

18th September 2026

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Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I am writing to request recorded information under the Freedom of Information Act 2000 regarding the policies, procedures, and operational use of self administration of medication (SAM) within your maternity services.

Please provide the following information:

- 1. SAM policy documents - Copies of any current or previous policies, guidelines, protocols, or standard operating procedures relating to self-administration of medication in maternity services.**

East Sussex Healthcare NHS Trust (ESHT) does not have a specific policy regarding self-administration of medication within maternity services.

However, please find attached ESHT's Trustwide 'Guidelines for the Completion of Patient Held Medication Record Charts/Medication Passports [Medicines Code]'

Please note that it is the Trust's FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached document.

Please also note we are applying Sections 31(1)(a) and 40(2) as we have redacted the names of the Trust's IT Systems and staff that no longer work for the Trust, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of

patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [*NHS England — London » Synnovis Ransomware Cyber-Attack*](#)
- [*NHS England confirm patient data stolen in cyber attack - BBC News*](#)
- [*Merseyside: Three more hospitals hit by cyber attack - BBC News*](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act

2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](#)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [*Organisations must do more to combat the growing threat of cyber attacks | ICO*](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August

2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating.”

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is ‘of interest’ to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust’s transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust’s IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust’s systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

2. Implementation status - Whether SAM is currently in use in any maternity settings within your Trust (e.g., antenatal wards, postnatal wards, day assessment units, birth centres).

No, ESHT does not offer self-administered medication in the maternity unit.

o If yes, please specify which sites and clinical areas.

Not applicable.

o If yes, is SAM optional or is it expected all patients do this with few exceptions (e.g. Additional learning needs etc)

Not applicable.

o If yes, please specify which medication SAM is used for - e.g. analgesia only

Not applicable.

o If no, please state whether implementation is planned.

There are currently no plans to implement this.

3. Eligibility criteria - Any criteria, risk assessments, or decision-making tools used to determine whether a maternity patient is eligible to self-administer medication.

Not applicable.

4. Training requirements - Details of staff training, competencies, or mandatory modules relating to SAM in maternity services.

Not applicable.

5. Audit or evaluation reports - Any audits, evaluations, incident reports, or quality improvement reviews relating to SAM in maternity services from the past five years.

There have been no audits, evaluations or quality improvement reviews relating to SAM in maternity services in the past five years.

Please refer to question 8 for incident reports.

6. Patient information materials - Copies of leaflets, consent forms, or information provided to maternity patients about SAM.

Not applicable.

7. Digital systems - Whether any electronic health record systems (e.g., BadgerNet) are used to record or support SAM processes, and if so, how this is documented.

Not applicable.

8. Incidents - Please give details about any incidents or adverse outcomes that have been related to SAM and what the level of harm and investigation process was.

As you have not specified a timeframe for the occurrence or logging of incidents or adverse outcomes related to SAM in maternity services, we have extracted all incidents logged under the incident sub-category of "Medication Errors When Patients Are Self Medicating" for the last 10 years. In summary:

Year	Number of Incidents Logged	Incident Summary	Severity
2016	1	Patient became unresponsive after self-administration of insulin	Severity 2 – Minor
2017	1	Patient prescribed 400mg of Ibuprofen (two tablets over four hours), but took 14 tablets in 24 hours	Severity 1 – None/Near Miss
2018	0		
2019	0		
2020	0		
2021	0		
2022	0		
2023	1	Patient prescribed dihydrocodeine; consumed 28 days of analgesia in three days	Severity 1 – None/Near Miss
2024	0		
2025	2	Incident 1 Patient accidentally took an extra dose of antibiotic (trimethoprim) Incident 2 Patient prescribed cefalexin (antibiotic) however, instructions given were incorrect; patient took three tablets once a day, when this should have been one tablet three times a day	No Harm/Near Miss No Harm/Near Miss
2026 (Till 31.07.26)	0		

All incidents are investigated by an identified handler (usually a senior clinician or manager) in accordance with our patient safety/incident handling protocols; all investigative actions, outcomes and learning identified are recorded in the incident record.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Guidelines for the Completion of Patient Held Medication Record Charts/Medication Passports [Medicines Code]

Document ID number	1334
Version:	V3
Ratified by:	Medicines Optimisation Group
Date ratified:	May 2023
Name of author and title:	██████████, Senior Technician Jane Starr, Medication Safety Officer ██████████, Community Services Pharmacist
Date originally written:	January 2014
Date of current version was completed	April 2023
Name of responsible committee/individual:	Medicines Optimisation Group
Date issued:	09 May 2023
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Target audience:	All staff involved with medicines
Compliance with CQC Fundamental Standard	Good Governance Person centred care Dignity and Respect
Compliance with any other external requirements (e.g. Information Governance)	N/A
Associated Documents:	Medicines Policy Medicines Reconciliation on Admission Management of Controlled Drugs Assembly and Issue of Discharge Medication (TTO / TTA) Procedures for Self (Patient), Parent or Carer Administration of Medicines

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1 2014075	January 2014	[REDACTED] Jane Starr [REDACTED]	New Trust template and review	Updated policy into new trust format and list of medications (Appendix A) updated
V2 2016215	July 2016	Jane Starr	Review and update	Changed to use Medication Passports
V2.1	January 2020	Jane Starr	Review and update	Updated links
V3.0	April 2023	[REDACTED] and Jane Starr	Review and update	Update links and add in Medication passports through text

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Medicines Management Committee		July 2016
Documentation steering group		July 2016
TNMAG		July 2016
Medicines Optimisation Group		Feb 2020
Medicines Optimisation Group		May 2023

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

Relevant information about medicines should be shared with patients, and their family members or carers (where appropriate) and between health and social care practitioners when a person moves from one care setting to another, to support high-quality care. This includes transfers within an organisation – for example, when a person moves from intensive care to a hospital ward – or from one organisation to another – for example, when a person is admitted to hospital, or discharged from hospital to their home or other location.

Nationally the transfer of information about patients' medicines continues to be a significant risk to patient safety. The Royal Pharmaceutical Society (RPS) guidance, *'Keeping patients safe when they transfer between care providers – getting the medicines right parts 1 and 2'* suggest that between 30 and 70% of patients can have either an error or an unintentional change to their medication when their care is transferred.

Ensuring patient's hold an accurate medication record on discharge is essential for safety by providing a source of information that can be referred to when care transfers between providers. Whilst this can be achieved with discharge summaries, sometimes these contain medical abbreviations or complex information which may not always be easy to interpret. Ideally a medication record chart/ Medication passport should be used in addition to the discharge letter when patients are transferred between units, hospitals or care settings. Refer to the medicine document [Assembly and Issue of Discharge Medication \(TTO/TTA\)](#) for procedures related to this. Patients who self-administer their medicines within inpatient wards / bedded units should all be provided with a Medicines Record Chart/Medication Passport. Refer to the medicines code document [Procedures for Patient Self-Administration of Medicines](#) for further detail.

