should be cleaned thoroughly after use to avoid cross-contamination.

- A range of appropriate containers for dispensing medicines e.g. cartons of various sizes, bottles for tablets and capsules and those appropriate for dispensed liquids. *(The suitability of containers will be covered in Module 10).*

- A selection of stamped glass measures and a set of stirring rods. These must be cleaned thoroughly after each use with hot soapy water to ensure no residue remains which could contaminate the next liquid measured. Figure 1 is an example of a conical measure.

- Equipment used for extemporaneous dispensing e.g. a mortar and pestle, an ointment tile, a set of spatulas and a dispensing balance. The balance must be checked regularly to ensure it is accurate.

*Figure 1: A conical measure*
Module 8: Assembling a Prescription

**Staffing Levels**

In addition to the dispensary being of a suitable design and there being the correct equipment and facilities, there should also be enough staff to ensure that all activities and tasks can be performed safely.

**Introduction to the Storage of Pharmacy Stock**

Dispensaries contain a lot of medicines and the way in which these are organised and stored will affect the dispensing process.

Stock should be arranged in a way which allows staff to easily differentiate between products.

The most common way of storing medicines is alphabetically by generic name. In addition, there are often separate areas for:

- External preparations e.g. creams, ointments, suppositories
- Inhalers
- Contraceptives
- Internal liquids
- External liquids
- Antibiotics
- Oral antidiabetic medication
- Ear drops
- Eye preparations
- The most commonly prescribed items (known as “fast movers” which are usually kept near to the main dispensing bench)
- Appliances e.g. dressings, bandages and elastic support hosiery

Where two different preparations have similar names, strengths and/or outer packaging it is extremely important that this is taken into consideration when deciding where to store them as they need to be easily distinguishable.

If they are to be stored together, signs or markers on the shelves may help to remind staff to take extra care when making their selection. Alternatively, the decision may be made to store them entirely separately to minimise the risk of an error occurring.

*(Module 10 will cover the ordering, receipt, storage and supply of stock in further detail and dispensing errors are covered in Module 12).*
Module 8: Assembling a Prescription

Information Needed on the Label of a Dispensed Medicine

The label of a dispensed medicine must contain specific information in order to meet the Medicines Act (Labelling Regulations) 1976.

Labels for dispensed medicines should be prepared mechanically, that is, be typed/printed rather than handwritten, except when the label printer and/or computer are not working.

The sample label below indicates the information required to satisfy the regulations.

Please note: the initials/signature of the person responsible for dispensing and the initials/signature of the person carrying out the final check are not legal requirements but are considered good practice.

The name and address of the pharmacy (The telephone number will often be included)

The member of staff who has dispensed the medication should sign/put their initials in this box

This is where the member of staff who has performed the final check should sign/initial

The name of the product (This will usually include the strength and the form)

Directions for use

Precautions relating to the use of the product

The date of dispensing

The words “Keep out of the reach of children” or, ideally, “Keep out of the reach and sight of children”

The name of the patient

Medicines assembled by breaking down bulk containers into quantities more appropriate for use against prescriptions have different labelling requirements to those for dispensed medicines; the label needs to contain the name of the product, the strength, the quantity, any handling and storage requirements, the expiry date and the batch number. When these containers are used in the assembly of a prescription the label will need replacing with one that meets the above requirements.
Module 8: Assembling a Prescription

Additional Notes on the Information Required on Dispensing Labels

Privately prescribed items will also have a reference number on the label which corresponds to the relevant entry in the prescription-only register.

When dispensing prescription-only medicines as an emergency supply the label needs to also state "Emergency Supply" (as covered in Module 4).

Cautionary Labels

The warnings or cautionary labels that appear on the dispensing label are based on a list which is in Appendix 9 of the BNF. Each label is numbered.

The BNF monographs (the sections of the BNF relating to each drug giving the indications for use, cautions, side effects and doses) give the numbers of the relevant cautionary labels. Commonly used ones include:

1. Warning. This medicine may make you sleepy

   This label is used on preparations for children that can cause drowsiness e.g. antihistamines.

2. Warning. This medicine may make you sleepy. If this happens do not drive or use tools or machines. Do not drink alcohol

   This label is to be used on preparations for adults that can cause drowsiness. It is an offence to drive whilst under the influence of alcohol or drugs. Sometimes the patient will only feel drowsy for the first few days of treatment or if they are taking a high dose.

