2. PRESCRIBING

Index to chapter

2.1. Who may prescribe

In this section “prescriber” means any practitioner legally authorised to prescribe under the Medicines Act 1968 or subsequent amendments. Thus this policy applies equally and fully to both medical and non-medical practitioner prescribing.

There are two categories of prescribers. 2.1.1 and 2.1.2 These are:

2.1.1. Independent prescribers:

2.1.2. Professionals who are responsible for the initial assessment of the patient and for devising the broad treatment plan, with the authority to prescribe the medicines required as part of that plan. This includes medical staff, dentists and authorised nurse and pharmacist prescribers who have successfully completed an independent prescribing course.

Optometrist independent prescribers are able to prescribe any licensed medicine for ocular conditions affecting the eye, and the tissue surrounding the eye, within their recognised area of expertise and competence, except for controlled drugs or medicines for parenteral administration.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Non medical independent prescribers can prescribe any **licensed** medicine for any medical condition within their clinical competence. Nurse and pharmacist independent prescribers are also allowed to prescribe unlicensed medicines and controlled drugs within their competence. Neither independent pharmacists nor nurse prescribers are allowed to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these medicines for treating organic disease or injury.

	Schedule 2-5 Controlled Drugs (CDs)	Unlicensed or off label	Other info
Doctors	yes	Yes	Registered with GMC and hold license to practice
Dentist	Yes	Yes	Dentists should restrict prescribing to treatment of dental conditions but legally can prescribe any medicines within their clinical expertise
Independent prescribers following successful completion of an independent prescribing course			
Nurse / midwife	Yes	Yes	
Optometrist	No	Only off label medicines	For treating conditions affecting the eye and surrounding tissue only: but not parenteral preparations
Pharmacist	Yes	Yes	
Physiotherapists	Only the following CDs For oral administration : diazepam, dihydrocodeine, lorazepam, morphine, oxycodone and temazepam For injection : morphine For transdermal: fentanyl	Only off label	
Podiatrists/ chiropodists	Only the following CDs For oral administration : diazepam, dihydrocodeine, lorazepam and temazepam	Only off label	
Therapeutic radiographer	No	Only off label	

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

Only doctors and dentists can prescribe cocaine, diamorphine or dipipanone for treating addition but MUST have a Home Office License to do so.

Note : 'Off label' are licensed medicines outside of the medicines approved use.

2.1.3. **Supplementary prescribers** - professionals who are authorised to prescribe certain medicines for patients whose condition has been diagnosed or assessed by an independent prescriber, which in this situation must be a medical practitioner, within an agreed clinical management plan (CMP). Professionals who can undertake supplementary prescribing are nurses, pharmacists and certain allied health professionals (chiropodists/podiatrists, physiotherapists, optometrists and radiographers). Supplementary and Independent prescribers must be registered as such with the relevant regulatory body and any activity carried out by them must have Trust approval and authorisation

Where a nurse or a pharmacist is the supplementary prescriber, a CMP may include any medicine prescribable at NHS expense. This includes the prescribing of controlled drugs, unlicensed and off label medicines. The use of a medicine off label must have the joint agreement of both prescribers and the status of the medicines should be recorded in the CMP.

2.1.4. **Community practitioner nurse prescribers** (formerly district nurse and health visitor prescribers) can prescribe from the Nurse Prescribers' Formulary for Community Practitioners. This formulary includes dressings, appliances and a limited number of medicines relevant to community nursing and specialist community public health nursing practice. The formulary can be found at the back of the BNF or at BNF.org - Nurse Prescribers' Formulary for Community Practitioners

2.1.5. Midwives

Please refer to chapter 16

2.1.6. Dietitian Initiated Nutrition and /or Dietary Therapy

Registered Dietitians within their scope of competence are authorised to initiate the use of nutrition and/or dietetic products approved within the Trust by writing them on the inpatient prescription chart. Dietetic products may include sip nutritional supplements, enteral tube feeds, single/combined source (fat, carbohydrate, protein) supplements, thickeners, gluten, low protein and metabolic products, vitamins and minerals.

2.1.5 Speech therapists

Speech therapists can initiate the use of agents such as thickeners for in patients with swallowing difficulties, although they are not authorised prescribers.

2.1.6 Medical Students

By law medical students are **not** allowed to prescribe.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

2.2. General Principles for Prescribing

2.2.1 Prescribing and Directions to Supply or Administer

Registered medical and non-medical prescribers are permitted to prescribe within their scope of competence and current legislation.

Prescribers must make themselves familiar with the BNF and the processes involved in writing a legally correct prescription. All non-medical prescribers are required to follow the relevant Trust Non-Medical Prescribing Policy.

The Service Specification for Prescribing and Medicines Management (Leicestershire Medicines Strategy Group, LMSG) defines the prescribing arrangements between providers (UHL, LPT) and the Commissioners.

2.2.2 Range of medicines to be prescribed

UHL and LPT will ensure that all prescribing clinicians are aware of the local Leicestershire Medicines Formulary and the Leicestershire Traffic Light system. The Traffic light system provides a framework for defining where clinical and therefore prescribing responsibility should lie through categorisation of individual drugs

Medicines that are classified as 'red' on the Traffic Light list are considered not suitable for prescribing in primary care and so clinicians should not approach primary care prescribers to prescribe these.

