

NHS Lanarkshire Pharmacy

How to write a Discharge Prescription – Hospital Specific Requirements

ALL prescriptions must include the following information:-

- If the prescription does not contain any controlled drugs (Schedule 2 or 3) an addressograph sticker should be placed on all three copies of the discharge prescription
- Ward
- Date of discharge
- Patient's diagnosis
- Patient's allergy status
- All medication details, clearly written, including the drug name, dose, route and duration of treatment – duration especially important for short courses of medicines eg antibiotics, steroids
- The brand for medicines which are brand specific e.g. theophylline, diltiazem etc
- The patient's weight if the dose of any medicine prescribed requires the patient's weight for the dose to be calculated e.g. tinzaparin, paracetamol or if the patient is a child
- New medicines must be clearly marked along with all discontinued medicines to enable the GP to amend the patient's community medication record
- Patients who receive a compliance aid in the community should have their community pharmacy noted on the prescription to allow communication of discharge from hospital and changes to medicines
- All prescriptions must be signed and dated by the prescriber and include their designation and contact details
- If the prescriber is aware that the patient has their own supply of any of the medication requested on the prescription that should be recorded in the pharmacy column

Writing a Prescription for a Controlled Drug:-

- Controlled drugs can be prescribed on any hospital prescription form i.e. Discharge, Outpatient, A&E Prescription Form.
- Controlled drugs should be prescribed generically e.g. morphine sulphate MR tablets not MST®, Oxycodone MR tablets not Oxycontin®, morphine sulphate oral solution not Oramorph®, Oxycodone capsules not Oxynorm® etc.
- Pharmacists are not permitted to make amendments to CD prescriptions.
- One week supply only on discharge unless exceptional circumstances.
- Controlled drug prescriptions should be written for morphine, fentanyl, buprenorphine, oxycodone, pethidine, diamorphine, methadone, phenobarbital, temazepam, midazolam and tramadol – not for dihydrocodeine.

Legal Requirements

- Prescriptions must be entirely hand written in indelible ink (addressographs are not acceptable).
- Prescriptions must be written by one person only.
- Prescription must contain:
 - 1. Name, address and CHI number of patient
 - 2. The name of the care setting
 - 3. Signature of prescriber and date
 - 4. Dose required e.g. 10mg

- 5. Frequency of dosage either regular (e.g. twice daily) or as required (e.g. 4-6 hourly as required). It is good practice to state a maximum frequency of administration; "as directed" is not legally acceptable.
- 6. Form of the medicine required e.g. tablet, capsule, oral solution, sachet, ampoule/injection, patches (if you do not know the oral formulation, "tablets/capsules" can be written on the prescription and pharmacy will delete whichever is not appropriate).
 7. The total quantity in words and figures expressed as number of dose units (examples

Hints and Tips

given below)

- If you are unsure how to prescribe or of the strengths / forms kept by pharmacy speak to your clinical pharmacist or refer to the BNF section on "Controlled Drugs and Drug Dependence".
- Remember that if prescribing a dose that will use only part of a sachet or ampoule then enough must be prescribed to account for the remainder that will have to be disposed of after the dose is withdrawn e.g. Morphine sulphate MR sachets prescribed at a dose of 15mg will have to be prescribed as 'supply x sachets of 20mg'.

Examples

Morphine sulphate MR 40mg twice daily Supply 14 (fourteen) 10mg capsules and 14 (fourteen) 30mg capsules

Morphine sulphate oral solution 10mg/5ml 5mg 4-6 hourly as required for breakthrough pain. Supply 100ml (one hundred millilitres)

Diamorphine 30mg over 24 hours via syringe driver Supply 7 (seven) 30mg ampoules