Zero Tolerance Prescribing
A Protocol for PICU/NICU/CICU Oct 2009

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Rationale:

Drug treatments for critically ill patients are essential elements of their care, but prescriptions have historically been undertaken in a poorly controlled manner. We have documented high levels of errors of accuracy, legibility and legality in prescriptions in GOSH.

It is not acceptable that prescriptions have not been afforded the highest level of attention. One major contributing factor may be the practice of writing prescriptions during major distractions such as ward rounds or at busy central desks with multiple interruptions from telephones and staff.

This protocol is designed to ensure that barriers to effective concentration are reduced with the aim that casual errors are minimised.

Who should write charts?

PICU/NICU/CICU medical staff only. There are two exceptions only:

- Prescribing of intravenous and intrathecal chemotherapy, which must be prescribed on a separate cytotoxic or intrathecal prescription by the team recommending the chemotherapy, and must adhere to the Trust Cytotoxic Medicines Policies and Guidelines.
- The heart and lung transplant team will prescribe for their patients.

Recommendations may be made by referring teams, which, if agreed to by the First-On Consultant Intensivist, will then be prescribed by ICU staff.

Where should charts be written?

Dedicated prescription desks on NICU, PICU and CICU are the only acceptable place to prescribe drugs and fluid infusions.

Drug information resources are available at these desks and should not be removed.

Do not write prescriptions on ward rounds – it is acceptable to discontinue prescriptions on rounds but **not** to write new or amend existing prescriptions.

Nursing staff have been asked not to interrupt while writing prescriptions. Interruptions are no more acceptable while prescribing that they would be while involved in history taking, examination or speaking to parents.

Emergency and Resuscitation Drugs?

This protocol aims to describe ideal practice for routine prescriptions. There are situations when the clinical urgency of a treatment means that fluids and drugs may

have to be given without waiting for a formal prescription. These situations are rare outside the immediate period following admission. All staff must recognise the high risk for error in these scenarios and take additional care. **Prescribing practice in these exceptional circumstances must not be applied outside of true emergencies and does not excuse casual elective or semi-elective prescriptions.**

Rules for Prescriptions:

If your prescription breaks any of these rules, the nursing staff will refuse to give the drug, and you will have to re-write the prescription. The nurses have the full support of the consultant team in this.

All prescriptions must conform with the Trust Guidelines on Prescription Writing, and must be:

- Written in ink in legible block capitals
- Signed by the prescriber (with a legible name in block capitals).
  Use only recommended International Non-proprietary Name (rINN) for drugs (see BNFc).
- Abbreviations must not be used at any time.
- micrograms, nanograms – must be written in full, not mcg or ng - no abbreviations, no Greek.
- Units must be written in full, not u or iu.
- Drugs should always be prescribed for administration by a single route, not for administration by PO/IV or PO/PR, unless the drug prescribed is known to be bioequivalent by the routes prescribed.

On discontinuation of a prescribed drug, the "crossing off" must occur through the prescribing section of the chart (i.e. the boxes containing the name of the drug, dose, frequency etc.) and through the section of the chart used to record administration of the drug. The crossing off must be signed (with a legible name in block capitals) and dated.

The drug chart must show the

- name,
- date of birth and
- hospital ID of the patient,
- the patient's weight should be recorded.

Check the patient's allergy status - if the box is blank, this means it has not been checked, and drugs will not be given. If it is impossible to ascertain allergy status, (no carer available to give history) 'unknown' should be entered.

Avoid unnecessary decimal points: i.e. 3mg not 3.0mg, 500mg, not 0.5g.
When unavoidable, write a zero in front of the decimal point where there is no other figure - 0.9% sodium chloride, not .9%.