Wye Valley NHS Trust

Wye Valley NHS Trust Prescription Writing Standards

These standards should be read in conjunction with the Wye Valley NHS Trust Medicines Policy and Medicines Code. They are based on legal requirements, General Medical Council (GMC) and Trust standards for prescription writing. Unless specified these requirements apply to inpatient medication charts (IMC), outpatient and discharge prescriptions.

1. Standard 1 – General Requirements

1.1. *Prescribers must write **clearly**, in **indelible** black pen. Each individual letter must be **legible**.*

1.2. *All prescriptions must be signed and dated by the prescriber with bleep number/ contact details and GMC No./registration No. (use of an individual name stamp is recommended).*

1.3. *Prescribers are expected to adopt a concordant approach to prescribing and keep the patient informed about proposed changes to their prescription (wherever possible).*

1.4. *Prescribers MUST ensure they are familiar with the drug they are prescribing including indication, cautions, contraindications, doses, monitoring and drug interactions. It is not acceptable to 'copy' drugs without considering their safety for the patient.*

1.5. *Nurses must be made aware of changes to inpatient prescriptions.*

1.6. *Prescribers must only prescribe for patients registered with the Trust - not staff, visitors or relatives.*

1.7. *For **Controlled Drug** prescriptions, all details must be completed in the prescriber's handwriting. The following details are required:*

- ***Name** and **address** of patient (an addressograph with the prescriber's initials can be used).*
- ***Name** of drug (also refer to Standard 4)*
- ***Form** of drug e.g. MR tablet. Check what form the preparation is available in.*
- ***Strength**.*
- ***Dose** the patient is to take, including **frequency**.*
- ***Total quantity** of the preparation **or** the number of dose units - **in both words and figures** (except inpatient medication charts).*
- ***Prescribers signature**, registration number and contact details*

Guidance

The Clinical Negligence Scheme for Trusts recommends black pen for all-medico-legal documents so that they can be photocopied.

*For paper 'To Take Out' prescriptions (and out-patient prescriptions if applicable) only one item should be written on **each line** with additional prescription forms used if necessary. Any unused space on the prescription form should be deleted manually.*

Explaining changes of prescriptions to patients and nursing staff prevents errors and missed doses e.g. during consultant ward rounds.

Trusts are only legally able to supply medicines to patients registered with the Trust.

When appropriate (i.e. for Electronic Discharge Summaries) the WVT Controlled Drug prescription template (available on the intranet) can be used for prescribing controlled drugs.

Examples of controlled drugs include midazolam, temazepam and tramadol.

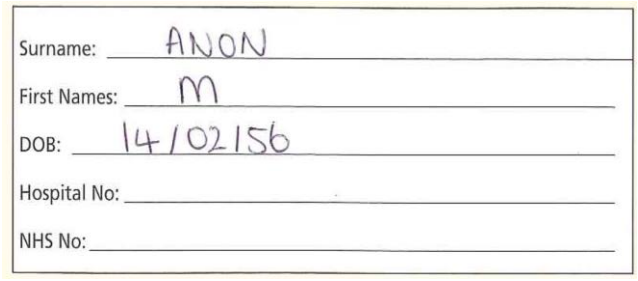
2. Standard 2 – Patient identification

2.1. All prescriptions must include:

- *Patient's first name and family name.*
- *Date of Birth.*
- *Address.*
- *Patient's NHS and/or hospital number.*
- *Ward name, or name of department/speciality, and hospital site.*
- *Name of consultant responsible for the patient*

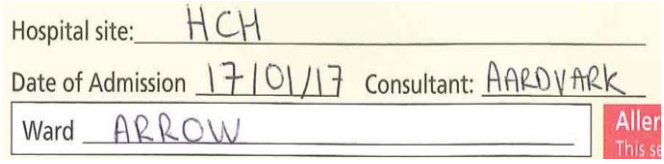
Guidance and Examples

Wherever possible use a patient identification/addressograph sticker.



✗ ***Poor prescribing***

Initials for the first name are not acceptable. Ensure first name and surname are written in full. All prescriptions should have a NHS/hospital number.



Drug charts go missing when the current ward is not written on the drug chart.

Ensure the consultant, hospital and ward are clearly recorded.

Patient's name and NHS/hospital number should be stated on each page of the drug chart. Failure to clearly identify the patient may result in the wrong drug being administered to the wrong patient.

3. Standard 3 – Patient Safety

3.1. *All main prescriptions must state the patient's known allergies or sensitivities to medicines or state 'No known allergies 'by ticking the box. They must be dated and signed by the person identifying the allergy status.*

3.2. *For all prescriptions for children (<12 years) the age must be recorded.*

3.3. *The weight in kilograms of children under 12 years must be recorded.*

3.4. *Where the dosage of the medication is calculated using body weight or where the dose maybe weight dependent (e.g. enoxaparin), the patient's weight in kilograms must be recorded on the prescription regardless of age. Patient weights must be documented on the front of the IMC in kg and noted if the weight is **E**stimated or **A**ctual. This entry must also be dated.*

Weight: (kg) _____ **E**stimated or **A**ctual **Date:**_____

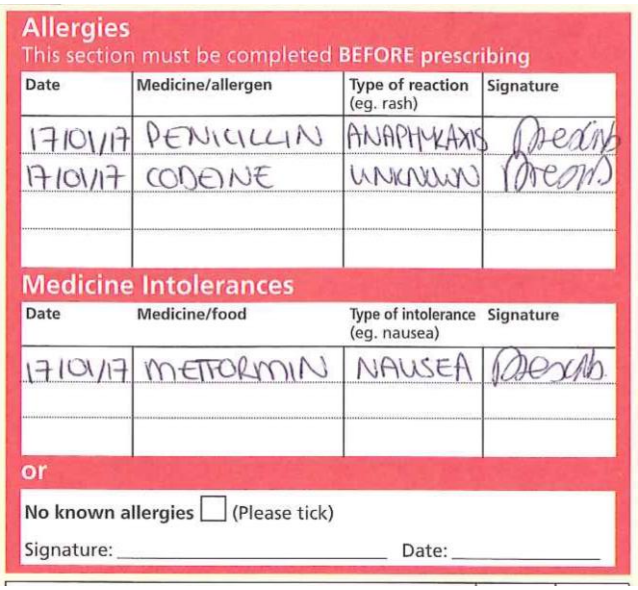
3.5. *Where the dosage of the medication is calculated using surface area this must be recorded on the prescription.*