This also applies to “black drugs” as these medicines are not recommended for use in the Leicestershire Health Community because of lack of evidence of clinical effectiveness, cost prioritisation or concerns over safety.

“Full Amber” medicines are initiated in secondary care with the potential to transfer to the GP, with their prior agreement, under a shared care agreement. Care should only be transferred when all of the approved shared care agreement requirements for that medicine have been met

If Hospital clinicians wish to prescribe medicines that are not currently included on the formulary or supported for specialist prescribing by the Therapeutics Advisory Service (TAS) they should submit a request to the Therapeutics Advisory Service (TAS) or LPT prescribing group for evaluation and possible inclusion in the formulary. Details of medicines which have been reviewed by TAS are available on the LMSG website.

Free samples must not be accepted and prescribed under any circumstances directly onto a ward, clinic or theatre from a pharmaceutical company representative. Written agreement must be obtained from TAS for use.

2.2.3 Timeliness of prescribing

Every patient admitted to a ward must have a prescription chart (paper or electronic) written as part of the admission process. Non administration of medicines has been identified as a risk nationally and one of the contributing factors is the delay in medicines

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

being prescribed. If a medicine is required immediately, the dose should be prescribed on the 'once only' / 'stat' section with the time required.

2.2.4 Appropriateness

When prescribing a medicine for a patient the appropriateness and dosage must be considered.

Points to consider:

- Dose adjusted for weight, renal function, liver disease etc
- Breast feeding
- Pregnancy – how teratogenic is the medicine and what advice should the patient be given or information to make a decision? Contraceptive requirements may be necessary whilst on the medicine and after stopping treatment. Consider both men and women if applicable and see specialist advice.
- Frailty – polypharmacy and falls risk
- Interactions

2.3. Prescriptions

Prescriptions must be written on an appropriate electronic system or approved Trust paper charts / FP10s. All prescribers, nursing and pharmacy staff need to be aware that electronic prescribing and medicines administration (ePMA/ emeds) is used on various wards across UHL and LPT and encompasses electronic prescribing and an electronic prescription chart. Electronic systems are not yet in place everywhere but will eventually replace the current paper based prescription charts

Decision support to assist prescribers is included in the specification of the system. Many of the requirements such as brands, units in full, strengths of liquids will be built into the system but the principles below provide the basis for good paper prescribing but transferable to electronic. Subsequent sections of the medicines code will be amended to cover the changes to practice as they occur.

Chemotherapy prescriptions are approved through a process defined within Q-PULSE (ISO 9002 compliant) in the oncology/haematology CMG. The validation of the chemotherapy electronic prescribing system is also managed through a robust validation process defined within Q-PULSE

2.3.1 FP10s

Each prescriber must only use the FP10 prescription forms issued for them as an individual or the team for which s/he works which has been authorised for use.

In primary care, a non-medical prescriber must only write prescriptions on a prescription pad bearing his/her own unique professional identification /registration number. All drugs prescribed by non-medical prescribers must be entered onto the patient record within 48 hours. For further information consult the relevant organisation policy on non-medical prescribing.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

FP10s shall only be used for registered patients of the Trust. Non-Medical Prescribers cannot issue prescriptions for patients/clients not on their caseload, unless that Non-Medical Prescriber has made an assessment / reassessment of the need for a prescription, taking into consideration continuity of care. Use of the form for other purposes e.g. family, is not allowed.

Where FP10 prescription forms have been issued to community hospital wards they must only be used for urgent treatment.

Under no circumstances should blank prescription forms be pre-signed before use.

It is the responsibility of the Chief Pharmacist for the organisation to ensure there is a robust system in place for auditing all FP10s.

2.4 Prescribing Procedure

Prescribing must be detailed and enable the prescription to be interpreted accurately and in a timely fashion. Health professionals can request that a prescription is rewritten by a prescriber if it becomes ambiguous or unclear at any time.

Where an electronic prescribing system is in use then the following principles also apply and local guidance followed for production of a prescription. It is important when using electronic systems that the correct patient is selected and care taking using S numbers. Electronic systems may automatically complete many of the points in the next pages.

Prescribers **must** use their own unique log in and not share log in details and must close the system following prescribing. This provides the electronic signature required.

2.4.1 General Instructions

The prescriber must:

- Write in **Black** indelible ink if paper.
- Complete all patient identifiable information, to include name, address, date of birth, S numbers .
- Document patient's current drug history in the patients casenotes or electronic system.
- Document known drug hypersensitivities in the section allocated for Drug Allergy/Sensitivities (see section 2.4.2)
- Document the weight (in kilograms) of the patient on the prescription with the date taken. This is an absolute requirement for all prescriptions for children under 12 years old. In patients where daily weights are being taken for example fluid management, then the weight may be recorded on a weight chart.
- Inform the registered nurse-in-charge whenever new prescriptions are written, in order that supplies can be obtained at appropriate times.
- It is good practice to inform the patient about changes to their medication including adjustments to doses.

- Specify the **indication** for the medicine (UHL only) and **course length/ finish date** on the prescription where appropriate.
- Sign and date all prescriptions

THE PRESCRIBER MUST SIGN THE PRESCRIPTION LEGIBLY if on paper i.e. it should be recognisable to pharmacy staff and the health professional responsible for administering the medicine to the patient. The prescriber should print his/her name and bleep number at least once on the prescription, to facilitate ease of contact if a query arises.

