



prescribing errors are intercepted by pharmacists and nurses. Prescribers usually include multiple different abbreviations in their prescription. Abbreviations, symbols, or designations have been shown to cause errors and compromise patient safety and should not be used. Medication reconciliation is a standardized process designed to provide the most complete and accurate list possible of all medications at the time of admission and discharge. Medication orders are written in a unified location in the medical record and in the generic name unless the brand name is recommended (such as combination products) or indicated for safety reasons (such as look-alike and sound-alike drug names). A prescription is not considered complete unless patient name, diagnosis, indication, or clinical condition are made available with each order. Studies show that medication errors occur during drug administration (38%). Accurate transcription of orders into the medication administration record should be verified by a qualified nurse.

MM.21 The hospital ensures safe prescribing, ordering and transcribing of specific types of medication orders.

MM.21.1 The hospital implements a policy and procedure on specific types of medication orders including as needed (PRN), standing, automatic stop (ASO), titrating, tapering, range, weight-based, body surface area-based medication orders, and discharge or transfer orders.

MM.21.2 The hospital prohibits blanket orders (e.g., resume pre-op medications).

MM.21.3 Prescribing controlled drugs is according to laws and regulations of the Saudi Food and Drug Authority and other relevant authorities.

MM.21.4 The transcription of medication order into the medication administration record (MAR) clearly reflects the type of order.

Standard Intent:

To reduce the variation and improve patient safety, the hospital defines in a policy the required elements for processing specific type of medication orders that include: writing indications for use with any PRN order; standing, automatic stop (ASO), titrating, tapering, range, weight-based, body surface area-based medication orders, and discharge or transfer orders. Blanket order such as resume pre-operative medication should be prohibited in order to improve patient safety. New and complete drug orders post-surgery should be encouraged. The legal requirements of Narcotic and Psychotropic medications by the ministry of health (MOH) and Saudi FDA need to be followed and respected by healthcare institutions. Patient specific medication administration record should have a list of all medications ordered and the dosage, frequency, route, and time the medication was administered. This should include PRN and STAT orders.