7. Do not take milk, indigestion remedies or medicines containing iron or zinc, 2 hours before or after you take this medicine.

   This label is required for medicines which bind to calcium, iron, magnesium and zinc which makes less of the drug available for absorption. These incompatible preparations and the medication should be taken 2-3 hours apart.

17. Do not take more than...in 24 hours

   This label is used to indicate the maximum daily dosage where this is particularly significant e.g. some migraine treatments.
Module 8: Assembling a Prescription

Commonly used cautionary labels continued

21. Take with, or just after food, or a meal
   *This label is used on preparations likely to cause gastric irritation or if the drug is absorbed better with food.*

28. To be spread thinly on the affected skin only
   *This label is used on external preparations which must be applied sparingly e.g. corticosteroid creams.*

29. Do not take more than 2 at any one time. Do not take more than 8 in 24 hours.
   *This label is used on preparations containing paracetamol that are tablets or capsules. It is an important warning as a paracetamol overdose has extremely serious consequences.*

30. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine.
   *This label is used on all dispensed preparations containing paracetamol.*

Occasionally a prescriber may indicate n.c.l. on the prescription which would mean the label should not include any cautionary labels.

*Always refer to your pharmacist for guidance if you are unsure which cautionary labels are needed or if patient asks you about the cautionary labels on their medicines and/or the side effects mentioned.*

Additional labels

Certain preparations will also have additional phrases on the label:

- “Shake the bottle” this is to ensure the patient receives the correct dose as liquid preparations can settle on standing
- “For external use only” this is a legal requirement for all external products
- “Store in a cool place” high temperatures can affect medicines by having an adverse effect on some dosage forms and/or by affecting the active ingredient. (See Module 10 for further information)
- “Discard... days after opening” or “Do not use after...” these warnings are particularly important for oral antibiotics which tend to have a limited shelf life and also for eye preparations which have restrictions on the time they can be used due to the likelihood of bacterial contamination following prolonged use
Module 8: Assembling a Prescription

Dispensing a Prescription

The flow chart below which continues on the next page illustrates the key stages in the dispensing process. Refer to a senior colleague and/or the relevant SOP if you are unsure about any step.

**Receive the Prescription**

It may be private or NHS; it could be brought in by the patient, collected from a surgery, sent by post, sent electronically, or be a prescription which the pharmacy retains e.g. instalment prescriptions for methadone.

**Perform a Provisional Stock Check**

If the stock is not available and the patient is waiting, advise them of the situation and explain when the stock will arrive if it is ordered today. The patient may decide to take their prescription elsewhere.

**Communicate with the Patient/their Representative**

If they are present, ask the patient/their representative to complete the reverse of the prescription form and pay (if applicable). Ask if they plan to wait for the prescription and tell them the waiting time.

Issue a docket/ticket and make a clear note to inform the dispensary staff of the situation.

**The Pharmacist performs the Clinical Check**

The pharmacist will confirm that the prescription meets all the legal requirements and that the treatment is suitable for the patient. This check can be done with the final accuracy check after dispensing if preferred.

**Access the Patient’s Medication Record**

The prescription is now ready for dispensing and the patient's medication record should be accessed using their name, address and date of birth as required. A new record should be created for a new patient.

**Produce the Dispensing Label(s)**

The label(s) and a bag label need to be printed using the information on the prescription. These should then be kept with the prescription.

A basket or tray will ensure prescriptions are adequately segregated.

**Dispense the Prescribed Items**

The items should be dispensed one at a time. The prescription, not the label, should be used to select stock.
Module 8: Assembling a Prescription

Key Stages in the Dispensing Process continued

**Label the Dispensed Items**
Attach the label to the container. The label should be straight and placed in a suitable location, not obscuring the name of the product or any information intended for the patient.

**Supply Sundry Items (also known as consumables)**
Add sundry items e.g. 5mL spoons, oral syringes, patient information leaflets, additional warning cards etc. if they have not been supplied by the manufacturer.

**Mark/Endorse the Prescription**
Endorse the prescription and stamp it with the pharmacy stamp. Take care not to obscure any patient details.

