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Medicines – Prescribing and Initiation of Treatment

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Document type: Procedure
Overarching Policy: Medicines Overarching Framework

Contents

1 Introduction

This procedure supports Our Journey To Change (OJTC) as set out in the Medicines Overarching Framework.

2 Purpose

Following this procedure will help the Trust to:

- Provide personalised care through the effective prescribing of medicines
- Prescribe medicines safely
- Comply with legal and professional requirements in the authorised supply of medicines

3 Who this procedure applies to

- This procedure applies to all staff involved in the prescribing and initiation of treatment with medicines.

4 Related documents

This procedure describes what you need to do to implement the Prescribing and Initiation of Treatment section of the Medicines Overarching Framework.

The Medicines Overarching Framework defines compliance requirements for prescribing and initiating treatment safely which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ Medicines reconciliation procedure
- ✓ NMP Policy and Procedure to Practice
- ✓ NMP Procedure to access training
- ✓ Oxygen and other medical gases – administration, prescribing, storage, safety
- ✓ New drugs – application process for TEWV
- ✓ Guidelines for use of Unlicensed and Off-Label Use of Medicines
- ✓ Diabetes Management
- ✓ Safe Lithium Therapy and Shared Care Guidelines
- ✓ Standards for use of 'as required' medication
- ✓ Patients Own Drugs procedure
- ✓ Medication Safety Series
- ✓ PGD Overarching Framework
- ✓ Controlled Drugs Standard Operating Procedures

- ✓ Rapid Tranquillisation Policy
- ✓ Safe Transfer of Prescribing guidance
- ✓ FP10 Prescription Management

5 Starting treatment

A competency framework for all prescribers is available nationally to support prescribers and sets out what good prescribing looks like. The framework is generic for prescribers of all professional background and in any setting. The following list is more specific to a mental health setting but should not be considered comprehensive as each patient needs to be considered individually. It is intended to describe some key aspects which need to be considered before initiating / changing medication:

- The principles of shared decision making and informed patient choice
- Provision of appropriate information for the patient, family and carers
- The indication being treated and associated evidence
- Formulary status of the medication
    - Is an application required before initiating?
- Current guidelines for the indication (trust guidelines or NICE / other guidelines where available)
- Consent to examination or treatment policy
- Consideration of the benefits vs. risks and a rationale for the choice
    - **Risks may include, but are not limited to:**
        - Age
        - Other health conditions
        - Side effects / adverse events
        - Contra-indications
        - Cautions
        - Other medications including illicit, complementary and over the counter
        - Drug & other interactions
        - Smoking, alcohol, caffeine intake
        - Pregnancy or breast feeding
        - Hepatic or renal impairment
        - Substance misuse
        - Overdose
        - Fraud
- Rationale and consent when prescribing off-label / unlicensed medicines
- Medicines adherence

- Polypharmacy (over-prescribing / STOMP)
- Planned duration of treatment
- Process of titrating (and cross-titration) / reducing / stopping medication (deprescribing)
- Drug, dose, formulation, dosing instructions (including any special requirements)
- Deprescribing of existing medication
- Expected impact on mental and physical health
- Required monitoring / planned review:
- Physical health monitoring
- Well-being
- Mental health
- Impact / effect of medication
- Process of transfer of prescribing (if applicable)

After assessment, a patient's pharmacological treatment is initiated:

- With a patient specific prescription by a registered prescriber
- Under a Patient Group Direction which has been approved by the Drug and Therapeutics Committee
- Under a specific protocol which has been approved by the Drug and Therapeutics Committee

6 Prescribing medicines

The detailed guidance on prescribing contained in the online British National Formulary (BNF) / BNF application programme must be followed.

Prior to initiation of a new medicine, check the BNF or relevant product information for any **cautions** or **contra-indications** to the chosen treatment.

Prescribers must prescribe within their own competencies, and comply with the current legislation, Trust policies for prescribing and professional guidance.

