

## MEDICATION - PRESCRIBING

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

1. **AIM**
  - To ensure safe prescribing of medications
2. **PATIENT**
  - All women and neonates
3. **STAFF**
  - Medical staff
4. **EQUIPMENT**
  - Nil
5. **CLINICAL PRACTICE**
  - Prescribe all medication in line with the below practices- see Educational notes
6. **DOCUMENTATION**
  - Integrated Clinical Notes or electronic equivalent
  - National Inpatient Medication Chart (NIMC) or electronic equivalent

### 7. EDUCATIONAL NOTES

Medication must only be prescribed on **approved** medication charts, discharge prescriptions, outpatient prescriptions or external prescriptions. All staff must ensure that external and outpatient prescription pads are kept in a secure place in wards and outpatient clinics, away from public access.

#### Prescribing Medication Information for Prescribers

There are a number of medicines information resources available via [CIAP](#). Further information can be sourced from the Pharmacy department. Only medication that is on the RHW formulary should be initiated for inpatients. The formulary can be found at:  
[http://seslhnweb/Pharmacy/Online\\_Formulary/default.asp](http://seslhnweb/Pharmacy/Online_Formulary/default.asp)

#### Off- label prescribing

To prescribe a medication which is not on the hospital formulary or for an indication other than that approved by the hospital requires prior approval and written [consent](#). Further advice may be sought from the Pharmacy Department. Please refer to: Individual Patient Use: [PD 2008\\_037 Medicine - Evaluation of Medicines for Use in Public Hospitals](#)

#### Restriction on Prescribing Certain Schedule 4 Medications

S4 Medication	Prescriber	Comments
Clomiphene Cyclofenil Dinoprost Dinoprostone	Obstetrician	Refer to PD2013_043 Section 4.1 for specific requirements. Refer to RHW LOPs: Cervical ripening- Induction of labour- Administration of prostaglandin and Cervidil guideline
Isotretinoin for oral use Acitretin etretinate	Dermatologist	Refer to PD2013_043 Section 4.1 for specific requirements.
Tretinoin	Haematologist	Refer to PD2013_043 Section 4.1 for specific requirements.
Follitropin beta Luteinising hormone Urofollitrophin	Endocrinologist	Refer to PD2013_043 Section 4.1 for specific requirements.

## CLINICAL POLICIES, PROCEDURES & GUIDELINES

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19/10/17

### MEDICATION – PRESCRIBING cont'd

#### Procedure for prescribing

- The National Inpatient Medication Chart (NIMC) or electronic equivalent is used for the prescribing of medication only.
- Medication orders must not be transcribed, extended beyond the current prescription, or in any way re-written by any person other than a prescribing medical officer.

#### Prescribing on the NIMC

The prescribing medical officer must:

- Correctly identify a new patient's NIMC by either:
    - Printing legibly, preferably in black ink, the patient's name as it appears on the patient's medical record and by which the patient is known to the hospital, their date of birth, and their medical record number (MRN) or, if a MRN is not allocated or is unavailable, their address. The ward should also be identified.
  - **OR**
  - Placing an addressograph label on every page of the medication chart and printing the patient's name underneath each addressograph label to confirm the addressograph label is correct.
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- Record the patient's allergies and adverse drug reactions status, which may also be recorded by nurses and pharmacists, including the sign(s) and symptom(s) of the reaction with signature and date.
  - Record the age (if addressograph not used) and weight of a paediatric patient and, in case of an adult when the dosage of a medication is based on weight.
  - Use the generic name of the medication or hospital approved name. A particular brand name may be used for reasons such as bio-equivalence or to clarify the form (e.g. oxycodone), or for combination medicines e.g. Seretide®. Medication names must not be abbreviated.
  - The date that the medication order was written.
  - Record the strength and the form of the drug if necessary.
  - Record the dose of the medication.
  - Record the route of the medication, using only approved [abbreviations](#) (see appendix 1)
  - Record the frequency of administration, using only approved [abbreviations](#) (see appendix 1)
  - The red 'Tick if Slow Release' box must be ticked to indicate a sustained, modified or controlled release form of an oral medication.
  - Oral liquid medications should be prescribed with the strength of the medication and both the quantity of the dose and the volume to be administered (in brackets), for example 'Xyz Mixture 5mg/mL, dose 10mg (= 2mL)'.  
• Where a medication is to be self-administered, the medication must be ordered on the medication chart with an annotation identifying that the medication is for self administration.
  - The indication should be documented if possible.
  - The prescriber must insert the administration times for each medication, based on the usual administration times of the ward. If the time is not entered the nurse must make every reasonable effort to verify the prescriber's intention and ensure the patient receives their medication(s) at the appropriate time and in a timely manner.
  - Record the date of commencement and cessation, or total number of doses, where applicable (e.g. antibiotics)

