

# Safe prescribing

**MPS**



Advice correct as of August 2015

This factsheet gives advice about avoiding prescribing errors, which account for a large number of clinical negligence claims against doctors in both primary and secondary care.

## Before prescribing

You should only prescribe drugs to meet the identified need of the patient and in their best interest. You should avoid treating yourself or anyone close to you.

Ensure you are familiar with the use, side effects and contraindications of the medicines you are intending to prescribe.

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. Never issue a prescription without having put yourself in a position to be satisfied that it is appropriate to prescribe, and make relevant notes in the patient's medical records.

## Dangerous drugs

The Malaysian Medical Council warns that doctors are required by legislation to maintain proper records of the prescription of dangerous and controlled drugs and a stock inventory. Failing to comply is a serious offence.

You must avoid prescribing habit-forming medicines, eg, sedative and tranquilisers, in large quantities as this may lead to substance abuse, or even overdose in unstable patients.

## 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.

These questions will give the patient confidence that the doctor is concerned about the current medication and will ensure that no duplicate medicines are prescribed.

## 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, 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.

The name of the medicine, preferably both the trade and the generic, should be clearly labelled.

Patients should be warned against self-medication or purchasing controlled medication without prescription.

## 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. This should be clearly recorded in the patient's notes.

The MMC states that some patients carry pocket notebooks to record the medicines they are taking regularly, and if so, you should enter new prescriptions in there. This is for the patient's safety if they develop adverse reactions, and also to assist the next doctor handling the situation so that he may give appropriate, specific emergency treatment or an antidote.

## 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. Blank prescription forms should be kept in secure conditions.

## Further information

- Malaysian Medical Council, *Duties of a Doctor* (2001) – [www.mmc.gov.my](http://www.mmc.gov.my)
- Dangerous Drugs Act (1952) – [www.agc.gov.my](http://www.agc.gov.my)

**For medicolegal advice please call us on:**  
**1 800 81 5837 (FREECALL) or email us at:**  
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This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to a medicolegal adviser, who will give you specific advice.

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