Safe prescribing

Advice correct as of April 2013

Medication errors account for approximately 20% of all clinical negligence claims against doctors in both primary and secondary care. The costs associated with adverse events and inappropriate prescribing has been estimated at more than £750 million per year. This factsheet gives advice about avoiding prescribing errors.

“Prescribing” is used to describe many related activities, including:
- supply of prescription only medicines
- prescribing medicines, devices and dressings on the NHS
- advising patients on the purchase of over the counter medicines and other remedies.

It may also be used to describe written information provided for patients (information prescriptions) or advice given. The GMC states that while some of this guidance is particularly relevant to prescription only medicines, you should follow it in relation to the other activities you undertake, so far as it is relevant and applicable. This guidance applies to medical devices as well as to medicines.

Before prescribing

The GMC’s Good Medical Practice states that you should prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient’s health and are satisfied they serve the patient’s needs. You must not allow any interests you have to affect the way you prescribe for patients. You should avoid prescribing for yourself or anyone you have a close relationship with, wherever possible.

Doctors with full registration may prescribe all medicines, except those set out in Schedule 1 of the Misuse of Drugs Regulations 2001.

Ensure you are familiar with current guidance from the British National Formulary, including the use, side effects and contraindications of the medicines you are intending to prescribe.

You should be aware of guidance relating to the clinical and cost-effectiveness of the medicines you are prescribing. This is available from NICE in England and Wales.

Your local commissioning body may also have specific prescribing policies and guidance, which you should be aware of and pay close attention to.

It is important to be aware that the person who signs the prescription is the one who will be held accountable, should something go wrong. If you prescribe at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, you must be personally satisfied that the prescription is appropriate for the patient concerned.

Checking the dosage

You should check that you are prescribing the correct dose of the medicine; this includes checking the strength, frequency and route. This is especially important in prescribing for children.

Checking for contraindications

You need to ensure that the patient:
- is not allergic to the proposed medication
- is not taking any medication (prescription, over-the-counter or alternative medicine) which may interact with the proposed medication
- does not have an illness that may be exacerbated by the medication.

Consent

The principle of informed consent applies as much to the prescribing of medication as it does to the performance of a surgical procedure. Patients should be fully informed about their condition, the reason for recommending the proposed treatment, what they can expect in terms of improvement, symptoms to report, the need for any monitoring and review, and side effects that may occur – including interactions with other drugs, including over-the-counter medicines and alcohol.

It may be appropriate to warn the patient of potential adverse effects, eg, that driving and/or handling dangerous machinery would be contraindicated.
Monitoring and follow-up arrangements

You should agree with the patient the appropriate arrangements for follow-up and monitoring. Patients need to know under what circumstances they need to come back, and what the consequences of failing to attend for review could be.

Writing prescriptions

Computer-generated prescriptions are now common; however, if you are writing a prescription, there are some key points you should remember:

- use indelible ink
- do not abbreviate drug names
- do not use decimal places if it is not necessary
- clearly state the drug, dose, strength, route and frequency
- if amending the prescription, draw a line through the incorrect part and initial the change.

Prescriptions should be dated, and should include the full name and address of the patient. For patients under 12 years old, you are required to include the patient’s age or date of birth.

Blank prescription forms should be kept in secure conditions.

Records

A clear record should be made in the patient’s notes of all medicines prescribed.

Prescribing on the recommendation of a specialist

It is common for general practitioners to be asked to continue prescribing a medication started in the secondary care setting, and it is important to ensure that, as a GP, you obtain the following information before you agree to prescribe the drug, and as a specialist you provide all the information to enable the GP to prescribe safely. This information is:

1. Aim of treatment
2. Mechanism of action
3. Dose and frequency
4. Risks and benefits
5. Any monitoring that is required
6. Potential side effects
7. What the patient has been told.

It is important that healthcare professionals are clear as to who will be undertaking any required monitoring and review of medication. In many areas, Shared Care Guidelines have been established to aid communication and reduce the risk of errors occurring.

Further information

- MPS factsheet, Consent – the basics – www.medicalprotection.org.uk/factsheets/consent-basics
- GMC, Good Practice in Prescribing and Managing Medicines and Devices 2013 – www.gmc-uk.org
- Misuse of Drugs Regulations 2001 – www.opsi.gov.uk
- British National Formulary – www.bnf.org
- MHRA – www.mhra.gov.uk
- GMC, Good Medical Practice (2013) www.gmc-uk.org

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