The prescriber should not normally write on the administration record except:

- To indicate that an individual dose should be missed by blocking in the appropriate square with a cross.
- To terminate treatment on paper charts – see Section 2.6. Other lines drawn across the administration record may cause confusion.

2.4.2 Medicine Allergy / sensitivities

- **All prescribers are responsible** for entering any relevant known allergy and reaction where known, including complementary/alternative medicines, plaster adhesives etc and latex, on the appropriate section of the of the prescription chart (electronic or paper).
- This information must be transferred to subsequent prescription charts if on paper. Electronic systems will already store an allergy record. This needs to be checked and confirmed as accurate on admission to the hospital.
- It is not acceptable to leave the allergy box blank. State “None Known” or “NKA” or “NKDA” if there is no known (drug) allergy or use a tick box where available.
- Whether an allergy has been identified or not, the allergy box must be initialled and dated by the prescriber. The information must also be clearly stated in the patient’s notes.
- Registered nurses, midwives and pharmacists who are not prescribers are authorised to complete the allergy box of a prescription chart. This is not just the responsibility of medical staff.

All staff MUST always clarify the allergy status of the patient before dispensing or administering a medicine

The exception to this is a medical emergency where a clinician considers that to wait for confirmation of allergies could be detrimental to the patient, for example in cases of suspected sepsis. A clinician must be present to administer the first dose where there is potential for an anaphylactic reaction.

New allergies:
If a new allergic reaction occurs whilst an inpatient that is suspected to be a result of medication then practitioners must consider the following;

- adverse drug reactions that include any black triangle medicines (intensively monitored medicines)
- adverse reactions in under 18 year old patients (whether minor or serious)
- serious reaction in established or herbal medicines in adults

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

- a clinical assessment to exclude any other cause of the patient's symptoms
- document anaphylaxis as an incident on Datix (Trust incident reporting tool)

.

All above reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using the yellow card scheme. (https://yellowcard.mhra.gov.uk/) see section 10.2 in Chapter 10 of the Medicines Code

The allergy should be discussed with the patient.

All new allergies **MUST** be highlighted to the GP on discharge

2.4.3 Prescribing for all medicines

a) Name and form of medicine

The name of the medicine must be written in block capitals. Abbreviations (e.g. ISMN) and chemical formulae (e.g. $FeSO_4$) are not acceptable.

The prescriber must add the appropriate dose form where more than one exists for a specific drug eg Modified Release (MR), Prolonged Release (PR), immediate release (IR).

Approved names must be used. This will normally be the generic name except for:

- a compound preparation, e.g. Rimactazid
- Inhalers must be prescribed by Brand name.
- a preparation with specific pharmacokinetic properties, e.g. a specific slow release preparation where the BNF states that prescribing should be by brand
- Solid dose oral forms of medication will be given unless another form or route is indicated. For liquids and topical preparations the strength and form must be stated, wherever possible.

b) Dose of Medicine

- The dose must be expressed in metric units avoiding decimal places
- Do not use decimal points that are unnecessary **e.g. 3mg not 3.0mg**
- Where use of a decimal point is unavoidable a zero should be written in front of the decimal point where there is no other figure **e.g. 0.5ml not .5ml**
- A dot must be used rather than a comma for decimals.
- The word "micrograms" and "nanograms" must be written in full and not abbreviated to mcg or µg or ng to avoid confusion with milligrams (mg)
- "g" is a permitted abbreviation for gram
- "mg " is a permitted abbreviation for milligram
- Only standard liquid preparations that cannot be expressed by concentration e.g. 5mg in 5ml, should be prescribed as volume alone e.g. lactulose. Other preparations must be prescribed by weight or units e.g. amoxicillin syrup 500mg or dalteparin 5000units
- The word unit must be written in full rather than abbreviated to "U" or "IU"

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

- The blood unit symbol ʘ must not be used as an abbreviation for prescribing units of medicines as it can frequently be confused with a “0” (zero) and may lead to 10 times the dose of insulin or heparin being administered in error
- Roman numerals or other symbols, for example ”ii” are also the cause of medication errors and must not be used. If there is no obvious or practical tablet/capsule strength e.g. senna, the number of tablets to be administered should be expressed in numbers e.g. “2” tabs not “ii”

c) Route of Administration

The route must be specified. The following abbreviations are permitted: Additional specialist paediatric and neonatal routes are listed in section 13

IV	Intravenous	PR	Per Rectum
IM	Intramuscular	PV	Per Vagina
ID	Intradermal	INH	Inhalation
SC	Subcutaneous	ORAL, O or PO	By Mouth
SL	Sublingual	TOP	Topical
NG	Nasogastric	NJ	Nasojejunal tube
PEG	Percutaneous endoscopic gastrostomy tube	PEJ	Percutaneous endoscopic jejunostomy tube
NEB	Nebuliser		

Other instructions must be written in full to avoid confusion **e.g. intrathecal** Preparations used for the eye, ear and nose indications must state in full the intended site of application i.e. “Right Eye”

Prescribing multiple routes in the same prescription

The practice of writing more than one route of administration, for example “O/IM” in the same box should be avoided and separate prescriptions should be written out for each route stating either/or on the prescription. It must be clear there are two prescriptions for the same drug but different routes. This is because there are a number of medicines that have very different pharmacokinetic profiles and hence doses and routes are not always safely interchangeably and can lead to over or under dosing. In addition there is the risk that both routes may be used simultaneously.

