Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Medicines - Prescribing and Initiation of Treatment

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Contents

1 Purpose

Following this procedure will help the Trust to:-

- Provide personalised care through the effective prescribing of medicines
- Prescribe medicines safely
- Comply with legal and professional requirements in the authorised supply of medicine

2 Related documents

This procedure describes what you need to do to implement the Prescribing and Initiation of Treatment section of the Medicines Overarching Framework.

The Medicines Overarching Framework defines compliance requirements for prescribing and initiating treatment safely which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Medicines reconciliation – Policy for medicines reconciliation on admission of adults to hospital
- ✓ Non-Medical Prescribers (NMPs) Policy
- ✓ NMP Procedure to Practice
- ✓ NMP Procedure to access training
- ✓ . Administration of oxygen in an emergency situation for adults and children
- ✓ New drugs process
- ✓ Guidelines for use of Unlicensed and Off-Label Use of Medicines
- ✓ Diabetes Management
- ✓ Carer Information Sheet BUCCAL MIDAZOLAM SOLUTION – BUCCOLAM ®
- ✓ Safe Lithium Therapy and Shared Care Guidelines
- ✓ Standards for Rewriting Prescription Charts
- ✓ Standards for use of ‘as required’ medication
- ✓ AMH - 'As required ' doses
- ✓ MHSOP - 'As required' doses
- ✓ C&YPS - 'As required' doses

3 Starting treatment

After assessment, a patient's pharmacological treatment is initiated: -

- From a patient specific prescription by a registered prescriber
- Under a Patient Group Direction which has been approved by the Drug and Therapeutics Committee.

4 Prescribing medicines

The detailed guidance on prescribing contained in the current edition of the British National Formulary (BNF) must be followed.

Prescribers must prescribe within their own competencies, comply with the current legislation, Trust policies for prescribing and professional guidance.

4.1 What is a prescription?

A prescription is a written order for the supply or administration of a medicinal product to an individual who is a patient of the Trust.

4.2 Who can write a prescription?

✓	A registered medical practitioner, dentist, independent or supplementary prescriber or health visitor. Non medical prescribers must have their prescribing status denoted on their professional register, and must be registered to prescribe within the Trust.
✓	Non trust staff can prescribe treatments on the prescription and administration record where patients have attended A&E, out of hour's primary care services or outpatient clinics.
✓	Dietitians may write up food for special diets, enteral sip or tube feeds, feed supplements and feed additives for inpatients on the prescription and administration chart.
×	Medical students cannot prescribe.
×	Prescribers cannot write Trust prescriptions for themselves or their family or other members of hospital staff unless the member of staff is also a patient of the Trust under the care of the prescriber.

4.3 Prescribing restrictions

Some medications are subject to more stringent prescribing restrictions in the Trust e.g. controlled drugs, unlicensed medicines (See relevant sections in the Medicines Framework Overarching Policy).

4.4 Allergies and sensitivities

The prescriber must take account of the patient's allergy status and medicine intolerances when prescribing any medicines.

Information on known allergies/sensitivities must always be recorded on the patient's clinical records including all drug administration and prescription records (if applicable) by the prescriber, pharmacist or nurse as appropriate.

Where there are no known sensitivities, the "no known drug allergies box" should be ticked on all drug administration and prescription records and the prescriber should sign and date accordingly.

4.5 Reconciling medicines on admission

Medicines prescribed on admission should be reconciled against the checks made on current medication with the patient, GP, carer and against medicines brought in by patient and record accordingly. See Medicines reconciliation – Policy for medicines reconciliation on admission of adults to hospital

4.6 Community patients

The care of community patients may be shared by a Trust doctor and the general practitioner (GP). When a Trust's prescriber initiates a change in treatment they are responsible for promptly informing the patient's GP of details of any change together with a comprehensive list of medicines the patient is prescribed.

When an inpatient is discharged prompt communication to the GP should include a comprehensive list of the medicines the patient is receiving together with any changes to treatment made and clear guidance on what medicines the GP is expected to continue with any monitoring requirements.

4.7 Prescribing queries

Queries relating to a potentially serious error or risk must be alerted to the prescriber immediately by the health professional.

Make a record of the conversation with the prescriber in the patient's electronic record and complete a record of the incident on Datix. Communication notes are not acceptable in situations where the patient could be exposed to significant risk.

Pharmacists, nurses or other health professionals who wish to query or comment on a patient's prescription must contact the prescriber. A pharmacist or pharmacy technician may complete a pharmacy intervention form to bring a query to the attention of the prescriber. Details of clinically significant interventions must be recorded in the patient's electronic record and the prescriber notified of the entry. Intervention rates and types of interventions will be fed back accordingly to improve practice.

See Appendix 1 for Position Statement on Nurses giving prescribing advice to GPs, Acute Trust prescribers and Non-Medical prescribers

5 Non-medical prescribing

Non-Medical Prescribers (NMPs) Policy
NMP Procedure to Practice
NMP Procedure to access training

6 Patient Group Directions (PGDs)

A Patient Group Direction (PGD) is a written direction relating to supply and administration, or just administration, of a medicine (normally a prescription-only medicine) to a defined group of patients for a specific identified clinical situation in the absence of a patent specific prescription.

