PRESCRIPTION WRITING POLICY

THIS IS A JOINT POLICY WITH PORTSMOUTH HOSPITAL TRUST

APPROVED BY THE MEDICAL DIRECTORS OF BOTH TRUSTS AND THE FORMULARY AND MEDICINES GROUP

84

Approved by the Medical Directors of both Trusts and Formulary & Medicines Group March 1998

JOINT TRUST POLICY

PRESCRIPTION WRITING

1.0 PURPOSE

1.1 The primary purpose of this policy is to have an agreed, consistent, safe and professional standard of prescription writing across both Trusts.

1.2 The Policy should also be used for:

a) Teaching or reminding prescribers of the standards expected.
b) Auditing prescriptions and assessing risk management.
c) Resolving prescription writing queries.

2.0 SCOPE

This policy covers all prescriptions written by doctors and nurses, but excludes some specific issues which are handled separately:

b) Pre-printed Prescriptions (individual directorate policies in force).
c) Intravenous Drugs (see Administration of Intravenous Drugs Policy).
d) Self Medication (see separate guidance document in this compendium).

3.0 RESPONSIBILITIES

3.1 It is the responsibility of every member of staff involved in the medication process to acquaint themselves with this policy.

3.2 It is the responsibility of consultants, senior nurse managers and the pharmacy manager to ensure that their staff are aware of the policy.

3.3 SHARED CARE. The legal responsibility for prescribing lies with the doctor who signs the prescription.

4.0 REQUIREMENTS FOR PRESCRIPTION WRITING.

4.1 GENERAL REQUIREMENTS

Prescriptions should be written legibly and in ink and should state the following

a) Name of the patient

b) Age of the patient

c) Generic name of the medicine.
This should be written clearly and not abbreviated. The trade name may be used for multi-ingredient products not given a title by the BNF. The trade name must be used for cyclosporin, lithium and theophylline, because the various brands differ in bioavailability.

d) The dose. In particular:

- The unnecessary use of decimal points should be avoided (eg 3mg not 3.0mg).
- Quantities less than 1gram should be written in milligrams (eg 500mg not 0.5g).
- Quantities less than 1 milligram should be written in micrograms (eg 500micrograms not 0.5mg).
- When decimal points are unavoidable a zero should be written in front when there are no other figures (eg 0.5ml not .5ml).
- For liquid oral medicines other than laxatives, the dose should be prescribed by weight (eg milligrams) not volume (ie mL).
- For mixed compound preparations which come as a single dose, the number of tablets should be stated (eg co-proxamol).
- The words: micrograms, nanograms, units must not be abbreviated.

e) Route of Administration.
For inhaled medicines the device should also be stated.

f) Frequency of Administration.
In the case of preparations to be taken 'as required' a minimum dose interval should be specified, and an indication if not obvious. Although directions should preferably be in English without abbreviation the following Latin abbreviations are allowed:

b.d.	=	twice daily
o.d.	=	every day
o.m. or mane	=	in the morning
o.n. or nocte	=	at night
p.r.n.	=	when required
q.d.s.	=	four times daily
stat	=	immediately
t.d.s.	=	three times daily

g) Quantity to be Supplied.
Outpatients - minimum normally 14 days and maximum normally 28 days (or sufficient to complete a course of treatment).
TTOs - 7 days or sufficient to complete a course of treatment.

h) Signature of the Prescriber.

i) Date

4.2 INPATIENT PRESCRIPTIONS (Additional Requirements)

a) Ward.

b) Consultant's name.

c) Patient's Identification Number.

d) The Drug Allergies and Sensitivities section should be completed. State "not known" if this is the case.

e) The patient's weight for all children. For adults only where doses are weight related (eg chemotherapy).

f) Times of administration for regular and once only drug therapy.

4.2.1 Changing Drug Doses

When a dose must be changed, the Trusts encourage doctors to completely rewrite the prescription to avoid misinterpretation. However, it is acceptable to make one dose change, provided the new dose is clear, the old one has been clearly deleted, and the prescriber both signs and dates the change.

4.2.2 Stopping a Drug

When a drug is discontinued the prescription should be deleted with a large 'Z', countersigned and dated by the doctor.

4.2.3 Dose Withheld by Doctor

The dose administration box should be filled with an 'X' and countersigned. The reason for the decision should be documented in the medical record.

4.2.4 Dose Missed or Refused

In the Hospitals' Trust, the dose administration box should be filled with the appropriate code number or abbreviation as follows:

1 or "refused"	-	Patient refused dose
2 or "NBM"	-	Nil by mouth
3 or "N/S"	-	No Stock - drug unavailable
4 or "absent"		Patient not on ward
5 or "iv"	-	IV therapy precludes a dose
0	-	Other reason specify in nursing notes.

For Healthcare Trust prescriptions, nurses can either write 'X' in the box and give the reason in the Exceptions to Prescribed Orders Sections, or follow the convention above.

4.3 MEDICINES ADMINISTERED AT NURSES' DISCRETION

a) Directorates specify the medicines involved in any given clinical area.

b) Prescriptions should be in the "once only" section of the prescription chart.

c) Prescriptions must carry the nurse's signature and status and not "nurse prescribed".

d) The same nurse must sign for administration in the "given by" column.

e) Medicines which require administration on a frequent basis, should be referred to a doctor for prescribing.

4.4 CONTROLLED DRUGS FOR TTOs AND OUTPATIENTS

The following are additional requirements for controlled drug prescriptions.

a) The prescription must be written in the doctor's own handwriting including the name and address of the patient. Addressographs are not acceptable.

b) The form must be stated (eg, tabs, elixir, Inj etc.), irrespective of whether it is implicit in the proprietary name (eg MST).

c) The strength must be stated where appropriate. This is not necessary where only one strength exists (eg Diconal), but is required where the dose is not the same as the strength. (See example A below).

d) The total quantity of the preparation (eg number of tablets, millilitres, or number of dose units) should be written in both words and figures.

e) The dose and frequency must be stated.

Example A	Example B
Morphine Sulphate M/R Tablets 40 mg bd Supply 14 (fourteen) 10mg tabs and 14 (fourteen) 30mg tabs	Morphine Sulphate Elixir 10mg in 5mls 15mls six times per day Supply 250ml (Two hundred and fifty ml)

4.5 VERBAL ORDERS

a) Telephone orders for single doses of drugs can be accepted by a registered nurse or midwife if the doctor is unable to attend the ward.
b) The prescription must be timed, dated and signed by the person taking the message, and endorsed "verbal order".
c) The doctor's name should be recorded, and the doctor should sign the prescription within 12 hours.
d) Pharmacists operate under a separate protocol (in this compendium).