Prescription Chart with Omissions and Errors (space for notes below)

INPATIENT MEDICATION PRESCRIPTION CHART AND ADMINISTRATION RECORD

Surname Patient	**Hospital no.** 123456	**Gender** Male
First Name Sam	**Admission Date** 22/05/2020	**Weight(kg)** 80 kg
Date of Birth 09/01/1945	**Ward** Apple	**Height(cm)** 175 cm
Consultant Noble	**Trainee Dr** A. Prescriber	**Chart**…… **Of**……

Allergies, sensitivities and adverse drug reactions

Medicine/substance and details of reaction

Date: Signature:

Other Charts in Use (tick)	Diabetes	Epidural	PCA	Parenteral Nutrition	Syringe driver	Other (specify)

Complete Electronic VTE Risk Assessment	Signature: A. Prescriber	Date: 22.05.2020

MEDICINES MANAGEMENT

Medication History Completed on Patient Electronic Record	Name and Designation M. Pharma Ward Pharmacist	Date 23.05.2020
Date and Time Discharge Prescription Written	Verified by (Name and Signature)	Date

ONCE ONLY MEDICATIONS - premedication, loading doses, surgical antimicrobial prophylaxis

Date and Time	Medication Name	Dose	Route	Sign & Bleep	Given By	Date and Time	Pharmacy
22/05 22.00	Prednisolone	40 mg	PO		AN	22/05 22.15	
22/05 22.00	Amoxicillin	500 mg	PO		AN	22/05 22.15	

Codes for when medicine(s) not administered as prescribed:

1 Patient away from ward
2 Patient unable to receive e.g. NBM
3 Patient refused
4 Self-medicating witnessed
6 Self-medicating not witnessed
7 Delayed administration – state reason
8 Other – state reason
X Omitted on instruction of doctor

OXYGEN PRESCRIPTION

Date Started	Dose (% or L/min)	Route Nasal Cannula, Simple Face Mask, Reservoir, Venturi, Humidified, other	Target saturation	Frequency – continuous or when required	Sign & Bleep	Date Stopped, Sign & Bleep	Nurse Sign

ORAL ANTICOAGULANT PRESCRIPTION - DIRECT ORAL ANTICOAGULANT (DOAC)

Indication	Date Started	Length of Treatment	Sign & Bleep	Pharmacy	Refer to anticoagulant clinic	
					Anticoagulant book & alert card given	
					Patient counselled	

Patients newly started on a DOAC e.g. apixaban, dabigatran, edoxaban, rivaroxaban, must be referred to the anticoagulant clinic, be provided with the relevant anticoagulant alert card and counselled on the medicine before discharge.

Medication			Time	Dose	Date													
			06															
Date	Route	PO	09															
Sign & Bleep			12															
			18															
Instructions			22															
			24															

ORAL ANTICOAGULANT PRESCRIPTION - VITAMIN K ANTAGONIST

Indication	Date Started	Length of Treatment	Sign & Bleep	Pharmacy	Refer to anticoagulant clinic	
					Anticoagulant books given	
Target INR					Patient counselled	

Patients prescribed Vitamin K Antagonists e.g. warfarin, must have a follow-up appointment, be provided with a completed anticoagulant record book and counselled on the medicine before discharge.

Medication		Date														
		INR														
Route	PO	Dose at 18:00														
Sign & Bleep		Signature														
		Given By														

Pharmacy codes:

S = stock drug IP = inpatient supply POD = patient's own medicine

TTA = dispensed by pharmacy with instructions POSH = patient's own supply at home