6.1 What is a prescription

A prescription is an electronic or written order for the supply or administration of a medicinal product to an individual who is a patient of the Trust. This procedure covers:

- the electronic prescription and administration system (EPMA)
- the inpatient prescription and administration chart (used in business continuity arrangements)
- the home based treatment chart (used in York only)
- leave and discharge prescription forms (handwritten and electronic) (handwritten used in business continuity arrangements)

- outpatient prescription forms
- FP10 prescriptions forms
- Any other prescribing tool / form approved by the Drug & Therapeutics Committee

6.2 Who can write a prescription

✓	A registered medical practitioner, dentist, independent or supplementary non-medical prescriber. Non-medical prescribers must have their prescribing status annotated on their professional register and must be authorised to prescribe within the Trust.
~	Dietitians may add food for special diets, enteral sip or tube feeds, feed supplements and feed additives for inpatients on EPMA Note: this is not prescribing
~	Creams and other wound care products that are not prescription only can be added to Tissue Viability plans by a registered nurse. Note: this is not prescribing

6.2.1 Who cannot write a prescription

×	Medical students and physician associates **cannot** prescribe or transcribe medication.
×	F1 doctors **cannot** prescribe on a FP10 (either electronic or handwritten)
×	Prescribers **cannot** write Trust prescriptions for themselves or their family or other members of hospital staff unless the member of staff is also a patient of the Trust under the care of the prescriber.

6.3 Prescribing restrictions

Some medications are subject to prescribing restrictions in the Trust e.g. controlled drugs, unlicensed medicines (See relevant sections in the Medicines Overarching Framework).

6.4 Allergies and sensitivities

The prescriber must take account of the patient's allergy status and medicine intolerances when prescribing any medicines.

Information on known allergies/sensitivities must always be recorded on the patient's clinical records by the prescriber, pharmacist or nurse as appropriate.

Where there are no known sensitivities this must be recorded.

6.5 Reconciling medicines on admission

Medicines prescribed on admission should be reconciled against the checks made on current medication with the patient, GP, carer and against medicines brought in by the patient and record accordingly. See Medicines reconciliation procedure

6.6 Discharge of inpatients

When an inpatient is discharged prompt communication to the GP should include a comprehensive list of the medicines the patient is receiving together with any changes to treatment made during the admission and clear guidance on what medicines the GP is expected to continue with any monitoring requirements. Details of any allergies or adverse drug reactions experienced during admission should also be included. The Safe Transfer of Prescribing Guidance defines the process for transferring prescribing on in-patient discharge.

6.7 Community patients

The care of community patients may be shared by a Trust doctor and the general practitioner (GP). When a Trust prescriber initiates a change in treatment they are responsible for promptly informing the patient's GP of details of any change together with a comprehensive list of medicines the patient is currently prescribed. The Safe Transfer of Prescribing Guidance defines the process for transferring prescribing and provides an overview of responsibilities. A summary of communication requirements can be found in Medication Safety Series (MSS) 26: Prescribing – Record Keeping & Communication Expectations.

6.8 Prescribing queries

Queries relating to a potentially serious error or risk must be alerted to the prescriber immediately by the health professional.

Make a record of the conversation with the prescriber in the patient's electronic record and complete a record of the incident on the electronic incident reporting system. Communication notes left for the prescriber are not acceptable in situations where the patient could be exposed to significant risk.

Pharmacists, nurses or other health professionals who wish to query or comment on a patient's prescription must contact the prescriber using an appropriate method to bring the query to the attention of the prescriber in a timely manner. Details of clinically significant interventions must be recorded in the patient's electronic record and the prescriber notified of the entry.
See Appendix 1 for Position Statement on Nurses giving prescribing advice to GPs, Acute Trust prescribers and Non-Medical prescribers.

7 Non-medical prescribing

- ✓ NMP Policy and Procedure to Practice
- ✓ NMP Procedure to access training

8 Patient Group Directions (PGDs)

The use of Patient Group Directions in the Trust is covered in a separate PGD overarching framework.

9 Protocols

A protocol is a written direction to administer a General Sales List Medicine (GSL) without a patient specific prescription. The medicines that can be administered, their indication, dose, frequency and age range are specified within the protocol.

10 Medical emergencies where a prescription is not required

In some medical emergencies a prescription is not required – adrenaline for anaphylaxis (MSS9), glucagon for hypoglycaemia and emergency oxygen (MSS10) can be given without a prescription (click links to access relevant supporting documents).

11 Verbal orders to supply a medicine

A pharmacist, in order to support the dispensing process, may receive a verbal order from a prescriber to alter or add a prescription item on a handwritten leave, discharge or out-patient prescription (used under business continuity arrangements). The pharmacist must read the alteration or addition back to the prescriber who must then confirm it. Verbal orders cannot be given for controlled drugs, except for minor amendments (see Controlled Drugs Standard Operating Procedures).

