TARGET AUDIENCE and SETTING

Pharmacists, intern pharmacists, pharmacy students under direct supervision of a pharmacist, medical officers, registered nurses, registered midwives, enrolled nurses (within their scope of practice), nurse practitioners, podiatrists, optometrists, dentists.

This procedure is applicable to all Monash Health patients.

PURPOSE

To provide guidance on the process of medication counselling to patients, clients and their families and carers.

PRECAUTIONS/CONTRAINDICATIONS

Medication counselling must be supported by current, evidence-based information from relevant resources.

Monash Health Medication Information (MHMI) leaflets (available on Prompt) may be provided in addition to Consumer Medicines Information (CMIs) or in place of CMIs where no manufacturer-produced CMI is available. CMI leaflets may be personalised by highlighting or annotating with additional information, but not otherwise altered.

A current and comprehensive medication list is provided to all patients with changes to regular medicines at discharge, and to other patients as required - refer to Discharge Medication Prescribing, Reconciliation and Dispensing Decision Support Tool. A copy of the list is forwarded to the patient's receiving clinician(s).

A photocopy of the discharge prescription can be used as a medication list for High Level Care (HLC) Residential Care Facility (RACF) patients in situations where patients are not **in**dependently managing their own medications AND the local community pharmacy co-ordinates medication supply. When this is deemed clinically appropriate, the discharge prescription and the medical discharge summary becomes our primary source of clinical handover information.

EQUIPMENT

- Dispensed medicines and relevant administration aids e.g. oral dispenser
- MerlinMAP/Electronic Medical Record (EMR) electronic prescription or Hospital prescription form
- Medicines information leaflets - Consumer Medicines Information (CMI) or Monash Health Medication Information (MHMI) leaflets
- Medication lists (generated by Merlin dispensing program or photocopy of discharge prescription for HLC RACF patients if appropriate) – three identical copies (one patient copy, one local medical practitioner copy, one medical records copy)
- Pharmacy invoice (if applicable)
- Patient's own medicines (POMs) including any single patient use medicines supplied during admission

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- Labels for POMs – 'Dose Changed' or 'Discontinued Medicine' (if applicable)
- Patient's health record including EMR record, current medication chart or Medication Administration Record (MAR)

STANDARD REQUIREMENTS

When undertaking any clinical interaction with a patient, staff are expected to;

- Perform routine hand hygiene. Refer to the Hand Hygiene Procedure.
- Introduce themselves to the Patient and Carer/ Family if in attendance
- Check patient identification. Refer to the Patient Identification Procedure.
- Obtain consent as per the Consent to Medical Treatment Procedure.
- Keep the patient/carer informed and involve them in decision making.
- Document interaction in the electronic medical record or health record using black pen; including date, time, signature and designation.

PROCEDURE

1. Provide verbal medication counselling for all patients who are commenced on a new medicine at Monash Health or supplied with a medicine for use outside Monash Health.

   1.1 Patients who are unsuitable for counselling and whose medicines will be administered by authorised persons outside the hospital (e.g. patients with dementia living in a residential care facility) are exempt. Perform steps 8, 19, 20, 21 and 22 if not providing counselling to the patient/carer at discharge.

   1.2 Medication counselling will be provided by a pharmacist/intern pharmacist whenever possible (must be done if a pharmacist/pharmacy intern is supplying medicines directly to the patient) but may be provided by another authorised person if this is impracticable. Refer to Pharmacy Department 'Discharge Medication Counselling Checklist' via the internal pharmacy intranet.

2. Provide medicines information leaflets and commence medication counselling at the earliest opportunity. If possible, counsel patients scheduled for early morning departure on the afternoon prior to discharge from hospital.

3. Conduct medication counselling with the person who usually manages and administers the patient's medicines. Carers or family members may be counselled by telephone if unable to attend in person.

4. Engage an interpreter if the preferred language of the person receiving medication counselling is not English. Document the use of an interpreter in the patient's health record (in the EMR document this as a clinical note; or pharmacists and intern pharmacists document this in the Pharmacy Admission History and Medication Management Plan (PAMMP) Powerform in the 'Additional Information' field in the Discharge Plan Chapter.

