



Western Health
and Social Care Trust

The Altnagelvin Doctor's Handbook

Altnagelvin Hospitals

H&SS Trust

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Prescribing: [REDACTED]

Prescribing medication is one of the most important duties as a junior doctor, and mistakes in this area can be disastrous for the patient, and lay you open to litigation. The following general guidelines may help, but remember to ask a senior colleague and consult the British National Formulary (BNF) if you are in doubt.

Accurate and safe prescribing¹¹

Your prescriptions must be accurate and legible. You should read and put into practice the advice given in the BNF 'General Guidelines'. In general:

- (i) Write **legibly** and avoid abbreviations. Full signatures are required, not initials.
- (ii) Avoid using **proprietary names** where possible, and use **metric units** without decimal points where possible (Digoxin 125 micrograms rather than 0.125mg). Microgram should be written in full to avoid confusion.
- (iii) Check drug doses, dose intervals and route with great care.
- (iv) Check for drug sensitivities, record clearly in red.
- (v) When re-writing a kardex, use the date when the prescription was **first initiated**. Cancel the prescriptions on the old sheet, using a single straight line through each entry, dated and initialled.
- (vi) When a patient is admitted, take care to obtain details of their previous prescription and continue drugs at the appropriate dosage where necessary.
- (vii) When initiating a new drug you have little experience with, ask a senior colleague before making a major change in therapy. You may also wish to ask the advice of the Pharmacy department who can research the literature on side effects and interactions of new or less commonly used drugs. Always record the reasons for initiating therapy in the medical notes and inform the nursing staff. Inform the General Practitioner of these indications and of how long you intend the patient to take the medication. The patient should also be fully informed about their medication, and where the drug is particularly toxic, you should

provide specific patient information and record that you have done so.
(viii) Take particular care with **calculations** of drug dosage (by age, height or weight). You must record clearly the patient's height and weight and the calculation you have performed to arrive at the dose. When you find yourself giving more than three parenteral dosage units (i.e. three ampoules or vials), check first with the Pharmacy department.

Adverse reactions:

It is vitally important that you obtain a history of adverse reactions to drug when a patient is admitted and when a new drug is prescribed, especially penicillin related drugs. Record the nature of the adverse reaction to give some idea of its severity.

Some adverse reactions (to new drugs, or severe reactions to established drugs) must be reported to the Committee on Safety of Medicines. Please refer to the appropriate section in BNF for guidelines.

Hospital Formulary:¹²

A hospital formulary should have been given to you on taking up post. These guidelines are based on good practice and revised frequently, so you should use them as often as possible. Advice on the management of infections can be obtained from the Consultant Microbiologist.

Medication on Discharge:

Take care to ensure that your prescription is accurate and legible, and that the patient is given instruction on any new treatments. Do not prescribe night sedation that was intended for hospital stay only.

Anti-Coagulation:

If your patient has been commenced on anti-coagulants, you **must** fill out the form for the anti-coagulant clinic and contact the clinic to arrange the first appointment. The form should include the diagnosis, the target INR, and the proposed duration of anti-coagulation. Patients should be informed verbally and in writing of the nature, adverse effects and potential interactions of their therapy. An information leaflet is available, and this must be given to the patient prior to discharge from hospital.

Pharmacy: A valuable Information service:

The Pharmacists are keen to help you and give advice where you are unsure of dosage etc. They will also perform literature searches to investigate possible adverse reactions to medication. [REDACTED]

The Pharmacy has a Medicines Help line ([REDACTED]) for the benefit of patients

Prescribing IV fluids:

Prescribing IV fluids is a potentially hazardous duty. Close attention should be given to the type and volumes of intravenous fluids required and any related ward policies. For example, the default solution for paediatric patients is now half strength saline in 2.5% dextrose. This is to reduce the risk of ISADH related hyponatraemia that can be fatal. **If you are unsure of your fluid prescribing seek senior advice.**

Administering Blood Products or Chemotherapy

Administration of Blood Products:¹³

This is one area in which a junior member of staff can very easily cause a patient's death by a moment's inattention or carelessness. Constant vigilance and care is the key to avoid mistakes. It is vital that you are familiar with the hospital's *blood transfusion policy*¹³.

When you take blood for group and **cross-matching**, it is vitally important that you **check the patient's name and date of birth** verbally and by checking the patient's identification bracelet. *Cross-matching tubes must be handwritten at the bedside – addressograph labels will not be accepted.* You should also check for previous adverse reactions to blood products. **Do not delegate these duties.** The correct and full documentation of blood administration is a legal requirement.

Before administration of blood products, check that the patient needs the transfusion. In the case of chronic anaemia, iron or vitamin B₁₂ replacement may suffice. Once again, check the patient's name, number and date of birth: also check the blood products bag for the blood group and expiry date.

Administration of Chemotherapy:⁹

Guidelines on the administration of chemotherapy are available in the Chemotherapy unit. **Please do not undertake to administer chemotherapy without adequate supervision if you have not been trained.**

Please note that hospital policy states that *intrathecal chemotherapy may only be administered by a consultant haematologist.*