STANDARD OPERATING PROCEDURE
ACCURACY CHECKING

PURPOSE

To ensure that dispensed prescriptions have been assembled and labelled accurately before being transferred to the patient.

SCOPE

The procedure covers the way in which prescriptions that have been dispensed (assembled and labelled) are checked for accuracy. It covers all prescriptions except those which have to be dispensed into monitored dosage systems.

PROCEDURE/PROCESS

1. Keep distractions and interruptions to a minimum
2. Read the prescription through once, including details of patient name as well as drug name, strength, and quantity
3. Check each item individually in the order it appears on the prescription before moving on to the next

Check the product:

1. Read the drug name on either the bulk stock pack or the patient pack and check that this matches what is written on the prescription
2. Check that the product strength correlates with that on the prescription. Be careful with units, eg. mg (milligrams) and mcg (micrograms)
3. If using multiple patient packs, check that *all* packs are the same medication and the same strength
4. Check that the correct form has been dispensed (cream vs. ointment, etc.)
5. If using bulk packs, carry out a quick visual check on the contents of the bulk pack and the contents of the container to ensure they match
6. If using patient/calendar packs, open all unsealed packs checking that the contents are correct, the number of strips present in each pack is correct, and that there are no loose blisters or tablets
7. Check that the pack contains the relevant PIL or, for medicines dispensed from bulk packs, that a leaflet is supplied; these can be downloaded from the internet
8. Check that the correct quantity has been given (the correct number of patient packs or a quick visual check of the container)
9. For controlled drugs, double-check and count the number of dosage units dispensed
10. Check the expiry date on each patient pack or on the bulk pack

Check the label:

1. Check the label against the prescription (not against what has been dispensed) to ensure that it contains the correct patient name, correct medication name, correct strength, quantity, and dosage form
2. Check that the dose and usage instructions on the label correspond with the prescription
3. Check that the correct BNF warnings appear on the label
4. If dispensing more than one item, check that the labels on the items have not been transposed

Complete the checks:

1. When the accuracy check is complete, initial the "Checked By" box on the dispensing label
2. If any of the above steps reveals that an error has been made, this must be brought to the attention of the dispenser concerned. Errors should be recorded, and any trends should be brought to the attention of the doctor in charge
3. Count the number of items on the prescription and then count the corresponding number of dispensed items (not packs) into an appropriately sized bag
4. Check that you have not included any stock containers in the bag
5. If the dispensed items have special storage requirements, eg. items needing refrigeration or controlled drugs, ensure that the prescription form is annotated accordingly
6. Ensure that 5ml spoons, oral syringes, etc. are included if necessary
7. Attach any owing labels or other notes if necessary
8. Attach the prescription to the bag
9. Hand the dispensed items to the patient in accordance with the "Transfer to Patient" procedure OR
10. If the patient is collecting the prescription at a later time, store the dispensed items in the appropriate collection area, ensuring that any items which have special storage conditions are stored in the appropriate area

RESPONSIBILITY

Repeat prescriptions requiring remote delivery may be checked by the Dispensary Manager after any problems have been satisfactorily solved.

REVIEW PROCEDURE

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff
- Any adverse dispensing incident
- In the absence of any of the above, on or before the date shown below

KNOWN RISKS

- Distractions or interruptions
- Working long hours without a break
- Quieter periods (research shows that fewer errors occur when the dispensary is busy)
- Illness/lack of focus/personal problems
- Over-reliance on accuracy of person who dispensed the medication
- Self-checking
- New staff, locums, etc.

NAME	POSITION HELD	SIGNATURE	DATE

PREPARED BY:

EFFECTIVE FROM:

VERSION NO. : 1

DATE OF PREPARATION:

DATE OF REVIEW:

SIGNATURE:

GlaxoSmithKline

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