5. Perform medication counselling in an environment which provides sufficient privacy and minimises risk of disruption.

6. Ensure you are familiar with the relevant medicines prior to beginning counselling.

7. Obtain all relevant and available items from the list below and bring them to the counselling session:
   - Dispensed medicines

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- Prescription
- Current medication chart/medication administration record (MAR)
- Medicines information leaflets
- Patient's own medicines
- Medication list
- Pharmacy invoice (if applicable)
- Any single patient use medicine supplied during admission (confirm with the patient if they have any of these medicines in their possession)

8. Reconcile the dispensed medications (including items on the medication list) against both the discharge prescription and the current medication chart/MAR.

   8.1 Contact the prescriber to discuss and rectify any discrepancies.

   8.2 Ensure all single patient use medicines (e.g. inhalers, creams, eye drops) that are to be continued on discharge are included on the discharge prescription and are appropriately labelled for discharge. Refer to the Medication Dispensing Procedure.

   8.3 If single patient use medicines are not required on discharge dispose of them safely as per Medication Waste Management Implementation Tool and for Schedule 8 and Schedule 4 D medicines as per Schedule 8 and Schedule 4D (Schedule 11) Medication Management Procedure.

9. Use the medication list (if provided) as a guide during counselling. Explain the layout and content of the list then discuss each of the listed medicines in order. Endorse clarifying information onto the list as required. Use the Teach-Back method to engage the patient during counselling.

10. Explain for each medicine, where applicable:
    - The generic name, brand name and strength.
    - The physical description of the medicine, showing them the item (if supplied).
    - The purpose of the medicine.
    - How to take the medicine. Demonstrate how to use administration devices, and/or ask the patient to demonstrate them to you.
    - When to take the medicine (including relation to food). For patients being discharged from hospital, refer to the current medication chart/MAR to determine when the next dose will be due.
    - The intended duration of treatment.
    - What to do in the event of a missed dose.
    - Side-effects which may be encountered, and how to proceed if they occur. Ask the patient how much information they would like about possible side effects and tailor counselling accordingly.
      - Explanation of possible side effects of medicines is frequently identified by patients as an area for improvement. Patients must be advised regarding very common (>10%) and common (1-10%) side effects and rare but serious side effects that require urgent medical attention. Discuss other side effects at the patient's request. Explain the likelihood of incidence of side effects as a percentage or number and draw attention to the relevant section of the medicines information leaflet.
    - How to store the medicine.
    - Any relevant medicine-medicine, medicine-food, medicine-alcohol or medicine-procedure interactions.

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- Monitoring that will be required, including techniques for self-monitoring if appropriate.
- How to obtain further supplies of the medicine, if required.

11. Draw attention to any changes that have been made to the patient's previous medicines (e.g. ceased items, dose changes). Refer to Patient's Own Medication Management Procedure.

   - If appropriate, affix 'Dose Changed' or 'Discontinued Medicine' stickers to the patient's own medicines. Place the sticker so it is immediately noticeable but does not obscure important information on the dispensing label or packaging.

12. Draw attention to the CMI or Monash Health Medication Information leaflets provided for new medicines and explain that they contain additional helpful information.

13. Ask the patient, carer or family member if they are comfortable with how to use the medicine(s), and whether they have any questions. Consider referring the patient for a Hospital Outreach Medication Review if you have concerns about their ability to manage their medicines appropriately, or if risk factors for medication misadventure are identified.

14. Explain that there are contact details for the pharmacy department on the dispensing labels and paperwork if they need further advice soon after returning home.

15. Draw attention to the local medical practitioner copy of the medication list (if provided) and ask the patient, carer or family member to hand it to the local doctor at their next appointment. Also ask them to provide a copy to any other community healthcare providers to whom it is relevant.

16. Draw attention to the pharmacy invoice (if provided) and request it be paid before leaving the hospital or refer to the alternative payment options on the invoice. Explain that once the invoice is paid they can take it to their usual community pharmacy for inclusion towards their PBS Safety Net.

17. Place the medicines and paperwork (if provided) into an opaque bag and hand to the patient, carer or family member (see exclusions below). Retain the prescription and a copy of the medication list (if provided).

   - In Mental Health areas, store the medicine(s) on the ward in accordance with the Patient's Own Medication Management Procedure. Communicate with nursing staff to hand out the medicines at the time the patient is leaving.

