

Prescriptions and Prescription writing for Podiatrists

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A clear understanding of the importance of prescribing appropriately, and the processes involved, allows prescribers with the confidence to prescribe rationally, independently and free from coercion. Inappropriate prescribing can lead to ineffective and unsafe treatment; it can exacerbate or prolong illness; it can cause distress or harm to patients; and it can be more costly.

It has been estimated that some 140 000 Australians are hospitalised annually due some sort of adverse drug reaction from prescription medicines. Most of those are preventable by taking an appropriate history and prescribing rationally¹ This figure is an underestimate of what really happens, as many more people will suffer adverse drug reactions without needing hospitalisation. A very recent study of GP clinics has verified this comment as an estimate of nearly one million people had suffered some sort of adverse reaction to a prescribed medicine in the previous month of the study².

Treatment of any sort needs to be effective, safe and affordable. Where the treatment involves the use of drugs, the prescriber must use up-to-date knowledge to choose the best option for treatment for a particular patient with a particular problem. Prescribing is part of a logical deductive process based on comprehensive and objective information. Involve the patient as a partner in management decisions, and always consider the option of not using drug treatment.

The process of rational treatment

Define the problem.

Specify the therapeutic objective (eg, pain relief, infection prevention or treatment).

Choose the treatment. Choice is based on:

- efficacy
- safety
- suitability, ie adherence (compliance), coexisting conditions for this particular patient
- cost.

Before commencing treatment, it is vital that a prescriber has a **full medical** and **medication history** of the patient which will include:

- age/weight
- date of birth
- allergies
- a history of adverse drug reactions
- any chronic condition the patient may be suffering from
- any medications that the patient may be taking from any source (other prescribers, over-the-counter medicines, complementary medicines)

Start treatment:

- write an accurate prescription
- give the patient clear instructions and information about both the condition and the reasons for the treatment.

Monitor progress:

- review the patient

-decide whether to stop, continue or change treatment.

Prescribers need to be confident in their ability to evaluate information about drugs and to determine their therapeutic value. Confidence is enhanced by having a personal list of preferred drugs and becoming thoroughly familiar with their use. New and expensive drugs should be critically evaluated before they are used in place of established treatments.

The patient

The treatment chosen must always reflect the ***therapeutic needs of the patient***. Identify patients in high risk groups, ie older persons, children, and those who are pregnant or have kidney or liver disease or suffer from any other chronic condition and/or are taking other medications.

Patient demand for particular drugs may be actual, or may be presumed by the prescriber. Good communication will help to avoid presumed patient demands, and good prescribing habits will help to counter patient demand caused by advertising, addiction, or expectations.

Always consider alternatives to drug treatment and give patients the reasons why the alternative is in their best interests.

Base your decision on evidence based medicine.

Follow medical prescribing principles which generally advocate for acute pain and infection to rapidly reach satisfactory blood levels and then use small incremental doses as required.

Some essential sources of drug information include:

Journals and Bulletins

Medical Journal of Australia

The Australian Prescriber

Books

Australian Medicines Handbook (AMH)

Therapeutic Guidelines (Analgesic, Antibiotic, Cardiovascular, Dermatology, Endocrinology, Gastrointestinal, Neurology, Psychotropic, Palliative Care, Respiratory, Rheumatology)

MIMS Annual and bi-monthly

Any recent textbook on Clinical Pharmacology and a decent Medical Dictionary

All these books are available as hard copy or as CD-ROMs.

The AMH, Therapeutic Guidelines and MIMS have sections on drug-drug interactions that a prescribing podiatrist may wish to consult if a patient is already taking medications from a different prescriber.

If a specific source on drug interactions is required, an excellent source is Tatro DS. *Drug Interactions Facts, Facts & Comparisons*; hard copy or Disk St Louis, 2006 (both hard copy-loose leaf or CD upgraded three monthly).

Overprescribing and underprescribing

Ensure that the duration of treatment, and dose and quantity of drugs prescribed, is effective and safe.

Overprescribing is wasteful, can cause unnecessary adverse effects, and increases the opportunities for overdoses. Some drugs are addictive if overused, and some, such as eye drops, may become contaminated.

Underprescribing is also wasteful, and potentially harmful. It can result in ineffective treatment, and the patient may need a different and more expensive treatment later.

