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Maintaining Service Standards for Prescribing – Avoiding the Pitfalls

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Presentation Layout

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Introduction

- Every medicine carries a certain degree of inherent risk – benefit vs risk
- Optimal treatment (WHO 1985)
 - right medicine,
 - right condition (registered indication – Beware of Off label use)
 - the right dose,
 - by the right route, at
 - the right time and
 - for the right duration
- Based on accurate assessment and timely review
 - Accurate Patient Medical History
 - Follow STGs and Guidelines
- KISS – Keep It Simple S...



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Service Standards - Legislative Framework

- Basic Healthcare Objective of the NDP
 - ensure good and safe prescribing...practices
- Medicines and Related Substances Act, 1965 (Act 101 of 1965) and Health Professions Act, 1974 (Act 56 of 1974)
 - Authorised Prescribers
 - Legality of prescriptions (Basic requirements of a legal script)
- Good Clinical and Good Pharmacy Practice



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Service Standards for Prescribing

Ethical rules of conduct

- Ethical Rules of the Health Professions Act specify that: “A practitioner may prescribe or supply medicine or a medical device to a patient provided that such practitioner has ascertained the diagnosis of the patient concerned through a personal examination of the patient

Medicines and Related Substances Act 101 of 1965

- Following a diagnosis, the doctor may, if necessary, issue a prescription in accordance with this Act. This must be done according to the conditions specified under Section 22A: Control of medicines and Scheduled substances. Prescriptions must be written accurately including all the details required in Regulation 28: particulars which must appear on a prescription or order for a medicine

Good Pharmacy Practice

- An important consideration is to establish the validity and authenticity of the prescription



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Common Pitfalls

- ❖ Prescribing errors feature commonly in case files either as patient complaints or more serious legal claims of clinical negligence. Some of the issues can be complex but more often than not doctors and practices are caught out by “simple” errors – an incorrect dose, or prescribing the wrong antibiotic.
- ❖ Five percent of all accident and emergency admissions are caused by prescribed medicines. This figure rises to an alarming twelve percent in elderly patients and paediatrics.
 - This may be through inappropriate use or dosage, side effects, drug:drug interactions, failing metabolism in the liver and reduced excretion by the kidneys
- ❖ The risk also increased according to the number of medicines a patient was taking - Polipharmacy
 - each additional medicine increased error risk by 16%,
 - patient age (children and over-75s were twice as likely to have an error) and
 - the type of medicine prescribed. A study published in 2007 found that just four classes of drugs are associated with around half of preventable medication-related hospital admissions: antithrombotics (e.g. aspirin), anticoagulants (e.g. warfarin), NSAIDs and diuretics.



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Prescribing Errors

The most common types of errors are:

- Dose/strength errors
- Use of abbreviations
- Incorrect timing of doses and failure to arrange appropriate monitoring of prescribed drugs
- Repeat/Refill prescribing errors - transcription
- Poly-pharmacy
- incomplete information on the prescription,
 - Biometric data - age, height, weight
 - Patient medical history – existing conditions, medicines



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Avoiding the Pitfalls – contrn'd

Good practice systems for repeats can offer a safety net for this fundamental requirement.

- ✓ the right patient is issued with the correct prescription
- ✓ the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment
- ✓ the patient's condition is monitored, taking account of medicine usage and effects
- ✓ only staff who are competent to do so prepare repeat prescriptions for authorisation
- ✓ patients who need further examination or assessment are reviewed by an appropriate healthcare professional
- ✓ any changes to the patient's medicines are critically reviewed and quickly incorporated into their record.
- ✓ Monitoring patients is particularly important in high-risk patient groups, such as the elderly, those on multiple drugs and in cases of hepatic or renal impairment where drug metabolism and excretion may be reduced leading to drug toxicity



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Summary – Avoiding the Pitfalls

- Controlled substances are stored and prescribed in accordance with regulations
- Each patient's file contains a comprehensive set of notes on medical history and medication summary
- Patients are examined before prescriptions are prepared
- STGs and Protocols are followed – Evidence Based
- Pharmacovigilance – Post Marketing Surveillance
- Continuing Professional Development
- Patients are provided with information about any medication prescribed, including risks and alternatives
- Consent is obtained when prescribing new medication especially for off label use
- There is a system for monitoring patients who have been prescribed addictive medications or medicines with serious side effects, including dosage and frequency



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Conclusion

- You are responsible for any prescription you sign, including repeat prescriptions for medicines initiated by colleagues.
- If in doubt, Consult.
 - Wealth of Expertise and knowledge in Pharmacology that is underutilised



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Thank You. Dankie. Ke a Leboga!