3.6. *Medications prescribed on supplementary charts (e.g. anticoagulants, antibiotics) should also be recorded on the inpatient medication chart with reference to the supplementary chart. These charts should be attached to page 3 of the IMC.*

Guidance and Examples

Allergy status is essential before:

- *Prescribing a new medicine*
- *Administering a medicine*
- *Dispensing a medicine*



Allergies

This section must be completed **BEFORE** prescribing

Date	Medicine/allergen	Type of reaction (eg. rash)	Signature
17/10/17	PENICILLIN	ANAPHYLAXIS	
17/10/17	CODEINE	UNKNOWN	

Medicine Intolerances

Date	Medicine/food	Type of intolerance (eg. nausea)	Signature
17/10/17	METFORMIN	NAUSEA	

or

No known allergies ☐ (Please tick)

Signature: _____ Date: _____

✓ ***Good prescribing practice***

Where a patient is known to have a specific reaction to a medicine; record the reaction clearly, sign and date your entry.

Where the patient is thought to have an allergy or reaction to a medicine but the type of reaction is not known write 'Unknown' sign and date the entry.

***Remember**: Update the allergy status should any new reactions occur.*

It is a legal requirement to state the age for children under 12 and good practice for all patients under 18, allowing doses to be checked.

4. Standard 4 – Drug Name

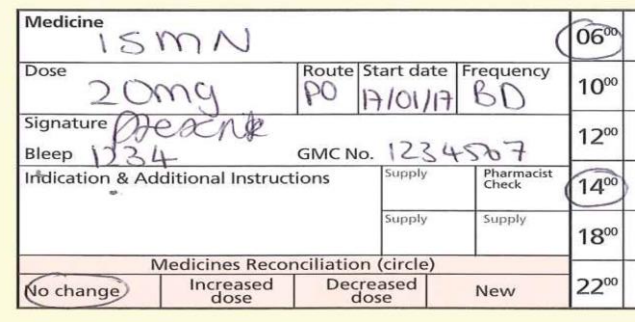
4.1. All drug names must be written in full (no abbreviations) using CAPITAL letters.

4.2. Using the International Non-Proprietary Names (rINNs) of the medicine, as recommended in the British National Formulary (BNF) except:

- *Where the BNF recommends prescribing by brand name (mainly where different proprietary brands are known to have significantly different bioavailability or release characteristics).*
- *Creams and ointments.*
- *Combination inhalers.*
- *Combination products where no generic name exists.*

Guidance and Examples

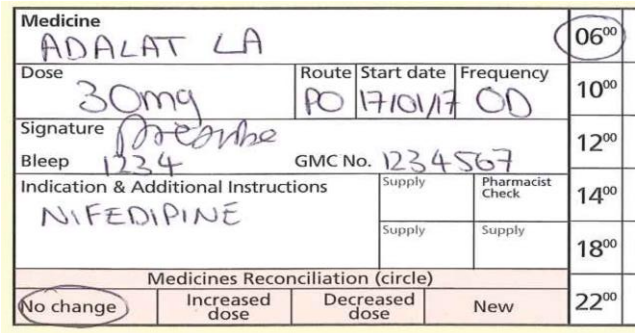
The clarity of the prescription is paramount. There is no excuse for illegible prescriptions.


Medicine: ISMN
Dose: 20mg | Route: PO | Start date: 17/01/17 | Frequency: BD
Signature: Dr C N
Bleep: 1234 | GMC No. 1234567
Indication & Additional Instructions | Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

✗ ***Poor prescribing***

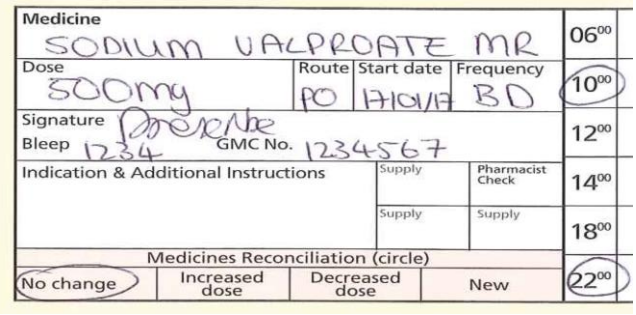
Abbreviations or chemical descriptions are not acceptable. They may be misunderstood at a later stage in the patient's care.

Most medicines should be prescribed by the generic drug name (International Non-Proprietary Names). The only exceptions are where the brand has specific characteristics and the BNF recommends patients are maintained on the same brand wherever possible. Examples include: anti-epileptics (as per MRHA advice), ciclosporin, diltiazem, mycophenolate, nifedipine, lithium, theophylline.


Medicine: ADALAT LA
Dose: 30mg | Route: PO | Start date: 17/01/17 | Frequency: OD
Signature: Dr C Nbe
Bleep: 1234 | GMC No. 1234567
Indication & Additional Instructions: NIFEDIPINE | Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

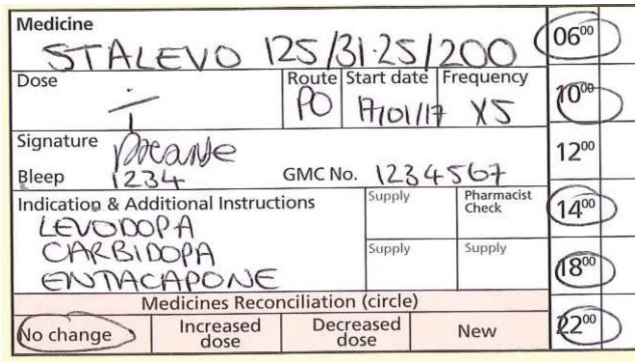
✓ ***Good prescribing practice***

The full brand name that includes the formulation characteristics ensures the patient is given the correct product.


Medicine: SODIUM VALPROATE MR
Dose: 500mg | Route: PO | Start date: 17/01/17 | Frequency: BD
Signature: Dr C Nbe
Bleep: 1234 | GMC No. 1234567
Indication & Additional Instructions | Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

✓ ***Good prescribing practice***

Remember to include the special formulation characteristics when prescribing, enteric coated (EC), modified release (MR), dispersible or orodispersable formulations.


