`

Mid Essex Hospital Services NHS
NHS Trust

| **Transcribing Medicines for Adults Policy** | **Policy**<br>**Register No:09076**<br>**Status: Public** |
|---|---|

| | |
|---|---|
| Developed in response to: | Dept of Health Medicines Regulations, NHSLA Risk Assessment standards |
| Contributes to CQC Core Standard number: | C4d |

| **Consulted With** | **Post/Committee/Group** | **Date** |
|---|---|---|
| Catherine Morgan | Deputy Director for Nursing | July 2009 |
| **Professionally Approved By** | Jane Giles | July 2009 |

| | |
|---|---|
| Version Number | 1.0 |
| Issuing Directorate | Pharmacy |
| Ratified by: | Document Ratification Group |
| Ratified on: | 24th September 2009 |
| Trust Executive Board Date | October 2009 |
| Implementation Date | 2009 |
| Next Review Date | 2011 |
| Author/Contact for Information | Saiqa Mughal |
| Policy to be followed by (target staff) | Nurses, Pharmacists, Near Patient Technicians, Supplementary prescribers |
| Distribution Method | Trust Intranet & Website |
| Related Trust Policies (to be read in conjunction with) | Management of Medicines Policy, Guidelines for the Management of Medication errors, Investigating & Learning from Incidents Policy, Near Misses and Adverse Drug Reactions, Administration of IV Medication and Administration of Chemotherapy Agents Policy for Non-medical Prescribers, Risk Management Policy, Controlled Drugs Policy, Medicines Reconciliation Policy for Adults and Policy for Prescribing for inpatients 08084. |

Document Review History

| Review No | Reviewed by | Review Date |
|---|---|---|
| | | |
| | | |

It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will be the document on the intranet

**Index**

## 1. Introduction

1.1 The patient's prescription medication record card (PMRC) acts as an authority to supply and to administer medication.

1.2 Transcribing describes the action of transposing (copying) details of a doctor's/nurse independent prescriber's prescription onto a new PMRC when the old PMRC is full.

1.3 Transcribing could also include transposing details from a GP letter/repeat slip onto the PMRC if appropriate.

## 2. Purpose

2.1 The details of the PMRC can be transcribed on to a new PMRC or discharge letter to facilitate supply without the prescriber having to be involved.

## 3. Scope

3.1 The scope of this policy does not cover transcribing in Paediatric cases therefore transcribing for children aged 16 years and under must not be undertaken.

3.2 Staff must not transcribe Controlled drugs schedule 2 and 3 and referral to the prescriber/doctor must be made (See Appendix 2).

3.3 Healthcare professionals authorised to transcribe:

- Registered Nurses band 6 and above
- A Supplementary prescriber
- A Clinical Pharmacist
- An Approved Near Patient Technician (prescription must be countersigned by a clinical pharmacist)

3.4 The Nursing and Midwifery Council (NMC) have stated "The NMC position is that there is no legal barrier to nurse transcribing. Since registrants are accountable for their own practice, the NMC cannot direct you on whether or not to transcribe". From the Trust's point of view, transcribing should only be undertaken in exceptional circumstances, not be a routine practice and any medication that has been transcribed must be signed off by a registered prescriber or another competent healthcare professional (stated in 3.3).

3.4.1 The exceptional circumstances would include inability to have a prescriber transcribe medication onto a new PMRC when the old PMRC is full.

3.5 Staff members must be deemed competent to transcribe by their line manager and complete a transcribing signature form (Appendix 1) before undertaking this role. This should be held within the staff member's personal file and be renewed annually.

3.6 Under no circumstances may anyone else transcribe medication details. Whilst the ultimate legal responsibility for the PMRC rests with the person who signs the original prescription, the person who transcribes the details is also accountable for their actions.

## 4. Equality and Diversity

4.1 Mid Essex Hospital Services NHS Trust (MEHT) is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

## 5. Training

5.1 Training is delivered in accordance with the training needs analysis (Mandatory Training Policy).

5.2 Competencies include knowledge of medicines, side effects and minimum dosage intervals. If in any doubt of a particular medicine please seek advice from the Pharmacy department.

