

Urgent Pandemic Pack Requisition Form (NHR1) and Guidance

Nursing Home Urgent Pandemic Pack Stock Requisition Form (Including CDs Schedule 3) (NHR1)

The guidance notes should be read before completion. All sections must be completed legibly using indelible ink.

Part One - Details of Nursing Home and Nurse

Name of Authorised Nurse (capitals)			
NMC Registration Number			
Position within Nursing Home			
Details of nursing home where drugs are required to replenish Urgent Pandemic Pack			
Name Address			
Contact Telephone Number			
Signature of Authorised Person		Date	

Part Two - Details of Drugs Requested

Drug Name (in capitals)	Strength	Form	Quantity (For Midazolam include words & figures)

Directions for pharmacy label:

To be given in accordance with prescriber's instructions on the PMR/Kardex Chart

Part Three - Details of Supplier and Person Collecting Drugs

Name & Address of Community Pharmacist (Legible Stamp acceptable)			
I confirm that I am authorised to supply drugs including Controlled Drugs and have checked that the recipient is authorised to request and possess in the named nursing home above as directed by HSCB			
Signed by registered nurse <input type="checkbox"/>	Medication on List approved by HSCB <input type="checkbox"/>	Nursing Home on List approved by HSCB <input type="checkbox"/>	
Name of Pharmacist Supplying (capitals)			
Signature of Pharmacist Supplying		Date	
To be completed at the point of collection/delivery			
Signature and name of Nurse		Date	
If these drugs are not collected or received by a registered nurse, he/she must provide a written statement confirming the recipient is empowered to collect/receive the drugs on their behalf. <input type="checkbox"/>			
For record-keeping purposes, provide the person collecting/receiving CDs with a copy of the completed form.			

1. This form must be used to order (requisition) medicines to replenish stocks in the Urgent Pandemic Pack during the COVID-19 pandemic. HSCB will provide information as to when supply via this route is no longer allowed.
2. This form must be used to order (requisition) medicines from community pharmacies only.
3. Medication received must not be transferred to other Nursing homes.
4. Only NMC registered nurses can use this form to order (requisition) medication.
5. NMC registration can be confirmed by Community Pharmacies using the following link
<https://www.nmc.org.uk/registration/search-the-register/>
6. Only Nursing Homes listed on the BSO website are permitted to request and be supplied with the agreed medication
<http://www.hscbusiness.hscni.net/services/3137.htm>
7. Only medication listed in the HSCB agreed Urgent Pandemic Pack Stock List is permitted to be requested and supplied unless instructed otherwise by the HSCB. <http://www.hscbusiness.hscni.net/services/3137.htm>
8. Any medication not contained on this list must be prescribed and dispensed in the normal way via a HS21 for a named patient.
9. The community pharmacy should label each medication with the following
 - Name of nursing home for who the supply has been requested
 - Drug Name, Quantity, Strength, Form
 - Date of supply
 - The directions '*To be given in accordance with prescriber's instructions on the PMR/Kardex Chart*
 - The name of the pharmacy supplying the medication
10. The NHR1 form (together with notes for completion) should be downloaded as required from the BSO website <http://www.hscbusiness.hscni.net/services/3137.htm>
11. An example of a completed form is available via this link.
12. The NHR1 should be completed as follows:

In Part One of the NHR1

The NMC registered nurse must write in capitals their name, position, NMC registration number

The NMC registered nurse must write the name, address and telephone number of the nursing home that requires stock to replenish the Urgent Pandemic Pack.

This must be a nurse in charge of patients for whom the stock is to be used.

The NMC registered nurse must sign their name and enter the date in the correct boxes at the bottom of Part One.

In Part Two of the NHR1:

The NMC registered nurse must write the drugs to be ordered (including drug name in capitals, full details of strength, form and quantity). Care should be taken to request only those drugs permitted by the HSCB

A new line should be used for each drug.

An additional form should be used if necessary.

