

HLTH 1641 – DISPENSING RECORD (PHARMACIST)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: March 18, 2021

What is the purpose of the *Dispensing Record (Pharmacist)* form?

The *Dispensing Record (Pharmacist)* form (HLTH 1641) is to be used by the full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying. The information to be reported on this form fulfils the pharmacist's reporting obligation under the federal *Regulations for the Monitoring of Medical Assistance and Dying* (effective November 1, 2018), as well as the provincial reporting requirement specified under the College of Pharmacists of British Columbia's Standards, Limits and Conditions for Dispensing Drugs for the Purposes of Medical Assistance in Dying (*Health Professions Act* Bylaws Schedule F, Part 5, Section 6).

How is the *Dispensing Record (Pharmacist)* form laid out?

The *Dispensing Record (Pharmacist)* form replaces provincial information previously collected on page 5 of the Prescription form (i.e. the sections on Prescription Planning and Prescription Accountability) and includes the information to be collected from the pharmacist under federal regulation. The pharmacist will record details related to the patient, practitioner, prescription planning, dispensing and receipt of medications, and the reconciliation of returned medications after the provision of medical assistance in dying.

Only the pharmacist who dispenses the substance is required to report, and only one 1641 form is required when more than one drug protocol (IV and oral) is dispensed for the purpose of providing medical assistance in dying to a patient.

Where and when should I submit my completed *Dispensing Record (Pharmacist)* form?

The dispensing pharmacist **must** FAX their completed *Dispensing Record (Pharmacist)* form (HLTH 1641) to the BC Ministry of Health at 778-698-4678 **within six business days** of the day on which the substance is scheduled to be administered to the patient (i.e. the scheduled provision of medical assistance in dying).

Is electronic format acceptable for forms retention?

The dispensing pharmacist is to retain a copy of the completed *Dispensing Record (Pharmacist)* form and *Prescription* order (including Medication Administration Record) and must comply with any request for information or provision of records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in "pdf" format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

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PATIENT INFORMATION

The dispensing pharmacist will obtain this information from the prescriber's *Prescription* order for medical assistance in dying. If the patient does not have a personal health number (PHN) from any province or territory but is eligible for health care in Canada, the pharmacist will select the N/A checkbox and leave the PHN field blank (i.e. do not assign a temporary PHN here), and indicate the province or territory of the patient's usual place of residence on the day the substance is dispensed.

PRESCRIPTION PLANNING

The prescriber will contact the pharmacist and provide the prescription for the patient, which must be in the patient's name and for the indication of medical assistance in dying. The pharmacist must review the prescription and discuss and confirm with the prescriber the patient's eligibility and consent for medical assistance in dying, the patient's drug therapy and the drug protocol selected, as well as other details pertaining to the ordering, preparation, dispensing, documenting, and return of unused and partially used medications.

Note - regarding the prescription:

There is a space on page 1 of the prescription for both the prescriber *and* the pharmacist to initial, confirming that the medications prescribed are intended for the purpose of medical assistance in dying and that the patient's drug therapy has been discussed. There is also a space at the bottom of page 1 for the pharmacist to record the name of the dispensing pharmacy.

To ensure a smooth and timely dispensing process, it is recommended that the prescriber and pharmacist collaborate to confirm the planned date and time of the procedure well in advance to allow ample time for obtaining and preparing the medications.

This section of the *Dispensing Record (Pharmacist)* form includes information on the planned date and time of prescription release from the pharmacist, and the plan for concluding the medical assistance in dying process (i.e. return of any unused and partially used medications).

Planned Date and Time of Prescription Release – The pharmacist will discuss with the prescriber and record the planned date and time of release of the prescribed medications.

Return of Unused Medications – The pharmacist will discuss with the prescriber and record the planned date and time of return of unused and partially used medications.

