

# **NON-MEDICAL PRESCRIBING POLICY**

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# **NON-MEDICAL PRESCRIBING POLICY**

## **1. INTRODUCTION**

This document aims to provide a governance framework related to non-medical prescribing within NHS Dumfries and Galloway.

It aims to provide an understanding of the prescribing legislative, and professional development process. The policy gives a structure to promote redesign whilst ensuring patient safety.

The application of this policy will promote safe and effective prescribing by non-medical prescribers throughout NHS Dumfries and Galloway.

Legislation to introduce Independent Prescribing in Scotland came into effect on 31 May 2006. The amended legislation is as follows:-

- The National Health Service (Pharmaceutical Services) (Scotland) Amendment (No.2) Regulations 2006. SSI No. 245.
- The National Health Service (Charges for Drugs and Appliances) (Scotland) Amendment (No.2) Regulations 2006. SSI No.246.
- The National Health Service (General Medical Services) (Scotland) Amendment Regulations 2006. SSI No. 337.

The National Health Service (Pharmaceutical Services) (Scotland) Amendment (No.2) Regulations 2006 describe an 'Independent Nurse Prescriber' as:-

“ A person who is registered in the Nursing and Midwifery Council (NMC) Register or the Health Professions Council Register (HPC), and against whose name in that register is an annotation signifying that he or she is qualified to order drugs, medicines and appliances as a community practitioner nurse prescriber, a nurse independent prescriber, a nurse independent/supplementary prescriber or an AHP supplementary prescriber .”

The Allied Health Professions that are now under legislation able to use Supplementary Prescribing, include physiotherapy, podiatry, diagnostic radiography and therapeutic radiography. The seven Higher Education Institutions previously providing prescribing programmes for nurses and midwives have modified their programmes to include the AHPs. All seven programmes were jointly validated by the Nursing, Midwifery Council (NMC) and the Health Professions Council (HPC) in 2007.

Pharmacist Independent Prescribing was also introduced on 1 May 2006. This will allow pharmacists to prescribe any licensed medicine for any medical condition that a pharmacist prescriber is competent to treat.

This document relates to non-medical prescribing across a multi disciplinary group within NHS Dumfries and Galloway and aims to promote safe and effective prescribing. This group is to include Nurses, Midwives, Pharmacists and Allied Health Professionals.

The policy will be reviewed in line with Board policy.

## **2. BACKGROUND**

### **INITIAL NURSE PRESCRIBING**

Recommendations contained in the Report of the Advisory Group on Nurse Prescribing 1989, led to the development of the nurse prescribing scheme for District Nurses and Health Visitors. This required them to undertake a V100 prescribing programme as part of a Specialist Practitioner qualification.

This report also identified a number of clear benefits that would arise from nurse prescribing:-

- Improvement in patient care.
- Better use of patients', nurses' AHPs and GPs' time.
- Clarification of professional responsibilities leading to improved communications between team members.

The necessary legislation to enable community nurses in Scotland, with either a district nursing or health visiting recordable qualification, to prescribe from a limited (Nurse Prescribers') formulary, was passed in 1996. They were able to do this following the successful completion of a preparation course approved by the National Board for Nursing, Midwifery and Health Visiting for Scotland (NBS).

Since 1999, prescribing from the Nurse Prescribers' Formulary has been included in the district nursing and health visiting / public health specialist practitioner programmes.

Since 2001, all courses for independent nurse prescribing have been approved by NHS Education for Scotland (NES) for the Nursing and Midwifery Council (NMC).

### **EXTENDED FORMULARY NURSE PRESCRIBING**

In May 2001 it was announced by Health Ministers that nurse prescribing would be extended to include more nurses and a wider range of medicines.

The four areas of practice to be covered were:-

- Minor ailments.
- Minor injuries.
- Health promotion.
- Palliative care.

This involved undertaking an extended prescribing course at degree level (V200). The course consisted of approximately 25 taught days and a further 12 days of supervised practice by a nominated medical prescriber. After qualifying, a registration number was issued and entered against the individual's name on the professional register.

## **SUPPLEMENTARY PRESCRIBING**

Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient specific management plan, with the agreement of the patient.

