1. **Purpose**

This purpose of this document is to describe the process to be adopted and implemented to support the continuous management/recording of patient medicines when a patient is either:

- Transferred in from a live HEPMA Ward
- Transferred out to any ward
- Discharged

This process will be used until such times as all NHSGGC inpatient wards/theatres/Bronchoscopy/Endoscopy/Interventional Radiology etc. have been progressed from paper to HEPMA; and/or an interface had been built between existing electronic applications (CareVue and Metavision); and/or a
patient has been discharged home and/or to a different Health Board or Care Provider.

2. **Introduction**
   WellSky is the name of the software supplier of the HEPMA application. HEPMA stands for: *Hospital Electronic Prescribing Medicines Administration.* This is a new computer system that will replace the paper drug chart (kardex) for inpatient areas across NHSGGC. Doctors and other prescribers will use HEPMA to prescribe medicines for inpatients. Nurses will use HEPMA to carry out drugs rounds and record the administration of medicines to patients.

3. **Scope**
   The scope covers the following:
   - Patients and boarders transferred in from a live HEPMA ward/theatre Bronchoscopy/Endoscopy/Interventional Radiology etc.
   - Patients transferred out
   - Discharges

4. **Definitions**
   - **NHSGGC:** NHS Greater Glasgow and Clyde Health Board
   - **HEPMA:** Hospital Electronic Prescribing and Medicines Administrations
   - **WELLSKY:** Software used to provide HEPMA (3rd Party software supplier)
   - **MAC:** Medicines Administration Chart
   - **MAP:** Medicines Administration Profile

5. **Responsibilities**
   - Clinicians
   - Nursing Staff
   - Pharmacy Staff
   - Ward Clerks

6. **Specific Procedures**
   When a patient is transferred into or is “boarding” in a non-live ward from a live HEPMA ward/theatre/Bronchoscopy/Endoscopy/Interventional Radiology, etc., the patient will arrive with a MAP and a MAC (these are printed copies of the electronic kardex). The MAP will be used for reference purposes only, however, the MAC will continue to be used as a LIVE kardex and will not require to be re-written until such times as follows:
i. There is no space left for administrations
ii. A new prescription requires to be added
iii. An existing prescription requires to be amended
iv. When a patient is transferred out to any ward/theatre
    Bronchoscopy / Endoscopy/ Interventional Radiology etc. – no
    change to current practice

**Discharges:**

**Special Care** should be taken when a patient is discharged. If there is an
associated MAP and MAC, the MAP can be safely destroyed as this is already
stored electronically, however, as the MAC will have been manually updated,
this must be retained and scanned as per the discharge scanning process.

7. **Forms to be used**
   - MAC for ongoing use of current medicines – see sample Appendix A
   - MAP for reference to previous medicines – see sample Appendix B

8. **Change History**

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