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

INPATIENT MEDICATION PRESCRIPTION CHART AND ADMINISTRATION RECORD

Surname Patient	**Hospital no.** 123456	**Gender** Male	**Allergies, sensitivities and adverse drug reactions** **Medicine/substance and details of reaction** Date: Signature:
First Name Joe	**Admission Date** 22/05/2020	**Weight(kg)** 60 kg	
Date of Birth 18/03/1945	**Ward** Apple	**Height(cm)** 170 cm	
Consultant Noble	**Trainee Dr** A. Prescriber	**Chart……….** **Of…………….**	

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	30 mg	PO	AP 123	AN	22/05 22.15	
22/05 22.00	Amoxicillin	500 mg	IV	AP 123	AN	22/05 22.15	
22/05 22.00	Furosemide	40 mg	IV	AP 123	AN	22/05 22.15	
22/05 23.15	Aminophylline in	300 mg	IV	AP 123	AN	22/05 23.30	
	100 mL Sodium						
	Chloride 0.9%						
	over 20 minutes						

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
22/05	24%	Venturi Mask	88-92%	Continuous	AP 123	24/5 AP 123	AN

ORAL ANTICOAGULANT PRESCRIPTION - DIRECT ORAL ANTICOAGULANT (DOAC)

Indication	Date Started	Length of Treatment	Sign & Bleep	Pharmacy		
AF	24/05	Long-term	A. Prescriber 123	28 TTA MP 24/5	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													
Edoxaban					24													
			06															
Date 24/05	Route	PO	09	60 mg	AN													
Sign & Bleep A.Prescriber			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
Route: SC | **Date:** 22/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information

Time	Dose	22	23	24
06				
09				
12				
18	40 mg			
22				
24				

Medication: Salbutamol
Route: NEB | **Date:** 22/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information DRIVEN BY OXYGEN

Time	Dose	22	23	24
06				
09	5 mg		AN	
12	5 mg		AN	
18	5 mg			
22	5 mg	AN		
24				

STOP
A Prescriber 24/05/20

Medication: Ipratropium
Route: NEB | **Date:** 22/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information DRIVEN BY OXYGEN

Time	Dose	22	23	24
06				
09	500 mcg		AN	
12	500 mcg		AN	
18	500 mcg			
22	500 mcg	AN		
24				

STOP
A Prescriber 24/05/20

Medication: Prednisolone
Route: PO | **Date:** 22/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information with/after food

Time	Dose	22	23	24
06				
09	30 mg		AN	AN
12				
18				
22				
24				

Medication: Amoxicillin
Route: IV | **Date:** 22/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information

Time	Dose	22	23	24
06	500 mg		AN	AN
09				
12	500 mg		AN	AN
18				
22	500 mg	X	AN	AN
24				

Medication: Amiodarone
Route: PO | **Date:** 23/5 | **Sign & Bleep:** A. Prescriber 123
Pharmacy: S 23/5 MP

Additional Information

Time	Dose	22	23	24
06	200mg			AN
09				
~~12~~14	200mg			AN
18				
22	200mg		AN	AN
24				

REGULAR PRESCRIPTION

	Date		22	23	24											
Medication Furosemide	**Time**	**Dose**	**Additional Information** Rate should not exceed 4 mg/minute													
	06															
	09	40 mg		AN	AN											
Route IV / **Sign & Bleep** A. Prescriber 123	**12**															
Date 22/5	**18**															
Pharmacy	**22**	40 mg		AN	AN											
S 23/5 MP	**24**															
Medication Symbicort	**Time**	**Dose**	**Additional Information** Contains budesonide and formoterol													
	06						Rinse mouth after use									
	09	1 puff		X	AN											
Route INH / **Sign & Bleep** A. Prescriber 123	**12**															
Date 22/5	**18**															
Pharmacy	**22**	1 puff	X	AN	AN											
POD 23/5 MP	**24**															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															

