Today's Treatment

Clinical pharmacology

Prescription writing

B H HARTLEY

A prescription is the prescriber's order for a particular patient or patients. This article, which considers only the prescription to the order of a general medical practitioner, provides general guidance, and the contents represent my views alone and in no way commit the DHSS.

Prescribers are expected to conform to an established convention when writing prescriptions, and certain legal requirements have to be observed before the pharmacist may supply the requested medicines. Supplying medicines against an incorrectly written prescription might lead to a contravention of the law by the pharmacist supplying the medicines, although it would not be a contravention by the prescriber. Therefore, it is the pharmacist's responsibility to be conversant with the law and for him to query suspected illegalities or irregularities however they arise. Legislative requirements are principally concerned to ensure authentication of the prescription and to restrict opportunities for patients to present fraudulent prescriptions for dispensing. Consequently most legislation applies to specific legal categories of medicines and requires such things as indelibility, original signature, date of prescribing, and patient's name and address. The table sets out the orders and regulations bearing on prescription writing.

Department of Health and Social Security, London SE1 6TE
B H HARTLEY, B PHARM MPS, principal pharmacist

Legal requirements bearing on prescription writing

	Regulation or order	General requirements
Nature of the prescription. Doctors' terms of service	The National Health Service (General Medical and Pharmaceutical Services) Regulations 1974: SI No 160 (in Scotland 1974: SI No 506)	NHS prescriptions to be written on FP10 (GP10 in Scotland) with full signature in ink after items entered on the form. Separate form for each patient with exception in England and Wales for two or more patients in schools and institutions with over 20 residents if the doctor is responsible for 10 or more residents
Special requirements for prescription-only medicines (POM)	The Medicines (Prescription only) Order 1977: SI 2127 as amended	Prescription for POM must be indelible, address and usual signature of practitioner, date of signature, qualifications of prescriber (that is, medical, dental, etc). Name and address of patient, age if under 12. Carbon copies with date before which prescription cannot be dispensed
Special requirements for Controlled Drugs	The Misuse of Drugs Regulations 1973: SI 797 as amended	Prescriptions for Schedule 2 and 3 drugs must be for a single individual in ink or otherwise indelible with usual signature, no copies, name and address of patient in doctor's own handwriting, address of person issuing a private prescription. Specify in doctor's own handwriting dose to be taken and in the case of preparations form and where appropriate strength of preparation, total quantity (in both words and figures) of preparation, or number in words and figures of dosage units to be supplied, or total quantity of controlled drug ordered. Instalment prescriptions must have a direction specifying amount of each instalment and intervals to be observed between each dispensing. Prescriber must be in Britain, and pharmacist must be reasonably satisfied that it is the prescriber's signature. Prescription cannot be dispensed before date on prescription and not later than 13 weeks afterwards
Labelling of dispensed medicines with instructions for use	The Medicines (Labelling) Regulations 1976: SI 1726	If requested by doctor on prescription form dispensed medicine shall be labelled with name of medicine, any directions for use written on prescription, and any precautions relating to use of medicine

Types of prescriptions

The written prescription may be for a National Health Service or a private patient. The private patient pays for the drugs or appliances and the pharmacist's professional fee.

WRITING PRIVATE PRESCRIPTIONS

There are somewhat fewer restrictions on the prescriber in the private sector than in the NHS. To minimise the pharmacist's doubts about the authenticity of private prescriptions they should be written either on a specially printed prescription form or on the prescriber's headed notepaper. Unlike NHS prescriptions a private prescription, apart from one for Controlled Drugs, is repeatable if so marked. If marked "Repeat x times" it can be first dispensed and then repeated x times. If the prescriber writes the word "Repeat" it can be indefinitely repeated if it is not a prescription-only medicine (POM). These can be repeated only once, although even so an exception is made for oral contraceptives, which may be repeated at intervals of one month up to a maximum of six times. To avoid possible misunderstandings it is prudent to mark repeat prescriptions with the number of repeats intended.

WRITING NHS PRESCRIPTIONS

NHS prescriptions must be written on FP10 in England and Wales and GP10 in Scotland and in accordance with the

doctor's terms of service. Doctors on the Family Practitioner Committee's medical list may prescribe any drug needed for the patient's treatment as well as those appliances and chemical reagents listed in the *Drug Tariff*.

BULK PRESCRIBING

The terms of service require that a separate FP10 or GP10 is written for each patient. In England and Wales only, however, bulk prescriptions are permissible when prescribing for two or more people in a residential school or institution in which at least 20 people reside and when the doctor is responsible for the treatment of at least 10 of the residents. Instead of the name of the patient the bulk prescription is headed with the name of the school or institution and the number of people for whom the prescriber is responsible. The range of drugs that may be prescribed in this way is limited, and the publication *Residential Homes for the Elderly*¹ provides further advice on the subject of what to prescribe.