Medicine: STALEVO 125/31.25/200
Dose: 1 | Route: PO | Start date: 17/01/17 | Frequency: X5
Signature: Dreane
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions: LEVODOPA CARBIDOPA ENTACAPONE
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

✓ ***Good prescribing practice***

When a brand name is used for a combination product (because there is no non-proprietary name), prescribers are encouraged to indicate the active ingredients.

To avoid confusion for some medicines such as insulin, use both the rINN and brand name.

***Device**: It is important to state the device required for medicines such as insulin and inhalers to ensure the patient receives the correct product.*

5. Standard 5 – Dose

5.1. *The dose must be expressed in metric units avoiding decimal points wherever possible, e.g. 1mg not 1.0mg. Numbers less than one must be preceded by '0' and not just a decimal point, e.g. 0.5ml not .5ml.*

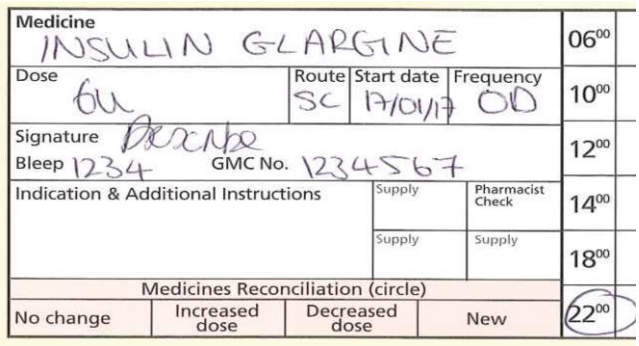
5.2. *'mg' and 'mL' and 'g' are the only acceptable abbreviations for metric units. The following must be written in full:*

- *units (for example insulin)*
- *micrograms*
- *nanograms*

5.3. *Where a formulation contains a combination of active ingredients it is acceptable to use the format: 1 tablet ("1" or "T"), 5mL, 1 suppository (or similar) **only** if the strengths of the ingredients are included in the product title or where there is only one product available.*

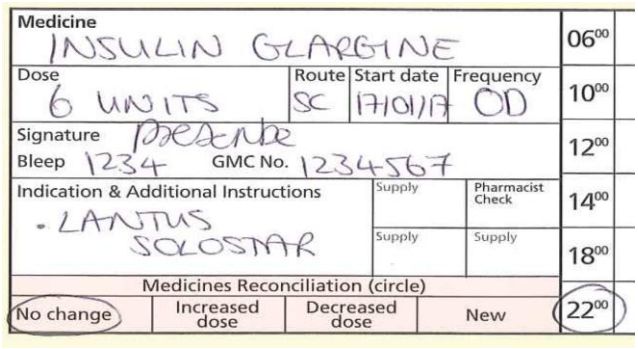
Guidance and Examples

*The abbreviation **'U' is not allowed**. Prescriptions can be misinterpreted and patients given the wrong dose – always prescribe '**units**' written in full.*


Medicine: INSULIN GLARGINE
Dose: 6U | Route: SC | Start date: 17/01/17 | Frequency: OD
Signature: Dreane
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

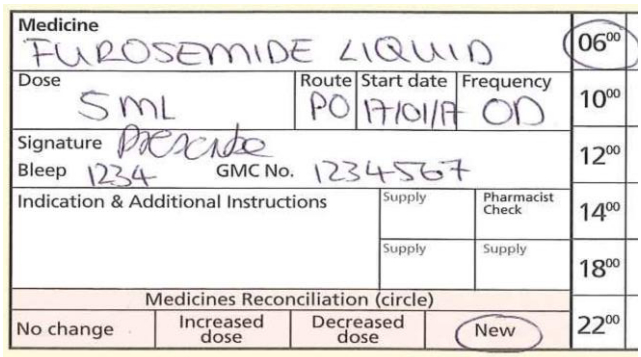
✗ ***Poor prescribing***

Patients have been given the wrong dose because of prescriptions like this.


Medicine: INSULIN GLARGINE
Dose: 6 UNITS | Route: SC | Start date: 17/01/17 | Frequency: OD
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions: • LANTUS SOLOSTAR
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

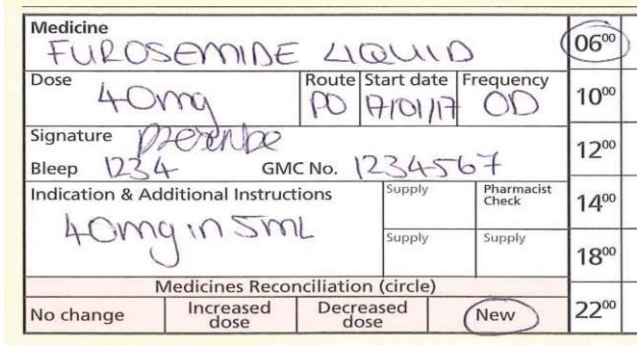
✓ *Good prescribing practice*

***Beware**, some oral liquid medicines (including unlicensed preparations) come in **different strengths**. Prescribe doses in mg rather than mL.*


Medicine: FUROSEMIDE LIQUID
Dose: 5ML | Route: PO | Start date: 17/01/17 | Frequency: OD
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

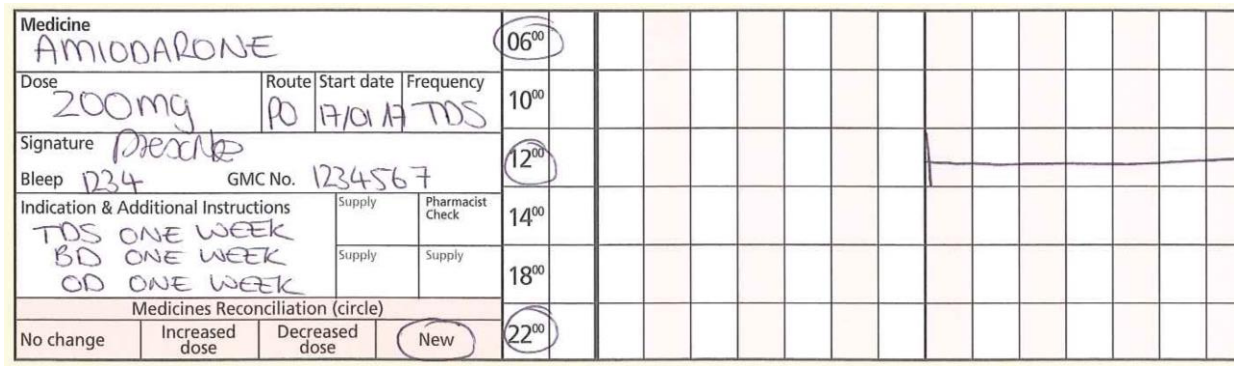
✗ *Poor prescribing*

Furosemide liquid comes in several strengths, 5mg in 5mL, 40mg in 5mL and 50mg in 5mL. You cannot tell from this prescription what dose the patient should have.