AS REQUIRED MEDICATIONS

Medication			Date													
Medication Salbutamol			**Date**													
Indication SOB - COPD			**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			Date													
Medication Paracetamol			**Date**													
Indication Pain/Fever			**Time**													
Dose 1 g	**Route** PO	**Start Date** 23/5	**Dose**													
Max Dose/Frequency in 24 hours			**Route**													
Sign & Bleep A. Prescriber 123	**Pharmacy** S 23/5 MP		**Given By**													

Medication			Date													
Medication			**Date**													
Indication			**Time**													
Dose	**Route**	**Start Date**	**Dose**													
Max Dose/Frequency in 24 hours			**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	Signature & 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%	250 mL	Aminophylline 250 mg	18 mL per hour		AP 123	23/5	AN	NU	00:15	14:10	
23/5	IV	Sodium Chloride 0.9%	1000 mL	Potassium 40 mmol		3 hours	AP 123	23/5	AN	NU	12:30	15:30	

Notes on Prescription Chart

Prescription Chart with Omissions and Errors Highlighted

On the next page, find the **same 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 Patient	Hospital no. 123456	Gender Male	Allergies, sensitivities and adverse drug reactions Medicine/substance and details of reaction **None Known** Date: 22/05/2020 Signature: A. Prescriber
First Name Joe	Admission Date 22/05/2020	Weight(kg) 60 kg	
Date of Birth 18/03/1945	Ward Apple	Height(cm) 170 cm	
Consultant Noble	Trainee Dr A. Prescriber	Chart 1 Of 1	

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	30 mg	PO	AP 123	AN	22/05 22.15	
22/05 22.00	Amoxicillin	500 mg	IV	AP 123	AN	22/05 22.15	
22/05 22.00	Furosemide	40 mg	IV	AP 123	AN	22/05 22.15	
22/05 23.15	Aminophylline in	300 mg	IV	AP 123	AN	22/05 23.30	
	100 mL Sodium						
	Chloride 0.9%						
	over 20 minutes						

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
22/05	24%	Venturi Mask	88-92%	Continuous	AP 123	24/5 AP 123	AN

ORAL ANTICOAGULANT PRESCRIPTION - DIRECT ORAL ANTICOAGULANT (DOAC)

Indication	Date Started	Length of Treatment	Sign & Bleep	Pharmacy	Refer to anticoagulant clinic	
AF	24/05	Long-term	A. Prescriber 123	28 TTA MP 24/5	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													
Edoxaban					24													
			06															
Date 24/05	Route	PO	09															
Sign & Bleep A.Prescriber 123			12															
			18	30 mg	AN													
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

Medication: Enoxaparin

Route: SC | Date: 22/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06															
09															
12															
18	40 mg		AN												
22															
24															

STOP
A.Prescriber 24/05/20

Medication: Salbutamol

Additional Information: **DRIVEN BY AIR**

Route: NEB | Date: 22/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06															
09	5 mg		AN												
12	5 mg		AN												
18	5 mg														
22	5 mg	AN													
24															

STOP
A Prescriber 24/05/20

Medication: Ipratropium

Additional Information: **DRIVEN BY AIR**

Route: NEB | Date: 22/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06															
09	500 micrograms		AN												
12	500 micrograms		AN												
18	500 micrograms														
22	500 micrograms	AN													
24															

STOP
A Prescriber 24/05/20

Medication: Prednisolone

Additional Information: **FOR 5 DAYS** with/after food

Route: PO | Date: 22/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06															
09	30 mg		AN	AN											
12															
18															
22															
24															

Medication: Amoxicillin

Additional Information: **FOR 5 DAYS**

Route: IV | Date: 22/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06	500 mg		AN	AN											
09															
~~12~~14	500 mg		AN	AN											
18															
22	500 mg	X	AN	AN											
24															

Medication: Amiodarone

Additional Information: **200 mg tds for 7 days, then bd for 7 days then od thereafter**

Route: PO | Date: 23/5 | Sign & Bleep: A. Prescriber 123

Pharmacy: S 23/5 MP

Time	Dose	22	23	24											
06	200 mg			AN											
09															
~~12~~14	200 mg			AN								X	X	X	X	X
18															
22	200 mg		AN	AN											
24															

