

Administrative Policies and Procedures for MOH hospitals /PHC Centers	السياسات والإجراءات الإدارية بمستشفيات ومراكز وزارة الصحة
TITLE: Prescribing Medications and Authorized Prescribers	
APPLIES TO: Pharmacy, Medical & Nursing Staff	
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1.0 PURPOSE

- 1.1 To outline the safe prescribing, ordering, and transcribing of medications.
- 1.2 To establish a list of physicians who are authorized to prescribe medications at Hospital, for the pharmacy to be aware of and make available in each drug dispensing area.

2.0 DEFINITION

- 2.1 **Authorized Prescribers:** Those physicians permitted by the organization and by relevant licensure, laws, and regulations to prescribe or order medications.

3.0 RESPONSIBILITY

- 3.1 **The Most Responsible Physician:** Responsible for safe prescribing, ordering, and transcribing of medications.
- 3.2 **The Pharmacist:** Responsible for dispensing medications only to verifiable “authorized prescribers” who prescribe medications within their privileges, and enquire about any prescription or order that’s considered unclear or incomplete.
- 3.3 **The Nurse:** Responsible for making sure that prescription orders are complete prior to submitting them to the pharmacy, and that all medications prescribed and administered are recorded in the patient file (i.e. Medication Sheet).

4.0 CROSS REFERENCES POLICY

- 4.1 PHM-CHT.
- 4.2 Medications Reconciliation.
- 4.3 PRN-Medication Orders.
- 4.4 Automatic Stop Orders.
- 4.5 Telephone/Verbal Orders.

5.0 POLICY

- 5.1 Prescribing, ordering, and transcribing of medications must be safe and according to hospital policy.
- 5.2 Medication prescribing and ordering is done by authorized physicians only. Electronic prescription is sent to pharmacy through the computer system.
- 5.3 The pharmacy department will not dispense illegible prescriptions or orders that may jeopardize patient safety and delay treatment.
- 5.4 The pharmacy department defines the acceptable elements of a complete order or prescription.
- 5.5 Information about patient's own medication taken prior to admission (Brought from home) must be made available to the pharmacy and physician to be reconciled with initial medication orders.
- 5.6 The pharmacy department has a list containing medical staff names, signatures, I.D. Numbers, specialty and stamp or code (if available), and should be updated every year.
- 5.7 The list should be available to the pharmacy staff in each drug dispensing area, and all the pharmacy staff should be aware of the list.
- 5.8 Interns and medical students are not authorized prescribers.
- 5.9 If an order is written by an intern or medical student, it must be cosigned by an authorized prescriber prior to the pharmacist dispensing or the nurse administering the medication.
- 5.10 All medications must be accurately transcribed into the Medication Administration Record (MAR) after being verified against the original physician order or prescription.

6.0 PROCEDURE

6.1 Prescribing Medications:

- 6.1.1 All dispensing of medications must be under the supervision or knowledge of a pharmacist.
- 6.1.2 No medication must be dispensed to patients unless there is a complete and legible prescription from the prescribing physician.
- 6.1.3 Medications are prescribed by generic names except when brand names are acceptable or required.
- 6.1.4 The patient record should contain a list of current medications (patient's own medications) taken prior to admission and the physician will compare it with initial medication orders. This information must be made available to the pharmacy and the patient's own medications shall be submitted to the inpatient pharmacy (*Also see Patient's Own Medications*).
- 6.1.5 Required elements of a complete order must include the following:

- a- Patient data (file number, name, age, sex, weight, & bed number/ward/clinic).
 - b- Diagnosis.
 - c- Allergy.
 - d- Drug name (generic or brand), dose, route, frequency, and duration of treatment.
 - e- Patient data (file number, name, age, sex, weight, & bed number/ward/clinic).
 - f- Diagnosis.
 - g- Allergy.
 - h- Drug name (generic or brand), dose, route, frequency, and duration of treatment.
 - i- Name of physician, stamp, and signature.
 - j- Date and time of the prescription.
- 6.1.6 PRN orders must include indication for use and duration of use. (*Also see PRN-Medication Orders*).
- 6.1.7 Look-alike/sound-alike medications will be differentiated by color code (light blue) in the pharmacy for look-alike medications, and by TALL-MAN letters (in prescriptions) for sound-alike medications as a precaution to prevent potential mistakes.
- 6.1.8 Incomplete, illegible, or unclear medications orders will be returned by the pharmacist to the physician for corrective action using the Clarification Form.
- 6.1.9 Emergency orders must contain all elements of a complete prescription, and should state **Emergency Order** on the top of the prescription, which will be immediately filled by the pharmacy.
- 6.1.10 Stat orders must contain all elements of a complete prescription, and should state **Stat Order** on the top of the prescription, which will be filled by the pharmacy within 30 minutes from the time received.
- 6.1.11 Automatic stop orders will be dispensed according to the type of medication prescribed (*Also see Automatic Stop Orders*).
- 6.1.12 Telephone orders will be accepted only in situations that require action that will facilitate care of the patient and the patient's condition does not require the physician's presence to make clinical assessment, and must be verified "**READ-BACK**" by two licensed health care workers receiving the order. Telephone orders must be signed by the physician or other member of his/her group within 24 hours of giving the order (*Also see Telephone/Verbal Orders*).

- 6.1.13 Verbal orders will only be accepted in emergency situations, i.e. during Code Blue and must be verified “**REPEAT-BACK**” by the person receiving the order. Verbal orders must be signed by the physician or any member of his/her group immediately at the end of the emergency. Signatures must be dated, timed and stamped (*Also see Telephone/Verbal Orders*).
- 6.1.14 Weight based orders for pediatric patients must clearly indicate the weight and age of the patient, i.e. using milligrams/kilograms for dosing.
- 6.1.15 Healthcare professionals must comply with the proper use of approved and prohibited prescribing abbreviations.
- 6.1.16 All currently prescribed or ordered medications must be written in the patient medical record.
- 6.1.17 The pharmacy department conducts corrective action by intervening, using the clarification form, when medication order is incomplete, illegible, or unclear.

6.2 Authorized Prescribers:

- 6.2.1 All pharmacy dispensing areas have a list containing the Medical Staff names, signature, ID number, specialty and stamp that are authorized to prescribe or order medications in the hospital and the list is updated every year to contain new staff that joined the hospital and remove those who left.
- 6.2.2 The pharmacy staff is aware of this list and it is available in each drug dispensing area.
- 6.2.3 The pharmacist is responsible for verifying with the Medical Services any prescriber who's not recognized or whose name is not in the List database.
- 6.2.4 If the prescriber is not an authorized prescriber, the pharmacist or technician will inform the Head Nurse that the order can not be processed unless it is cosigned by an authorized prescriber.
- 6.2.5 The pharmacist or technician will make a note on the order sheet detailing the action taken.
- 6.2.6 All medications prescribed and each dose administered to the patient must be written and kept in the patient's record (Medication Sheet) including STAT and PRN orders.

7.0 FORMS

7.1 N/A.

8.0 EQUIPMENT

8.1 N/A.

9.0 REFERENCES

9.1 CBAHI Resource Manual.