GUIDELINES FOR PRESCRIPTION OF MEDICINE

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Introduction

Prescription of medicine is a potentially hazardous procedure which should only be given when the clinical benefits to the patient outweigh the potential risks and transfusion-transmitted infections. Stringent procedures must be followed to ensure that the authorized person prescribes the correct medicine and that any adverse reactions are dealt with promptly and efficiently.

Scope

This policy applies to all areas of the hsopital, and all employees of the hospital, including individuals employed by a third party, by external contractors, as voluntary workers, as students, as temporary staff.

Aim

The purpose of this policy is to: ensure that the right medicine are given to right person in right dose and that any adverse reactions are dealt with promptly and efficiently.

All staff involved in the process must be appropriately trained and aware of their responsibilities in relation to prescription of medicine and dealing with high risk medication. Related people are trained in prescribing medicine within their own competence and in accordance with procedures which are in place to reduce the risks to patients.

Authority of Prescription

Authorized Physicians and prescribers (registered with PMDC) should prescribe and drugs should only be administered against a Written Order of a Physician.

Medicine prescribed by an outside medical doctor will not be administered in the hospital settings, except in case a patient is a long term old case of an illness and he is on maintenance therapy; these drugs can be administered in the hospital with the approval of the treating Consultant.

No drug will be administered to a patient without a valid prescription of the treating doctor. In an emergency when a consultant is contacted on the phone and the drug is prescribed by him, the medicine may be given to the patient under the signature of the locally available treating doctor and this should be authenticated by the Prescribing Consultant within 24 hrs.

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Properties of Prescription

Elements of drug orders or prescriptions must be defined as follows.

- Name
- Age of the Patient
- Any known allergies or contraindications; if no allergy is known then it states 'NKA' information must not be omitted
- In the pediatric population, Weight is mandatory

Drugs must be written legibly and clearly, preferably according to the Generic Name, Brand name can be used in brackets.

Directions must be clearly stated. 'As directed' or 'when needed' must be avoided and should be qualified e.g. "Take one or two tablets for pain or headache" cautioning "Not to be taken empty stomach".

Requirements of Prescription

All medication orders are to be prescribed in writing which should be dated, timed and signed by the prescribing doctor. There must be a written physician's order for prescription and non-prescription medications.

To have a complete Prescription Order, the following eight items must be included:

i. The patient full name and parentage etc.
ii. Weight
iii. Allergies/Contraindications
iv. The date of the order
v. Name of the medication
vi. Dosage and administration information.
vii. Route of administration
viii. Physician' Signature

Location of Prescription

Each patient care plan includes written orders by individuals qualified to order and record patient orders, for example diagnostic tests orders for laboratory testing, orders for surgical and other procedures, medications orders, nursing care orders, and nutrition therapy orders.

A uniform location in the patient's medical record or on a common order sheet, which is then transferred to the patient's medical record periodically or at discharge, facilitates understanding the specifics of an order, when the order is to be carried out, and who is to carry out the order.

It also creates easy accessibility to the orders so that orders can be acted upon in a timely manner. Hospital staff should practice hospital policy, based on which orders must be uniformly written at specified sections on forms and then placed sequentially.

Verbal order Prescription

Verbal orders should only be used in exceptional circumstances. The diagnosis and health status as evaluated and documented by a doctor must be available if the prescribing doctor is not the one who made the initial assessment.

Only one stat dose may be prescribed verbally.

Verbal orders shall initially be taken by a Nurse, and repeated to a second Nurse.

The Nurse receiving the order must record the order on the drug treatment sheet. The entry is to be in red ink and should also include the time, date, name of prescriber and the Nurse's signature, as well as the second Nurse's signature.

The Nurse should repeat the order to the doctor to ensure that the details are correct.

The drug treatment sheet is to be countersigned by the doctor who gave the verbal order at the earliest possible time, within 24 hours.

If they are in any doubt, the Registered Nurse should seek clarification from the doctor until they are satisfied about the correctness of the

- Right Drug
- Right Patient
- Right Dosex
- Right Route
- Right Time

The medication is now to be administered as per the Administration of Medication Procedure and the Medication Policy.

A verbal order should be reconfirmed if the nurse believes that it may compromise the patient's care and treatment.

NO Verbal Orders for High Alert Medications and High Risk Medications.

Prescription of High Risk Medication

High risk medications are medications that are most likely to cause significant harm to the patient, even when used as intended.

Known Safe Practices can reduce the potential hazard and harm. Although the list of high-risk medications includes many, but some of them have been associated more frequently with harm, such as anticoagulants, narcotics and opiates, insulin, concentrated electrolytes e.g. KCl, chemotherapeutics and sedatives etc.

Following drugs are example of high risk medications,

a. Conc. Solution KCL
b. I/V Ca gluconate
c. Inj. Atropine
d. Inj. Adrenaline
e. Inj. Aminophylline
f. Inj. Labetolol I/V
g. Inj. Lignocain I/V
h. Inj. Amidoron I/V
i. Inj. Heparin I/V, LMW Heparin
j. Warferin
k. Retiplase, streptokinase
l. Oral hypoglycemic
m. I/V amphotericine
n. Narcoticc/ opioids
o. Anaesthetics
p. MgSO4
q. Methotraxate
r. Nitroprusside
s. Inj. Dopamine/ dobuterx
t. Inj. Insulin infusion
u. Inj. Sandostatin/ vasopressin infusion
v. Radiocontrast agents
w. Chemotherapeutic agents
x. Inj. Diazepam

Caregivers should be mandated to Double Check all High Risk Medications before administering. Double-Checking SOPs are given below;

Independently comparing the Label and Product Contents in hand versus the written order or pharmacy-generated Medication Administration Record.

Independently verifying any calculations for doses that require preparation (e.g., any time the medication is not dispensed in the exact patient-specific unit).

Assuring the accuracy of infusion pump

programming for continuous intravenous infusions of medications.

A Certificate to the effect that the Nurse/Dispenser has actually verified the High risk Medication Order before administration, has to be inserted in the record of the patient and signed by the administering professional.

Strategies to avoid errors involving high risk medications

Medication arrangement;
Avoid storing look-alike, sound-alike (LASA) drugs next to each other (example: instead of storing by generic name (e.g. vincristine and vinblastine) store drugs by brand name (e.g. Oncovin and Velban).

Formulary selection;
Minimize LASA formulary combinations.

Block letters;
All medicines should be written in capital letters to eliminate illegible hand Writing.

Alert notes;

- Highlighted stickers on packaging.
- Pop-up messages attached to LASA drugs.
- Highlighted drug storage areas.