HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

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| **Department:** | Pharmaceutical Care Department | | |
| **Document:** | Multidisciplinary Policy And Procedure (MPP) | | |
| **Title:** | Safe Prescribing, Ordering and Transcribing of Medications | | |
| **Applies To:** | All Pharmacists, Physicians & Nurses. | | |
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## 1. PURPOSE:

1.1 To ensure medications prescribed on admission and discharges are correspond to home medications of the patient before admission.
1.2 To guarantee a standard working procedure with optimal safe prescribing of medications.
1.3 To define the elements of a complete order or prescription.
1.4 To reduce medication errors related to prescribing and improve patient safety.

## 2. DEFINITONS:

2.1 Transcribing: any act by which medicine order are transferred from physician's note to prescription or unit dose.
2.2 Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking.

## 3. POLICY:

3.1 Medical, Nursing and Pharmaceutical Care Department collaborate to develop and to monitor the policies and procedures related to safe prescribing, ordering and transcribing of medication through Pharmacy and Therapeutic Committee.
3.2 All essential patient's information (patient's demographics, Current medications, Diagnoses, co-morbidities, Laboratory values, Allergies which should be known for all healthcare professionals at all stages of medication management, Body weight and height, Pregnancy and lactation status) should be taken and documented in the patient's medical record to be immediately available and accessible, when needed to ensure medication safety.
3.3 During emergency, most of the patient specific information may not be readily available to the healthcare provider. Life-saving measures should be undertaken including medication management then complete the needed information later.

## 4. PROCEDURE:

4.1 The nurse must clarify the unclear order with the requesting physician before preparing the order.
4.2 The pharmacy and nursing staff must review and understand each physician's order and resolve all problems with the order before carry on.
4.3 For any prescription or order which is incomplete, illegible, or unclear it must be clarified with the prescriber before being processed. A pharmacist is responsible to clarify unclear information of the prescription or order through a nurse or by contacting a physician.
4.4 The nurse must hand over the written notes by the pharmacist to the treating physician and return it back to the pharmacist after completing the missing information.
4.5 If there is any emergency case regarding the medication, a qualified pharmacist must contact the treating physician by telephone or go to the department immediately.
4.6 The pharmacy staff must know the result of intervention.

4.7 If there is no reply from the doctor, in certain situation, the pharmacy can stop the medicine. For example, antagonistic action between the drugs, or over dose which lead to severe side effects.

4.8 Staff Training: Relevant staff should be trained in correct prescribing, ordering, and transcribing practices upon joining the hospital and periodically lectures if needed.

4.9 All physicians prescribing and ordering medications depend on their prescribing privilege. Therefore, pharmacy staff dispense medication to patients after reviewing the prescribing privilege list of treating physicians. The list is updated as needed and at least annually.

4.10 Medication Past History (MPH) "i.e. medication have been used by the patient before admission" should be obtained by the treating physician and listed in the physician order during admission time. Also, MPH should be shown in the unit dose if the same medications involved in the current care plan. As well, MPH must be listed in the discharge summary by the treating physician.

4.11 Medication reconciliation is conducted at the time of admission and discharge.

4.11.1 At Admission:

4.11.1.1 A Medication Reconciliation must be conducted and listed in the physician note in admission paper in the medical record

4.11.1.2 The form is initiated by the physician or nurse who first interviews the patient.

4.11.1.3 The form should contain:

4.11.1.4 All the patient's current medication at admission

4.11.1.5 OTC drug.

4.11.1.6 Any medications that are brought into the hospital by the patient or patient's family (patient's own medications).

4.11.2 If the patient is not considered to be reliable source of information an alternative source must be sought such as family member. Alternatively, a review of any recent hospital records and previous discharge medication list may be helpful.

4.11.3 The list of patient medication reconciliation should be available to prescriber when admission orders are written to chose (yes) for drug that might be continued and specify the needed dose. Then, chose (no) for discontinued drugs.

4.11.4 All patients' medications are written on the unit dose form and send it to in-patient pharmacy in order to be reviewed and checked by a qualified pharmacist.

4.11.5 Any inquiry about patient's medications, a qualified pharmacist has to review patient's file and discuss it with the treating physician.

4.11.6 Necessary changes to the existing orders and other recommendations are communicated to the treating physician by telephone or direct contact.

4.11.7 Resulting changes to medication orders are made between pharmacist and treating physician and should be documented in patient's file.

4.11.8 Recommendations made regarding OTC products or medications brought by the patient or family from home should follow patient's own medications policy and procedure.

4.11.9 At Transfer:

4.11.9.1 All medications (previous and current ones) should be clearly written on the transcription physician order form and point out any essential information when transferring the patient from one level of care to another.

4.11.9.2 The form is filled by the nurse in charge just before surgery or transfer.

4.11.9.3 The physician who see the patient after surgery or transfer should carefully consider whether each medication should be continued, resumed or discontinued upon transfer or completion of surgery.

4.11.9.4 The form is completed by the physician, signed and dated.

4.11.9.5 The rest of the procedure follows the same steps as outlined "At Admission".

4.11.10 At Discharge:

4.11.10.1 At time of discharge, the discharge summary form should be filled with all used medications during admission and the current discharge medications.

4.11.10.2 The discharge summary form should be given to the patient upon discharge and a copy left in his/her medication record, the patient should be educated to bring this form when return to the hospital for clinic.

4.11.10.3 Before dispensing discharge medications to the patient, the pharmacist will compare the admission medications, current medications, and the discharge orders.