Prescriptions for Controlled Drugs in Schedules 2 and 3 must be marked with the date of supply. This may be different to the date of dispensing.

**Perform an In-Process Self-Check**
Once the items have been assembled correctly it is good practice for the person dispensing to check their work. Once satisfied, they should then mark/initial the dispensing label in the appropriate place.

**Final Accuracy Check**
The dispensed items are now checked for accuracy against the prescription. This will be done by a qualified accuracy checking technician (ACT) or the pharmacist. The items can then be packed ready for supply.

**Record the Dispensing/Supply**
Where additional records are required these could be made now if the items are to be supplied immediately.

**Supply the Dispensed Items**
If the patient is waiting then the dispensed items can be supplied with appropriate counselling. (See Module 9 for further information).

The patient should be given a written note for any outstanding items.

**Store the Assembled Items**
If the patient/their representative is calling back to collect the dispensed items they need to be stored appropriately and any records of supply made when the patient/representative collects them.
Clinical Prescription Checks Performed by the Pharmacist

These checks are also known as the “Professional Check” and the “Clinical Check” and may be performed prior to dispensing, or after dispensing at the same time as the final accuracy check.

The pharmacist will confirm that the prescription meets all the legal requirements and that the treatment is suitable for the patient in terms of the drug, the dose, the formulation, the frequency of administration and the quantity ordered.

The pharmacist will also consider the patient’s age and other conditions affecting their health and/or treatment options e.g. chronic illnesses, medication taken, allergies and whether they are pregnant or breast feeding.

To confirm the prescription has been checked and is ready for dispensing, the pharmacist will typically mark the prescription in some way. (See the relevant SOP for details of how this is done in your dispensary).

Dispensing

- Each item should be dispensed one at a time. The prescription, not the label, should be used to select the stock. This process can be as simple as selecting the right patient pack from the shelf and checking its expiry date and contents.

  Ask your pharmacist if the manufacturer’s seal should be broken to allow a check of the contents.

- Liquids may need to be measured if being dispensed from a large bottle. A clean conical measure or measuring cylinder must be used. Shake the bottle before pouring as the contents may have settled and always use the smallest measure available which will hold the required volume.

- Tablets or capsules may need to be counted if dispensed from a bulk container and blister strips may need cutting if the quantity prescribed differs from that in an original pack. Avoid handling tablets and capsules, instead use clean counting triangles, capsule trays and forceps. Care should be taken when cutting strips to ensure the batch number and expiry date are not discarded and no sharp edges are left.

- When dispensing into a Monitored Dosage System, or a compliance aid such as a dosette box, tablets and capsules packaged into blister strips will need to be removed from these and ideally dispensed straight into the tray.

- Antibiotic liquids will require reconstitution with the volume of water specified by the manufacturer. They must be thoroughly shaken following reconstitution to ensure all the powder is dissolved.

- Medicines requiring dilution should use the correct diluent and all calculations should be double checked before the dilution takes place.

- A patient information leaflet should be provided for each item supplied.

Figure 2: A dosette box
Dispensing continued

- Controlled Drugs and medicines stored in the fridge will need collecting from these special storage locations.

- Certain items will have special precautions which must be taken when dispensing e.g. cytotoxic preparations should not be handled. If this is unavoidable there will be designated equipment available that is clearly marked to ensure it is only used when dispensing these drugs. Preparations which are sterile until opened e.g. bottles of eye drops and individual dressing packs, should not be opened during dispensing.

- An appropriate container such as a white cardboard box or an amber glass bottle will be needed if the original packaging is unsuitable or unavailable e.g. if dispensing from bulk. Child resistant closures must be used unless one of five exemptions apply (see below). (Containers are covered in detail in Module 10).

Child Resistant Containers

All solid dose and all oral and external liquid preparations must be dispensed in reclosable child resistant containers unless one of five exemptions apply.

The exemptions are:

- The medicine is in an original pack or patient pack such as to make this advisable
- The patient has difficulty opening a child resistant pack
- A specific request is made by the patient, their carer or representative, that the product is not dispensed in a child resistant container
- No suitable child resistant container exists for a particular liquid preparation
- The patient has been assessed as requiring a compliance aid

Label the Dispensed Items

Attach the label to the container. The label should be straight and placed in a suitable location, not obscuring the name of the product or any information intended for the patient.

