## AT A GLANCE - 2. Medicines Transcription

| ROLE | TRUST WIDE | | WARD SPECIFIC |
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| | **LAST REVIEW:** April 2021 | **NEXT REVIEW:** April 2024 | |
| **TRANSCRIPTION** | Transcription allows for the continued administration of a medicine against a prescriber's intention for managing a patient's condition. It is conducted to varying degrees across the Trust dependent on the nature of the ward and is dependent on authorisation for the ward and appropriately trained staff.<br><br>Staff wishing to transcribe medications must be suitably trained to do so and are advised to familiarise themselves with the processes laid out in this SOP, the Trust's Safe and Secure Handling of Medicines Manual, and the relevant user guides before transcribing.<br><br>Current provision:<br>• Hawthorn and Hazel wards – transcription of prescriptions at admission, and from third party prescribers throughout stay.<br><br>Transcription is a two-person process:<br>• The transcriber and second signatory must be authorised by the Ward Manager as competent to perform the task.<br>• The 'transcribing' box on the prescribing input section MUST be ticked when entering the prescription details.<br>• The member of staff who is checking the transcription MUST document against the prescription that they have checked the transcription.<br>  ○ This is done by right clicking the transcribed medication and choosing 'Amend medication' from the list that appears, then entering 'Transcription checked by (staff member)' in the 'Notes' field.<br><br>Transcribed medication MUST NOT be administered without a second check having been carried out and documented.<br><br>Transcribed medication MUST be reviewed and converted to a full prescription:<br>• For supply of medication beyond that brought in at admission or the previously prescribed course (i.e., extension of use using "stock" or resupply of non-stock items)<br>• At the first working day if initiating administration of a "stock" medication against a third-party prescriber's direction<br><br>Where the transcription involves a change of dose:<br>• The original prescription should be stopped. | | Currently:<br>• Hawthorn and Hazel wards are authorised to transcribe medicines as part of the admission process<br>• Staff groups authorised to transcribe are<br>  ○ Xxxx<br>  ○ Xxxx<br>• Staff groups authorised as second signatures are<br>  ○ Xxxx<br>  ○ Xxxx |

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| | • The new direction is to be transcribed as a new entry.<br>The transcription must be reviewed by a Trust prescriber at the first opportunity for conversion to a prescription.<br>• **Medicines are prescribed by PRODUCT using their generic drug name (i.e., Paracetamol tablets 500mg).**<br>• Products are selected from one of two drug lists:<br>○ **'RDaSH Drug Shortlist' is the default list** seen when prescribing and should be used as the preferential list before considering any other listing. It is available under the 'Formulary' tab. It contains a limited list of commonly prescribed products and contains some preformatting of dose formats.<br>○ 'Drug & Appliance Browser' is a more extensive list of products to use where the desired product is not on the shorter list. Care should be taken when using this list as products will not have any pre-formatting.<br>▪ If a drug is routinely being prescribed from this list, contact RDaSH Pharmacy services for consideration of the product being added to the shortlist.<br>• Doses will be prescribed by the quantity required to make up the dose.<br>○ Solid dose forms: one tablet, one capsule etc.<br>○ Liquid dose forms: 5ml, one drop etc.<br>○ Injectable dose forms: by intended dose and route e.g., 100mg by IM injection.<br>○ Others: specific to the product e.g., one puff etc.<br>○ **The only EXCEPTIONS to this are:**<br>▪ **Warfarin**<br>▪ **Clozapine TITRATION**<br>▪ **Chlordiazepoxide**<br>**(see special situations later in this SOP)**<br>• For doses where more than one product needs to be used, separate prescriptions need to be written. For example, a dose of quetiapine 250mg BD will require:<br>○ One prescription of quetiapine 200mg tablets (1 tablet BD) and.<br>○ A second prescription for quetiapine 50mg tablets (also 1 tablet BD).<br>○ **Grouping medications**<br>▪ Transcribers may wish to group multiple drugs together on the medication chart for ease of overview. Examples include:<br>• Two entries of varying strength of the same product.<br>• Same drug group administered by two routes e.g., antipsychotic injection and oral | |