My Medication Passport (MMP) is a pocket sized booklet designed for patients' personal use to record details of their medication and related information and to thereby keep track of their past and current medicines use. It is hoped that the use of MMP might improve communications about medications across organisational boundaries and support patients in managing conversations about their medicines when they are talking to healthcare professionals (HCPs) and to carers, friends and family. It was developed originally as part of a collaborative project in North West London to improve prescribing and medicines management in the elderly (ImPE) and has spread to other age groups and geographical areas.⁵ Once use has been established at ESHT the Medication Passport can be updated and used within the local area by GPs, local Pharmacies and other healthcare providers. This discussion and issue of a medicines record chart also supports NICE CG76; Supporting Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence.

There is also a "My Medication Passport" App available for patients who would prefer to keep their medication details on their Smart phone or tablet. This is not detailed in this guidance as it would need to be wholly updated by the patient.

2. Rationale

Patients are often passive recipients of medicines and are not informed or empowered to be more active decision makers in their medicines choices. By providing information, we can try to improve this. Transitions in care increase the possibility of communication errors, which can lead to serious medication errors. Patients can be valuable and active participants in the medicines reconciliation process by maintaining up to date information about their current medicines.

These guidelines support staff to write patient held Medicines Record Charts/ Medication Passports that include all the appropriate and relevant information.

The aims of this document are to ensure:

- Patients are provided with a written record of all the medication that they are taking where appropriate.
- There is a process for writing and completing Medicines Record Charts/ Medication Passports and to support staff to provide patients with correct information.
- There is a consistency of information provided to the patient regardless of who fills in the Medicines Record Chart.

Supporting patients with information they hold about their medicines and improving the transfer of information about medicines across all care settings should reduce incidents of avoidable harm to patients and contribute to a reduction in avoidable medicines related admissions and readmissions to hospital.

3. Scope

The target audience who will complete the patient Medicines Record Charts/Medication Passports are:

- Doctors, Pharmacists, Pharmacy Technicians, Registered Nurses employed by ESHT
- Rehabilitation Support Workers employed by Adult Social Care working on Firwood Intermediate Rehabilitation Service.

Although these guidelines apply to adult patients only, it is recognised that the parents and carers of neonates of children who have multiple or complex medication regimes may benefit from the Medicines record chart.

4. Definitions

Medicines Record Chart (MRC)

A medicines record chart/Medication Passport is a compliance aid that ensures additional information is provided to a patient in a form that is understandable by them. A Medicines Record Chart is used by the Community Health Services Pharmacy team, while Medication Passports are used by Eastbourne DGH and Conquest Hospitals

Patient Own Drug / Medicine (POD)

Patients own drugs (PODs) are defined as any medication used by the patient whilst at home that they have brought into the hospital with them. This also includes any discharge medicines from a stay at an acute trust. They may be prescribed medications or those which the patient themselves have purchased from a pharmacy or supermarket etc. They may include oral, topical, inhaled or injected preparations.

Note: medicines dispensed during a stay by the ESHT pharmacies for acute hospital sites or by contracted suppliers for community bedded units do not become patient's property until they are discharged from hospital. All medicines dispensed on FP10 remain patient property regardless of origin.

Transcribing

Transcribing is the process of writing a record of the medicine(s) a patient/client has already been prescribed on to another document. This written record without the signature of an authorised prescriber differs from a prescription as only medicines which have previously been dispensed may be administered to a patient/client using this record.

5. Accountabilities

In addition to the responsibilities for staff groups detailed in the medicine code documents '[Assembly and Issue of Discharge Medication \(TTO/TTA\)](#)' and '[Procedures for Patient Self-Administration of Medicines](#)' it is the responsibility of the pharmacy technician, pharmacist or registered nurse looking after the patient to identify when a patient needs a Medicines Record Chart.

It is the responsibility of these staff groups to liaise and agree who will complete and issue the patient held medication record chart. These staff groups must also ensure that the patient held medication record chart/ Medication passport is kept up to date when changes occur.

6. Process

For some patients it may be appropriate for them to be encouraged to complete a medicine passport for themselves as part of a shared decision-making process. This engages them in their drug treatment, enables them to write information in an unambiguous way that they understand and in a format that they can read. To optimise the use of these charts patients, need to be engaged wherever possible even if they can't physically complete them themselves.

In the Trust, with their expertise in medicines, pharmacy staff should be ideally involved in the provision of patient held medication record charts/medication passports when it has been identified by nursing and medical teams as desirable for a patient under their care. Nursing and Medical staff may also write on medicine record charts (Medication Passports) provided they follow the guidance written within this document.

In community bedded units it is best practice for a trained transcriber or member of the pharmacy team to complete a Medicines Record Chart. This should be double checked ideally by another trained transcriber. If there is only one trained transcriber available, the trained transcriber should check the Medicines Record Chart after it has been completed by another member of the target audience.

For governance purposes a medicine record chart/ medication passport) that is used as a discharge summary will need to be checked on discharge for accuracy and amended accordingly to reflect the patient's ongoing drug treatment.

6.1. Completing the Medicines Record Chart/ Medication Passport for a Patient

Complete all details in black pen and writing clearly with block letters. All areas should be completed:

- Patient information
- Medicines and food allergies
- Medication aids (where applicable)
- Current medicines
- Changes to medicines
- Any relevant information in the notes section

"Passport issued By" information should only be entered at point of patient discharge when the medication has been checked prior to patient discharge. Ideally this should be completed by the nurse looking after the patient as they will be the most relevant point of contact for any questions related to the patient's care while they have been an inpatient.

- 6.1.1. Sit down with the patient and all their appropriately labelled medicines. Discuss each medicine with the patient including dose, time when taken and reason why the patient is taking this medicine. This is an opportunity to identify if there are any problems or to discuss and explain to a patient why they are taking their medicine and highlight any common side effects.
- 6.1.2. If you are unsure as to why a patient is taking a specific medicine, then contact the prescriber or pharmacist to discuss this. Some GP surgeries are now including indication on their medicines summary / prescriptions / medicines labels.
- 6.1.3. Following discussion with the patient complete the following sections of the Medicines Record Chart/Medication Passport for each medicine (see also Appendix C for guidance).
 - Name /strength / form of medication
 - Dose and time
 - Additional information can be added in the final column. This can be practical information (e.g. "Take with/after food", "Store in the fridge") or the purpose of the medication if required

Ensure that it is clear from the Medicines Record Chart/ Medication Passport when the patient is taking medicines "as required" only. For example: "take when needed for pain" or "take as required when in pain" can be written in the "Additional Information" section

- 6.1.4. Further copies can be requested from the Pharmacy departments at Conquest and Eastbourne DGH.

6.2. Additional guidance on completing the "Purpose" (for taking medicines) in the Additional Information section:

- If relevant write the **single** reason for taking the medicines based on the patient's own explanation and language. However, if this is incorrect then counsel the patient on the correct reason for taking.
- Always check why a patient is taking a particular medicine by checking the patient's medicine history or by asking the patient, as many drugs have numerous usages.
- Refer to the current British National Formulary (BNF) for reason to take this medicine.
- Appendix B in these guidelines contains a list of medicines, reason for taking these and any additional comments that should be considered. **This list can be used only as a guide when completing the Medicines Record Chart/Medication Passport. Many medicines have more than one indication and this list does not necessarily reflect this.**
- If uncertain about any of the patient's medicines, when to take and reasons for taking the medicines then consult a colleague, the pharmacist, or the prescriber.