Plan for Concluding Medical Assistance in Dying Process – The pharmacist will indicate by checkmark that procedures have been established with the prescriber for the return of any unused and partially used medications within 72 hours (of the scheduled date of administration) to the pharmacy for secure

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and timely disposal. Any other pharmacist within the dispensing pharmacy may receive back unused and partially used medications from the prescriber.

PRESCRIPTION ACCOUNTABILITY

This section includes information on the Medication Administration Record, dispensing sign-off, and details pertaining to the return of any unused and partially used medications after the provision of medical assistance in dying.

Medication Administration Record (MAR) – The pharmacist will indicate by checkmark that the prescriber has been instructed on how to complete the MAR for medical assistance in dying medications. (Upon completion of medical assistance in dying, the prescriber will provide a copy of the MAR to the pharmacist for reconciliation of the return of all unused and partially used medications.)

Confirmation of Photo ID of Prescriber (if applicable) - If the prescriber is not known to the dispensing pharmacist, the pharmacist must confirm the prescriber's identity by means of photo ID and indicate by checkmark that this has been completed.

Dispensed by: Pharmacist – The pharmacist will record their name, CPBC license number, phone number, email, dispensing location, date and time, and their signature to indicate their dispensing of the prescription(s) directly to the prescriber. There is space for the pharmacist to provide supplementary information to clarify their response (if applicable). An additional page can be added to the pharmacist's form if needed to clarify the pharmacist's response.

Notes - regarding dispensing:

Dispensed drugs for the purpose of medical assistance in dying must be transported between the pharmacist and the prescriber only. In exceptional circumstances, this transport can be completed by a safe and secured courier (with terms and conditions that align with federal legislation, particularly the Controlled Drugs and Substances Act [CDSA] and the Narcotic Control Regulation.

Telepharmacy remote sites are not eligible to dispense drugs for the purpose of medical assistance in dying, unless a full pharmacist is temporarily on-site.

The full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purpose of medical assistance in dying that is within a pharmacy technician's scope of practice.

Received by: Prescriber - The prescriber will record their name, CPSID number or BCCNP Prescriber number, date and time, and signature to indicate their receipt of the prescription(s) directly from the pharmacist.

Return of All Unused and Partially Used Medications to Pharmacist for Disposal – The dispensing pharmacist must collaborate with the prescriber regarding the return of unused and partially used

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medication to the pharmacy for disposal. The prescriber will return all unused and partially used medications to the pharmacy within 72 hours of the patient's death. Any other pharmacist within the dispensing pharmacy may receive back unused and partially used medications from the prescriber.

The prescriber will provide a copy of the medication administration record(s) to the pharmacist for review and reconciliation of the medications returned. The pharmacist will record by checkmark the return of a sealed back-up intravenous kit, and will record the name, strength and quantity of each unused or partially used medication returned from the primary kit (and back-up kit if opened by the prescriber). The pharmacist will also indicate by checkmark whether each individual medication returned is consistent with what has been indicated by the prescriber on the medication administration record(s). (Note: the prescriber is not required to return partially used lidocaine from opened ampoules.) If additional space is required to indicate the returned medications, the pharmacist will attach another page to the 1641 form.

The prescriber will record their name, CPSID number or BCCNP number, signature and the date and time, to indicate their return of any unused and partially used medications. The pharmacist will record their name, CPBC license number, signature and the date and time, to indicate their receipt of any unused and partially used medications.

Note - regarding the return of unused or partially used medications:

If the prescriber does not return the unused and partially used medications by the pharmacist's filing deadline (i.e. 6 business days), the pharmacist will indicate this by check box at the top of the return of medications section, and document their efforts to communicate with the prescriber in the "supplementary information" box (located in the dispensing section of the 1641 form).

This completes the Dispensing Record (Pharmacist) form.

*It is the responsibility of the dispensing pharmacist to FAX this form to the BC Ministry of Health at 778-698-4678 **within 6 business days** of the day on which the substance is scheduled to be administered to the patient (i.e. the scheduled provision of medical assistance in dying).*