



## **QRG – Medication Prescribing**

## **DISCLAIMER – Clinical Decision Making**

The only electronic decision support the trust is going live with is **Allergy-Drug interaction checking**. Allergy checking extends to active ingredients in drugs only. Excipients are not considered. **All other functionalities** (Drug-Drug interaction checking, duplication checking, dose range checking) have been **disabled**.

\*\*\* Clinical decision making responsibilities lie with the prescriber \*\*\*

No.	Action	Responsibility
1.	Using the Drs worklist or relevant patient list, identify for your area of responsibility the patient which requires medication to be prescribed.	Prescriber
	Click on patient name to go to record.	
2.	Under Requests / Care plans click on the "+ Add" button.	Prescriber
	🕂 Add   🍶 Document Medication by History   Reconciliation 🗸   \gg Check Interactions	
3.	Search window opens, search for medication required in the search box	Prescriber
	Search: 🔍 🍕 Advanced Options 👻 Type: 👘 Inpatient 🗸	
	🖚 🛣 😒 👻 🖿 🗈 Folder: Favourites 🛛 Search within: 📶 🗸	
	NOTE: ensure the type is set as inpatient	
4.	The medication should appear in the drop down list. If not click on the "search for	Prescriber
	additional items" button	
	NOTE: Medications formulary status is denoted by symbols	
	Green icon for formulary – this should be available in the search box	
	Red icon for non-formulary - this may require the use of additional search button	
	High Alert: High alert Icon – medication with a specific high risk, this may require the use of additional search button.	
	[Scope exclusion - For Careplans/powerplans 🖺 see separate document]	
5.	Click on the drug name only (usually at the top) – NOT one of the order sentences.	Prescriber
	c paracetamol 🔍 🔍 Advanced Options 🗸 Type: 👘 Inpatient	
	Paracetamol	
	Paracetamol (DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day PRN for Pain)	
	y Paracetamol (DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day)	
	st Paracetamol (DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day PRN for Pain)	
	NOTE- if you select from the drop down you will not get the full range or order sentences	





	available for that medication. Please search by generic name, unless brand specific prescribing is necessary. Search by a brand name will generally not generate a match, e.g. Oramorph (not in catalogue) vs Morphine oral solution 10mg/5ml.	
6.	Then the order sentence selection window will appear.	Prescriber
	P Order Sentences         Order Sentences for: Paracetamol         Image: Control of the sentences         None         DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day PRN for Pain       Greater Than or Equal To 18 year         DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day       Greater Than or Equal To 18 year         DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day       Greater Than or Equal To 18 year         DOSE: 1 g - ROUTE: oral - tablet - FOUR times a day       Greater Than or Equal To 50 kg         DOSE: 1 g - ROUTE: oral - liquid - FOUR times a day PRN for Pain       Greater Than or Equal To 16 year and Greater Than or Equal To 50 kg         DOSE: 1 g - ROUTE: oral - liquid - FOUR times a day PRN for Pain       Greater Than or Equal To 16 year and Greater Than or Equal To 50 kg         Reset       OK       Cancel	
	These may be filtered based on age and weight of the patient. This filtering can be turned off to show ALL order sentences for that medication by unticking the "Filtered order sentences" box.	
	Select the most clinically relevant order sentence for that drug. This can be amended later before signing if needed.	
7.	Continue to search for medication in this way until all medication required to be prescribed has been selected. This will add to a list awaiting a signature.	Prescriber
8.	Click "Done" once finished searching and then review the order entry formats (OEF's) for each medication completing the relevant fields as needed.	Prescriber
	<b>NOTE</b> - yellow fields or fields denoted with bold text are mandatory. Any missing information is needed for a medication this will be denoted with the symbol.	
	Where clinically relevant (or in line with local policy) enter any other relevant information, even if this is not mandatory within the system. For example, duration of treatment for antimicrobials is not mandated by the electronic prescribing system, but is supported by local policy.	
	KNOWN HAZARD If a duration of treatment is added to an inpatient order, please use the Duration field (1) for treatment courses that are likely to complete during the inpatient stay as this field will not reconcile onto the discharge prescription (NB month and week are not available as duration units). Use the special instructions field (2) if the treatment is likely to be continued past discharge as this field will reconcile onto the discharge prescription.	





Details	Order Comments Diagnoses					
🛨 🖀 III.	<b></b>			Remai	ning Ad	
	*Dose: 75 mg	<b>v</b>	*Route of Administration:		~	
*Dru	g Form: tablet	~		ONCE a day	~	
Consideration			PRN Reason:		~	
Special Inst		_	Indication: *Give Additional Dose Now:	No	×	
	uration: 1	ct)		18/Apr/18 08:00 BST	V	
Stop Det	(None)	BST	Pharmacy use only:			
High to	1 day Conviews: 1 dose					
	1 hours 1 minute					
	1 month 1 week					
	1 year					
Once a	all fields required	are completed	click Sign. The order/s will	have a status	of	Prescriber
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etails for <b>Bisoprolol</b> etails ]jiji Order Comments ] [jiji Diagnoses ]			
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*Dose: 2.5 mg	*Route of Administration:	oral	~
*Drug Form: <a>No Items&gt;</a>	*Frequency:	ONCE a day (evening)	~
PRN: 🔿 Yes   💿 No	PRN Reason:		~
Special Instructions:	Indication:		
	*Give Additional Dose Now:	No	~
Duration:	*Start Date / Time:	17/Apr/18 18:00 BST	~
Stop Date / Time:	BST Pharmacy use only:		
High Cost Meds:	, review orders and finally click	Sign	
Orders For Signature	, review orders and finally click	Sign	
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