It is the responsibility of the Appointed Practitioner in Charge of each ward/department to ensure that if medicines are administered without a patient specific prescription then a valid and current PGD is available to guide practitioners and that the person administering the medicine has undertaken the Trust training for the PGD being utilised.

All PGDs must be approved by Drugs and Therapeutics Committee and ratified by the Executive Management Team. Any subsequent amendments and revisions must be approved and ratified prior to use.

Guidance on administration in this policy must be followed when administering medicines under a PGD.

An appropriate record of the administration /supply must be made.

Each practitioner using a PGD has a responsibility to work within the Direction in terms of the patient group and medicines covered, and to maintain their competence to work under that PGD.

The Line Manager is responsible for confirming authorisation of each user and completing the authorisation section on the PGD. They are also responsible for maintaining a control system to document receipt of approved PGDs by each user.

Documentation relating to authorisation should be kept by the individual.

The current Patient Group Directions can be accessed on inTouch via the Pharmacy Policies page.

7 Protocols

A protocol is a written direction to administer a General Sales List Medicine (GSL) without a patient specific prescription. The medicines that can be administered, their indication, doses, frequency and age range are specified within the protocol. Oxygen may be administered by any staff that have undertaken First Response Training. Administration of oxygen in an emergency situation for adults and children

8 Verbal orders

ONLY a pharmacist may receive a verbal order from a prescriber to alter or add a prescription item on a leave, discharge or out-patient prescription. The pharmacist must read the alteration or addition back to the doctor who must then confirm it. Verbal orders cannot be given for controlled drugs, except for minor amendments (see Controlled Drugs Standard Operating Procedures).

9 Remote orders

Before prescribing for a patient remotely, the prescriber must satisfy themselves that they can make an adequate assessment, establish a dialogue and obtain the patient's consent (where necessary). The prescriber may only prescribe when they have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. The prescriber must consider:

- the limitations of the medium through which they are communicating with the patient / staff member
- the need for physical examination or other assessments
- whether they have access to the patient's medical records.

Note that only a medical prescriber can remotely prescribe a new medication.

A pharmacist can accept a remote order from a prescriber but this must be followed up with a signed prescription within 24 working hours.* The type of remote order appropriate to the pharmacy will be defined by the specific pharmacy and / or specific SOPs. This may take the form of a fax or email.

In appropriate circumstances a remote order may be accepted by a registered nurse to administer a previously prescribed medication, or in exceptional circumstances a new medication. The prescriber must take a thorough history from the nurse and if possible speak to the patient before making the decision to prescribe. The prescriber must check PARIS for the allergy status and if section 58 of the mental health act applies. A fax or email prescription may be accepted by the registered nurse. The fax / email will be supported by a PARIS entry, made by the prescriber, detailing:

- Reason for being unable to attend in person to assess service user
- The allergy status and mental health act status and if section 58 applies
- Medication name, dose and frequency (also duration if appropriate)
- Medication indication and symptoms of service user

- Discussion with service user or reason why not possible
- If any monitoring us required by ward staff
- When and how service user should be reviewed due to medication change

Details must be entered in the relevant section of the drug prescription and administration record, if another nurse is available in that location the transcription should be double checked. The PARIS entry and fax or email should be kept with the drug prescription and administration record until the prescriber has signed the entry, it should then be filed in the patient's notes. The entry must be signed by the prescriber within 24 working hours*.

*Working = 9-5 weekdays

10 Range of medicines which can be prescribed

Only medicines approved for use by the Drugs and Therapeutics Committee can be prescribed to treat mental health conditions. These are listed in Chapter 4 on the Formulary website

For non-psychiatric medication prescribers are advised to continue existing treatments or prescribe medicines recommended made by the local Acute Trust or Clinical Commissioning Group.

Application to prescribe a medicine approved as a 'Named Patient Supply' by the Drug and Therapeutics Committee must be made by the consultant and sent to the appropriate Clinical Director for approval. Pharmacy will only authorise supply on receipt of an approved form from the Clinical Director.

Named patient request forms

Non-approved medicines: an application can be made by the consultant if exceptional circumstances can be demonstrated. The application will be considered by a panel consisting of the Clinical Director, Chief Pharmacist and Head of Service. The Drug and Therapeutics committee will monitor exceptional request applications.

Exceptional request form.

All patients of TEWV will be prescribed the medicines they require based on assessment of their symptoms and their clinical need. To ensure the best use of limited resources the Drug and Therapeutics Committee has adopted a formal and structured procedure for the introduction of new drugs. Refer to the New Drugs Process.

11 Prescribing unlicensed and 'off-label' medicines (outside of licensed indications)

A medicine with a valid UK marketing authority for the proposed indication should generally be used. Prescribers should be aware of the licensed status of medicines they prescribe and pharmacists should advise prescribers of any changes to such status. Medicines may sometimes be prescribed for an unlicensed indication see Guidelines for use of Unlicensed and Off-Label Use

of Medicines. These guidelines seek to minimise the risks to patients and clarify the legal liability of healthcare professionals.

