



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Pharmaceutical Care Department		
<b>Document:</b>	Multidisciplinary Policy And Procedure (MPP)		
<b>Title:</b>	Prescribing Privileges		
<b>Applies To:</b>	Pharmacists, Physicians & Nurses		
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## 1. PURPOSE:

- 1.1 To outline the safe prescribing, ordering, and transcribing of medications.
- 1.2 To establish a list of physicians who are authorized to prescribe medications at Hospital, for the pharmacy to be aware of and make available in each drug dispensing area.

## 2. DEFINITONS:

- 2.1 Authorized Prescribers: Those physicians permitted by the organization and by relevant licensure, laws, and regulations to prescribe or order medications.
- 2.2 Prescribers and their privileges: it is list of medications with restrictions on prescribing/ordering for physicians in which some drugs are restricted for certain departments or specialties in order to confer appropriate supervision and get appropriate outcome.

## 3. POLICY:

- 3.1 Prescribing, ordering, and transcribing of medications must be safe and according to hospital policy.
- 3.2 Medication prescribing and ordering is done by only authorized physicians.
- 3.3 Physician's prescribing Privileges are as follow:
  - 3.3.1 Drugs that can be prescribed by consultants only/ specialists in case no consultants available within their scope of practice:
    - 3.3.1.1 Restricted Antibiotics (injections):- (Only upon culture and sensitivity test): Vancomycin, Tazocin, Caspofungin, Colistin Imipenem, Linezolid, Meropenem, Tigecycline,
  - 3.3.2 Drugs that can be prescribed only by consultants and specialists within their scope of practice:
    - 3.3.2.1 High-Alert Medications (Refer to High-Alert Medications' policy for complete list)
      - 3.3.2.1.1 2 Dialysis solutions, only for nephrology staff.
      - 3.3.2.1.2 Heparin & Warfarin, all consultants and specialists.
      - 3.3.2.1.3 Insulin.
      - 3.3.2.1.4 Moderate sedation agents, Narcotic & Controlled drugs.
      - 3.3.2.1.5 Potassium chloride 15%.
      - 3.3.2.1.6 Potassium phosphate.
      - 3.3.2.1.7 Sodium chloride 3% & 14.61%.
      - 3.3.2.1.8 TPN solutions.
  - 3.3.3 High Cost Medications (Direct Purchase Medications):
    - 3.3.3.1 Keppra 500mg tab.
  - 3.3.4 Narcotics & Controlled Drugs: (Only for list of prescribers approved by P&T committee)
    - 3.3.4.1 Narcotics:
      - 3.3.4.1.1 Fentanyl 0.1mg inj.
      - 3.3.4.1.2 Morphine 10mg inj.
      - 3.3.4.1.3 Pethidine 50mg & 100mg inj.

