

STANDARD OPERATING PROCEDURE	PRESCRIPTION CHART ADULT PROCEDURE (To be used in conjunction with Version 8 Prescription Chart W&L524)
SOP ID NUMBER	TW10-037 SOP 4
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AUTHOR(S) (JOB TITLE)	Pharmacy Senior Management Group (SMG)
DIVISION/DIRECTORATE	MEDICINE/PHARMACY
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CONSULTED WITH	Pharmacy Quality & Safety Group Medicines Management Board Members

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MANAGER RESPONSIBLE FOR REVIEW (Job Title)	Director of Pharmacy



**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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1 INTRODUCTION

- 1.1 Since June 2016 the HIS system is the main method of prescribing for inpatients and this Standard Operating Procedure (SOP) only applies to those limited areas where prescription charts are still in use or at times when HIS is down for longer than 24 hours. For shorter periods of HIS outage the HIS BCP should be used unless directed otherwise by the HIS team and/or the pharmacy department.
- 1.2 This procedure should be used in conjunction with the overarching Medicines Management Policy (TW10-037)

2 KEY PRINCIPLES FOR COMPLETION OF THE PRESCRIPTION CHART

All prescriptions must include: -

- 2.1 Drug name – recommended International Non-proprietary Name (rINN).
- 2.2 Start date for all medication and a review date for antibiotics.
- 2.3 Route, dose and form of drug prescribed.
- 2.4 Timing of doses – signified by a mark against appropriate pre-printed time, or time entered in grey box
- 2.5 Signature of prescriber.
- 2.6 If multiple routes are stated, the dose must be the same for a single prescription to be valid. The doses of some medicines differ depending on the route and in such cases, they must be written as distinct items.
- 2.7 The remainder of this SOP is written in the same order that the sections appear on the medicine chart and the pictures are included to allow easier navigation of the different sections.
- 2.8 All staff are encouraged to familiarise themselves with the prescription chart on a regular basis in case it is required as often there will be little or no warning in advance of this.

4. PREVENT HARM
4.1 MEDICINES RECONCILIATION (PAGE 2)

2 Prevent Harm

Medicine Reconciliation

Patient Pre-admission Medication History (to be completed by pharmacy in accordance with Medicine Reconciliation and Re-use of PODs SOP)						
Medication, form, dose and frequency	Brought into hospital (✓/✗)	Supply at home (✓/✗)	In blister pack (✓/✗)	Intentional Change (✓/✗)	Comments/Discrepancies/Action Taken	Action resolved by (initials, date and time)

Medication history confirmed on admission by: Designation:
Date and time: Checked by Pharmacist: Date and time:
Primary Source:- Patient / GP / EPR / PODS / MARS / SCR / Other:
Secondary Source:- Patient / GP / EPR / PODS / MARS / SCR / Other:

- 4.1.1 It is the responsibility of the first pharmacist/ pharmacy technician to see the patient following admission to confirm the accuracy of the patients’ medication history as per pharmacy standard operating procedures (TW15-026 SOP 11). Once the medication history has been assessed the prescribed medication should be checked against the medication history obtained and any unexplained discrepancies should be documented on the MDT section at the back of the prescription chart (Section 10 of this SOP) and a member of the nursing and/or clinical team informed
- 4.1.2 Patients are most at risk of medication errors at transfers of care, and discrepancies noted during medication reconciliation must be addressed at the earliest possible opportunity. The prescriber responsible for resolving unexplained medication discrepancies must complete the “action taken” column and sign and date the “resolved by” column on the rear of the chart.
- 4.1.3 The pharmacy team must complete the “Medicines Reconciliation” section to include details of two sources of the medication history. If a Medicines Management Technician confirms the medication history, the clinical pharmacist must also sign this area once the history has been verified.
- 4.1.4 Patients admitted with their own medication, patients own drugs (PODS), must be stored in the patient medication bedside locker unless they are a CD and then they are stocked in a CD cupboard separate from ward stock CDs (ideally a separate CD cupboard). Once a pharmacist or Medicines Management Technician has confirmed their medication history, the medication can then be used in hospital (on completion of POD assessment), sent home with relatives or destroyed, as deemed appropriate

by the checking pharmacist/Medicine Management Technician, and with the consent of the patient.

4.1.5 Under no circumstances should patients’ own drugs be destroyed/sent to pharmacy for destruction without the patient’s consent.

