Writing a Hospital Prescription

Sections of the Drug Chart

- **DEMOGRAPHICS**: patient (hospital number, name, age, DOB, weight), hospital (consultant, ward), cardex (date written, chart/page number), allergies
- **ONCE ONLY DRUGS**: for drugs to be given only once at a certain time/date
- **ANTIBIOTIC PRESCRIPTIONS**
- **REGULAR PRESCRIPTIONS**
- **AS REQUIRED (PRN) MEDICATION**: for medication only to be given if the patient requests it/ complains e.g. analgesia, anti-emetics etc
- **OXYGEN**
- **FLUIDS**

**Rules**

- Write in **black, capital letters**
- Do not abbreviate:
  - Micrograms
  - Nanograms
  - Units
- **Use generic drug names** (not brand names), except for:
  - Inhalers
  - Insulin
  - Psychiatric drugs
  - Epilepsy drugs
  - Narrow therapeutic range drugs ([Guys With Large Dongles Totally Make Perfect Internet Connections](#))
    - Gentamycin
    - Warfarin
    - Lithium
    - Digoxin
    - Theophylline
    - Methotrexate
    - Phenytoin
    - Insulin
    - Ciclosporin

In these cases, write the generic name first then the brand name in brackets afterwards.

- **Review dates** for antibiotics should be 48 hours (because this is when culture results will be back). All medications should be reviewed weekly.
- **Allergy box** must be filled out with any allergies (not just drug allergies) and the details of the reaction in brackets. The box must also be signed and dated in the bottom right corner.
- **Times** must be written in 24h format (00:00)
- The dose should be the total i.e. if the patient needs 2x 500mg tablets, put 1g in the dose
- When stopping a drug, cross through it neatly and sign and date
- If a drug needs to be omitted on a certain date/s, cross like this:

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And write it in the comments
- If re-writing a chart, include all the original start dates

**Special Case Prescriptions**

- **Solutions**
  - Write the drug and concentration in the drug box and how many mls in the dose box (e.g. DRUG: Oromorph 5mg/5ml. DOSE: 5ml)
- **Inhalers**
  - Write the inhaler and puff content in the drug box and how many puffs in the dose box (e.g. DRUG: Salbutamol 100 micrograms. DOSE: 2 Puffs)
• Combined drugs
  o Write the combination specifics in the drug box and how many tablets in the dose box (e.g. DRUG: Co-Codamol 8/500. DOSE: 2 Tablets)

• Complex analgesia
  o You should prescribe background analgesia regularly and a breakthrough dose PRN (1/6th dose of regular dose repeated up to 4-hourly)

• Oxygen
  o Include the device to be used, the final concentration, the flow rate

• Fluids
  o Include the fluid, volume, additives and flow rate

• Outpatient controlled drug prescriptions
  o Must be in handwriting
  o Include patient name and address
  o Dose must be spelled out as well as numeric e.g. 5 (five) mg
  o Total quantity must be spelled out as well as numeric

Choosing Prescription Times
• BD: circle/tick the earliest and latest times in the day
• TDS: circle/tick three times throughout the day as spaced out as possible. If there are 4 times on the drug chart it usually does not matter which middle time you choose
• 8-HOURLY: must be 8 hours apart, so cross out times and write new times to make them 8 hours apart
• QDS: circle/tick four times throughout the day as spaced out as possible
• PRN: in the PRN section of the chart, “frequency” is the maximum frequency (i.e. don’t write PRN, write e.g. 4-hourly)
• OD: circle/tick the first dose time of the day (unless it’s a statin or sleeping medication etc)
• ON: circle/tick the last dose time of the day

Prescribing Stations Tips
• Order of station:
  1. Fill in demographic information, date, chart number etc
  2. Check allergies and fill in
  3. Prescribe antibiotics (checking for allergies) [!WARNING: many antibiotics contain penicillin e.g. amoxicillin/flucloxicillin/ampicillin, co-amoxiclav, augmentin, tazocin etc]
  4. Prescribe other new medications
  5. Say “Normally, I would now check drug interactions, would you like me to do that now or go on to write the regular medications up?” (always check interactions if prescribing any narrow therapeutic range drugs or enzyme inducers/inhibitors)
  6. Prescribe regular medications – LAST!
• The time is usually very short, so rush and do everything as fast as possible
• If you do not know the length of antibiotic courses say you would call microbiology to confirm but write the usual duration:
  o IV antibiotics: 5 days
  o Oral antibiotics: 7 days