The prescription

A prescription is a legal document and is a precise, written instruction from a prescriber {medical practitioners, dentists, veterinary surgeons, some optometrists podiatrists and nurse practitioners (in some states)} to a pharmacist on behalf of a patient.

Who may write prescriptions and how they should be written is outlined in the appropriate state legislation (Acts and Regulations); see below.

The prescriber has a duty of care to provide a prescription that is *legible*, and minimises the potential for errors in treatment. An illegible prescription can constitute professional negligence. Computer generated prescriptions are considered more legible than those that are hand written, and are encouraged.

The following is a list of essential information required for a legal prescription:

- prescriber's name, address and telephone number
- patient's name, address and age
- date
- drug name (preferably generic or approved name)
- drug strength (eg, amoxicillin 250 mg or 500 mg)
- drug form (eg, tablet, capsule or mixture, etc.)
- drug dose, frequency, quantity and manner of administration
- clear instructions for the patient (preferably in English)
- any further instructions necessary for the pharmacist.
- actual handwritten signature of the prescriber

Below is an example of the format required for a legal prescription.

	Jennifer Moriarty, BPod Hons) 15 Smith Street Suburb, Post Code Telephone:
Individual Prescriber Number	
PATIENT'S NAME	Ms Jane Citizen
ADDRESS	No., Street Name, Suburb, Postcode
DATE	Date of prescribing
<i>R/</i>	
	<i>Flucloxacillin 500 mg capsules</i> <i>20 Take one capsule four times a day half an hour before food.</i>
	<i>J Moriarty</i>

Make the prescription as tamper-proof as possible and use indelible ink. Do not write prescriptions for more than one person on the same form. Write drug names in full. Use standard language for instruction; limit the use of abbreviations, and use only accepted abbreviations. Avoid using decimal points if possible:

- write quantities less than 1 gram as milligrams
- write quantities less than 1 milligram as micrograms.

If using a decimal point put a 0 in front of the point, eg not .5 but 0.5.

Do not abbreviate microgram, nanogram, international or unit.

Use millilitres (mL), not cubic centimetres.

Prescribers and pharmacists have complementary roles in ensuring optimum patient outcomes. This is enhanced by mutual respect for each other's skills.

The prescription and the patient

When prescribing drug treatment, give the patient specific information about the drug, including:

- the effects of the drug and why it is needed
- possible adverse effects and what to do if they occur
- instructions on how to take the drug
- warnings, eg possible interactions, maximum dose
- when to return for review
- permission to ring you or your practice nurse if concerned about any issues.

People often don't remember the details or instructions that they are given during a consultation, so it is desirable to give written instructions as well. Consumer Medication Information (CMI) leaflets written by pharmaceutical companies to reflect Approved Product Information are available from pharmacies and some prescribing software packages and should also be given to patients.

Abbreviations

Always write drug names in full, the instructions in English and without abbreviation. It is strongly recommended that full English be used for instructions. However, **if** abbreviations **must** be used, they should conform to those that are commonly used and understood and limited to those listed below:

a.c.	= before food
b.d. (bid)	= twice daily
mane or m	= morning
nocte or n	= night
p.c. = post cibum	= after food
p.r.n.	= when required
q.d. (qid)	= 4 times daily
stat	= immediately, at once, now, as a first dose
t.d.s. (tid)	= 3 times daily

Never write "p.r.n." or "as directed". Many studies have shown that up to fifty percent of people will forget a prescriber's verbal directions within five minutes.

Podiatrists may not order repeat prescriptions.

References:

1. Runciman WB, Roughhead EE, Semple SJ. *et al.* Adverse drug reactions and medication errors in Australia. *International Journal of Quality Health Care* 2003; 15: 149-159.
2. Miller GC, Britt HC, Valenti L. adverse drug events in general practice in patients in Australia. *MJA* 2006; April, 184: 97):321-324.

Pertinent Legislation in Victoria

Drugs, Poisons and Controlled Substances Act 1981

Drugs, Poisons and Controlled Substances Regulations 2006

Guide to Drugs, Poisons and Controlled Substances Regulations 2006 (this is where the Secretary of the department of Human services gives approval for Podiatrists to prescribe Prescription Only (Schedule 4) medications (list still to be finalised as at 20/9/06).