4.1.6 Further details can be found in TW10-037 - SOP 03 – Medicines Reconciliation.

4.2 PHARMACEUTICAL CARE PLAN /DISCHARGE PLAN/SUPPLEMENTARY CHARTS IN USE (PAGE 3)

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Pharmaceutical Care Plan Please use this area to record any pharmaceutical care issues		Discharge Planning Please use this area to record any details relevant to discharge planning, EG blister packs in community, supplies of regular medications at home, regular pharmacy used, monitoring requirement for GP's and additional information to be included in discharge prescription.	
e-GFR on admission =	<input type="text"/>	Compliance Aid Advised If ticked add to EPR <input type="checkbox"/>	
Platelets on admission =	<input type="text"/>		
SCR access consented	<input type="checkbox"/>		
Medicines Reconciliation further verification required	Completed by:		
	Date:		
	Time:		
Falls assessment	Completed by:		
	Date:		
	Time:		

SUPPLEMENTARY CHARTS IN USE

Tick box if chart in use <input checked="" type="checkbox"/>	Date start	Date stopped	Tick box if chart in use <input checked="" type="checkbox"/>	Date start	Date stopped
CIWA Chart			Sliding scale insulin		
Syringe Driver			Nutrition		
Fluid chart			Other (please state)		
Insulin (regular) prescription					

4.2.1 Pharmaceutical Care Plan and Discharge Planning Section is to be completed by pharmacy team.

4.2.2 Supplementary charts in use. All charts in use should be attached together using a “treasury tag” with the standard prescription chart. Each additional chart in use should be documented on the ‘charts in use’ grid on the inside front cover (page 3) of the prescription chart.

4.2.3 On commencement of an additional chart, a tick should be placed in the appropriate box and the date the additional chart commenced should be entered. When the additional chart is no longer in use relevant details should be entered in the ‘date finished’ box.

4.3 VTE RISK ASSESSMENT (PAGE 4 & 5)

This only applies to Medicine and Surgery, not paediatrics or obstetrics. There are two separate sections, either Medical or surgical patients. Treatment and guidelines are to be referred to and are enclosed within this section of the chart. Please also look for the latest Anticoagulant Guidelines on the Trust Intranet to ensure the most up to date procedures are being followed.

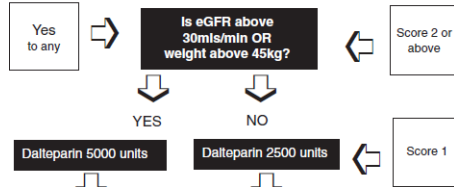
VTE Risk Assessment

Medical VTE Assessment

Indication	Tick
Age >60	
Obese BMI >30	
Active cancer/treatment	
Thrombophilia	
Pregnant or < 6 weeks postpartum	
Dehydration	
Hormone therapy (COC/HRT/Tamoxifen)	
Varicose veins with phlebitis	
1 st degree relative with DVT/PE	
Personal history DVT/PE	
Acute infectious disease	
One or more significant medical comorbidities (heart disease/metabolic/endocrine/respiratory/inflammatory conditions (eg IBD, RA etc.))	
Sign	
Date	
Time	

THIS DOES NOT APPLY TO OBSTETRICS

Is the patient already on therapeutic anticoagulation?
 (If so then prescribe this in the Anticoagulant section of this chart)



Prescribe on Anticoagulant Section on Page 6

Is thromboprophylaxis contraindicated? (see below)

State reason:

Sign

Date

Time

Patients Undergoing Surgery

Indication	Score	Tick
Age >60	1	
Obese BMI >30	1	
Active cancer treatment	2	
Thrombophilia	1	
Pregnant or < 6 weeks postpartum	1	
Dehydration	1	
Hormone therapy (COC/HRT/Tamoxifen)	1	
Varicose veins with phlebitis	1	
1 st degree relative with DVT/PE	1	
Personal history DVT/PE	2	
Acute infectious disease	1	
Lower limb surgery expected to last longer than 60 mins	2	
Surgery expected to last longer than 90 mins	1	
One or more significant medical comorbidities (heart disease/metabolic/endocrine/respiratory/inflammatory conditions (eg IBD, RA etc.))	1	
Sign		
Date		
Time		

Reassessment			
Date and Time	Comments	Sign	
After 24 hours			
On condition change			
On condition change			

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Contra-indications					
Uncorrected bleeding disorder Active bleeding or potential bleeding lesions Hypersensitivity to Heparin/Heparin induced thrombocytopenia Thrombocytopenia (plts <75)	LP/Spinal/Epidural in last 4 hours, or expected in next 12 hours Uncontrolled hypertension (>230/120) Any previous cerebral haemorrhage Cerebral haemorrhage or large volume infarct on this admission				
Acute Stroke					
High Risk of DVT e.g.: (Past history DVT/PE, Active cancer/treatment) Consider each case individually For stroke patients consider flowtrons if pharmaceutical thromboprophylaxis is contraindicated	Low Risk of DVT Commence Dalteparin 5000 units from day 7 if not independently mobile				
Surgery - Knee/Thigh Length Graduated Compression Stockings					
Indicated: All surgery unless there is a specific contra-indication	Contra-indications Massive leg oedema Pulmonary oedema Severe peripheral arterial disease Severe peripheral neuropathy Major leg deformity Dermatitis/Recent skin graft				
MSK Procedures					
The duration of thromboprophylaxis and agent(s) to be used are detailed in full in the "Thromboprophylaxis in Orthopaedic Surgery" protocol on the Intranet (found in Trust-Wide Policies)					
Acceptable pharmacological agents for thromboprophylaxis in orthopaedic patients are:					
<ul style="list-style-type: none"> Dalteparin (Fragmin®) Dabigatran (Pradaxa®) 	<ul style="list-style-type: none"> Enoxaparin (Clexane®) Apixaban (Eliquis®) 				
Please ensure that you are familiar with doses, contraindications, cautions and side-effects of any agent before prescribing - all this information is found in the above policy or by contacting your pharmacist for advice.					
Date	Time	Verbal Info Re Prophylaxis	Written Info Re Prophylaxis offered	Print	Sign

