

**Why is this guidance important to you?**

As a pharmacist, you can supply prescription only medicines (POMs) to a patient without a prescription in an emergency at the request of a prescriber or a patient. You should consider each request on a case by case basis, using your professional judgement to decide which course of action you believe will be in the best interest of the patient.

What this guidance covers

This guide is aimed at pharmacists working in registered pharmacy premises. It will help you identify the information you need to gather in order to decide whether an emergency supply requested by a prescriber or patient is appropriate or not. It also provides information on record keeping and labelling of medicines supplied.

What this guidance does not cover

- This guidance does not cover the use of patient specific directions or the faxing of patient specific directions in secondary care.
- It does not cover the request of an emergency supply in the event of a pandemic or through patient group directions (PGD). Further information on the national PGD for the urgent supply of repeat medicines and appliances in Scotland can be viewed at the Community Pharmacy Scotland website:
[www.communitypharmacyscotland.org.uk/nhs_care_services/unscheduled_care_\(cpus\).asp](http://www.communitypharmacyscotland.org.uk/nhs_care_services/unscheduled_care_(cpus).asp)

EMERGENCY SUPPLY AT THE REQUEST OF A PRESCRIBER

The following prescribers are able to request emergency supplies:

- an EEA or Swiss doctor or dentist
- the following prescribers registered in the UK:
 - a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, pharmacist independent prescriber.

Conditions that apply

Nature of emergency: Be satisfied that the request is from one of the prescribers stated above and the prescriber is unable to provide a prescription immediately due to an emergency (e.g. patient cannot collect the prescription from the prescriber, the prescriber is unable to drop off prescription at the pharmacy and patient urgently needs the medicine(s), etc).

Prescription: Prescriber will provide you with a prescription within 72 hours.

Directions: The POM is supplied in accordance with the direction given by the requesting prescriber.

Controlled drugs: Cannot supply controlled drug Schedule 1, 2 and 3 (except phenobarbitone or phenobarbitone sodium for epilepsy). Note: an EEA or Swiss doctor/dentist cannot request a Schedule 1, 2 and 3 controlled drug or medicines that do not have a UK marketing authorisation.

Record Keeping

An entry needs to be made in the POM register with the following information on the day of supply (or if impractical the next day following):

- the date the POM was supplied
- the name (including strength and form where appropriate) and quantity of medicine
- the name and address of the prescriber requesting the emergency supply

- the name and address of the patient for whom the POM was prescribed
- the date on the prescription (can be added to the entry when the prescription is received in the pharmacy)
- the date on which the prescription is received (this should be added to the entry when the prescription is received in the pharmacy)

Labelling

- Usual labelling requirements apply.

EMERGENCY SUPPLY AT THE REQUEST OF A PATIENT

Subject to the conditions below, you may legally make an emergency supply at the request of a patient who has previously been prescribed the requested POM(s) by:

- an EEA or Swiss doctor or dentist
- the following prescribers registered in the UK:
 - a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, pharmacist independent prescriber.

Conditions that apply

Interview: You should interview the patient, preferably face to face (if this is not possible consider using the telephone to contact the patient to gather the relevant information).

Immediate need: Be satisfied there is an immediate need for the POM and it is not practical for the patient to obtain a prescription (e.g. they are out of town, etc).

Previous treatment: The POM requested has previously been used as a treatment prescribed by at least one of the prescribers listed above. Note: the time interval from when the medicine was last prescribed to when it is requested as an emergency supply would need to be considered and you should use your professional judgement as to whether a supply or referral to a prescriber is appropriate.

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Dose: Be satisfied of the dose the patient needs to take.

Controlled drugs: Cannot supply controlled drug Schedule 1, 2 and 3 (except phenobarbitone or phenobarbitone sodium for epilepsy) and medicines which consist of or contain the following substances:

Ammonium bromide, calcium bromide, calcium bromidolactobionate, embutramide, fencamfamin hydrochloride, fluanisone, hexobarbitone, hexobarbitone sodium, hydrobromic acid, meclofenoxate hydrochloride, methohexitone sodium, pemoline, piracetam, potassium bromide, prolintane hydrochloride, sodium bromide, strychnine hydrochloride, tacrine hydrochloride, thiopentone sodium.

Note: requests made by a patient of an EEA or Swiss doctor/dentist cannot be supplied a controlled drug Schedule 1, 2 and 3 or medicines that do not have a UK marketing authorisation.

Length of treatment of Controlled Drugs: Cannot supply more than 5 days treatment of controlled drugs (i.e. phenobarbitone, phenobarbitone sodium, Schedule 4 and 5).

Length of treatment of POMs: Cannot supply more than 30 days for other POMs, except where:

- The POM is insulin, an ointment, a cream, or an inhaler for asthma, (i.e. the packs cannot be broken) the smallest pack available in the pharmacy should be supplied.
- An oral contraceptive, a full treatment cycle supplied.
- An antibiotic in liquid for oral administration, supply the smallest quantity that will provide a full course of treatment.

Record Keeping

Entry is made in the POM register with the following information on the day of supply (or if impractical the next day following):

- the date the POM was supplied
- the name (including strength and form) and quantity of medicine
- the name and address of the patient requesting the POM
- information on the nature of the emergency, such as why the patient needs the POM, why a prescription cannot be obtained, etc

Labelling

- Usual labelling requirements apply, additionally have the words "Emergency Supply" on the label.

Where to go for further information

RPS Support: 0845 257 2570, support@rpharms.com or complete an online web form.

RPS support tools available on our website:

- EEA Prescriptions a quick reference guide
- Professional Judgement a quick reference guide

Other points to consider when faced with requests for emergency supply

You should be mindful of patients abusing emergency supplies, for example where the patient medication record shows the patient has on a number of occasions requested a medicine as an emergency supply or the patient is known to the pharmacy for regularly requesting emergency supplies.

You are able to make an emergency supply even when the surgery is open. Trying to obtain a prescription may sometimes cause undue delay in treatment and potentially cause harm to the patient.

If patients are away from home and have run out of their medicines, referring them to the nearest surgery to register as a temporary patient may not always be appropriate. You could make an emergency supply if you were satisfied conditions in this guidance were met.

What you should do when the POM requested by the patient is not supplied

If you decide not to make an emergency supply after gathering and considering the information discussed in this guidance, you should advise the patient on how to obtain a prescription for the medicine or appropriate medical care such as referral to a doctor, walk in centre, accident and emergency, etc.

Faxed Prescriptions

A faxed prescription is not a legally valid prescription and a supply against a faxed prescription is therefore not a legal supply.

Emergency supply exists as a legal mechanism and can achieve a similar outcome in most scenarios. It is the legal and recommended route for providing urgent prescription only medicines in the absence of a prescription.

For example, a doctor may fax a prescription to you for a POM, requesting you to dispense from it and the prescription will be posted to you the next day. In this instance there is a legal alternative mechanism in place (i.e. emergency supply at the request of a prescriber) for you to supply the POM without having the original legally valid prescription to hand, provided the conditions of emergency supply discussed in this guidance are met.

The Society acknowledges that in some 'secure environments' the use of faxed prescriptions has become routine.

For specialist advice on the rationale and appropriate safeguards for the use of faxed prescriptions in 'secure environments' please contact the Secure Environment Pharmacists Group (SEPG) via online network or via the RPS Support team.