# Guide to Good Dispensing

This guide is based on the Quality Care Pharmacy Program. It is designed to minimise the potential for dispensing errors and to save you time and expense. A number of routine checks and procedures have been prepared for your guidance. You are strongly advised to observe them on each occasion you dispense a prescription.

## Prescription Receipt

Provide the customer with an identifying docket or number, if available. Separate prescriptions for individual patients prior to dispensing.

#### **CHECK:**

#### **Patient Details**

- Name
- Address
- Phone or mobile number
- Any other contact
- Concessional entitlements
- Medicare number
- Allergies
- Date of birth
- Body weight

#### **Prescription Details**

- Date
- Doctor's signature
- S4 requirements
- S8 requirements
- Authority approval
- Advise substitution option

## Computer Input

Input prescription details using either electronic identifier, e.g. barcode, or using the pharmacist's original copy of the prescription.

#### CHECK:

- **Prescription** data matches patient and prescription details.
- **Medication** profile for consistency of treatment and compliance.
- · Consult My Health Record where relevant.
- Interactions.
- Evidence of misuse.
- **Use computer software** to select and record any brand change.
- Ensure the prescriber's intended specific directions are printed on the label.
- Generate labels (one for each pack if multiple packs), repeat

## **3** Drug Selection

Using the pharmacist's original prescription document, select manually or robotically and check:

- Drug
- Strength
- Quantity

## **Labelling**

#### Label each item CHECKING:

- Expiry date.
- **Directions** with those on original prescription document.
- Drug, strength and quantity against the pharmacist's original copy of the prescription.
- Apply appropriate cautionary and advisory labels.
- **Include** reference to generic substitution, e.g. "This replaces ...".
- When attaching label, do not obscure important information on manufacturer's label (especially name, strength, expiry date and batch number).
- Ensure identification of dispenser/checking pharmacist is included, e.g. record initials on the label and or prescription.

## 5 Label Check

Where possible, attach or partially attach the label to the product, scan the barcode on the label (if double scanning available), then scan the product. Ensure the dispensing program has confirmed the label and product are matched before proceeding.

 For multiple item dispensing, it is recommended to keep all items together in an appropriate container.

## **Assembling Prescription**

Assemble dispensed medicines with all documentation and counselling aids.

- Check all items belonging to the prescription. Identify and/or set aside any items requiring intervention with patient or agent.
- Place in a container which leaves all items visible.
- **Store** finished prescription out of the reach of the public and so it is not identifiable by the public.

## Final Check & Collection of Prescription

#### CHECK:

- The drug, strength and quantity against the pharmacist's original copy of the prescription.
- **Consider** if provision of other professional services is appropriate.
- Identify to staff (e.g. via laminate, tag or note) issues requiring specific advice such as generic substitution, clinical intervention, special storage requirements.
- Provide CMI if appropriate.
- Verify that the correct person is receiving the prescription by ASKING the patient/agent to confirm the name and address or cross-check if numbering system used.
- Counsel patient (consumer/client), with consideration to patient privacy.

## PDL STRONGLY RECOMMENDS THE USE OF SCANNERS IN DISPENSING



Member login at www.pdl.org.au or call 1300 854 838 if you need advice or support in relation to an incident.

Your PDL membership including Professional Liabilities Insurance (PI) cover is due 30th April annually.