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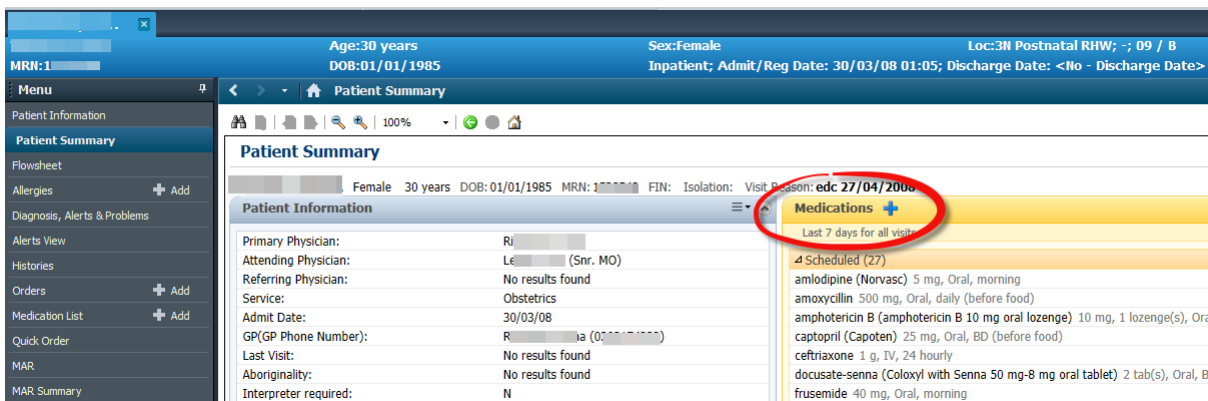
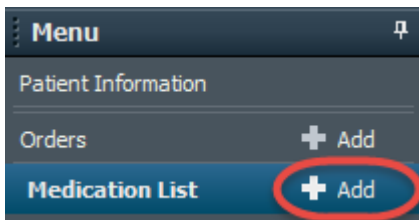
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- Record the prescribing officer's name (printed) signature and date.
- Record each individual medication order in a separate box and sign each medication order. It is not sufficient to sign across several orders.
- When a prescribing officer needs to change any of the above particulars, he/she must cease the original order and write a new order.
- When a prescribing officer wishes to cease a medication order he/she must draw one thin line across the whole order without obliterating the original order. A double diagonal slash is drawn after the administration section, dated and signed by the prescriber with his/her name and contact telephone/pager number. Where applicable, the time of cessation should also be included. The remainder of the administration section is to be crossed off by drawing a line through it.
- The reason for an amendment to, or cessation of a medication order should be documented in the patient's health care record, signed and dated by the prescriber with his/her name and contact telephone/pager number.
- If a medication is ONLY to be given on certain days, the prescriber must state which day(s) the medication is to be given and the prescriber must cross out those days on the medication chart when the medication is NOT to be given.
- Where treatment is to cease on a stated date, the prescribing officer must cross out the spaces following that date on the chart and sign.
- A prescribing officer should confirm his/her intention to order any dose that could be regarded as being unusually high or low by underlining and initialling the dose.

**Electronic orders on eMEDS**

- Open the correct patient's chart. There are a number of ways to find the 'Add' button:
  - Click directly on the 'Add' icon of the 'Orders' or 'Medication List' options in the Menu (left side of the screen)
  - Open the 'Orders' section or the 'Medication List', and click 'Add' button (top left of the screen).
  - From the 'Patient Summary' screen, click on the blue plus icon in the 'Medications' section.