12 Verbal orders to administer a medicine

Verbal orders are only acceptable to enable the administration of a medicine in a medical emergency. An example of an appropriate verbal order would be to administer aspirin as per the chest pain protocol.

If it is not a medical emergency, but remote prescribing is required, refer to section 11.

13 Remote orders to supply or administer a medicine

Before prescribing for a patient remotely, the prescriber must satisfy themselves that they can make an adequate assessment, establish a dialogue and obtain the patient's consent (where necessary). The

prescriber may only prescribe when they have adequate knowledge of the patient's health and are satisfied that the medicines serve the patient's needs. The prescriber must consider:

- the need for physical examination or other assessments
- whether they have access to the patient's medical records.

Remote prescribing must be undertaken on the electronic prescribing & medicines administration (EPMA) system.

14 Range of medicines that can be prescribed

All patients of TEWV will be prescribed the medicines they require based on assessment of their symptoms and their clinical need. To ensure the best use of limited resources the Drug and Therapeutics Committee has adopted a formal and structured procedure for the introduction of new drugs. New drugs – application process for TEWV

Only medicines approved for use by the Drugs and Therapeutics Committee can be routinely prescribed to treat mental health conditions. These are listed in Chapter 4 on the Formulary website for the locality:

DTV&F Care Group

- North East and North Cumbria Formulary

NYY&S Care Group

- North Yorkshire & York Formulary

For non-psychiatric medication prescribers are advised to continue existing treatments and only initiate new medicines in line with the above formularies.

Application 'Restricted formulary' or 'Named Patient only' by the Drug and Therapeutics Committee must be made by the consultant using the Single application form and sent to the appropriate Associate Medical Director or Lead Psychiatrist for approval. Pharmacy will only authorise supply on receipt of this approval.

For non-approved medicines: an application can be made by the consultant using the Single application form if exceptional circumstances can be demonstrated. The application will be considered by a panel.

The Drug and Therapeutics committee will monitor applications to prescribe restricted, named patient and non-formulary medicines.

15 Prescribing unlicensed and 'Off-label' medicines (outside of licensed indications)

See Guidelines for use of Unlicensed and Off-Label Use of Medicines - these guidelines seek to minimise the risks to patients and clarify the legal liability of healthcare professionals.

An application (as noted in section 14) is required to prescribe a medicine identified as unlicensed / to be used "off-label" that is not listed in the specialty register of approved unlicensed / off-label medicines for this indication / specialty.

16 High risk medicines

A number of medicines have been identified through the National Reporting and Learning Service, and locally, as being high risk in terms of the potential harms associated with their use. Critical medicines have been identified as those medicines which may cause harm if their administration is omitted or delayed. Some medicines are both high risk and critical.

High risk medicines:

- Mental Health: Clozapine – see MSS 4
- Lithium – see MSS 2
- HDAT (high-dose antipsychotic treatment)

A significant medication alert must be added to EPR to indicate patient is prescribed a high risk Mental Health medication. This will also be indicated on EPMA.

Physical Health:

- Methotrexate – see MSS 3
- Anticoagulants
  - Warfarin – see MSS 5
  - Direct oral anticoagulants (**DOACs**), Dabigatran, Rivaroxaban, Edoxaban and Apixaban – see MSS 11
- Insulin – see MSS 6
- Oral chemotherapy & cytotoxics
  - Many chemotherapy regimens are oral rather than IV which may mean a patient being admitted on an oral chemotherapy regimen.
  - These patients must be referred to the oncologist or haematologist for advice and confirmation of their regimen. A copy of the patient's treatment plan must be sent from the acute Trust to confirm the patient's chemotherapy regimen and included in the medicines reconciliation.
- Opioids
  - Confirm any recent opioid dose, formulation, frequency of administration and any other analgesic medicines prescribed for the patient as well as the **time** and **date** of any changes. This may be done for example through discussion with the patient or their representative (although not in the case of treatment for addiction), the prescriber, through medication records (including summary care record) or contacting their regular community pharmacy.
  - Ensure where a dose increase is intended, that the calculated dose is safe for the patient (e.g. for oral morphine or oxycodone in adult patients, not **normally** more than 50% higher than the previous dose).
  - Ensure you are familiar with the following characteristics of that medicine and formulation: **usual starting dose**, frequency of administration, standard dosing increments, symptoms of overdose, common side effects.
  - Ensure the formulation is appropriate for the intended frequency. For example MXL® (morphine 24 hourly modified release preparation) is prescribed once a day, MST® or

Zomorph® are prescribed twice a day, whereas Oramorph® should be prescribed four hourly. Similarly Oxy**Contin**® is prescribed twice a day where Oxy**Norm**® is prescribed four hourly.

