

PRESCRIBER GUIDANCE ON THE COMPLETION OF PRESCRIPTIONS

The aim of this short guidance is to improve patient safety and reduce delays in patients receiving and benefiting from intended treatment. This guidance, applies to the writing of **all prescriptions** both inpatient and outpatient. There are legal requirements, General Medical Council [GMC] and Trust standards for prescription writing. Full LTHT guidance can be found at; <http://lthweb/sites/medicines-management-and-pharmacy/information-on-medicines/prescribers-news/new-prescribers-to-the-trust> and GMC at; http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

All prescriptions must clearly show the following:

Component	Comment	Example																				
Patient's full name, surname and first name	Usually achieved by using patient printed label	<table border="1"> <tr> <td colspan="2">First Name: Tommy</td> <td colspan="2">Surname: ATKINS</td> </tr> <tr> <td>Hosp No: A12345</td> <td colspan="2">DOB: 14/2/1984</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;"><i>Use addressograph if available</i></td> </tr> <tr> <td>Date of Admission: 23/11/06</td> <td>Consultant 1: Aardvark</td> <td>Hosp: St As</td> <td>Ward: 1</td> </tr> <tr> <td>Date of Transfer: 25/11/06</td> <td>Consultant 2: Zebra</td> <td>Hosp: St Bs</td> <td>Ward: 2</td> </tr> </table>	First Name: Tommy		Surname: ATKINS		Hosp No: A12345	DOB: 14/2/1984			<i>Use addressograph if available</i>				Date of Admission: 23/11/06	Consultant 1: Aardvark	Hosp: St As	Ward: 1	Date of Transfer: 25/11/06	Consultant 2: Zebra	Hosp: St Bs	Ward: 2
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Patient's date of birth	for children < 18, also give age in years																					
Patient's full postal address	Usually achieved by using patient printed label																					
Patient's date of birth	Usually achieved by using patient printed label																					
Patient's case/NHS number	Usually achieved by using patient printed label																					
Consultant's name	The consultant who is responsible for the patient																					
Patient's ward number and hospital	Ward number and hospital site for inpatients Clinic and hospital site for outpatients																					
Date of prescribing	Date or OA for 'on admission'																					
Body weight in kg in under 16 years or where dosage is dependent on weight Height if dosage is dependent on BSA		<table border="1"> <tr> <td>Weight: 24kg</td> <td>Height:</td> <td>Surface area:</td> <td>Age: (if < 18) 7</td> </tr> <tr> <td>Self Administration Level</td> <td>Level</td> <td>Date</td> <td>Sign (NAME)</td> </tr> </table>	Weight: 24kg	Height:	Surface area:	Age: (if < 18) 7	Self Administration Level	Level	Date	Sign (NAME)												
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Prescriber's signature and PRINTED NAME	Signature is required for all prescription entries in addition to a legible PRINTED NAME [as judged by another person been able to read correctly]	<table border="1"> <tr> <td>Drug (11) FUROSEMIDE LIQUID</td> <td>Dose 40mg</td> <td>(8-9)</td> </tr> <tr> <td>Route PO</td> <td>Additional Instructions 40mg in 5mL</td> <td>Date 23/11/06 13-14</td> </tr> <tr> <td>Sign (NAME & Bleep) A Good</td> <td>Pharm G00D 4321</td> <td>Supply 17-18 21-22</td> </tr> </table>	Drug (11) FUROSEMIDE LIQUID	Dose 40mg	(8-9)	Route PO	Additional Instructions 40mg in 5mL	Date 23/11/06 13-14	Sign (NAME & Bleep) A Good	Pharm G00D 4321	Supply 17-18 21-22											
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Prescriber's contact details	Prescribers must be contactable in case there is a problem with the prescription. A legible printed name and a means of contact are needed. The contact/location might be one of a bleep/mobile phone/extension number or a ward/clinical area or specialty. e.g. Ward 33, hepatology etc																					

Drug sensitivities and/or allergies must be stated

Medicines cannot be dispensed or administered without this information. Prescriptions will be returned to the prescriber for completing.

Write 'no known allergies' or 'NKA' as an accepted abbreviation

Allergies and Adverse Drug Reactions - List the medicines or substances & the nature of the reaction (write NKDA if none)		
It is mandatory to complete this section		
Medicine / Substance	Reaction	
PENICILLIN	RASH	
ASPIRIN	GI BLEED	
CODEINE	UNKNOWN	
Sign (NAME)	Date	
A Good (Good)	23/11/06	
Authority to administer medicines ceases after 24 hours.	Sign (NAME)	Time & Date

Include indication, duration or review date when prescribing antimicrobials

All patient must be risk assessed for VTE. If VTE prophylaxis is appropriate, prescribe according to local guidelines.

An Indication Duration or Review Date

Regular Medicines	Month & year:	Date	
ANTI- EMBOLISM STOCKINGS			
Instructions	DOCTORS: If stockings are not appropriate cross this prescription through clearly.		
Leg(s): L R Both	NURSES: Assess the fit, compliance and skin integrity daily and sign. Re-measure and change stockings according to clinical need.		
PRINT Name & Contact	Sign	18	
Drug (VTE Prophylaxis only)	Dose	Thromboprophylaxis risk assessment completed	Tick
PRINT Name & Contact	Route	Date	State reason here for NOT prescribing VTE prophylaxis:
Sign	Pharm	Supply	18
Drug (1)	Dose		

To ensure medicines prescribed are dispensed/administered as quickly and safely as possible and to ensure that your intentions are clearly communicated:

- Please write **very clearly** and use CAPITAL letters
- Do not abbreviate any drug name and use the generic name where ever possible
- Approved abbreviations for doses are mg, mL and g
- Write "micrograms" and "nanograms" in full
- Never abbreviate the word unit to u or iu **always write units in full.**
- Only use approved abbreviations for route [see LHTT prescribing standards]
- Give as much information about drug as possible, eg enteric coated, strength of tablet etc
- Clearly state quantity or duration of treatment for Out-patient prescriptions
- Include maximum dose in 24hrs, and a minimum dose interval for an "as when required" medicine
- Initial any alterations which you make or rewrite if this makes the prescription clearer or less ambiguous
- **The poorest area of completion is an identifiable printed prescriber's name**