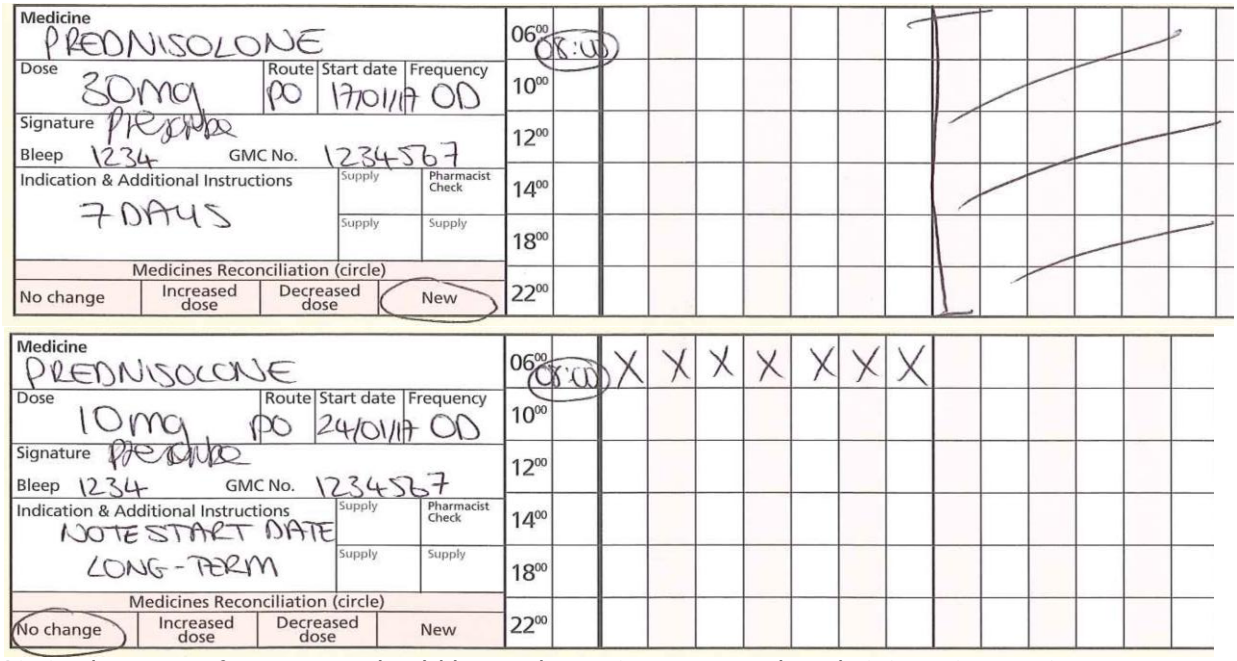

Medicine: FUROSEMIDE LIQUID
Dose: 40mg | Route: PO | Start date: 17/01/17 | Frequency: OD
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions: 40mg in 5ML
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

✓ *Good prescribing practice*

Reducing dose regimens should be prescribed clearly indicating when the dose changes. If the frequency is to change this can be indicated on the administration record.

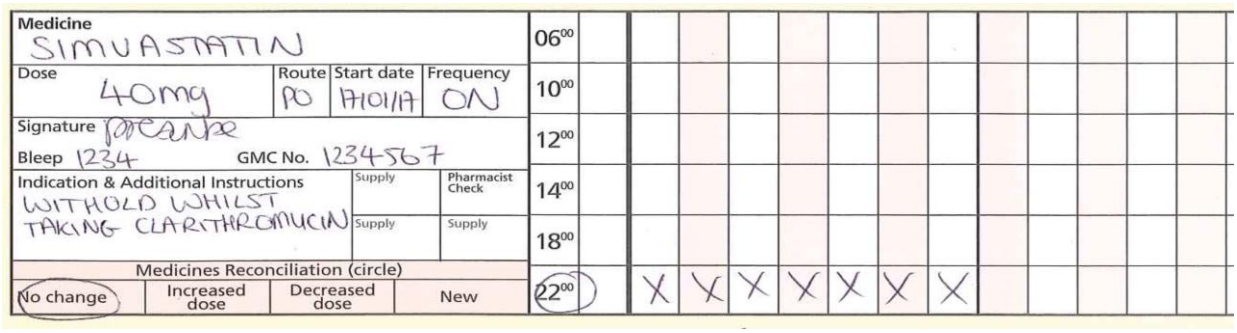

Medicine: AMIODARONE
Dose: 200mg | Route: PO | Start date: 17/01/17 | Frequency: TDS
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions: TDS ONE WEEK
BD ONE WEEK
OD ONE WEEK
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle): No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

If the dose changes this will need to be written on a new prescription section.



Limited courses of treatment should have a bar written across the administration section to indicate the end of a course of treatment.

