

Challenges to Safe and Effective Prescription Writing in the Environment Where Digital Prescribing is Absent

Authors : Prashant Neupane, Asmi Pandey, Mumna Ehsan, Katie Davies, Richard Lowsby

Abstract : Introduction/Background & aims: Safe and effective prescribing in hospitals, directly and indirectly, impacts the health of the patients. Even though digital prescribing in the National Health Service (NHS), UK has been used in lots of tertiary centers along with district general hospitals, a significant number of NHS trusts are still using paper prescribing. We came across lots of irregularities in our daily clinical practice when we are doing paper prescribing. The main aim of the study was to assess how safely and effectively are we prescribing at our hospital where there is no access to digital prescribing. Method/Summary of work: We conducted a prospective audit in the critical care department at Mid Cheshire Hospitals NHS Foundation Trust in which 20 prescription charts from different patients were randomly selected over a period of 1 month. We assessed 16 multiple categories from each prescription chart and compared them to the standard trust guidelines on prescription. Results/Discussion: We collected data from 20 different prescription charts. 16 categories were evaluated within each prescription chart. The results showed there was an urgent need for improvement in 8 different sections. In 85% of the prescription chart, all the prescribers who prescribed the medications were not identified. Name, GMC number and signature were absent in the required prescriber identification section of the prescription chart. In 70% of prescription charts, either indication or review date of the antimicrobials was absent. Units of medication were not documented correctly in 65% and the allergic status of the patient was absent in 30% of the charts. The start date of medications was missing and alternations of the medications were not done properly in 35% of charts. The patient's name was not recorded in all desired sections of the chart in 50% of cases and cancellations of the medication were not done properly in 45% of the prescription charts. Conclusion(s): From the audit and data analysis, we assessed the areas in which we needed improvement in prescription writing in the Critical care department. However, during the meetings and conversations with the experts from the pharmacy department, we realized this audit is just a representation of the specialized department of the hospital where access to prescribing is limited to a certain number of prescribers. But if we consider bigger departments of the hospital where patient turnover is much more, the results could be much worse. The findings were discussed in the Critical care MDT meeting where suggestions regarding digital/electronic prescribing were discussed. A poster and presentation regarding safe and effective prescribing were done, awareness poster was prepared and attached alongside every bedside in critical care where it is visible to prescribers. We consider this as a temporary measure to improve the quality of prescribing, however, we strongly believe digital prescribing will help to a greater extent to control weak areas which are seen in paper prescribing.

Keywords : safe prescribing, NHS, digital prescribing, prescription chart

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