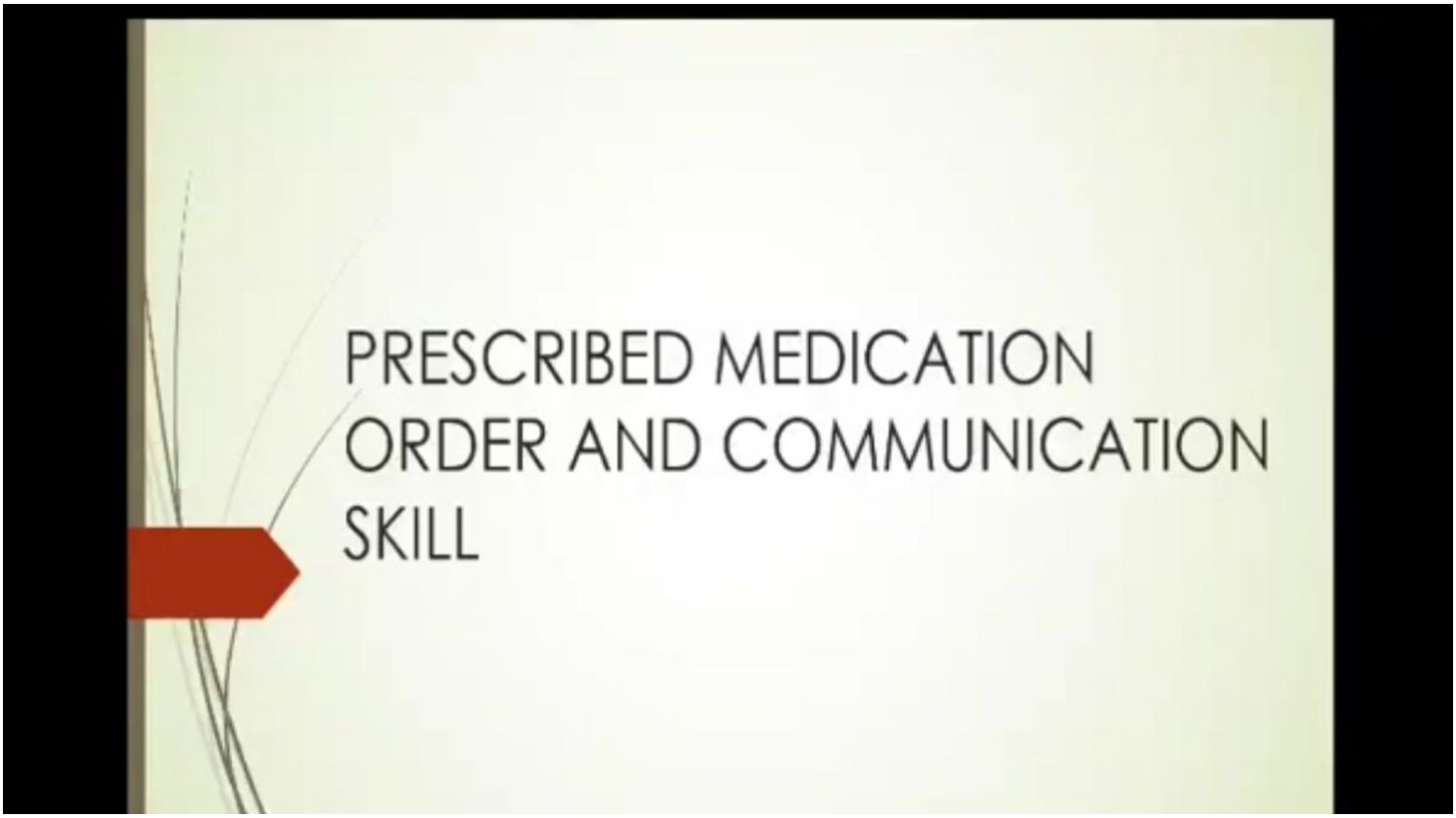
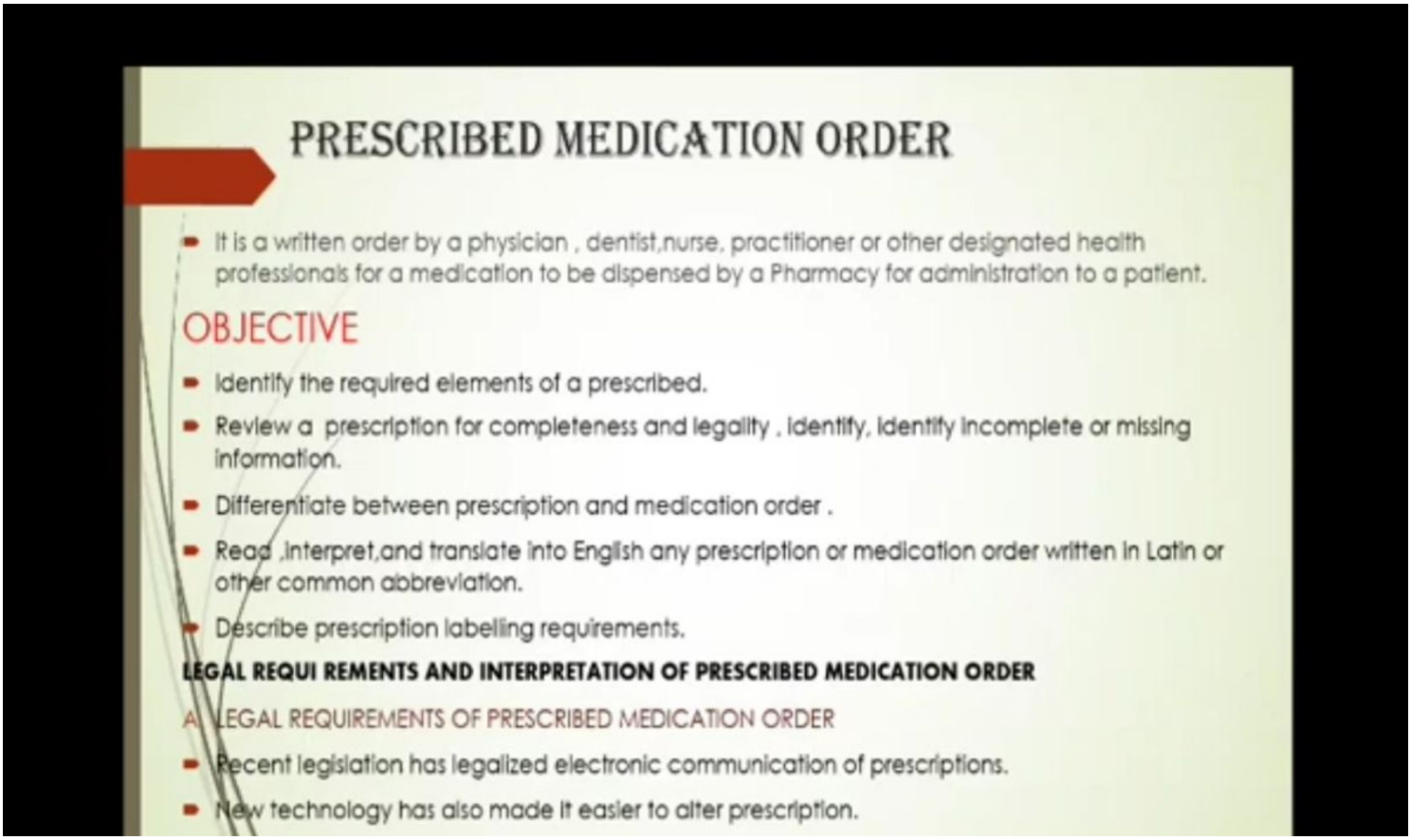