If there is space provided by the manufacturer for the dispensing label this should be used.

If several boxes of a product are required, double check they are the same and then label each one individually. It is recommended that labels state “This is container 1 of 3” etc. It is not acceptable to tape or band boxes together and attach one label to the top pack.

For certain products e.g. creams packed into tubes or inhalers, your pharmacist may want the dispensing label to be placed on the tube or the inhaler itself, particularly if the medication is for a child and is taken to school or nursery where it may be separated from the outer packaging.
Module 8: Assembling a Prescription

The Final Accuracy Check

This will be done by a qualified accuracy checking technician (ACT) or the pharmacist and ideally the person checking will not have been involved in the assembly of the prescribed items. Where a pharmacist is working alone in the dispensary they are advised to take a short mental break between assembling the items and performing the final check(s).

If the professional and clinical checks were not performed prior to dispensing the pharmacist will need to do these now.

When the final check has been completed the checker should sign/initial the label in the appropriate place.

Once checked, the items can be placed in a bag and sealed with the bag label. The prescription should be kept with the dispensed medicines until the patient collects them, after which it can be filed.

Records of Dispensing/Supply

Any entries in the appropriate registers e.g. the Controlled Drugs Register or the prescription-only register could be made after the items have undergone the final accuracy check if they are to be supplied immediately.

Check your SOP or ask your pharmacist who is responsible for making these records.

Entries are not made in the Controlled Drugs Register until the dispensed items have been supplied because entries need to be in chronological order. Also, the running balance cannot be amended until the Controlled Drugs have been supplied.

Storing Dispensed Items

If the dispensed items are not collected straight away they need to be stored appropriately. The prescription should be kept with the bag of medicines and the most common way to store these is alphabetically by the patient's last name.

Controlled Drugs requiring safe custody should be put in the Controlled Drugs cupboard and the prescription attached to the bag. Other items on the prescription should be kept in a separate bag and stored in a different location. There should be a note securely attached to this bag to remind the member of staff handing out prescriptions to collect the item from the Controlled Drugs cupboard and to make any entries in the Controlled Drugs Register or to tell the person responsible that this needs to be done.

Items requiring refrigeration should be stored in a similar way.

The prescription should remain with the items until they are supplied or returned to stock.
The manufacturers of medicines conduct stability tests on their products to establish the shelf life. The shelf life is the period in which the quality of the product can be assumed to be acceptable. The expiry date is the date after which the quality can no longer be guaranteed.

There will be an SOP for the checking of expiry dates of stock which will include over the counter products where applicable, as well as stock in the dispensary. The SOP will state when a product should be removed from stock e.g. for some medicines this will be when it has a month or less left of its shelf life.

Different terms can be used by manufacturers to state the end of their product’s shelf life. Table 1 clarifies the meaning of the terms “Expiry Date” and “Use By”.

<table>
<thead>
<tr>
<th>Term</th>
<th>Example</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiry Date</td>
<td>Expiry Date: 12 2014</td>
<td>An item with this expiry date can be used until the end of December 2014</td>
</tr>
<tr>
<td>Use By</td>
<td>Use By: 12 2014</td>
<td>An item with a use by date of December 2014 can be used until the end of November 2014</td>
</tr>
</tbody>
</table>

Table 1: Explanation of the terms “Expiry Date” and “Use By”

In addition to regular date checking of stock, the expiry/use by dates should be checked upon receipt and also at the point of supply.

Some products have a shelf life once they are opened which is different to that before they are opened, e.g. Oramorph Oral Solution® has a shelf life of three years from the date of manufacture but only three months after it is opened. Although this “dual shelf life” is not the case for all liquids it is good practice to write the date of opening on any stock bottles.
Module 8: Assembling a Prescription

Checking the Assembled Items Against the Prescription

Whether the prescription is being checked as part of a self-check, or as a final accuracy check, the same process should be carried out.

When checking the dispensed medication, the label and the medicine should always be checked against the prescription. The order in which these checks are carried out may vary but all of the following need to be performed on every single item.