Unlicensed medicines are medicines that do not have a marketing authorisation in this country. They are medicines that have either been specially prepared by the holder of a Manufacturers Specials Licence to meet the special needs of individual patients (often called “specials”) or imported.

Off-label use is when a drug which has a marketing authorisation is used for a condition, at a dose, via a route or for an age that is not listed in the Summary of Product Characteristics for that drug.

Prescribers should carefully consider the use of unlicensed medicines and only use this form of therapy when the benefits outweigh the risks and where there is no licensed alternative available.

Prescribers must obtain consent to treatment and inform the patient of the medicine’s licence status. The patient must also be informed that the effects of an unlicensed medicine will be less well understood than those of a licensed medicine. A patient information leaflet on the use of unlicensed medicines should be provided.

Prescribers should inform their medical colleagues (especially General Practitioners) of the medicine’s licence status when advising them to use unlicensed medicines or medicines outside of their marketing authorisation (off-label use).

The pharmacy supplying unlicensed medicines will take the necessary steps to ensure the quality of unlicensed medicines, prepared, repackaged or purchased by the Trust.

12 High risk medicines

A number of medicines have been identified through the National Reporting and Learning Service, and locally, as being high risk in terms of the potential harms associated with their use. Critical medicines have been identified as those medicines which may cause harm if they are omitted or delayed. Some medications involve a high risk process as well as being a critical medicine.

High risk medication processes	**Critical Medicine**	**Both high risk process and Critical medicine**
Opioids	Newer oral anticoagulants	Warfarin
Methotrexate	Vitamin K (oral)	LMWH
Oral Chemotherapy	Glucagon	Lithium
HDAT	Flumazenil IV	Clozapine
	Adrenaline	Insulin
	Diazepam pr for status	
	Buccal midazolam for status	
	Anti-epilepsy medication	
	Anti-Parkinson medication	

	Naloxone	
	Anti-infective medication	

12.1 Critical Medicines - reducing harm from omitted and delayed medicines in hospital

Medicines doses are often omitted or delayed in hospital for a variety of reasons. Whilst these events may not seem serious, for some critical medicines or conditions, such as patients on lithium or with pulmonary embolism or diabetes, delays or omissions can cause serious harm, poor outcomes or even death.

Nursing staff must **not** omit these medicines but must **contact** medical staff for further advice, including out of hours.

If the route of administration is not possible it will be necessary to review formulations and routes. If the drug is not available within a reasonable time (90 minutes) it will be necessary to consider an alternative formulation (e.g. liquid preparation instead of solid dosage form) or drug.

The trust pharmacy team or the on call pharmacist is always available for advice.

- Consider whether it is necessary to prescribe a stat dose if the administration time window has been missed.
- **Tell** the nursing staff when a stat dose is prescribed.
- Significant delays or omissions of any of the critical medicines must be reported as a medication incident via DATIX.

Critical Medicines List

The following medicines and conditions have been identified as critical medicines where timeliness of administration is crucial:

- Anti-infective medicines
- Thrombo-embolic disease
  - LMWH- Dalteparin Tinzaparin, Enoxaparin
  - Rivaroxiban
  - Apixaban
  - Dabigatran
  - Warfarin
- Reversal of anticoagulation
  - Vitamin K (PO)
- Insulin
  Novo rapid and Lantus
- Hypoglycaemia
  - Glucagon IM
- Anaphylaxis
  - Adrenaline (1:1000) IM
- Lithium
- Status epilepticus (convulsive)
- Clozapine
- Medicines for Parkinson's disease susceptible to on/off symptoms
  - Co-careldopa
  - Co-beneldopa
  - Rasagiline
  - Selegiline
  - Entacapone
  - Tolcapone
- Epilepsy-Anti-epileptics
- Poisoning and overdose
  - IM naloxone
  - IV flumazenil

Only doctors may administer IV flumazenil if they are competent to do so

- Diazepam pr
- Midazolam buccal

12.2 Anti-coagulants

Warfarin is a high risk drug due to the high level of intra patient variability, and numerous drug and disease interactions. Most patients will have a copy of the “Yellow book” patient hand held record which details their recent INR monitoring and warfarin doses. Additional copies are available from pharmacy.

The newer oral anticoagulants Dabigatran, Rivaroxiban and Apixaban are also available and though they do not require the same monitoring as the coumarins (warfarin, acenocoumarol and phenindione) - it must be noted that the main adverse effect is haemorrhage.

Treatment doses of Low molecular weight heparins have weight based dosing for each condition whereas prophylactic doses are more standardised and sometimes adjusted for renal function. It is important to weigh the patient to calculate the dose or ask the carer for a recent weight rather than Trust staff estimating weight. It is also important to monitor renal function as eGFR below 30ml/min may require a dose reduction or additional monitoring of anti Xa (speak to the haematologists). This should not delay the initial dose.

