

## Safer prescribing

Prescribing is a large part of a doctor's practice and includes prescribing medication, medical devices or dressings. Doctors should have comprehensive knowledge of and comply with the relevant statutes, legislation and guidelines governing the prescribing of medicinal products.

Medisec regularly advises members on claims and complaints that can arise due to unsafe prescribing practices including:

- Failure to properly monitor medication dosages
- Lack of instructions to patients regarding dosage and how to take medication
- Medication reconciliation especially with hospital/community/consultant interface
- Proper monitoring of patients, particularly those in high-risk medication
- Secretarial transcriptions and errors due to computer drop down menus
- Mis-prescribing or over-prescribing of benzodiazepines
- Methadone prescribing in the absence of adequate training.

## High Risk Medication

There are seven drugs or classes of drugs that were found by one study (Saedder et al. "Identifying high-risk medication: a systematic literature review" (2004)) to have accounted for 47% of all serious medication errors. These were:

- Methotrexate
- Warfarin
- NSAIs
- Digoxin
- Opioids
- Aspirin
- B blockers

These drugs have also been identified by the HSE *National Medication Safety Programme* (May 2016) as "Very High and High" risk for patient harm.

Care should be taken when prescribing NOACS in particular dose adjustments required for body weight or renal impairment and any potential drug interactions.

## Prescribing guidance

Many prescriptions are now computer generated but if a handwritten prescription is unavoidable it is important that it is legible, and that a copy is scanned into the patient record, where possible.

All prescriptions at a minimum should include: the date; the name address and telephone number of the doctor; the patient's full name, date of birth and address (DOB or age mandatory if child under 12); the medication, dose, strength, route and frequency should be clearly stated. Prescriptions, with the exception of e-prescriptions, should be signed by the prescriber and must include Medical Council number.

### Safe prescribing-Issues which you need to consider

- a) "*Primum non nocere*" – First-do no harm" and the sound advice of Hippocrates is still relevant today. Prescribe only when necessary taking into account all benefits and risks to the patient. Informed consent is as important in prescribing as any other aspect of

- patient care, and involvement of the patient about decisions in their treatment is important and patient autonomy should be respected.
- b) Note the patient's age and medical history (particularly hepatic or renal problems) and any previous adverse reaction to medicines. Before prescribing any medication or treatment ensure that you have adequate knowledge of the patient's condition and are satisfied that the drug or treatment will serve the patient's needs.
  - c) Prescribe effective medication or treatments based on sound up-to-date evidence.
  - d) Ensure that the medication or treatment you are prescribing is compatible with any other treatment the patient is receiving. Encourage patients to disclose if they are taking any other medicines including non-prescription and herbal medicines, recreational drugs or medicines purchased online.
  - e) For drugs that require routine monitoring, clinicians should ensure that this has been undertaken and that the results are reviewed and satisfactory before issuing the prescription.
  - f) The doctor should ensure that the patient has been counselled appropriately regarding the medication and possible side-effects and where necessary appropriate monitoring arrangements are in place
  - g) Think about dosage carefully and do not assume 'one dose fits all'. This is particularly important when prescribing for young children or the elderly. Avoid unnecessary use of decimal points when prescribing, i.e., 3mg not 3.0mg or 500mg not 0.5g.
  - h) Avoid the use of abbreviations except for acceptable Latin prescribing abbreviations such as prn, qds, tds, od etc.
  - i) Avoid abbreviation of drug names as these can be misinterpreted.
  - j) Clearly document in the patient's records the relevant clinical finding, the diagnosis made, the information given to the patient and any drugs or treatment prescribed.

## Prescribing

The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9<sup>th</sup> Edition, 2024 makes it clear that the legal responsibility for prescribing lies with the doctor who signs the prescription, and this guidance applies equally to the transcribing of medication. In the case of the latter, if any doubt or concerns, clarification should be sought from the original prescribing doctor or team.

We would draw your attention to the following paragraph:

34.1 You should only prescribe medication, treatment or therapy when you have adequate knowledge of the patient's condition and believe that such prescription is indicated. You should ensure that any treatment, medication, or therapy prescribed for a patient is safe and evidence based.

## Transcribing

The Medical Council's Ethical Guide makes it clear that the legal responsibility for prescribing lies with the doctor who signs the prescription, and this guidance applies equally to the transcribing of medication. If any doubt or concerns, clarification should be sought from the original prescribing doctor or team.