- 3.3.4.1.4 Tramal 50mg tab. & 100mg inj
- 3.3.4.1.5 Ketamine 10mg/ml inj
- 3.3.4.2 Controlled:
  - 3.3.4.2.1 Lorazepam 1mg tab.
  - 3.3.4.2.2 Midazolam 15mg inj.
  - 3.3.4.2.3 Propofol 200mg inj.
  - 3.3.4.2.4 Thiopental 500mg inj.
  - 3.3.4.2.5 alprazolam 0.25mg & 0.5mg tab
  - 3.3.4.2.6 Phenobarbital 30mg, 50mg & 100mg tab., 60 mg and 200mg inj
  - 3.3.4.2.7 Clonazepam 2mg tab., 2.5mg/ml drops.
  - 3.3.4.2.8 Diazepam 2mg, 5mg tab. & 10mg inj..
- 3.3.5 Drugs that can be prescribed by all physicians according to their scope of practice.
- 3.4 Prescribing privileges for specific types of medications:(needs approved prescriber list for dispensing)
  - 3.4.1 Narcotics.
  - 3.4.2 Controlled medications.
  - 3.4.3 Other specialty medications:
    - 3.4.3.1 Dialysis solutions.
    - 3.4.3.2 Heparin & Warfarin.
    - 3.4.3.3 Insulin.
    - 3.4.3.4 Potassium chloride 15%.
    - 3.4.3.5 Potassium phosphate.
    - 3.4.3.6 Sodium chloride 3% & 14.61%.
    - 3.4.3.7 TPN solutions
- 3.5 Only individuals permitted by the hospital and relevant laws and regulations prescribe or order controlled and narcotic medications.
- 3.6 The pharmacy department will not dispense illegible prescriptions or orders that may jeopardize patient safety and delay treatment.
- 3.7 The pharmacy department defines the acceptable elements of a complete order or prescription.
- 3.8 Information about patient's own medication taken prior to admission (Brought from home) must be made available to the pharmacy and physician to be reconciled with initial medication orders.
- 3.9 The pharmacy department has a list containing medical staff names, signatures, I.D. Numbers, specialty and stamp or code (if available), and should be updated every year
- 3.10 The pharmacist shall verify the eligibility of the prescription received:
  - 3.10.1 He/she will check that the physician has the prescribing authority as per the privilege list in inpatient/outpatient pharmacy.
  - 3.10.2 He/she will check that the drug is being prescribed for the appropriate indications
- 3.11 If there is any problem with eligibility the pharmacist will clarify the matter with the physician who the prescription.
- 3.12 The head of pharmacy will contact the physician or his/her head of department trying to resolve the conflict.
  - 3.12.1 The pharmacy director shall, if necessary, discuss the matter with the appropriate committee (e.g. Pharmacy & therapeutic committee).
- 3.13 The list should be available to the pharmacy staff in each drug dispensing area, and all the pharmacy staff should be aware of the list.
- 3.14 Interns and medical students are not authorized prescribers.
- 3.15 If an order is written by an intern or medical student, it must be consigned by an authorized prescriber prior to the pharmacist dispensing or the nurse administering the medication.
- 3.16 All medications must be accurately transcribed into the Medication Administration Record (MAR) after being verified against the original physician order or prescription

#### 4. PROCEDURE:

##### 4.1 Authorized Prescribers:

- 4.1.1 All pharmacy dispensing areas have a list containing the Medical Staff names, signature, ID number, specialty and stamp that are authorized to prescribe or order medications in the hospital and the list is updated every year to contain new staff that joined the hospital and remove those who left.
- 4.1.2 The pharmacy staff is aware of this list and it is available in each drug dispensing area.
- 4.1.3 The pharmacist is responsible for verifying with the Medical Services any prescriber who's not recognized or whose name is not in the List database.
- 4.1.4 If the prescriber is not an authorized prescriber, the pharmacist or technician will inform the Head Nurse that the order cannot be processed unless it is consigned by an authorized prescriber.
- 4.1.5 The pharmacist or technician will make a note on the order sheet detailing the action taken.
- 4.1.6 All medications prescribed and each dose administered to the patient must be written and kept in the patient's record (Medication Sheet) including STAT and PRN orders.

## **5. MATERIALS AND EQUIPMENT:**

### **5.1 Forms and Records:**

- 5.1.1 Prescriber's list Form.
- 5.1.2 Medication-Errors Report Form.
- 5.1.3 Prescribing privileges.
- 5.1.4 Medication administration record.

## **6. RESPONSIBILITIES:**

- 6.1 Most Responsible Physician: Responsible for safe prescribing, ordering, and transcribing of medications.
- 6.2 Pharmacist: Responsible for dispensing medications only to verifiable authorized prescribers who prescribe medications within their privileges, and enquire about any prescription or order that's considered unclear or incomplete.
- 6.3 Nurse: Responsible for making sure that prescription orders are complete prior to submitting them to the pharmacy, and that all medications prescribed and administered are recorded in the patient file (ie. Medication Sheet)

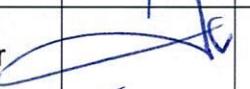
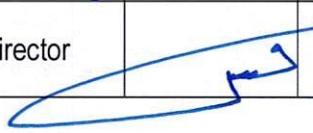
## **7. APPENDICES:**

- 7.1 N/A

## **8. REFERENCES:**

- 8.1 MOH, General administration of pharmaceutical care, TPN policy and procedures, 2014.

**9. APPROVALS:**

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