



# Regional Guidelines for the Supply of “Take-Home Medication” from Northern Ireland Emergency Departments

Developed by the Northern Ireland  
Regional Emergency Department  
Pharmacist Group  
December 2014

## Contents

Guideline Development Overview	2
Introduction	5
Aims	6
Audit Standards (2011 audit report)	7
Audit Recommendations (2011 audit report)	8
Medication Supply from Emergency Departments (ED)	9
Medication available for supply	10
Supply of medication against a valid prescription or a Patient Group Direction (PGD)	12
Double checking of medication to be supplied	13
Labelling requirements	14
Patient counselling	17
Actions when the prescribed medication isn't available	18
Staff training	19
Literature search	20
References	21
Consultation process	22
Appendix 1: Guideline Development Group	23
Appendix 2: Example of an Emergency Department "Take-Home"	
Medication List	24
Appendix 3: Flowchart illustrating medication supply	25

# **Guideline Development Overview**

## **Methodology**

This guideline was developed to be utilised by all nursing and medical staff who are involved in the supply of medication to patients within Trusts' Emergency Departments (ED).

The guideline will aim to clarify processes and procedures for medication supply so that all healthcare professionals involved in the process will be informed and aware of their department's protocols. This will ensure safe and effective practice and an improved standard of care delivered to patients attending Emergency Departments. The remit of the guideline is for all of the Trusts' Emergency Departments across Northern Ireland.

## **Guideline's Terms of Reference:**

The Terms of Reference were developed by the Guideline Development Group (GDG) and include:

## **Involvement of Stakeholders**

Key to the development of Guidelines Audit and Implementation Network (GAIN) guidelines is the involvement of relevant professional and patient/carer organisations. The relevant professionals and processes undertaken are documented in the "consultation process" section of the guideline on page 22.

## **Needs Assessment**

As part of the guideline development process, an initial meeting was held with all stakeholders in October 2012 to discuss developing the guideline and identifying the components which would be integral to the guideline's format. Subsequent quarterly meetings occurred with the Emergency Department pharmacists to chart the guideline's progress and review work to date.

Another task involved the development and piloting of the flowchart and both nursing and medical staff were involved in this. Feedback was received from these healthcare professionals and the flowchart amended to make it a more user-friendly and concise guide.

## **Literature Review**

The literature review was undertaken by the Regional Medicines and Poisons Information Centre and this is discussed on page 20.

## **The Guideline Development Group (GDG)**

The development of this guideline was based upon methods outlined in the 'Advice for Guideline Development in Northern Ireland' document. The group consisted of Emergency Department staff, including pharmacists, a consultant, and a nurse consultant, and other pharmacist representatives from governance, production and patient services.

The guideline development process was supported by GAIN staff. At the start of the process it was identified that there were no conflicts of interest arising from within any members of the group.

## **Guideline Development Group Meetings**

The Regional Emergency Department Pharmacist Group met quarterly from October 2012 through 2013 to draft and finalise this guideline. It involved discussion with the GAIN team in order to ensure appropriate content and formatting, and also the stakeholders involved in the guideline's proposal and development.

The guideline was disseminated to the Guideline Development Group in October 2014 and comments were received and reviewed by the Emergency Department pharmacists at their December regional meeting. The necessary changes were made to the guideline before submission to GAIN for review and publication.

## **Patient/carer Representatives**

Patient representatives were not involved in the guideline's development. This decision was made by the Guideline Development Group as it was not felt to be necessary and wouldn't add any benefit to the guideline's development or impact upon its content. This guideline is a practical guide for the users, which will be healthcare professionals including doctors, pharmacists and nurses.

## **Expert Advisers**

This guideline is a practical guide to the medication supply process and as such there are no expert advisers in this field. The guideline was based on best practice guidance and current legislation; all references have been listed in the guideline.

## **Updating the Guideline**

In keeping with GAIN requirements these guidelines will be reviewed in 2018 or sooner in light of any emerging evidence.

## **Funding**

The Guideline Development Group was supported by GAIN to develop this guideline.

## **Introduction**

In March 2011 GAIN published an audit titled, “Take-Home” Medication Supply from Northern Ireland Emergency Departments”. This audit report by the Northern Ireland Emergency Department Pharmacist Group established the current baseline practice with respect to the supply of take-home medication for each of the Emergency Departments across Northern Ireland.