- A medication safety bulletin is available to highlight the safety issues associated with different morphine and oxycodone preparations.

The prescription of high risk physical health medication will be flagged on the inpatient EPMA record

16.1 Critical Medicines – reducing harm from omitted and delayed medicines in hospital

Doses of medicines are occasionally omitted or delayed in hospital for a variety of reasons. Whilst these events may not seem serious, for some critical medicines or conditions, such as patients on lithium or with pulmonary embolism or diabetes, delays or omissions can cause serious harm, poor outcomes or even death.

Nursing staff must **not** omit these medicines but must **contact** medical staff for further advice, including out of hours, if administration is not possible for any reason.

If the route of administration is not possible it will be necessary to review formulations and routes.

If the drug is not available within a reasonable time (90 minutes) it will be necessary to consider an alternative formulation (e.g. liquid preparation instead of solid dosage form) or alternative drug.

The trust pharmacy team or the on call pharmacist is always available for advice.

- Consider whether it is necessary to prescribe a once-only dose if the administration time window has been missed.
- Inform the nursing staff when a once-only dose is prescribed.
- Significant delays or omissions of any of the critical medicines must be reported as a medication incident via the electronic system.
- A full list of critical medicines and more information and advice can be found in MSS 17 Critical Medicines.

A critical medicine will be highlighted on the patients inpatient EPMA record.

17 Standard procedure for prescribing

17.1 General principles

Medicines may only by prescribed on the EPMA system, or on official national (i.e. FP10s) or TEWV prescription stationery which is subject to regulated distribution around the Trust. The use of new documentation relating to prescribing of medicines must be approved by the Chief Pharmacist before its introduction.

- Prescriptions must be produced on EPMA or clearly written in **block letters**, typed or computer generated in indelible black ink.

- The prescription must clearly identify the patient for whom it is intended. In most settings this will include name, address, date of birth and NHS number. Name and address labels should not be used on FP10 prescription forms.
- The drug name should not be abbreviated. The British National Formulary (BNF) approved name should be used unless there is a specific exception such as a compound preparation that is usually recognised by brand name (e.g. oral contraceptives) or a brand name is required due to the differences in bioavailability between products (e.g. lithium - should always be prescribed as Priadel®, Camcolit® etc.) and modified-release preparations.
- Doses must be stated in SI units using only accepted abbreviations i.e. mg, ml, g. The terms microgram, nanogram and unit must not be abbreviated.
- DO NOT use "mls" to indicate the dose of liquid preparations on a FP10.
- Roman numerals e.g. ii, are a cause of medication errors and must not be used.
- Quantities / strengths of less than 1 g must be expressed in mg e.g. 100 mg not 0.1 g. Quantities of less than 1 mg must be expressed as micrograms e.g. 100 micrograms not 0.1 mg. A zero should be written in front of a decimal point where there is no other figure e.g. 0.5 ml not .5ml.
- The frequency must be written in full and ideally in English - Latin abbreviations such as BD, TDS should be avoided.
- Dose titrations should follow the standard licensed dose titration. Any deviation from the licensed titration must be recorded clearly with the rationale stated in the electronic care record.
    - When writing a prescription for a dose titration, the instructions must be clear indicating exactly when each change in dose is to be made.
- Where a prescription has been written for supply (rather than administration) then total quantity required must be clearly stated.
- All prescriptions must be dated and signed by the prescriber.

A record of medicines prescribed, stopped or changed must be recorded on the electronic patient record.

The standard for recording information about medicines on the electronic patient record and in any communication with GPs should follow the general principles for prescribing described above. As a minimum the following should be clearly described in the electronic care record for newly initiated medication.

- **Details of the medication prescribed** (including drug, indication, form, dose and quantity)
- **Rationale for the decision** (include key factors in decisions making – see section 3)
- **Patient information provided** (describe level of shared decision making and note information provided – to patient / family / carer – including any significant discussion points)
- **Treatment plan** (as appropriate describe plans for review, monitoring of effectiveness, physical health monitoring, next steps)

It is recommended that this information is recorded as a "Medication Treatment Plan". See appendix 3 for recording advice.

