

## Prescribing Policy

### Introduction

Dental prescription is an integral part of dental treatment where it is paramount to understand of patient's medical history and current medication in order to prescribe safely.

Each dentist has an obligation to prescribe responsibly in the patient's best interest in accordance with principles set out in "standards for dental professionals." The following describes the prescription policy which must always be followed. If there is an aspect which is not clear, please consult BNF or the patient's general medical practitioner or alternative general dental practitioner.

The prescription of drugs especially antibiotics for oral conditions presents inherent risks like:

- Antibiotic resistance
- Antibiotic prescribing is associated with healthcare acquired infections
- Risk of allergic reactions
- Serious drug interactions.

Therefore, inappropriate use of antimicrobials in unwarranted clinical situations, wrong choice of antimicrobials and incorrect dosage and duration should be avoided.

### Indications For Antibiotic Prescriptions

- As an adjunct to the management of acute and chronic infections
- For definitive management of active infectious diseases.

### Prescription Writing

- Check that the patient is not allergic to the medication
- Check whether the patient is taking any other medication that may interfere with what you are about to prescribe. Note that the patient may be on the oral contraceptive pill and should be advised to take other precautions as the antibiotics may upset the gastrointestinal absorption of the pill.
- Check that the patient is not pregnant.
- Check that the patient is not asthmatic or if she has any gastrointestinal bleeding which would contraindicate ibuprofen.
- Advise the patient not to drink alcohol with metronidazole

- Must be written legibly in ink
- Must be dated
- Must have the patient's full name and address
- Should have the age of the patient and give their date of birth.
- Must be signed in ink by the prescriber
- Should have the names of the drugs written out in full
- Should have the quantity to be supplied stated, by indicating the number of days the treatment is required for.
- Where a liquid formulation is prescribed, the volume to be dispensed will be calculated by the dispenser provided that the number of days of treatment required is included. Sugar-free versions, where available, should be prescribed.
- Medicines should only be prescribed when essential.
- Consider Benefits vs. Risks
- Checking and updating drug history regularly would allow checking for any possible drug interactions.
- Be cautious about the dosage of medication when prescribing to children.

## Prescribing For Specific Patient Groups

Be aware that special care may be required when prescribing for certain groups who may have additional or complex needs, such as the elderly, patients who are immunocompromised, patients who are pregnant and nursing mothers. Also, note that dentists need to be aware of whether any patient suffers from an unrelated medical condition (e.g. renal or liver impairment) or is taking other medication because modification to the management of the patient's dental condition might be required.<sup>10</sup> Refer to the BNF and BNFC ([www.bnf.org](http://www.bnf.org)) for further details.

## Drug Interactions

Common drug interactions that could have serious consequences include:

- interaction of non-steroidal anti-inflammatory drugs (NSAIDs), carbamazepine, azole antifungals, metronidazole and macrolide antibiotics with warfarin.
- incidence of myopathy after prescribing azoles and clarithromycin in those taking statins.
- asthma symptoms exacerbated following the use of NSAIDs.

It is important that we are aware of potential drug interactions, it is recommended that dentists refer to Appendix 1 of the BNF and BNFC ([www.bnf.org](http://www.bnf.org)) for comprehensive information on drug interactions.

Note that antibiotics which do not induce liver enzymes are no longer thought to reduce the efficacy of combined oral contraceptives.

## Off-Label Prescribing

Some drugs, although licensed, are recommended for use outside the terms of their licence ('off-label' use). Some of these drugs have been found to be effective in dental practice and although

their specific use in dentistry has not been licensed, their use in the management of certain dental conditions has been endorsed by the BNF. Also, certain drugs which are licensed for use in adults are not licensed for use in children. As most drugs are not usually tested on

children, pharmaceutical companies cannot apply to license them for paediatric use. The use of these drugs is, however, sometimes necessary in the treatment of children.

For more details see the [General Medical Council website](#).

The responsibility for prescribing drugs 'off-label' and any other drugs lies with the practitioner who signs the prescription. Note that prescribing or administering drugs that are unlicensed for a particular condition or for use in children alters (and probably increases) the practitioner's professional responsibility and potential liability, and the practitioner should be able to justify and feel competent in using such drugs (see BNF; [www.bnf.org](http://www.bnf.org)).