Within UHL (**not LPT**), the medicines optimisation committee have agreed a few exceptions to this including. Electronic prescribing may enable additional routes within the rules set on the system.

- Paracetamol PO/PR
- Cyclizine IV/IM
- Metoclopramide IV/IM/PO
- Codeine IM/PO

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

d) Times of administration

The Prescriber must specify the time required which the medicines is to be administered. Tick or circle (on paper) or select / enter times on an electronic system.

If the medicine is to be administered at non-standard times on paper the prescriber should:

- Cross through the nearest stated time, add and circle the new time in the space next to it
- Point out the changes on the chart to the registered nurse-in charge for the shift

For a continuous 24 hour infusion make a ring around all the times.

Approved abbreviations for dosage regimens must be used. The abbreviations that are approved for use to indicate dosage regimen or dose times on a prescription are:

BD	Twice daily
Mane	Morning
MDU	As directed (outpatient prescriptions only)
Nocte	At bedtime/ night
OD	Once a day
OM	Each morning
ON	Each night
PRN	As required
Protocol	As per protocol (protocol for use must be stated)
QDS	QDS Four times daily
TDS	Three times daily

e) Length of treatment

Where a defined course is required the length of course must be indicated at the time of prescribing.

Prescriptions for antibiotics should normally be for a limited period with an automatic stop on the prescription made 5 days after initiation of therapy. Review the clinical diagnosis and continuing need for antibiotics within 48-72hours and make a clear plan documented in the medical notes.

Longer term antibiotic course must only be prescribed if stated in Trust antimicrobial guidelines for the infection being treated or if an extended course has been discussed and recommended by Microbiology/Infectious diseases. Please refer to Trust policies.

2.4.4 Prescribing for specific medicines

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

a i) Intravenous Medication

Intravenous fluids must be prescribed on the IV fluid chart or appropriate section of the prescription. The prescription must state the name, strength and volume of the fluid, any additives required, the duration/ review time and date or rate of administration and should be signed by the prescriber. **All additions to fluids other than electrolytes must also be prescribed on the prescription chart.**

Injectable medicine must be risk assessed and administered according to the relevant organisations Injectable Medicines Policy

- Medicines to be given intravenously as discrete bolus injections must be prescribed on the standard prescription chart following the requirements in Section 2.4.3.

- Medicines to be given by intravenous infusion or as additives to intravenous fluids must be prescribed on the appropriate section of the prescription chart / electronic system (see Section 2.4.3), stating in addition in the 'medicine' box, the infusion fluid, volume and duration of administration.

- Specific titrated regimens for variable rate infusions, e.g. soluble insulin dose against blood sugar, should be documented in the appropriate place on the prescription. All changes must be signed and dated.

- **The prescription of** IV fluids in anaesthesia should be noted on the anaesthetic chart which should be filed in the patient's notes

- The container for the IV infusion must be clearly and indelibly labelled with the name and dosage of any additive.

  N.B. This applies to any method of infusion e.g. bag/syringe

a ii) Community Injectables

- All drugs (with the exception of those covered by a Patient Group Direction) must be individually prescribed and dispensed.
- All drugs to be administered by community nursing staff must be written on an authorisation form, to be kept in the patient home. Examples of drugs would include hydroxocobalamin, those for palliative care etc.

b) Once only prescriptions

These should be written as described in 2.4.3 and the time of administration specified in writing.

c) As required prescriptions (PRN)

The indication dose and maximum frequency **must** be completed. If PRN is used in the frequency then a minimum duration between doses must be stated for example GTN spray every 5 minutes. Only medicines which can be given at the discretion of a registered nurse (e.g. analgesics, antiemetics, night sedation) should be written up in this way.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

d) Variable dose

All medicines to be prescribed as a variable dose should be entered in the variable dose section or on a specially designed chart in those clinical areas who have agreed this approach.

e) Supplementary charts

Those medicines where there is a supplementary chart in use eg warfarin, oral chemotherapy, must also be prescribed in the regular medicines section (electronic or paper) to identify that the patient is taking these medicines. The agreed supplementary charts available may differ between Trusts – please use only those approved by the Trust .

2.5 Ambiguous or Illegible Prescriptions

If the prescription is illegible, unclear, ambiguous or incomplete it must be taken back to the prescriber by the health professional administering the medicine or pharmacist for re-writing or clarification before administration of the medicine in question. Pharmacists may make minor clarifying amendments to the prescription but must consult the prescriber first if the original intention is unclear.

2.6 Cancellations and Alterations to Prescriptions (only applies to paper charts)

To cancel a prescription:

- A bold cross (**X**) should be drawn across the whole of the prescription section for the medicine in question;
- a vertical line should be drawn at the end of the last day that a medicine is required to be administered and a bold cross (**X**) across the remainder of the administration section;
- If some of the ordered doses are not to be given, they should be cancelled individually by filling in the individual boxes with a cross;
- The cancellation must be signed and dated by the prescriber.
- A medicine may be discontinued by a pharmacist at the request of the prescriber and be signed and dated by the pharmacist with reference to the prescriber authorising it.

If an individual prescription is repeatedly revised, prescribers should consider getting the final prescription checked by another qualified doctor, nurse or pharmacist as repeated changes can lead to loss of concentration and an increased likelihood of error.