- This section can be used for additional information provided to the patient to ensure the medicine is taken appropriately and safely, e.g. in terms of maximum daily dose; in relation to food. Information on this is available in appendix 3 in BNF (appendix 9 in older versions of BNF), or on the dispensing label.

6.3. Giving the medication record chart/medication passport to the patient

- It is always good practice to ask a colleague to double check the completed Medication Record Chart/ Medication Passport, even if this check has already taken place when the chart was written because changes could have been made to the patient's medicines regime. However, at point of discharge, this **must always** be checked by a colleague and signed and dated on the first page of the Medicines Record Chart/ Medication Passport in the "Issued by" section.
- Once the Medicines Record Chart/ Medication Passport has been completed, discuss this with the patient again preferably with all the appropriately labelled medication available.
- This will ensure that patient understands what is written on the Medicines Record Chart/ Medication Passport and that any misunderstandings can be resolved.
- Provide the patient with the Medicines Record Chart/ Medication Passport and record within the local documentation used that a Medication Record Chart/ Medication Passport has been issued.
- Inform the patient to keep the Medicines Record Chart/Passport with them at all times and to show it to community pharmacists, doctors, nurses and dentists when they seek advice or treatment. This also includes when buying herbal remedies and over-the-counter medicines.

7. Special Considerations

The medicines information department based within the pharmacy departments can access information resources that can be used to support patient's following discharge from hospital. To facilitate this there is a patient medicines helpline available during medicine information opening hours (Monday to Friday 09:00-17:00) and an enquiry form on the Trust internet pages.

For disabled patients, such as those with learning difficulties or visually impaired, the medicine information department can help source patient information about medicines in alternative formats such as easy read or large print. For patients who need access to information in community languages medicines information may also be able to assist.

8. Evidence Base and References

- *National Institute of Health and Care Excellence (NICE) Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. March 2015. <https://www.nice.org.uk/guidance/ng5> (accessed December 2020)*
- *World Health Organization: Medication Without Harm-WHO Global Patients Safety Challenge. Published 2017. Accessed Jan 2020 via; <https://apps.who.int/iris/bitstream/handle/10665/255263/WHO-HIS-SDS-2017.6-eng.pdf;jsessionid=C1C8DB996996D4DC1F9507E99599D374?sequence=1>*

- Royal Pharmaceutical Society (2012), *Final report; Keeping patients safe when they transfer between care providers – getting the medicines right*. Accessed Jan 2020 via:
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Keeping%20patients%20safe%20transfer%20of%20care%20report.pdf>
- Jamil S. *My medication passport: a report of the initial evaluation and results from the North West London consultation*. CLAHRC (Collaboration for Leadership in Applied Health Research and Care). London: Imperial College Healthcare NHS Trust, 9 November 2012. <http://www.hsj.co.uk/resource-centre/best-practice/patient-involvement-resources/passport-to-improved-patient-experience/5047524.article#.UufCTNJFBpg> Accessed Jan 2020.
- National Institute of Health and Care Excellence (NICE). *CG76 Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence*. January 2009. <https://www.nice.org.uk/Guidance/CG76>. Accessed Jan 2020.

9. Competencies and Training Requirements

Training on the medicines management processes will be facilitated by pharmacy staff within the clinical environment in accordance with the training needs analysis for medicines management.

No formal training is given specifically for these guidelines although competency for transcribers is covered by the [Procedure for the Transcribing Information about Medicines by nursing, community based services and social services staff \(Community Health Services\)](#).

10. Monitoring Arrangements

Compliance will be monitored reactively through the Trust incident reporting system, with medicine related incidents being reviewed fortnightly by the Medication Safety Officer and pharmacy and subsequently by the relevant Directorate risk management groups

There are no exceptions to compliance

Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Document	Medication Safety Officer	Review of information	Every 3 years	Medicines Optimisation Group	Medicines Optimisation Group	Medicines Optimisation Group
Incidents	Medication Safety Officer		Ongoing	Pharmacy Risk group and Medicines Safety Group	Medicines Safety Group	Medicines Optimisation Group

11. Equality and Human Rights Statement

Clinicians must ensure they consider religious observances, equality, human rights and the promotion of dignity and respect in relation to prescribing, administering and handling medicines. The principles of informed consent and the Mental Capacity Act should be followed. Refer to the full statements within the Medicines Management Policy: Policies Overview.

ESHT has equality impact assessed this policy.

People who do not have English as their first language may need translation services. These are available on request. Disabled people that may have an impaired ability to understand the principles laid out within this document or during informed consent may require additional support. Clinicians must therefore consider a patient's or carer's capacity for understanding and make attempts to include them in the decision making process by explaining the treatment in a way that is meaningful for the patient or carer.

Appendix A: EHRA Form

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found [here on the Equality and Diversity Extranet page](#).

Due Regard, Equality & Human Rights Analysis

Title of document: Guidelines for the Completion of Patient Held Medication Record Charts/ <u>Medication Passports</u>
Who will be affected by this work? Staff and Patients of ESHT, Community Pharmacies, GPs, Local CCG.
Please include a brief summary of intended outcome: My Medication Passport (MMP) is a pocket sized booklet designed for patients' personal use to record details of their medication and related information and to thereby keep track of their past and current medicines use. It is hoped that the use of MMP might improve communications about medications across organisational boundaries and support patients in managing conversations about their medicines when they are talking to healthcare professionals (HCPs) and to carers, friends and family.

		Yes/No	Comments, Evidence & Link to main content
1.	Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	No	
	• Race	No	Although the written patient information is in English language, this could be relayed verbally
	• Religion & Belief	No	
	• Gender	No	
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	NA	
3.	What are the impacts and alternatives of implementing / not implementing the work / policy?		It is good practice and will enable patients to keep a record of their own medicines which should ensure they feel more involved. This will also aid medication details to be transferred across different care sectors.
4.	Please evidence how this work / policy seeks to "eliminate unlawful discrimination, harassment and		This can be used for any patients and does not differentiate in any way

	victimisation” as per the Equality Act 2010?	
5.	Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	This can be used for any patients and does not differentiate in any way
6.	Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	This can be used for any patients and does not differentiate in any way
7.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	Yes
8.	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	This has been produced with patients in the development group and is a national initiative
9.	Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).	NA

Appendix B: Possible Purposes of Medicines

This list is a guide only. The healthcare professional is responsible for ensuring that the correct purpose (indication) is stated on the Medication Record Chart/ Medication Passports given to the patient.

This list is not exhaustive, there will be drugs and indications not listed so please make sure you check indications with the patient first or confirm indications from patient's medical notes/records.

Section 6.2 of this guideline provides detailed information of elements to be covered.

This list is from NHS Innovations South East – Clinical Indications Directory, February 2006 (accessed April 2023 [Directory - Clinical Indications](#)) and has been updated to reflect changes in indications and products available.

Where there are specific administration/preparation instructions, e.g. sachets, inhaled therapies, oral bisphosphonates etc, advise the patient of this, and record the additional information on the MRC.

