1.0 PURPOSE:

1.1 To establish guidelines and policy for prescription of medications for all health care practitioners involved in this process.

2.0 SCOPE:

2.1 This policy is applicable Hospital wide to all clinical areas

3.0 RESPONSIBILTY:

3.1 Chairman
3.2 Doctors,
3.3 Nursing Superintendent and
3.4 Pharmacist

4.0 ABBREVIATION:

4.1 NABH: National Accreditation Board for Hospitals and Healthcare providers

4.2 MOM: Management of Medication

5.0 REFERENCE:

NABH: Pre-Accreditation Entry Level Standards for Hospitals. April 2014

6.0 POLICY:

6.1 The authorization of raising medication orders is limited to the registered/credentialed physician only.

6.2 All medical practitioners shall use only standard Prescription format for prescribing medications for the patients and every prescription shall contain name date and signature of the medical practitioner in the prescription. It is recommended that prescription sheet shall be affixed with the stamp of the medical practitioner.

6.3 Each prescription entry in inpatients shall be signed, named, timed and dated by the Physician ordering; in case of oral order by the consultant name shall be

written by the junior doctor and counter signed by the senior consultant within 12 hours.

6.4 All the medication orders issued to the patients are to be made in the hospital prescription pad by a registered Medical Practitioner identified and authorized by the Management.

6.5 Separate prescription shall be written for every patient.

6.6 Medical practitioner shall write all medicines in the prescription form as well in the doctors' order sheet in the patient file.

6.7 Medical practitioners name and date shall be entered under each signature with legibility to read.

6.8 The prescription shall include the route, dosage, strength, time and frequency of administration of the drug.

6.9 The patient record shall facilitate and reflect the medication and coordination of care.

6.10 Medical practitioners shall ensure that prescription is legible, and pharmacist shall resolve unclear and erroneous prescriptions, if any, received with medical practitioner concerned before dispensing with the medicines.

6.11 The prescription shall be transcribed by the licensed pharmacist, checked for completeness and then only medication shall be dispensed.

6.12 To avoid errors in interpretation abbreviations must not be used. E.g., "Units" must be written in full and not abbreviated to "U". "Microgram" must be written in full and not abbreviated to "mcg" or "ug". "Six hourly" must be written in full and not abbreviated to "6/24."

6.13 Verbal orders shall be utilized only in situations where the ordering doctor is not available to write the order and delay will result in a compromise in patient care. Every effort shall be made to minimize the use of verbal orders.

6.14 In case of any emergency, verbal order is given by the treating consultant. Read Back Policy shall be followed by the concerned Staff. The same shall be followed by a written order and verification by the consultant who has prescribed and the same shall be cross signed by the Consultant within 12 hours.

6.15 Whenever there is doubt regarding a particular prescription (such as illegible handwriting, wrongly written strength/dose or frequency, doubt regarding similar sounding medicines, duplication etc.,) or when a prescription is incomplete (without sign, date, etc), the junior doctor/pharmacist /nurse shall promptly call the Doctor and get it corrected without causing inconvenience for patient.

6.16 Prescriptions & Orders raised by all registered doctors shall be honored as long as the patient is eligible for care.

6.17 All medicines shall be checked for name of the drug and expiry date prior to dispensing.

6.18 Drugs are ordered from the pharmacy for an individual patient shall be on prescription basis by the registered nurse. The registered nurse shall crosscheck the received drugs for patient's name, drug name, and strength.

6.19 In case of any accidental dispensing of defect product, it is the responsibility of the Pharmacy Supervisor to identify and get back those medicines and document in Drug Recall Register.

6.20 Pharmacist/ Care providing nurse shall verify the allowable dosage as per standard and prescription for high risk medicines before dispensing. Also special attention shall be paid to educate the patients while using high risk medicines by nursing staff. High risk medicines shall be identified from the high risk medicines list available with the pharmacist.

