



# Prescribing Procedure

Procedure Number

CHC-PC-0005

Version Nos:

7

## 1. Purpose

This Procedure outlines the requirements for the prescribing of medications by registered medical professionals employed by the West Coast District Health Board (WCDHB) and working within a WCDHB facility.

## 2. Application

This Procedure is to be followed by all registered medical professionals employed by the WCDHB.

## 3. Definitions

There are no definitions associated with this Procedure.

## 4. Responsibilities

For the purposes of this Procedure:

*all Medical Practitioners* are required to abide by the requirements of this Procedure.

## 5. Resources Required

This Procedure requires:

- Prescription Forms
- WCDHB Consent To Treatment (Off-License & Unregistered Medications) Form
- WCDHB Accident/Incident Form
- Health Benefits Medicine Subsidy Application Form

## 6. Process

1.00 All inpatient medication regimens must be written on the Inpatient's medication chart.

1.01 Each charting must:

- i) Be legible
- ii) Be written in capitals;
- iii) Be written using the approved generic drug name with no abbreviations or acronyms;
- iv) If modified, the original medication charting is to be cancelled and the medication regimen recharted (to avoid misinterpretation or error), and is to include a clearly identified start date and time for the recharted medication;
- v) Be written using approved abbreviations (as per the *WCDHB Clinical Documentation Procedure*);

1.02 All medications for Outpatients must be indelibly written on a WCDHB Hospital Prescription Form, containing the following:

- i) prescriber's name, address and registration number; and
- ii) patient's name (including title, initial and surname); and
- iii) patient's full residential address; and
- iv) patient's date of birth if under 13 years of age; and
- v) appropriate charging categories; and
- vi) date and signature of the prescriber.



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- 1.03 For each item on the Outpatient prescription the following must be legibly detailed:
- i) name of medicine; and
  - ii) form of medicine; and
  - iii) strength of medicine; and
  - iv) dose and frequency of dosing (this is to include full directions and not use as directed); and
  - v) quantity to be dispensed; and
  - vi) duration of supply.
- 1.04 When prescribing medicine, medical practitioners are to be mindful of the following:
- i) a full evaluation of a patient's symptoms should be undertaken before prescribing occurs;
  - ii) potential hypersensitivity of the patient to the active ingredient(s) contained within the medicine (including checking the patient's medical record for any drug reaction alerts);
  - iii) the decision to prescribe medicines must take into account the potential risks and benefits of treatment to the patient and that this needs to be discussed with the patient and their family/whanau/caregiver (if appropriate);
  - iv) the use of drug combinations (polypharmacy) is to be avoided whenever possible;
  - v) in general, the lowest effective dose of the medicine is to be prescribed;
  - vi) regardless of whether the medicine to be prescribed is a known risk during pregnancy and breast-feeding, medical practitioners are to be aware that all medicines carry a potential risk to a foetus, and to the breast-feeding infant;
  - vii) that renal and/or liver dysfunction in a patient may increase blood concentrations and prolong the action of some medicines and therefore may increase the risk of an adverse reaction.
- 1.05 When prescribing medicines that require on-going monitoring, the prescribing medical practitioner is responsible for ensuring that this monitoring is undertaken (as and when required), that appropriate action is taken based on the results of the monitoring, and that the results of the monitoring are communicated to the patient.
- 1.06 The maximum duration of supply for an Outpatient prescription is to be 3 months. However, the following exceptions apply:
- i) Controlled Drugs cannot be prescribed for a period of greater than 1 month.
  - ii) Contraceptives may be prescribed for a maximum of 6 months.
- 1.07 Prescriptions for Controlled Drugs are to be completed as follows:
- i) Ministry of Health Controlled Drug Prescription Form filled out in triplicate;
  - ii) Patient is given all 3 copies;
  - iii) There is to be a maximum of two items per prescription form;
  - iv) The entire prescription is to be written in the prescriber's own handwriting;
  - v) The maximum quantity to be prescribed is for 1 month only.
- 1.08 When a medicine is available only on the recommendation of a Specialist, the name of the recommending Specialist and the year of the last visit must be written on the prescription.
- 1.09 Certain medicines are only subsidised if prior approval is obtained from Health Benefits Centre. When initiating patients on these medicines, the prescriber is to ensure that an application form is signed by the relevant Consultant is sent to the Health Benefits Centre