12.3 Insulin

Insulin doses must not be omitted as this complicates management and may lead to diabetic ketoacidosis or hyerpglycaemia hyperosmolar state.

If are unable to determine a patient’s insulin dose or are unsure the diabetologist’s at the acute Trust are always available for advice. More detailed guidance on insulin dependent diabetes is available on in Touch (see Diabetes Management).

Most patients should have an insulin passport which details the type of insulin and the device.

Beware as some long acting and short acting insulins have similar names for example Novo rapid and Novo mix, or Humalog and Humalog 50.

- When prescribing **never** use U or IU always use **units.** If prescribed as either U or IU the nurses must **not** give but contact the prescriber to have the prescription and administration chart amended.

- Insulin doses must be measured and administered using an insulin syringe or a commercial insulin pen device. Ordinary syringes must **never** be used for measuring or administering insulin.

12.4 Opioids- reducing harm from opioid prescribing

- Confirm any recent opioid dose, formulation, frequency of administration and any other analgesic medicines prescribed for the patient as well as the **time** and **date** of any changes. This may be done for example through discussion with the patient or their representative (although not in the case of treatment for addiction), the prescriber or through medication records.

- Ensure where a dose increase is intended, that the calculated dose is safe for the patient (e.g. for oral morphine or oxycodone in adult patients, not **normally** more than 50% higher than the previous dose).

- Ensure you are familiar with the following characteristics of that medicine and formulation: **usual starting dose**, frequency of administration, standard dosing increments, symptoms of overdose, common side effects.

- Ensure the formulation is appropriate for the intended frequency. For example MXL (morphine 24 hourly modified release preparation) is prescribed once a day, MST or Zomorph are prescribed twice a day, whereas Oramorph should be prescribed four hourly. Similarly Oxy**Contin** is prescribed twice a day where Oxy**Norm** is prescribed four hourly.

12.5 Buccal midazolam

Buccal midazolam can be used in varying doses to treat status epilepticus in adults and children. It is administered to the buccal mucosa (between the gum and cheek). It is available in two strengths; a 5mg/mL oral liquid product, recently licensed for paediatric use (Buccolam®) in a range of prefilled oral syringes, and an unlicensed 10mg/mL oral liquid product (Epistatus) is available from various 'specials' manufacturers in a multidose bottle and / or prefilled oral syringes.

- Always check which brand the patient has been using and counsel them carefully if there are changes to the brand they are supplied with
- Ensure that the dose is always prescribed in mg.
- Check the strength of solution prior to administration.
- Where appropriate give the Carer Information Sheet BUCCAL MIDAZOLAM SOLUTION – BUCCOLAM ®

12.6 Clozapine

Clozapine is evidence based treatment for treatment resistant schizophrenia and is only initiated by consultant psychiatrists. There is a risk of agranulocytois particularly during the first year of treatment and so patients starting on Clozapine are registered with the Clozapine Monitoring Service (CPMS). Initially the dose is slowly titrated with physical health and side effect monitoring as well as weekly blood tests for FBCs.

Timing of clozapine is important to maintain control of the patient's symptoms and aid recovery. If Clozapine is omitted for 48 hours or more **this necessitates the complete re-titration of the Clozapine from the 12.5mg dose.** Sometimes the consultant will decide to retitrate more rapidly depending upon the patient's response and tolerability during first initiation.

Clozapine needs careful monitoring with regular FBCs, clozapine plasma levels, and ECGs.

Dose changes should be made with input from seniors.

If in doubt, speak with senior pharmacists.

Side effects to be aware of:

Tachycardia. Common, not concerning in the absence of chest pain. If pain is present, troponin T and ECGs should be checked, and if concerns persist, cardiology opinion should be sought.

Myocarditis and cardiomyopathy. Most cases of myocarditis occur within the first 4 weeks and present with classic symptoms of fever, palpitations, fatigue (also seen in patients who do not have myocarditis), chest pain, dyspnoea and decreased exercise capacity or may be symptomless. During the first month weekly FBC, Troponin I or T, CRP and ECGs monitor for myocarditis but will not detect all cases so vigilance is needed. Cardiomyopathy occurs late in treatment but presents with dyspnoea and reduced exercise tolerance.

Agranulocytosis (dangerously low WCC or downward trend). Regular FBCs are needed via the CPMS schedules.

Constipation and clozapine–induced hypomobility (CIGH) is common and may rarely but significantly lead to bowel obstruction leading to distension, necrosis, perforation or sepsis, aspiration from faecal vomiting and faecal stasis leading to infection. In uncomplicated cases bulk forming laxatives such as ispaghula husks are appropriate. In cases of sudden onset and deteriorating physical health, expert advice should be immediately sought and potent stimulant or osmotic laxatives should be started. Enemas are effective in cases of impaction or unresponsive constipation.

