

## Dispensing Practice Guidelines

Dispensing is a component of pharmacy practice, and relates to the preparation and/or provision of a medication by a pharmacist.

Prior to dispensing a prescription, the law requires a pharmacist to:

- determine that the prescription complies with all the requirements of a legal prescription,
- record the prescription in the pharmacy's prescriptions records.

In the preparation phase, pharmacists must:

- use their knowledge to ensure that a medication is prepared and presented in such a way as to maximise its therapeutic properties,
- take account of such factors as storage, safe-keeping, dosage, strength, stability and potential adulteration.

In the provision of medication, pharmacists must apply their knowledge to ensure that:

- the medication is appropriate for the needs of the patient taking account of, where possible, the indication, relevant physical parameters, dose, dosage interval, dose form, drug/drug and drug/disease interactions, contraindications, known patient hypersensitivities and concomitant therapy,
- the medication is labelled with adequate directions, ancillary labels and additional instructions as applicable,
- counselling and verification of patient understanding of medication use occurs, incorporating the use of written drug information where appropriate.

### Patient Details

On presentation of the prescription, the patient's name, address and contact telephone number should be verified.

A patient profile should be generated, or updated if it already exists. A comprehensive patient medication profile would include

relevant information on:

- date of birth
- medical conditions
- allergies
- incapacities
- lifestyle factors
- medication (prescription and non-prescription)
- non-pharmacy healthcare services or therapies.

This information is confidential. It should be obtained with the patient's consent and after the patient has received a full explanation of the relevance of the information.

The pharmacist should consult the profile to determine the appropriateness of the current prescription for the patient's optimal health care.

### The Prescription

The validity of the script should be established according to all statutory requirements.

- It should be written in ink or be computer generated on a standard form of approved format.
- The validity of the prescription should be verified if there are any irregularities or alterations.
- There should be adequate written instructions on the dosage regimen.

At each dispensing, the prescription should be reviewed with the following considerations:

- suitability
- dosage regimen
- dosage change
- potential interactions
- contraindications
- over- or under-utilisation.

Where there is a potential option for brand substitution, a discussion of the rationale should take place if the patient desires. Following a full disclosure of the choices, the pharmacist should be satisfied that the

patient understands the outcome. Details of the substitution should be recorded if substitution takes place and noted on the prescription.

### **Interaction with the Prescriber**

The prescriber should be contacted in the following circumstances:

- If there is doubt about the suitability of the medication for the patient,
- If the prescriber's intention is not clear,
- If there is a potential for drug misadventure,
- If there is apparent over- or under-utilisation,
- If there is doubt about the legality or validity of the prescription.

Before the prescriber is contacted, the patient's consent should be obtained, where possible.

When contacting the prescriber, the pharmacist should specify the particular concerns, provide supporting evidence and suggest appropriate alternatives.

If the prescriber is unavailable, or is unwilling to accept the pharmacist's advice, the pharmacist must make a professional judgement as to what action is required to satisfy their duty of care to the patient. Possible actions may include adjusting the dose, recommending against supply or, in exceptional circumstances, actually declining supply.

Where consultation with the prescriber does occur details of the interaction should be documented by the pharmacist and appropriate notation made on the prescription.

The pharmacist should advise the patient of the result of the consultation with the prescriber.

### **Dispensing**

Details of each prescription item should be entered on the patient profile, and the name of the prescriber recorded.

If the item is to be dispensed from a repeat authorisation, particulars should be confirmed from the duplicate of the original.

When dispensing extemporaneous

prescriptions, the pharmacist should prepare the items according to sound professional practice standards.

Consumer Medicine Information leaflets should be provided on initiation of any treatment, and offered on subsequent dispensings according to established guidelines.

The item to be dispensed should be selected and its expiry date checked. The labels should be attached, unless this will hinder the verification process.

The medications, together with their labels and paperwork, including repeat authorisations, receipts and written information, should be assembled for checking.

### **The Verification Process**

The pharmacist should verify

- name
- address
- medication
- dosage
- strength
- directions
- quantity
- written information
- ancillary labels

and, where necessary, complete the labelling process. The labels should be attached so as to leave manufacturer's batch number and expiry date visible, where possible.

The completed goods should be carefully assembled and checked to avoid errors occurring. Clearly marked, sealed containers are suitable for assisting this process.

At collection, validation should be made of the correct patient or agent.

### **Counselling**

The pharmacist should discuss with the patient all aspects of the medication(s). This will include

- actions
- directions
- expected benefits
- precautions
- possible side-effects.

New medication should be identified as

such, even confirming its appearance. The patient should be given the opportunity to ask for clarification of any information.

The pharmacist should explain storage conditions for maximum benefit and safety.

For repeat items, the pharmacist should determine if compliance problems exist and ascertain that the continuation of treatment is appropriate.

If it is appropriate, the pharmacist should confirm arrangements for follow-up appointments with or phone calls to patients in order to monitor health outcomes.

The pharmacist should stress the importance of the patient's need to comply with all recommendations. The patient, however, does have the right not to partake in any treatment regimen.

The pharmacist should re-confirm points of particular importance.

The pharmacist should then verify patient understanding of their treatments and be satisfied that the product will be used correctly.

The pharmacy assistant can supervise the signing and dating procedure.

The pharmacist should complete any modifications to the patient profile and certify the process complete.

### **Extemporaneous Preparations**

These should be prepared in accordance with pharmacopoeial formulations. If a non-pharmacopoeial formula is prescribed, this should be exactly specified. In the absence of a non-pharmacopoeial formula, the pharmacist should use the APF formula which most closely resembles the prescribed item.

The formulation should provide maximum efficacy and safety in satisfying the prescriber's intent.

Care should be taken to ensure all ingredients in an extemporaneous preparation are compatible.

Minor changes may be made to the formulation that do not change its therapeutic activity. These should be noted on the prescription and discussed with the

patient.

Packaging and re-packaging should be appropriate to sustain the potency for the life of the product.

The names of any preservatives used in preparations should appear on the label. This information may be useful for avoiding sensitivity reactions in susceptible individuals and for explaining differences in flavour where the preservatives vary.

Purified Water BP should be used in all extemporaneous products.

Where percentage weights and measures are presented in formulations without specified units, liquids are measured by volume (regardless of density) and solids by weight.

Labels should include the approved pharmacopoeial name or a complete list of ingredients and their proportions, and preservatives.

Storage conditions should be indicated and expiry dates included if necessary.

*Endorsed by National Council April 1997*