CRH SIKKIM MANIPAL UNIVERSITY CENTRAL REFERRAL HOSPITAL - SMIMS **Documented Procedure**	TITLE: SOP for Safe and Rational Prescription of Medicine
	DOCUMENT NO: SOP/CRH/MOM/SRP/33
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1. Abbreviations and Definition

1.1 Abbreviation:

- IP: Indoor-Patient.
- OP: Outdoor- Patient.

1.2 Definition:

Medical Prescription: A written advice by a Physician to a Pharmacist and patients about the name, quantities of drugs (Brand), frequency at which the drugs have to be consumed by the patient etc.

2. Expected Outcome:

- Reduce prescription error
- Patient safety

3. Objectives:

- To ensure good practices for safe and rational prescription of medication in the hospital.

4. Scope:

- The scope covers the prescription of all medication used in the hospital for Outdoor patients, Day Care Patients and Indoor Patients.

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5. Process:

Sl no:	Process	Responsibility
5.1	Before writing the medication, the name, age and sex of the patient is to be written at the top of the prescription slip.	Doctor
5.2	The concerned nurse should write the patient name, age, sex, IP No and the location of the patient that is name of the ward in the drug chart of all IP patient record and ensure the same protocol to be followed when drug chart is renewed for the same patient	Nurse
5.3	The treating doctor must write the medication order in the drug chart for all in-patients and in the prescription form for all out-patients	Doctor
5.4	Known drug allergies should be ascertained and documented in prominent manner in the drug chart for all in-patients and in the prescription form for all out-patients.	Doctor
5.5	All medication order should be in legible writing and to avoid the illegibility, the doctors should practice writing the name of the medication in block letters.	Doctor
5.6	The treating doctor must mention the dose, route frequency and duration of the medication(s) in legible writing for all out-patient and in-patients while prescribing medication	Doctor

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5.7	The treating doctor should mention the indication in the drug chart for all in-patients	Doctor
5.8	In case of a medicine having two or more drugs (tablet/capsule/injection) the dose of all the individual drugs should be written. For example, in a combination of CLOPIDOGREL with ASPIRIN the dose of both the drugs should be written as 75 mg + 75 mg or as 75 mg + 150 mg. This is not necessary for preparations having a combination of vitamins and/or minerals. Similarly, if the combination of medication comes only in one strength, it is not necessary.	Doctor
5.9	The treatment order should be written daily.	Doctor
5.10	Abbreviations should be used as per the standardized list of approved abbreviations for medications throughout the hospital	Doctor
5.11	The treating doctor must write his/her full name and date for each medication prescribed by him/her in the drug chart of all in-patients. In case of out-patients, the treating doctor should write his/her name and date after completion of the prescription.	Doctor
5.12	A doctor should not recommend prescription medicines over the telephone or SMS messages to his patients.	Doctor
5.13	Doctors should be doubly careful in writing the potency & quantity of the medication(s). It is advisable to write the quantity in words as good practice so that the numbers cannot be manipulated. (Example: When prescribing insulin dose write 10 units not 10 U)	Doctor

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5.14	Overwriting on a prescription should be avoided	Doctor
5.15	Blank prescription(s) should be kept secure to avoid misuse	Doctor / Nurse
5.16	Nurses/assistants should not be allowed to write prescription(s)/medication(s) orders.	Nurse
5.17	Doctors should always encourage pharmacies to call them up on telephone in case of any queries in their prescription.	Doctor
5.18	Pharmacist should refuse to dispense medication(s) for prescriptions/order which do not confront with the above mentioned procedure for prescribing medication	Pharmacist

6. **Responsibilities:**
   - Doctors
   - Pharmacist
   - Nurse
7. **Records:**
   - Doctors Order Sheets for Indoor Patients
   - Medication Card for Indoor Patients

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