12.7 Lithium

See Safe Lithium Therapy and Shared Care Guidelines

- Lithium is a high risk medicine as some patients have been harmed because they have not had their dose adjusted based on regular blood tests.
- Delays and omissions of Lithium doses will falsely influence the monitoring of Lithium levels as therapeutic drug monitoring is carried out 12 hours post dose.
- Clinically significant alterations in lithium blood levels occur with commonly prescribed and over-the counter medicines including **ACE**s and **NSAIDS** e.g. ibuprofen and naproxen.
    - SBARD
    - Pharmacists will provide advice on interaction if required.
- Declining renal function may also increase the risk of toxicity which is why it is important to monitor it alongside thyroid function.
- Most patients on Lithium therapy will carry a “purple book” patient hand held record detailing the dose of lithium and recent blood tests.
    - Additional copies of the hand held record are available from pharmacy.

12.8 Cytototoxic agents

12.8.1 Methotrexate

Methotrexate is commonly prescribed in small **weekly** doses as a steroid sparing agent for conditions such as rheumatoid arthritis. Inappropriate administration of daily methotrexate is a "never event".

- It is the prescriber's responsibility to record the correct dosage and frequency on the hospital drug administration chart, and to strike out the six days of the week when a dose must not be administered.
- Be aware of patients who attend with symptoms such as breathlessness, dry persistent, cough, vomiting or diarrhoea, as these can be signs of oral methotrexate toxicity or intolerance.
- Most patients will carry a hand held record detailing their dose and monitoring. Additional copies of the hand held record are available from pharmacy.

12.8.2 Oral Chemotherapy

Recently many more chemotherapy regimens are oral rather than IV which increases to possibility of a patient being admitted on an oral chemotherapy regimen.

- These patients **must** be referred to the oncologist or haematologist for advice and confirmation regimen. A copy of the patient's treatment plan must be faxed from the acute Trust to confirm the patient's chemotherapy regimen and included in the medicines reconciliation.

13 Standard procedure for prescribing

13.1 General principles

Medicines may only by prescribed on official TEWV controlled prescription stationery which is subject to regulated distribution around the Trust. The use of new documentation relating to medicines must be approved by the Chief Pharmacist before its introduction.

- Prescriptions must be clearly written in **block letters**, typed or computer generated in black ink and be indelible.

- The prescription must clearly identify the patient for whom it is intended. In most settings this will include name, address, date of birth and NHS number. Name and address labels should not be used on FP10 prescription forms.
- The drug name should not be abbreviated. The British National Formulary (BNF) approved name should be used unless there is a specific exception such as a compound preparation that is usually recognised by brand name e.g. oral contraceptives or a brand name is required due to the differences in bioavailability e.g. lithium should always be prescribed by brand name (Priadel, Camcolit etc.)
- Doses must be stated in SI units using only accepted abbreviations i.e. mg, ml, g. The terms microgram, nanogram and unit should not be abbreviated.
- Roman numerals e.g. ii are a cause of medication errors and must not be used.
- Quantities of less than 1g must be expressed in mg e.g. 100mg not 0.1g. Quantities of less than 1 mg must be expressed as micrograms e.g. 100micrograms not 0.1mg. A zero should be written in front of a decimal point where there is no other figure e.g. 0.5ml not .5ml.
- The frequency must be written in full, abbreviation such as BD, TDS should not be used.
- All prescriptions must be dated and signed by the prescriber.

A record of medicines prescribed must be recorded on PARIS.

Good practice point: The standard for recording information on medicines on PARIS and in any communication with GPs should follow the General principles for prescribing:

- Use non-abbreviated approved name, unless Brand name required due to differences in bioavailability
- State doses in SI units (mg, ml, g). No abbreviations for micrograms, nanograms or units
- Do not use roman numerals
- Express quantities of less than 1g as mg and quantities of less than 1mg as micrograms
- Use a zero in front of a decimal point where there is no other figure (0.5ml)
- Write the frequency in full, do not abbreviate to BD or TDS

14 Drug prescription and administration record

The drug prescription and administration record must be available to the doctor or healthcare practitioner whenever he/she is reviewing the patient.

Where more than one chart is used all charts must indicate the existence of other additional charts e.g. chart 1 of 2.

When a patient is re-admitted, including for respite care, a new drug prescription and administration record must be used. Any deviation to this requirement must be approved as a local protocol by the Lead Specialty Pharmacist.

The drug prescription and administration record of patients transferred from one Trust site to another does not need to be rewritten but the ward/site/consultant information should be updated. When patients are transferred from other Trusts, a new drug prescription and administration record must be written.

In addition to the main prescription chart there may be other charts in use e.g. clozapine titration charts, high dose antipsychotic charts. The main prescription chart must make reference to any therapy indicated on separate special charts and an appropriate entry must be made in the "other prescription charts in use" box.

14.1 Writing a prescription on the drug prescription and administration record

Standards for prescription writing can be found on the back page of the TEWV drug prescription and administration record and in the Standards for Rewriting Prescription Charts document. A well written prescription chart enables the rapid and accurate interpretation of the medicines required by the patient. All prescriptions must be written in black ink and any interventions made by a pharmacist or pharmacy technician must be added in green ink.