18 EPMA / Prescription and administration record

See EPMA procedure

- Prescribers must ensure they have undertaken EPMA training and gained access to the EPMA system to enable the prescribing and administration record to be available at the point of assessment / review.
- If the EPMA system is unavailable and the service is operating under business continuity arrangements the prescription and administration record, or equivalent, must be available to the prescriber or healthcare practitioner whenever s/he is reviewing the patient.
- TEWV prescribers may be required to prescribe on a non-TEWV chart, e.g. Liaison services while patient is in acute hospital setting, if permitted by the Trust in which the patient is being treated.
- Medicines for the palliative end-of-life care of a patient on a TEWV ward may be prescribed on a palliative medication charts from other organisation where this would be safer and more appropriate than prescribing on EPMA.
- In addition to EPMA there may be other supplementary prescribing and/or monitoring charts in use e.g. insulin, high dose antipsychotics. The EPMA record must make reference to such charts in being in use. These additional charts must be kept in an appropriate folder on the ward.
- For advice regarding 'as required' medication see: Standards for use of 'as required' medication
- For Rapid tranquillisation – see RT policy

18.1 Sunscreen

During periods of sunny weather, high factor sunscreen preparations do not need to be individually prescribed and may be applied or offered to patients without a prescription or prescriber review, provided this is documented in the care record.

19 Appropriate use of FP10 Forms

See FP10 Prescription Management procedure for more details. The FP10 Prescription Management Procedure focusses on the security and safe use of FP10s. This section concentrates on the appropriate use when prescribing.

FP10 forms may be used in the following settings:

- Outpatient clinics and other non-inpatient activity (FP10s preferred)
- Inpatient wards (for short-term unplanned leave/discharge or urgent need for inpatient supplies where the trust pharmacy is not open)

A system exists within the Trust whereby FP10 forms are readily available to prescribers to meet these needs.

The Trust recommends a maximum of 28 days' supply (or 30 days' – or more - to match original packs of some medication) is prescribed unless there are exceptional circumstances.

NOTE: F1 doctors cannot prescribe on a FP10 prescription

19.1 Medicines or circumstances for which FP10 forms may be used

- Any medicines for a psychiatric or related condition
- Newly initiated medicines or a change of dose or formulation to allow a patient to begin treatment without delay whilst written communication is sent to their GP
- When prescribing responsibility has not yet been transferred to the patient's GP
- In cases where the nature of the problem or the agreed status of the medicine necessitates the TEWV prescriber maintaining the supply (e.g. some RED drugs)
- Where an emergency supply of an existing treatment cannot otherwise be obtained

19.2 Situations where an FP10 form is not considered appropriate

- For the routine supply of medicines for the patient's psychiatric or medical conditions which are normally prescribed by the GP
- For family and friends of patients
- For family, friends or personal use of Trust employees (in accordance with GMC recommendations)

20 Length of supply of medication

The Drug and Therapeutics Committee has agreed that the following amount of medication will normally be supplied:

- Leave prescription — Exact number of days or doses required
- Discharge prescription — Minimum 7 days, up to 28 days according to risk
- Outpatient prescription — 28 days (or 30 days for original packs)
- FP10 prescriptions — 28 days (or 30 days for original packs)

The Trust pharmacy service will dispense at least 7 days for discharge prescriptions and one month for all outpatient prescriptions unless a course of medication e.g. antibiotics, steroids is requested or a specific regime length of treatment is stipulated.

21 Security of prescription stationery (FP10 prescription forms, leave/discharge and outpatient prescriptions forms)

Prescription stationery is controlled stationery and must be locked away when not in use. It should never be left unattended. Access should be restricted to authorised and designated staff only. Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored

What is controlled stationery?

Controlled stationery includes all of the following:

- Yellow inpatient prescriptions
- Green leave/discharge prescriptions
- Pink pharmacy stock requisition book
- White outpatient prescriptions
- FP10 prescriptions - see FP10 Prescription Management procedure for more details.
- Controlled Drugs requisition books
- Controlled Drugs registers

Where should controlled stationery be kept?

All controlled stationery should be locked away in a drawer, drug trolley, drug cupboard or filing cabinet.

Who should have access to controlled stationery?

Access to controlled stationery should be restricted to:

- Nursing staff (RN and HCA)
- Doctors
- Ward clerks
- Pharmacy team

N.B. doctors and ward clerks are not allowed access to drug trolley and cupboard keys, so if controlled stationery is kept in these nursing staff must ensure it is accessible

During clinics prescribers are advised to keep all prescription stationery out of sight in a locked drawer or briefcase, as appropriate, when not in use.