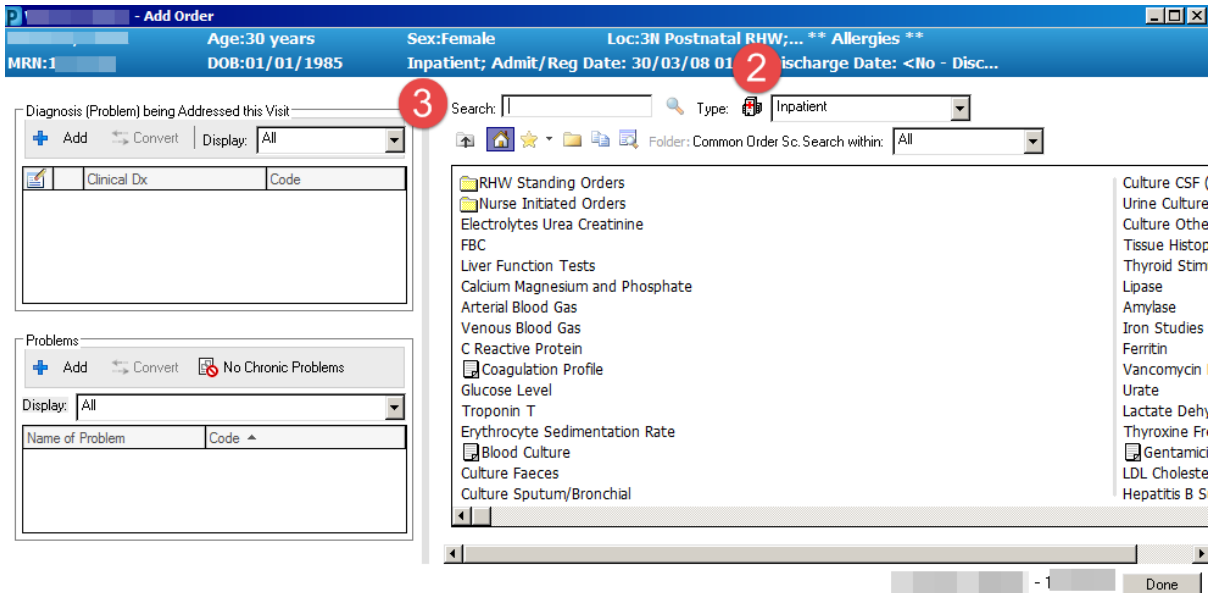


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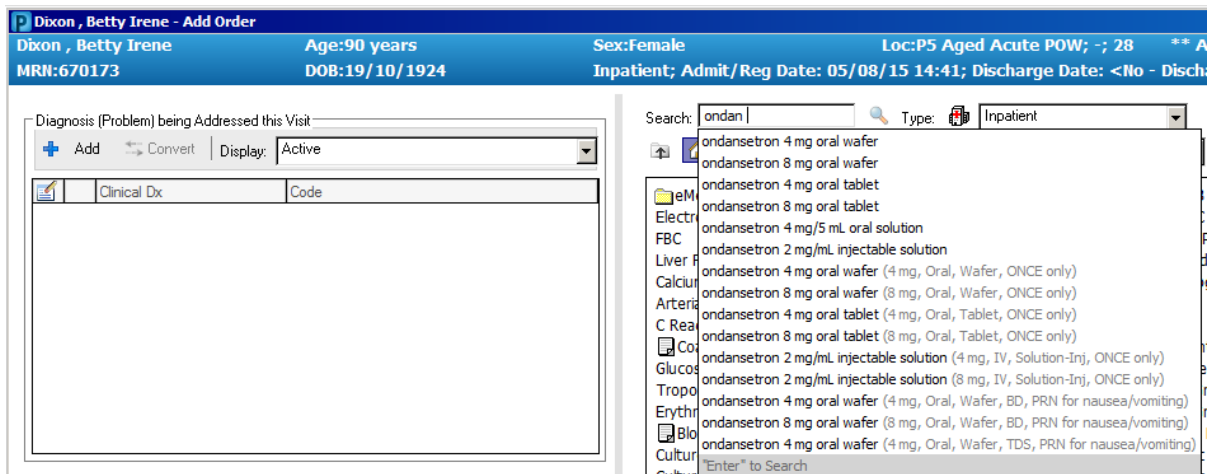
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**MEDICATION – PRESCRIBING cont'd**

- The 'Add Order' window opens.