When the audit was undertaken there was little practical guidance on the processes of supplying medication to patients from Emergency Departments. The audit illustrated a wide variation in practice across different Trusts, and also between different staff members within Trusts.

The audit’s main recommendation was that regional guidelines should be put in place as a priority to ensure equitable, safe and transparent practice across Northern Ireland. The guideline will be relevant for all healthcare professionals involved in medication supply in Emergency Departments.

These guidelines are a follow-up to this audit report and have been written to define standards for the supply of “Take-Home” medication from the Emergency Departments across Northern Ireland. The guidance issued ensures legal requirements are adhered to, and where possible, best practice is followed.

Within all of the Trusts’ Emergency Departments there is availability of standardised pre-pack medications for patients to take home. In the majority of situations, patients’ requirements regarding take-home medication can be met by staff issuing this medication. On occasions, when this is not the case, a system will be in place to ensure that the necessary medication is made available and that practices are both safe and legal.

These guidelines apply to patients who attend the Emergency Department and are discharged with a supply of medication. It does not apply to patients to whom decision to admit has been made. The guideline will be reviewed by the Emergency Department Pharmacist Group in 2018.

## Aims

This guideline aims to ensure:

- The correct medication is supplied to patients requiring “Take-Home” medication from the Emergency Department
- Medicines are packed and labelled as required by the Human Medicines Regulations 2012
- The appropriate amount of medication is supplied
- Patient information leaflets are supplied with all “Take-Home” medication as required by “EC labelling and leaflet directive 1992/27”
- Medication is supplied to the patient in a timely manner
- Medicines optimisation is achieved, which incorporates:
  - Patients understand why the medicine is needed, how to take it, the expected health outcomes and any potential side effects that could signal harm and would require further medical advice
  - Patients are aware of who to contact about any queries or problems with the medication supplied
  - Patients are informed if further medication may be needed after discharge and are advised of how to access supplies through their GP
  - Patient safety is optimised
  - Cost-effective use of medicines
- Training is provided on a continuous basis for the appropriate staff involved in supply of “Take-Home” medication
- A Standard Operating Procedure (SOP) /Flow Chart is available for nursing staff to follow
- Standardisation of practice across the region

## 2011 Audit Standards

These are the audit standards which were integral to the audit report published in 2011. The objective of this guideline will be educate and inform staff so that medication can be supplied to patients in a way in which these standards are continuously met.

STANDARD		Target (%)	Exceptions	Source of Evidence
<b>S1</b>	There is an SOP in place for supply of medications by nurses in the Emergency Department	100%		NMC Standards for Medicines Management
<b>S2</b>	The patient has the right to expect that the supply will be carried out with the same reasonable skill and care that would be expected from a pharmacist.	100%		NMC Standards for Medicines Management
<b>S3</b>	Medicines supplied are labelled correctly i.e. with a label showing the date, name of patient, hospital, name of medicine, its strength and precise instructions for its administration	100%	Legal requirement therefore no exceptions	Human Medicines Regulations 2012
<b>S4</b>	A patient information leaflet should be supplied with every medicine	100%	Legal requirement therefore no exceptions	Human Medicines Regulations 2012 EC Labelling and Leaflet directive 92/27 <sup>1</sup>
<b>S5</b>	No transfer of any medicine from one container to another, other than by pharmacy staff, takes place	100%		Human Medicines Regulations 2012
<b>S6</b>	Medicines are supplied in appropriate containers	100%	Legal requirement therefore no exceptions	Human Medicines Regulations 2012
<b>S7</b>	If Patient Group Directives are used to supply medications these medicines should be provided to the ED by pharmacy as ready labelled pre-packs.	100%		MHRA guidance <sup>2</sup>

## 2011 Audit Report's Recommendations

This guideline has been published with the goal of delivering on the recommendations of the 2011 audit report which are listed below.

1. Regional guidelines on the supply of medications from Emergency Departments should be produced to ensure equitable, safe and transparent practice throughout Northern Ireland.

