FACTSHEET

MEDISEC

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Safer prescribing

Prescribing is a large part of a doctor's workload 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
- lack of monitoring of patients on high-risk medication
- errors due to computer drop down menus
- mis-prescribing or over-prescribing of benzodiazepines

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"* (2014)) 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.

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. It is very important to ensure the details are recorded as a prescription in the prescribing section of the records.

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 (date of birth 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 all prescriptions must include Medical Council number.

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

Issues for consideration

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 in any other aspect of patient care. The patient should be involved with any decision concerning their care 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 medication or treatments based on sound up-to-date evidence.
d) Ensure that the medication 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 of use 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.

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, e.g.:

- 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.

Electronic prescribing

E-prescribing was introduced during the COVID-19 pandemic. It has proved so useful that it is likely to 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 should 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. However e–prescribing allows for Schedule 2, 3 and 4 Controlled Drugs to be prescribed electronically. In accordance with Misuse of Drugs Regulations 2017, Schedule 2 and 3 drugs cannot be issued as a repeat prescription.

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.

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 for 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. Be cautious, and if unsure about interactions or other aspects of prescribing and medication management consult an experienced colleague or check medication references such as the Summary of Product Characteristics (SPC) for the particular drug.

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

- Health Products Regulatory Authority (HPRA)
- 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 doctors 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.

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