2.7 Procedure when a Prescription Chart is Filled or Otherwise Unusable (only applicable to paper prescriptions)

A new chart must be written and all treatment that is to continue transferred to it when:

- No further space is available for the required prescription;
- The administration record is full;

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

- The clarity of the prescription chart is impaired by soiling.
- When completing the new chart, it is important to transfer the original starting date of treatment not the date of rewriting.
- Prescribers must not alter the established sequence of dates on the administration record to prolong the life of a chart.
- On occasions when it is essential to have two prescription charts in use at once, the prescriber must:
- Annotate the chart as e.g. 1 of 2 charts;
- Tag all the charts together when more than one is in use; return to the use of a single chart as soon as possible

2.8 Verbal Orders

Verbal orders are given to a registered nurse or other healthcare professional by a medical practitioner when they are in the same room but are unable to write up a prescription, e.g. scrubbed in theatre, cardiac arrest situation, etc.

Verbal orders must be restricted to medicines commonly prescribed on the ward/department and be used only in an emergency situation

The person accepting a verbal order must repeat the name of the patient and prescription back to the prescriber and get a second person who is present to confirm the details of the verbal instruction with the prescriber.

The instruction is entered on to the “once only” section of the prescription. It is identified as a verbal instruction and the name of the doctor / bleep entered into the signatory box or added as a note to the electronic prescription The identity of the person making the entry should also be made apparent on the prescription chart.

The medical practitioner must countersign any verbal instruction within 12 hours and cannot delegate this to another individual.

Controlled drugs must never be given or prescribed as a verbal order.

A Pharmacist may receive verbal authority from the original prescriber to alter or rectify a prescription item for example, following an intervention. If using paper charts all alterations must be endorsed “PC” and the name of the prescriber stated and the prescription should be signed and dated by the Pharmacist. The Pharmacist must read the alteration or addition back to the prescriber who must then confirm it. For electronic systems the method of amendment and signature will be defined in the operational policy for the system.

Where possible and when electronic prescribing systems are available the prescriber should make required amendments to prescriptions in person using the electronic system. There should be no need for verbal orders to be used where electronic prescribing is available. In exceptional circumstances where a *new* medicine is added the prescriber must sign within 24 hours.

2.9 Telephone Orders

Prescribing of medication over the telephone is not acceptable on its own

Telephone Orders for Previously Prescribed Medication (excluding Controlled Drugs)

Where changes to the dose of a medicine are considered necessary the fax or email must be stapled to the prescription chart noting the prescriber's name, the date, time, medicine, dose and route of administration, name of nurse and with the signature of a second nurse to confirm the message . The doctor should countersign the prescription as soon as possible, ideally within twelve hours and definitely not exceeding twenty-four hours in the acute hospitals, but in community hospitals and remote sites in mental health units, it is accepted that this may be extended to seventy-two hours.

2.10 Patient Group Directions

A Patient Group Direction (PGD) is a written instruction for the supply and/or administration of a **licensed** medicine in an identified clinical situation, where the patient may or may not be identified before presenting for treatment, depending on the circumstances.

A PGD should be drawn up locally by doctors, pharmacists and other health professionals appropriate to the PGD and must meet certain legal criteria. Each PGD must be signed by a doctor and a pharmacist and approved by the medicines management committee or equivalent in the organisation in which it is to be used. Please refer to the PGD policy within the relevant organisation for further information.

Patient Group Directions must not be used past their expiry date. Each organisation must ensure a robust mechanism for approval and timely review.

PGDs will be available on the staff intranet

2.11 Transfers

The prescription chart should accompany the patient and his/her casenotes during transfer. In the case where an electronic system is in use a copy of the chart must be printed and sent to any area currently not using electronic prescribing.

On arrival at a new ward within the same hospital or at a new hospital within Leicestershire, the original prescription chart should be used and the ward or hospital identification be amended, provided the new ward normally uses the same chart as the original. Otherwise all prescriptions should be re-written on the chart/ electronic prescription normally in use on the ward or if revision of therapy is needed because of transfer to another medical team. For transfers to hospitals outside of Leicestershire, a letter giving details of current medicines and their original starting date should accompany the patient. If the patient is likely to need treatment en route, the prescription chart and an adequate supply of medicines should accompany him/her. The prescription chart's validity ceases on arrival at the new hospital and should then be filed in the notes of the original hospital

Medicines to transfer:

- Patient's own medicines, (those brought in by the patient from home), must be transferred
- Medicines which have been dispensed for the individual patient during their stay and which they are still prescribed
- Stock medicine if not kept by the receiving ward and required to ensure continuity of care

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

The use of dedicated green bags for transferring medicines belonging to the patient should be used to help facilitate this.

The transferring ward must ensure, prior to the transfer of the patient, that the receiving ward can continue treatment without interruption.

2.12 Discharge Medication (TTOs)

A full prescription should be written for all medicines to be dispensed at discharge. The exception to this is for those patients who have been in for less than 48 hours where there have been no alterations to routine medicines. Additions to treatment must be documented on the discharge letter.

In most places an electronic discharge letter is in place and local guidance on completion and the authorisation process must be followed.

Any changes made to medicines regimen since admission should be highlighted on the discharge letter. Medicines which the patient has brought in and whose use is to continue at home, should be returned to the patient on discharge. Where doses have been altered the patient's own medicines can be re-labelled by the pharmacy department providing they are still in a suitable condition to use.

Prescribers must list all medication required, including patient's own, on the discharge letter/TTO.