The guidelines should cover:

Situations which are appropriate for supply

Staff groups appropriate to make the supply

What medications should be supplied

Procedures to be followed

Referral procedures for patients unable to obtain immediate supply

Legal obligations of those involved with supply

2. The formation of a regional core formulary of medications for supply.
3. Medications supplied should exist as pre-labelled packs.
4. SOPs should be implemented in departments regarding supply of medications.
5. Medication supplies should be double checked by a second member of staff.
6. Staff training should be arranged locally for all staff.

## **Medication Supply from Emergency Departments (ED)**

### **Written Direction to supply**

Before a medication can be issued either a valid prescription must be written by a doctor or a valid Patient Group Direction (PGD) must be available for the medicine.

A valid prescription must contain all of the following:

- Patient's name
- Date of birth
- Hospital number/Health and Care number
- Medication name
- Medication form
- Directions (dose/route/frequency)
- Prescription date
- Prescriber's name signature
- Allergy status
- Quantity or duration of treatment

Such prescriptions for take-home medication may be prescribed on the patient's Emergency Department medical record.

For a PGD to be used as a mechanism for supply:

- It must be valid in the Emergency Department
- It must facilitate the supply of medication to patients on discharge
- The nurse must be trained and competent to use the PGD (see local Trust policies regarding PGD training and PGD registers)

## Medications available for supply

The range and quantity of medication available in Emergency Departments are maintained by pharmacy and department nursing staff.

Medications available for supply to patients attending the Emergency Department are as follows;

- (a) **Medicine pre-packs.** Over-labelled packs supplied by pharmacy containing a patient information leaflet. Alternatively, other medication e.g. diazepam, are supplied in a smaller quantity as pack-downs from pharmacy because of the potential for abuse. These pack-downs also have an over-label. Pre-packs are supplied for those medicines which are typically Prescription Only Medicines (POMs).
  
- (b) **Original pack of medication of legal category “P” (Pharmacy) or “GSL” (General Sales List) medicines with no over-label.**  
These medications can be identified from inspection of the pack, with both types having full patient directions printed on the packs. “P” medicines are indicated with a “P” printed on the pack but “GSL” do not have such an identifier.
  
- (c) **Prescription Only Medicines available for supply but without an over-label.** In exceptional cases if a patient requires medication on discharge that is not pre-packed or available as a “P” or “GSL” pack, then a prescription should be sent to pharmacy.  
If pharmacy is closed, then a blank template label must be applied to the pack and all details completed before the medication is supplied.

Refer to the procedure that follows for details.

Pharmacy staff should regularly review the prescribing practice within the Emergency Department, and where possible, ensure medication packs are available to suit current prescribing advice, guidelines and evidence based practice.

Medicines will be stocked to facilitate the safe and efficient discharge of patients and will include analgesics, antibiotics and other miscellaneous medicines.

Refer to Appendix 2 for a list of medicines available.

## **Supply of medication against a valid prescription or valid PGD**

Note: This process should be followed for (a) pre-packs and (b) P/GSL medicine packs.

Medication can be issued during and out of pharmacy working hours as long as all criteria are met.

- For medication supplied against a prescription, check that the prescription documented in the patient's Emergency Department record fulfils the requirements for validity, is accurate and appropriate for the needs of the specific patient.
- For medication supplied against a Patient Group Direction staff must refer to the specific PGD.
- Check that the patient is not allergic to any of the medicines on the prescription.
- Under no circumstances should medication be supplied if the staff member is in doubt about the prescription or medication to be supplied. They must check with the prescriber before issuing any medication.
- Select the appropriate medication and check expiry date.
- Check that the dose and frequency on the prescription correspond to the directions printed on the medication pack selected
- Ensure that there's a sufficient quantity of medication in the pack(s) to cover the duration of treatment.
- If the patient requires a lesser number of tablets than is contained within the pre-packed box, then the extra quantity may be removed and disposed of before the medication is issued. The label quantity should be amended to reflect this.
- Under no circumstances should additional medication be added to pre-pack boxes.

- In the event that the patient requires more than the quantity of medication contained within the pre-packed boxes, then the patient may be issued duplicate boxes. The patient must be advised that they have been provided with more than one pack of the same medicine. If there is an excess of medication this should be removed and disposed of and the quantity amended on the label.
- The medication must be second-checked by another registered nurse or doctor and this recorded on the prescription.

