| | DOCUMENT NAME | DOCUMENT NUMBER |
|---|---|---|
| | LABELLING OF DISPENSED MEDICINES | |

| | | |
|---|---|---|
| **VERSION** | **1** | |
| **COMPILED BY** | | **DATE** |
| **AUTHORIZED BY** | | **07/2025** |
| **NEXT REVISION DATE** | | **07/2027** |

**Standard:** 2.3.1.1.6 – The practice ensures that medication is dispensed in accordance with legislation and to minimise the risk of user harm.
**Criterion:** 2.3.1.1.6.1 – Medicines dispensed for users are labelled as per applicable legislation.
**Assessment Type:** Observation
**Risk Rating:** Vital Measure

## 1. PURPOSE & SCOPE

- To ensure that all medicines dispensed to users are labelled correctly to promote safe usage, reduce medication errors, and comply with applicable laws.
- Applies to all healthcare workers who dispense medicine in the practice.

## 2. RESPONSIBILITIES

| Job description of person responsible | Duties |
|---|---|
| Prescriber | Issue accurate prescriptions |
| Dispenser | Label medication as per SOP and regulations |
| Practice Manager | Ensure training and SOP adherence |

## 3. LEGAL FRAMEWORK

Pharmacy Act 53 of 1974
Medicines and Related Substances Act 101 of 1965
Good Pharmacy Practice (South African Pharmacy Council)

## 4. PROCEDURE

### ✅ Standard Label Requirements for Dispensed Medicine

Each medicine dispensed must be labelled with the following **minimum mandatory information**:

| # | Labelling Requirement | Notes |
|---|---|---|
| 1 | Name of the patient | Full name as per patient record |
| 2 | Name of the medicine | Generic or brand name |
| 3 | Strength of the medicine | E.g., 500mg, 5ml, etc. |
| 4 | Dosage | E.g., Take 2 tablets |
| 5 | Route of administration | Oral, topical, intravenous, etc. |

| # | Labelling Requirement | Notes |
|---|---|---|
| 6 | Frequency | E.g., Twice daily |
| 7 | Duration (if applicable) | E.g., For 5 days |
| 8 | Expiry date of medicine | Clearly visible on the container/label |

**Labelling Procedure**

1. **Dispensing personnel** must check the prescription for completeness and clarity before dispensing.
2. Print or write the label with the required elements.
3. Cross-check label against the prescription and the medicine container.
4. Attach the label securely to the dispensing container.
5. Review the label with the patient during counselling.
6. Document dispensing as per legislative and practice requirements.

## 5. INTERNAL SUPPORTING DOCUMENTATION

| Document | Number | Retention period | Location |
|---|---|---|---|
| A copy of the prescription | | | |
| Dispensing log/register (manual or digital) | | | |
| Daily reconciliation of dispensed medications (where applicable) | | | |

## 6. ATTACHMENT

## 📃 Checklist: Dispensed Medicine Labelling Audit

| Label Aspect | User 1 | User 2 | User 3 |
|---|---|---|---|
| 1. Name of user included | | | |
| 2. Name of medicine | | | |
| 3. Strength of medicine | | | |
| 4. Dosage stated | | | |
| 5. Route of administration | | | |
| 6. Frequency specified | | | |
| 7. Duration specified (if applicable) | | | |
| 8. Expiry date visible | | | |

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### 🧮 Scoring Summary

- **Total Score:** ___ / 24
- **Compliance %:** (Total ÷ 24) × 100 = ___ %

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### 📌 Comments / Recommendations

(Write notes about noncompliance and any immediate actions or training needed.)

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## Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

| Employee Signature | Employee Printed Name | DATE | Employee Signature | Employee Printed Name | DATE |
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