In accordance with locally agreed Trust policies, pharmacists may make changes to discharge TTO medicines. Please refer to enablement policy.

If treatment is to continue beyond the supply dispensed in hospital (see individual Unit policy) the 'To Continue' box must be ticked or the intended duration of treatment stated. Instructions should be given to the patient to obtain further supplies from their GP.

For short courses the precise number of days therapy required should be stated.

The prescription should be endorsed 'patient own drug' (POD) or Pt Own at Home when the patient has sufficient supplies at home.

A pharmacist should check the discharge prescription for accuracy and appropriateness compared with the in-patient prescription .

For medicines issued to patients being discharged from hospital, the registered nurse must check the dispensed medicine against the discharge letter. It is good practice to involve a second checker if available, who could be a registered nurse or the ward pharmacist or medicines management technician.

All members of the healthcare team have a duty to ensure that the patient is made aware of and understands any changes made to their medication regime since admission i.e. new medicines, changes in dose, stopped medicines, switching of one medicine for another.

The registered nurse must hand over the medicines to the identified patient or their responsible carer and ensure that the following explanation/detail is given:

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

- the administration details on each bottle/package of medicines must be read out to the patient/carer, including instructions on storage, e.g. store in a refrigerator;
- the nurse must explain to the patient/carer how and when the medicines should be taken and detail any potential (common) side effects, e.g. drowsiness.

2.13 Controlled Drugs for Outpatient and Discharge Prescriptions

By law, the prescription must always state

- The name and address of the patient
- In the case of a preparation, the form and, where appropriate, the strength of the preparation
- The dose
- The total quantity of the preparation, or the number of dose units, **in both words and figures**, e.g. morphine sulphate controlled release (Zomorph) capsules, 30 mg bd - fourteen (14) x 30 mg capsules.
- The above can be handwritten or be computer generated. The prescribers signature must be handwritten and not computer generated. If pre printed sticky labels are used, including the use of addressographs, prescribers should also sign on the sticky label to ensure that sticky labels are not tampered with or another sticky label is not placed on top of the one that the prescriber has signed for.
- Any manuscript changes to prescriptions should be signed by the prescriber
- A maximum of 30 days supply can be prescribed and prescriptions will only be valid for 28 days from date of issue. In circumstances where the patient is known to be a drug misuser, no more than 24 hours supply of controlled drugs should normally be given.

2.14 Out-Patient Prescribing

Medical staff must be ST1 grade or above to prescribe an Out-patient prescription.

When it is necessary for a new treatment to be initiated by the hospital prescriber or where a dose adjustment of existing therapy necessitates a new dosage form, an outpatient prescription should be written and a treatment supply of twenty-eight days /nearest whole pack or as appropriate dependant on individual patient needs should be given. The patient will be advised to obtain further prescriptions from their GP, except when the medicine is in the amber or red or black categories of the Leicestershire Medicines Strategy Group (LMSG) traffic light classification system.

LLR standards for Prescribing and Medicines management at the interface (available on the LMSG website) list exemptions for smaller quantities of medicines to be supplied.

“Red” medicines should be prescribed by hospital specialists only and will not be transferred to GP prescription

“Amber” medicines are initiated in hospital and then transferred to the GP. Some amber medicines are under a shared care agreement (SCA) and require prior agreement with the GP. Care should only be transferred when the Health Community approved shared care agreement requirements for that medicine have been met and the GP has agreed to continuation of prescribing and care for the patient. Please refer to the LMSG website for medicines where this is applicable and use the SCA transfer form. Written communication

will be sent to the GP, to confirm the rationale for initiation of the medication prescribed and proposed treatment plan

"Black" medicines are medicines which are not recommended for use in the Leicestershire health community and should not be prescribed or recommended by either secondary or primary care clinicians

A record of the prescribed medication, including the dose and duration, should be entered in the patient's notes. The prescriber should ensure rapid communication to the GP. The GP must be given sufficient information on therapies that he/she would not normally be familiar.

Unlicensed medicines should be prescribed and supplied in accordance with locally agreed policies. GPs may refuse to prescribe unlicensed medicines

An outpatient prescription given to a patient for supply from the hospital pharmacy is valid for first dispensing up to 3 months from the date of issue, with the exception of controlled drug prescriptions which are valid for 28 days from the date of issue.

2.15 Relatives Staying with Patients on ward

Regular medication taken by a relative should be brought in with them for self administration on the ward;

- If a relative requires a further supply of their regular medication and is unable to obtain a new prescription from their own GP, the relative should be directed to seek a prescription from a local GP as a temporary resident.

2.16 Prescribing for Private Patients

Prescribing should comply with standard prescription requirements. Check with individual Trusts and Pharmacy Departments to see if private prescriptions are accepted.

2.16.1 Private Inpatients

Most medicine costs are included in the in-patient daily bed rate. Some high cost medicines are excluded for which patients are charged separately.

2.16.2 Private Outpatients

A dispensing service is available from the hospital pharmacies during opening hours

- Only medicines listed in the hospital formularies should be prescribed except in special circumstances and for clinical trial medicines.
- Dispensing charges will be added by the pharmacy making the supply.
- The prescription must be written on headed paper including the address of the prescriber and state 'private patient'.
- Controlled drugs will not be dispensed by the hospital pharmacies on private prescriptions.