CARBON-COPIES

Although repeatable prescriptions and those referring to previous ones are not permitted, up to three carbon copy FP10's are permissible for all except controlled drugs. Carbon copies should be dated with the date before which they cannot be dispensed. The doctor is required to sign the completed FP10 and each carbon copy in ink with initials or forename and surname.

Arrangement of a prescription

A prescription conventionally consists of:

The patient's name and address;

The "inscription," now only occasionally preceded by the symbol Rx, which is the abbreviation for *recipe*, Latin for "take," which describes the prescribed medication;

The "subscription" preceded by *Mitte*, Latin for "send," which gives the quantity ordered or preferably the dose of the medicine and the number of doses required;

The signatur, abbreviated to *Sig*, Latin for "label," which is the prescriber's instructions to the patient including the dosage requirements which will be written on the medicine label by the pharmacist;

The prescriber's signature authenticating the prescription;

The date of prescribing;

The prescriber's name and address.

IDENTIFYING THE PATIENT

The name and address of the patient should be stated, taking particular care to distinguish members of the family or common local names. The accurate address helps the pharmacist by providing a double check when issuing the dispensed items. An indication of the age of the patient guides the pharmacist when checking dilutions and dosage and in writing label instructions for use in such a way as to minimise confusion about taking or administering the medicine. NHS prescriptions for children under 12 years should state their age. Women over 60 and men over 65 will mark the back of the FP10 and so provide the pharmacist with a clue to their age.

THE INSCRIPTION

Drugs and appliances should always be described in English and not by Latin titles, as was formerly the case. Drugs may be described by their official (generic) name unless it is the

prescriber's intention that a particular proprietary preparation should be dispensed.

A wide range of products can be prescribed, and it is imperative that the name is legible and accurately and fully describes the preparation including the required strength and dose-form where appropriate. Several preparations have similar names that can easily be confused. Lists of look-alike names are published, and a useful list was published in the *BMJ*.²

THE SUBSCRIPTION

Matching up of quantities

The subscription is the ordering quantity of the medicine and should be directly related to the duration of treatment. Unfortunately, most prescriptions for tablets and capsules are written in multiples of 10, whereas it could be better to prescribe a daily dose and the number of days for which treatment is required. There is a space on NHS prescription forms to facilitate ordering by days. Daily or weekly ordering is universally adopted in hospitals, and it makes particularly good sense to continue it into general practice. The advantage apart from logical prescribing of quantities is in providing the best means of balancing the patient's order when more than one item is prescribed, so giving the patient a check on whether or not they are complying with the dosage. Furthermore, as original pack dispensing becomes more common, the daily dose multiplied by the number of days treatment provides a rational basis for pack sizing. Another advantage is in overcoming wastage, particularly for patients with repeat prescriptions for more than one item where one item is consumed faster than others. Often the entirety of the order is prescribed on the repeat, although the patient needs only the replenishment of the item used most. For example, a prescription with two items both of which are often used by the patient.

Tabs "X" one twice a day send 50 tabs: this will give 25 days' supply.

Tabs "Y" one three times a day send 100: this will give 33 days' supply.

After 25 days the patient returns for a repeat prescription, although there are still eight days' treatment of Y remaining. Nevertheless, the repeat prescription is likely to reproduce the original, leading to a gradual build-up of tablets Y.

It would be much better therefore to prescribe in the following way:

Tabs X one twice a day 28 days—56 tablets will be supplied.

Tabs Y one three times a day 28 days—84 tablets will be supplied.

How to order quantities

The nature of the product needs to be taken into consideration as well as the duration of treatment. The following general advice will lead to prescriptions that are both intelligible to the pharmacist and should overcome potential hazards of displaced decimal points, etc.

(1) Dose levels for solids in excess of 1 gram should be stated in multiples and fractions of 1 gram. Quantities under 1 gram should be written in milligrams—for instance, 500 mg and not 0.5 g. Similarly, quantities under 1 mg should be written in micrograms—for instance, 100 micrograms (unabbreviated) and not 0.1 mg. Where decimals are unavoidable a zero should be written in front of the decimal point, 0.5 g not .5 g.

(2) Solid dose internal preparations, such as capsules, tablets, cachets, and suppositories, should be based on the dose and the duration of treatment. Only when it is impossible to calculate the dose, such as when a product is to be taken as the need arises, for instance, analgesics, is it necessary to state a numerical

quantity to be supplied. Write the quantity in words when prescribing drugs prone to abuse; this is obligatory for Controlled Drugs.

(3) For external dose solids such as powders, dusting powders, pastes, and ointments the quantity prescribed should be selected from the range 5 g, 10 g, 15 g, 25 g, 50 g, 100 g, 200 g, 300 g, and 500 g.