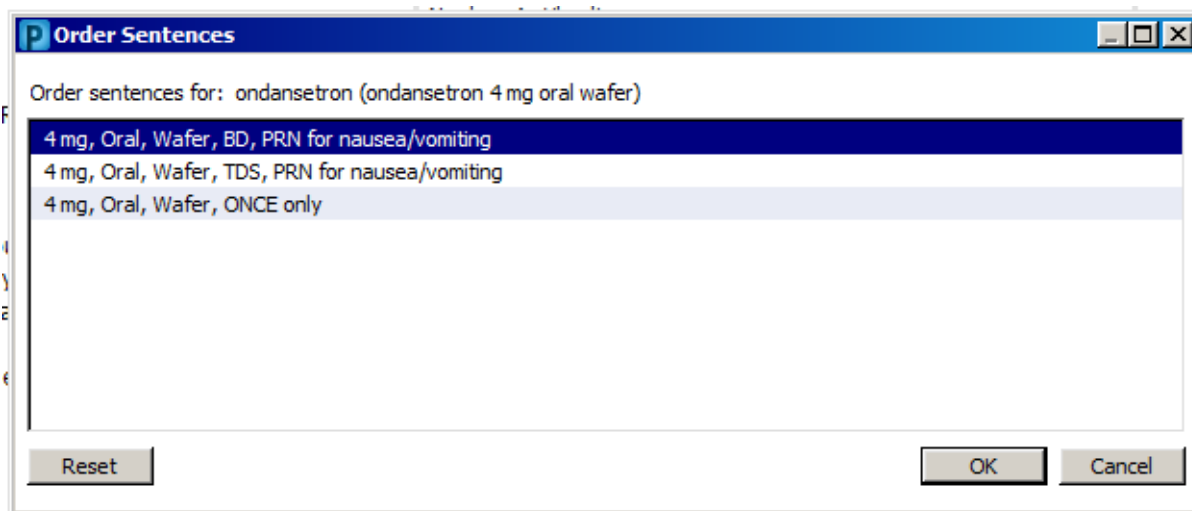
- Search for the medication- there are 3 possible options:
  - If there is an appropriate order sentence, choose it.
  - You can also select and modify one if appropriate.
  - If there is no order sentence that meets your requirement, select the appropriate medication formulation and strength e.g. select 'Ondansetron 4mg oral wafer' then choose the order sentence from the 'Order Sentences' window.



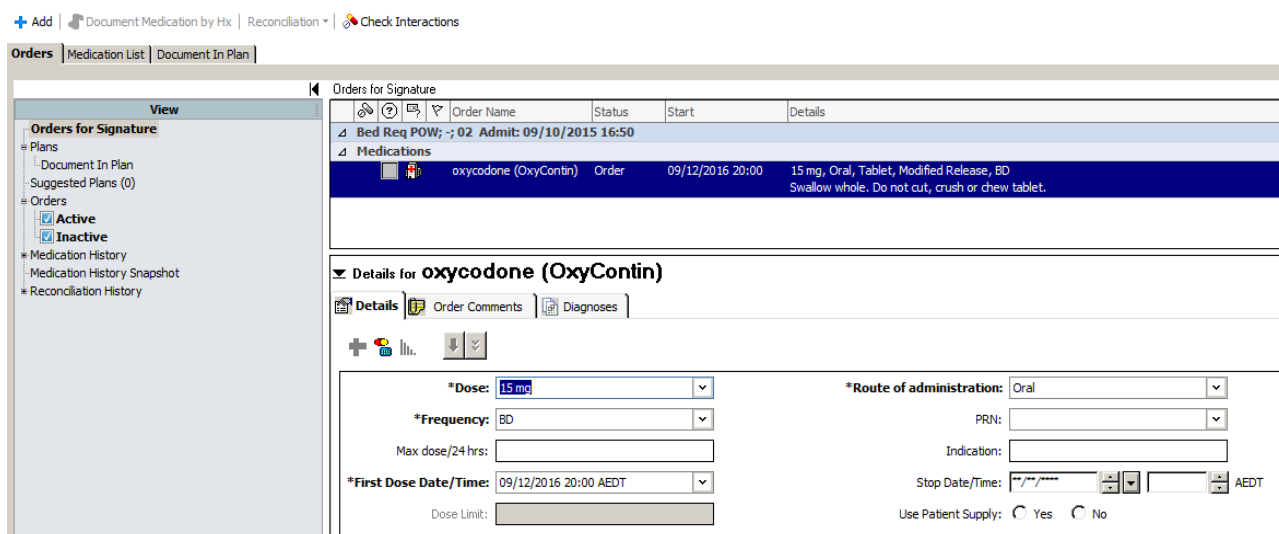
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- Click 'OK'. The order sentence will now appear on the 'Order Scratch Pad', in the 'Details' tab. The system will default to generic prescribing in most instances irrespective of what the user searched for. There are a small number of medications that will be charted by brand and where the system utilises brand substitution e.g. Oxycontin. From here the order can be modified if required e.g. you can enter a stop date, or can enter the appropriate indication for PRN orders.