REGULAR PRESCRIPTION

	Date		22	23	24											
Medication	**Time**	**Dose**	**Additional Information** Rate should not exceed 4 mg/minute													
Furosemide	**06**															
	09	40 mg		AN	AN											
Route IV / **Sign & Bleep** A. Prescriber 123	**12**	40 mg		AN	AN											
Date 22/5	**18**															
Pharmacy	**22**															
S 23/5 MP	**24**															
Medication	**Time**	**Dose**	**Additional Information** Contains budesonide and formoterol													
Symbicort Turbohaler 400/12	**06**							Rinse mouth after use								
	09	1 puff		X	AN											
Route INH / **Sign & Bleep** A. Prescriber 123	**12**															
Date 22/5	**18**															
Pharmacy	**22**	1 puff	X	AN	AN											
POD 23/5 MP	**24**															
Medication	**Time**	**Dose**	**Additional Information** Contains tiotropium													
Spiriva Handihaler	**06**															
	09	18 micrograms			AN											
Route INH / **Sign & Bleep** A. Prescriber 123	**12**															
Date 24/5	**18**															
Pharmacy	**22**															
POD 23/5 MP	**24**															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															
Medication	**Time**	**Dose**	**Additional Information**													
	06															
	09															
Route / **Sign & Bleep**	**12**															
Date	**18**															
Pharmacy	**22**															
	24															

AS REQUIRED MEDICATIONS

Medication Salbutamol MDI 100 micrograms/puff			**Date**													
Indication SOB - COPD			**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/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** S 23/5 MP		**Given By**													

Medication			**Date**													
Indication			**Time**													
Dose	**Route**	**Start Date**	**Dose**													
Max Dose/Frequency in 24 hours			**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	Signature & 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%	250 mL	Aminophylline 250 mg	18 mL per hour		AP 123	23/5	AN	NU	00:15	14:10	
23/5	IV	Sodium Chloride 0.9%	1000 mL	Potassium 40 mmol		6 hours	AP 123	23/5	AN	NU	12:30	18:30	1 IP 23/5 US

Key learning points from the prescribing exercise are explained below

1. Allergy and ADR status

- The allergy and ADR status are not completed
- Incomplete documentation of allergy/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/ADR status is ascertained and documented before prescribing any medication

2. Drug charts in use

- The number of charts is not documented
- It is important to make a note of the number of charts a patient has, so prescribers are aware of all prescribed medicines and to avoid missed doses
- Any additional charts in use should be documented on the main drug chart e.g. diabetic chart

3. Medicines reconciliation

- This is the process of ensuring the patient's current medication history is correct on transferring between care settings and any changes made are clearly documented
- To ensure continuity of care, document the name of each medicine, the dosage, frequency and route of administration.
  - Additional information such as formulation, strength and device may be required for some medicines
- Symbicort inhaler is available in three different strengths and as two different delivery devices (metered-dose inhaler (MDI) and dry powder inhaler (DPI))
  - Therefore, strength and device should be noted on the drug chart

- Salbutamol inhaler is available as two different devices
    - The most commonly prescribed inhaler device for salbutamol is the MDI
    - Some patients may, however, be using a salbutamol DPI which is a different strength to the MDI device
    - The strength and device should be noted on the drug chart
- The inhaler technique needs to be checked to ascertain whether the patient is using his inhalers correctly – this can usually be done by a Dr, nurse, pharmacist or pharmacy technician
    - Discuss with a pharmacist if the patient is using their inhalers incorrectly

4. Administration

- When reviewing a patient's medication, it is vital to check what the patient has actually received, as this may influence the management of the current situation
- 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

5. Edoxaban

- Enoxaparin and edoxaban should not be given together
    - Enoxaparin must be stopped and edoxaban started when the next enoxaparin dose would have been due
- The patient's body weight and calculated creatinine clearance should be checked to ensure the correct dose of edoxaban is prescribed - refer to local Trust guidance and/or BNF
    - According to the patient's weight, the dose of edoxaban is incorrect and should be 30 mg OD