Drug Name	Purpose (Indication)	Comments
Aciclovir	- to treat viral infection - to prevent viral infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis - if for treatment, add statement "complete the prescribed course"
Aciclovir cream	- to treat herpes simplex (cold sores) - or herpes zoster (shingles)	The following should be added in "Additional Information"- - specify type of infection being treated "complete the prescribed course"
Alendronic Acid	- to strengthen bones - to treat/prevent osteoporosis	Swallow one tablet whole with a full glass of tap water half an hour before any other food, drink or medicine. Remain upright for this time.
Alfacalcidol	- to prevent renal bone disease - Vitamin D supplement	
Allopurinol	to prevent gout	- Take with or just after food, or a meal - Take with a full glass of water
Amantadine	to treat Parkinson symptoms	- Note this is also an antiviral (but not recommended for this) - See footnote 1 at end of document
Amiloride	to improve heart function	
Aminophylline	to help prevent symptoms of breathlessness	
Amiodarone	- to control heart rhythm - to control heart palpitations	
Amisulpride	- to promote mood stabilisation - to promote a sense of calm	
Amitriptyline	- to improve mood (high dose) - for pain - to prevent/treat neuropathic pain (low dose) - to treat IBS - to promote sleep	

Drug Name	Purpose (Indication)	Comments
Amlodipine	- to lower blood pressure - to prevent angina - to treat Raynaud's symptoms	
Amoxicillin	- to treat bacterial infections - to prevent bacterial infections	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis - if for treatment, add statement "complete the prescribed course"
Anastrozole	to prevent breast disease recurrence	
Anusol cream	to treat anal irritation	
Anusol suppository	to treat anal irritation	
Apixaban	- to prevent strokes - to prevent blood clots	
Aqueous cream	to use as soap	
Aranesp injection	to treat anaemia of renal disease	Erythropoietin brand
Asasantin Retard	- to prevent strokes - to prevent blood clots	- Take with or just after food, or a meal - Swallow this medicine whole. Do not chew or crush
Ascorbic acid	- to prevent infection and renal stones - to increase absorption of iron / promote wound healing	
Aspirin	- to prevent blood clots - to help thin the blood - to help prevent strokes	- Dissolve or mix with water before taking (dispersible) - Take with or just after food, or a meal (dispersible) - Swallow this medicine whole. Do not chew or crush (e/c tabs) - Do not take indigestion remedies 2 hours before or after you take this medicine (e/c tabs)
Atenolol	- to lower blood pressure - to prevent angina - to lower blood pressure and control heart rate - to reduce anxiety symptoms - for migraine prevention - to prevent cardiac symptoms	
Atorvastatin	to lower cholesterol	
Aveeno cream	- to treat/prevent eczema - to treat/prevent dry skin conditions	
Azathioprine	to suppress immune response	
Azithromycin	- to treat bacterial infections - to prevent bacterial infections	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food (capsules only)

Drug Name	Purpose (Indication)	Comments
		Do not take indigestion remedies 2 hours before or after you take this medicine
Baclofen	to reduce muscle spasm	Take with or just after food or meal
Beclometasone aqueous nasal spray	to treat/prevent allergic nasal symptoms	
Beclometasone dipropionate inhaler	- to prevent shortness of breath - to help with breathing (preventer)	- State brand, strength and device - Counsel on inhaler technique and additional compliance device e.g. spacer - See footnote 3 at end of document
Bendroflumethiazide	- to lower blood pressure - to remove fluid	
Betahistine	- to treat dizziness - to treat/prevent giddiness	Take with or just after food, or a meal
Betamethasone scalp application	- to treat scalp eczema - to treat psoriasis	Spread thinly on the affected skin only
Betamethasone ointment / cream	- to treat eczema (strong steroid) - to treat psoriasis	Spread thinly on the affected skin only
Bezafibrate	- to lower cholesterol - to lower triglyceride	Swallow this medicine whole. Do not chew or crush (m/r formulation)
Bimatoprost eye drops	to treat glaucoma	State strength of eye drops
Bisacodyl	to treat/prevent constipation	- Swallow this medicine whole. Do not chew or crush - Do not take indigestion remedies 2 hours before or after you take this medicine
Bisoprolol	- to lower blood pressure - to prevent angina - to treat stable heart failure - to promote efficient heart function	
Brimonidine tartrate eye drops	to treat glaucoma	
Brinzolamide eye drops	to treat glaucoma	
Budesonide inhaler	- to prevent asthma - to help with breathing (preventer)	- State brand, strength and device where applicable - Counsel on inhaler technique. - See footnote 3 at end of document
Budesonide nasal spray	to treat/prevent allergic rhinitis	
Budesonide & formoterol inhaler	- to prevent asthma - to prevent asthma symptoms - to prevent respiratory COPD symptoms	- State inhaler strength. - Counsel on inhaler technique. - See footnote 3 at end of document
Bumetanide	- to reduce fluid retention - to prevent/treat heart failure - to lower blood pressure	
Buprenorphine patch	to relieve pain	- State brand and check frequency - See footnote 2 at end of document
Calcipotriol cream	to treat psoriasis	

Drug Name	Purpose (Indication)	Comments
Calcium with vitamin D (e.g. Adcal D3)	to strengthen bones	- State brand and formulation - Suck or chew this medicine (chewable) - Dissolve or mix with water before taking (dispersible)
Candesartan	- to lower blood pressure - to improve heart failure symptoms - to prevent cardiac events	
Captopril	- to lower blood pressure - for heart failure - to prevent cardiac events	
Carbamazepine / Carbamazapine M/R	- to prevent epilepsy - to prevent epileptic fits - to relieve nerve pain - to prevent headaches	- Swallow this medicine whole. Do not chew or crush (for m/r). - State brand where possible.
Carbimazole	for overactive thyroid disease	
Carbocisteine	to loosen sputum	
Carbomers eye drop	- to treat dry irritated eyes - to treat dry eyes	
Carvedilol	- to reduce blood pressure - to prevent angina	
Cetirizine	- to treat hayfever - to treat/prevent allergic conditions - to treat/prevent severe allergic reactions	
Chloramphenicol eye ointment / drops	to treat eye infections	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Store in fridge (drops only)
Chlorphenamine	- to treat/prevent hayfever - to treat/prevent allergic conditions	
Ciclosporin	to prevent transplant rejection	State brand name
Ciprofloxacin	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Swallow this medicine whole. Do not chew or crush - Do not take milk, indigestion remedies, or medicines containing iron or zinc, 2 hours before or after you take this medicine
Citalopram	- to prevent low mood - to improve mood	

Drug Name	Purpose (Indication)	Comments
	- to prevent depressive symptoms - to reduce anxiety symptoms	
Clarithromycin / Clarithromycin m/r	- to treat bacterial infections - to prevent bacterial infections	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take with or just after food, or a meal (m/r formulation) - Swallow this medicine whole. Do not chew or crush (m/r formulation)
Clindamycin	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take with a full glass of water - IF DIARRHOEA OCCURS STOP TAKING MEDICINE AND CONTACT DOCTOR
Clobazam	to control epilepsy	
Clonazepam	- to reduce anxiety - for tremor - for epilepsy	
Clopidogrel	- to prevent strokes - to prevent cardiac events	Check duration if used in combination with aspirin
Clotrimazole cream	to treat fungal infection	
Clotrimazole -HC cream	for treatment of fungal infection with associated inflammation	
Co-amilorfruse	- to decrease blood pressure - to improve heart function	
Co-amilozone	to decrease blood pressure	
Co-amoxiclav	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course"
Co-beneldopa / Co-beneldopa c/r (m/r)	to treat Parkinsons disease	- State strength and formulation - See footnote 1 at end of document - Do not take indigestion remedies 2 hours before or after you take this medicine (for m/r) - Swallow this medicine whole. Do not chew or crush (for m/r)
Co-careldopa / Co-careldopa c/r (m/r)	to treat Parkinsons disease	- State strength and formulation. - See footnote 1 at end of document - Swallow this medicine whole. Do not chew or crush (for m/r)
Co-codamol	to relieve pain	- State strength. - Contains paracetamol.