Prescribing can include all medicines listed in the British National Formulary (BNF) but must be specified in the patient's Clinical Management Plan by the independent prescriber.

Since April 2003, nurses and pharmacists have been able to undertake educational preparation as supplementary prescribers.

Since September 2007, AHPs have been able to undertake prescribing programmes in Scotland.

A combined extended/supplementary prescribing programme (V300) was developed for nurses and on completion, the qualification, entered against the individual's name on the professional register.

Supplementary prescribing for pharmacists involved coursework and a period of learning in practice. On completion of this course, pharmacists must register as supplementary prescribers with the Royal Pharmaceutical Society of Great Britain (RPSGB). The Pharmacist register will be annotated with SP.

## **NURSE AND PHARMACIST INDEPENDENT PRESCRIBING**

From 2012, Independent Nurse Prescribers were able to prescribe 'any licensed medicines for any medical condition' within a nurse's competence, including schedule 2 to 5 controlled drugs for any medical condition within their clinical competence. Limitations to the controlled drugs prescribing, where previously nurses could only prescribe certain controlled drugs for specific conditions, were lifted when new legislation, amending the Misuse of Drugs Regulations 2011 came into force on 23 April 2012. As long as the nurse is competent and it is within local policy, within local agreement, and demonstrated through continued professional development, then nurse independent prescribing may be implemented (with reference to NHS Dumfries and Galloway Joint Formulary).

The nurses who have qualified as 'extended formulary' nurse prescribers and as 'supplementary prescribers' (NMC V300) will be entitled to act as nurse independent/supplementary prescribers.

The length of the educational preparation programme for nurse independent/supplementary prescribers will be a minimum of 26 days, with an additional 12 days of supervised learning in practice. All registrants will be required to undertake both the independent and supplementary elements of the programme.

Pharmacist Independent Prescribing will allow pharmacists to prescribe any licensed medicine, including any controlled drug listed in schedules 2-5, except diamorphine, cocaine and dipipanone for the treatment of addiction, for any condition, within their

clinical competence for any medical condition that a pharmacist prescriber is competent to treat.

## **ALLIED HEALTH PROFESSIONALS**

At present independent prescribing courses are available for chiropodist, podiatrists, physiotherapists and therapeutic radiographers.

### **Supplementary Prescribing**

Since 2005 Podiatrists, Radiographers and Physiotherapists have been able to become supplementary prescribers. Recent changes in legislation in April 2016 meant that registered Dieticians are now also able to undertake training as supplementary prescribers. The Human Medicines (Amendment) Regulations 2016

### **Independent Prescribing**

Since 2013, registered Podiatrists and Physiotherapists have been able to become independent prescribers and training programmes are now in place across the UK including within Scotland. Recent changes to legislation in April 2016 mean that registered therapeutic radiographers are now also able to train as independent prescribers. is this the same as the legislation referred to above? If not, can you give me the reference please – same as above

In order for registrants from these professions to become independent or supplementary prescribers, they need to have completed an approved post registration Non Medical Prescribing training programme. On completion the HCPC register will be annotated to indicate their ability to practise.

### **Exemptions in legislation**

The law contains 'exemptions' for certain professionals on the HCPC register to administer, sell or supply from a list of specific medicines on their own initiative, when that would normally be restricted to independent prescribers. Currently exemptions exist for three AHP professions.

**Paramedics** can administer certain named medicines by injection on their own initiative for the immediate, necessary treatment of sick or injured people (i.e. in emergency situations). The legislation is regularly amended to extend or amend the list of drugs which paramedics can administer.

**Podiatrists** who are appropriately qualified can administer certain Prescription Only Medicines (POMs), and sell or supply certain other POMs, in the course of their practice.

- Podiatrists can qualify to **administer** a range of POMs in their practice, including (but not limited to) a range of local anaesthetics. This entitlement appears on our register as 'Local anaesthetics' or 'LA'.
- They may also qualify to **sell or supply** a range of other POMs in their practice. This appears on our register as 'Prescription only medicines' or 'POM'.