VTE Risk Assessment

4.4 ANTICOAGULATION (PAGE 6 & 7)

4.4.1 All anticoagulation medicines should be prescribed in this section, including oral or injection.

4.4.2 Loading dose regime for warfarin is detailed on page 7

4.4.3 Next date and clinic appointment information can be added to, to aid discharge.

4.4.4 Discharge checklist also on page 7 to remind to refer for a follow-up appointment and next INR check to be arranged.

Anticoagulation

All anticoagulant drugs should be prescribed in this section

Omission Codes:	R = Patient refused X = Prescriber request S = Self administered O = Other reason (document in MDT Communications) U = Product not available N = Route not available (e.g. NBM / no cannula) F = Fasting	
<p>Ring times required</p> <p>Date: _____</p> <p>Drug (Approved name): _____</p> <p>Dose: _____</p> <p>Route: _____ Sign: _____</p> <p>Start date: _____ Time prescribed: _____ P: _____</p> <p>Pharmacist advice: _____</p>		<p>Stopped</p> <p>Date: _____</p> <p>Time: _____</p> <p>Reason: _____</p>
<p>Ring times required</p> <p>Date: _____</p> <p>Drug (Approved name): _____</p> <p>Dose: _____</p> <p>Route: _____ Sign: _____</p> <p>Start date: _____ Time prescribed: _____ P: _____</p> <p>Pharmacist advice: _____</p>		<p>Stopped</p> <p>Date: _____</p> <p>Time: _____</p> <p>Reason: _____</p>



Prescribing Information for Treatment Dose Low Molecular Weight Heparin Only



<p>LMWH - Prescribing Information</p> <ul style="list-style-type: none"> IF GFR is above 30mls/min = Dalteparin (Fragmin) If GFR is below 30mls/min = Enoxaparin (Clexane) For all patients repeat baseline bloods 5 - 7 days after starting a LMWH <ul style="list-style-type: none"> If platelet count has dropped by >50% seek Haematology advice For patients with GFR <30mls/min: <ul style="list-style-type: none"> Check 'Anti Xa' levels after 72 hours from starting a LMWH Anti Xa levels should be checked immediately before a dose of LMWH and again 3 hours post dose Contact Anticoagulant Pharmacist or Haematology Team for further advice If treatment dose LMWH is stopped then consider whether patient still requires prophylactic anticoagulation 	<p>Dalteparin Treatment Dosing</p> <table border="1"> <thead> <tr> <th>Body Weight (Kg)</th> <th>Dalteparin Dose (once daily)</th> </tr> </thead> <tbody> <tr> <td><46</td> <td>7500 units</td> </tr> <tr> <td>46 - 56</td> <td>10,000 units</td> </tr> <tr> <td>57 - 68</td> <td>12,500 units</td> </tr> <tr> <td>69 - 82</td> <td>15,000 units</td> </tr> <tr> <td>≥83</td> <td>18,000 units</td> </tr> </tbody> </table> <p>Significant Bleeding while on LMWH or DOA:</p> <ul style="list-style-type: none"> Stop anticoagulant Consult 'Anticoagulant Guidelines' on Trust Intranet Contact Haematology via switch for further advice if required 		Body Weight (Kg)	Dalteparin Dose (once daily)	<46	7500 units	46 - 56	10,000 units	57 - 68	12,500 units	69 - 82	15,000 units	≥83	18,000 units	<p>Enoxaparin Treatment Dosing (patients with GFR <30ml/min)</p> <table border="1"> <thead> <tr> <th>Body Weight (Kg)</th> <th>Enoxaparin Dose (once daily)</th> </tr> </thead> <tbody> <tr> <td>35 - 44</td> <td>40mg</td> </tr> <tr> <td>45 - 54</td> <td>50mg</td> </tr> <tr> <td>55 - 64</td> <td>60mg</td> </tr> <tr> <td>65 - 74</td> <td>70mg</td> </tr> <tr> <td>75 - 84</td> <td>80mg</td> </tr> <tr> <td>85 - 94</td> <td>90mg</td> </tr> <tr> <td>95 - 104</td> <td>100mg</td> </tr> <tr> <td>105 - 114</td> <td>110mg</td> </tr> <tr> <td>115 - 124</td> <td>120mg</td> </tr> <tr> <td>≥125</td> <td>Seek advice</td> </tr> </tbody> </table>		Body Weight (Kg)	Enoxaparin Dose (once daily)	35 - 44	40mg	45 - 54	50mg	55 - 64	60mg	65 - 74	70mg	75 - 84	80mg	85 - 94	90mg	95 - 104	100mg	105 - 114	110mg	115 - 124	120mg	≥125	Seek advice	<p>Direct Oral Anticoagulant - Prescribing Information</p> <p>Full information about licensed indications and doses can be found in the BNF or on the individual drug SPCs. Particular care should be given to the patient's renal function as with some drugs even moderate decreases in renal function necessitate a reduced dose.</p>
	Body Weight (Kg)	Dalteparin Dose (once daily)																																					
<46	7500 units																																						
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Patient Name:

