The Midwifery Council would like to thank the Pharmacy Council for contributing the following article and acknowledges Pharmacy Today for the 'mystery scripts'.

Writing prescriptions – Best practice from a pharmacists' perspective

Is prescription writing an art or a science? From the perspective of consumer safety, it is perhaps best seen as both. Aside from concerns over the use of easily misconstrued abbreviations or indecipherable hand-written prescriptions, there are issues unique to writing prescriptions in New Zealand's healthcare environment. Pharmacists can spend an extraordinary amount of time following up on these issues, so your efforts in addressing any of them (or even just one of them) will reduce the calls that may interrupt your day.

In no particular order, the following highlight some of the biggest frustrations pharmacists' experience.

1. To comply with legislation, all prescriptions are required to indicate either the total amount of medicine to be dispensed or the total period of supply. However, the latter also needs a dose frequency ie writing '7 days' supply' only makes sense if you include 'i bd'.

2. Pharmacists are also likely to confirm dose frequency instructions if there is only a total quantity written as most patients forget the prescriber's instructions.

3. Advise the client if you are prescribing a medicine that is not subsidised but please don't use MIMS as a source when quoting prices – talk to your pharmacist instead.

4. **Amendments to the Medicine Regulations from 1 December 2011 now require all prescriptions to include:**
    a. **prescriber's full name; and**
    b. **the full street address of the prescriber's place of work or, in the absence of the prescriber having a place of work, the postal address of the prescriber; and**
    c. **the prescriber's telephone number.**

    For midwives the telephone number is ideally your mobile phone number. Not being able to contact the prescriber in a timely manner results in delays for patients. Remember it's the pharmacist who is faced with the client's anger when the prescriber can't be contacted, sometimes for days, to clarify a prescription.

5. Best practice is to use generic names for medicines when prescribing. Using outdated brand names can cause confusion and can lead to errors if they can no longer be found in the pharmacy's computer software.

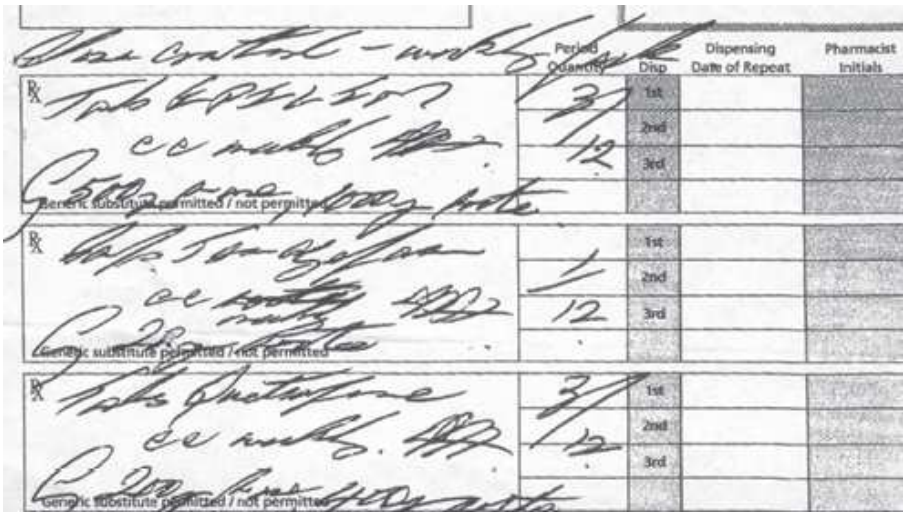
6. If in doubt about the use of any medication in pregnancy or breast-feeding, contact your local pharmacist who is trained to be a medicine management expert.

7. Legally the client's address **must** be a street address, not a PO Box or Private Bag.

8. Make sure prescription co-payment codes are correct. The cost of a prescription can influence whether or not it is picked up. The prescriber is responsible for ascertaining whether the patient is

eligible for $3 co-payments and for coding their prescriptions correctly. The pharmacist is entitled to rely on the prescriber's coding to indicate the correct level of co-payment that should be charged.

9. Computer-generated prescriptions make interpretation easier; however, pharmacists recognise that most midwives do not have access to a computer to write prescriptions. Legible handwriting avoids scripts like this:



10. Additional best practice points:
    a. Include the DOB **and** weight if writing a prescription for a newborn.
    b. If you know the NHI number of the client, please include it on the prescription to avoid duplication of records at the pharmacy.
    c. Always include your Midwifery Council registration number on the prescription.