In order to use these exemptions, podiatrists must have successfully completed training in these areas and have the entitlement(s) annotated (as LA or POM) on the HCPC register. **All existing approved pre-registration programmes in this profession include training in both areas.** HCPC also approve a number of post-registration programmes which allow podiatrists without one or both of these entitlements to gain them.

Recent changes to legislation in April 2016 have introduced exemptions for **orthoptists** to sell, supply and/or administer certain medicines on their own initiative in the course of their professional practice. These medicines are in the form of eye drops and ointments for topical use, including a small number of antibiotics. In order to use the exemptions, orthoptists must undertake a relevant HCPC approved post-registration training programme and obtain an annotation on the Register.

### **AHP Independent Prescriber Criteria**

- Able to identify a need for independent prescribing which would benefit and improve patient/care outcomes and is priority for the organisation
- Has full support of line manager ( written statement to be submitted to Associate Director of AHPs)
- Associate AHP Director to be informed of intention to apply (250 word statement supporting application, to be submitted along with completed CPD request form)
- The individual has the knowledge; practical experience and opportunity to complete and utilise the training.
- Requires to be agreed with the NMP Lead.
- Must have access to a prescribing budget
- Be able to provide evidence of the frequency of need to prescribe, to maintain competence
- Competent to assess, diagnose and can make treatment decisions.
- Competent to treat patients independently
- Works remotely from a medical practitioner, seeing patients independently
- Can provide evidence of CPD and Personal Development Plan
- Candidate willing to study at an HEI recommended and approved by NHS Dumfries and Galloway
- Are able to identify a designated medical prescriber as a supervisor during the programme?

### **PATIENT GROUP DIRECTION (PGD)**

A PGD is a specific written instruction for the supply and administration of a named medicine. It applies to groups of patients who may not be individually identified before presenting for treatment and enables named nurses and AHPs who are within their employment setting to apply prescription only medicines to patients under the generalised direction of a PGD. PGD's will continue to be used in appropriate circumstances.

### 3. SUPPORTING DOCUMENTS

This policy should be read in conjunction with the following documents:-

- Department of Health (2006), A guide to mechanisms for the prescribing, supply and administration of medicines (NHS Practitioner Programme).
- NHS Dumfries and Galloway (2005), Adverse Incident Reporting and Learning Procedure.
- NHS Dumfries and Galloway (2005), Adverse Incident Reporting and Learning Management Policy.
- NHS Dumfries and Galloway (2006), Dumfries and Galloway Joint Formulary.
- NHS Dumfries and Galloway (2006), Medicines Code of Practice.
- NHS Dumfries and Galloway Clinical Supervision policies
- NMC (2015) the Code: professional standards of practice and behaviour for nurses and midwives. NMC: London.
- NMC (2002), Practitioner-Client Relationships and the Prevention of Abuse. NMC: London.
- NMC (2004), Guidelines for the Administration of Medicines. NMC: London.
- NMC (2005), Guidelines for Records and Record Keeping. NMC: London.
- NMC (2006), The PREP Handbook. NMC: London.
- NMC (2006), Standards of Proficiency for Nurse and Midwife Prescribers. NMC: London.
- Royal Pharmaceutical Society of Great Britain (2006), Putting people at the Heart of their health: a pharmacy manifesto for Scotland.
- Scottish Executive Health Department (2006), Guidance for Nurse Independent Prescribers and for Community Practitioner Nurse Prescribers in Scotland: A Guide for Implementation.
- NHS Education for Scotland (2012) A Guide to Good Prescribing Practice for Prescribing Pharmacists in NHS Scotland.
- Scottish Government (2006) Non Medical Prescribing in Scotland: Guidance for Nurse Independent Prescribers
- Community Practitioner Nurse Prescribers in Scotland: A guide for Implementation
- Scottish Government (2009) A Safe Prescription: A strategy for Non Medical Prescribing

### WEBSITES

- <http://www.bnf.org>
- <http://www.dh.gov.uk>
- <http://www.npc.co.uk>
- <http://www.scotland.gov.uk/topics/health/nhs-scotland/non-medicalprescribing>
- <http://www.yellowcard.gov.uk>
- [www.druginfozone.nhs.uk](http://www.druginfozone.nhs.uk)
- [www.nes.scot.nhs.uk/pgds](http://www.nes.scot.nhs.uk/pgds)
- [www.nmc-uk.org](http://www.nmc-uk.org)