Unit Number:

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5. ACUTE TREATMENTS (Page 8 & 9)

- 5.1 Once only, loading doses and pre-medication. It is the responsibility of the prescriber to inform nursing staff when once only medications have been prescribed, in order for the prescribed medication to be given without delay.
- 5.2 As required medicines should have a maximum dose in all cases to prevent risk of overdose.
- 5.3 As required medicines should be reviewed within 48 hours unless otherwise stated.

3 Acute Treatments

Acute Treatments

ONCE ONLY LOADING DOSES AND PRE-MEDICATION										
P	To be given		Drug (Approved name)	Dose	Route	Dr Signature	Given by	Checked by	Date given	Time given
	Date	Time								

AS REQUIRED MEDICATION												
Drug	Date:											Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											
Drug	Date:											Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											
Drug	Date:											Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											

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6. ANTIBIOTICS (Pages 10 - 13)

- 6.1 All antibiotics should be prescribed on the appropriate antibiotic section of the prescription chart, *intravenous* or *oral*. There are two separate sections for prescribing. Pages 10 & 11 are Intravenous Antibiotics, Pages 12 & 13 are oral antibiotics.
- 6.2 Antibiotic loading doses should be prescribed with clear details of the dates and times to be given and when a maintenance prescription begins.
- 6.3 All Antibiotics must be prescribed in accordance with TW10/136 Antibiotic Treatment Policy and the Microguide (available on the Trust Intranet).
- 6.4 All prescriptions must include an indication for antibiotics.
- 6.5 Sensitivities section must be completed (when available).
- 6.6 Microbiology approved section must be completed when restricted antibiotics are prescribed.
- 6.7 Stop date for acute treatments. Long-term treatments must be clearly marked as such to prevent any confusion.

4 Antibiotics

Antibiotics

Antibiotics should be prescribed in accordance with the Hospital Formulary Antibiotic Guidelines can be found on the Microbiology page of the Intranet												
INTRAVENOUS ANTIBIOTICS ONLY												
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0200		Given by		Checked by		Date:
Route: IV		Stop date:		0600		Given by		Checked by		Given by		Time:
Start date:		Sign:		1000		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		1400		Given by		Checked by		Given by		
		Pharmacist advice:		1800		Given by		Checked by		Given by		
				2200		Given by		Checked by		Given by		
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0200		Given by		Checked by		Date:
Route: IV		Stop date:		0600		Given by		Checked by		Given by		Time:
Start date:		Sign:		1000		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		1400		Given by		Checked by		Given by		
		Pharmacist advice:		1800		Given by		Checked by		Given by		
				2200		Given by		Checked by		Given by		
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0200		Given by		Checked by		Date:
Route: IV		Stop date:		0600		Given by		Checked by		Given by		Time:
Start date:		Sign:		1000		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		1400		Given by		Checked by		Given by		
		Pharmacist advice:		1800		Given by		Checked by		Given by		
				2200		Given by		Checked by		Given by		

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Antibiotics

Antibiotics should be prescribed in accordance with the Hospital Formulary Antibiotic Guidelines can be found on the Microbiology page of the Intranet												
ORAL ANTIBIOTICS ONLY												
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0600-0900		Given by		Checked by		Date:
Route: Oral		Stop date:		1200-1400		Given by		Checked by		Given by		Time:
Start date:		Sign:		1600-1800		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		2200-2400		Given by		Checked by		Given by		
		Pharmacist advice:				Given by		Checked by		Given by		
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0600-0900		Given by		Checked by		Date:
Route: Oral		Stop date:		1200-1400		Given by		Checked by		Given by		Time:
Start date:		Sign:		1600-1800		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		2200-2400		Given by		Checked by		Given by		
		Pharmacist advice:				Given by		Checked by		Given by		
Drug:		Sensitivities: Y/N		Micro approved: Y/N		Ring times required ↓						Stopped
Dose:		Indication:		Date:		0600-0900		Given by		Checked by		Date:
Route: Oral		Stop date:		1200-1400		Given by		Checked by		Given by		Time:
Start date:		Sign:		1600-1800		Given by		Checked by		Given by		Reason:
Time prescribed:		P:		2200-2400		Given by		Checked by		Given by		
		Pharmacist advice:				Given by		Checked by		Given by		

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7. INJECTABLE MEDICATION (Pages 14-15)

7.1 Regular intravenous medicines unless otherwise specified and countersigned on the prescription chart. IM and SC injections (such as dalteparin) only require a single signature, unless Controlled Drug, this requires two signatures.

