The College

Safe Prescribing of Drugs*

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Drugs are prescribed by doctors, dispensed by pharmacists and administered by nurses. Each profession has an obligation to the patient to ensure that the process is carried out safely, efficiently and accurately. A number of rules and guidelines have been formulated for each profession to ensure that this takes place, yet each profession does not work in isolation and it is important that nurses, doctors and pharmacists are aware of the obligations imposed on them and their colleagues to satisfy the requirements where this is law, and advice where the rules are not imposed by statute.

It has to be stated that doctors tend to be more lax in their interpretation of rules and to take short cuts, often in the interests of saving time which can be devoted to what they see as more important activities. Nevertheless the burden then falls onto others, whether nurses or receptionists, and unless their activities are carefully checked these can lead to mistakes which could on occasions be dangerous and are often unhelpful for patients.

The Inspectors of the General Nursing Council visit psychiatric hospitals and units and have often commented on examples of practices which are not in keeping with regulations and are therefore unsafe and, on occasions, dangerous. They impose on the nursing staff the obligation to rectify these practices and yet the activity is one carried out by the doctor. The only way the nurse can act is by refusing to continue the practice and this leads to difficulties between the nursing and medical staff at a local level.

It would be more helpful if the GNC Inspectors met with the medical staff and pointed out such difficulties, but it is also important that psychiatric tutors are aware of these malpractices and discussed them with their trainees. The Approval Visitors should also ensure that medical staff are familiar with the appropriate patterns of prescription writing and fulfil them in all cases.

There is guidance on prescribing in the British National Formulary, 1982 and all doctors should be familiar with this outline.

Particular problems which occur in psychiatric hospitals are as follows:

(1) Illegible handwriting—the names of drugs should be written in capital letters using the non-proprietary title where appropriate. It is difficult to have prescriptions for 'Tryptizol', 'Saroten', 'Elavil' and 'Domical' written up for different patients while in practice they all get tablets out of the same ward stock, namely, amitriptyline. Similarly, difficulties can arise when chlorpromazine is mistaken for chlormethiazole or perhaps for clomipramine, to say nothing of chlorothiazide. Such mistakes are the responsibility of the doctor who signs the treatment card, but it is easier to avoid mistakes if the drug is written by the doctor who is prescribing it rather than repeated by nurses or ward clerks for signature by the doctor.

(2) Prescriptions were previously written in Latin to make them more mysterious and to enhance their magical function. For convenience, many Latin phrases were abbreviated to their initials. Unfortunately these short forms do not have universal meanings. It is therefore advisable to write out the instructions clearly in English so that mistakes are avoided. If such abbreviations as 'p.r.n.' are used they should be qualified by the interval and the number of times to be repeated—so why bother to put 'p.r.n.'? Similarly, most hospital prescription cards allow space for the times of administration so that 't.d.s.' 'q.d.s.' are also unnecessary.

(3) It is important that prescription charts should be available on the ward at the time the drugs are administered. Doctors should ensure that any writing up of drugs or changes takes place at a time which allows the chart to be sent away and returned in time for the next medicine round.

(4) Particular rules apply for drugs used parenterally. If a drug is drawn up into a syringe it should be used straight away and not retained for later administration. It may save time, for example, during a busy ECT session, but a mistake may cost the life of a patient.

(5) The rules for controlled drugs are particularly important since there is a danger of misuse not only by patients but also by members of staff. Particular care should therefore be taken to follow the guidance on this subject and check stocks against the record books. If drugs have to be wasted for any reason they must be recorded appropriately.

The obsessional pre-occupation with management of drugs is apt to prove irritating to busy doctors. Unfortunately there have been too many errors, accidents and deliberate thefts of drugs to suggest that these requirements are unnecessary.

* The General Nursing Council Mental Nurses Committee wrote to the President drawing attention to problems which arise concerning the writing of prescriptions. It was suggested at the Executive and Finance Committee that some recommendations should be given.