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| | antipsychotics.<br>• Please refer to section 14 of the SystmOne EPMA Prescribing Guide for details.<br>• Prescribed medication MUST comply with relevant Mental Health Act (MHA) consent-to-treatment (CtT) paperwork.<br>• The patient's record MUST be saved after any changes to the prescription.<br>• Wards will have pre-set times for drug administration rounds and prescribers should prescribe to these times wherever possible. Clinicians will have the option to put in specific times if more appropriate. Please refer to section 5.3 of the SystmOne EPMA Prescribing Guide for details.<br>Where a prescription has been made in error, the prescriber can right-click the prescription and select 'Mark in Error'.<br>• Transcribers MUST ensure the patient's record is correct before leaving.<br>• Marking a prescription in error cannot be performed after any administrations have been made against it.<br>A record will automatically be made in SystmOne whenever an entry of any kind is marked in error. | |
| **CREATING THE MEDICATION CHART** | **SystmOne shared records**<br>Where a patient has a SystmOne GP and their clinical record is shared, information about their prescribed medications can be automatically pulled through, using the 'Record on Admission' screen.<br>The following process can be completed ONLY by prescribers or transcribers. Please refer to section 4 of the SystmOne EPMA Prescribing Guide for information regarding this process.<br>• Allergies and sensitivities are displayed above the drug chart. These MUST be verified with the patient and MUST be present before any prescribing, transcribing or administration of medicines takes place. Where allergies or sensitivities are identified, these MUST be recorded using the 'Sensitivities & Allergies' section on SystmOne.<br>• Clinicians will use 'Record on Admission' to choose which drugs to carry across to the drug chart.<br>• Where known, the indication for each prescription MUST be documented when adding the medication to the medication chart.<br>• Changes to doses or formulations can be affected on this screen, by choosing the 'Re-prescribe as…' option and choosing the desired product and dose.<br>• Where a drug is not continued, or the dose is changed at admission the rationale for this MUST be documented.<br>**Unshared records**<br>Where patients do not have a SystmOne GP, or do not | |

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| | have shared records, clinicians will need to manually record on admission medicines using the Medicines Reconciliation template.<br>• The patient's allergy status needs to be ascertained first in ALL cases before prescribing, transcribing, or administering any medicines.<br>• Prescribers or transcribers will need to initiate each medication individually using the SystmOne prescribing functionality (see below).<br>• Care must be taken to avoid transcription errors<br>• Where known, the indication for each prescription MUST be documented when adding the medication to the medication chart.<br>• The rationale for not continuing any prescription MUST be documented.<br>Where a drug is not continued at admission the rationale for this MUST be documented. | |
| **INITIATING NEW MEDICINES** | **Prescribing/transcribing**<br>• Prescribers and transcribers will use the 'Medication Chart' node to prescribe medicines. Clinicians can right-click this node to choose different prescription types (e.g., regular, as required etc.). Choice of product should be in line with type of drug chart prescribing. Please refer to 'Types of Drug Chart Prescribing' below, and sections 5-8 of the SystmOne EPMA Prescribing Guide.<br>• SystmOne will automatically check against the patient's **recorded** allergy status.<br>  ○ Prescribers and transcribers can proceed past this warning but MUST justify the rationale if a relevant allergy is highlighted<br>• SystmOne will automatically check for interactions with medicines recorded on the system and provide alerts<br>  ○ Interactions are rated 1 (minor) to 4 (severe)<br>  ○ Prescribers and transcribers can proceed past this warning but will be prompted to and MUST justify the rationale for prescribing when a rating of 3 star or above has been highlighted<br>  ○ This reasoning will be visible against the prescription on the drug chart.<br>• **Prescribers MUST use their own clinical judgement when deciding whether to proceed past these warnings**<br>• SystmOne does NOT check the suitability of a drug against a patient's condition - prescribers MUST use their own clinical judgement.<br>• When recording a new drug on the drug chart clinicians MUST ensure:<br>  ○ A rationale for the new drug is added.<br>  ○ Due consideration has been paid to highlighted | |