REGULAR PRESCRIPTION

			Date	22	23	24											
Medication Enoxaparin			**Time**	**Dose**	**Additional Information:**												
			06														
			09														
Route	SC	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18	40 mg													
Pharmacy **S** 23/5 MP			22														
			24														
Medication Prednisolone			**Time**	**Dose**	**Additional Information with/after food**												
			06														
			09	40 mg		AN	AN										
Route	PO	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18														
Pharmacy **S** 23/5 MP			22														
			24														
Medication Amoxicillin			**Time**	**Dose**	**Additional Information**												
			06	500 mg		AN	AN										
			09														
Route	PO	**Sign & Bleep** A. Prescriber 123	~~12~~ 14	500 mg		AN	AN										
Date	22/5		18														
Pharmacy **S** 23/5 MP			22	500 mg	X	AN	AN										
			24														
Medication Symbicort			**Time**	**Dose**	**Additional Information contains budesonide and formoterol**												
			06								Rinse mouth after use						
			09	1 puff		AN	AN										
Route	INH	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18														
Pharmacy **POD** 23/5 MP			22	1 puff	AN	AN	AN										
			24														
Medication Co-codamol 8/500			**Time**	**Dose**	**Additional Information contains codeine and paracetamol**												
			06														
			~~09~~ 08	TT		AN	AN										
Route	PO	**Sign & Bleep** A. Prescriber 123	12	TT		AN	AN										
Date	22/5		18	TT		AN	AN										
Pharmacy **S** 23/5 MP			22	TT	AN	AN	AN										
			24														
Medication Humulin M3			**Time**	**Dose**	**Additional Information with food**												
			06														
			09	12u		AN	AN										
Route	SC	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18	8u		AN	AN										
Pharmacy **POD** 23/5 MP			22														
			24														

Pharmacy codes: S = stock drug POD = patient's own medicine POSH = patient's own supply at home
TTA = dispensed by pharmacy with instructions IP = inpatient supply

AS REQUIRED MEDICATIONS

Medication Salbutamol			**Date**													
Indication SOB /wheeze			**Time**													
Dose 2 puffs	**Route** INH	**Start Date** 22/5														
Max Dose/Frequency in 24 hours 4-6 hourly			**Dose**													
			Route													
Sign & Bleep A. Prescriber 123	**Pharmacy** **POD** 23/5 MP		**Given By**													
Medication Paracetamol			**Date**													
Indication Pain and fever			**Time**													
Dose 1 g	**Route** PO	**Start Date** 23/5														
Max Dose/Frequency in 24 hours 4-6 hourly max QDS			**Dose**													
			Route													
Sign & Bleep A. Prescriber 123	**Pharmacy**		**Given By**													
Medication			**Date**													
Indication			**Time**													
Dose	**Route**	**Start Date**														
Max Dose/Frequency in 24 hours			**Dose**													
			Route													
Sign & Bleep	**Pharmacy**		**Given By**													

Please indicate the reason where option 7 OR 8 has been chosen for not administered as prescribed

Date	Time	Signature	Reason for non-administration/delay and action taken

INFUSION PRESCRIPTION

Date	Route /Line	Infusion Fluid		Medication	Rate	Duration of Infusion	Sign & Bleep	Administration					
		Name and Strength	Volume	Approved Name and Dose				Date Given	Given By	Checked By	Start Time	Finish Time	Pharmacy
22/5	IV	Normal Saline	1000 mL			8 hours	AP 123	22/5	AN	NU	23:00	07:00 23/5	

Notes on Prescription Chart

Prescription Chart with Omissions and Errors Highlighted

On the next page, find the **same inpatient drug chart with the errors and omissions highlighted**. If you did not manage to find them all, try again and compare the two prescriptions. **Be sure to try and find the errors on the charts above before continuing**.

Explanations and learning points can be found at the end of the document.

INPATIENT MEDICATION PRESCRIPTION CHART AND ADMINISTRATION RECORD

Surname	Hospital no.	Gender
Patient	123456	Male
First Name	**Admission Date**	**Weight(kg)**
Sam	22/05/2020	80 kg
Date of Birth	**Ward**	**Height(cm)**
09/01/1945	Apple	175 cm
Consultant	**Trainee Dr**	**Chart 1 Of 1**
Noble	A. Prescriber	

Allergies, sensitivities and adverse drug reactions

Medicine/substance and details of reaction

Ramipril - angioedema

Date: 22/05/2020 Signature: A. Prescriber

Other Charts in Use (tick)	Diabetes	Epidural	PCA	Parenteral Nutrition	Syringe driver	Other (specify)

Complete Electronic VTE Risk Assessment	Signature: A. Prescriber	Date: 22.05.2020

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Date and Time	Medication Name	Dose	Route	Sign & Bleep	Given By	Date and Time	Pharmacy
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22/05 22.00	Amoxicillin	500 mg	PO	AP 123	AN	22/05 22.15	

Codes for when medicine(s) not administered as prescribed:

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4 Self-medicating witnessed 6 Self-medicating not witnessed 7 Delayed administration – state reason
8 Other – state reason X Omitted on instruction of doctor

OXYGEN PRESCRIPTION

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					Patient counselled	

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Medication			Time	Dose	Date													
			06															
Date	Route	PO	09															
Sign & Bleep			12															
			18															
Instructions			22															
			24															

ORAL ANTICOAGULANT PRESCRIPTION - VITAMIN K ANTAGONIST

Indication	Date Started	Length of Treatment	Sign & Bleep	Pharmacy	Refer to anticoagulant clinic	
					Anticoagulant books given	
Target INR					Patient counselled	

Patients prescribed Vitamin K Antagonists e.g. warfarin, must have a follow-up appointment, be provided with a completed anticoagulant record book and counselled on the medicine before discharge.