Details that should be included on the top of the inside back page (which is visible at all times) when writing a new prescription and administration chart:

- Patient's name
- Address (addressograph may be used if available)
- Date of birth
- Known allergies/sensitivities/intolerances – complete and sign the relevant boxes
- Ward/ department name and site (below addressograph box)
- Patient's NHS number
- Consultant
- Admission date

Details that should be included on the front of the chart include:

- Consent and capacity information
- Other prescription charts in use – tick option or document in "other"
- Monitoring charts in use - circle HDAT / Lithium
- Date card started/rewritten
- Smoking status
- Weight (should be recorded at least monthly)
- VTE risk assessment – in line with Trust policy

Each prescription must include the following information:

- **Start Date:** Indicates the date the treatment commences or the date of admission. This start date must be carried forward to any rewritten prescription sheets in the future.

- **Name and form of the medicine:** The BNF approved name of the medicine must be written clearly in **block letters** (see general principles). The form of a medicine must be specified; solid dose is understood unless otherwise stated.
- **Dose and quantity**: see general principles. Doses must be specific, variable doses must not be used with the exception of Glyceryl Trinitrate (GTN) spray where a dose of one or two sprays is permitted
- **Route of administration:** The route must be specified. Only approved abbreviations should be used e.g. IM for intramuscular, SC for subcutaneous, IV for intravenous, Neb for nebulised, subling for sublingual, PR for rectal, PO for oral, PV for vaginal. Location or area of application for topical medicines must be specified. A separate line on the chart must be written for different routes of administration of the same drug. There should be no evidence of striking out or alteration of the route.
- **Start Code:** Should be selected and completed by the prescriber from the list on the back of the chart.
- **Times of administration:** The times of administration must be ticked if to be given at usual mealtimes/bedtime or specified by the prescriber in the appropriate column on drug prescription and administration record. To avoid confusion do not indicate times in both columns. When entering times the 24 hour clock must be used. If the frequency is more than once daily, doses should be spread as evenly as possible over the day. (Additional blank rows are available where the time must be specified to allow for prescription of regular medicines more than four times a day)
- **Comments:** Any additional information regarding the prescribed medicine can be recorded in the “comments” section for that particular medicine for both regular and “as required” prescriptions.
- **Signature of prescriber:** Each prescription item must be validated by the full signature of a prescriber. Prescriber’s initials or abbreviated signatures are not an adequate means of identification or authorisation. The prescribers name must be printed below the signature.
- **Changes to dose or frequency or formulation or route**

  A change of dose or frequency of administration or formulation or route is regarded as a new prescription and must be written as a new prescription and not by alteration to existing instructions.
- **Cancellation of treatment:** A bold vertical line through the administration record from the date and dose of discontinuation should be used to indicate a medicine has been stopped. The cancellation must also be initialled and dated in the “stop date” box. When the ‘stop date’ box is used in anticipation of the treatment cancellation date e.g. for courses of antibiotics, this indicates that at 23.59 on the date specified the prescription must be discontinued and no further doses administered. Prescribers should also enter the stop code indicating why the medication was stopped.

  When a chart is full a diagonal line should be drawn across the front and the word cancelled written and signed and dated by the prescriber.
- **Allergies/sensitivities: Unless it is an emergency confirmation of allergy status must be documented on the drug prescription and administration record prior to prescribing.** If no known allergies the appropriate section of the chart must be completed and signed. The “unable to confirm” box can only be used out of hours to enable medication prescribed prior to admission to be administered, as soon as practically possible, the allergy status should be confirmed and the appropriate section of the allergy box completed and the “unable to confirm section” crossed through.
- **Once only doses:** Medicines that are intended to be given once only must be prescribed in the ‘once only’ section of the prescription chart.

- **As required medication (PRN):** The prescriber must state the maximum dose intended in a 24 hour period (taking into consideration doses prescribed as regular medication) and also the minimum dose interval and indication e.g. four hourly for nausea. The minimum dose interval must be expresses in hours, “qds” is not acceptable, however, “once per night” is acceptable for night sedation only. Separate prescriptions must be written for different routes of administration of the same medicine.

  Prescribing a medicine on an ‘as required’ basis provides a useful method of assessing the person’s requirements for medicines such as anticholinergics and analgesics. These medicines should be reviewed every 14 doses and the review box signed by a prescriber if the medicine is to continue, medication can continue to be given if this box is not signed, but a review and signature must be requested as soon as practicable.

  Medicines originally prescribed ‘as required’, but which are needed regularly as indicated by the administration record, must be reviewed and rewritten in the regular prescription section with the exception of hypnotics and benzodiazepines. Medication which may be used for rapid tranquilisation should be documented by ticking the RT box on the “as required” prescription, the time the dose is given should be circled to indicate that the medicine was administered for RT.

  When the drug chart is rewritten the need for PRN medication should be reviewed.

  When separate PRN charts are used these must be reviewed and rewritten at least annually.