Drug Name	Purpose (Indication)	Comments
		Max 2 per dose or 8 in 24 hours.
Co-dydramol	to relieve pain	- State strength - Contains paracetamol. - Max 2 per dose or 8 in 24 hours.
Codeine phosphate	- to relieve pain - to control stoma consistency	
Colchicine	- To treat gout - To relieve gout	Note maximum dose for treatment
Colecalciferol	vitamin D supplement	
Colestyramine sachets	- to lower cholesterol - to relieve pruritis	Follow administration information
Colifoam aerosol foam	to treat colitis	
Combigan	to treat glaucoma	- Combination of timolol and brimonidine - State if right/left/both eyes
Co-trimoxazole	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course"
Crotamiton cream	to treat itchy skin	
Cyclizine	- to prevent nausea - to prevent vertigo - for dizziness	
Cyclopentolate eye drops	to dilate pupils	
Dabigatran	- to prevent blood clots after surgery - to treat irregular heart rhythm	- Defined course length following hip or knee surgery - Swallow this medicine whole. Do not chew or crush
Dalivit drops	vitamin supplement	
Demeclocycline	To treat low sodium	
Dermol 500 lotion	to treat/prevent dry skin	
Desloratidine	- to treat hayfever - to relieve allergic conditions	
Desmopressin	to promote dry beds (fluid intake should be monitored)	
Dexamethasone	- to treat/reduce inflammation - to improve wellbeing - to prevent sickness (<i>if used with chemotherapy</i>)	- Take with or just after food or meal - See footnote 3 at end of document
Diazepam	- to treat muscle spasm - to promote sleep - to reduce anxiety symptoms - to reduce tremor - to treat epilepsy	
Diclofenac (e/c formulation)	- to relieve pain - to ease arthritis pain	- Swallow this medicine whole. Do not chew or crush (e/c and m/r) - Do not take indigestion remedies 2 hours before or after you take this medicine (e/c) - Take with or just after food, or a meal (m/r)

Drug Name	Purpose (Indication)	Comments
Diclofenac gel	- to relieve pain - to ease arthritis pain	
Diclofenac sodium and misoprostol	to treat arthritis	- Take with or just after food, or a meal - Swallow this medicine whole. Do not chew or crush
Digoxin	- to control heart rate - to promote efficient heart function and control heart rate	
Dihydrocodeine	to relieve pain	
Diltiazem / Diltiazem m/r	- to lower blood pressure - to prevent angina	- State Brand if m/r - Swallow this medicine whole. Do not chew or crush
Diprobace cream / ointment	to use as skin emollient	
Diprobath bath oil	to use as skin emollient and skin cleanser	
Dipyridamole / Dipyridamole m/r	- to prevent strokes - to prevent blood clots	- State formulation. Normal release and sustained release have different licensed indications - Take with or just after food, or a meal (for m/r) - Swallow this medicine whole. Do not chew or crush (for m/r)
Docusate sodium	- to relieve constipation - to act as a stool softener	
Domperidone	to prevent nausea	
Donepezil	to help with memory	
Dosulepin	- to prevent low mood/to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	
Doublebase gel	to use as skin soap and emollient	
Doxazosin / Doxazosin m/r	to lower blood pressure	Swallow this medicine whole. Do not chew or crush (for m/r)
Doxycycline	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take with a full glass of water - Do not take indigestion remedies, or medicines containing iron or zinc, 2 hours before or after you take this medicine - Avoid calcium containing products within 2 hours of doxycycline
Dronedarone	- to control heart rhythm - to control heart palpitations	Take with or just after food, or a meal
Duloxetine	- to help with mood (Cymbalta®) - to relieve nerve pain - to help with bladder control (Yentreve®)	
E45 cream	to use as soap and skin emollient	

Drug Name	Purpose (Indication)	Comments
Enalapril	- to lower blood pressure - to prevent heart failure - to prevent cardiac events	
Enoxaparin	- to treat blood clot - to prevent blood clot	
Entacapone	to treat Parkinsons symptoms	- See footnote 1 at end of document - Do not take medicines containing iron, 2 hours before or after you take this medicine
Epaderm ointment	to treat itchy skin	
Erythromycin	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Do not take indigestion remedies 2 hours before or after you take this medicine - Swallow this medicine whole. Do not chew or crush
Esomeprazole	- to protect the stomach - to reduce stomach acid - to prevent acid reflux - to prevent indigestion	Swallow this medicine whole. Do not chew or crush
Etoricoxib	to relieve arthritis pain	
Exenatide	to treat diabetes	
Ezetimibe	to lower cholesterol	
Felodipine m/r	to lower blood pressure	Swallow this medicine whole. Do not chew or crush
Fenofibrate	- to lower cholesterol - to lower triglyceride	Take with or just after food, or a meal
Fentanyl	to relieve pain	Topical patches: State frequency of patch change. See footnote 2
Ferrous salts	- to prevent anaemia - to prevent iron deficiency	Can be taken after food to reduce gastro-intestinal side effects e.g. salts include sulphate, fumarate, gluconate
Fesoterodine	- to reduce urinary symptoms - to reduce urinary frequency - to help urinary symptoms	
Finasteride	- to reduce prostate symptoms - to improve urine flow	Not to be handled by women of child bearing age
Flecainide	- to control heart rhythm - to control heart palpitations	

Drug Name	Purpose (Indication)	Comments
Flucloxacillin	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food
Fluconazole	- to treat fungal infection - to prevent fungal infection	- Examples are thrush, candidiasis - The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course"
Fludrocortisone	- for low blood pressure - to treat postural hypotension - to treat Addison's disease	See footnote 3 at end of document
Fluoxetine	- to prevent low mood - to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	
Fluticasone aqueous nasal spray	- to treat/prevent allergic rhinitis - to treat/prevent allergic nasal symptoms - to treat/prevent prevent allergic nasal conditions	
Fluticasone inhaler	- to prevent asthma - to help with breathing (preventer)	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer. - Not suitable for urgent relief. - See footnote 3 at end of document
Fluticasone with salmeterol	- to prevent asthma - to prevent asthma symptoms - to prevent respiratory COPD symptoms	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer. - See footnote 3 at end of document
Folic acid	- to prevent anaemia - vitamin supplement	
Formoterol fumarate inhaler	to help with breathing (reliever)	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer. - Not suitable for urgent relief
Fortisips assorted flavour drinks	to use as a nutritional supplement	GP to review
Fosinopril	- to lower blood pressure - for heart failure - to prevent cardiac events	
Furosemide (frusemide)	to reduce fluid retention	