- 7.2 This section must be used for injectable therapy only (excluding antibiotics). All prescriptions for parenteral therapy should be assessed for appropriateness after 48 hours.
- 7.3 Pharmacist advice section may include details of diluent to be used or administration details e.g. rate of administration etc.

5 Injectable Meds																			
Ring times required ↓			REGULAR PRESCRIPTIONS - INJECTABLES																
Drug (Approved name):		Date:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Stopped
Dose:		0600-0900	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Date:
Route: IV/SC/IM <small>(RING ACCORDINGLY)</small>		P:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Time:
Start date:		1200-1400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Reason:
Time prescribed:		1600-1800	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Sign:		2200-2400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Pharmacist advice:																			
Drug (Approved name):		Date:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Stopped
Dose:		0600-0900	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Date:
Route: IV/SC/IM <small>(RING ACCORDINGLY)</small>		P:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Time:
Start date:		1200-1400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Reason:
Time prescribed:		1600-1800	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Sign:		2200-2400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Pharmacist advice:																			
Drug (Approved name):		Date:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Stopped
Dose:		0600-0900	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Date:
Route: IV/SC/IM <small>(RING ACCORDINGLY)</small>		P:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Time:
Start date:		1200-1400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Reason:
Time prescribed:		1600-1800	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Sign:		2200-2400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Pharmacist advice:																			
Drug (Approved name):		Date:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Stopped
Dose:		0600-0900	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Date:
Route: IV/SC/IM <small>(RING ACCORDINGLY)</small>		P:	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Time:
Start date:		1200-1400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		Reason:
Time prescribed:		1600-1800	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Sign:		2200-2400	Given by		Checked by		Given by		Checked by		Given by		Checked by		Given by		Checked by		
Pharmacist advice:																			

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- 8. **AS REQUIRED ANALGESIA (Page 16) – REGULAR ANALGESIA (Page 17)**
- 8.1 As Required. This section must be used for as required analgesia. Analgesics to be prescribed in this section include opiates, paracetamol and NSAID's.
- 8.2 Regular analgesia should be reviewed no longer than 72 hours after initiation. Atypical analgesics e.g. amitriptyline or gabapentin should be prescribed in regular medication section.

6 As Required Analgesia

AS REQUIRED ANALGESIA												
Drug		Date:										Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											
Drug		Date:										Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											
Drug		Date:										Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											
Drug		Date:										Stopped
Dose:	Frequency:	Time:										Date:
Route:	Max dose in 24hrs:	Dose:										Time:
Start date:	P:	Given by:										Reason:
Time Prescribed:	Sign:											

Patient Name: Unit Number: Date of Birth: Page 17 of 36

REGULAR ANALGESIA												
Ring times required ↓												
Drug (Approved name):		Came in on it	Date:									Stopped
Dose:		Dose changed	0600-0900									Date:
Route:		Started in hosp.	1200-1400									Time:
Start date:		Patient counselled	1600-1800									Reason:
Time prescribed:		Sign:	2200-2400									
		Pharmacist advice:										
Drug (Approved name):		Came in on it	Date:									Stopped
Dose:		Dose changed	0600-0900									Date:
Route:		Started in hosp.	1200-1400									Time:
Start date:		Patient counselled	1600-1800									Reason:
Time prescribed:		Sign:	2200-2400									
		Pharmacist advice:										
Drug (Approved name):		Came in on it	Date:									Stopped
Dose:		Dose changed	0600-0900									Date:
Route:		Started in hosp.	1200-1400									Time:
Start date:		Patient counselled	1600-1800									Reason:
Time prescribed:		Sign:	2200-2400									
		Pharmacist advice:										

Omission Codes: R = Patient refused X = Prescriber request S = Self administered O = Other reason (document in MDT Communications) U = Product not available
 N = Route not available (e.g. NBM / no cannula) F = Fasting

Regular Analgesia

- 9. REGULAR MEDICATIONS (Pages 18 – 25)**
- 9.1 Regular prescriptions for all other routes.
- 9.2 Prescriptions of all regular medications. Medications initiated in hospital should contain an indication for treatment.
- 9.3 Regular medication prescriptions contain a box for completion on the left-hand side – “came in on it” “Dose changed” “Started in hospital” and “Patient Counselling”. It is the

responsibility of the original prescriber to complete these boxes and to discuss fully any new medicines with the patient so that informed consent and shared decision making is in effect. If this is forgotten it can be checked and added by the pharmacy team later.