- [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk)
- [www.rpsgb.org](http://www.rpsgb.org)
- [www.pharmacyregulation.org](http://www.pharmacyregulation.org)
- [www.dgprescribing matters.co.uk](http://www.dgprescribingmatters.co.uk)

## **4. NHS DUMFRIES AND GALLOWAY GOVERNANCE/Framework FOR NON-MEDICAL PRESCRIBING**

### **PRINCIPLES**

- NHS Dumfries and Galloway is committed to continuously improving the quality of service and safeguarding high standards of patient care and safety, by creating an environment in which clinical excellence will flourish.

Prescribing is one aspect of role development which can be considered within a service redesign.

- Need, risk, health input, equality and diversity must be assessed and consideration given to the service offered to patients and carers.

- All entrants to prescribing training will be selected according to criteria set out by NHS Dumfries and Galloway (see appendices 1 and 2).

- NHS Dumfries and Galloway will be vicariously liable for the actions of each non-medical prescriber as long as the employee has been appropriately trained and qualified as part of their professional duties, with the consent of their employer as detailed in appendices 2 and 3, and acts within their clinical competence.

- Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, has knowledge of the diagnosis and the clinical management required, as well as the responsibility for prescribing where necessary and the appropriateness of any prescription.

- Employees of NHS Dumfries and Galloway who hold the relevant qualification, are registered with an appropriate governing body (e.g. NMC, HPC, GPhC) and have approval from a senior clinician and management, will be able to prescribe.

- Appropriate supervision, support mechanisms and essential assessment of competency must be in place prior to any staff undertaking the training programme. A multi-disciplinary approach being essential.

- NHS Dumfries and Galloway has a commitment to supporting Continuing Professional Development in prescribing:

- The NHS Dumfries and Galloway Non-medical prescribing group meets four times a year to support non-medical prescribers alongside an annual non-medical prescribing CPD event. A minimum attendance of two meetings a year is required for NHS Dumfries and Galloway employees.

- Prescribers are responsible for maintaining their competence, supported by their line manager, through the normal supervision arrangements

NHS Dumfries and Galloway will maintain a list of all non-medical prescribers within their employment. Master database held by the Deputy Nurse Director's Office and copy to Chief Pharmacist.

NHS Dumfries and Galloway will ensure that all non-medical prescribers are aware of the responsibility for safe usage and secure storage of prescription pads.

If a non-medical prescriber reports lost or stolen prescriptions, NHS Dumfries and Galloway has a procedure in place to ensure all relevant persons/authorities are notified (Appendix 4)

NHS Dumfries and Galloway does not support the use of medicines 'not recommended' by the Scottish Medicines Consortium and these should not be prescribed (see appendix 3). If a need is identified, the local procedure outlined in appendix 3 should be followed.

## 5. PRESCRIBING RESPONSIBILITIES

- Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, knowledge of the diagnosis and the clinical management required, as well as the responsibility for prescribing where necessary and the appropriateness of any prescription.
- Non-medical prescribers have an obligation to prescribe in a cost effective manner, using only drugs from the NHS Dumfries and Galloway Joint Formulary, unless there are strong clinical reasons to do otherwise.
- Non-medical prescribers must be aware of drug interactions and take particular care when prescribing for elderly patients and patients in particular categories of risk i.e. those who are receiving HIV treatment where the risk of interaction is costly both in terms of the patients health and finance.
- Prescribing for children is a specialised area and should only be done following a clinical management plan being developed and signed off by a Senior Clinician; with the exception of non-medical prescribers who have had the appropriate training and experience and have been deemed competent to prescribe for children within their area of practice.
- Non-medical prescribers will only prescribe for patients to whom they are providing direct care in their place of work.
- Non-medical prescribers will not prescribe for another prescriber or at the request of another member of staff, unless they undertake a full assessment of the patient themselves, and the prescribing activity falls within their own competency.
- Prescribing should be done in line with NHS Dumfries and Galloway Medicines Code of Practice (see appendix 6)
- As with all prescribers, non-medical prescribers will not prescribe for themselves or close family members.
- Treatment should only ever be prescribed in line with the patients clinical need, following careful assessment.
- Frequent prescribing is essential to maintain competence in practice.
- The security of prescription forms is the responsibility of each non-medical prescriber (see appendix 4).
- Any medication error (see appendix 5) must be reported via the Datix System in accordance with the principles of the Adverse Incident Management and Learning Policy
- Any adverse drug reaction must be reported via the yellow card scheme. Website at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). This site provides direct access to an electronic version of the NHS Yellow Card Scheme.