Drug Name	Purpose (Indication)	Comments
	- to prevent/treat heart failure - to reduce blood pressure	
Fusidic acid cream	- to treat eczema - to treat wound infection	- Spread thinly on the affected skin only - May be in combination with betamethasone or hydrocortisone
Gabapentin	- to relieve nerve pain - to treat epilepsy	Do not take indigestion remedies 2 hours before or after you take this medicine
Gastrocote	to relieve indigestion	
Gaviscon Advance	- to relieve indigestion - to relieve reflux - to treat hiatus hernia	
Gliclazide / Gliclazide m/r	to control diabetes	Swallow this medicine whole. Do not chew or crush (for m/r)
Glucagen hypokit 1mg	to treat low sugar episodes	
Glucose gel	- to treat hypoglycaemic attacks - to treat low sugar episodes	e.g. Glucogel
Glyceryl trinitrate tablets	to relieve angina	- Place under the tongue. - Discard the tablets 8 weeks after opening
Glyceryl trinitrate aerosol spray (cfc free)	to relieve angina	Spray 1 or 2 doses under the tongue then close mouth
Humalog / Humalog Mix insulin	to control diabetes	- State formulation and device - Insulin lispro
Humulin insulin	to control diabetes	State formulation and device
Hydrocortisone tablets	- Addison's disease replacement therapy - Steroid tablet	- See footnote 3 at end of document - Take with or just after food, or a meal
Hydrocortisone cream	- to treat eczema - to treat skin irritation	Spread thinly on the affected skin only
Hydroxocobalamin B ₁₂ Injection	- to prevent B12 deficiency - for pernicious anaemia	
Hydroxyzine	- to treat allergic reactions - to treat itching	
Hyoscine butylbromide	to relieve gastrointestinal spasms	
Hypromellose eye drops	- to treat dry irritated eyes - to treat dry eyes	State strength and which eye
Ibandronic Acid	- to strengthen bones - to treat/prevent osteoporosis	Follow administration information.
Ibuprofen	- to relieve pain - to treat arthritis	Take with or just after food, or a meal
Ibuprofen gel	- to relieve pain - to treat arthritis	
Indapamide / Indapamide m/r	to lower blood pressure	Swallow this medicine whole. Do not chew or crush (for m/r)
Insulin	to control diabetes	- e.g. Humulin, Humalog, Humalog Mix, Glargine, Novorapid, NovoMix, Levemir. - Please state device eg Penfill, Flexpen, Innolet
Irbesartan	- to lower blood pressure - to prevent cardiac events	
Isosorbide Mononitrate	to prevent angina	If modified release, state brand

Drug Name	Purpose (Indication)	Comments
/ Isosorbide Mononitrate m/r	- to prevent chest pains - to treat heart failure	Swallow this medicine whole. Do not chew or crush (for m/r)
Ispaghula husk	to relieve constipation	Dissolve or mix with water before taking
Ketoconazole shampoo	to treat scalp eczema	
Lacri-lube eye ointment	to treat dry eyes	State if right/left/both eyes
Lactulose solution	to relieve constipation	
Lamotrigine	to prevent epilepsy	
Lansoprazole Capsules	- to protect the stomach - to reduce stomach acid - to prevent acid reflux - to prevent indigestion	- Do not take indigestion remedies 2 hours before or after you take this medicine - Take 30 to 60 minutes before food - Swallow this medicine whole. Do not chew or crush
Lansoprazole oro-dispersible	- to protect the stomach - to reduce stomach acid - to prevent acid reflux - to prevent indigestion	- Take 30 to 60 minutes before food - Do not take indigestion remedies 2 hours before or after you take this medicine - Tablets should be placed on the tongue, allowed to disperse and swallowed, or may be swallowed whole with a glass of water. Alternatively, tablets can be dispersed in a small amount of water and administered by an oral syringe or nasogastric tube
Lantus insulin	to control diabetes	- State formulation and device - Glargine insulin
Latanoprost eye drops	to treat glaucoma	Store in fridge until opened
Laxido sachets	to relieve constipation	Dissolve each sachet in half a glass of water
Leflunomide	to treat arthritis	Warning: Do not drink alcohol
Levemir insulin	to control diabetes	- State formulation and device - Detemir insulin
Levobunolol eye drops	to treat glaucoma	State if right/left/both eyes
Levothyroxine	- to treat underactive thyroid gland - replaces thyroid hormone	
Linagliptin	to control diabetes	
Lisinopril	- to lower blood pressure - to treat heart failure - to prevent cardiac events	
Lithium Carbonate / Lithium Carbonate m/r	to stabilise mood	- State brand name as different preparations vary widely in bioavailability - Swallow this medicine whole. Do not chew or crush (for m/r)
Loperamide	- to relieve diarrhoea - to control stoma consistency	Maximum of 8 in 24 hours (when used for diarrhoea)
Loratidine	- to treat hayfever - to treat allergic reactions - to treat itching	
Lorazepam	- to reduce anxiety symptoms - to promote sleep - to treat epilepsy	
Losartan	to lower blood pressure	

Drug Name	Purpose (Indication)	Comments
	to preserve heart function	
Losartan + hydrochlorothiazide	to lower blood pressure	
Mebeverine	- to relieve irritable bowel symptoms - to relieve gastrointestinal spasm	Take 20 minutes before meals
Memantine	to help with memory	
Mesalazine / Mesalazine m/r	to prevent ulcerative colitis	- Do not take indigestion remedies 2 hours before or after you take this medicine (for m/r) - Swallow this medicine whole. Do not chew or crush (for m/r)
Metformin / Metformin m/r	- to control diabetes - to treat polycystic ovary syndrome	- Take with or just after food, or a meal - Swallow this medicine whole. Do not chew or crush (for m/r)
Methotrexate	- to modify rheumatoid disease - psoriasis - to treat Crohn's disease	- Once a week. - Need counselling and ensure patient has a NPSA methotrexate booklet. - Needs medical review if patient is not taking folic acid. - See footnote 2 at end of document
Metoclopramide	to prevent sickness or nausea	For short term use only (up to 5 days) – <i>unless in palliative care</i>
Metronidazole	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Warning: Do not drink alcohol - Take with or just after food, or a meal - Swallow this medicine whole. Do not chew or crush - Take with a full glass of water
Miconazole	to treat fungal infection	
Miconazole with hydrocortisone cream	to treat skin inflammation	Spread thinly on the affected skin only
Mirtazepine	- to prevent low mood - to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	Swallow this medicine whole. Do not chew or crush
Mometasone furoate nasal spray	- to treat/prevent allergic rhinitis - to treat/prevent allergic nasal symptoms - to treat/prevent prevent allergic nasal conditions	
Montelukast	to help prevent asthma symptoms	
Morphine sulphate	- to relieve moderate/ severe pain - to relieve neuropathic pain	State formulation as different formulations available: - Normal release tablets or capsules - Modified release (m/r) tablets or capsules for administration every 12

