Prescriptions

CHW has approval to generate printed prescriptions for dispensing at the CHW Pharmacy. These scripts cannot be dispensed outside the hospital. It is a legal requirement that all printed prescriptions must be signed by the prescriber, and schedule 8 prescriptions also require handwritten information before they can be dispensed. Discharge prescriptions should be created during the discharge reconciliation process. Outpatient prescriptions can be created at any time by using the “Discharge meds as Rx” order type (below).

To create a new Outpatient prescription:

- Go to Orders from the menu in Patient Chart.
- Click Add.

- The Add Order screen appears.
- Change the order type to “Discharge Meds as Rx”
- In the search field, type the medication you wish to order. Press Enter.
- Order sentences for the medication will appear.
- Medications highlighted with a green dot are stocked by CHW pharmacy
- Click on the required ordered sentence.

- The Dosage Calculator may open.
- Check that the Target dose is correct.
- Final dose is calculated from the height and weight either documented via the Height/Weight/Allergies (Prescribing) form, iView or it can be manually entered.
- Rounding rules are automatically applied to commonly prescribed medications.
- When all information is correct, click Apply Dose or Apply Standard Dose.
The order details for the medication appear.

Complete all the mandatory fields (highlighted in yellow).

For many medications, the duration will calculate a dispense quantity for you if you complete this first.

If an outpatient requires repeat prescriptions, add the number required to the “Refill” field.

If you have chosen the wrong strength product you can change it by selecting the down arrow and choosing a different option.

If the medication is intended for ongoing use, leave “Maintenance” selected. This will ensure the medication will be added to the patient’s home medication for conversion on their next admission.

If the medication is a short course only, e.g. analgesics or antibiotics, specify the duration and select “Acute”. This medication will be marked as complete in the system and will not show up on the patient’s active home medication list after the stop date has passed.

If you are prescribing a Schedule 8 or Schedule 4B restricted medication that requires a repeat for an outpatient, you need to add the repeat interval for the repeats to be dispensed.

For complicated instructions, e.g. weaning steroids, choose “See Instructions” from the Dose field. This changes the mandatory fields, requiring you to free-text the directions into the “Special Instructions” field.

Make sure the correct printer is selected in the “Send To:” box and click “Sign” to print the prescription. A Duplicate and Patient/Pharmacist copy will print. The duplicate copy is not required and can be destroyed, please sign the Patient/Pharmacist copy and fax/send it to CHW pharmacy.

Special Legal Requirements

If you are authorised to prescribe a restricted stimulant medication (e.g. Ritalin, dexamphetamine etc.) you must add your CNS/S28 approval number to the “Special Instructions” field.

If you are authorised to prescribe a clause 37 restricted medication (e.g. oral retinoids including acitretin, isotretinoin, ATRA) you must add your approval number (CL, RA or PG(T) numbers) or authorisation to the “Special Instructions” field.

If you are a dentist, add “For Dental Treatment Only” to the “Special Instructions” field.
S100 Prescriptions

- **PLEASE NOTE:**

  S100 prescriptions cannot be printed from the system at this time. If you see the PBS icon, the medication is an S100 medication and a handwritten prescription is required. All printed prescriptions are defaulted as NON-PBS.

- The tab contains information from the PBS website about approved indications, quantities and repeats. You may find this information useful when handwriting the S100 prescription to be dispensed by the CHW pharmacy.

- The padlock icon indicates whether the S100 medication requires a phone authority approval (locked) or is streamlined authority (unlocked). The PBS Code IS NOT the streamlined authority code. This can be found back on the details tab in the PBS Restriction ID field after selecting the correct indication. Do NOT use any script numbers from the system to apply for a phone authority, use the details on your paper authority script pad.

- S100 medications should still be recorded in the system to maintain a complete medication record. Choose “Do Not Send: given to patient” for any handwritten S100 or PBS prescriptions provided (the print outs are not valid prescriptions at this time).
### Schedule 8 Prescriptions

- It is a legal requirement for electronically generated S8 prescriptions to also have the details completed in the doctor's own handwriting.

**PRESCRIPTION, Test Patient**

<table>
<thead>
<tr>
<th>Address:</th>
<th>MNIN: 1301630</th>
</tr>
</thead>
<tbody>
<tr>
<td>U4/2 Hawkesbury Rd</td>
<td>WESTMEAD, NSW 2145</td>
</tr>
<tr>
<td>Australia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB: 03/03/2010</th>
<th>Age: 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight: 20kg</th>
<th>Height: 130cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSA: 0.85m²</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy Status: Not recorded</th>
<th>Breastfeeding Status: Not recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit/Clinic: Enocrinology</td>
<td>Fin Class: Medicare – Overnight</td>
</tr>
<tr>
<td>Ward/Clinic: Hill Ward</td>
<td>Enc Type: DISCHARGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ALLERGIES:</strong> Dust Mite</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Prescribing Details</strong></th>
<th><strong>Qty</strong></th>
<th><strong>Rpts</strong></th>
<th><strong>Approval Number</strong></th>
<th><strong>Pharmacist Use Only</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone (oxycodone 5 mg/5 mL oral solution)</td>
<td>50 mL</td>
<td>1</td>
<td>NON-PBS</td>
<td>TEST code: 123256809</td>
</tr>
<tr>
<td>2 mL Oral every 4 hours PRN for pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment: Target Dose: oxycodone 5 mg/5 mL oral solution 0.1 mg/kg (Actual Dose: 0.1 mg/kg) 30/03/2016 13:52:26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat Interval (days): 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prescription ID: CHW-123256809

To comply with NSW legislative requirements, all prescriber's details for doses of dependence must be handwritten, with quantity specified in words and figures.

1 Item ............................ Page: 2 of 5 ............................

**Prescriber Name:** TEST, PhysicianOne

**Prescriber #:** 

**Signature:** [Signature]

**Page #:** 1334

**Dispensed by:** 

**Pharmacy Note:** 

**Clinic Unit:** 

**Medication List:** Y N

I certify that I have received this medication and any information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

**Date of Supply:** / / 

**Patient or Agent’s Signature:** 

**Agent’s Address:** 

Issued in accordance with clause 36 of the Poisons and Therapeutics Goods Regulation, 2008

Printed by TEST, PhysicianOne, Position – Test Account, Date and time: 20/03/2016 14:00

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