## **6. CONTINUING PROFESSIONAL DEVELOPMENT**

- All non-medical prescribers are required to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of relevant medicines. They must remain up to date with the knowledge and skills to prescribe competently and safely.
- Non-medical prescribing will be included in the Knowledge and Skills Framework (KSF) and should be discussed as an integral part of their normal supervision and support arrangements and at Annual Development Review.
- Any training undertaken must be documented within the Personal Development Portfolio.
- At revalidation it is recommend that at least one reflective piece is on prescribing practice.

## **APPENDIX 1**

### **NURSE INDEPENDENT PRESCRIBER CRITERIA**

- Able to identify a need for independent prescribing which would benefit and improve patient / care outcomes.
- Has full support of line manager (written statement to be submitted to Deputy Nurse Director).
- A nominated Prescriber is willing to contribute and supervise the candidate's 12 days learning in practice placement.
- Associate Nurse Director to be informed of intention to apply (250 word written statement supporting application, to be submitted along with completed CPD study request form).
- Candidate able to study at degree level as a minimum.
- Has at least three years post registration clinical nursing experience , of which at least one year immediately preceding their application to the training programme should be in a clinical area similar or the same as the area in which they intend to prescribe.
- Must have access to a prescribing budget
- Be able to provide evidence of the frequency of need to prescribe, to maintain competence.
- Trained and deemed competent to assess, diagnose and make treatment decisions for the patient.
- Competent to treat patients independently.
- Works remotely from a doctor, seeing patients independently.
- Can provide evidence of Continuing Professional Development.
- Has a personal portfolio, showing evidence for supervision and for revalidation with the NMC
- Candidate willing to study at an HEI recommended and approved by NHS Dumfries and Galloway.
- Will operate as an independent prescriber in an identified area following qualification.

## **APPENDIX 2**

### **PHARMACIST INDEPENDENT PRESCRIBER CRITERIA**

- Pharmacists must have been registered with the GPhC for at least 2 years.
- Pharmacists must apply in writing (250 word statement) to the Chief Pharmacist.
- Has full support of line manager (written statement).
- A nominated Prescriber is willing to contribute and supervise the candidate's learning in practice placement.
- Pharmacists must have been assessed as clinically competent in the area in which they will undertake a prescribing role.
- Able to identify a need for independent prescribing which would benefit and improve patient / care outcomes.
- Must have access to an established prescribing budget.
- Be able to provide evidence of the frequency of need to prescribe, to maintain competence.
- Competent to assess, has knowledge of the diagnosis and can make treatment decisions for the patient.
- Competent to treat patients independently.
- Works remotely from a doctor, seeing patients independently.
- Can provide evidence of Continuing Professional Development.
- Has a personal Practice Development Profile.
- Candidate willing to study at an HEI recommended and approved by NHS Dumfries and Galloway.

## **APPENDIX 3**

### **SCOTTISH MEDICINES CONSORTIUM**

The Scottish Medicines Consortium (SMC) provides advice to NHS Boards and their Area Drug and Therapeutics Committees (ADTC's) across Scotland about the status of all newly licensed medicines, all new formulations of existing medicines and any major new indications for established products (licensed from January 2002). Once the SMC has made a decision about the status of a new drug or indication, Health Boards determine local policy.

