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| |  |  |  | | --- | --- | --- | | **Writing Prescriptions** |  | http://rxhws001/PaediatricGuidelines/portals/_default/Containers/DNN-PG-Default/ContainerTRCorner.gif | |
| Prescriptions must:          be written legibly in ink so as to be indelible           be dated (on inpatient charts START DATE is the date treatment was initiated)           state the full name of the patient           include the hospital unit number or A & E number           state the age and/or date of birth of the child           should be signed in ink by the prescriber (for controlled drug prescriptions the signature must be the full signature and not a shortened version)    Drug names must:           be written in CAPITAL LETTERS           be the approved name written in full (not abbreviated), in certain circumstances the brand name must also be stated e.g. S.R. THEOPHYLLINE tablets (THEO-DUR)    Drug doses must:           be written in mass units with a few exceptions such as MIST. MINIMORPH. RAH where the dose is 0.3ml per Kg body weight in which case the dose is to be written as a volume, similarly for CO-AMOXICLAV SUSPENSION (125/31 or 250/62) where the dose should also be written as a volume           be written according to guidelines in the BNF i.e.  1.       avoid use of unnecessary decimal points and trailing zeros, e.g. 3mg, not 3.0mg  2.       quantities of 1 gram or more should be written as 1g etc.  3.       quantities less than 1 gram should be written in milligrams, e.g. 500mg, not 0.5g  4.       quantities less than 1mg should be written in micrograms, e.g. 100 micrograms, not 0.1mg  5.       when decimal points are unavoidable a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5ml, not .5ml  6.       use of the decimal point is acceptable to express a range, e.g 0.5 to 1g  7.        “micrograms”, “nanograms” and “units” should NEVER be abbreviated    Route and frequency of administration:           must be stated on the prescription, this includes “as required medication”    Duration:           for outpatient prescriptions the BHC (NHS) TRUST policy is that supplies are restricted to a maximum of two weeks (except in exceptional circumstances where the quantity to be supplied or the duration of supply must be endorsed in words)           for discharge prescriptions the BHC (NHS) TRUST policy is that supplies are restricted to a maximum of one month; it will be assumed that a one month supply is required unless the prescription specifies a shorter duration Changes to drug doses, routes or frequencies on INPATIENT CHARTS:           must be made by writing a new prescription    Discontinuation of drug therapy on INPATIENT CHARTS:           must be clearly signed and dated when deleted.    Failure to comply with these guidelines may compromise patient safety.  To reduce potential hazards posed by poor prescription writing, incomplete or ambiguous prescriptions may be returned to the prescriber for completion before drugs are dispensed or administered. |