Prescription forms should under no circumstances be pre-signed before use.

Actual or suspected loss or theft of prescription stationery must be reported to the Chief Pharmacist and the Appointed Practitioner in Charge immediately so that appropriate action (e.g. notifying the police) can be taken to reduce the potential for fraudulent access to medicines. If the incident is noted on a weekend or Bank holiday the on-call pharmacist must be informed.

22 Prescribing controlled drugs

See Controlled Drugs Standard Operating Procedures for full details.

23 Prescribing for staff, family and friends

Medicines held on wards are for the use of patients only and must not be given to visitors or staff.

Prescribers (medical or non-medical) cannot issue a prescription for their own or their family's use.

Trust staff must obtain any drugs they need for their own treatment or for their families in the same way as other members of the public. Exceptions to this are vaccinations through national programmes and outbreak situations with multiple affected staff.

Staff requiring treatment for minor ailments may obtain advice from a local community pharmacy where they can also purchase any necessary items.

24 Definitions

Term	Definition
EPMA	• Electronic Prescribing & Medicines administration system – the electronic system used within the trust to record prescribing and medicines administration
FP10	• A type of prescription that enables NHS dispensing and supply from a community pharmacy

25 How this procedure will be implemented

- This procedure will be published on the trust intranet and website
- The main changes to this procedure will be highlighted in the Medicines Optimisation Newsletter
- This procedure will be disseminated to all Trust employees through a trust email briefing.

25.1 Implementation action plan

Implementation outlined in Medicines Overarching Framework.

25.2 Training needs analysis

Training needs outlined in Medicines Overarching Framework.

26 How the implementation of this procedure will be monitored

Monitoring process outlined in Medicines Overarching Framework.

27 References

None

28 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	25 July 2024
Next review date	31 July 2027
This document replaces	Prescribing and Initiation of treatment PHARM-002-001-v3.2
This document was approved by	Drug and Therapeutics Committee
This document was approved	25 July 2024
This document was ratified by	N/A
This document was ratified	N/A
An equality analysis was completed on this policy on	See generic EA for pharmacy documents
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1.1	16 Feb 2015	Amendments to controlled stationery	Superseded
1.2	16 Apr 2015	Amendments to controlled stationery	Superseded
1.3	28 Jul 2016	Amendments to section 8 & 9 (verbal orders and remote orders)	Superseded
2.0	May 2018	Full review and update	Superseded
2.1	26 Sep 2019	Removed reference to Paris (changed to electronic clinical record) and removed references to Lloyds / third party contracted pharmacy	Superseded
2.2	18 Nov 2019	28 days supply limit on CD prescriptions amended to 30 days	Superseded

3.0	25 Mar 2021	Full review & update: removed all references to faxes, added Physician associate to medical student box, FP10 info updated, Safe transfer of prescribing section added, controlled drugs info removed with signpost to controlled drugs SOP, RT box updated, updated the formulary info to include NY&Y, removed reference to IVs and Birch ward, added pharmacy technician to Appendix 2.	Superseded
3.1	23 Jun 21	Minor amendment to section 9 (verbal order to supply. New section 10 to support verbal orders to administer medicines in a medical emergency. Page 15 – dose titration information added in	Superseded
3.2	24 Nov 22	Enhanced and expended section 3 for starting medication. Additional info in box on page 4. New "audit standards" in section 14.3. Appendix 3 added to support section 14.3. Other amends throughout to align with other recent procedure changes. Wound care reference in section 4.2. Below two changes are to be approved retrospectively at next D&T meeting as agreed by Chief Pharmacist: • OJTC text added to Purpose section. • Removed job titles following organisational restructure	Superseded
4.0	25 Jul 2024	Full review – refreshed and updated throughout including removal of legacy references to datix and paris. Updated to reflect EPMA. Other significant changes: 6.2 – removed note that allowed external prescribers to add to drug chart – not possible on EPMA 10 – new section: Medical emergencies where a prescription is not required	Approved

		13 – remote orders significantly changed to reflect EPMA 15 – text reduced with key points only and signposting to unlicensed / off-label procedure 16 – as above – text reduced and increased signposting to more detailed bespoke advice 18 – refreshed for EPMA Section on writing on drug chart fully removed Symptomatic relief & NRT removed. Transport of completed FP10 forms to community patients – removed and moved to FP10 management procedure. Section on FP10 prescription forms removed – signposted to FP10 management procedure. Clarity added to appendix 1	

Appendix 1- Position Statement on Nurses giving prescribing advice to GPs, Acute trust prescribers and Non-medical prescribers

It is acknowledged that in some services Registered Nurses (RNs) give prescribing advice to GPs, Acute Trust prescribers or Non-Medical prescribers.

