

# **Acute Prescribing Protocol**

**July 2014**

An acute prescription is usually a prescription received on a one off basis for conditions that are often short lived for example pain following an operation. Normally the doctor is responsible for issuing an acute prescription following a consultation with a patient. However, patients will also request an acute prescription online or by telephone, and hospital letters may also require the issue of an acute prescription

### **Taking Requests.**

- If the patient describes an acute condition then, where possible, staff should ask all of the following questions (remember the WWHAM rule):

**WWHAM** - What does it stand for? What questions should you be asking?

**W** -**Who is it for? (Name, address, DOB, telephone number)**

**W** -**What are your symptoms?**

**H** -**How long have you had these symptoms for?**

**A** -**Allergies (i.e. are you allergic to any medications?)**

**M** -**Medications**

- **tried anything already - over-the-counter medicines?**
- **taking any homeopathic medicines?**
- **had anything before from the doctor?**

All information provided by the patient should be recorded in the Acute appointments list for the relevant session for morning/ afternoon surgery.

Patients should be reminded that the doctor may decide to:

Write a prescription *or*

Leave advice on how to manage symptoms without a prescription

*or*

Telephone the patient for more specific information *or*

Ask to see the patient

## Issuing Prescriptions

- All prescriptions for acute conditions are to be written by GPs only.
- Clear directions for use should be given. Where this is not appropriate, prn for constipation, or eczema etc (state condition prescribed for).
- Generally, acute prescriptions should be limited to a maximum of seven days treatment except in exceptional cases where the GP feels a different treatment duration is more appropriate.
- If it is not appropriate for a prescription to be written in response to the given symptoms then the GP should either:
  - Contact the patient for more detail
  - Request that the patient come to surgery
  - Leave a note explaining how to manage the symptoms without a prescription (copies of patient information leaflets for some conditions/prescribing policies are in each surgery)
- When initiating therapy, the generic name should be used in preference to a brand name if appropriate.
- If the request is for a regular acute prescription then the prescriber should consider adding the acute item to the repeat list if appropriate.
- The following items are considered low risk and receptionist may re issue or re start from past drugs. Receptionists must use their discretion in this matter and monitor “over use” and highlight this to the GP.
  - Hosiery
  - Colostomy and Ileostomy products
  - Dressings
  - Emollients and bath additives

- The choice of drugs and prescribing policies within this formulary have been agreed by Dr McHugh and adherence to this is expected whenever possible.
- The prescribing of other drug groups commonly used in acute conditions has also been agreed as follows:

### **Cough Preparations**

There is no evidence that any drug can specifically facilitate expectoration. Patients should be advised to ensure adequate fluid intake and consult with their community pharmacist if they want to treat the cough themselves.

The use of cough suppressants, while appropriate where cough is very troublesome, should be used cautiously. Pholcodine is the drug of choice. Avoid cough suppressants in children.

### **Multivitamins**

Vitamins may be prescribed in the NHS to prevent or treat deficiency but NOT as dietary supplements. Patients should be given dietary advice.

### **Nutritional Supplements**

Products such as Ensure and Fortisip should only be initiated following dietetic advice. This advice should include a management plan and review dates.

## Sunscreens

Sunscreens may be prescribed only for an ACBS indication. Patients should be encouraged to purchase preparations for routine sun protection if they do not fall into the ACBS indication

## Barrier/Nappy Rash Creams

The practice will not prescribe preparations to *prevent* nappy rash as this is considered to be the parent's responsibility. Preparations to treat a rash can be prescribed but should be accompanied by a recommendation on how to prevent the rash in the future.

## Recording Prescriptions

- All acute prescriptions must be issued by the GP and indication/reason for the medication request always recorded on patient journal.
- If it is essential that the prescription is telephoned to a pharmacy this conversation must occur between the prescriber and the pharmacist.
- If an acute prescription is written in a patient's home the GP should update patients records with details of the items issued.
- If prescriptions have not been collected 4 weeks after issue they are shredded, the record of issue is deleted from the computer record, and a note to this effect is made in the patient's chart. Similarly, community pharmacists have been asked to return any prescriptions not dispensed and these prescriptions are treated in the same way.

## Audit

**The practice will audit and review this system of acute prescribing by June 2015**