## **Double Checking of the Medication to be supplied**

According to the Nursing and Midwifery Council it is **essential** that all supplies of medication must be **double checked** before handing over to a patient. The second person (registered nurse or doctor) must check:

- Patient is not allergic to the medicine
- The medicine is labelled correctly and completely with correct patient name, date, medicine name, directions, length of course , quantity and department's/hospital's name
- The contents of packaging match what is on the label and match what is prescribed or supplied via PGD
- Expiry date of medicines supplied
- In the case of liquid antibiotics the second person (registered nurse or doctor) must also check that the volume of sterile water added to the dry powder is correct

## **Documentation of medication supply**

The nurse who labels and supplies the medication must document the quantity supplied, and sign on the patient's Emergency Department record to confirm that they have made the supply.

The registered nurse or doctor who double checks the accuracy of the supply must also sign the Emergency Department record to confirm that they have performed the second check.

## Labelling requirements

Labelling requirements differ depending on the medicine pack being supplied.

**(a)** Medicine Pre-packs: over-labelled original packs supplied by Pharmacy containing a patient information leaflet. Alternatively, other medications e.g. diazepam are supplied as pack-downs from pharmacy because of the potential for abuse. These pack-downs also have an over-label. Labels on these packs are partially completed and must be completed in full before issue.

### Also write on the label:

- Patient's name
- Date of supply
- Quantity to be taken for each dose ( if not already pre-printed)
- Frequency (if not already on the label)
- Duration of treatment
- Name of the department/hospital supplying the medication, e.g. "Emergency Dept, RVH, BHSCT" if not already printed on the label

**(b)** Original pack of medication of legal category "P" or "GSL". The manufacturer's original pack includes all dosing information and necessary warnings. Refer to Appendix 2 for a list of medicines available.

Apply a tracer label which identifies the hospital/department issuing the medication and add on the following to the label's blank sections:

- Patient's name
- Date of supply

## Labelling requirements

**If the prescribed instructions differ from the instructions on the original medication pre-pack then a blank template label must be applied to the pack and completed in full (see overleaf).**

(c) Prescription Only Medicines (POMs) available for supply but without an over-label.

### Notes:

- These medicines can only be supplied from the Emergency Department when **pharmacy is closed**.
- If pharmacy is open then a prescription should be sent to pharmacy for the medicine to be dispensed.
- POMs without an over-label cannot be supplied against a PGD.
- **Controlled Drugs cannot** be supplied from the Emergency Department; they must be dispensed by pharmacy if required.
- A blank template label should be applied and completed in full when POMs are being issued to patients. (see below for details)

## Completing a blank label template

**The following details must be added to the label so that all legal requirements are met and that the medicine is labelled appropriately for the patient.**

The blank sections should be completed with:

- Medicine name, form, strength
- Quantity supplied
- Dose and frequency
- Duration of treatment (if necessary)
- Patient's name
- Date of supply
- Write any additional warnings if applicable (refer to BNF)
- Write the name of the department/hospital supplying the medication e.g. "Emergency Dept, RVH, BHSC" if not already stated on the label
- The label must also contain the warning, "keep out of the reach and sight of children"
- The medication(s) must then be checked by a second qualified member of staff, i.e. a registered nurse or doctor
- The two members of staff must each sign on the Emergency Department patient record to verify that the medication has been checked and that it complies with the prescription
- The medication should be given to the patient with an explanation of the dose, frequency, duration of treatment (if appropriate)
- The patient should be advised that there is a "Patient Information Leaflet" inside the medication pack, or a copy printed from: [www.medicines.org.uk](http://www.medicines.org.uk)

## **Patient counselling**

- The nurse must confirm the patient's identity as per local Trust policy (e.g. asking for patient name and date of birth) to ensure that the medication is being supplied to the correct patient.
- The nurse must explain what the medication is prescribed for and how to use/give if appropriate.
- The patient should be advised of the medicine's expected health outcomes and any side effects that could signal harm and would require further medical advice.
- The patient should be informed of who to contact about any queries or problems with the medication supplied
- Directions should be explained to the patient and information given on the length of course
- The patient should be advised what action to take if the course is finished but symptoms haven't resolved or if further supply of the medicine is likely to be needed
- A Patient Information Leaflet should be given with each medicine supplied and a request made for the patient to read it.

## **Actions when the prescribed medication is not available**

### **During Pharmacy Opening Hours**

If a patient requires medication that is not available then a prescription should be written and dispensed by pharmacy.