## Adverse Reactions to Drugs

Adverse or unwanted reactions might occur after the use of any drug. The Medicines and Healthcare products Regulatory Agency (MHRA; [www.mhra.gov.uk](http://www.mhra.gov.uk)) monitors suspected adverse drug reactions through the Yellow Card Scheme ([www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)). Healthcare professionals are advised to record and report any adverse drug reactions using the scheme. Patients and carers can also report suspected adverse reactions to the MHRA using the scheme. More information is available from the BNF ([www.bnf.org](http://www.bnf.org)).

It is also important when prescribing to discuss with the patient any potential side effects, such as nausea or diarrhoea, which may occur.

## Ordering Prescription Pads

**England** - Prescription pads (FP10) should be ordered through the registered account with Primary Care Support England (PSCE)

**Scotland** - Prescription pads (GP14) can be ordered via the National Services Scotland website (NSS) or via your local area team.

**Wales** - Pads (WP10IP) can be ordered via the NHS Wales Shared Services Partnership (NWSSP)

## Prescription Safety & Recording (for NHS Prescription Pads)

Practices should establish a thorough safety system for the use of handwritten prescriptions in practice, including safe storage, removal and return and continual logging management to avoid missing prescriptions. In order to achieve this the minimum protocols are recommended.

- Prescription pads should be locked away (ideally in a safe) when not in use.
- Staff should use a logging sheet to confirm the removal and return of the prescription pads from the locked storage.

- All prescription pads held on site should have a logging sheet attached, which includes all identifiable prescription numbers pre-written on the sheet before it is allowed to go into use in the practice. This allows accurate locating of all individual prescriptions and quick understanding of any missing or voided prescriptions.
- Regular checks by the appointed clinical lead or Manager to ensure Prescription safety is being followed accurately.

## Missing or lost prescriptions

If there are any irregularities at the delivery stage, the delivery driver should be asked to remain on site if possible whilst the supplier is contacted to check the details of the delivery. It is recommended that at least two members of staff are available to check deliveries. If missing forms cannot be accounted for then the matter should be escalated and reported. Any irregularities identified with prescription form stock during regular work activity or stock checks should also be escalated in the event that it cannot be resolved by other means.

## Prescriptions Lost by a Patient

These incidents should be recorded in the organisation's incident reporting system. Before a replacement prescription is provided, a risk assessment should be undertaken to ensure, that the reported loss is genuine and not an attempt to commit prescription fraud. If the lost prescription form was for CDs, the CDAO should be informed and extra precautions taken to ensure the medication is dispensed to the intended recipient without incident.

As this prescription is likely to be signed by an authorised signatory with all the relevant practice data, the loss should be treated like all other prescription losses and local escalation and reporting procedures should be followed.

## Reporting NHS Prescription Form Incidents

It is important that there are effective processes in place for staff to report incidents involving prescription forms and widely communicated to staff. Incidents involving fraud, theft and loss of prescription forms should all be reported using the organisation's incident reporting system, which would include reporting to PCSE as required. Staff should be supported and encouraged to report and be assured that the incident will be investigated and appropriate action taken.

In reporting NHS prescription form incidents to the NHSCFA, it is important to include as much essential information as possible, including where you work, your contact details (if you're reporting), the date/time of the incident, as much detail as possible regarding the place where incident occurred, type of prescription stationery, serial numbers, quantity and details of the nominated counter fraud specialist to whom the incident has been reported, details of prescriber (Dentist) from whom prescription forms have been stolen/lost. Has the police been notified? Has an alert been issued to other local pharmacies or GP surgeries?

The two easy ways to report fraud to the NHSCFA are through the NHS Fraud and Corruption Reporting Line at 0800 028 4060 or online at: <https://cfa.nhs.uk/reportfraud>.

## Links to Guidance on Prescribing

[GDC Guidance on Prescribing Medicines](#)

[SDCEP Drug Prescribing For Dentistry](#)

[NICE Prescribing in Dental Practice](#)

[FGDP\(UK\) and FDS Antimicrobial Prescribing in Dentistry – Good Practice Guidelines](#)

## Review

This policy and the standard operating procedures within it will be reviewed at regular intervals to ensure its currency and amended as required by changes within the practice and legal and professional requirements.

## Document Control

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The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If in any doubt, please contact the document Author.

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