***Withholding medication**: a cross can be used in the administration box(es) but ensure the reason and date for review is stated. Ensure this information is also documented in the medical notes.*



6. Standard 6 – Route

6.1. Only the following abbreviations are to be used to describe the route of administration:

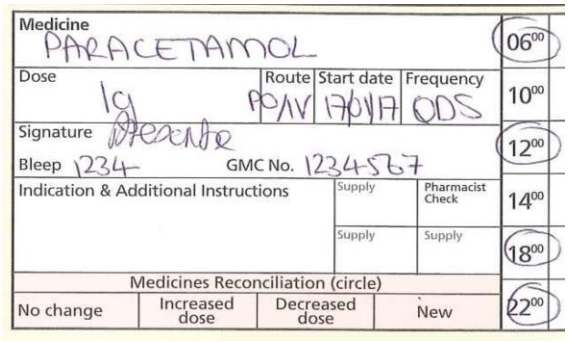
IV – intravenous
SC – subcutaneous
IM – intramuscular
NEB – nebulised
PO – oral
TOP – topical
PV – vaginal
PV – vaginally
JEJ – via jejunostomy tube
INH – inhalation
PEG – via percutaneous endoscopic gastrostomy tube
NG – nasogastric
PR – rectal

6.2. All other routes of administration must be written out in full, e.g. intrathecal, epidural, sublingual, buccal.

6.3. Prescribers must specify the precise location or area to be covered for topical drugs.

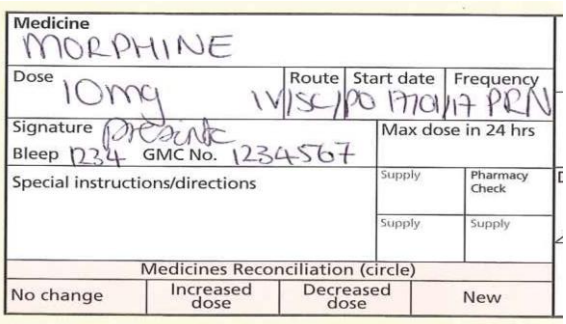
Guidance and Examples

*Regular medicines should only have **one route** of administration on the prescription.*


Medicine: PARACETAMOL
Dose: 1g | Route: PO/IV | Start date: 17/01/17 | Frequency: QDS
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions | Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

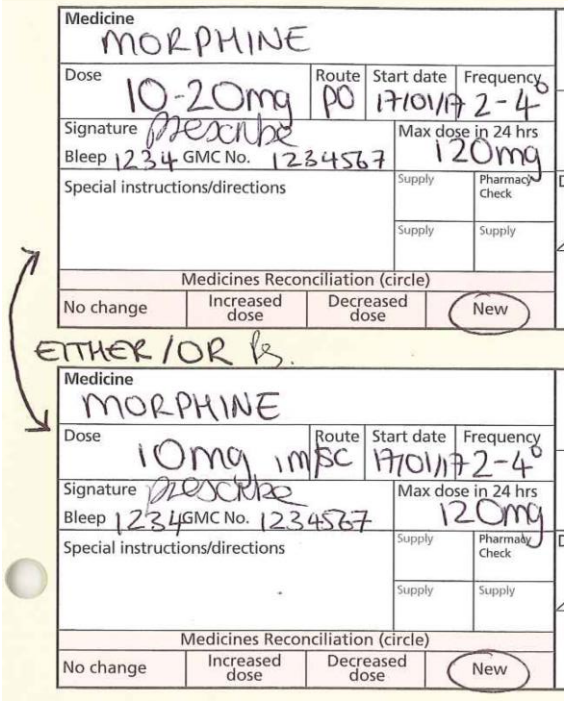
✗ ***Poor prescribing***

Regular medicines need to state one route. If the patient's requirements change the prescription should be re-written.
*(In some cases paracetamol IS written as shown here to avoid a patient being overdosed. If this is the case the route administered MUST be documented by the person administering the medication. **CAUTION for IV route if patient is less than 50kg this "regular" dose would be an OVER DOSE)***


Medicine: MORPHINE
Dose: 10mg | Route: IV/SC/PO | Start date: 17/01/17 | Frequency: PRN
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Max dose in 24 hrs
Special instructions/directions | Supply | Pharmacy Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New

✗ ***Poor prescribing***

The dose of morphine is different when given orally to when given subcutaneously or intravenously.


Medicine: MORPHINE
Dose: 10-20mg | Route: PO | Start date: 17/01/17 | Frequency: 2-4
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Max dose in 24 hrs: 120mg
Special instructions/directions | Supply | Pharmacy Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
EITHER / OR
Medicine: MORPHINE
Dose: 10mg IM/SC | Route | Start date: 17/01/17 | Frequency: 2-4
Signature: Prescribe
Bleep: 1234 GMC No. 1234567
Max dose in 24 hrs: 120mg
Special instructions/directions | Supply | Pharmacy Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New

✓ ***Good prescribing practice***

Be clear on the intention of the prescription e.g. so duplicate doses are not given.

7. Standard 7 – Frequency and Times of Administration

7.1. As required prescriptions must always state minimum dose interval and maximum dose.

7.2. In-patient Medication Charts: The dosing time(s) should be marked on the pre-printed column by circling the time. If the pre-printed time is not appropriate it may be crossed

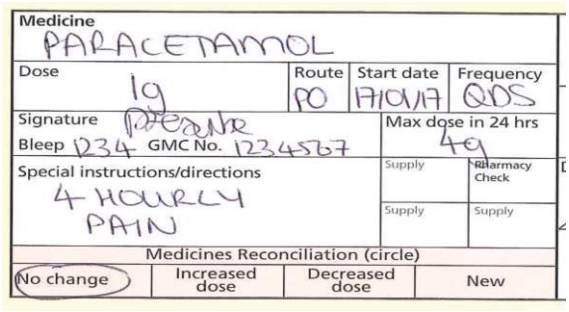
out and more suitable time written in the adjacent column. For Once only medicines and pre-medications 24-hour clock format must be used.

7.3. Discharge prescriptions must have directions written out in full. Abbreviations are not to be used.

7.4. Outpatient prescriptions should have directions preferably in English without abbreviation. Latin abbreviations listed in the back of the BNF may be used where there is limited space.