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| | drug interactions, and where disregarded a rationale has been recorded.<br>○ Relevant review dates are added – see section 15 of the SystmOne EPMA Prescribing Guide for details.<br>• The dosage form and an appropriate route have to be specified. Where the desired route of administration is not listed, custom routes can be specified (e.g., Percutaneous Endoscopic Gastrostomy (PEG) / orally by mouth (PO).<br>• Review dates for prescriptions can be set from this screen and can also be added at a specific point on the administration record. These should be put in at the point of prescribing and should stipulate exactly what is to be reviewed.<br>• When entering a prescription, prescribers can use the 'RDaSH Medication' view to quickly see all other prescribed medicines to cross check.<br>○ This can be accessed by clicking the eyeball icon on the prescribing dialog window.<br>• Prescriptions of antimicrobials MUST include indications and stop/review dates<br>• Links to patient information leaflets via:<br>○ Choice and Medication.<br>○ Electronic Medicines Compendium<br>can be found in the 'Bookmarks' section of the 'Clinical Tools' drop-down menu near the top of the screen.<br>• Where there is a pre-existing entry in the notes box for any prescription, clinicians can add further information to this, but the existing information MUST NOT be deleted, overwritten, or amended.<br>**Stopping or changing prescriptions**<br>Prescriptions can be discontinued by right-clicking and selecting either 'Stop Medication' or 'Stop and re-prescribe'.<br>• When a prescription is discontinued, the prescriber MUST record a rationale for this.<br>• In order to change the dose, dosage form or strength, clinicians need to choose the 'Stop and re-prescribe' option. (See section 11 of the SystmOne EPMA Prescribing Guide for details).<br>○ This will ensure the previous prescription is correctly discontinued and replaced with the desired new iteration. This prescription will have a comment against it on the drug chart that states 'This medication is a replacement'.<br>• This includes stopping existing medicines for dosage, formulation, or timing changes.<br>Stopped medications can be viewed by either:<br>• Selecting to show 'Current and ended' prescriptions in | |

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| | the drop-down box above the allergy status display<br><br>OR<br><br>• selecting to show medicines from earlier dates by specifying the date in the box above the allergy status display.<br><br>**Remote prescribing**<br><br>Clinicians MUST assure themselves that they have adequate access to patient details to support them making a rational prescribing decision despite their remoteness from the patient<br><br>• Access to SystmOne is available:<br>  ○ Prescribers no longer need to be physically present to prescribe medicines for inpatients.<br>  ○ A patient's drug chart can be remotely amended and is the preferred option when the prescriber is unable to attend the ward (e.g., on-call clinicians).<br>  ○ An in-person review by the prescriber should take place as soon as is practicable.<br>• Verbal orders:<br>  ○ In **exceptional circumstances** where a patient requires urgent treatment, and the prescriber is unable to use SystmOne a verbal order to administer can be used to ensure the patient receives timely treatment.<br>  ○ Verbal orders must not be used to initiate regular prescriptions or to supply or administer CDs.<br>  ○ The verbal order must be followed with a written confirmation.<br><br>The prescriber must ensure that a once only prescription for the required medicine is prescribed onto the patient's electronic drug chart as soon as possible following a verbal order. | |
| **TYPES OF MEDICATION CHART PRESCRIBING** | **Prescribing for Regular Administration**<br><br>• The regular prescribing type will be used for all medicines for which there is a predictably consistent pattern of administration (e.g., antidepressants, medicines for high blood pressure, etc.).<br>• Regular prescriptions are displayed under the 'Regular' tab on the drug chart (see section 5 of the SystmOne EPMA Prescribing Guide).<br>• Prescribers will choose the desired product from the drug list and specify:<br>  ○ The dose and timing of the drug (using preformatted drug administration times where possible).<br>  ○ The stop date (if appropriate).<br>  ○ The indication.<br>  ○ Review dates, if necessary.<br>  ○ Any associated comments they wish to appear on | • Drug rounds occur on [WARD] at [TIMES] |

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| | the drug chart.<br>• Clinicians MUST ensure they have correctly calculated the required dosage using the specified dose units. Refer to 'Transcription' for further details.<br>• The first administration time must be specified - this time must be in the future.<br>• Depot antipsychotics will be prescribed as regular medicines in this function.<br>**Prescribing for PRN (as required) Administration**<br>• As required prescriptions will be used for medicines for which administration is based on immediate clinical need but is not consistent (e.g., benzodiazepines for agitation, salbutamol for asthma, etc.).<br>• As required prescriptions are displayed under the 'As Required' tab on the electronic drug chart (see section 7 of the SystmOne EPMA Prescribing Guide).<br>• Clinicians will select the desired product they wish to give on an as required basis.<br>• As a minimum, the prescription must have:<br>○ A specified dose.<br>○ A minimum interval between doses.<br>○ A maximum daily dose, that makes reference to any regular or variable doses of the same drug or any other dosage forms also prescribed.<br>○ A suitable indication (details can be specified under 'when to give', for example when prescribing products for agitation).<br>○ An appropriate administration route.<br>• As required prescriptions must be reviewed on a weekly basis for ongoing need and removed if unnecessary.<br>• Staff must be aware that total daily doses (including regular, variable, or once only doses) are NOT automatically calculated. They must ensure that any PRN dosage they are prescribing or administering must remain within safe dosage limits, or any other pre-defined limits, such as those defined on (CtT) paperwork.<br>• Medicines prescribed for rapid tranquilisation MUST have this indication specified on the drug chart.<br>• If a dosage range is being prescribed, prescribers MUST ensure it is clear when to use each dose within the range, preferably on the prescription itself AND within the clinical record.<br>**Prescribing for Variable Dosage**<br>• Prescriptions of variable dosage products can be found under the 'Regular' tab on the electronic drug chart (see section 8 of the SystmOne EPMA Prescribing Guide).<br>• Examples of products requiring variable dose | |

