SOP · PSY-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 52.4

At a glance

- Medicines with significant interaction risk or specific monitoring needs are managed under this protocol.
- Each prescription is checked for interactions before it starts (HOS-POL-001).
- Monitoring tests are set for each medicine and recorded (PSY-FRM-003).
- The protocol is reviewed each year.
- Stop and get help straight away if: a psychiatric medicine with a required monitoring test is given without a test scheduled.

1. Purpose

To make sure psychiatric medicines with interaction risk or required monitoring are checked and monitored (52.4).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Some psychiatric medicines interact with others or need careful monitoring, such as blood tests. A defined process for these keeps the treatment safe.

5. Responsibilities

Role	Responsibility	Competence
Responsible psychiatrist	Prescribes and sets the monitoring plan	Clinical lead
Ward pharmacist	Checks interactions and tracks the monitoring	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check.

- Check each prescription for interactions and record the result.

Key point: Checked.

Step 2. Plan.

- Set the monitoring test and date for each medicine that requires it.

Key point: Planned.

Step 3. Monitor.

- Carry out and record each monitoring test (PSY-FRM-003).

Key point: Monitored.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Prescriptions checked for interactions	100%	Monthly	Ward pharmacist	Escalate to the responsible psychiatrist
Monitoring tests done on schedule	100%	Monthly	Ward pharmacist	Escalate to the clinical lead

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
PSY-FRM-003	Psychiatric medicine monitoring record	Record
HOS-POL-001	Medicines management policy (existing, reused)	Policy

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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