If Midazolam is required the nurse must complete the quantity in words and figures.

In Part Three of the NHR1

The community pharmacist must check that the nurse has completed all relevant sections correctly.

The community pharmacist must write the name and address of their pharmacy (a stamp is acceptable if legible and includes all details).

The community pharmacist must tick the boxes to confirm that they are authorised to supply drugs including Controlled Drugs and have checked that the nurse is authorised to request and possess the drugs in the named nursing home.

The community pharmacist must write their name and role (in capitals), sign and enter the date of supply in the relevant boxes.

Community Pharmacies should request the person collecting/receiving the medicines(s) to sign and date the form in the relevant boxes.

Where a messenger (not a nurse) is used to collect/receive the medicines, tick the box to confirm a written authorisation has been received from the nurse empowering the messenger to receive the CDs on their behalf. Note: use of messengers is not recommended practice.

Community pharmacies should provide a copy of the completed form to the person collecting/receiving the drugs.

13. The nursing home should not be charged for the supply. The community pharmacies will be reimbursed by the HSCB.
14. Completed NHR1 forms along with a relevant claim form (and invoices if required) must be submitted to the Health and Social Care Board (HSCB) local office on a monthly basis. The claim form can be downloaded from the BSO website (<http://www.hscbusiness.hscni.net/services/3137.htm>). A worked example will also be available via this link
15. Further information on the submission process, claim form and reimbursement can be found on the BSO website <http://www.hscbusiness.hscni.net/services/3137.htm>

Data Protection Statement: Completed NHR1 forms submitted to the HSCB may be used within the HSC to prevent inappropriate use of drugs including controlled drugs and may be disclosed to organisations outside the HSC that have a lawful entitlement to receive it. HSCB may retain NHR1s for up to 6 years.

Urgent Pandemic Pack Requisition Form Worked Example

Nursing Home Urgent Pandemic Pack Stock Requisition Form (Including CDs Schedule 3) (NHR1)

The guidance notes should be read before completion. All sections must be completed legibly using indelible ink.

Part One - Details of Nursing Home and Nurse

Name of Authorised Nurse (capitals)	MR D GETWELL		
NMC Registration Number	3654		
Position within Nursing Home	Nurse		
Details of nursing home where drugs are required to replenish Urgent Pandemic Pack			
Name Address	Silver Beech Nursing Home Main Street Wellnesstown		
Contact Telephone Number	082654673456		
Signature of Authorised Person	David Getwell	Date	09/04/2020




Part Two - Details of Drugs Requested

Drug Name (in capitals)	Strength	Form	Quantity (For Midazolam include words & figures)
Amoxicillin	500mg	caps	2 x 21
Midazolam	10mg/2ml	amps	10 (Ten)
Doxycycline 100mg Dispersible	100mg	tabs	1 x 8

Directions for pharmacy label:

To be given in accordance with prescriber's instructions on the PMR/Kardex Chart

Part Three - Details of Supplier and Person Collecting Drugs

Name & Address of Community Pharmacist (Legible Stamp acceptable)	Careton Pharmacy Main Street Wellnesstown Northern Ireland		
I confirm that I am authorised to supply drugs including Controlled Drugs and have checked that the recipient is authorised to request and possess in the named nursing home above as directed by HSCB			
Signed by registered nurse 	Medication on List approved by HSCB 	Nursing Home on List approved by HSCB 	
Name of Pharmacist Supplying (capitals)	Mrs L Careton		
Signature of Pharmacist Supplying	L Careton	Date	09/04/2020
To be completed at the point of collection/delivery			
Signature and name of Nurse	D Getwell	Date	09/04/2020
If these drugs are not collected or received by a registered nurse, he/she must provide a written statement confirming the recipient is empowered to collect/receive the drugs on their behalf. <input type="checkbox"/>			
For record-keeping purposes, provide the person collecting/receiving CDs with a copy of the completed form.			