We would draw your attention to the following paragraphs:

*34.1 You should only prescribe medication, treatment or therapy when you have adequate knowledge of the patient's condition and believe that such prescription is indicated. You should ensure that any treatment, medication or therapy prescribed for a patient is safe and evidence based.*

### 36. Transcribing Prescriptions

*Transcribing is the act of transferring a medication order from an original prescription to another type of prescription.*

*36.1 Transcribing incurs the same responsibilities as prescribing. The general principles outlined in relation to continuity of care should be followed.*

*36.2 If you have any issues or concerns about transcribing an original prescription you should liaise with and seek clarification from the original prescribing doctor or member of their team before issuing a prescription.*

## High Risk Patients:

The doctor should bear special consideration for certain cohorts of patients who may be in need of additional care and guidance when prescribing, eg:

- possibly pregnant, or of childbearing age (or for men 'trying to father' a child)
- elderly/multiple co-morbidities (renal/cardiac function)
- vulnerable patient – intellectual disability, dementia
- patient with language or literacy difficulties
- homeless patients
- patients with severe psychiatric conditions.

## Patient information

When issuing a prescription to a patient, carefully explain:

- the likely benefits, risks and common side-effects of the treatment
- what to do if a side-effect occurs
- how and when to take the medication and how to adjust the dose if necessary
- the likely duration of the medication
- arrangements for monitoring, follow-up and review if necessary.

## Repeat prescriptions

It may be routine for other members of staff to write up or computer generate repeat prescriptions for you to sign. Whilst this may save time it is not without risk. Always ensure that:

- correct prescription for correct patient
- the patient is reviewed regularly in terms of drug side-effects and with regards to the ongoing need for this medication
- the correct dosage is currently issued if there are changing doses over time.

**Remember: 'your signature, your prescription!' 'You are ultimately responsible for the prescriptions you sign.'**

## Electronic prescribing

E-prescribing was introduced during the COVID-19 pandemic. It has proved so useful that it may continue to be a mode of practice for sending prescriptions directly to the pharmacy, thus negating the need to print out a paper prescription.

- Prior to generating a prescription the doctor should always check to which pharmacy the patient would like their prescription sent.

- Doctors should carefully check the prescription for accuracy, i.e., right drug, right dose, monitoring arrangements etc. prior to sending it via Healthmail.
- The doctor may consider attaching instructions for the patient, e.g., regarding monitoring etc., by typing information into the additional instruction box of the prescription prior to sending.

## Prescribing controlled drugs

Prescriptions for Schedule 2 and 3 controlled drugs must be handwritten, the drug formulation has to be specified, drug strength and quantity must be detailed in words and figures, the item cannot be repeated and must be dispensed within two weeks.

For Methadone prescriptions and prescriptions for Schedule 4 Part 1 CDs the name of the drug, strength, form and quantity does not need to be in the doctor's own handwriting and can be computer generated.

The Medical Council's Ethical Guide states at paragraph 12.2 that - You **must** not prescribe controlled drugs for yourself.

Please refer to the Medical Council's joint guidance *Safe Prescribing and Dispensing of Controlled Drugs*.

## Prescribing for yourself or relatives

According to Medical Council guidance you should not self-prescribe and if you become ill should consult another doctor rather than treat yourself. You should also avoid prescribing to relatives except in an emergency. If you do prescribe medication for a relative make a clear record of it including the reason for it, your relationship with the patient, and the reason it was necessary for you to prescribe.

## Keeping-up to date in prescribing

It is essential that any prescribing practitioner keeps up to date with ongoing developments and ensures that any prescriptions are necessary and appropriate. Stay on the safe side, and if unsure about interactions or other aspects of prescribing and medication management consult an experienced colleague or check medication references such as the SPC for the particular drug.

There are a number of other sources of information available including:

- guidance from the Health Products Regulatory Authority
- Irish Medicines Formulary (IMF)
- HSE Antibiotic Guidelines
- National Medicines Information Centre
- British National Formulary (BNF).

## In summary

Prescribing is a complex process and this guidance, which is not exhaustive, is provided to assist GPs to reduce the risk of prescribing errors and therefore improve patient safety.

Prescribing errors can occur not only from poor prescribing decisions, such as wrong drug, wrong dose etc. but also from poor patient communication, lack of monitoring and poor secondary / primary interface communication. Having robust systems and checklists in place can help prevent these errors.

Please also refer to Medisec's related factsheets, available on our website:

- Repeat Prescribing - Best Practice
- Medication Reviews
- Steps to Safer Prescribing

If you have any specific queries about this process then please don't hesitate to contact the Medisec advisory team.

*The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice*