(4) Liquid preparations for internal use are in doses of 5 ml for linctuses and elixirs and paediatric preparations and 10 ml for adult mixtures. A single dose of 5 ml may be better for elderly patients, who might be forgetful and unreliable about taking two spoonfuls. The pharmacist will ensure that the patient has a 5 ml teaspoon with the prescription. Drops and paediatric Digoxin elixir are an exception to the general rule, droppers or a pipette are usually associated with the preparation.

(5) The volume of oral liquid preparations should normally be sufficient to supply multiples of 10 doses—that is, 50 ml, 100 ml, 150 ml, 200 ml, 300 ml, or 500 ml.

(6) The prescribed quantity of topical preparations will depend on the part of the body being treated, but in general large volumes, for instance, 500 ml, are suitable for treatment of the whole body, 200 ml for sizable areas such as the limbs, and 100 ml for smaller areas such as the face. Advice about topical creams and ointments is somewhat difficult because the medicine is often in an original pack that greatly determines the convenient quantity for dispensing. As a general guide small areas require quantities varying between 5 g and 15 g according to the frequency of usage, medium areas require 25–50 g, and larger areas of the body 100–200 g.

(7) Liniments are best ordered in quantities of 100 ml.

(8) Eye lotions, gargles, and mouth washes are best ordered in quantities of 200 ml.

(9) Inhalations and sprays are best ordered in quantities of 25 ml.

(10) Eye, nose, and ear drops are best ordered in quantities of 10 ml, remembering that sterile preparations should not be kept longer than one month after opening.

SIGNATUR—THE DIRECTIONS TO BE GIVEN TO THE PATIENT

The directions for use are an important but often neglected component of the prescription. Properly written they could considerably aid compliance. Labelling regulations made under the Medicines Act require the pharmacist to transfer to the medicine label any instructions or directions or special notice written on the prescription itself. Unfortunately, the great majority of prescriptions are deficient in this respect, but explicit instructions would possibly lead to greater understanding by the patient as to the means of and necessity for taking the medicine. In some parts of the country prescribers have made informal arrangements with the local pharmacists so that agreed instructions appear on the labels of particular products unless the prescriber states otherwise.

The important features of instructions to be given to the patients are how and when to take the medicine and any frequently experienced side effects that may influence judgment—for instance, drowsiness, dietary restrictions, and avoidance of alcohol. Commonly used instructions need to be critically reviewed. Why write one at night if what is meant is one at bedtime; similarly one three times a day means when precisely? In the absence of clear unequivocal instructions it is not surprising that patients make up their own minds about when to take their medicine.

Some special warnings are automatically provided for specific medicaments. On a national basis warning cards are automatically given in respect of monoamine oxidase inhibitors pointing out to the patient the vital necessity of avoiding certain foods. Warning cards also exist for certain corticosteroids and anticoagulants.

The Councils of the British Medical Association and the Pharmaceutical Society have agreed that for NHS prescriptions

the name of the preparation and its strength when appropriate will appear on the medicine label unless the prescriber indicates otherwise. This arrangement does not apply when the made-up preparation has several ingredients. The name written on the label will be that used by the prescriber on the prescription. If the prescriber does not wish the name to appear on the label he need only delete the letters NP which appear on the FP10. The same applies to Controlled Drugs. Private prescriptions will not automatically be labelled NP unless the prescriber writes the letters NP alongside those items he wishes to be named on the label.

COMPLETING AND SIGNING THE PRESCRIPTION

Draw a diagonal line across the unused part of the form below the prescription and add initials against any altered items. The prescription is completed with the prescriber's usual signature, the date of prescribing, and the prescriber's address. (The address is preprinted on FP10 and GP10.)

Prescription writing for Controlled Drugs

Certain safeguards have to be complied with by the prescriber to safeguard pharmacists against dispensing fraudulently written prescriptions for Controlled Drugs. The Misuse of Drugs Regulations 1973 permit only lawful dealings in Controlled Drugs, and unless the prescription conforms with the regulations the pharmacist cannot legally supply the drugs to the patient.

The prescription must:

(a) be in writing and signed by the person issuing it with his usual signature and dated by him;

(b) be indelible;

(c) include the address of the person issuing it;

(d) be complete with the patient's name and address in the doctor's own handwriting;

(e) give details of the dose, the dose form where appropriate, the strength and the total quantity of the preparation, and the number of dosage units to be supplied both in words as well as in figures. If for any reason these figures cannot be given the total quantity of the Controlled Drug should be stated on the prescription;

(f) repeatable prescriptions are not permitted for Controlled Drugs so that in the case of a prescription for a total quantity intended to be dispensed by instalments the prescription should contain a direction specifying the amount of the instalments that may be dispensed and the intervals to be observed between dispensing.