9.4 Changes to medication should be communicated to GP's on the discharge letter.

7 Regular Medications

Regular Medications

REGULAR PRESCRIPTIONS - ALL OTHER ROUTES											
Ring times required ↓											
Drug (Approved name):		Came in on it	Date:								Stopped
Dose:		Dose changed	0600-0900								Date:
Route:		Started in hosp.	1200-1400								Time:
P:	Start date:	1600-1800									Reason:
Time prescribed:	Sign:	Patient counselled	2200-2400								
		Pharmacist advice:									
Drug (Approved name):		Came in on it	Date:								Stopped
Dose:		Dose changed	0600-0900								Date:
Route:		Started in hosp.	1200-1400								Time:
P:	Start date:	1600-1800									Reason:
Time prescribed:	Sign:	Patient counselled	2200-2400								
		Pharmacist advice:									
Drug (Approved name):		Came in on it	Date:								Stopped
Dose:		Dose changed	0600-0900								Date:
Route:		Started in hosp.	1200-1400								Time:
P:	Start date:	1600-1800									Reason:
Time prescribed:	Sign:	Patient counselled	2200-2400								
		Pharmacist advice:									

Patient Name:

Unit Number:

Date of Birth:

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10. PARKINSON'S DISEASE PRESCRIPTION (Pages 26 – 29)

10.1 This section does not have set times – instead specific times are to be added as per patient doses at home

10.2 This section also has Nil By Mouth (NBM) Guidance for Parkinson's Disease patients

8 Parkinsons Disease Prescription

Please ensure doses are prescribed and given at the same time as at home

N.B. Do Not Give: NEW Anti-psychotics (inc. Haloperidol), Metoclopramide, Prochlorperazine

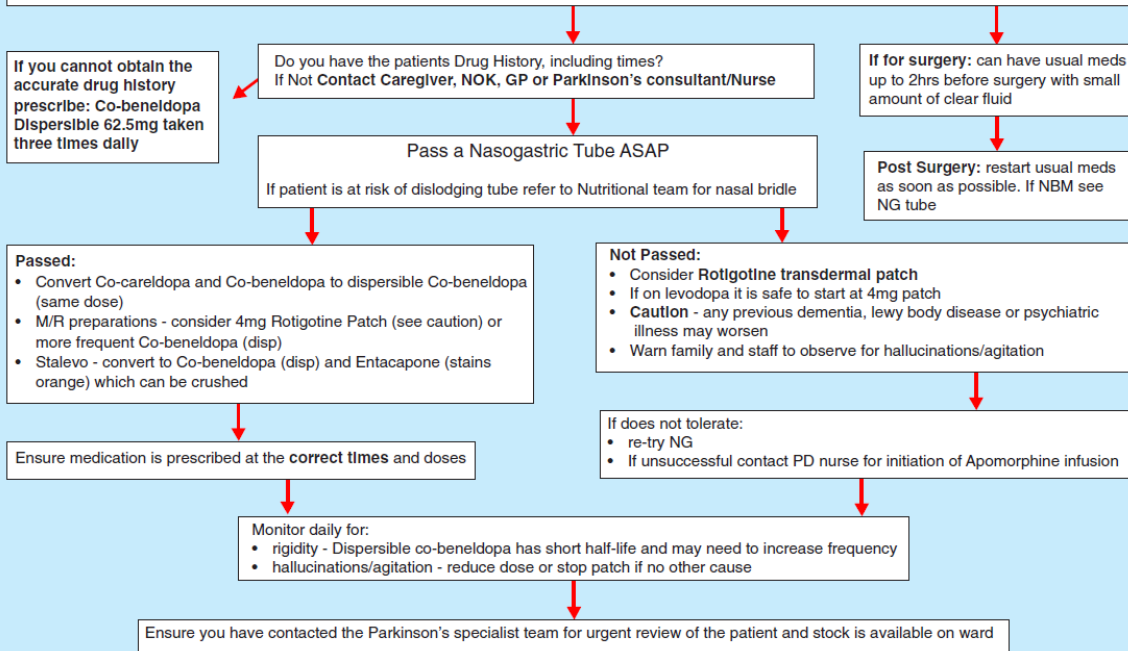
Drug (Approved name):		Came in on it	Time/Date													Stopped
Dose:		Dose changed														Date:
Route:	P:	Started in hosp.														Time:
Start date:																Reason:
Time prescribed:	Sign:	Patient counselled														
Pharmacist advice:																

Drug (Approved name):		Came in on it	Time/Date													Stopped
Dose:		Dose changed														Date:
Route:	P:	Started in hosp.														Time:
Start date:																Reason:
Time prescribed:	Sign:	Patient counselled														
Pharmacist advice:																

Patient Name: Unit Number: Date of Birth: Page 26 of 36

NBM Guidelines

If the patient has a compromised swallow or is NBM: Please contact the Parkinson's Disease Nurse Specialist: 01942 264831 / 07786 431750. Refer to the Speech and Language team for urgent review.