In all circumstances the patient should **not** be provided with the expectation that the advice will be followed and the nurse must **not** indicate that the recommendation is an explicit request. The prescriber will make their own decision and can choose whether to act on the recommendation or take an alternative approach.

This will be supported within the following parameters:

RNs who are prescribers – may give independent advice on prescribing within their approved scope of practice; if outside of their scope of practice they must follow the parameters of RNs who are not prescribers.

RNs who are not prescribers – may give advice which follows the direction of either national or trust prescribing guidance, or relay advice from a trust prescriber with the following stipulations:

- The RN cannot give advice independently, they must use one of the above sources of reference
- Whether providing verbal or written advice, the RN **must** state the source of the advice i.e. the name of the prescriber or state the name of the NICE or trust prescribing guidance document
- Verbal advice must always be followed with an instruction “not to act on verbal advice until written confirmation has been received”
- Any verbal advice provided must be immediately backed up with written advice via NHS mail
- The advice given and the reference source must be clearly documented in the electronic patient record
- Prescribers providing advice must either make their own entry in the clinical record or validate the entry made by the RN

Examples of how to communicate this information in writing are suggested below:

- “This prescribing recommendation is provided following a discussion with NAME OF PRESCRIBER, who is a trust authorised prescriber “

OR

- “This prescribing recommendation is based on information contained in NAME OF NICE OR TRUST PRESCRIBING GUIDANCE DOCUMENT”

Appendix 2 - A guide to recording in the electronic patient record

Section 14.3 of this procedure states

A record of medicines prescribed, stopped or changed must be recorded on the electronic patient record.

The standard for recording information about medicines on the electronic patient record and in any communication with GPs should follow the general principles for prescribing described above. As a minimum the following should be clearly described in the electronic care record for newly initiated medication.

- **Details of the medication prescribed** (including drug, indication, form, dose and quantity)
- **Rationale for the decision** (include key factors in decisions making – see section 3)
- **Patient information provided** (describe level of shared decision making and note information provided– to patient / family / carer – including any significant discussion points)
- **Treatment plan** (as appropriate describe plans for review, monitoring of effectiveness, physical health monitoring, next steps)

It is recommended that this information is recorded as a "Medication Treatment Plan".

Section 3 describes some of the factors to consider when initiating or changing medication. An e-form "medication treatment plan" is available on the Electronic Patient Record to record this information. The following is a guide to what information should be recorded:

Medication Entry:

Drug, form, dose and quantity

(There is only a requirement to record medication prescribed and/or monitored by TEWV)

Diagnosis:

Pull through the appropriate diagnosis or include the indication here if not directly related to an established diagnosis

Rationale for current plan:

Consideration of the benefits vs. risks and a rationale for the choice. Describe any associated evidence for the treatment (if outside of guidelines). Rationale and consent when prescribing off-label / unlicensed medicines.

Note any specific risks addressed / considered including; age, other health conditions, side effects / adverse events, contra-indications, cautions, other medications including illicit, complementary and over the counter, drug & other interactions, smoking, alcohol, caffeine intake, pregnancy or breast feeding, hepatic or renal impairment, substance misuse, overdose risks

Prescribing / Monitoring / Reviewing Arrangements:

Polypharmacy (over-prescribing / STOMP) & deprescribing of existing medication.

Planned duration of treatment

Process of titrating (and cross-titration) / reducing / stopping medication (deprescribing)

Required monitoring / planned review:

Physical health monitoring

Discussion undertaken with patient:

Describe the level of shared decision making and patient choice. What options were discussed. What appropriate information was provided for the patient, family and carers. Consent issues. Any discussion re: Medicines adherence

Next steps:

Review of impact / effect of medication & potential process of transfer of prescribing (if applicable)

Appendix 3 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring	Yes	
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	N/A	
Have Equality and Diversity reviewed and approved the equality analysis?	n/a	See generic EA for pharmacy documents
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	