



**Mercy
Ships[®]**

Bringing Hope and Healing...

Formulary

2009-2011



**An Essential Medicines Dosing Guide
Based on the WHO Model Formulary**

PRESCRIPTION WRITING GUIDELINES

As a volunteer with Mercy Ships, you may from time to time be puzzled by the flurry of different brand names for medicines in stock on board (with patient information leaflets in unknown-to-you languages); the various dosage regimens due to different medical experiences, as well as seemingly unknown codes and abbreviations used in prescriptions. Do not fear, help is near 😊!

The Mercy Ships motto: IF IN DOUBT, ASK!

Whilst the legal responsibility for prescribing lies with the doctor who signs the prescription, note that in many countries the pharmacist/dispenser shares liability and responsibility in preventing harm to the patient.

In Mercy Ships, computer generated prescriptions or standing orders may be used. In such cases the prescriber must be clearly identified, the prescription clearly printed and any username and password safe guarded to avoid abuse.

All prescriptions must include the following information:

<p><u>PRESCRIPTION</u> Dr MS, address, tel.</p> <p>Date: 10/05/09</p> <p>Annie, female, 10yo address</p> <p>Penicillin V Suspension orally 250mg every 6 hours for 5 days</p> <p>XXX (Signature) Dr M.S.</p>
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- **Prescriber Name**, with contact details (perhaps incorporated as header/footer of prescription);
- **Date** of prescription;
- **Patient Name** and/or **registration number (R/N)**, **Date of Birth** and/or **Age**, especially for children under 12 yo and elderly over 75 yo;
- **Approved medicine name** (avoid abbreviations, prefer generic name, see details below);
- **Dosage strength** (with appropriate units, see details below);
- **Route of administration** or **dosage form** e.g. tablet;
- **Frequency of administration** or **dosing interval** e.g. three times a day or every 6 hours;
- **Duration of therapy** or **duration of supply**;
- **Signature and initials of prescriber.**

When prescribing **narcotics/controlled drugs**, the strength, directions and the quantity of the controlled drug to be dispensed should be stated clearly, with *all quantities written in words as well as in figures* to prevent alteration. Other details such as patient particulars and date should also be filled in carefully to avoid alteration (WHO recommendation).

PRESCRIPTION WRITING – POINTS TO NOTE:

- Please prescribe using **generic names** at all times. Please keep in mind that brand names often differ widely in different countries for the same medicine, so brand name prescribing can only lead to confusion at best and dispensing/dosing errors at worst. Unless otherwise specified, generically equivalent brand will be dispensed for medication ordered by proprietary (brand) name.
- Please **state frequency of administration or dosing intervals clearly** e.g. “3 times daily”, avoiding abbreviations like “tds” or “1-1-1”.

NOTE: In the UK, the abbreviation 'QD' may mean 4 times a day (as well as QDS or QID). In the US it may be interpreted as “once a day”. In some countries, 1-1-1 means three times daily. 1-0-0 means take one in the morning; 1/2-1/2-0 means half in the morning, half at noon; 1-0-0-1 means take one in the morning, one at night before going to bed. 1-X-1 may mean 1 in morning and 1 in night (X stands for no drugs in between), or 0-0-0 may be used to denote three tablets in a day (0 symbolises for a tablet). Please see the chapter ‘Abbreviations’ at the end of the book for other prescribing shorthand in use.

- Avoid unnecessary use of **decimal points** e.g. 3mg, not 3.0mg. If unavoidable, a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5ml, not .5ml.
- Quantities of 1 gram or more should be written 1g etc. Quantities less than 1 gram should be written in milligrams e.g. 500mg, not 0.5g. Quantities less than 1mg should be written in micrograms (spelt fully instead of ‘mcg’), or as ‘ug’; e.g. 100 micrograms or 100ug, not 0.1mg.
- ‘Millilitre’ (ml) is used in medicine and pharmacy. Avoid cubic centimetre (c.c. or cm³). If ‘litre’ is used, spell it fully or use capital ‘L’ to avoid confusion with the number ‘1’.
- Dose and dose frequency should be stated. Avoid ‘prn’, ‘as required’, ‘take as directed’ or ‘take as before’, otherwise a minimum dose interval should be specified with, where relevant, the maximum daily dose. It is good practice to qualify such prescriptions with the purpose of the medication e.g. ‘every 6 hours as required for pain’, ‘at night as required to sleep’.
- The names of drugs/preparations should be written clearly and NOT abbreviated. For example, ‘AZT’ may be confused as zidovudine or azathioprine. ‘Nanograms’ and ‘units’ should not be abbreviated.

Reference: The Guide to Good Prescribing. Geneva: WHO; 1994 contains important tools for training in the process of rational prescribing.

WHO MODEL FORMULARY 2008 NOTES (edited):

ADHERENCE (COMPLIANCE) WITH DRUG TREATMENT

It is often assumed that once the appropriate drug is chosen, the prescription correctly written and the medication correctly dispensed, that it will be taken correctly and treatment will be successful. Unfortunately this is very often not the case, and physicians overlook one of the most important reasons for treatment failure—poor adherence (compliance) with the treatment plan.

There are sometimes valid reasons for poor adherence—the drug may be poorly tolerated, may cause obvious adverse effects or may be prescribed in a toxic dose. Failure to adhere with such a prescription has been described as ‘intelligent non-compliance’. Bad prescribing or a dispensing error may also create a problem, which patients may have neither the insight nor the courage to question. Even with good prescribing, failure to adhere to treatment is common. Factors may be related to the patient, the disease, the doctor, the prescription, the pharmacist or the health system and can often be avoided.

Recommendations:

- Review the prescription to make sure it is correct.
- Spend time explaining the health problem and the reason for the drug.
- Establish good rapport with the patient.
- Explore problems, e.g. difficulty with reading the label or getting the prescription filled.
- Encourage patients to bring their medication to the clinic, so that tablet counts can be done to monitor compliance.
- Encourage patients to learn the names of their medicines, and review their regimen with them. Write notes for them.
- Keep treatment regimens simple.
- Communicate with other health care professionals, to develop a team approach and to collaborate on counselling and helping the patient.
- Involve the partner or another family member.
- Listen to the patient.

[For full notes please refer to the WHO Model Formulary 2008.]