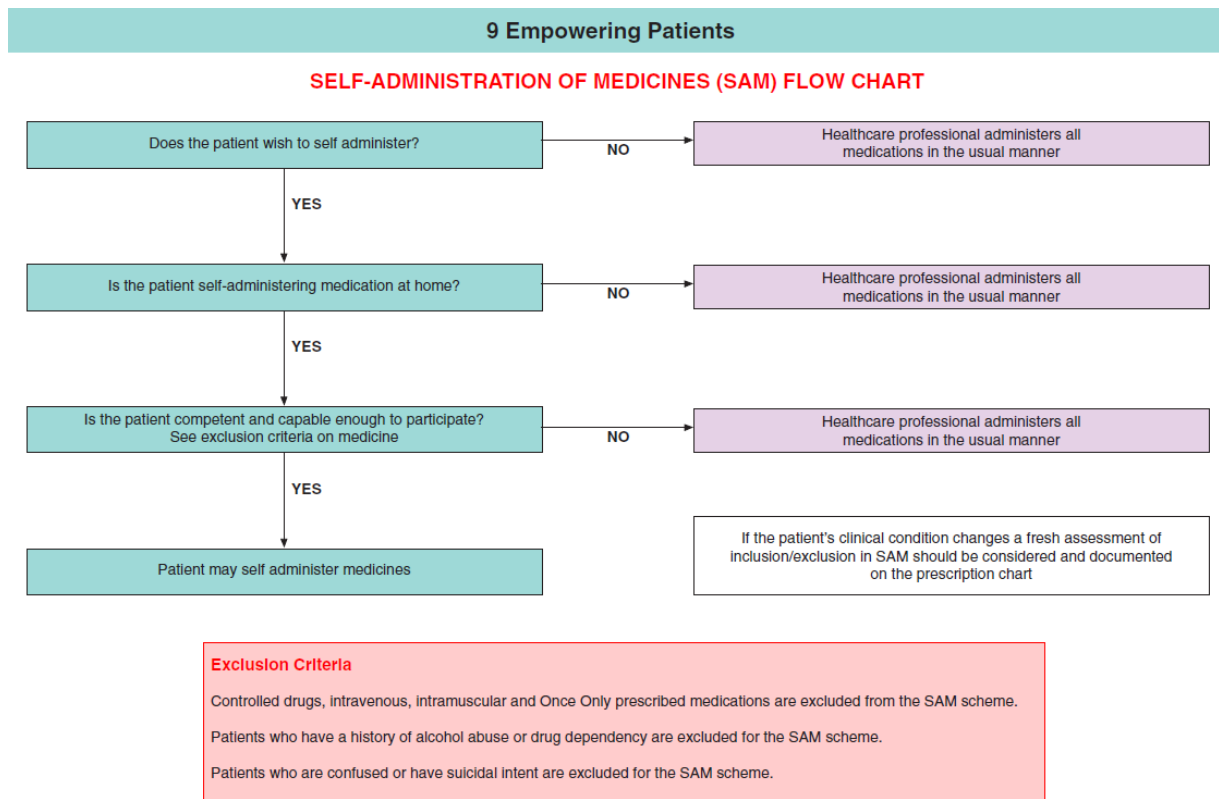
Parkinsons Disease Prescription

11. EMPOWERING PATIENTS

11.1 Self-Administration of Medicines (SAM) – Pages 30-32)

11.1.1 Patient self-medication assessment. All patients must have been assessed in line with the Self-Administration of Medication (SAM) SOP (TW10-37 SOP 2).

11.1.2 Flow diagram to show steps to take to assess patient for SAM is found on page 30 of the prescription chart



11.1.3 Consent form

Where patients are to self-administer medicines, the Consent Section of the prescription chart must be completed before commencing self-administration as a minimum together with review of the self-administration status if the patient's condition changes during the stay. The consent section is found on page 31 of the prescription chart

CONSENT FORM FOR SELF ADMINISTRATION OF MEDICINES

I, have read and understood the patient information leaflet, and the self administration of medicines scheme has been fully explained to me by a registered nurse/midwife, pharmacist or doctor.

I understand that I may withdraw from the scheme at any time by informing the nurse in charge.

I understand that whilst I am in hospital I may be asked to take my own medicines from home, if suitable.

Any medicines not suitable will be destroyed and new medicines obtained from the Pharmacy Department.

<p>Patient's signature:</p> <p>Patient's name:</p> <p>Date:</p> <p>Patient's NHS number:</p>
--

I confirm that I have explained the self-administration of medicines scheme to the patient.

<p>Healthcare Professional signature:</p> <p>Healthcare Professional name and designation:</p> <p>Date:</p> <p>Ward/Department:</p>

11.1.4 SAM Reassessment record sheet

If the condition of the patient changes or they move to a new area then a SAM reassessment must be carried out. The person carrying out the reassessment must add the details on page 32 of the prescription chart

Empowering Patients

SAM REASSESSMENT RECORD SHEET

Date	Time	Suitable for SAM	Print Name	Please tick	Sign
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Doctor <input type="checkbox"/>	

11.2 Empowering Patients Trust Patient Group Directions (PGD) – Page 33
 Medications which may be given at the discretion of a registered nurse via Patient Group Direction (PGD), to a maximum of 4 doses.

11.2.1 The registered nurse may give a maximum of FOUR doses of each medication before a doctor must prescribe the item.

11.2.2 If medical staff do not wish any of the medications to be given, or wish to discontinue any item then they should sign and date the “cancellation or discontinuation” section against the specific drug and score out the item in the medication column.