4.11.11 All physician orders are locating on a common sheet kept in uniform location in the Patient medical Record to facilitate the carrying out of orders as the following:

4.11.11.1 All physician orders should be written by authorized doctors in Physician Order form which is filled in Patient Medical Record.

4.11.11.2 The registered nurse should transcribe the physician order correctly according to seven rights in the Medication Administration Record (MAR). It should reflect the type of order, and the same order must be double-checked by the charge nurse.

4.11.12 Medications should be prescribed only when there are clear and defined indications for their use.

4.11.13 Physician orders/prescription are carried only on the written order on the official forms.

4.11.14 All external prescriptions should be transcribed into hospital prescriptions through MCH clinics. As well, OPD supervisor should approve it before dispensing.

4.11.15 Any physician order, re-order, or changing order must be made by the authorized physician and must be signed and stamped.

4.11.16 When converting from one route of administration to another (e.g., from IV to oral, or vice versa) the drug name, dose, route of administration and frequency must be specified.

4.11.17 Prescribing medication must follow the prescribing privilege list for the authorized physicians.

4.11.18 Medications can be prescribed according to the professional judgment of the treating physician if there is no need for monitoring up to 3 months

4.11.19 Supply of medications for chronic disease after closing OPD pharmacy should be for 3 days only through ER. And, the patient must dispense the remaining quantity during OPD time with prescription from OPD.

4.11.20 Intern physicians or trainee are not allowed to write the prescription unless it is reviewed and attended by authorized physician at MCH.

4.11.21 The dosage of the prescribed medication must be expressed in the metric system.

4.11.22 The dose of prescribed medication should be specified either in mg, microgram or international unit for general medications and meq for concentrated IV solutions. Moreover, dose with ml or no. of ampules is not accepted.

4.11.23 The unnecessary use of decimal points should be avoided in prescribing as 3 mg not 3,0 mg

4.11.24 Quantities of 1 gm. or more should be written in grams e.g. 1 gm. not 1000 mg.

4.11.25 Quantities less than 1 gm. should be written in milligram e g. 500 mg not 0.5 gm.

4.11.26 When decimal points cannot be avoided, the leading zero should be written as (0.5mL).

4.11.27 Use the decimal point where it is acceptable to express a range e.g. 0.5 gm to 1 gm. (500 mg-1000 mg).

4.11.28 In case of unavailable medication, the pharmacist should inform the treating physician or responsible nurse immediately. Also, effective and safe alternative can be suggested for the treating physician if available.

4.11.29 Pharmacy staff is not allowed to dispense the alternative medication until prescribed by the physician.

4.11.30 Validity of outpatient prescription is 7 days; while ER prescription is 24 hour. Inpatient medications' orders follow daily preparations using unit dose.

4.11.31 If the stamp of the doctor is missing, the same doctor should inform the pharmacy director to prevent dispensing any prescription with the missing stamp.

4.11.32 When a new stamp is prepared for the same doctor, the pharmacy director should be informed to reactive dispensing of medications by pharmacy staff with the new stamp.

4.11.33 To reduce the variation and improve patient safety, the following items should be present.

4.11.33.1 Complete patients' information (e.g. full name, age, gender, allergy, Etc.)

4.11.33.2 The needed elements for medications' orders or prescription are:

4.11. 33.2.1 Medication name (generic name not brand one), indication, dosage form, dose, frequency, rout of administration, duration and special instruction if needed.

4.11. 33.2.2 Other information as Nationality, department's name, bed number, diagnosis, physician's name, stamp, signature and date.

4.11. 33.2.3 The names of medication or preparations should be written completely, clearly by handwriting or printed without abbreviations.

4.11. 33.2.4 Only approved abbreviations are allowed to be used in prescription or medications order (refer to List of acceptable abbreviations and Prohibited abbreviations).

4.11. 33.3 Types of medication orders are as following:

4.11. 33.3.1 Refer to policy and procedure

## 5. MATERIAL AND EQUIPMENT:

5.1 **Forms and Records:**

5.1.1 Physician order form.

5.1.2 Medication administration record (MAR).

5.1.3 Prescription slip.

5.1.4 Transfer memo.

5.1.5 Prescribing privilege list.

## 6. RESPONSIBILITIES:

6.1 The admitting physician: is responsible to take full medication history from the patient, document it in the patient's admission notes and initiate the medication form.

6.2 The nurse: is responsible for ensuring that admission notes/ papers contain information about medication history.

6.3 The pharmacist is responsible for review doctor's notes about previous and current medications and ensure effective intervention if needed.

## 7. APPENDICES:

7.1 List of acceptable abbreviations and List of Prohibited abbreviations.

## 8. REFERENCES:

8.1 General Pharmaceutical Care Administration policies and procedures.

8.2 Medication Management Hospital Orientation Program (CBAHI).

## 9. APPROVALS:

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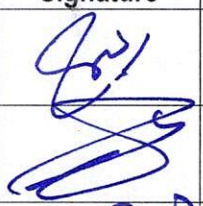
| **Prepared by:** | Ph, Reem Rakad Al Dhafeeri | Medication Safety Officer |  | October 20, 2024 |
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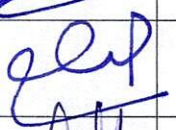
| **Reviewed by:** | Mr. Sabah Turayhib Al Harbi | Nursing Director |  | October 22, 2024 |
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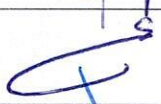
| **Reviewed by:** | Mr. Abdullah Aldhafiri | Head of Electronic Health |  | October 24, 2024 |
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