Medication		Date														
		INR														
Route	PO	Dose at 18:00														
Sign & Bleep		Signature														
		Given By														

Pharmacy codes:

S = stock drug IP = inpatient supply POD = patient's own medicine

TTA = dispensed by pharmacy with instructions POSH = patient's own supply at home

REGULAR PRESCRIPTION

			Date	22	23	24											
Medication Enoxaparin			**Time**	**Dose**	**Additional Information:**												
			06														
			09														
Route	SC	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18	40 mg		AN	AN										
Pharmacy S 23/5 MP			22														
			24														
Medication Prednisolone			**Time**	**Dose**	**Additional Information** FOR 5 DAYS with/after food												
			06														
			09	40 mg		AN	AN										
Route	PO	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18														
Pharmacy S 23/5 MP			22														
			24														
Medication Amoxicillin			**Time**	**Dose**	**Additional Information** FOR 5 DAYS												
			06	500 mg		AN	AN										
			09														
Route	PO	**Sign & Bleep** A. Prescriber 123	~~12~~ 14	500 mg		AN	AN										
Date	22/5		18														
Pharmacy S 23/5 MP			22	500 mg	X	AN	AN										
			24														
Medication Symbicort Turbohaler 400/12			**Time**	**Dose**	**Additional Information** contains budesonide and formoterol												
			06								Rinse mouth after use						
			09	1 puff		AN	AN										
Route	INH	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18														
Pharmacy POD 23/5 MP			22	1 puff	AN	AN	AN										
			24														
Medication Co-codamol 8/500			**Time**	**Dose**	**Additional Information** contains codeine and paracetamol												
			06														
			~~09~~ 08	2 tablets		AN	AN										
Route	PO	**Sign & Bleep** A. Prescriber 123	12	2 tablets		AN	AN										
Date	22/5		18	2 tablets		AN	AN										
Pharmacy S 23/5 MP			22	2 tablets	AN	AN	AN										
			24														
Medication Humulin M3 Kwikpen 100 units/mL			**Time**	**Dose**	**Additional Information** with food												
			06														
			09	12 Units		AN	AN										
Route	SC	**Sign & Bleep** A. Prescriber 123	12														
Date	22/5		18	8 Units		AN	AN										
Pharmacy POD 23/5 MP			22														
			24														

AS REQUIRED MEDICATIONS

Medication Salbutamol MDI 100 micrograms/puff			**Date**	
Indication SOB /wheeze			**Time**	
Dose 2 puffs	**Route** INH	**Start Date** 22/5	**Dose**	
Max Dose/Frequency in 24 hours 4-6 hourly			**Route**	
Sign & Bleep A. Prescriber 123	**Pharmacy** **POD** 23/5 MP		**Given By**	

Medication Paracetamol			**Date**	
Indication Pain and fever			**Time**	
Dose 1 g	**Route** PO	**Start Date** 23/5	**Dose**	
Max Dose/Frequency in 24 hours 4-6 hourly max QDS			**Route**	
Sign & Bleep A. Prescriber 123	**Pharmacy**		**Given By**	

STOP
A. Prescriber 23/05/20

Medication			**Date**	
Indication			**Time**	
Dose	**Route**	**Start Date**	**Dose**	
Max Dose/Frequency in 24 hours			**Route**	
Sign & Bleep			**Given By**	

Please indicate the reason where option 7 OR 8 has been chosen for not administered as prescribed

Date	Time	Signature	Reason for non-administration/delay and action taken

INFUSION PRESCRIPTION

Date	Route /Line	Infusion Fluid		Medication	Rate	Duration of Infusion	Sign & Bleep	Administration					
		Name and Strength	Volume	Approved Name and Dose				Date Given	Given By	Checked By	Start Time	Finish Time	Pharmacy
22/5	IV	Sodium Chloride 0.9%	1000 mL			8 hours	AP –123	22/5	AN	NU	23:00	07:00 23/5	