11.2.3 Details of the dose, date, time should be completed along with the administering nurses’ initials at the time of administration.

Empowering Patients

Medication	Dose	Date	Time	Prescribed/ Administered by	Dr’s Signature / Date for CANCELLATION
Paracetamol 500mg Tablets Dose: 1 gram every 4 - 6 hours as required. Maximum 4g/24hrs					
Senna Tablets Dose: 1 or 2 tablets. To be given at bedtime as required					
Gaviscon Advance Dose: 5 - 10ml. To be given at mealtimes and bedtime					
QV Cream Apply when required for dry/itchy skin					
Simple Linctus SF Dose: 5 - 10ml. Up to 3 times daily					
Saline Nebuliser 0.9% Dose 2.5ml in the nebuliser Up to 4 times daily					
Glycerine Suppositories 4g Dose: 1 rectally Once daily					

11.3 Empowering Patients - Prescription Chart Approved Codes – Page 34
MEDICINES NOT ADMINISTERED If a medicine has not been administered the reason for omission must be entered using permitted codes only (R, U, F, O, X, N, S) in accordance with SOP TW10-037 SOP 05 – Omitted & Delayed Doses of Medicines.

Empowering Patients

PRESCRIPTION CHART APPROVED CODES

The following list of codes can be used on the prescription chart to record omissions

Code	Reason	Action
R	Patient Refused	Identify patterns in refusal. Refer to prescriber to review medication regimen if situation is ongoing for more than two doses. Prescriber to review urgently if a dose of a critical medicine is missed. Refer to pharmacy to find suitable clinical alternatives.
X	Prescriber Request	Prescriber must document in MDT section of medicine chart if they decide to withhold a medicine for clinical reasons. Prescriber must specify a review date and follow up the review.
O	Other reason	Staff must document in MDT Section of the medicine chart if they decide to withhold medicines. Staff must specify a review date and follow up the review.
U	Product Unavailable	Contact ward pharmacy team to obtain supply. Out of hours review the emergency drugs list on the intranet and obtain dose from that location. If stock cannot be located and medicine is on critical list, the on call pharmacist should be contacted.
N	Route Unavailable	Attempt to re-establish the route as soon as possible. If the route cannot be used anymore contact Prescriber to review prescription. Alert pharmacy to advise on alternative options.
F	Fasting	Staff must document in MDT section of medicine chart if they decide to withhold medicines. Staff must specify a review date and follow up the review.

Always document why medicines are omitted in the MDT section of the medicine chart. Follow the actions above to prevent recurrent omissions. Omission / delay to any critical medicines should be escalated to the Doctor and a Datix report must be completed.

12. MDT COMMUNICATIONS

12.1 On the back of the prescription chart is a section for communications to be added for guidance and / or advice from one staff group to another. Actions must always to be dated and signed.

12.2 Communication should always be face to face as well as written in this section wherever possible

Date	Time	Medication Name	Omitted Meds (tick)	MDT Request (tick)	Information e.g. reason for omission, action required, stock info, prescribe	Sign	Actioned (tick)	Date	Time	Sign

13. GENERAL PRESCRIBING GUIDANCE

When prescribing, endorsing, or annotating on the drug board:-

13.1 All entries must be made legibly in black indelible.

- 13.2 Alterations to existing entries are not permitted. Best practice states a new entry should be made to reduce the risk to the patient and nursing staff administering medications.
- 13.3 Each entry must be signed and dated by the prescriber. All Prescribers must ensure the signature list in the front of the chart is completed to include personal bleep number which is required to ensure any prescription queries can be directed back and resolved promptly.
- 13.4 When a medication is discontinued mark the remaining space for administration so as to indicate that no further administration can take place and the “stopped” section on the chart completed. The discontinued prescription should remain legible and in no way obliterated. Discontinuations must be signed and dated by the prescriber/pharmacist cancelling the prescription. The reason why a medication is discontinued must be entered in the “stopped” section of the prescription. Addition of this information will ensure all members of the healthcare team are informed to changes in medication and will facilitate patient medication counselling and transfer of information to GP.
- 13.5 Unrecognised abbreviations present a risk to staff and patients and should not be used.
- 13.6 Micrograms, Nanograms and Units must always be written in full.
- 13.7 All abbreviations present a risk to patients and staff therefore only agreed abbreviations may be used within the Trust (see below). These agreed abbreviations can be found on the front of the prescription chart.

IV	intravenous
IM	intramuscular
SC	subcutaneously
PO	by mouth
SL	sublingually
Bucc	buccal
PR	per rectum
PV	per vagina
INH	by inhalation
NEB	by nebuliser
Top	Topically
NG	Nasogastric (tube)
PEG	Percutaneous endoscopic gastrostomy (tube)

14. EXPIRED PRESCRIPTION CHARTS

All expired prescription charts and additional charts should be filed in the patients notes when no longer in use.

15. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

16. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio CD.

For more details please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wvl.nhs.uk