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| | prescriptions include insulin, warfarin (see below), chlordiazepoxide (reducing regime for alcohol detox) and clozapine (initiation and titration). See "exceptions to standard prescribing" below.<br>• Products are selected as previously described.<br>• Individual doses are entered by clicking on the 'admin times' button.<br>• Prescribers will need to clearly define the dosage schedule for any variable dose prescriptions. This includes:<br>  ○ The individual doses to be given at each administration.<br>  ○ The times these doses are due.<br>  ○ The dose units (e.g., 1 tablet, 1 capsule etc.).<br>• Each individual day needs to have specific dosage information included for it. The first day in any variable dosage schedule must have at least one dose to be administered. If a prescription has no intended doses until a certain time in the future, the start date MUST be delayed to ensure this can be written up correctly.<br>• All variable dose prescriptions must have a suitable indication recorded when entering the prescription.<br>  ○ This is entered in the 'notes' box on the first dialog box that appears when prescribing a variable dose prescription.<br>• Dosage schedules can be changed partway through a pre-defined set of doses, but this will result in the existing prescription being stopped and a replacement being generated.<br>• Variable dose prescriptions would also be appropriate for regimens where the interval between doses is **not consistent**, for example a drug requiring administration three times a week.<br>  ○ Where the interval between doses is consistent, the prescription can be written up as regular with the appropriate interval.<br>**Once-only**<br>• One-off doses of medicines appear under the 'Once only' tab on the medication chart (see section 6 of the SystmOne EPMA Prescribing Guide).<br>• Medications for once only administration are selected and the dose entered in a similar way to regular prescriptions, with the same requirements.<br>• Prescribers MUST specify a time for the dose to be given. The 'now' button can be clicked if the dose is required immediately. | |
| **EXCEPTIONS TO STANDARD PRESCRIBING GUIDANCE** | **Warfarin**<br>• Warfarin prescriptions are variable dosage prescriptions and will appear under the 'Regular' tab on the electronic drug chart. Please refer to section 8 of the SystmOne EPMA Prescribing Guide for details. | |

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| | • Prescriptions for warfarin are written up by using a single product:<br>  ○ Clinicians will select **'Warfarin tablets 1mg'** from the 'RDaSH drug shortlist' under the 'Formulary' tab. They MUST not alter the predefined comment in the 'Notes' box.<br>  ○ Select the administration times.<br>  ○ ENSURE the prescribed doses are in milligrams (mg) which will then appear in future day's administration space.<br>• A review needs to be scheduled at the end of any known dosage schedule. This will prompt staff to ensure an INR check is done. Prescribers MUST ensure the reasoning for any review is stated.<br>• Prescribers can add further doses to the schedule by clicking to perform the review. Clinicians MUST document the outcome of the review. Additional doses are added by clicking 'amend remaining doses' and adding further days onto the schedule where the doses are known.<br>**Insulin Prescribing**<br>• Insulin is prescribed by brand with the dose described in units.<br>• Prescribing for a dose within a dose range (e.g., expert patients):<br>  ○ Choose the correct product.<br>  ○ Define the dose range by inserting the:<br>  • Lowest acceptable dose in the first dose box and.<br>  • Highest acceptable dose using the "max" dose box.<br>  ○ Define the process by inserting dosage instructions in the "notes" box e.g., "Patient to confirm required dose, based on food intake, prior to administering".<br>  ○ Administering staff will state the number of units administered as part of their process.<br>**Medicines which need to be prescribed by brand**<br>Certain products need to be prescribed by brand – these include (but are not limited to):<br>• Clozapine (except during titration)<br>• Lithium<br>• Insulin<br>• Certain anti-epileptics, such as phenytoin or carbamazepine<br>• Diltiazem<br>**Medicines requiring specific pre-dose monitoring**<br>Prescribers have the option to specify the dose of a medicine based on a pre-set monitoring parameter. | |