NHS Dumfries and Galloway does not support the use of medicines 'not recommended' by the SMC and these must not be prescribed. The Medical Director, may, in exceptional circumstances approve the use of a drug 'not recommended' by SMC. If it is considered that an individual patient's circumstances are such that there is no alternative then an individual patient treatment request should be made, using approved documentation (found on HIPPO or at [dgprescribingmatters.co.uk](http://dgprescribingmatters.co.uk)), to the Medical Director for a decision.

## **APPENDIX 4**

### **USE STORAGE AND SECURITY OF PRESCRIPTION PADS**

Prescription pads are controlled stationary and remain the property of NHS Dumfries and Galloway.

- The security of the non-medical prescribing pad is the responsibility of the Non-medical prescriber. They should always maintain a record of the first and last serial number of each prescription pad. It is also good working practice to record the serial number of the first remaining form of the pad at the end of each working day.
- All prescriptions should be hand written, including repeat prescriptions, in indelible ink, unless access is available to computerised non-medical prescribing software in practice.
- Under no circumstances should a blank prescription form be pre-signed before use. The prescription pad should only be produced when needed and never left unattended. They should always be placed in a locked drawer when not in use.
- Prescription pads being used in the community should never be left unattended in a vehicle and should not be left visible when travelling.
- Non-medical prescribers must hand deliver all blank prescription pads to the hospital Pharmacy when leaving employment with NHS Dumfries and Galloway. Pharmacy are responsible for the secure destruction of obsolete pads.
- In the event of the loss/theft of prescription forms or stamp, the following people must be notified immediately:-

- Senior Manager
- Police

The following people should also be informed at the earliest opportunity:-

- Deputy Nurse Director (will contact Practitioner Services Division)
- Chief Pharmacist
- Primary Care Development Team

## **APPENDIX 5**

### **MEDICATION ERRORS**

NHS Dumfries and Galloway Adverse Incident Reporting and Learning Management Policy identifies that literature reviews of research into medication errors all suggest significant levels of under-reporting in respect of drug errors within the NHS.

Reasons for this are varied, however a commonly cited reason by clinicians is the fear of punishment and disciplinary action as a consequence of disclosure.

Categories of errors include:-

- Unauthorised administration of a drug.
- Incorrect dose.
- Incorrect route or means of administration.
- Omission of prescribed medication.
- Wrong time error.
- Wrong preparation of a dose.
- Wrong rate of administration.

It is essential that staff are aware of their obligation to report medication errors via the Datix system in accordance with the principles of the Adverse Incident Reporting, Learning and Management Policy. The Adverse Incident Reporting and Learning Procedure should be referred to for guidance.

## APPENDIX 6

### NHS DUMFRIES AND GALLOWAY MEDICINES CODE OF PRACTICE SECTION 10

#### PRESCRIBING OF MEDICINES FOR IN-PATIENTS AND FOR PATIENTS ATTENDING DAY HOSPITALS WHO WILL HAVE MEDICINES ADMINISTERED TO THEM IN HOSPITAL

##### 10.1 INTRODUCTION

10.1.1 It is required that prescribers adhere to the procedures and standards described in this manual when prescribing medicines. These procedures have been designed to meet the following objectives

- a) to eliminate errors
- b) to produce accurate and auditable records

10.1.2 Prescribers must note that nurses are not allowed to administer medicines if they have not been prescribed correctly.

10.1.3 All medicines must be entered on the patient's medication chart before they are administered. (For exceptions see Sections 13 and 26)

10.1.4 The **ONCE ONLY AND PRE-ANAESTHETIC MEDICATION** section of the medication chart is for prescribing once only and pre-anaesthetic medication.

10.1.5 Regular medicines should be prescribed in the **REGULAR MEDICATIONS** section of the medication chart/community prescription card.

10.1.6 Medicines which are only administered 'as required' should be prescribed in the **AS REQUIRED MEDICINES** section of the medication chart.

##### 10.2 PERSONS AUTHORISED TO PRESCRIBE MEDICINES

10.2.1 Medicines may only be prescribed by a suitably qualified practitioner who is recognised and authorised by the organisation to undertake this function.

10.2.2 Pharmacy is required to be supplied with a current list of all such practitioners.

##### 10.3 CHECKS PRIOR TO PRESCRIBING

10.3.1 Before the prescription is written on a medication chart, the identity of the patient must be checked against the personal details on the medication chart.