Drug Name	Purpose (Indication)	Comments
		hours - Modified release capsules (m/r) for administration every 24 hours - Swallow this medicine whole. Do not chew or crush (for m/r) - See footnote 2 at end of document
Movelat cream	to relieve pain	
Naproxen	- to relieve pain - to treat arthritis pain - to treat gout	Take with or just after food, or a meal
Nicardipine	- to prevent angina - to lower blood pressure	
Nicorandil	to treat angina	Counsel patient on storage
Nifedipine / Nifedipine m/r	- to lower blood pressure - to treat angina - to treat Raynaud's disease	- State brand for modified release (m/r) preparations - Swallow this medicine whole. Do not chew or crush (for m/r)
Nitrazepam	to promote sleep	
Nitrofurantoin / Nitrofurantoin m/r	- to treat urinary tract infection - to prevent urinary tract infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take with or just after food, or a meal - Swallow this medicine whole. Do not chew or crush (for m/r) - This medicine may colour your urine yellow or brown
Novorapid / Novomix insulin	to treat diabetes	- State device - Insulin aspart
Nystatin	to treat fungal infection	Complete prescribed course
Olanzapine	- to stabilise mood - to promote a sense of calm	
Omeprazole	- to protect the stomach - to reduce stomach acid - to prevent acid reflux - to prevent indigestion	Swallow this medicine whole. Do not chew or crush (for capsules)
Orlistat	to assist in weight reduction	
Oxybutynin / Oxybutinin m/r	- to reduce urinary frequency - to reduce urinary symptoms	- Note: Normal release and modified release (m/r) are available (m/r can be once a day) - Swallow this medicine whole. Do not chew or crush (for m/r)
Oxycodone	to relieve pain	- Check carefully as there are different formulations and strengths e.g. Oxynorm® (normal release) and OxyContin® and Longtec® (modified release); or Oxycodone oral liquid 5mg/5ml or 10mg/ml. State formulation. - Swallow this medicine whole. Do not chew or crush (for m/r) - See footnote 2 at end of document

Drug Name	Purpose (Indication)	Comments
Oxytetracycline	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food - Do not take milk, indigestion remedies, or medicines containing iron or zinc, 2 hours before or after you take this medicine
Paracetamol	- to relieve pain - to lower a raised temperature	Max 2 per dose or 8 in 24 hours
Paroxetine	- to prevent low mood - to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	
Penicillin V (phenoxymethylpenicillin)	- to treat bacterial infection - to prevent bacterial infection - Prophylaxis for post-splenectomy	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food
Peppermint oil capsules	- to treat irritable bowel pain - to relieve colic	- Do not take indigestion remedies 2 hours before or after you take this medicine - Take 30 to 60 minutes before food - Swallow this medicine whole. Do not chew or crush
Pergolide	to treat Parkinsons disease	See footnote 1 at end of document
Perindopril	- to lower blood pressure - to prevent heart failure - to prevent cardiac events	Take 30 to 60 minutes before food
Phenobarbital	to treat epilepsy	Also known as phenobarbitone
Phenytoin	- to treat epilepsy - to relieve nerve pain	State formulation as there may be differences in bioavailability
Pilocarpine eye drops	to treat glaucoma	
Pioglitazone	to control diabetes	
Pizotifen	to prevent migraine	
Pramipexole	- to treat Parkinsons disease - to treat restless legs syndrome	- Note dose and strength are stated in terms of pramipexole (base) e.g. 88 microgram base = 125 microgram salt. - See footnote 1 at end of document
Pravastatin	to lower cholesterol	
Prazosin	- to lower blood pressure - to treat benign prostatic hyperplasia	
Prednisolone / Prednisolone e/c	- to treat rheumatoid arthritis - to treat polymyalgia rheumatica	- See footnote 3 at end of document - Take with or just after food, or a meal

Drug Name	Purpose (Indication)	Comments
	- to treat severe asthma flare ups - to aid uveitis control	(for plain tablets) - Swallow this medicine whole. Do not chew or crush (for e/c) - Do not take indigestion remedies 2 hours before or after you take this medicine (for e/c)
Pregabalin	- to relieve nerve pain - to treat epilepsy	
Primidone	- to relieve benign essential tremor - to prevent epilepsy	
Prochlorperazine maleate	- to treat/prevent dizziness - to treat/prevent nausea/sickness	
Promethazine	- to aid sleep - to treat/prevent allergic conditions	Review at discharge if started during hospital stay if used to aid sleep
Propanolol / Propanolol m/r	- to lower blood pressure - to reduce tremor - to prevent migraine - to relieve anxiety symptoms	Swallow this medicine whole. Do not chew or crush (for m/r)
Quetiapine	- to stabilise mood - to promote a sense of calm	
Quinine sulphate	to treat / prevent night cramp(s)	
Ramipril	- to lower blood pressure - to prevent heart failure - to prevent cardiac events	
Ranitidine	- to protect the stomach - to reduce stomach acid - to prevent acid reflux - to prevent indigestion	
Repaglinide	to control diabetes	
Rifampicin	- to treat bacterial infection - to prevent bacterial infection	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis "complete the prescribed course" - May colour urine and stools orange - Take 30 to 60 minutes before food
Risedronate	- to strengthen bones - to treat/prevent osteoporosis	Swallow one tablet whole with a full glass of tap water half an hour before any other food, drink or medicine. Remain upright for this time.
Risperidone	- to stabilise mood - to promote a sense of calm	

Drug Name	Purpose (Indication)	Comments
	to reduce agitation	
Rivaroxaban	- to prevent blood clots - to treat irregular heart rhythm	Defined course length following hip or knee surgery
Rivastigmine	to help with memory	
Ropinirole	- to treat Parkinsons disease - to treat restless legs syndrome	- See footnote 1 at end of document - Take with or just after food, or a meal
Rosuvastatin	to lower cholesterol	
Rotigotine	- to treat Parkinson's disease - to treat restless legs syndrome	- See footnote 1 at end of document - Note specific application details
Salbutamol inhaler	- to relieve asthma - to relieve respiratory symptoms for wheezing - to relieve bronchitis symptoms - to relieve COPD respiratory symptoms - to relieve cough	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer
Salmeterol inhaler	to help with breathing (reliever)	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer - Not suitable for urgent relief
Selegiline	to treat Parkinsons disease	See footnote 1 at end of document
Senna	to relieve constipation	
Seretide ®	See fluticasone with salmeterol	
Sertraline	- to prevent low mood - to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	
Simvastatin	to lower cholesterol	Avoid grapefruit juice.
Sitagliptin	to control diabetes	
Sodium cromoglicate aqueous eye drops	- to treat allergic conjunctivitis - to treat allergic eye symptoms - to treat irritable eyes	
Sodium valporate e/c / sodium valporate m/r	- to treat epilepsy - to control epileptic seizures - to stabilise mood	- Swallow this medicine whole. Do not chew or crush (for e/c and m/r) - Take with or just after food, or a meal (for m/r) - Do not take indigestion remedies 2 hours before or after you take this medicine (for e/c)
Solifenacin	- to reduce urinary frequency - to reduce urinary symptoms	
Sotalol	- to regulate heart rhythm - to control heart rate - to treat palpitations	
Spironolactone	- to reduce fluid retention - to prevent/treat heart failure	Take with or just after food, or a meal
Stalevo ®	to treat Parkinson's symptoms	- See footnote 1 at end of document. - Swallow this medicine whole. Do not