## 6. Process

6.1 When a PMRC is full, a registered nurse or pharmacist may transcribe details of the medication onto a new PMRC and sign and date the transcription.

6.2 The registered nurse must ensure that their transcription chart is checked by another registered nurse/doctor where possible and where not, another competent health care professional.

6.3 The person who checks the transcription should clearly sign, to indicate a second check.

## 7. General Guidance

7.1 This policy needs to be adhered to in addition to the policy for prescribing for inpatients 08084.

7.2 An entry must be made in the patient's notes giving the date and information on where the medication has been transcribed from.

7.3 Patient's name, date of birth, hospital number, allergies all need to be accurately transcribed.

7.4 Copy all "current" details from the original prescription to the new PMRC. Do not initiate, amend or discontinue any treatment.

7.5 Do not knowingly copy details that are inaccurate or illegible. Contact the prescriber and get clarification before transcribing.

7.6 Write legibly (in CAPITALS) using a ballpoint pen.

7.7 Copy any details that specify the valid period of preparations, e.g. antibiotics need to have number of days stated for treatment course.

7.8 "Cancel" the old PMRC by drawing a diagonal straight line across each page and writing the following on the front page "Rewritten". Sign and date the front page.

7.9 If details of initial prescribing event are incomplete, transcribing must not take place i.e. regarding dose intervals and maximum that can be administered.

7.10 Sign and date the PMRC.

## 8. Monitoring

8.1 The Pharmacy department has a responsibility for monitoring all prescribing and administration of medicines. This is done daily by the intervention reporting scheme. Intervention policy is being addressed by the department and a full report is presented to the Medicines Management Safety Group (MMSG) bimonthly.

8.2 Significant prescribing errors identified will also be reported using the Risk Event Form following the Trust's Investigating & Learning from Incidents policy and fed back to the MMSG.

8.3 The MMSG is a group made up of wide representation of stakeholders who meet bimonthly within MEHT and any action plans will be allocated as appropriate.

8.4 Key learning points will be disseminated by a Drug Safety Bulletin every 2 months which shall be attached to the Trust's weekly newsletter "Focus.

## 9. Communication

9.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's internet and highlighted via the Trust's weekly newsletter "Focus".

9.2 Areas of this policy relevant to Nursing Staff will be addressed at the mandatory Medicines Management training for nurses delivered by the Pharmacy Department.

## 10. Reference

NMC, News Issue 5, 9th August 2005.

## Appendix 1: SIGNATURE REQUIREMENTS FOR PRESCRIPTIONS- NURSES/PHARMACISTS

In order to comply with Prescription Only Medicines Legislation (Medicines Act 1968) the prescribing and transcribing of medicines to patients within the Trust may only be undertaken by a duly qualified practitioner. The Trust is therefore required to maintain a list of signatures of all Trust employed practitioners before any medicine can be dispensed or administered to a patient.

1. Please complete the form below and send it immediately to your manager

2. A copy incorporating your manager's signature of approval should be filed in your personal records

SURNAME…….
(Print)

FIRST NAME…….
(Print)

Position……..

Prescribing/Qualifications……

Ward and/or Directorate……..

Signature……
(Full)

Initials……..

Date……..

Line Manager Signature……

Printed Name……

Date……

## Appendix 2: List of Schedule 2 and 3 Controlled Drugs

This list is not comprehensive. For a comprehensive list please refer to the Misuse of Drugs Regulations 2001. This list covers the most common drugs encountered in practice. Brand names are not listed except where no generic name exists or is not commonly used.

### Schedule 2

- Cocaine
- Codeine 60mg/1ml Solution for Injection
- ampoules
- Codeine Phosphate Powder
- Dexamfetamine
- Diamorphine
- Dihydrocodeine (injection)
- Dipipanone
- Fentanyl
- Hydromorphone
- Methadone
- Methylphenidate
- Morphine*
- Oxycodone
- Pethidine
- Secobarbital

* Lower strengths of mixtures are Schedule 5 CDs

### Schedule 3

- Amobarbital
- Amytal
- Buprenorphine
- Diethylpropion
- Equagesic
- Flunitrazepam
- Meprobamate
- Pentazocine
- Phenobarbital
- Phentermine
- Temazepam
- Midazolam