

CLINICAL POLICY

PRESCRIPTION WRITING**1.0 The Purpose**

1.1 The purpose of this policy is to have an agreed, consistent, safe and professional standard of prescription writing across the Trust.

1.2 The secondary purposes are;

- A source document for teaching or reminding doctors of the standards expected
- A source document for audit and risk management
- A reference document for other Health Care Professionals who have prescription writing queries
- A source document for teaching or reminding other Health

Care Professionals, who may have certain prescribing rights, of the standards that the Trust expects

- A means of ensuring accurate prescription and administration records for legal procedures.

2.0 Scope/Definition

This policy does cover all prescriptions written by doctors and nurses but excludes some specific issues which are handled separately. These exclusions are:

- a) The timing of drug therapy policy
- b) Computerised Prescriptions policy
- c) Controlled drugs prescribing policy
- d) Policy on the administration of Intravenous Drugs

3.0 Responsibility

3.1 It is the responsibility of every member of staff involved in the medication process to acquaint themselves with this policy.

3.2 It is the responsibility of;

Consultants to ensure all junior doctors are aware of the policy and their responsibilities. Senior nurse managers to ensure all nurses are aware of the policy and their responsibilities..

The Senior Pharmacist to ensure all pharmacists are aware of this policy.

General Managers to ensure the above happens and the policy is available in all settings where prescribing takes place frequently.

4.0 Requirements

Shared Care: In its guidance on responsibility for prescribing between hospitals and general practitioners, the Department of Health has advised that legal responsibility for prescribing lies with the doctor who signs the prescription.

Prescriptions should be written legibly in ink or otherwise so as to be indelible, should be dated, should state the full name and address of the patient and should be signed in ink by the prescriber. The age of the patient should preferably be stated, and is a legal requirement in the case of prescription-only medicines for children under 12 years of age.

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Trust Guidelines on duration of supply are;

14 days for prescriptions for Outpatients or to complete the course of treatment
7 days for prescriptions (TTO's) for Inpatients or sufficient to complete the course of treatment

[NB: If hospital to GP communication of medication takes longer than six days then discharge medication, duration of supply needs to take this into account].

- h) Although directions should preferably be in English without abbreviation, the following Latin abbreviations will be allowed. It should be noted that the English version is not always an exact translation.

a.c	=	ante cibum (before food)
b.d	=	bis die (twice daily)
o.m	=	omni mane (in the morning)
o.n	=	omni nocte (at night)
p.c	=	post cibum (after food)
p.r.n	=	pro re nata (when required) <u>[PLEASE STATE INDICATIONS CLEARLY]</u>
q.d.s	=	quater die sumendus (four times daily)
t.d.s	=	ter die sumendus (three times daily)

If precise times are needed these should be stated explicitly.

- i) The route of administration should always be stated unambiguously. For inhaled medications the device used should be stated.
- j) When using prescriptions charts for inpatients the same rules (a - j) apply however there is some additional guidance necessary:
- i) The times of the drug therapy should be clearly marked and accompanied with a tick in the boxes provided.
 - ii) When a drug dose is changed the drug should be rewritten with the new dose, date, frequency etc
 - iii) When a drug is stopped the prescription should be deleted with a large Z, countersigned and dated.
 - iv) When a dose or several doses of a drug are withheld for clinical reasons those dosage boxes should be filled with a small Z and countersigned by the doctor making the decision. The reasons for the decision should be documented in the medical record.
 - v) If a review date is known this should be stated.
 - vi) The Patients Identification Number (when available) should always be on the prescription chart.
 - vii) If a drug dose is missed or refused write X in the box provided and give the reason in the Exceptions to prescribed orders.
 - viii) Ensure the allergies and drug sensitivities section is completed.
 - ix) Ensure that ward or department is stated.
 - x) Ensure that the Consultant's name is stated.
 - xi) Record the weight for children, and adults where the dose is weight-related.

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POLICY FOR ASSESSMENT AND MANAGEMENT OF PAIN

BACKGROUND

Despite dramatic advances in pain control over the past 20 years, many patients in both hospital and community continue to suffer unrelieved pain and up to three-quarters of patients experience moderate to severe pain whilst in hospital. Pain control in hospital has long been documented as ineffective and problematic. Effective problem - solving skills and interventions which reflect the multidimensional nature of pain are required for effective pain management and there needs to be a logical link between the assessment of the problem and the desired outcome.

1. PURPOSE

This policy identifies mechanisms to ensure that all patients/clients have early and effective management of their pain and or distress .

2. SCOPE

This policy provides a framework for all staff working within the Trust who are involved in direct and indirect care. All individual guidelines, protocols and procedures to support the policy must have been approved by the appropriate professional group.

3. RESPONSIBILITY

It is the responsibility of all professionals and support staff involved directly and indirectly in care to ensure that patients/clients

- have their pain and distress, initially assessed and ongoing care planned effectively with timely review dates.
- are informed through discussion of the proposed ongoing care and any need for mechanical intervention

3.1 All professionals are responsible for:

- assessment
- planning
- implementation of action plans
- evaluation
- clear documentation
- liaison with the multiprofessional team

Nurses are also specifically responsible for the:

- administration of the prescribed medication.

Medical and Dental staff are also specifically responsible for:

- appropriate prescribing of medication
- clear unambiguous completion of prescription sheet

PAM's are specifically responsible for:

- prescription of therapies
- providing appropriate aids

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Service lead groups are responsible for:

- ensuring that the pain management standards are implemented in every clinical setting
- ensuring that the necessary resources and equipment is available
- ensuring that systems are in place to determine and access appropriate training and that qualified nurses can evidence their competencies
- ensuring that standards are being maintained by regular audit and monitoring

4. REQUIREMENTS

4.1 Pain Assessment

All patients/clients who complain of or appear to be in pain must have an initial assessment to establish the type/ types of pain their experiencing.

4.1.1 Systems must be in place to ensure that:-

- all qualified nursing and medical staff have the required skill to undertake pain assessments and manage pain effectively.
- a local 'agreed' pain assessment method is implemented.
- a local 'agreed' documentation method is implemented
- all staff have the required training to implement and monitor the 'pain standards'

4.1.2 All professional staff are required to:-

- exercise professional judgement, knowledge and skill
- be guided by verbal and non verbal indicators from the patient/client/ re intensity of pain
- be guided by carer/relatives if appropriate
- document site and character of the pain
- share information with the care team to enable a multiprofessional approach to the management of the patient/client
- plan on going care where possible with the patient , documenting clear evaluation dates and times
- ensure documented evidence supports the continuity of patient care and clinical practice

4.2

Prescribing

A clear unambiguous prescription must be written by medical staff following diagnosis of the type/types of pain.

- The prescription must be appropriate given the current circumstances of the patient/client
- If the prescription states that the medication is to be administered by continuous infusion (syringe driver) the rationale for this decision must be clearly documented
N.B (The continuous infusion route is not more effective than the oral route)
- All prescriptions for drugs administered via a syringe driver must be written on a prescription sheet designed for this purpose
- Systems must be in place to ensure staff have the access to appropriate medication guidance and the analgesic ladder.
- Systems must be in place to ensure staff have the skill to implement the above

5. AUDIT/CLINICAL GOVERNANCE

The systems in place to support this policy should be subject to an annual audit based on the requirements of this policy and should feature in annual clinical governance plans and reports

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This policy is supported by the following documents

- Syringe driver variable dose prescription chart
- Syringe driver check list
- Pain management cycle
- Pain management standards

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APPROVED BY TRUST BOARD:

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