

Medicines, Ethics and Practice (MEP)
Your go-to guide for good practice
Royal Pharmaceutical Society of Great Britain
Last updated: 18 July 2025

EMERGENCY SUPPLY AT THE REQUEST OF A PATIENT

The conditions for an emergency supply at the request of a patient are:

Interview

Regulation 225 Human Medicines Regulations 2012 requires a pharmacist to interview the patient. The RPS recognises that in some circumstances this might not be possible, e.g., if the patient is a child, or being cared for. In these circumstances, the RPS advises pharmacists to use their professional judgement and consider the best interest of the patient.

Immediate need

The pharmacist must be satisfied that there is an immediate need for the POM and that it is not practical for the patient to obtain a prescription without undue delay.

Legislation does not prevent a pharmacist from making an emergency supply when a doctor's surgery is open. As with any request for an emergency supply, pharmacists must consider the best interests of the patient. Where a pharmacist believes that it would be impracticable in the circumstances for a patient to obtain a prescription without undue delay they may decide that an emergency supply is necessary.

Automatically referring patients who are away from home and have forgotten or run out of their medication to the nearest local surgery to register as a temporary resident may not always be the most appropriate course of action.

Previous treatment

The POM requested must previously have been used as a treatment and prescribed by a UK, EEA or Swiss health professional listed above.

Pharmacists should be satisfied that a duplicate supply is not being made by checking the GP record/National Care Record and checking with the patient who could have obtained a supply from sources not recorded on the GP record/National Care Records, e.g., out of hours, online pharmacy, another community pharmacy, etc. Further details can be viewed in the RCGP RPS Repeat Prescribing Toolkit www.rpharms.com.

NB: The time interval from when the medicine was last prescribed to when it is requested as an emergency supply would need to be considered and you should use your professional judgement to decide whether a supply or referral to a prescriber is appropriate.

Dose

The pharmacist must be satisfied of knowing the dose that the patient needs to take (e.g., refer to the PMR, electronic health record, prescription repeat slip, labelled medicine box).

Not for CDs, except phenobarbital

Phenobarbital can be supplied to patients of UK-registered prescribers for the purpose of treating epilepsy. Medicinal products cannot be supplied if they consist of or contain any other Schedule 1, 2 or 3 CDs or the substances listed below: ammonium bromide, calcium bromide, calcium bromidolactobionate, embutramide, fencamfamin hydrochloride, fluanisone, hexobarbitone, hexobarbitone sodium, hydrobromic acid, meclofenoxate hydrochloride, methohexitone sodium, pemoline, piracetam, potassium bromide, prolintane hydrochloride, sodium bromide, strychnine hydrochloride, tacrine hydrochloride, thiopentone sodium.

NB: Requests made by a patient of an EEA or Swiss health professional cannot be supplied if they are for medicines that do not have a marketing authorisation valid in the UK (see section 3.3.5)

Length of treatment

If the emergency supply is for a CD (i.e., phenobarbital or a Schedule 4 or 5 CD), the maximum quantity that can be supplied is for five days' treatment. For any other POM, no more than 30 days can be supplied except in the following circumstances:

If the POM is an insulin, ointment, cream, or inhaler for asthma (i.e., the packs cannot be broken), the smallest pack available in the pharmacy should be supplied

If the POM is an oral contraceptive, a full treatment cycle should be supplied.

If the POM is an antibiotic in liquid form for oral administration, the smallest quantity that will provide a full course of treatment should be supplied. (Pharmacists should also consider whether it is appropriate to supply less than the maximum quantity allowed in legislation. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate and lasts until the patient is able to see a prescriber to obtain a further supply.

Records kept An entry must be made in the POM register on the day of the supply (or, if impractical, on the following day). The entry needs to include the:

Date the POM was supplied

Name (including strength and form where appropriate) and quantity of medicine supplied

Name and address of the patient for whom the POM was supplied

Information on the nature of the emergency, such as why the patient needs the POM and why a prescription cannot be obtained, etc.

Labelling

In addition to standard labelling requirements, the words '**emergency supply**' need to be added to the dispensing label.

OTHER POINTS TO CONSIDER WHEN FACED WITH REQUESTS FOR AN EMERGENCY SUPPLY

Pharmacists should be mindful of patients abusing emergency supplies (e.g., where a patient medication record shows that a patient has requested a medicine as an emergency supply on several occasions). It is possible to make an emergency supply even during surgery opening hours; trying to obtain a prescription can sometimes cause undue delay in treatment and, potentially, harm to the patient. If patients are away from home and have run out of their medicines, referring them to the nearest surgery to register as a temporary patient may not always be appropriate. An emergency supply can be made provided the conditions above are met.

REFUSAL TO SUPPLY

If a pharmacist decides not to make an emergency supply after gathering and considering the information discussed in this guidance, the patient should be advised on how to obtain a prescription for the medicine or appropriate medical care. This could involve referral to, for example, a doctor, NHS 111, NHS walk-in centre or to an accident and emergency department.

A record could be made of why the request was refused for audit purposes.