In hospital pharmacies that have a reception area for the general public, patients may be sent there directly with their prescription. Some hospitals will have satellite pharmacies that will dispense medicines while the patient waits in the Emergency Department.

### **Outside Pharmacy Opening Hours**

If a patient requires a medication which is not available within the emergency department and the pharmacy is closed, then local Trust policies should be followed to obtain the medication required. This may involve inter-ward medication transfers or contacting the on-call emergency pharmacy service. (See local policies for specific guidance)

Medication supplied or transferred to the Emergency Department should then be labelled appropriately before issue to the patient.

All labelling requirements should be met and medication checked and issued as per the processes previously documented.

## **Staff Training**

The 2011 audit report highlighted that there was a varied knowledge between nursing staff on the processes for supply of medication to patients and that there was scope for better staff training. Staff were often unsure about the differences in medicine packs available, and their legal definitions, and so this guidance and staff training will help to improve understanding of this.

### **Training should include:**

- Training sessions for all Emergency Department nursing staff involved in medication supply
- Information on labelling requirements for medication packs
  - Use of over-labelled packs
  - Use of tracer labels
  - Use of blank template labels
- New staff to be offered training upon their induction
- Staff should be aware of how to access local trust policies and guidelines in their department
  
- PGD training should be delivered to staff if PGDs are being used in the Emergency Department
- A Standard Operating Procedure for medication supply should be implemented in the Emergency Department

***Staff training logs should be reviewed and updated regularly.***

## Literature search

The Northern Ireland Regional Medicines and Poisons Information Centre performed a literature search on this topic using MEDLINE, NHS Evidence and the Cochrane database.

The majority of articles recovered related to patients' medication in the Emergency Department and the role of the clinical pharmacist in the Emergency Department.

Topics of the journal articles included:

- The role of the clinical pharmacist in screening medication histories and performing medicines reconciliation in the Emergency Department
- Reducing medication errors in the Emergency Department
- Utilising the role of a clinical pharmacist in the Emergency Department
- Patients admitted with their medication: impact on prescribing accuracy in the Emergency Department
- Methods to reduce prescription errors in the Emergency Department
- Streamlining medication processes to improve patient safety in the Emergency Department

These searches produced many clinical papers relating to the role of pharmacy and medication processes in the patient's journey through the Emergency Department, but didn't capture specific information on the supply of medication to patients once the prescribing process is complete.

This guideline has hence been based on best-practice guidance and current legislation, so that all nursing staff supplying medication to patients will be acting in accordance with the recommendations of their professional body and local Trust.

The references documented cover standards for medicines management and supply, use of Patient Group Directions and labelling requirements for medication supplied to patients.

## References, including relevant external guidelines

Nursing & Midwifery Council (2009) Standards for Medicines Management  
Human Medicines Regulations 2012

<http://www.legislation.gov.uk/uksi/2012/1916/contents/made>

Department of Health (2006) Medicines Matters: a guide to mechanisms for  
the prescribing, supply and administration of medicines.

Guidelines and Audit Implementation Network (2011) "Take Home" Medication  
Supply from Northern Ireland Emergency Departments.

<http://www.gain-ni.org/images/Uploads/Audit/Take-Home-Meds.pdf>

MHRA Patient Group Directions in the NHS

[http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsellingand  
supplyingofmedicines/ExemptionsfromMedicinesActrestrictions/PatientGroupDirection  
sintheNHS/index.htm](http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/PatientGroupDirectionsintheNHS/index.htm)

## Consultation Process

The Guideline Development Group met initially in 2012 to identify the aims and objectives of this guideline and discuss its necessary content. Subsequent to this the Regional Emergency Department Pharmacist Group met quarterly from October 2012 through 2013 to draft and finalise this guideline. It involved discussion with the GAIN team in order to ensure appropriate content and formatting, and also the stakeholders involved in the guideline's initial proposal and development.

The guideline has been disseminated for comments to both nursing and medical staff and feedback has been collated and all necessary changes made.

This final version of the guideline will be utilised by nursing staff working in the Trusts' Emergency Departments and will ensure that appropriate standards regarding supply of medicines will be met. It will also ensure that nursing staff have a resource readily available which documents guidance on medication supply.