10.3.2 The list of drugs to be avoided due to previous adverse reactions /allergies should be checked.

10.3.3 A check must be made of any supplementary medication charts which may be in use, e.g. insulin, warfarin etc. (See section 11)

10.3.4 A check should be made of any relevant formulary or implications.

#### **10.4 PRESCRIPTION DETAILS**

10.4.1 All entries on the medication chart/community prescription card must be hand printed legibly in indelible ball point ink, preferably in block capitals or typewritten.

10.4.2 The date must be clearly printed for each medicine prescribed. For regular medication this is the date the prescription must start (bracketing of dates is not acceptable): for medicines which are to be administered once only this is the date the medicine is to be administered on. For incremental syringe driver prescriptions specific process applies and must be followed.

10.4.3 When a medication chart is rewritten the original prescribing date should be used, unless the medication and or dose is changed (in which case an appropriate note should be made in the case record).

10.4.4 The name, CHI number and age of the patient must be stated. A record of the known body weight is essential for children and "fragile" patients, and for patients receiving drugs that require therapeutic monitoring (TDM), weight based dosing, dopamine or chemotherapy. This should be entered in the medication chart.

10.4.5 Medicines are prescribed by the Recommended International Non-Propriety Name (rINN). The exceptions to this are: -

- Modified release oral preparations of drugs where bioavailability may be a problem, e.g. phenytoin, lithium, diltiazem, nifedipine, theophylline, ciclosporin and interferon preparations. These medicines should be prescribed using their brand name. See joint formulary for details of which brands new patients should be initiated on.
- Medicines which contain more than one ingredient and for which an approved name has not been designated.

10.4.5 The dose to be administered must be stated in either the metric system or in S.I. units.

- For solids, quantities of one gram or more should be written as 1g, etc. Quantities less than one gram should be written in milligrams, e.g. 500mg, not 0.5g. Quantities less than one milligram should be written in micrograms e.g. 100 micrograms, not 0.1mg.

- "Micrograms" and "nanograms" must not be abbreviated.

- "Units" must not be abbreviated.

- When decimals are unavoidable, a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5 ml not .5 ml.

10.4.6 Abbreviations are not acceptable, for example 'prn' must be written as 'as required' and '6o' must be written as '6 hourly'.

## **10.5 SIGNATURES**

10.5.1 Each entry on the medication chart must be signed in ink with the full signature of the prescriber and their contact number. Initials are not acceptable, except when cancelling prescriptions, and entries must not be bracketed together under one signature.

## **10.6 TIMES OF ADMINISTRATION**

10.6.1 Times of administration must be clearly indicated, either by circling a time range in the appropriate section or, if the medicine is to be administered at a non-standard interval, the times of administration must be clearly stated. The 24hour clock must be used.

10.6.2 It is the prescriber's duty to familiarise him/herself with the times that medicines are actually administered on the ward so that alternative times can be specified, if necessary.

## **10.7 "AS REQUIRED" PRESCRIPTIONS**

10.7.1 Prescriptions for medicines which are only administered "as required" must state the symptoms to be relieved, the minimum dose interval and maximum dose allowed in 24 hours which can be administered e.g. Paracetamol Tablets 1 gram every four - six hours when required for headache, maximum 8 tablets in 24 hours.

10.7.2 Oral and IM must be prescribed separately. It is not permitted to write O/IM in the route box.

10.7.2 If a drug is prescribed in both the 'regular' and 'as required' sections of the medication chart, this must be emphasised in the 'additional instructions/comments' box in both sections of the medication chart.

## **10.8 VARIABLE DOSE PRESCRIPTIONS**

10.8.1 Variable dose prescriptions can be of two types: -

1. Prescribed in the regular medication chart section and cross-referenced to the appropriate chart, e.g. sliding scale insulin.
2. Prescribed in the "as required section", e.g., analgesics.

10.8.2 The prescription must clearly state, or refer to ward protocol, the circumstances under which the person administering the medicines may vary the dose, as well as the frequency of dose.