18. In other inpatient areas, if the patient is not scheduled for immediate discharge or is not competent to manage their medicines safely, store the medicine(s) on the ward in accordance with the Patient's Own Medication Management Procedure. Communicate with nursing staff to hand out the medicines at the time the patient is leaving. If discharge is delayed beyond the following morning, return the medicines to pharmacy.Ask the patient, carer or family member to sign the prescription to confirm that they have received the medicines (if provided).

19. Document provision of discharge activities.

   19.1 For patients without an active EMR encounter, complete the following documentation on the Patient or Pharmacist copy of the prescription: 'Medication counselling by' and 'Handed out by' sections of the prescription, or by recording details of counselling in the health record.

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19.2 (All clinicians except pharmacists and intern pharmacists) For patients with an active EMR encounter document discharge medication supply and/or medication counselling as a clinical note.

19.3 (Pharmacists and intern pharmacists) For patients with an active EMR encounter document in the Discharge Plan section of the PAMMP PowerForm. Refer to [Completing a Pharmacy Admission History and Medication Management Plan PowerForm QRG](#).

    19.3.1 Select applicable radio button in the 'Medication Counselling Provided' field of the Discharge Checklist:

        19.3.1.1 Select 'Yes' radio button – if counselling provided and completed

        19.3.1.2 Select 'No' radio button - if counselling is not provided and record the reason in the 'Additional Information' field. E.g. collected by staff member

        19.3.1.3 Select 'Not applicable' radio button - if counselling not required and record the reason in the 'Additional Information' field. E.g. Patient discharged without a prescription; RACF patient unsuitable for counselling and discharge medicines have been supplied

    19.3.2 Select applicable radio button in the 'Medication List Provided' field of the Discharge Checklist:

        19.3.2.1 Select 'Yes' radio button – if medication list provided

        19.3.2.2 Select 'No' radio button - if medication list is not provided and record the reason in the 'Additional Information' field. E.g. no changes to usual medicines

        19.3.2.3 Select 'Not applicable' radio button - if medication list not required and record the reason in the 'Additional Information' field. E.g. Patient discharged without a prescription

    19.3.3 Select applicable radio button in the 'CMI Provided' field of the Discharge Checklist:

        19.3.3.1 Select 'Yes' radio button – if medicine information leaflets provided and list the MHMI/CMI provided in the 'Additional Information' field.

        19.3.3.2 Select 'No' radio button - if medicine information leaflets not provided

        19.3.3.3 Select 'Not applicable' radio button - if medication information leaflets not required

    19.3.4 Select 'Patient Ready for Discharge (pharmacist discharge complete)' radio button in the Prescription Status field of the Discharge Checklist when pharmacist discharge process completed (indicating prescription dispensed and patient/carer has received any medication counselling required).

        19.3.4.1 Circle 'Y' or 'N' for 'Medication chart provided'.

        19.3.4.2 Endorse 'CMI' and/or 'MHMI' next to the relevant medicine(s) when supplied.

        19.3.4.3 Sign the 'Handed out by' and 'Medication Counselling by' fields. If counselling is not provided to a patient, record the reason (e.g. not counselled – collected by staff member) in the 'Medication Counselling by' field.

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20.   Arrange for the medication list (if provided) to be filed in the patient's health record.

21.   For patients that are being discharged, advise the ward clerk that the medication list is available to be faxed to the local medical practitioner within 48 hours of discharge along with the discharge summary.

22.   File the prescription as per the Pharmacy Department Storing Dispensed Prescriptions Tool.

REFERENCES

Australian Medicines Handbook

MIMS Online

Monash Health Medication Information Leaflets

Australian Pharmaceutical Formulary and Handbook

Acknowledgements

Monash Health wishes to acknowledge the use of the following documents in the preparation of this procedure:

- Society of Hospital Pharmacists (SHPA) Standards of Practice for Clinical Pharmacy
- Pharmaceutical Society of Australia (PSA) Professional Practice Standards

KEYWORDS

Drug, Script

Document Governance	
Supporting Policy	Medication Management (Operational)
Executive Sponsor	Chief Medical Officer
Committee Responsible	Medication Safety and Therapeutics Committee
Document Author	Clinical Pharmacy Services CQI Committee Chair
Consumer Review Yes	18/11/2020
This Procedure has been endorsed by an EMR Subject Matter Expert (SME)	This Procedure is linked to a Quick Reference Guide in EMR. Contact EMR when revising.

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