Prescription Order Entry

Prescription Order Entry

- Transcription of your supervising physician's verbal orders into the patient's medical records may be *one of the most frequent tasks you perform!*
- **Many MAs now act as a type of "medical scribe".**
  - Prescription information verbalized by the provider is in turn entered into the medical record by staff.
- For practices utilizing *electronic medical records* (EMR), this process is known as "CPOE".
  - ***Computerized Physician Order Entry***
    - <u>Major</u> focus of Meaningful Use!

Prescription Order Entry

Why Is This Important?

- As many as **1 in 4** ambulatory care (outpatient) clinic patients suffer an *Adverse Drug Event* (ADE).[1]
- Cost of medication errors occurring in outpatient clinics alone is estimated at nearly $5 billion/year.[2]
- Estimated **7,000 deaths** occur every year as a result of preventable medication errors.[3]

1) Gandhi TK, Weingart SN, Borus J, et al. Adverse drug events in ambulatory care. N Engl J Med 2003;348:1556–1564.
2) Berwick DM, Winickoff DE. The truth about doctors' handwriting: a prospective study. BMJ 1996;313:1657–1658.
3) Institute of Medicine (IOM). To Err Is Human: Building a Safer Health System. Washington, DC: National Academy Press; 1999.

Prescription Order Entry

Written Prescription Components
- *Patient Name*
- *Medication Name*
- *Strength*
- *Formulation*
- *Quantity (Per Dose)*
- *Route of Delivery*
- *Frequency of Dose*
- *Duration*
- *Total To Dispense*
- *Refills*

Prescription Order Entry

Written Prescription Components
- *Patient Name*
  - **Date of birth** (DOB) is typically the best method of distinguishing "same name" patients from one another.
    - Other considerations include:
      - **Middle Initial**
      - **Address**
      - **Date of Last Visit**

WHAT IF "SULFA-ALLERGIC MARY WILLIAMS" WERE MISTAKENLY PRESCRIBED BACTRIM?

Prescription Order Entry

Written Prescription Components

- *Medication Name*
  - In dermatology, we're fortunate to only prescribe a *fraction* of the **thousands** of medications available.

Prescription Order Entry

Written Prescription Components

- *Strength*
  - **Systemic Medications**
    - Pills, Tablets, Etc.
      - Almost always *milligrams (mg).*
      - e.g., Doxycycline 100 mg
    - Liquids
      - Generally measured in *mg/ml.*
      - e.g., Cetirizine 5 mg/5 ml   **5 ml = 1 tsp**
  - **Topical Medications**
    - Almost always as *percentage/concentration.*
      - e.g., Tretinoin 0.025%

Prescription Order Entry

Written Prescription Components

- *Formulation*
  - **Systemic Medications**
    - Pill, Capsule, Liquid, etc.
    - e.g., Fluconazole 150 mg *Capsules*
  - **Topical Medications**
    - Ointment, Cream, Lotion, Solution, Foam, etc.
      - aka, "Medication Vehicle" (reviewed elsewhere in the ACDT course).
    - e.g., Clindamycin 1% *Solution*
    - **Formulation of topical medications is <u>always</u> <u>important</u>.**

Prescription Order Entry

Written Prescription Components

- *Quantity (Per Dose)*
  - **Systemic Medications**
    - Pills/Capsules
      - The *number* taken per dose.
      - e.g., "Take One", or "Take Two", etc.
    - Liquids
      - The *volume* of medication per dose, usually as "**tsp**" or "**ml**".
      - e.g., "Take ½ Teaspoon", or "Take 2 ML".
    - Injectables
      - The volume of medication per dose, usually as "**ml**" or "**cc**".
      - e.g., "Inject 0.5 ml".

Prescription Order Entry

Written Prescription Components

- *Quantity (Per Dose)*
  - **Topical Medications**
    - A specific "quantity per dose" is *usually* <u>not</u> indicated.
      - General terms often used instead.
      - e.g., "Apply As Directed"
    - *Sometimes* more specific instructions are indicated.
      - e.g., "Apply One Pea-Sized Drop"

Prescription Order Entry

Written Prescription Components

- *Route of Delivery*
  - **Systemic Medications**
    - Oral
      - "Orally", "By Mouth", and "PO" ***all mean the same!***
      - "PO" is an abbreviation for the Latin *per os*, meaning "by way of the mouth".
      - e.g., "Take One PO".
    - Injectables
      - "Subcutaneously", "SQ", Sub-Q", and "SC" are all used to describe injections ***under the skin.***
        - » e.g., "Inject 0.5 ML SQ".
      - "Intramuscularly" or "IM" means ***within the muscle.***

Prescription Order Entry

Written Prescription Components

- *Frequency of Dose*
  - **"Plain English" Method**
    - e.g., "Once Daily", "Twice A Day", "Three Times/Week", etc.
    - This method is increasingly favored since it provides **least ambiguous** method of describing how often a medication is to be used.
  - **Latin Abbreviations**   *[Described Here On Wikipedia]*
    - QD *(quaque die)* means "once a day".
    - BID *(bis in die)* means "twice a day".
    - TID *(ter in die)* means "three times a day".
    - QID *(quater in die)* means "four times a day".
    - QAM *(quaque die ante meridiem)* means "every morning".
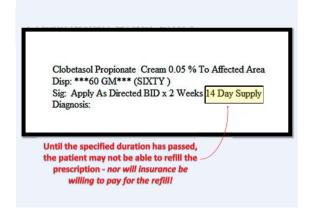   - QHS *(quaque hora somni)* means "every evening".

