



Emergency supplies of prescribed medicine

G Black

Introduction

Due to a variety of circumstances, pharmacists are often asked to provide emergency supplies of prescribed medicine to patients. This serves to remind colleagues of their ethical and legal obligations in doing so.

What are your ethical obligations?

The Code of Conduct specifies as follows:

1.9 CONTROL OVER MEDICINES

Principle: *A pharmacist must at all time exercise proper and/or reasonable care in respect of and control over medicines.*

And more specifically;

1.9.8 Emergency supply of medicine or scheduled substances

A pharmacist must do everything reasonably possible to assist a person in need of emergency medical treatment or emergency supply of medicines in accordance with Section 22A of the Medicines and Related Substances Act.

What does the law say?

Conditions of supply of emergency medicines are specified in Section 22A (6) of the Medicines and Related Substances Act as follows:

(l) in an emergency a pharmacist may sell a Schedule 2, Schedule 3 or Schedule 4 substance on a non-recurring basis for a period not exceeding 30 days in accordance with the original prescription in order to ensure that therapy is not disrupted if he or she is satisfied that an authorised prescriber initiated the therapy, with the intention that the therapy be continued, and that the particulars of such sale are recorded in a prescription book or other prescribed permanent record;

Often regular clients of a pharmacy may not be able to see the doctor in time before requiring another repeat of their prescription, the doctor may, for example, be away on holiday. Clearly the pharmacist would have a record of the history of the patient and could repeat the S3 or S4 prescription easily as per the requirements specified above.

In the case of a visitor presenting at the pharmacy and requesting a repeat of, for example, his S3 or S4 hypertension medication the pharmacist would be required to at least:

- Establish the identity of the patient
- Confirm telephonically with his doctor or the other pharmacy where the original prescription was lodged, exactly what the prescription specified
- Record the prescription fully and correctly in the prescription book
- File a carefully written copy of the prescription
- Record the action taken to establish the authenticity of the prescription both on the computer record and written record

In the case of S5 and S6 medicines the Act specifies as follows:

(k) in an emergency a pharmacist may sell any Schedule 5 or Schedule 6 substance in a quantity not greater than that required for continuous use for a period of 48 hours, on the verbal instructions of a medical practitioner, dentist, veterinarian, practitioner, nurse or other person registered under the Health Professions Act, 1974, who is known to such pharmacist, but the prescriber who has given such verbal instructions shall within 72 hours after giving such instructions furnish to such pharmacist a written prescription confirming the instructions;

The pharmacist may encounter genuine requests from visitors who for example, have forgotten their S5 sleeping tablets or anti-depressants or a S6 medication such as methylphenidate at home. In such cases the steps as outlined in the first example above should be taken. In addition you can:

- Check on the prescribing doctor's registration on the HPCSA website
- Record the fact that a written prescription was requested of the doctor
- Refer the patient to a local doctor for a new prescription if more than 48 hour's supply is required

Beware of scams! Recently a lady was doing the rounds of pharmacies in Cape Town requesting the pharmacist to phone "My husband who is a doctor in Johannesburg" for S6 medication.

In areas where you receive many foreign visitors, make an arrangement with a local doctor to whom you can refer such patients because, even if they present a prescription from their country of origin, such prescriptions are not valid in South Africa. You may only supply S3-S6 medicine on prescriptions written by an authorised prescriber registered in South Africa.

What about the patient?

In terms of the Patient's Rights Charter, specifically point "3. Access to health care", everyone has the right of access to health care services that include: "**receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;**"

However, patients on repeat medication need to take responsibility for their health and fulfil their obligations in terms of the Patient's Charter including the following:

- To utilise the health care system optimally and not to abuse it
- To provide health workers with relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes
- To take care of health records in his or her possession

What to do about it!

Prepare an SOP on the topic of "*Supply of Emergency Medicine*" and train all dispensary staff on how to handle such requests. This should include:

- Referral of the patient and the request to a pharmacist who is particularly good at handling difficult patients and situations
- Providing emergency medicines strictly in accordance with the legal requirements
- Establish a referral network with doctors and hospitals in the area.
- Carefully document all actions taken as required by GPP Section 2.9.2

DOCUMENTATION OF PROFESSIONAL ACTIVITIES

Pharmacists must keep records of professional activities in a manner that

allows access to information. Particular attention must be given to the following:

- (a) the pharmacist must record all professional actions that might require confirmation in the future;*
- (b) up-to-date records must be kept of prescriptions as discussed above;*
- (c) any warning or precaution issued by professional institutions or authorised officials regarding medicines or pharmaceutical legislation must be recorded and complied with immediately.⁴*

Conclusion

It is always easier to prevent a problem than to fix it, so, in this case, the old adage of

"Do it right the first time!" should prevent problems which may subsequently arise from repeating prescriptions without adequate checking and recording.

Disclaimer: This document is a guideline and does not necessarily reflect official policy of the Pharmaceutical Society of SA. Any member wishing to implement proposals made in this document, must do so in accordance with the requirements of the Pharmacy Act, Medicines & Related Substances Act and all other relevant legislation, and, if necessary, should seek legal advice to ensure compliance.

For further information please contact gary@pssacwp.co.za

1. Rules relating to Code of Conduct
2. Section 22A – Medicines and Related Substances Act No. 101 of 1965
3. Patients' Rights Charter
4. GPP – 2.9 Minimum Standards for Record Keeping procedures