6.21 Nursing station shall request crash cart drugs from the pharmacy using approved pharmacy requisition.

6.22 Administering medications is limited to credentialed physicians and credentialed nurses only.

6.23 The Pharmacy Service shall be responsible for the proper packaging and labeling of all drugs or chemicals dispensed by the Pharmacy for use in patient treatment. Labels and barcodes used by the Pharmacy shall be distinctive and not used by other Hospital departments.

7.0 PROCEDURE:

7.1 Rational prescription of medication:

7.1.1 The patients examined by the doctors are to be prescribed only the medicines required by that particular patient appropriate to his / her clinical needs, in doses that meet their individual requirement, for an adequate period of time and at the lowest possible cost to them and their community. None other than a qualified doctor is permitted to prescribe medicines to a patient seeking treatment at the hospital.

7.1.2 When the patients are discharged the remaining medicines shall be handed over to the patients/relatives and they are instructed on how to use them at home. If the medicines are not sufficient, they are given fresh continuation prescriptions. If some of the medicines come as balance, they can be returned to the pharmacy by the patient and they will be refunded the money of the returned medicines with bill if they are found to be in resalable condition.

7.2 **Requirements of prescription:**

7.2.1 Each prescription or continuation prescriptions should be signed with date / time by the doctor.

7.2.2 The following details shall be contained in all prescriptions, minimum:

7.2.2.1 Patient's ID number;

7.2.2.2 Patient's name & date of prescription;
7.2.2.3 Age and weight of paediatric patients;
7.2.2.4 Generic name of medicine;
7.2.2.5 Dosage regimen;
7.2.2.6 Strength or concentration of drug;
7.2.2.7 Quantity or total number of doses required;
7.2.2.8 Directions for use;
7.2.2.9 Prescriber's signature, name (clinical stamp if provided), time and date shall be mentioned.
7.2.2.10 Each medicines order must be individually signed;

7.2.3 The OP visiting patients shall be prescribed medicines in the particular OP prescription form by the doctor with Name, Sign, time and date.

7.2.4 Repeat prescriptions shall be written on the same prescription form with date, sign or they may be given similarly signed fresh prescriptions.

7.2.5 The patients OP number should be entered on each prescription form and the details of the prescription is also entered on the patient OP card which will be retained by the hospital.

7.2.6 In the case of inpatients the doctor who visits the patients during rounds in the patient's hospital room may advise medications which should write down in the drug order sheet in the patients file. This order/prescription should also be legibly written with details regarding dose, duration, mode and frequency of administration etc. and duly signed with date, time. The ward staff will procure these medicines from the pharmacy and keep it separately for each patient.

These medicines should be administered according to the doctor's orders by the nursing staff to the inpatients.

7.3 **Verbal orders:**

7.3.1 In the case of in patients, in emergency situations if the doctor gives any verbal orders or telephonic orders regarding medicines to be administered to a particular patient.

7.3.2 The individual accepting the verbal order shall record and then read back the order in its entirety to the prescribing physician at the time the order is given, documenting that the order was "read back" (RB).

7.3.3 Nursing staff shall tag all verbal orders with a "SIGN HERE & DATE" tag to alert the physician of the need to sign the verbal order upon return to the unit.

7.3.4 Nursing staff are permitted to act upon verbal orders provided the orders contain the appropriate information.

7.3.5 Verbal and telephone orders shall be signed or initialed by the prescribing practitioner as soon as possible, not later than 24 hours.

7.3.6 When the ordering physician is unavailable, it is acceptable for another team member or the attending staff to authenticate the verbal order.

7.3.7 Whenever there is doubt regarding a particular prescription (such as illegible handwriting, wrongly written strength/dose or frequency, doubt regarding similar sounding medicines, duplication etc.) or when a prescription is incomplete (without sign, date, etc), the pharmacist should promptly call the doctor and inform him and get it corrected without causing inconvenience for the patient.

7.3.8 The attending nurse shall remind the treating doctor about the patients known drug allergies as marked with red ink on the patients file so that the patient does not receive that drug.