Prescription Order Entry

Written Prescription Components

- *Duration*
  - How long is the prescribed quantity **supposed to last**?
    - e.g., "14 Days", "30 Day Supply", etc.

Clobetasol Propionate Cream 0.05 % To Affected Area
Disp: ***60 GM*** (SIXTY)
Sig: Apply As Directed BID x 2 Weeks | 14 Day Supply
Diagnosis:

Until the specified duration has passed, the patient may not be able to refill the prescription - *nor will insurance be willing to pay for the refill!*

Prescription Order Entry

Written Prescription Components

- *Total To Dispense*
  - **How much** medicine should be provided?
  - *For example…*
    - An antibiotic to be taken BID for one month would be written to dispense "60 Tablets" (#60).
    - An *Efudex*® prescription to be applied QD x 3 weeks to the face may be written to dispense "40 GM".
    - A patient receiving a *Stelara*® injection every 3 months may be prescribed a dispense quantity of "0.5 ML".

Prescription Order Entry

Written Prescription Components

- *Refills*
  - **Always confirm** the number of refills authorized by your supervising dermatologist before sending prescription!
  - *What if too many refills were authorized for a patient who then becomes noncompliant with f/u visits or lab monitoring?*
    - **TOPICAL STEROIDS**
      - *Steroid Atrophy*
    - **SYSTEMIC ANTIFUNGALS**   *Just A Few Examples!*
      - *Liver Damage*
    - **DAPSONE**
      - *Anemia*

Medication Error Avoidance

Prescription Order Entry

Medication Error Avoidance

As a medical assistant, you…

- **Are not responsible for** exercising independent clinical judgment with regard to medication selection.
- **Are responsible for**-
    1) Accurately entering the prescription details as communicated by your supervising physician.
    2) Recognizing and acting upon any *Clinical Decision Support* (CDS) alerts intended to prevent errors.

Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Enter medication name and directions precisely as described by your supervising physician.**
    – **Pay attention** while your SP is describing the treatment plan and directions.
    – Don't be afraid to ask if you're not sure!

Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Beware of "sound-alikes"!**
    – *Pay attention* and *don't be afraid to ask* if unsure!

Did the doctor say "Fluorouracil" or "Fluocinonide"?

Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Beware of "sound-alikes"!**
    – *Pay attention* and *don't be afraid to ask* if unsure!

Did the doctor say "Hydroxyzine" or "Hydralazine"?

Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Avoid confusing terminology.**
    – Abbreviations, acronyms, and "shorthand" were designed to speed up the *handwriting* process!
    – *For example*-
        - Instead of entering "QD", write "Once Daily".
        - Rather than write "TIW", say "Three Times Per Week".

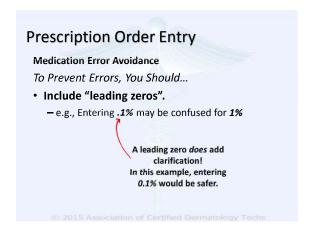**WHEN IN DOUBT, JUST SPELL IT OUT!**

Prescription Order Entry

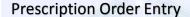**Medication Error Avoidance**

To Prevent Errors, You Should…

- **Avoid "trailing zeros".**
    – e.g., Entering *25.0 MG* may be confused for *250 MG*

**A zero at the end doesn't add any clarification!
In this example, simply writing *25 MG* would better.**

Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Include "leading zeros".**
  - e.g., Entering *.1%* may be confused for *1%*

A leading zero does add clarification! In this example, entering 0.1% would be safer.

© 2015 Association of Certified Dermatology Techs

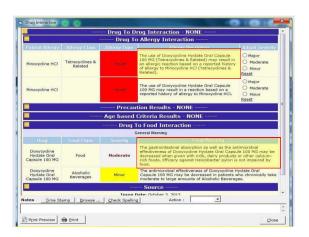
Prescription Order Entry

Medication Error Avoidance

To Prevent Errors, You Should…

- **Recognize and Take Action When Presented Important *Clinical Decision Support* (CDS) Alerts!**
  - These are the "pop-up" alerts we sometimes see after a prescription is entered.
  - Unfortunately, not all CDS alerts are equally important, which can lead to "pop-up fatigue".
    - *Your practice should establish a protocol which ensures patient safety while avoiding unnecessary concern over insignificant CDS alerts!*
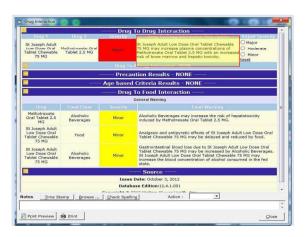
© 2015 Association of Certified Dermatology Techs

For example…

A patient is prescribed Doxycycline, but the physician didn't realize that he has reported a past history of "hive-like" reaction to Minocycline.
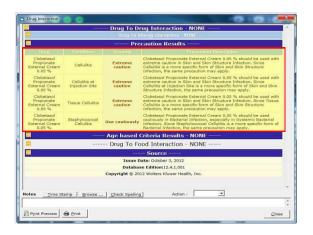

For example…

A patient is being prescribed Methotrexate, but the physician didn't notice that she is taking aspirin every day.

For example...

A patient comes in for Psoriasis follow-up and refills of Clobetasol Cream. While here, he happens to have an abscess which needs I&D.

Prescription Order Entry

THE BOTTOM LINE

Although you *aren't* expected to make independent clinical decisions, you *are* expected to responsibly enter medication orders. **This means that you must:**

- *Accurately transcribe the R$_x$ order as verbalized by your supervising MD.*
- *Heed any important CDS alerts.*