### Staff involved in guideline proposal

The following healthcare professionals were involved with the initial submission to GAIN regarding producing this guideline.

Name	Group/Institution	Role within Guideline Development
Gary Millar	Emergency Departmental Regional Pharmacist Team	Co-ordinating development, writing and implementation of guidance on supply of medications subsequent to Emergency Department attendance
Anne Mills	Acute Nursing Health and Wellbeing Forum	Supporting development of guidance for nursing staff on supplying medicines
Joe Brogan	Northern Ireland Medicines Management Forum	Supporting a regional approach to supply of medicines at the emergency care/primary care interface
Angela Carrington	Northern Ireland Medicines Governance Team	Supporting development of guidance on clinical governance issues regarding medication supply

**Guideline Development Group**

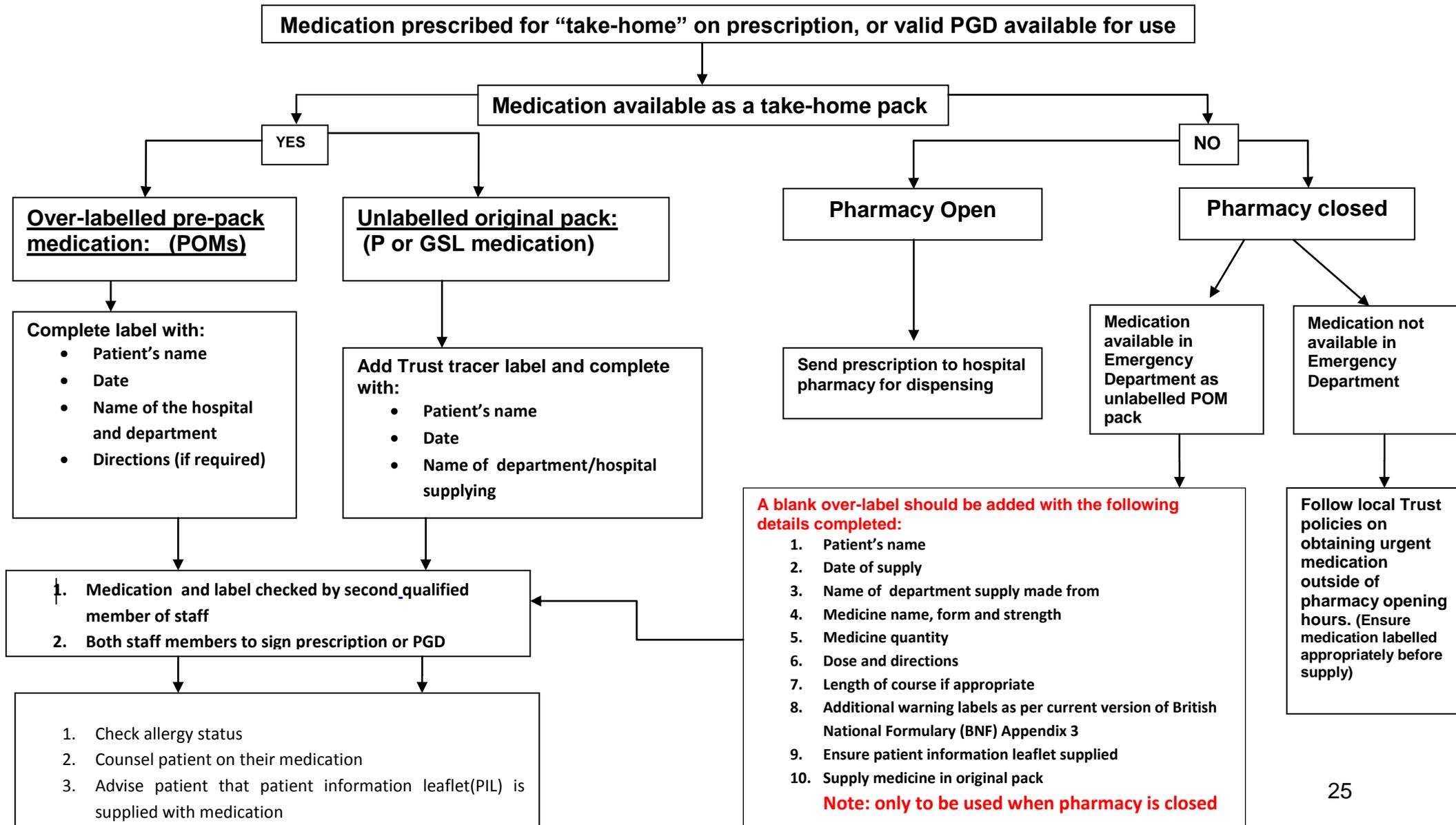
<b>Name</b>	<b>Job Title</b>	<b>Group/Organisation</b>
Gary Millar	Regional Lead ED Pharmacist	Regional ED Pharmacist Group, RVH, BHSCT
Leeanne Stewart	ED Pharmacist	Mater Hospital, BHSCT
Helen Graham	ED Pharmacist	Causeway Hospital, NHSCT
Aisling O'Hagan	ED pharmacist	Craigavon Area Hospital, SHSCT
Stephanie Garvin	ED Pharmacist	Daisy Hill Hospital, SHSCT
Emer Moore	ED Pharmacist	Lagan Valley Hospital, SEHSCT
Emma Adair	ED Pharmacist	Ulster Hospital, SEHSCT
Catherine Rice	ED Pharmacist	Downe Hospital, SEHSCT
Esther Brownrigg	ED Pharmacist	Ulster Hospital, SEHCT
Lindsay McGirr	ED Pharmacist	Altnagelvin Hospital, WHSCT
Geraldine Byers	Nurse Consultant Emergency Care	BHSCT Emergency Service
Mr Seamus O'Reilly	Consultant in Emergency Care	SHSCT Emergency Service
Lyn Watt	Patient Services Manager	SHSCT Pharmacy Service
Colette McBride	Production Manager	Victoria Pharmaceuticals
Angela Carrington	Clinical Governance Pharmacist	Northern Ireland Medicines Governance Team