Drug Name	Purpose (Indication)	Comments
		chew or crush
Sulfasalazine / Sulfasalazine e/c	- to treat rheumatoid arthritis (enteric coated) - to treat Crohn's disease (plain tablets)	- Swallow this medicine whole. Do not chew or crush (for e/c) - Do not take indigestion remedies 2 hours before or after you take this medicine (for e/c)
Symbicort ®	See budesonide with formoterol	- State inhaler strength. - Counsel on inhaler technique. - See footnote 3 at end of document
Tamoxifen	to prevent breast disease recurrence	
Tamsulosin m/r	- to improve urinary flow - to treat benign prostatic hyperplasia	Swallow this medicine whole. Do not chew or crush
Telmisartan	- to reduce blood pressure - to prevent cardiac events	
Temazepam	to promote sleep	Review at discharge if started during hospital stay
Terbutaline inhaler	to relieve asthma symptoms	- State inhaler type and strength. - Counsel on inhaler technique and additional compliance device e.g. spacer
Theophylline / Theophylline m/r	to help prevent symptoms of breathlessness	- State brand - Swallow this medicine whole. Do not chew or crush (for m/r)
Thiamine	vitamin B supplement	
Timolol maleate eye drops	to treat glaucoma	State formulation, strength and which eye
Tiotropium inhaler	to help with breathing	- State inhaler type and strength. - Counsel on inhaler technique.
Tizanidine	to reduce muscle spasm	
Tolterodine / Tolterodine m/r	- to reduce urinary frequency - to reduce urinary symptoms	Swallow this medicine whole. Do not chew or crush (for m/r)
Tramadol / Tramadol m/r	to relieve pain	- Note there are normal release (usually qds) and modified release (dependant on formulation twice a day or once daily). - Swallow this medicine whole. Do not chew or crush (for m/r)
Trandolapril	- to lower blood pressure - to prevent cardiac events	
Tranexamic acid	to prevent/treat bleeding	
Travoprost eye drops	to treat glaucoma	State if right/left/both eyes
Trazodone	- to prevent low mood - to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	- If taken as a single dose this should be administered at bedtime. Can be taken in divided doses - Take with or just after food or meal
Trimethoprim	- to treat urinary tract infections - to prevent urinary tract infections	The following should be added in "Additional Information"- - specify type of infection being treated - specify whether treatment or prophylaxis

Drug Name	Purpose (Indication)	Comments
		“complete the prescribed course”
Trimovate cream	- to relieve itchy skin - to treat eczema (not face)	Spread thinly on the affected skin only
Valsartan	- to lower blood pressure - to prevent cardiac events	
Venlafaxine / Venlafaxine m/r	- to prevent low mood/to improve mood - to prevent depressive symptoms - to reduce anxiety symptoms	- Note that normal release and modified release are available (m/r = once a day) - Swallow this medicine whole. Do not chew or crush (for m/r)
Verapamil	- to lower blood pressure - to regulate heart rhythm - to control heart rate - to treat angina	- Note that normal release and modified release are available (m/r = once a day) - Swallow this medicine whole. Do not chew or crush (for m/r)
Vigabatrin	to treat epilepsy	
Viscotears liquid gel	to relieve dry eyes	State if right/left/both eyes
Vitamin B Compound Strong	vitamin supplement	
Vitamin capsules	vitamin supplement	
Warfarin sodium	- to reduce blood clots - to prevent blood clots	- Daily dose to be taken at 6pm. - Ensure patient has yellow anticoagulant booklet produced by NPSA and counsel patient
Zolmitriptan	to treat migraine	
Zopiclone	to promote sleep	Review at discharge if started during hospital stay
Zolpidem	to promote sleep	Review at discharge if started during hospital stay

Footnote 1: PARKINSON'S DISEASE

- There is a wide range of drugs available to treat the symptoms of Parkinson's, which are tailored to the individual.
- Sudden discontinuation of treatment should be avoided as it can result in neuroleptic malignant syndrome, which can be fatal.
- Timing of drug regimens is important** and should be adhered to in hospital and nursing/residential homes. See new Parkinsons “Get it on Time” campaign launched in 2011 “to ensure that the thousands of people with Parkinson's admitted into UK hospitals each year get their medication on time – every time”
<http://www.parkinsons.org.uk/default.aspx?page=7655>

Footnote 2:

The drugs below have been subject to National Patient Safety Alerts by the National Patient Safety Agency:

- Methotrexate**
- Warfarin**
- Lithium**

All healthcare professionals have a duty to ensure that patients have received appropriate information about these medicines. There are special patient information booklets available which have been produced by the NPSA.

- **Opioids (e.g., morphine)**

Check the current medicines, dose and formulation.

- a) If the patient has just been started on a strong opioid is this the usual starting dose?
If not then check with the prescriber.
- b) Is the patient currently taking opioids? If yes, has the patient been on the same medicine, dose and formulation for some time?
- c) Has the patient's opioid dose recently been increased? If yes, check that this increase is no more than 50% of the previous total opioid dose.
- d) Has the patient recently changed to a different strong opioid medicine? If yes, then check that the total daily dose of the new opioid is equivalent to the previous opioid dose (use the conversion table included in the palliative care booklet or BNF) or that the increase is no more than 50 % of the previous dose (again using the conversion table)

Note 3:

Steroid cards should be provided to all patients who are receiving regular corticosteroid therapy. This includes inhaled as well as oral.

Please see local formulary for information about when to provide a steroid card for patients or ESHT guidelines [Prevention of Adrenal Crisis and use of Steroid Emergency cards](#)

Guidelines for the Completion of Patient Held Medication Record Charts

Appendix C: Medication Concordance Trigger Questions and Responses

Medication Concordance Trigger Questions and Potential Responses

SAP Trigger Question	Area of Concern	Example problems	Example solutions & signposting
I need help getting a regular supply of my medicines.	Access issues	Difficulty getting to the surgery or pharmacy Lack of support at home Dependent on family or professional carers Needs prompting re. Repeat prescriptions	Community Pharmacist District Nurse/Community Matron Family/neighbour Social Worker/carer from Social Services Self-help group Practice Manager
Sometimes I do not take my medicines the way that the doctor wants.	Compliance issues	Side effects Continuing on hospital medicine supplies Not understanding directions Adjusting own doses Sharing medicines Influence of media, family or friends How to take – not clear Lost faith in the prescriber Compliance – not motivated	Prescriber Pharmacist (community/hospital) Specialist Nurses Practice Manager Practice Nurse Voluntary bodies Relatives/friends/carers
There are some medicines that I cannot get out of their containers.	Day to day medicines management issues	Arthritis Stroke Tremor Muscle weakness Poor sight Inappropriate presentation e.g. inhalers Don't know how e.g. suppositories Child resistant containers Manufacturers blister pack – too small or difficult	Gadgets – specific or e.g. Lakeland Own bespoke solution Dosage for review – liquids Community Pharmacist Trial pack of compliance aids for use in assessments
Realistically, I think some of the medicines that I take could work better.	Clinical issues	Side effects Medication no longer needed How long does it work anyway Delayed onset of action Disease progression – drug/dose no longer effective Symptom control Purchasing OTC medications Patient expectation of medicine Confidence/satisfaction with medicines	MUR Pharmacists clinical medication review GP medication review Specialist Nurse review

Flow Chart for completion of Medication Passport (for inpatients)

