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.

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.