  Further information is provided in the Standards for use of ‘as required’ medication Standards for use of ‘as required’ medication document and the following appendices:

  AMH - 'As required ' doses

  MHSOP - 'As required' doses

  C&YPS - 'As required' doses

15 Appropriate use of FP10 forms

FP10 forms may be used in the following settings where there is no easy access to contracted pharmacy services (geography or time):-

- Outpatient clinics
- For crisis patients
- Inpatient wards (for short-term unplanned leave/discharge or urgent need for inpatient supplies)
- Domiciliary visits

A system exists within the Trust whereby FP10 forms are readily available to prescribers to meet these needs.

The Trust recommends a maximum of 28 days’ supply is prescribed unless there are exceptional circumstances.

15.1 Medicines or circumstances for which FP10 forms should be used:-

- Any medicines for a psychiatric or related condition

- Newly initiated medicines or a change of dose or formulation to allow a patient to begin treatment without delay whilst written communication is sent to GP
- When prescribing responsibility has not yet been transferred to the patient's GP
- In cases where the nature of the problem necessitates the psychiatrist maintaining the supply
- Where an emergency supply of an existing treatment cannot otherwise be obtained

15.2 Transport of FP10 forms to community patients

Community staff (Registered Practitioners, Non Registered Practitioners or Allied Health Professionals), as part of their role in the clinical treatment of patients, may deliver FP10 forms as part of the overall care package. This aspect of care must be documented in the care plan and the patient must be known to the member of staff delivering the FP10 form.

An audit trail recording receipt of FP10 form by community staff for transportation and receipt by the patient following delivery of FP10 form to the patient must be maintained.

A Trust identification badge should be worn or carried by all staff carrying FP10 forms.

The FP10 form must be handed to the patient (or the carer if they are known to the team). Patients (or carers) must sign for receipt of the FP10 form; the record of receipt should be placed in the patient's record. If the FP10 form cannot be delivered it must be returned to the community base on the same day and stored securely.

FP10 forms must **never** be posted through letter boxes or left with a person unknown to the team.

FP10 forms may be transported to the patient's home by post using the recorded delivery service. It is important that FP10 forms are packaged securely and clearly labelled with the destination.

15.3 Situations where an FP10 form is not considered appropriate:-

- In any of the above settings where there is access to the contracted pharmacy supply service
- For the routine supply of medicines for the client's psychiatric or medical conditions normally prescribed by the GP
- For family and friends of clients
- For family, friends or personal use of Trust employees (in accordance with GMC recommendations)

15.4 Prescribing for out-patients on sites with an on-site pharmacy

An outpatient requiring medication should be given a TEWV outpatient prescription form. Standard prescription charges or exemptions apply to all patients.

16 Length of supply of medication

The Drug and Therapeutics Committee has agreed that the following amount of medication will be supplied:-

Leave prescription	Exact number of days required
Discharge prescription	7 days
Outpatient prescription	28 days
FP10 form	28 days

Contracted pharmacy services will dispense 7 days for discharge prescriptions and 28 days for all outpatients prescriptions unless a course of medication e.g. antibiotics, steroids is requested or a specific regime length of treatment is stipulated.

FP10 prescription forms will be monitored to ensure prescribers do not exceed the 28 day recommendation. Failure to comply with this recommendation will result in the Clinical Director taking any necessary action.

17 Security of prescription stationery (FP10 prescription forms, leave/discharge and outpatient prescription forms)

Prescription stationery is controlled stationery and must be locked away when not in use. It should never be left unattended. Access should be restricted to authorised and designated staff only. Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored

What is controlled stationery?

Controlled stationery includes all of the following:

- Yellow inpatient prescriptions
- Green leave/discharge prescriptions
- Pink pharmacy stock requisition book
- White outpatient prescriptions
- FP10 (HNC) prescriptions
- Controlled Drugs stationery

Where should controlled stationery be kept?

All controlled stationery should be locked away in a drawer, drug trolley, drug cupboard or filing cabinet.

Who should have access to controlled stationery?

Access to controlled stationery should be restricted to:

Nursing staff (RN and HCA)

Doctors

Ward clerks

Trust pharmacy team

During clinics prescribers are advised to keep all prescription stationery out of sight in a locked drawer or briefcase, as appropriate, when not in use.

Prescription forms should under no circumstances be pre-signed before use.

Actual or suspected loss or theft of prescription stationery must be reported to the Chief Pharmacist and the Appointed Practitioner in Charge immediately so that appropriate action can be taken to reduce the potential for fraudulent access to medicines. If the incident is noted on a weekend or Bank holiday the on-call pharmacist must be informed.

17.1 FP10 Prescription forms

In order to ensure the safe handling and custody of FP10 forms/pads the Trust has allocated specific codes for clinical teams throughout the Trust. Prescribers must only use the code allocated to them or their team. Consultants are responsible for controlling access to FP10 prescriptions by other medical staff in their teams.

Prescribers who hold their own FP10 pads are responsible for their security at all times and when visiting patients' homes, are advised to carry their pad in a locked briefcase in the boot of their car, as advised by the GMC.

Designated authorised signatories for receipt and storage of FP10 forms/pads pads for their teams must be registered with pharmacy.