**Example of a Core Formulary for an Emergency Department’s  
“Take-Home” Medication**

ANALGESIA	
PARACETAMOL 500mg Tabs	CO-CODAMOL 30/500 <b>[POM]</b>
PARACETAMOL 500mg soluble Tabs	CO-CODAMOL 8/500 Tabs effervescent
IBUPROFEN 400mg Tabs	CO-CODAMOL 8/500 Tabs
DICLOFENAC 1% GEL	
GI	
LACTULOSE	LANSOPRAZOLE 30mg <b>[POM]</b>
PEPTAC (GAVISCON)	CYCLIZINE 50mg <b>[POM]</b>
LAXIDO (MOVICOL) SACHETS	
BUCCASTEM 3mg (Prochlorperazine)	
BUSCOPAN (HYOSCINE BUTYLBROMIDE 10MG))	
MISCELLANEOUS	
CHLORPHENIRAMINE 4mg	DIAZEPAM 5mg (Packs of 4 tablets only) <b>[POM]</b>
THIAMINE 100MG	PREDNISOLONE 5mg <b>[POM]</b>
DIAZEPAM 2mg (Packs of 7 tablets) <b>[POM]</b>	CHLORAMPHENICOL 1% EYE DROPS <b>[POM]</b>
ANTIBIOTICS	ANTIBIOTICS
Clarithromycin 500mg <b>[POM]</b>	Phenoxymethylpenicillin 250mg <b>[POM]</b>
Flucloxacillin 500mg <b>[POM]</b>	Amoxicillin 500mg <b>[POM]</b>
Metronidazole 400mg <b>[POM]</b>	Co-amoxiclav 625mg <b>[POM]</b>
Ciprofloxacin 500mg <b>[POM]</b>	Trimethoprim 200mg <b>[POM]</b>
Doxycycline 100mg <b>[POM]</b>	Nitrofurantoin 50mg <b>[POM]</b>

**Note:** There will be variation across the Trusts regarding which medicines are available for supply and local formularies may be more expansive.

## GAIN REGIONAL GUIDANCE FOR THE SUPPLY OF TAKE-HOME MEDICATION FROM EMERGENCY DEPARTMENTS



Further copies of this guideline can be obtained by either contacting the GAIN Office or by logging on to the GAIN Website.

GAIN Office

DHSSPS

Room C4.17

Castle Buildings

Stormont

BELFAST BT4 3SQ

[www.gain-ni.org](http://www.gain-ni.org)

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