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Diploma in Pharmacy 2nd Year
Community Pharmacy & Management
Experiment

Handling of prescriptions with professional standards, reviewing prescriptions and checking for legal compliance and completeness.

Aim:

Handling of prescriptions with professional standards, reviewing prescriptions and checking for legal compliance and completeness.

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Gupta Richa, “Practical Manual of Community Pharmacy and Management” Published by Nirali Prakashan, Page no 1 - 4

Theory :

Handling of Prescriptions

The four steps given below should be followed while handling the prescription for its compounding and dispensing :

1) **Receiving :** It is the duty of a pharmacist to receive the prescription from the patient. The pharmacist must not change his facial expression after receiving the prescription because this may give the patient a feeling that the pharmacist is either amazed or confused after seeing the prescription.

2) **Reading and Checking :** It is the duty of a pharmacist to check that the prescription is written in a proper format. A pharmacist should examine that the prescription has been written on a doctor's pad or OPD slip of the hospital/nursing home, and contains the prescriber's dated signature.

3) **Collecting and Weighing the Material :** A pharmacist should gather all the prescribed materials on the left side of the balance prior to the compounding process. Each of the materials should be weighed and moved to the right side of the balance to separate the weighed materials from the non-weighed ones. In order to avoid any compounding errors, it is advisable to read the label of cach stock bottle at least three times.

4) **Compounding, Labelling, and Packaging :** All the equipment should be cleaned and dried properly. A pre-packed medicine which is to be dispensed under a manufacturer label is only wrapped by the pharmacist and delivered to the concerned patient. Liquid preparations (liquids in small volume) should be dispensed in containers labelled correctly and wrapped properly

Left hand side of the working bench should have the bottles of all the ingredients to be compounded, and the dispensing balance should be in the centre. While removing the bottles from the shelf, labels should be read and ingredients should be weighed or measured accurately which is again checked by another pharmacist. While removing the quantity for weighing. the labels should be read again. After weighing all the ingredients from the bottles, they should be placed on the right side of the dispensing balance. The weighed ingredients should be then compounded as per the prescriber's direction or pharmaceutical art

When the process of compounding is completed, the bottles should be placed back on the shelf and the label is again read (third time). Then the product is filled in appropriate container and closed tightly A label is either hand- written or typed in a precise way including all the desired information. The final package should be added with a

dropper or a measure as per the requirement. Before delivering the prescription to the patient, checking, recording, and pricing should be done by the pharmacist, who should also describe the administration mode, storage, etc., and repeat the directions for use during the delivery of the prescription.

Guidelines for Reviewing Prescriptions

1) **Checking for Patient Allergies :** The information about the doctor, the date, the patient's details, the Rx symbol, the inscription, the subscription, the signature, any further instructions, and the signature are all components of a prescription.

2) **Receiving a Controlled-Drug Prescription :** Prescriptions for prohibited substances involve specific record-keeping requirements. Any labelling regulations established by under state and federal law must be carefully followed by a pharmacist.

Checking for Legal Compliance and Completeness (Prescription Audit)

A prescription audit is a part of overall clinical audit and is a quality improvement process that aims to enhance patient care and results by a methodical evaluation of the provided treatment in comparison to predetermined standards and the implementation of change

Objectives of Prescription Audit

- To evaluate the level of irrational prescribing.
- To detect prescribing errors with their reasons.
- To minimise the irrational usage of antibiotics, syrups, injections, etc.
- To recognise the opportunities for improvement and create benchmarks at the facility, district, state, and national levels.
- To encourage service providers to write thorough, comprehensible, and logical prescriptions.

Method of Prescription Audit

1. **Constituting Prescription Audit Committee :** There are various levels at which an audit committee can be formed, including DH, SDH, CHC, and PHC. Members of the Audit Committee of DH/SDH and CHC who may be considered include:
   - Hospital In-charge (MS/CMO) (overall Responsibility).
   - Hospital Administrator/Manager (wherever available, for conducting and analysing Prescriptions" findings).
   - One Clinician from each department.
   - In charge Nursing Services/Matron.
   - Chief Pharmacist/Senior most pharmacists managing dispensary and Medical Store.
2. **Calculate Sample Size :** The audit and meaningful evaluation of prescriptions require a sufficient sample size. The prescriptions chosen for audit should be a representative sample of all OPD visits. A sample size calculator with the margin of error (-10%) and confidence level (95%) should be utilised for convenience.

Indicators for Legibility and Rationality of the Prescription

- Percentage of prescription with legible handwriting.
- Percentage of prescription where medicines prescribed are in line with STG.
- Percentage of prescription where allergies are mentioned.
- Percentage of prescription with brief history written.
- Percentage of prescription with provisional or Final Diagnosis.
- Percentage of prescription where salient features of clinical examination are recorded.
- Percentage of prescription where schedule/Dosages are written.
- Percentage of prescription with Vitamins, Tonics, or Enzymes.
- Percentage of prescription wherein Antibiotics are prescribed as per Hospital Antibiotic Policy.
- Percentage of prescription with prescribed injections.

Indicators for Completeness of the Prescription

The comprehensiveness of the prescription can be evaluated, and data are given for each part of the prescription and its accuracy, as shown below :

- Patient details name, age, sex, address, reported allergy, Date of consultation/registration in OPD date.
- Diagnosis or description of the health problem.
- Medicine information dosage forms, name of medicines prescribed in full or abbreviation, strength of formulation, dose, advisory (before/after food, at bedtime, etc.) duration of therapy, medicine interactions
- Non-pharmacological treatment description.
- Signature and information about the prescriber- doctor's name, qualification, registration no.

3. **Data Collection :** Prescriptions should be randomly chosen for analysis after determining the sample size Techniques for simple random sampling may be employed. From the first two weeks, half of the sample should be taken and the remaining half of the sample should be taken from the subsequent two weeks of a month,
4. **Data Analysis :** Thorough analysis should be done to understand prescribed behaviours, find bottlenecks, and pinpoint areas that need improvement. After receiving the computed quantities of prescriptions, all attributes should be listed in a tabular format. Then, each prescription should be assessed in relation to these criteria using an observed answer of "YES" or "NO". The information should be subsequently transformed into an excel sheet to gain a complete view of prescription methods, indicators' computation, gap detection, and best practises.

Result :

Handling of prescriptions with professional standards, reviewing prescriptions and checking for legal compliance and completeness were done.