- Click 'Sign' and enter your authorising password to add the drug to the electronic drug chart. Clicking on the refresh button will allow you to see the order immediately on the MAR or MAR Summary.

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## **MEDICATION – PRESCRIBING cont'd**

### **As required “PRN” medication**

Each individual medication order must show:-

- The minimum allowed time interval between each administration. Otherwise only one dose of the medication may be administered.
- Maximum cumulative dose of the medication in 24 hour period e.g. paracetamol 4g in 24 hours in instances where the prescription would otherwise allow excessive daily dosing to occur.
- The reason for administration of the medication e.g. paracetamol 500mg every 6 hours PRN for breakthrough pain.
- The duration for which the PRN order is applicable.
- The maximum number of doses in 24 hours must be entered for S8 medications.
- Regular medication section must also be checked for possible duplicate orders

**If any aspect of a patient’s medication chart or electronic equivalent, or the prescribing officer’s prescription does not meet the legal requirements for a medication order as described above, or if the clinical criteria for its administration are not present, medication should be withheld and the prescriber notified.**

### **Verbal / Telephone Orders**

Where there is no reasonable clinical alternative (e.g. administration of time critical medications) a verbal or telephone order from a prescribing officer is permitted for a once only dose of medication(s), or changes to an intravenous fluid order, excluding:

- Schedule 8 medications
- Cytotoxic medications
- Special Access Scheme (SAS) medications

While clarification may be sought over the phone for previously written medication orders, the use of telephone ordering for the purposes of correcting erroneous prescriptions, or for prescribing patients' regular medications ***should not be practised***.

When a telephone order is indicated the following procedure must be followed:

- The person taking the telephone order must be a Registered Nurse (RN) Midwife (MW) or Medical Officer (MO) authorised to administer or prescribe the particular medication in the patient care area
- The person who takes the order must repeat back to the MO the medication name, dose (rate if appropriate), form of medication, frequency, time of administration, number of doses, and route of administration in words and figures.
- The MO must repeat the complete order to a second person so that the medication, dose (rate if appropriate) form of medication, frequency, time of administration, number of doses, and route of administration and patient may be verified. It is preferable that the second person is a RN, MW or Pharmacist. Casual Pool and Agency staff may not accept a telephone order but they can confirm it as the second registered nurse.
- The person who takes the order must record the details, including the prescriber’s name on the front section of the NIMC and in the patient’s medical notes. The date, the generic medication name, dose, rate if appropriate and route of the medication and the name of the prescribing officer must be written in ink in the 'Telephone Orders' section on the front of the NIMC. The order must be signed by both people who heard the order.

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- Where a prescriber's telephone instruction is to cease a medication, the person receiving the instruction may endorse the medication chart accordingly with the words 'ceased as per phone order', the prescriber's name, the staff member's name and signature, and the date and time. A corresponding entry should also be made in patient's health care record, including the reason given for ceasing the order.
- It is the responsibility of the MO to confirm by signing the order, preferably before the end of the nursing shift, but at least within 24 hours.
- If the telephone order is not signed within this time period a medication incident must be completed in the IIMS system
- If the telephone order is not confirmed by signature within 7 days the incident report is to be reported by the Nursing/Midwifery Unit Manager to the Nursing/Midwifery Co-Director and Director of Nursing who is required to report the incident to the Director General of Health by telephoning or faxing:  
Pharmaceutical Services Branch on:  
Phone: 02 9879 3214 or Fax: 02 9859 5165

If the medication is to be ongoing, the prescribing officer must prescribe the medication on the appropriate section of the patient's NIMC.