- Prior to initiation of edoxaban, a clotting screen, renal function, U+Es, FBC and LFTs should be carried out and assessed – refer to local Trust guidance and/or BNF for further details
- The patient should be counselled on edoxaban, given the relevant documentation and referred to anticoagulant clinic at some point before discharge

6. Treatment of COPD

- Always prescribe in accordance with your local Trust COPD and antimicrobial guidelines
- The dose of nebulised ipratropium should be written as 500 micrograms
  - Micrograms should not be abbreviated to mcg as it can be misread as mg
- It is recommended nebulised salbutamol and ipratropium are driven by air and not oxygen to avoid carbon dioxide retention in COPD patients
- For prednisolone the number of days treatment must be documented
  - If a reducing dose is required, the regime must be clearly stated
- For amoxicillin the number of days treatment must be documented
  - The IV route should be reviewed daily and switched to the oral route when appropriate
  - The time interval between amoxicillin doses should be equal e.g. 0600, 1400 and 2200

7. Diuretic therapy

- On admission, the furosemide was switched to the IV route and the dose increased
- The second dose of furosemide should usually be given at lunch time (and no later than 4 pm) to prevent the peak diuretic effect occurring at night and inconveniencing the patient
- Furosemide should be given by slow IV injection at a rate not exceeding 4 mg per minute due to the risk of ototoxicity associated with a more rapid rate of administration
- Dose and route of furosemide should be reviewed on a daily basis and according to clinical parameters

8. Aminophylline

- The patient requires an intravenous loading dose of aminophylline 5 mg per kg (diluted further usually in 100 mL sodium chloride 0.9 %) as an infusion over 20 minutes – check your local Trust IV medication administration guide
  - It is important to ascertain whether a patient is already taking oral aminophylline or oral theophylline, as these patients should not normally receive a loading dose of intravenous aminophylline
- The loading dose of aminophylline is followed by a maintenance intravenous infusion of aminophylline 300 micrograms per kg per hour (dose in elderly)
  - Check your local Trust IV medication administration guide for details on how to prescribe this
- Aminophylline is a narrow therapeutic index drug and a blood sample should be taken 4–6 hours after starting IV treatment
  - Aminophylline is monitored therapeutically in terms of plasma-theophylline concentration

9. Treatment of hypokalaemia

- It should be noted that furosemide, aminophylline, salbutamol nebuliser and prednisolone all have the potential to cause hypokalaemia
  - Therefore, when prescribed concomitantly the risk of hypokalaemia is increased further
- The usual maximum concentration of potassium that can be infused peripherally is 40 mmols/litre
  - Each 20 mmol of potassium is usually given slowly over 2 to 3 hours using an infusion pump
- Commercially available ready-diluted potassium infusion must be used

- Potassium diluted with sodium chloride 0.9% are preferred for initial potassium replacement, as those diluted with glucose may further lower potassium levels

10. Oral Amiodarone

- Amiodarone has a long half-life and requires a loading regime of 200 mg TDS for one week, 200 mg BD for the second week then 200 mg OD thereafter
    - When a change in dose is part of a standard initiation regime, this should be annotated clearly on the drug chart
- Prior to initiation of amiodarone, chest X-ray, potassium level, TFTs, LFTs and ECG, should be carried out and assessed – see BNF for further information
- Caution should be exercised when amiodarone is prescribed with medicines that may cause hypokalaemia as there is a risk of torsade de pointes

11. Tiotropium

- Tiotropium is part of the patient's medication history and should be restarted once the ipratropium nebules are stopped, as part of the management of his COPD
- Tiotropium inhaler is available as different devices and strengths
    - The device and strength should be noted on the drug chart
    - It is good practice to prescribe by brand name
- The inhaler technique should be checked

12. Paracetamol

- The maximum dose of paracetamol is 1 g four times daily and the minimum time interval between doses is 4-6 hours
- The frequency and the maximum dose in 24 hours should be stated to avoid too frequent or over-dose by exceeding the maximum daily dose of paracetamol, which can lead to fatal consequences.