2.17 Self-Prescribing

Please refer to section 17

2.18 High risk medicines

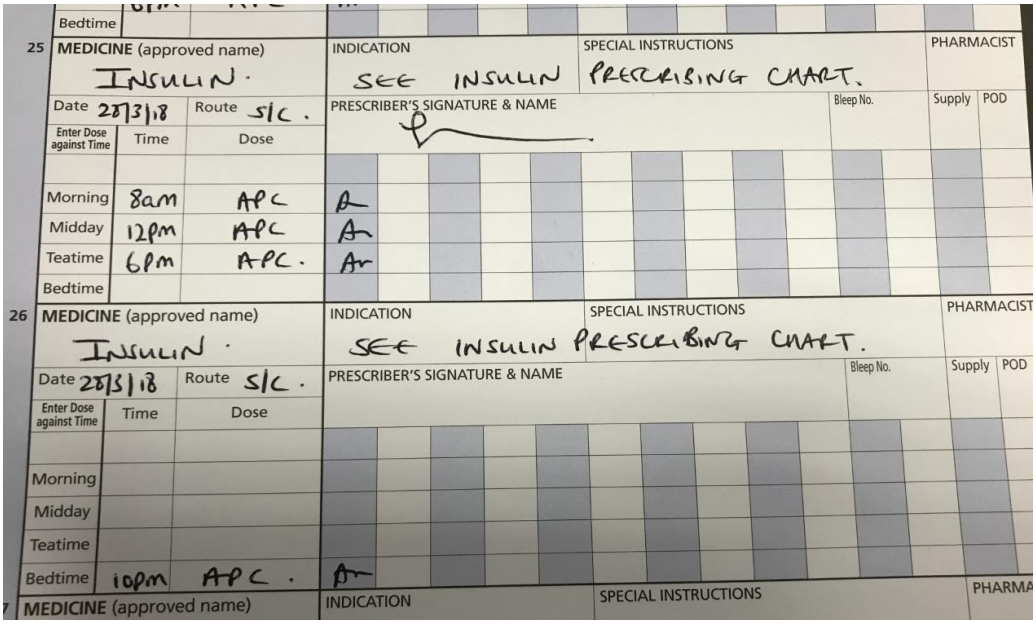
There are certain categories of medicines which have been identified nationally and locally as high risk medicines which require additional instructions or caution when prescribing. Please refer to specific Trust Policies and note highlight advice below.

a) Insulin

- Insulin must be prescribed by Brand only
- The strength of the insulin must be specified eg Novomix 30
- The device that the patient usually uses eg Kwikpen
- The dose must be in figures only if using a green diabetic chart. The dose box has units already printed on so is NOT required. Doses are now prescribed on epma / emeds for most adult areas.

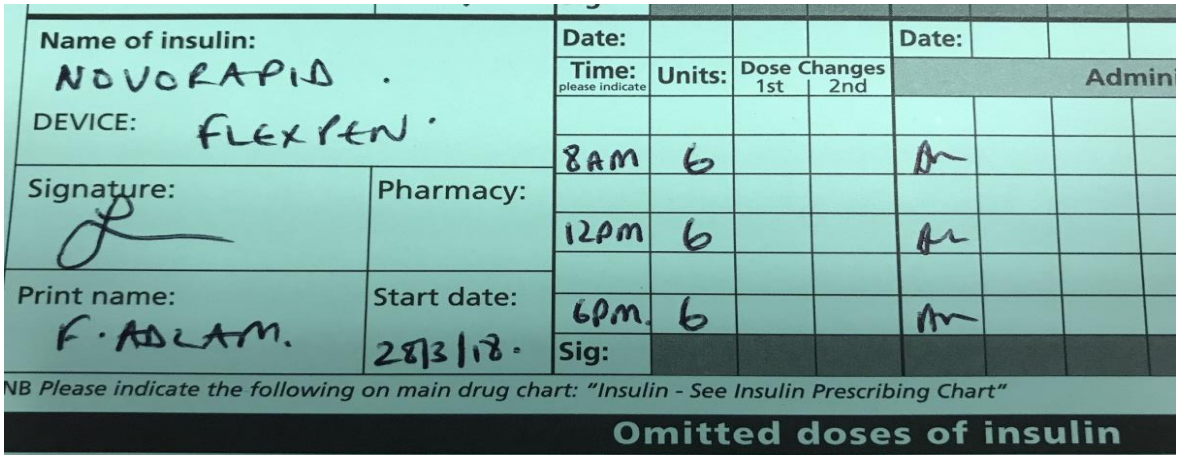
Example where 2 different insulins are prescribed if using a paper system.