Guidance and Examples

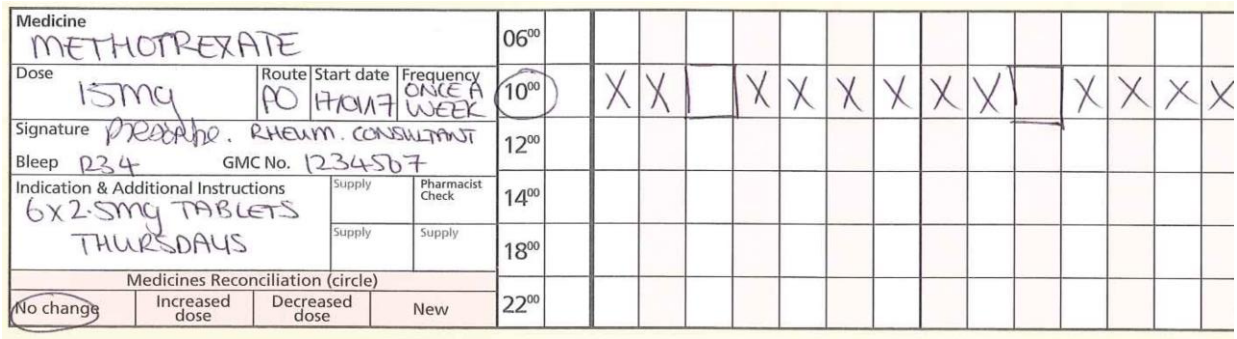
***As required prescriptions** - it is good practice to state the indication for any as required prescriptions.*


Medicine: PARACETAMOL
Dose: 1g | Route: PO | Start date: 7/10/17 | Frequency: QDS
Signature: Prescriber | Bleep: 1234 | GMC No.: 1234567 | Max dose in 24 hrs: 4g
Special instructions/directions: 4 HOURLY PAIN
Supply | Pharmacy Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New

✓ ***Good prescribing practice***

Stating minimum dose frequency and maximum dose on 'when required' prescriptions reduces the likelihood of a patient receiving an inappropriate dose.

***Unusual time courses**. It should be clear when a drug should be given by clearly marking the administration boxes as well as writing additional instructions.*


Medicine: METHOTREXATE
Dose: 15mg | Route: PO | Start date: 7/10/17 | Frequency: ONCE A WEEK
Signature: Prescriber. RHEUM. CONSULTANT | Bleep: 234 | GMC No.: 1234567
Indication & Additional Instructions: 6 X 2.5mg TABLETS THURSDAYS
Supply | Pharmacist Check | Supply | Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

✓ ***Good prescribing practice***

Where appropriate write the day of the week of administration. Cross through the administration boxes on the chart to emphasise that the dose must only be administered on certain days.

NB. Methotrexate must only be prescribed by consultant, registrar or clinical nurse specialist

When a drug is only administered monthly or three monthly, it is good practice to record when the last dose was given. If a dose is to be prescribed during an inpatient stay this can prescribed on the Once only medicines section.

8. Standard 8 – Alteration and Cancellations

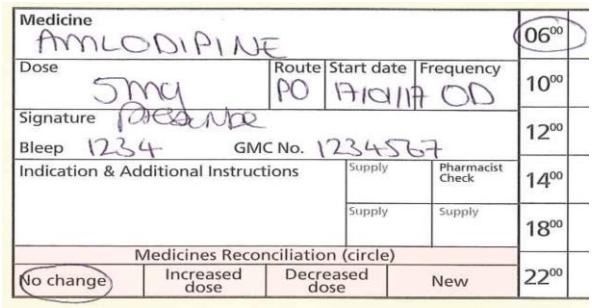
8.1. *Cancellations MUST always be signed and dated. For inpatient prescriptions use the box provided on the medication chart. Draw a diagonal line across the prescription details and the administration boxes.*

8.2. *On In-patient Medication Charts (IMC): Indicate whether the drug prescribed was taken on admission – 'no change', a dose change or new. Any changes to medication doses must be documented in the discharge prescription.*

8.3. *In-patient Medication Charts that become unclear due to multiple deletions and revisions must be rewritten in full. When rewriting always state the date the drug was started NOT the date the medication chart was rewritten.*

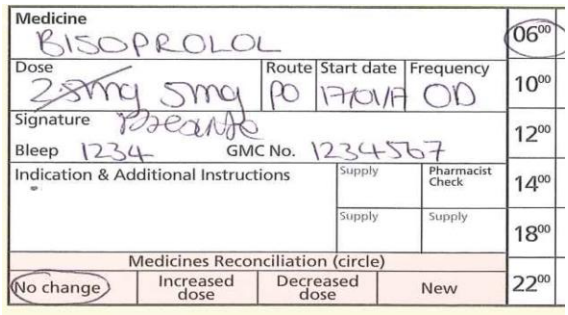
8.4. *On the In-patient Medication Chart, when the dose, preparation or route of a drug requires alteration the existing prescription must be cancelled and a new prescription written.*

Guidance and Examples


Medicine: AMLODIPINE
Dose: 5mg | Route: PO | Start date: 17/01/17 | Frequency: OD
Signature: Prescriber
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions
Supply / Pharmacist Check
Supply / Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

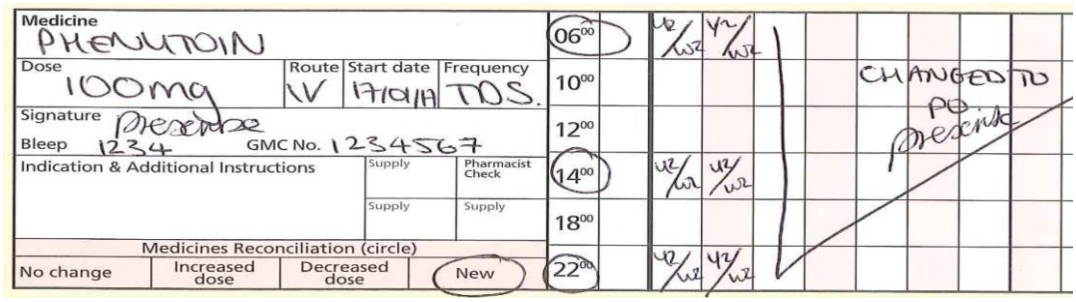
✓ ***Good prescribing practice***

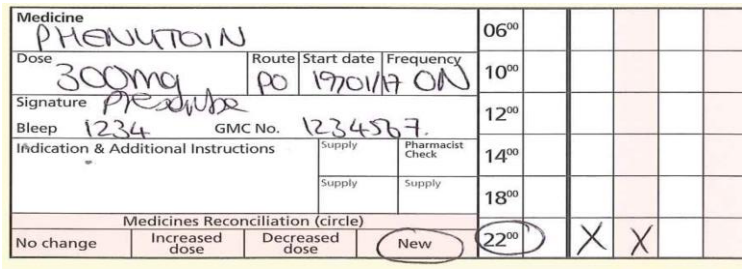
Circling the 'no change' box indicates that the patient was taking the medication when they were admitted.