The Home Secretary has the power to waive "own handwriting" provisions, but this is intended as a relaxation to allow the use of rubber stamps in drug treatment centres.

NHS prescriptions for appliances and dressings

Only those appliances and dressings listed in part VI of the *Drug Tariff* are allowable on an NHS prescription. Many prescriptions for appliances incorrectly describe the article or fail to give sufficient detail; correct descriptions are given in the *Drug Tariff*.

Prescriptions for elastic hosiery should state whether a single or pair of articles is required, the name of the article—for instance ankle or thigh stockings—and the fabric—for instance one-way stretch, standard or light-weight elastic yarn or net. Comprehensive advice is given in the *Drug Tariff*.

Writing accurate prescriptions for the various stoma appliances available on the market can be difficult, and it is a help if doctors include on the prescription the reference number of the stoma appliance that the patient has had fitted.

Glossary

A prescription ..	..	A written order, signed by a practitioner for a named drug.
Controlled drugs ..	..	Drugs listed in schedules 2 or 3 of Misuse of Drugs Regulations 1973.
Drug Tariff ..	..	Produced annually by DHSS under Reg 58 of NHS (General Medical and Pharmaceutical Services) Regulations 1974—Amended regularly as necessary throughout the year.

Listed appliances ..	..	Appliances including dressings listed in part VI of <i>Drug Tariff</i> . Only listed appliances may be prescribed on NHS.
Listed chemical reagents		Listed in part V of <i>Drug Tariff</i> .

References

- ¹ Department of Health and Social Security. *Residential homes for the elderly*. London: HMSO, 1977.
- ² McNulty H, Spurr P. Drug names that look or sound alike. *Br Med J* 1979;iii:836.

Dealing with the Disadvantaged

Blind patients

LUCILLE HALL

Most of the 120 000 blind people in Britain are elderly; more than half are over 75. Only a small proportion is totally blind, with no perception of light. Most are people who lost their sight, probably gradually, as they grew older. The points to bear in mind with a visually handicapped patient are simple but they make a difference to the patient. The most

important is to communicate: explain where you are and what you are doing. Otherwise, most blind people do not want to be fussed over, especially if they have been visually handicapped for some time and are well adjusted to their own home environment and reasonably mobile.

Receptionist

It is helpful to have an immediate identification on the records (a coloured sticker perhaps) that the patient is visually handicapped. The patient may need help getting through doors if he or she arrives unaccompanied. Let him take your arm; walk slightly in front of him. If you are coming to steps, tell the blind person not only that you are approaching steps—or a slope—but whether they go up or down. When you guide him to a chair, put his hand on the chair back and he should be able to sit down in his own way.

Explain where you are—in the waiting room—how many other patients are already there and any other information most patients pick up by looking around them. Describe the furniture as you pass it, mentioning any head-level hazards. Do not leave doors half open or bags and so on lying on the floor.

In the surgery

(1) A visually handicapped patient who cannot see a welcoming smile will appreciate the contact of a handshake when he or she comes into the surgery. Introduce yourself as you shake hands ("I'm Dr..."). Do not be afraid to say "Nice to see you"; blind people say it too. Use the patient's name when you talk to him, or touch his arm to make it clear that you are talking to him. If you are moving away after talking to him, say so. It may be embarrassing for him to find himself talking to an empty space.

(2) Talk to the patient rather than to the companion if there is one.

(3) Always explain what you are doing; say, for instance, "I'm just taking notes" so that there is no hiatus when the patient wonders what is going on. If you are giving an injection or taking blood for a test or putting in or taking out stitches say, "I'm just going to touch your forearm," "You will feel a prick/the needle going in"—or whatever is appropriate.

(4) Let the patient know if you move something near him—for example, a tray of instruments—after he is settled. Then he is unlikely to send something flying because it was not there when he put his arm out a few moments earlier.

(5) If you prescribe drugs make sure the patient understands the dosage. If more than one drug is to be taken at the same time suggest the patient enlists the dispenser's co-operation in describing which is which—perhaps putting them in different shaped containers, or marking the bottles with strips of sticky plaster. If you are concerned that a blind patient living on his own may still have difficulties, try to get a health visitor to call. The Royal National Institute for the Blind offers a medicine dispenser that screws on to a standard medicine bottle and helps the patient to measure an accurate 5 ml dose without spilling. (The dispenser is free to blind people from RNIB.)

If you are visiting a patient at home make sure you put your bag down out of his way. If you move a chair, say, or a bottle of tablets, put them back where they came from.

RNIB's leaflet on "How to guide a blind person" is available free from them at 224 Great Portland Street, London, W1N 6AA.