The following details must be recorded in a stock control system when FP10 prescription forms are received or issued: -

- Date of delivery
- Name of person accepting delivery
- Record of serial numbers of pads received (first and last number of the pad)
- Date of issue
- Name of person issuing the prescription forms
- Name of prescriber the prescription forms are being issued to
- Record of serial numbers of pads issued (first and last number of the pad)
- Records of serial numbers received and issued should be retained for 3 years

Disposal of unwanted prescription pads:

- Disposal of blank prescription forms must be witnessed
- The serial numbers of the prescription forms being disposed of must be recorded in the stock control system along with the name of the authorised person and witness
- Each prescription form must be torn into small pieces before being placed in a shredding bin

18 Prescribing controlled drugs

The guidance in the current edition of the British National Formulary should be followed.
It is illegal for a pharmacist to make a supply from an inaccurately written or incomplete script.

Prescriptions for controlled drugs may be computer generated, typed or hand written but must be signed by the prescriber in ink.

The following information must also be stated:

- The name and address of the patient
- The drug name, form and, where appropriate, the strength of the preparation
- The dose and frequency of administration
- The total quantity of the preparation or the number of dose units, in words and figures and the prescription dated. (N.B. the quantity prescribed must not exceed the equivalent of 28 days' supply)
- All corrections and amendments must be written in the prescriber's own handwriting.

These restrictions apply to schedule 2 and 3 controlled drugs although there are exemptions e.g. there is no requirement for the quantity in words and figures for temazepam.

Under no circumstances can a carbon copy or faxed prescription be accepted for a Schedule 2 or 3 controlled drug.

It is an offence for a pharmacist to supply a controlled drug before, or 28 days after, the date specified on the prescription.

Requests from community pharmacists to provide backdated prescription

It is unlawful to write a backdated prescription. Under no circumstances should back dated prescriptions be written to cover unauthorised supplies made by community pharmacist.

Doses of methadone and buprenorphine must be checked with Substance Misuse Services prior to prescribing any treatment for inpatients. Confirmation of any medication collected or supervised consumption administered must be made with the community pharmacist on the day of admission so that duplicate doses are not prescribed. The prescriber is responsible for ensuring that Substance Misuse Services and the community pharmacy are advised of the patient's admission so that community treatment is suspended. These services should also be informed about discharge arrangements in advance so that community treatment can be re-instated by Substance Misuse Services and arrangements are in place to ensure that there is no overlap in prescribing and administration.

19 Prescribing for staff, family and friends

Medicines held on wards are for the use of patients only and must not be given to visitors or staff.

Prescribers (medical or non-medical) cannot issue a prescription for their own use.

Trust staff must obtain any drugs they need for their own treatment or for their families in the same way as other members of the public.

The Occupational Health service can be consulted in the event of illness occurring while on duty.

Staff requiring treatment for minor ailments may obtain advice from Occupational Health or a local community pharmacy where they can also purchase any necessary items.

Appendix 1: Position Statement on Nurses giving prescribing advice to GPs, Acute Trust prescribers and Non-Medical prescribers

It is acknowledged that in some services Registered Nurses (RNs) give prescribing advice to GPs, Acute Trust prescribers or Non-Medical prescribers. This will be supported within the following parameters:

RNs who are prescribers – may give independent advice on prescribing within their approved scope of practice; if outside of their scope of practice they must follow the parameters of RNs who are not prescribers.

RNs who are not prescribers – may give advice which follows the direction of either national or trust prescribing guidance, or relay advice from a trust prescriber with the following stipulations:

- The RN cannot give advice independently, they must use one of the above sources of reference
- Whether providing verbal or written advice, the RN **must** state the source of the advice i.e. the name of the prescriber or state the name of the NICE or trust prescribing guidance document
- Verbal advice must always be followed with an instruction “not to act on verbal advice until written confirmation has been received”
- Any verbal advice provided must be immediately backed up with written advice via fax or NHS mail
- The advice given and the reference source must be clearly documented in the electronic patient record
- Prescribers providing advice must either make their own entry in the clinical record or validate the entry made by the RN

Examples of how to communicate this information in writing are suggested below:

- “This prescribing recommendation is provided following a discussion with NAME OF PRESCRIBER, who is a trust authorised prescriber “

OR

- “This prescribing recommendation is based on information contained in NAME OF NICE OR TRUST PRESCRIBING GUIDANCE DOCUMENT”

20 Document control

Date of approval:	28 July 2016	
Next review date:	01 July 2018	
This document replaces:	Medicines Code: Sections 7.1 & 8	
Lead:	Name	Title
	Chris Williams	Chief Pharmacist
Members of working party:	Name	Title
	Denise Colmer	Lead Medicines Management Nurse
This document has been agreed and accepted by: (Director)	Name	Title
	Brent Kilmurray	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutics Committee	28th July 2016
An equality analysis was completed on this document on:	27th November 2014	
Amendment details:	16 Feb 2015 Amendments to controlled stationery 16 April 2015 Amendments to controlled stationery 28 July 2016 Amendments to section 8 & 9 (verbal orders and remote orders)	