Medicine: BISOPROLOL
Dose: 2.5mg 5mg | Route: PO | Start date: 17/01/17 | Frequency: OD
Signature: Prescriber
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions
Supply / Pharmacist Check
Supply / Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰

✗ ***Poor prescribing***

It is not clear when the dose was changed. Dose changes should be prescribed by drawing a line through the prescription and rewriting a new prescription with the new dose.


Medicine: PHENYTOIN
Dose: 100mg | Route: IV | Start date: 17/01/17 | Frequency: TDS.
Signature: Prescriber
Bleep: 1234 GMC No. 1234567
Indication & Additional Instructions
Supply / Pharmacist Check
Supply / Supply
Medicines Reconciliation (circle)
No change | Increased dose | Decreased dose | New
06⁰⁰ 10⁰⁰ 12⁰⁰ 14⁰⁰ 18⁰⁰ 22⁰⁰
CHANGED TO PO Prescribe



✓ ***Good prescribing practice***

An example that clearly records when the patient's intravenous phenytoin was changed to the oral route.

Charts that are no longer in use must be crossed though, signed and dated ensuring the information on the chart is not obscured. Cancelled charts must be retained with the medical notes.

Rewritten drug charts: the date the drug was first prescribed (either the date of admission for drugs taken by the patient on admission or the date started of any new drugs) must be used (not the date of the rewrite). This information is particularly important for antibiotic course lengths.

***Good practice point**: if needed ensure medication charts are rewritten to allow continuation of administration over weekends/discharges to off-site localities in. This reduces the risk of administration error/missed doses and reduces the workload for on-call teams.*

9. Antibiotic prescribing

9.1. Ensure the antibiotic is prescribed on the correct page of the IMC and that the Infection Severity Score, indication and duration of therapy is recorded:

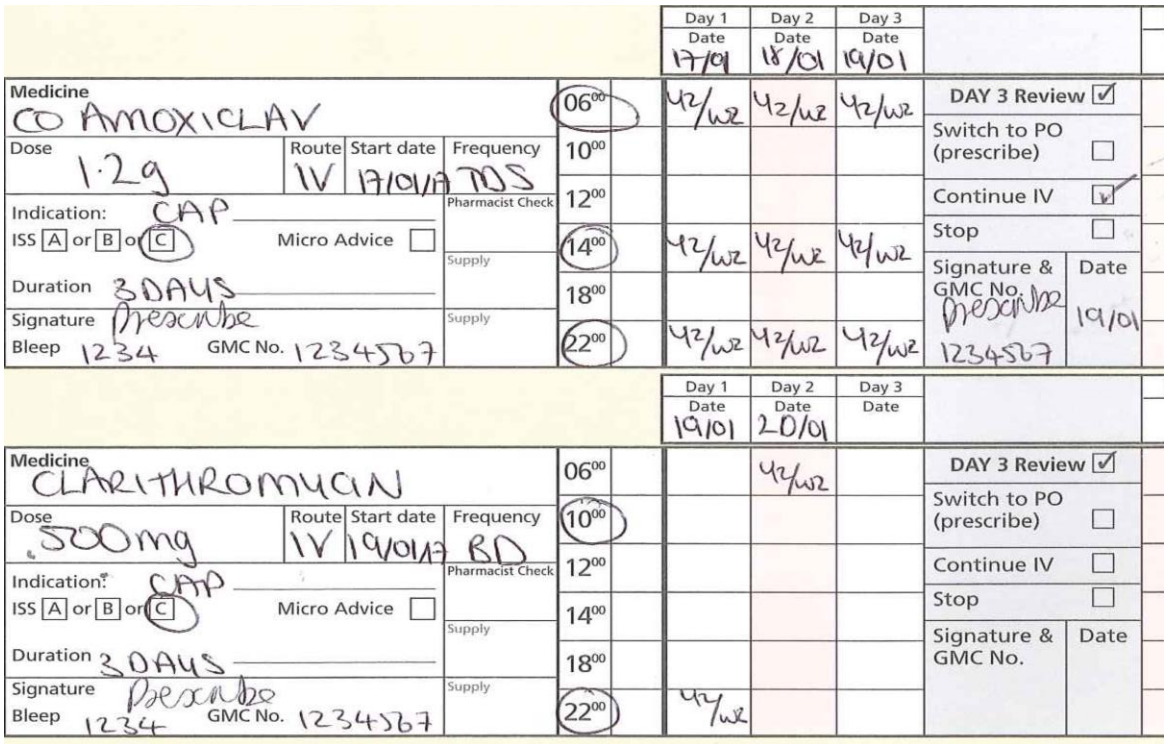
- *Short Term and Initial **IV** Antimicrobial Therapy (page 4) - MUST be reviewed on DAY 3 including completion of the 'Day 3 Review' section*
- ***ORAL** or Long Term IV Antimicrobial Therapy (page 5)*

9.2. ALWAYS confirm and check allergy status before prescribing antibiotics.

9.3. Ensure the allergy status is documented on the IMC and in the patient's notes and that the patient has an allergy wrist band in situ. If there is no allergy wrist band in situ immediately inform the nurse allocated to that patient's care for the shift.

Guidance and Examples

*For Short Term and Initial **IV** antibiotics, each prescription is stand alone and calendar dates will not apply to the page as a whole.*



	Day 1 Date 17/01	Day 2 Date 18/01	Day 3 Date 19/01	
Medicine: CO AMOXICLAV; Dose: 1.2g; Route: IV; Start date: 17/01/17; Frequency: TDS; Indication: CAP; ISS [A] or [B] or [C]; Micro Advice ☐; Duration: 3 DAYS; Signature: Prescribe; Bleep: 1234; GMC No.: 1234567; Pharmacist Check; Supply; Supply				DAY 3 Review ☑ Switch to PO (prescribe) ☐ Continue IV ☑ Stop ☐ Signature & GMC No.: Prescribe 1234567 Date: 19/01
06⁰⁰	42/w2	42/w2	42/w2	
10⁰⁰				
12⁰⁰				
14⁰⁰	42/w2	42/w2	42/w2	
18⁰⁰				
22⁰⁰	42/w2	42/w2	42/w2	

	Day 1 Date 19/01	Day 2 Date 20/01	Day 3 Date	
Medicine: CLARITHROMYCIN; Dose: 500mg; Route: IV; Start date: 19/01/17; Frequency: BD; Indication: CAP; ISS [A] or [B] or [C]; Micro Advice ☐; Duration: 3 DAYS; Signature: Prescribe; Bleep: 1234; GMC No.: 1234567; Pharmacist Check; Supply; Supply				DAY 3 Review ☑ Switch to PO (prescribe) ☐ Continue IV ☐ Stop ☐ Signature & GMC No. Date
06⁰⁰		42/w2		
10⁰⁰				
12⁰⁰				
14⁰⁰				
18⁰⁰				
22⁰⁰	42/w2			

***Penicillin allergy** – patients with a history of anaphylaxis **MUST NOT** receive a penicillin, cephalosporin or other beta-lactam antibiotic*

To reduce the incidence of c difficile consider withholding PPIs wherever clinically possible.