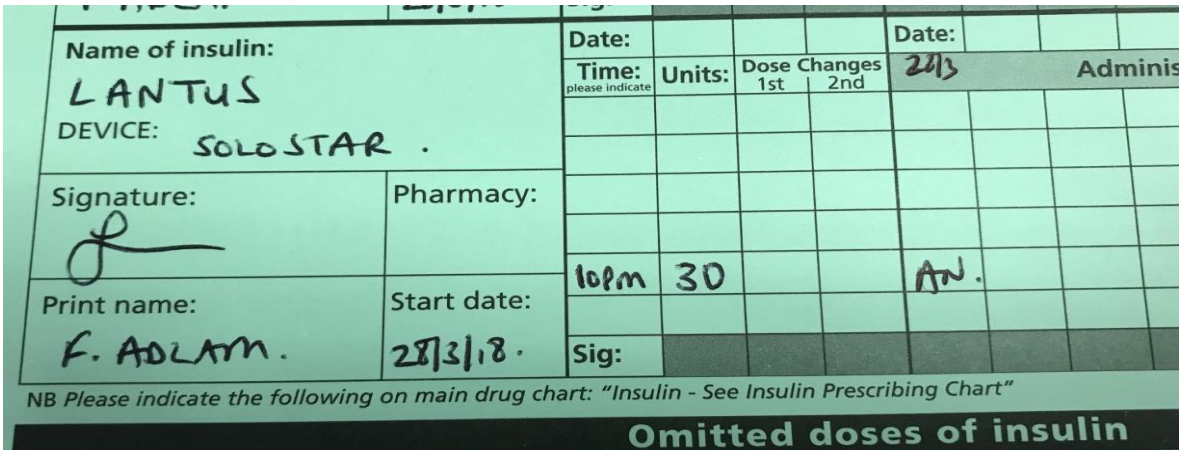
Paper chart prescribe as below 'see insulin prescribing chart'. Do not enter doses on the paper chart.



Green insulin chart

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents


Name of insulin: NOVORAPID.
DEVICE: FLEXPEN.
Signature:
Pharmacy:
Print name: F. ADLAM.
Start date: 28/3/18.
Date: / Time: please indicate / Units: / Dose Changes 1st 2nd / Date: / Admin
8AM 6
12PM 6
6PM. 6
Sig:
NB Please indicate the following on main drug chart: "Insulin - See Insulin Prescribing Chart"
Omitted doses of insulin


Name of insulin: LANTUS
DEVICE: SOLOSTAR.
Signature:
Pharmacy:
Print name: F. ADLAM.
Start date: 28/3/18.
Date: / Time: please indicate / Units: / Dose Changes 1st 2nd / Date: 28/3 / Admini
10PM 30 AN.
Sig:
NB Please indicate the following on main drug chart: "Insulin - See Insulin Prescribing Chart"
Omitted doses of insulin

b) Anticoagulants

i) **Warfarin** must be prescribed on a separate in patient warfarin chart with the target level and indication specified. Doses must be prescribed during the day in time for administartion at 6pm.

On discharge a clear plan must be written within a separate anticoagulant section of the discharge letter listing the last 3 previous INR results and doses.

Patients must have a warfarin monitoring booklet which will have the next 3 doses prescribed and an appropriate checklist completed.

ii) **Low Molecular Weight Heparin LMWH**

Patients must be weighed upon admission and documented on the chart (electronic or paper). An estimated weight should only be used where it is impractical to weigh the patient. This must be recorded as an 'estimated weight'.

The eGFR must be checked prior to commencement and the dose amended if below 30ml/min.

When being discharge on LMWH the indication , weight and eGFR must be recorded with a clear instruction about length of treatment.

c) Methotrexate

Methotrexate is only prescribed weekly and listed under the departement of health Never Events when prescribed on consecutive days.

The patient must be given a methotrexate booklet and informed about the tests which will need to be conducted and the side effects.

Tablets must only be prescribed using 2.5mg strength except for Oncology / haematology specialities.

d) Opioids

Prior to prescribing opioids in anything other than emergency the prescriber must:

- Confirm any recent opioid dose, formulation and frequency and any other analgesic medicine the patient may be prescribed
- Ensure that where an increase in dose is intended, that the calculated dose is safe for the patient eg for oral morphine or oxycodone in adult patients not normally more than 50% higher than a previous dose.
- Ensure they are familiar with the following characteristics of the medicine and formulation : usual starting dose, frequency of administration , standard dosing increments, symptoms of overdose and common side effects

e) Lithium

Treatment is normally initiated by a psychiatric specialist. Lithium has a narrow therapeutic range and so requires regular monitoring. Patients are registered on the Leicestershire lithum database and have regular lithium blood levels, thyroid function and renal tests.

All patients at the start of treatment must be given a Lithium Booklet and patient information. Lithium must always be prescribed by brand name and formulations.

It is the prescribers responsibility to ensure tests are checked prior to prescribing and consider the impact of interacting medicines ensuring the patient is aware of side effects and toxicty symptoms.

f) Sodium Valproate

The use of valproate in pregnancy is associated with a 40% risk of persistent neurodevelopmental disorders and a 10% risk of physical birth defects. It is estimated that 400 women in the UK took valproate during pregnancy in 2016.

Valproate is now contraindicated in women of child bearing potential unless they meet the conditions of a Pregnancy Prevention Programme.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents

All girls and women of childbearing potential who are on valproate **must** be reviewed by specialists and only continued or started if there is no alternative treatment available.

- A risk acknowledgement form **must** be completed and signed by the prescriber and the patient and placed in the case notes. Please use the checklist available on InSite.
- This must be reviewed and completed every year.
- Every patient **MUST** be given a valproate patient guide and counselled on the prescribing restrictions and warnings.
- Prescribers must check that effective contraception is used where appropriate.

g) Bowel Cleansing Preparations

When bowel preparations are prescribed for surgery or investigative procedures, the clinician authorising the procedure is responsible for assessing the patient to ensure there are no contraindications, and is also responsible for ensuring an explanation on the safe use of the medicine is given to the patient or carer.

NB: Paper copies of this document may not be most recent version. The definitive version is held on INsite Documents