Key learning points from the exercise are explained below

1. Allergy/ADR status is not completed

- Incomplete documentation of allergy and ADR status can result in a patient experiencing a drug reaction which can potentially be fatal
    - It may also result in optimal therapy being withheld
- Ensure allergy and ADR status is ascertained and documented before administering any medication

2. Number of drug charts is not documented

- It is important to make a note of the number of charts a patient has, so you are aware of all prescribed medicines and to avoid missed doses
- If there is any doubt, the prescribing doctor should be contacted to clarify how many charts the patient has
- Any additional charts in use should be documented on the main drug chart e.g. diabetic chart

3. Prescription not signed

- The doctor has not signed for the prednisolone and amoxicillin prescriptions on the once only section of the chart and therefore the prescription is not legal
- This has resulted in an administration error by the nurse
- A prescription must be valid before a medicine is administered and if not, the prescriber should be contacted to clarify and correct the prescription

4. Enoxaparin administration is not clear

- There are no administration signatures for enoxaparin and therefore it is not known whether these doses have been omitted or the nurse has forgotten to sign

- Medical staff may assume the patient has not received the enoxaparin as 'not written or not signed for = not given', which may result in an inappropriate clinical decision being made about the patient and putting their safety at risk
- If a dose has been given and not signed for, a different nurse on duty may administer another dose of the same medication resulting in an administration error
- Always sign or indicate non-administration on the prescription chart immediately to prevent further un-prescribed administration

5. Prednisolone duration is not stated

- For prednisolone the number of days treatment must be documented
    - If a reducing dose is required, the regime must be clearly stated by the prescriber

6. Amoxicillin duration is not stated

- For amoxicillin the number of days treatment must be documented
- NB The time interval between amoxicillin doses should be equal e.g. 0600, 1400 and 2200

7. Symbicort inhaler device and strength is not stated

- Symbicort inhaler is available in three different strengths and as two different delivery devices (metered-dose inhaler (MDI) and dry powder inhaler (DPI))
- You must ensure the strength and device are noted on the drug chart by the prescriber before administering the medicine
- NB The inhaler technique needs to be checked to ascertain whether the patient is using his inhaler correctly – this can usually be done by a Dr, nurse, pharmacist or pharmacy technician
    - Discuss with a pharmacist if a patient is using their inhaler incorrectly

8. Co-codamol and paracetamol prescription error

- The maximum dose of paracetamol is 1 g four times daily and the minimum time interval between doses is 4-6 hours
- If both regular co-codamol (which contains paracetamol) and prn paracetamol are administered to the patient, the maximum daily dose of paracetamol will be exceeded, the consequences of which could potentially be fatal
    - The paracetamol should be stopped on the drug chart
- Using the symbol 'TT' to state the number of tablets should be avoided as this can lead to an administration error or staff may not be aware of what it represents
- NB the timing of the first co-codamol dose has been amended by the Dr to 0800 to ensure there is a minimum 4-hour interval between doses

9. Humulin M3 (insulin) prescription is incomplete

- The Humulin M3 dose has been prescribed using 'u' instead of correctly writing units in full
    - Never accept a prescription where 'u' for units is used – this may result in an administration error if the u is misinterpreted as a 0
- The insulin device should also be stated on the prescription e.g. penfill or disposable pen; in this case it is the Kwikpen® which is a disposable insulin pen
- The strength of the insulin must be stated on the prescription i.e. 100 units/mL

10. Salbutamol inhaler device and strength is not stated

- The most commonly prescribed inhaler device for salbutamol is the MDI
- Some patients may be using a DPI which is a different strength to the salbutamol MDI device
- You must ensure the strength and device are noted on the drug chart by the prescriber before administering the medicine

- The inhaler technique should be checked

11. Intravenous sodium chloride prescription needs correction

- In practice, sodium chloride 0.9% may be referred to as ‘normal saline’
- However, prescriptions should clearly state sodium chloride 0.9% as:
    - This is the approved name
    - There are different strengths of sodium chloride available

Preparations will be labelled as sodium chloride 0.9 % (not normal saline)

REFLECTIVE RECORD

Reflections from prescribing exercise

Date

What I learned from this activity:

Am I going to change anything as a result of this session? / How will I apply learning to my clinical practice?