Checking the Label

The following details on the label should be checked against the corresponding details on the prescription:

- **Patient's name**: ensure the name is spelt correctly
- **Patient's address**: where this is printed on the bag label check it against the address given on the prescription
- **Drug name**: take time to check the drug name if the drug has a similar name to another medicine
- **Drug strength**: check this carefully to ensure the strength on the prescription has been interpreted correctly
- **Dosage form**: this should match the form stated on the prescription
- **Quantity**: if the quantity has been calculated from information on the prescription double check the calculation. The quantity should reflect the amount supplied on this occasion and take any outstanding items into consideration.
- **Directions**: ensure these match the prescription and are unambiguous.
- **Appropriate additional labels/cautions/warnings**: these are added automatically by the dispensing software but should still be checked

Checking the Medication

When checking the medication and sundry items dispensed, check the following against the prescription:

- **Drug name**: take time to check the drug name if the drug has a similar name to another medicine
- **Drug strength**: check this carefully to ensure the strength on the prescription has been interpreted correctly
- **Dosage form**: this should match the form stated on the prescription
- **Quantity**: if the quantity has been calculated from information on the prescription double check the calculation and check the physical stock. If the full quantity cannot be supplied there should be a note for the patient and the dispensary records should reflect this information
- **Expiry Date**: check the expiry date to ensure it is sufficient for the treatment period. Take extra care with liquids which have a shorter shelf life once the stock bottle has been opened
- **Packaging/container**: the most appropriate packaging/container should be used
- **Patient Information Leaflet**: check there is a relevant leaflet for each medicine. This is a legal requirement
- **Sundry items**: check that where they are required the appropriate sundry items have been supplied
Module 8: Assembling a Prescription

Checking the Assembled Items continued

When performing a self check the following may HELP!

H how much? Check the quantity
E is the expiry date suitable?
L is the label correct?
P is the product correct?

Once the checker is satisfied that the items have been correctly dispensed the label should be marked in the “dispensed” box if this is an in-process self-check or in the “checked” box if this is the final accuracy check.

Any errors identified should be rectified, ideally by the person responsible for them. Errors should be classified and recorded according to dispensary SOPs. (Module 12 addresses dispensing errors).

Outstanding Items

When it is not possible to dispense the full amount ordered on a prescription, the patient should be provided with a note or slip stating the name and quantity of the medicine outstanding.

A record of the outstanding item should also be kept. The dispensing programme on the computer will usually hold this information.

Whenever possible the patient should be informed as to when the balance will be available for collection and how long after the balance is available the patient may collect the item.

It is recommended that balances of medication owing are dispensed by reference to the original prescription or a good quality copy. Owings should not be dispensed using only the information on the computer, an owing note, or a label as these may be incorrect.

Collecting Outstanding Items

Patients should also be advised of the importance of collecting owed items promptly as Controlled Drugs in Schedules 2, 3 and 4 may only be collected within 28 days of the date on the prescription.

Prescriptions for Controlled Drugs in Schedule 5 and all other prescriptions are valid for 6 months meaning the patient may return and request their owing at any point within that time.

However, the pharmacist will exercise their professional judgement as to whether to make the supply if a long time has passed between the initial dispensing and the collection as the treatment may no longer be appropriate for the patient.

Always refer to your pharmacist if a patient has a query relating to the dispensing of an outstanding item.
Module 8: Assembling a Prescription

Key Points to Remember

- A dispensary refrigerator should keep medicines between 2 and 8°C; any fluctuations outside this range need investigating and the situation rectifying
- Every container of a dispensed medicine must be labelled and the information on the label must meet the minimum requirements set out in the Medicines Act (Labelling Regulations) 1976
- When assembling a prescription the prescription must be used to generate the label and to also select the stock required
- When checking an assembled prescription the label and the stock should be checked against the prescription
- A written note should be provided to any patients relating to outstanding items on their prescription along with information on when the balance will be ready for collection

Checking Your Understanding

Refer to your trainee workbook for the exercises and activities that relate to this module. You are welcome to make any notes in your workbook that will help you to remember what you have learnt.

Discuss your answers with your pharmacist/pharmacy technician and ask them to complete the declaration at the end of the section before attempting the multiple-choice homework assessment questions.

Remember to put your name and the pharmacy name and address on each sheet and to photocopy your work before posting the originals to Buttercups Training for marking.