



SYDNEY CHILDREN'S HOSPITAL
DRUG UTILISATION REVIEW COMMITTEE
THERAPEUTIC GUIDELINE

SAFE PRESCRIBING GUIDELINES

Clear communication of medication orders minimises medication errors. Prescribers are encouraged to use these simple and standardised prescribing guidelines in order to ensure medication orders are clear and that the right drug in the right dose is given to the right patient at the right time, all the time.

EACH MEDICATION CHART OR PRESCRIPTION SHOULD CLEARLY SHOW:

- Patient's name and MRN
- Name of AMO
- Age and/or DOB

If addressograph sticker is used, print the patient's name underneath the sticker.

Do not use addressograph stickers for discharge prescriptions

- Accurate weight or body surface area
(Check ideal body weight if patient is significantly overweight or oedematous)
- All known allergies (or write "NKA" = nil known allergies)

EACH MEDICATION ORDER REQUIRES

- **The date of prescribing**
- **The name of the medication**
 - Write legibly (printing in CAPITALS is ideal) in ball point pen
 - Use the generic name (unless a combination product is used e.g. *Pentavite*)
 - Do NOT use abbreviations for medication names
 - Watch for look-alike and sound-alike drug names (e.g. azathioprine vs azithromycin)
 - Clarify form and strength if multiple products exist (eg hydrocortisone 1% cream vs eye drops)
- **The indication**
 - For PRN medication (e.g. paracetamol for symptomatic fever > 38.5⁰C)
 - For medications which may be used for various indications (e.g. cotrimoxazole for PCP prophylaxis or UTI), unless considered inappropriate by the prescriber (e.g. issues of confidentiality)
- **The correct dose**
 - Check doses in a current paediatric dosing reference. e.g. the RCH Melbourne, Paediatric Pharmacopoeia or SCH Therapeutic Guidelines where indicated
 - Calculate dose using accurate weight or BSA (*up to the usual adult dose*)
 - Round doses to nearest whole number or dosage unit when appropriate
 - Check calculations carefully, be particularly careful if you are busy, become distracted or interrupted while prescribing. *Double check all calculations.*
 - Include calculation in order (e.g. 15 mg/kg/dose) to allow later double checking
 - Adjust dose for renal or hepatic impairment if needed
 - Use leading zeros e.g. 0.1 mg NOT .1 mg; Eliminate trailing zeros e.g. 15 mg NOT 15.0 mg
 - Give specific dosage instructions – dose strength, route and frequency
 - Dosage strengths should be expressed in exact units rather than dosage form (e.g. carbamazepine 100 mg, rather than 5 mL or 1 tablet)
 - Include maximum number of doses for prn opioids (e.g. morphine 5 mg IV prn severe pain x 10 doses)
- **The duration of therapy**
 - Please specify where relevant (eg intended duration for a course of antibiotics)
- **Prescriber identification**
 - **Print surname** and **pager number** next to signature on each page of the medication chart
 - Sign each order separately
- **Abbreviations only if approved**

See *Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines* at NSWTAG at <http://www.ciap.health.nsw.gov.au/nswtag/publications/guidelines/TERMINOLOGY1206.pdf>



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GENERAL SAFE PRESCRIBING TIPS

1. Clinical tips

- Know the patient's current drug therapy and reason for using each drug
- Check potential drug interactions before prescribing a new medication
- Indicate the timing of any drug levels required
- Do not use verbal orders
- Some areas of the hospital have computer generated prescriptions – check orders carefully both on the screen and on the final copy

2. Ceasing /changing orders

- Regularly review the medication chart and discontinue orders no longer needed
- To cease an order;
 - draw a single line through the order; and
 - a line across the administration section; and
 - sign and date this section
- To change an order, cease the first order and re-write a new order
- Minimise the number of active medication charts per patient.

If there are multiple charts, annotate “1 of 2,
2 of 2...etc” and modify appropriately as therapy changes

3. Medications which are not given every day

- If medications are given once or twice a week, the actual days should be stated
e.g. methotrexate on WED only
- Cross out days when drug is not to be given

4. For the carer

- Ensure the parent or carer knows about the medication being given; i.e. drug name, indication, route, dose, frequency, duration and potential side effects
- Demonstrate measurement and administration if necessary
- Encourage use of allergy alert device (eg bracelet or pendant) for life-threatening allergies

Reference

Levine SR, Cohen MR, Blanchard NR et al. Guidelines for preventing medication errors in paediatrics. J Paediatr Pharmacol Ther 2001; 6:426-42 at: <http://www.ppag.org/jppt/CE/2002MEGuidelines.pdf>

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Contacts:	Paediatric Therapeutics Program