

Safe Medication Principles

Safe medication practices promote patient safety, enhance the results of medication use and reduce liability loss. To achieve these goals, the following principles are offered to assist physicians to form effective therapeutic partnerships with their patients. The global intent of these principles is to identify and address actions that have been shown by experience and numerous studies to be associated with the decreased risk of undesired effects.

In an effective therapeutic partnership, the physician's contribution is to prescribe the appropriate medication and to educate the patient about its use. The patient's contribution is to take medications according to instructions and to report back to the physician both the positive and negative effects. (Pharmacists and nurses also have an important role in the therapeutic partnership. The focus of these principles, however, is on the relationship between the knowledgeable physician and the informed patient.)

Familiarity with the medications you prescribe helps avoid uncertain results.

Studies have shown that lack of familiarity is a significant factor in prescribing errors. Understand the indications, contraindications, side effects and appropriate dosage of all medications you prescribe, particularly those for pediatric and elderly patients.

A careful inventory of medications and other substances reduces surprise drug interactions.

Ask patients what medications other physicians have prescribed; ask the patient about his/her use of over-the-counter preparations, vitamins, herbs, and complementary medicine remedies. Inquire about alcohol and "recreational" drug use. In general, a physician needs to know what the patient takes to "feel better." Ask patients who do not recall their medications and other preparations to bring all of them to the next office visit. Time spent eliciting an accurate medication history is time saved treating an adverse drug reaction.

Indications on prescriptions prevent dispensing errors.

On prescriptions, write the condition for which the medication is prescribed.

A detailed allergy history limits the risk of treatment failure.

Ask patients about allergies to medications, foods or other substances. Document reported allergies on a brightly-colored sticker on the cover of each patient's chart. (Write "NKDA" to indicate "no known drug allergy.") Update this information regularly. Be aware of unusual allergic manifestations.

Legibility reduces error.

To ensure legibility, print all prescriptions. Encourage your staff to verify orders as needed.

Clear abbreviations avoid confusion.

Spell out abbreviations for directions. Write: "daily" instead of "q.d."; "four times daily" instead of "q.i.d."; "unit" instead of "u"; and "ml" instead of "cc". Avoid inappropriate, "innovative," and non-standard abbreviations.

Misplaced decimal points lead to dosage errors.

When it comes to zeroes, "always lead, never trail." When writing dosage amounts on prescriptions, use a leading zero before a decimal point of a fractional number; (e.g., 0.5 mg); do not use a trailing zero after whole numbers (e.g., write "5 mg" not "5.0 mg").

Writing out numbers prevents alterations.

To prevent alterations on prescriptions for controlled substances, write out the amount to be dispensed; (e.g., write “thirty,” rather than “30.”)

AVOID CONFUSION	
WRITE	INSTEAD OF
Daily	Q.D.
Four times daily	Q.I.D.
Unit	u
ML	cc
0.5 mg5 mg
5 mg	5.0 mg
Thirty	30

Documenting orders and refills tracks appropriate use.

To facilitate documentation and review, use a dedicated medication control record that can be attached to the inside cover of each patient’s chart. Include the indications for the prescription, name of the drug, the dose, amount and directions. Avoid vague and ambiguous medication orders such as “Refill meds.” (*Ask your liability insurer for a recommended medication control form.*)

Informed patients follow instructions.

Dispense written information in plain language about drugs to advise patients about: (a) the name of the drug and what it is for; (b) dose and frequency; (c) precautions to follow while taking the drug, and contraindications for using the drug; (d) what to do if a dose is missed; (e) what potentially serious side effects the patient should report to the physician; and (f) the mild or transitory side effects that need not be reported to the physician unless they persist. Document that this information was dispensed. (*Contact your liability insurer for resources for printed patient advisories about prescription and OTC drugs.*)

Duplicate treatment doubles your risk.

Do not write a prescription for a condition another physician is treating, unless you also communicate with that physician and reach agreement about which one of you will provide future prescriptions and refills of this medication. Document the details of your discussion.

Informing colleagues about on-call prescriptions promotes continuity of care.

Develop an understanding with your on-call colleagues about prescription and refill limitations. When on-call, provide minimum refills. Inform colleagues when you have prescribed or refilled a medication for their patients. (*Contact your liability insurer for advice on how to keep on-call colleagues informed of your contacts with their patients.*)

A good faith exam protects patients and physicians.

Be aware that a good faith exam is required prior to prescribing medications. (*Contact your liability insurer for more information about this requirement.*)

Prescribing only for conditions you usually treat and follow promotes patient safety and reduces liability.

Do not prescribe medications solely as a convenience to patients, or for conditions you do not ordinarily treat and follow. Refer these patients to their treating physician or to another appropriate physician.

Monitoring adherence and efficacy ensures appropriate use.

Ask and document if patients are taking their medications as prescribed. (Ask patients how, not just if, they are taking their medications.) Before refilling medications, monitor for unexpected effects and document why the drug is still appropriate. With some drugs, efficacy may need to be determined by laboratory studies.

Safeguarding prescriptive authority protects patients and physicians.

Only physicians and certain other providers such as osteopaths, dentists, podiatrists, and optometrists can prescribe medications. Some licensed mid-level professionals may issue drug orders or furnish medications under a physician’s supervision. At the physician’s direction, unlicensed personnel (medical assistants and other office staff) can transmit the physician’s prescription order or a refill authorization to a pharmacy. (*Contact your liability insurer for more information about who can prescribe, furnish and dispense medications.*)

These principles from the California Medical Association were developed in cooperation with Medical Insurance Exchange of California, NORCAL Mutual Insurance Company and the SCPIE Companies to promote the safe use of medications. The principles are provided as risk management advice. They do not constitute a legal opinion, are not a substitute for legal advice and are not intended to determine the standard of care. The principles presented should not be considered inclusive of all proper methods of care or exclusive of other methods of care reasonably directed to obtain the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the physician in light of the individual circumstances presented by the patient.