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| | Please refer to section 5.5 of the SystmOne EPMA Prescribing Guide for details on how to do this.<br>• Clinicians will select the required monitoring parameter.<br>• Clicking on 'Define range' allows the clinician to input the specific range of results and attach a specific dose to each (e.g., digoxin dosing of 1 tablet if pulse >60bpm and no tablets otherwise).<br>**Intravenous dilutions**<br>Intravenous medication can be prescribed by right clicking the 'Medication Chart' node and selecting 'Prescribe Rate Controlled'.<br>• The drug shortlist will appear at this point, and the required drug will be selected from this where possible:<br>  ○ The dose MUST be specified immediately after selecting the drug.<br>  ○ If more are required, the 'Add' button can be used to add further drugs.<br>  ○ If the required drug is not on the formulary, it can be searched for under the 'Drug and Appliance Browser' tab.<br>• The type of prescription (once only, regular, or continuous) can be selected from this screen.<br>  ○ The default selection is once only – prescribers MUST ensure they select the correct type.<br>• Specifics of the administration, such as flow rate, concentration, duration, route and site of administration, and total infusion volume are specified in the next window that will appear:<br>  ○ These details may automatically change based on calculations the system will make.<br>  ○ Prescribers MUST ensure ALL details are correct before proceeding past this.<br>  ○ These details will appear on the drug chart once the prescription has been completed.<br>**Specials or unlicensed products**<br>Where a patient requires a product that is not available to prescribe via either the formulary or the drug and appliance browser, prescribers can use the 'Free Text Drugs & Appliances' tab to initiate the prescription.<br>When using specials or unlicensed products, the patient must be advised of this, and a record must be made in the patient's clinical record to this effect.<br>• The name of the product is typed into the box that appears on this tab. This MUST include:<br>  ○ The name of the drug in question.<br>  ○ The strength of the formulation.<br>  ○ The type of formulation, for example, tablets or liquid. | |

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| | • The administration and dosage details are entered as per any other prescription type.<br>• The free text prescription on its own will not generate any interaction checking or warnings. Therefore, once this is complete, a placeholder for a generic form of the drug MUST be recorded.<br>  ○ This is done using the 'Record Placeholder' functionality.<br>  ○ The generic forms of drugs can be found using the drug and appliance browser and selecting the name of the drug and its corresponding administration route, for example 'Clozapine – oral', and progressing through as per any other placeholder.<br>**Prescribing oxygen**<br>**Continuous** oxygen can be prescribed by right clicking the 'Medication Chart' node and selecting 'Prescribe Oxygen'.<br>• Oxygen is prescribed as a generic – only a single option will be available to prescribers to choose.<br>• Prescribers will specify the desired oxygen flow rate<br>• Both the administration time and the checking times MUST be specified.<br>• Once completed, the oxygen prescription will appear on the Regular tab on the drug chart.<br>**As required** oxygen can be prescribed by right clicking the 'Medication Chart' node and selecting 'Prescribe as Required'.<br>• The specific item to be prescribed is 'oxygen – Inhalation' – this is the ONLY item that can be used for this.<br>• Prescribers will need to specify the flow rate by entering the desired rate and selecting 'litres/minute' from the units selection.<br>• Prescribers MUST specify the reason for and conditions of the prescription using the 'When to give' field. | |
| **PRINTING COPIES OF DRUG CHARTS** | Prescribers can choose to print out copies of the drug chart for the purposes of providing information to healthcare providers, such as when a patient is admitted to an acute hospital or transferred within the Trust to an inpatient area not currently using SystmOne electronic prescribing.<br>• This is achieved by clicking the 'Print empty medication charts' button to print the list of prescribed medicines, or by clicking the 'Print all the patient's completed medication charts' button to print the chart with the attached administration schedule.<br>• These copies MUST NOT be used for administration or prescription of medication except in very select circumstances. See SOP 05 Medicines Administration for further details. | |

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| **MAKING ERRORS ON THE MEDICATION CHART** | When a prescription has been made in error on the drug chart:<br>• Clinicians can right-click the prescription and select 'Amend' if they wish to make changes to the prescription.<br>• If the prescription is not required at all, clinicians can right-click the prescription and select 'Mark in Error' to remove the prescription from the prescription chart. The clinician will be required to specify a reason for this.<br>Neither of these options can be chosen if any administrations have been recorded against the prescription. In this case the prescriber will be required to stop the medication and make a clinical decision on whether or not to re-prescribe. | |

## AT A GLANCE - 2. Medicines Transcription

Staff members should sign below to indicate that they have read and understand the process required to order medications for this team.

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