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- for approval. If approval is granted the special authority number and its expiry date are to be written on the prescription by the prescriber.
- 1.10 The Preferred Medicines List (PML) is a list of medicines that reflects the current clinical and pharmaceutical practice in WCDHB. The PML provides a comprehensive range of medicines. Non PML medicines can only be prescribed on the recommendation of a Consultant/Specialist.
- 1.11 Section 29 of the Medicines Act (1981) allows a medical practitioner to prescribe an unregistered medicine for the treatment of a patient under their care. These instances must be reported to the Director General of Health and informed consent is required to be obtained from the patient (*using the WCDHB Consent To Treatment (Off-License & Unregistered Medications) Form*). Within WCDHB this practice is limited to Consultants/Specialists only.
- 1.12 Medical practitioners employed by the WCDHB and working within WCDHB are prohibited from self-prescribing. Any incidents of self-prescribing will be dealt with through the *WCDHB Staff Discipline, Suspension and Dismissal Procedure*.
- 1.13 Medical practitioners prescribing potentially addictive medicines to patients must endeavour to ensure that the patient is not:
- dependent upon such medicine; and
  - seeking such medicine to supply others who may be dependent upon it.
- 1.14 When prescribing potentially addictive medicines, medical practitioners are to keep in mind the possible consequences to patients, including:
- overdoses; and
  - development or maintenance of a drug habit; and
  - the diversion of medicine onto the street; and
  - social consequences including violence or crime.
- 1.15 If a medical practitioner is threatened or intimidated by a patient to provide addictive medicine for inappropriate use, the medical practitioner's first concern is for their own safety. A medical practitioner in this situation may write a prescription for a 3-day period so that the patient will leave the WCDHB facility. As soon as the patient has left the medical practitioner is to notify:
- Police (and provide a detailed description of the patient); and
  - relevant General Manager; and
  - Risk Manager (by completing a WCDHB Accident/Incident Form).
- 1.16 From 1 October 2003 all new prescriptions that are to be presented to Pharmacies and that contain medicines included on the all-at-once list must be prescribed to be dispensed stat unless they are endorsed for close control.
- 1.17 The responsibility for deciding whether or not a particular patient is able to have more frequent dispensing is left to the clinical judgement of the individual medical practitioner. Where the medical practitioner believes that the patient is either frail, or infirm, or intellectually impaired or unable to manage medicines without additional support the medical practitioner can decide to increase the number of dispensing by endorsing the prescription for close control.



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- 1.18 To endorse a prescription for close control the medical practitioner must endorse each item on the prescription with a “cc” or “close control” and state the frequency of dispensing required. This endorsement must be in the medical practitioners handwriting or computer generated but cannot be stamped. Each endorsement must be initialled by hand by the prescribing medical practitioner.
- 1.19 Verbal orders are to be undertaken as per the requirement of the WCDHB Emergency Orders & Verbal Orders (For Medication) Procedure.
- 1.20 Standing orders are to be issued in accordance with the WCDHB Standing Orders Procedure.

## 7. Precautions And Considerations

- ➔ All prescriptions must meet the relevant legal requirements
- ➔ The maximum duration of supply for an Outpatient prescription is to be 3 months with the exception of Controlled Drugs (1 month) and Contraceptives (6 months)
- ➔ Medical practitioners employed by the WCDHB and working within WCDHB are prohibited from self-prescribing.

## 8. References

- Canterbury DHB Standing Orders For RMOs
- Medical Council of New Zealand Statement on Inappropriate Prescribing of Addictive Drugs
- Medical Practice in New Zealand – A Guide For Doctors Entering Practice (Medical Council)

## 9. Related Documents

- WCDHB Accident/Incident Reporting Procedure
- WCDHB Clinical Documentation Procedure
- WCDHB Emergency Orders & Verbal Orders (For Medication) Procedure.
- WCDHB Informed Consent Procedure
- WCDHB Medication Policy
- WCDHB Standing Orders Procedure
- WCDHB Staff Discipline, Suspension and Dismissal Procedure

<b>Revision History</b>	<b>Version:</b>	7
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	<b>Authorised By:</b>	Chief Executive Officer
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