

Section 14 – Remote Prescribing

1. General Principles

- 1.1 It is recognized that because of the geographical position and isolation of some units, circumstances may arise when it is impossible for a prescriber to travel to a ward to issue a prescription in person before the next required dose is due to be administered.
- 1.2 Remote prescribing can only be considered in circumstances where a prescriber is not able to visit a ward to provide a prescription in person before the next dose of essential medication is due to be administered, and where further delay would be detrimental to care.
- 1.3 This section of the Medicines Code of Practice describes the necessary steps which must be considered by all registered practitioners involved to ensure safe and accurate prescribing of medication.
- 1.4 The requirement for remote prescribing should be minimised by anticipating possible symptoms and ensuring that appropriate ‘when required’ medicines are prescribed.
- 1.5 Any decision by a registered practitioner to not to accept an order must be respected by the prescriber.
- 1.6 Clinicians must always act in the best interests of the service-user.

2. Procedure for Issuing a Remote Prescribing Order

- 2.1 In circumstances, where the medication has been previously prescribed and the prescriber is unable to visit the ward to issue a new prescription in-person, but where a change of dose or re-prescribing of a drug is considered necessary (and further delay would be detrimental to the care of the service-user) the prescriber may issue a specific direction to administer a dose of medication using remote prescribing (faxed copy of the prescription).
- 2.2 Previously prescribed medication is defined as a medicine(s) previously prescribed within the last 6 months by any prescriber (i.e. on a previous admission or by a General Practitioner).

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- 2.3 As in 1. above, only in specific circumstances, will it be acceptable to prescribe a **new** medication for a patient. This will only be allowed where the prescriber has access to patient case notes and is able to make a decision while in the presence of all necessary information required which will include previous medical history and allergy status (see point 7 below). Where all necessary information is not available to make a complete and accurate assessment of the situation, remote prescribing of any new medication must not be undertaken. An alternative means of prescribing for the patient must be undertaken.
- 2.4 Remote prescribing by ‘verbal order’ (verbal instruction given by telephone) is un-acceptable on its own. A faxed copy of the prescribed medication must also be provided and a paper copy attached to the in-patient prescription and administration chart. For the purpose of this procedure the term ‘verbal order’ has been replaced by ‘remote prescribing order’
- 2.5 Local procedures will operate to ensure that security and confidentiality are maintained at all times when faxing information. Refer to NHSL Information Governance Policy/Strategy.
- 2.6 It is illegal to remotely prescribe a controlled drug (via faxed prescription)
- 2.7 The prescriber must ensure they have all the necessary information to support safe prescribing practice (i.e. patient details, allergy status/, list of all currently prescribed medication, pathology results-if required). This may require the registered nurse to fax the service-users current in-patient prescription chart(s), and any additional information required, to the prescriber.
- 2.8 The prescriber must complete a remote prescribing order form (Appendix 1) and fax a copy of the form to the nurse-in-charge of the ward.
- 2.9 A prescription requested via a remote prescribing order must be countersigned by a prescriber, ideally by the originating prescriber, on the next normal working day and no longer than 72 hours after the remote order was given, to safeguard the welfare and minimise risk to the service-user.

3. Procedure for Accepting and Recording a Remote Prescribing Order

- 3.1 The registered nurse or pharmacist receiving the remote prescribing order is responsible for ensuring all relevant information has been communicated to the prescriber to enable them to prescribe appropriately and safely.
- 3.2 Only registered nurses or pharmacists may accept a remote prescribing order.

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- 3.3 The registered nurse or pharmacist may refuse to accept a remote prescribing order if they believe it will compromise the provision of care to the service-user. In this instance they should document accurately the communication that has taken place and the rationale for the decisions made.
- 3.4 If a remote prescribing order is not accepted and where a delay in initiating treatment or amending a current prescription would be detrimental to the service-user's physical or mental health the prescriber must attend the patient to issue a new prescription as soon as possible.
- 3.5 The registered nurse or pharmacist accepting the remote prescribing order will complete the section on the remote prescribing order to indicate they have accepted the order and transfer the information directly on to the appropriate section of the prescription and administration chart (once only, regular or when required).
- 3.6 Information recorded on the prescription chart must include; the drug (approved name), dose, dosage form, route of administration and time(s) of administration as specified by the prescriber. If the medication prescribed is 'when required medication' the information must also state the minimum time period between doses, the maximum dose to be administered in 24hrs and the indication for treatment.
- 3.7 The following information in the 'additional information' section:
 - "Remotely prescribed by (name of prescriber)"
 - "Accepted by (name of registered nurse or pharmacist)"
- 3.8 A record that a remote prescribing order has been taken must be made in the medical notes detailing the prescriber's name, contact number, date and time and the name(s) and signature(s) of the staff accepting the order.
- 3.9 Any active remote prescribing order not yet signed by a prescriber must be reported to the next shift at handover and recorded in the nursing notes.
- 3.10 While it is ideal to have one medication only prescribed remotely for any service user at any given time; situations may arise where adherence to this is not possible. Prescribers should be conscious of and assess the risks involved if deemed necessary to prescribe two or more medications remotely for any service user at any one time.
- 3.11 If the registered nurse or pharmacist has any doubt as to the source of the faxed, or the identification of the prescriber, they must not accept a remote prescribing order.

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APPENDIX 1

Remote Prescribing Order For the Attention of the Nurse in Charge/Pharmacist			
Ward/Unit Contact details (fax no.)			
Service-user Name			
Date of Birth			
CHI number			
Allergies/ drug sensitivities:			
Date	Medicine (Approved name and form, e.g. tablets)	Dose (Frequency & specific time(s) of administration)	Route
Prescribers name & GMC No. (PRINT):			
Prescribers Signature):			
Contact Tel No./ Bleep no.:			
Name of registered Nurse/pharmacist accepting & transcribing order to prescription chart:			
Signature of registered nurse/pharmacist			
Date & Time:			
<i>This form must be attached to the NHSL in-patient prescription and administration chart until countersigned by a prescriber, ideally by the originating prescriber, on the next normal working day and no longer than 72 hours after receipt.</i>			

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THIS FORM IS INCLUDED HERE FOR INFORMATION ONLY

TO OBTAIN A COPY OF THIS FORM, PLEASE DOWNLOAD FROM THE DRUG PRESCRIBING GUIDANCE SECTION ON FIRSTPORT (NHS LANARKSHIRE INTRANET)

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