**Standing Orders**

- Medications can be given as a standing order when specific protocols have been developed and approved by the Therapeutic and Drug Committee. Each MOs standing orders are to be reviewed annually by the Therapeutic & Drug Committee.

The administration of a drug under a standing order is documented on the medication chart or electronic equivalent in the "Once only, Pre-medication & Nurse initiated medicine" section then confirmed by the signature of a Medical officer within 24 hours.

- Standing Orders may be authorised by an individual MO for his/her patients only.

**Discharge prescribing**

Patients discharged from the Gynecology-Oncology division and Newborn Care Centre have medications supplied from the RHW pharmacy. During working hours, medications to be dispensed for the patient on discharge must be prescribed on an approved discharge prescription. An addressograph label is permitted on a Schedule 4 prescriptions provided the prescriber confirms the details included on the addressograph label at the time of writing the prescription. For all remaining patients and discharges out of working hours, discharge medications must be prescribed on an approved SESLHD Community Prescription and dispensed at a Community Pharmacy as per the PBS requirements.

Only newly prescribed medication, medication where the dose has changed, or other medications at the discretion of the ward pharmacist, will be dispensed by the hospital pharmacy on discharge. However, **all** the patient's current medication and doses at the time of discharge should be included in the discharge summary and prescription.

All medication changes (including changes to a patient's preadmission regime which are intended to continue after discharge) must be documented in the discharge summary. If a late change is made to the discharge prescription this must also be updated in the discharge summary.

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**Supply of Medication Information to Consumers/Carers**

- It is the responsibility of all clinical staff to ensure appropriate medication related education of the patient takes place.
- Patients must be assessed for their ability to safely administer their medications on discharge. Where it is recognised that patients are unable to self-medicate on discharge, appropriate action must be taken.

**Responsibility of the Medical Officer**

- Medical Officers are required to communicate with the patient / carer about treatment and management plans for effective discharge planning.
- Communication is required to be collaborative and where possible this may be delegated to pharmacy or nursing staff.

**Responsibility of Pharmacy**

- Medication lists are provided to patients being treated with more than FIVE medications on discharge or, at the discretion of the pharmacist.
- The clinical pharmacist should be part of the discharge counselling process where time and resources allow, providing education and assessing safe medication management post-discharge.
- Blister packs can be provided from pharmacy if deemed necessary by the ward pharmacist or delegate and if continuation in the community can be arranged.
- CMI and other information leaflets are provided where appropriate. All gynaecology-oncology patients discharged on oxycodone must be provided with a CMI. All post natal patients must be supplied the RHW medicines information leaflet 'Pain Management After Childbirth'.
- Patients who are newly started on warfarin or other oral anticoagulants are prioritised for education by clinical pharmacists and must be provided with both oral and written information.

**Communicating Medication Information to Healthcare Providers**

**Responsibility of the Medical Officer**

- Written communication of the discharge plan regarding medications must be sent to the GP at the time of discharge. For Obstetric patients this information must be completed on the Obstetrix discharge letter.
- Where this requires monitoring of serum levels, biochemistry or further diagnostic tests the GP should be notified of this before or at the time of discharge.

**Responsibility of Nursing and Midwifery staff**

- It is the responsibility of the RN/MW to ensure a transfer letter and discharge summary with full medication list accompanies the patient when transferred to other facilities.

**Responsibility of Pharmacy**

- Where possible the ward pharmacist should communicate any relevant follow-up information to other healthcare professionals who will be involved in the ongoing care of the patient. This may include providing a copy of the discharge script and the medication list to patient's nominated community pharmacy.



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**8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP**

- Medication- Administration
- Medication- Medicines reconciliation and adverse drug reactions

**9. RISK RATING**

- Low

**10. NATIONAL STANDARD**

- Medication Safety

**11. REFERENCES**

[Ministry of Health Policy Directive 2013\\_043 Medication Handling in New South Wales Public Health Facilities](#)

**REVISION & APPROVAL HISTORY**

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 3/10/17  
Approved Quality & Patient Safety Committee 21/8/14  
Reviewed Therapeutic & Drug Utilisation Committee 12/8/1  
Approved Quality & patient Safety Committee 19/11/09  
Reviewed Therapeutic & Drug Utilisation Committee 20/10/09  
Approved RHW Council 27/11/00

**FOR REVIEW : OCTOBER 2022**