Refer to the Trust's Medicines related Guideline for the assessment of penicillin allergy.

Useful prescribing guidance including specific drugs

For further information refer to the BNF. For more detailed information about a drugs' indication, cautions, contraindications and side effects refer to its summary of product characteristics (SPC) via the eMC. Both references can be accessed through links on the intranet homepage. WVT Medicine Related Guidelines are also available as a quick link on the homepage or the Medicines Optimisation intranet page.

Drugs in renal impairment

- *Problems associated with prescribing drugs in patients with reduced renal function include:*
  - *reduced renal excretion of a drug or its metabolites may cause toxicity*
  - *sensitivity to some drugs is increased even if elimination is unimpaired*
  - *many side-effects are tolerated poorly by patients with renal impairment*
  - *some drugs are not effective when renal function is reduced*

The information on dosage adjustment in the BNF is expressed in terms of eGFR, rather than creatinine clearance, for most drugs. Although the two measures of renal function are not interchangeable, in practice, for most drugs and for most patients (over 18 years) of average build and height, eGFR (MDRD 'formula') can be used to determine dosage adjustments in place of creatinine clearance.

Toxic drugs

For potentially toxic drugs with a small safety margin, creatinine clearance (calculated from the Cockcroft and Gault formula) should be used to adjust drug dosages in addition to plasma-drug concentration and clinical response.

Patients at extremes of weight

In patients at both extremes of weight (BMI of less than 18.5 kg/m^2 or greater than 30 kg/m^2) the absolute glomerular filtration rate or creatinine clearance (calculated from the Cockcroft and Gault formula) should be used to adjust drug dosages (refer to BNF for more information).

Drugs in hepatic impairment

- *Liver disease may alter response to drugs in several ways:*
  - *Impaired drug metabolism*
  - *Hypoproteinaemia*
  - *Reduced clotting*
  - *Hepatic encephalopathy*
  - *Fluid overload*
  - *Hepatotoxic drugs*

Refer to the relevant drug monograph in the BNF for prescribing advice in hepatic or renal impairment.

Drug interactions

The severity of a drug reaction interaction varies from one patient to another. In the BNF potentially serious drug interactions are either shown in bold against a pink background (online version) or by the symbol •; concomitant administration of the drugs involved should be avoided.

Adverse drug reactions – yellowcard.mhra.gov.uk

- *Newly licensed drugs identified by a black triangle symbol ▼ - **all** suspected reactions should be reported.*
- *Established drugs - **all** serious suspected reactions including those that are fatal, life-threatening, disabling, incapacitating, or which result in or prolong hospitalisation; they should be reported even if the effect is well recognised.*

Unlicensed medicines

Ensure patients are informed if prescribing an unlicensed medicine or prescribing 'off-label'. Refer to The WVT Procedure for the Use of Unlicensed Medicines and GMC prescribing guidance for further information.

Specific drugs

Analgesics

- *Take care when prescribing paracetamol containing medicines e.g. co-codamol, co-dydramol, not to exceed the maximum dose of paracetamol.*
- *Paracetamol infusion dose should be reduced to a maximum of 3g/day if patient less than 50kg.*
- *Caution with the use of effervescent preparations due to high sodium content.*

Anticoagulants

- *Warfarin, acenocoumarol and phenindione must be prescribed on the WVT Anticoagulant chart.*
    i. *Always document the indication, target INR and interacting drugs.*
    ii. *It is also useful to document the patients usual dose.*
    iii. *Doses should be prescribed to be administered at 14:00 to ensure monitoring and dosing is actioned by the patients' consultant team (i.e. not out of hours)*
    iv. *Cross reference by prescribing the anticoagulant on the Regular medication section of the In-Patient Medication Chart.*
    v. *Ensure the additional chart is attached to page 3 of the inpatient medication chart*
- *Direct Oral Anticoagulants (DOACs) – dabigatran, apixaban, edoxaban, rivaroxaban. Before prescribing always check:*
    i. ***There is no co-prescription with enoxaparin (including prophylactic doses)***
    ii. *Indication (may need to consider age and weight)*
    iii. *Renal function*
    iv. *Drug interactions*

Cytotoxics and immunosuppressants

- *Cytotoxics must be prescribed by a specialist or as detailed in a written protocol or treatment plan.*
- *Great care must be taken when prescribing immunosuppressants - consider:*
    i. *Infection risk*
    ii. *Potential adverse drug reactions/signs of toxicity*
    iii. *Dosing in hepatic or renal impairment*
    iv. *Drug interactions*
    v. *Monitoring*
- *Corticosteroids*
    i. *Consider a temporary increase in dose in any significant intercurrent illness, trauma, or surgical procedure.*

ii. *Avoid abrupt withdrawal in patients at risk of adrenal suppression.*

- *Methotrexate – refer to the WVT Safe Use of Methotrexate Procedure –* ***Once a Week Dosing***

Insulin

- *Confirm insulin product including brand and device and dose with patient (whenever possible) before prescribing*
- *Units(s) must be written in full and not abbreviated.*
- *Never undertake or advise withdrawing insulin from pen devices*
- *Refer to the WVT Safer insulin Use procedure*

Medical Gases

- *All medical gases must be prescribed. Ensure the following information is Included:*
  i. *Name of gas*
  ii. *Delivery device*
  iii. *Percentage/flow rate/target SpO_2*
  iv. *Indication for administration*

References

General Medical Council. Good Practice in Prescribing and Managing Medicines and Devices London: General Medical Council 2013

Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press http://www.medicinescomplete.com [Accessed on 03/01/17]