Note: - If a medicine is prescribed in both the 'regular' and 'as required' sections of the medication chart, this must be emphasised in the additional instructions/comments box in both sections of the medication chart.

## **10.9 ROUTE OF ADMINISTRATION**

10.9.1 The route of administration must be clearly written in full, e.g. "oral" or "topical" or by using the following instructions:- IV, SL,PR,SC,IM,PV.

10.9.2 Eye and ear preparations should be clearly designated. The eye or ear to be treated should be specified.

## **10.10 MEDICINES TO BE DISCONTINUED**

10.10.1 Medicines which are to be discontinued must be deleted by an authorised prescriber, using a single straight line through the prescribing section. The date on which the medicine is discontinued should be entered and initialled by the prescriber. The administration record must not be crossed out.

10.10.2 The authorised prescriber may annotate the prescription with a stop time and date, e.g. stop after lunch-time dose on 5 May. In this case nursing staff or pharmacist may complete and sign the discontinuation section of the sheet.

10.10.3 Highlighter pens must not be used to discontinue medicines

## **10.11 CORRECTION OF ERRORS**

10.11.1 Prescriptions which are entered in error should be deleted with a single line "Cancelled" should be written in the times of administration column. The entry should be initialled and dated by the prescriber. Correction fluid must never be used.

## **10.12 ALTERATIONS TO THE ORIGINAL PRESCRIPTION**

10.12.1 Prescriptions must not be altered. If a prescriber decides to increase or decrease the strength of a preparation, the original entry should be deleted and a new prescription should be entered on the medication chart. Times should not be added in or deleted .

10.12.2 The patient's medication charts must always be readily available.

## **10.13 ADDITIONAL MEDICATION CHARTS**

10.13.1 Ideally each patient should have one medication chart. If the first medication chart is full, and additional medicines are required, all the patient's data from the

main chart, together with the list of medicines to be avoided and a record of the medication charts in use, must be entered on the continuation form. A second chart bearing only the patient's name is not acceptable. All subsequent medication charts should be numbered.

10.13.2 Medication charts must be clearly marked with a discontinuation date and cancelled with a diagonal line fully across the page.

## **10.14 OXYGEN**

10.14.1 This section does not apply to the emergency use of oxygen or to the use of oxygen associated with operations.

10.14.2 Oxygen, other than that mentioned above, should be prescribed on the medication chart. Instructions must include the type of mask and the flow rate to be used entered in the "times of administration" column.

## **10.15 PRE AND POST-OPERATIVE MEDICINES**

10.15.1 Pre-operative medicines are prescribed on the front page of the medicine prescription form under 'Once Only and Pre-Anaesthetic Medication.'

10.15.2 Post-operative medicines must be prescribed on the main medication chart or anaesthetic sheet.

## **10.16 DIAGNOSTIC MEDICATION**

10.16.1 Medicines used for diagnosis, e.g. Synacthen test, must be entered in the "Once Only and Pre-Anaesthetic Medication" section on the front page of the medication chart.

10.16.2 A record should be made of any radio-opaque preparations, or any radio-pharmaceuticals administered to patients in the "Once Only and Pre-Anaesthetic Medication" section on the front page of the medication chart.

## **10.17 THERAPEUTIC DIETS**

10.17.1 Special diets should be prescribed on diet sheets with a reference to the diet sheet made on the main medication chart.

## **10.18 ADVERSE REACTIONS TO MEDICINES**

10.18.1 Medicines which are suspected or known to have caused adverse reactions in the past should be clearly entered in the section reserved for this purpose in the patient's medication chart. Full details should be given in the patient's medical notes.

10.18.2 All adverse drug reactions to black triangle drugs (newly licensed drugs which are subject to close scrutiny) and serious adverse reactions to established drugs should be reported to the Committee on Safety of Medicines, Scotland. Should an

adverse reaction to a drug be suspected, then a Yellow Card should be completed and sent to Committee on Safety of Medicines, Scotland. Yellow Cards can be found at the back of all BNF's.

10.18.3 For additional reporting advice see the MHRA website. [medicines.mhra.gov.uk](http://medicines.mhra.gov.uk).