7.4 **High-risk medication:**

7.4.1 To identify potential high-risk medications and to outline steps to prevent errors that may result from confusion of these medications.

7.4.2 **Circumstances Increasing Errors in High-Risk Medications:**

7.4.2.1 Poorly handwritten medication orders.

7.5 **Verbal directions/orders.**

7.5.1.1 Similar product packaging.
7.5.1.2 Similar medication name.
7.5.1.3 Improper packaging leading to improper route of administration.
7.5.1.4 Storage of products with similar names in the same location.
7.5.1.5 Similar abbreviations. Improper storage of concentrated electrolytes

7.5.2 **Strategies to Avoid Errors Involving High Risk Medications:**

- **Medication arrangement:** Avoid storing look-alike, sound-alike drugs next to each other / store drugs by brand name. Limit high risk drug storage. Display the updated High Risk Medications List in the pharmacy unit.
- **Formulary selection:** Minimize look-alike, sound-alike formulary combinations – prepare an updated list of LASA drugs approved by Medical Superintendent and display in the pharmacy unit.
- **Prior verification:** As an additional precaution, high risk medication orders are verified prior to dispensing

8.0 Handling of High-Risk Medications:

8.1 The record in the register shall include the following details for each receipt and issue:

8.1.1 Date; name & address of person from whom medicines received or to whom supplied;

8.1.2 Quantity of medicines received or supplied;

8.1.3. Balance remaining;

8.1.4 Name of prescriber;

8.1.5 Signature of person making the entry;

8.1.6 Signature of person checking.

8.1.7 This record to be maintained by In-charge pharmacy and is responsible for any irregularity.

8.1.2 The Dangerous drugs Register entry must record the following details:

8.1.2.1 Date;

8.1.2.2 Time;

8.1.2.3 Patients name;

8.1.2.4 Medical record number;

8.1.2.5 Amount administered;

8.1.2.6 Amount discarded (if part ampoule administered);

8.1.2.7 Balance remaining;

8.1.2.8 Signature of person making the entry;

8.1.2.9 Signature of person checking;

8.1.2.10 Name of the prescriber.

8. 1. 3 Conduct of pharmacy audit and its scope:

1. The appropriateness of the drug, dose, frequency and route of administration
2. The presence of therapeutic duplication
3. The possibility of drug interaction and measures taken to avoid the same
4. The possibility of food – drug interaction and measures taken to avoid the same
5. The requirements to ensure completeness of prescription
6. The requirements to ensure completeness of entries in the medication charts
7. The completeness of medications orders to ensure that they are clear, legible, dated, timed, named and signed
8. The completeness of medications orders to ensure that they contain the name of the medicine, route of administration, dose to be administered and frequency / time of administration

9. RECORDS

S No	Record	Responsibility	Retention Period
1	Pharmacy Statutory Documents File	Pharmacy Incharge	1 Year
2	OP Prescription Form	Doctor	As per MRD Policy
3	Pharmacy & Therapeutic Committee Register	Quality Manager	1 Year
4	OP Pharmacy – Stock Register	Pharmacy Incharge	1 Year
5	Fridge Temperature Monitoring Register	Pharmacy Incharge	1 Year
6	Drug Formulary	Pharmacy Incharge	1 Year
7	Look Alike and Sound Alike (LASA) List	Pharmacy Incharge	1 Year
8	Emergency Medications List	Pharmacy Incharge	1 Year
9	Pharmacy Audit Register	Quality Manager	1 Year
10	Look Alike and Sound Alike (LASA) Register	Pharmacy Incharge	1 Year
11	Emergency Medications Register	Pharmacy Incharge	1 Year
12	Near Expiry Medications Register	Pharmacy Incharge	1 Year
13	Expired Medications Register	Pharmacy Incharge	1 Year

1. REFERENCE

1.1. MOM. 2: Pre-Accreditation Entry Level standards for Healthcare Organizations - First Edition