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MMC Modernising Medical Careers

MODERNISING MEDICAL CAREERS

IN NEXT MONTH'S MMC SUPPLEMENT

Medicines management: a guide for the foundation year doctor

Introduction

As a foundation doctor, you will deal with patients' medicines. This includes taking the initial drug history, completing and updating the prescription chart and prescribing take-home medication.

Drugs come in different guises, including:

- Tablets or capsules
- Liquid, syrup or elixir
- Inhalers or nasal sprays
- Rectal preparations
- Topical (creams, ointments or sprays)
- Drops ('guttate')
- Injectable preparations.

Your ward pharmacy team are invaluable in providing clinical advice as well as arranging medication supplies. You need to get to know them, respect them and work effectively with them. They are experts in their own right.

You need to familiarize yourself with your hospital's prescription chart layout – currently, there is no national standard. You also need to know how to organize discharge medication, whether in paper form or via a computer package.

Your trust will also have its own formulary, which is more limited than the *British National Formulary* (BNF). A local formulary is overseen by an appropriate trust committee and aims to promote safe, rational and cost-effective prescribing. This may be available in hard copy and/or on the trust intranet. If you are unsure about anything to do with formularies, please ask. A pharmacist may change an item that you have prescribed, particularly if it is not on the trust formulary, but you will still need to sign for it.

Most trusts have committees to oversee medicines management. They examine issues such as:

- New product introduction
- Formularies
- Prescribing advice
- Finance
- Systems and practice.

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Pharmacy role

Pharmacy staff used to be based exclusively in dispensaries, dealing with the supply side of medicines management. However, this has changed in recent years and they are now more clinically involved. Each ward generally has an allocated pharmacist, who supports the safe and effective use of medicines, monitoring and advising on:

- Choice of medication
- Dosing and administration
- Special precautions and protocols
- Adverse effects (including 'yellow card' reporting)
- Interactions
- Therapeutic drug monitoring.

You are still responsible for ensuring the accuracy, safety and consequences of the prescriptions you write and should not rely completely on the pharmacist or technician to check them.

The ward pharmacy team may also assist with drug history-taking, which will free up doctors' time and enhance the service to patients. They can also provide information to patients and help with compliance.

There may be an emergency duty pharmacist on call out of hours, although he/she is likely to be non-resident and should not be called unless absolutely necessary. It is advisable to contact a nurse bleepholder or site manager first, as he/she will be aware of available drug stocks.

There may be a routine medicines information service, with a facility to ring for advice. The pharmacy department may also circulate relevant information.

General prescribing

Medicines may be for regular use, once only or as needed ('PRN'). These will go in different sections on the prescription chart. There may also be separate places for regimens such as insulin sliding scales and syringe driver instructions.

You are responsible for what you prescribe. When completing drug charts and take-home medication forms, make sure you write legibly, in capital letters, in indelible black ink. Use generic names, unless specifying the brand makes a difference, such as compound or slow-release preparations. Write the drug name in full, with no abbreviations, and spell it correctly. When prescribing electronically, beware of drop-down boxes giving you the wrong drug, such as azithromycin *vs* azathioprine. Include the date, dose timing and your signature. State clearly the dose or strength, mode of administration, device (if appropriate, such as pen or syringe for insulin), site (if appropriate, such as 'right eye') and frequency.

For doses less than 1 unit, convert them to lower units. For example, 0.5 mg should be written as 500 microgrammes. The word 'microgrammes' should be written as fully as possible to avoid confusion with 'mg' (milligrammes). It is not acceptable to use 'mcg' or 'μg'. Similarly, never put 'u' (which can look like a 0 (zero)) or 'iu' (which can look like 10) – always write 'units' out in full. Some insulin sections of charts will have this pre-printed for you. The blood unit symbol of a circle with a dot inside must not be used as it can also be confused with a 0 and may lead to 10 times the dose of insulin or heparin being administered by mistake. Do not add a zero after a decimal point, i.e. put 5 mg, not 5.0 mg. Liquid volumes less than 1 ml must have a zero before the decimal point e.g. 0.2 ml, not .2 ml. Symbols resembling pi (π), with varying combinations of strokes and dots, are potentially misleading. Nor should Roman numerals be used. Instead, the exact Arabic number of tablets or doses should be stated.

Include treatment duration for drugs such as antibiotics, or a review date if not known. PRN medication should include the route, indication for use and minimum interval between doses.

If a drug chart alteration needs to be made, cancel the prescription by crossing it through, adding your signature and the date, and write a new prescription further down. Do not change an existing entry. If there is no room left on the chart, it is best to re-write everything current on to a new chart, if it will fit. It is advisable to have just one chart per patient whenever possible. When re-writing charts, the date carried over should be the original start date of the medication, not the date of re-writing. This clarifies how long the drug has been given for. The original chart should be crossed through, dated and signed. It is best for this to be done by the regular medical team rather than leaving it to an out-of-hours doctor who is unfamiliar with the patient.

It is vitally important that allergies are recorded promptly, accurately and completely. If there are no known allergies, then this should be stated rather than the box simply being left blank. The patient's weight should be noted in paediatrics, or in adult patients where the dosage depends on weight.

Controlled drugs

Controlled drugs are legally subject to control of acquisition, possession, prescription, administration, destruction and storage. There are stringent mandatory rules about the nature and amount of record-keeping. You must apply due vigilance when prescribing any **controlled drug.**

The patient details should be in the doctor's own writing (anyone can stick a label over the top). The form (and strength, where appropriate) of the preparation must be stated, such as tablets or elixir. The total quantity of the preparation, or the number of dose units, in both words and figures, must be stated, such as 'morphine sulphate SR (MST) tablets, 30 mg twice daily orally – fourteen (14) x 30 mg tablets'. If in doubt, ask a pharmacist first – it takes longer to write it wrongly and have it sent back for correction.

Conclusions

Good prescribing habits are essential for patient safety and efficiency. You are responsible for what you prescribe and should make everything clear to those administering medicines to your patients. Cultivate a good relationship with the pharmacy teams on the wards you work on. Use your trust's medicines formulary rather than turning straight to the BNF. Do not be afraid to ask for help. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

Useful website

British National Formulary www.bnf.org

KEY POINTS

- Respect pharmacy staff's expertise.
- Adhere to good practice when writing and re-writing prescriptions – you are responsible.
- Exercise particular care when prescribing controlled drugs.
- Be aware of local formulary requirements, rather than just using the British National Formulary.
- If in doubt, ask the pharmacist.