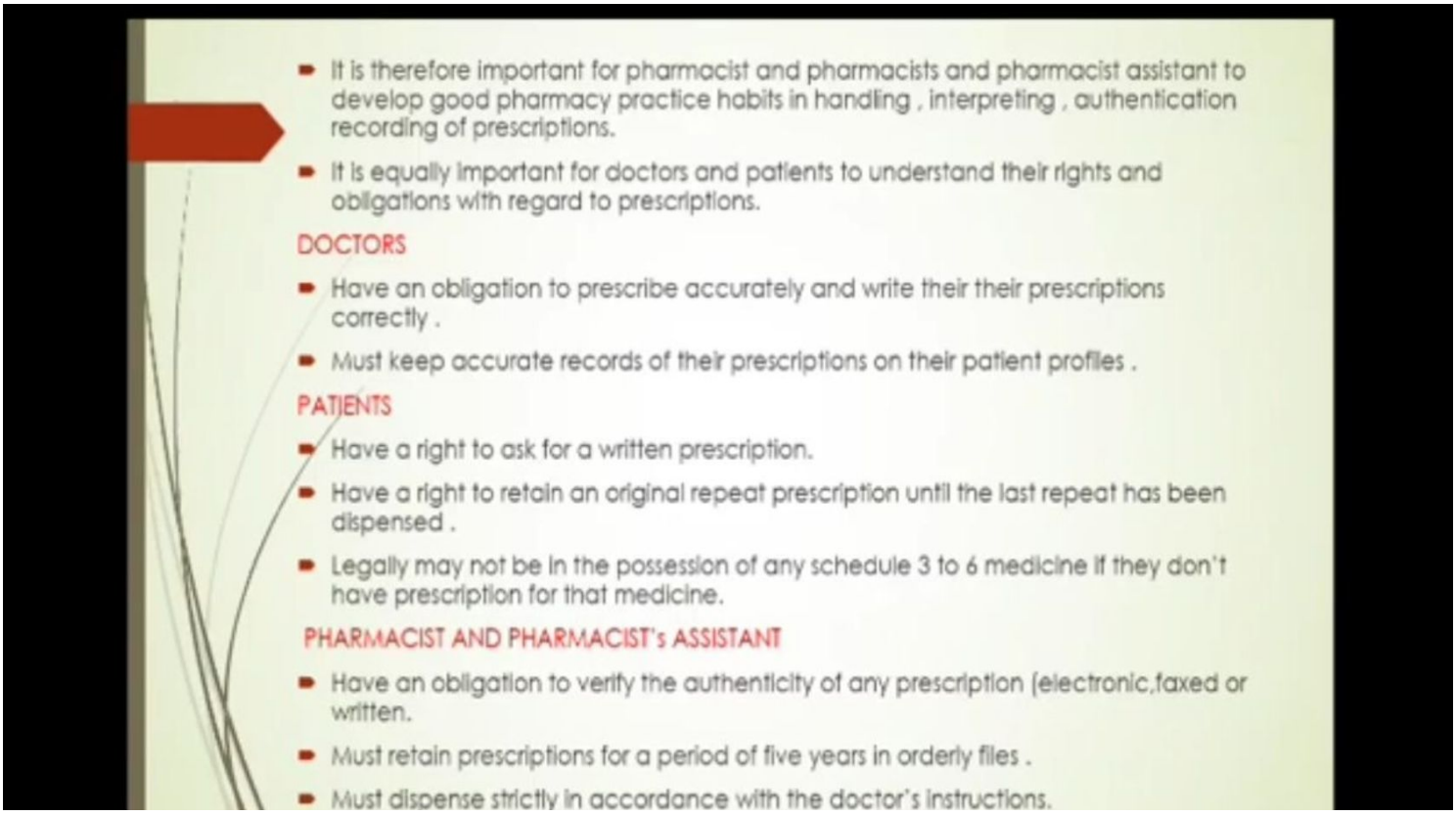
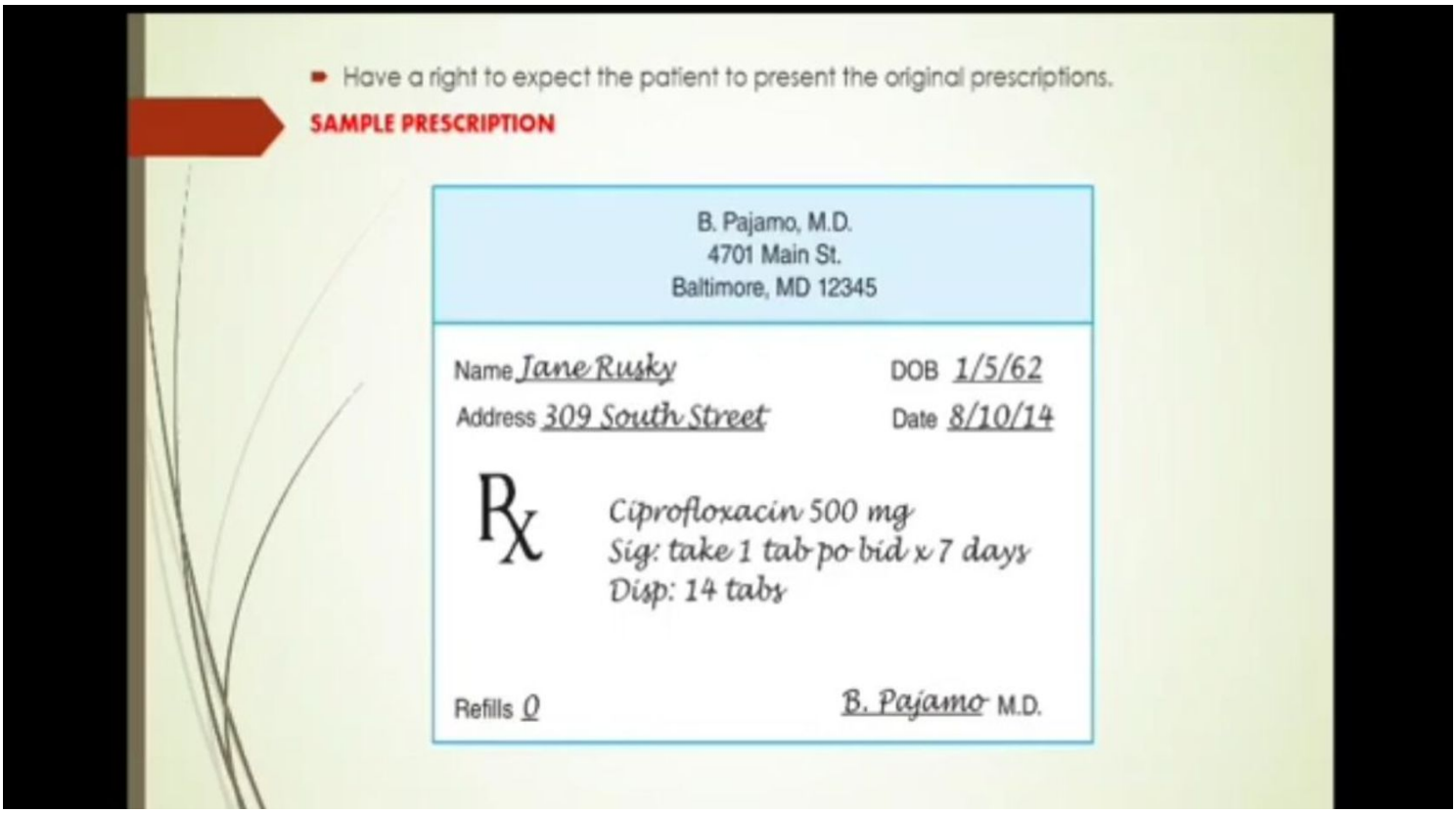

PRESCRIBED MEDICATION
ORDER AND COMMUNICATION
SKILL


PRESCRIBED MEDICATION ORDER
It is a written order by a physician , dentist,nurse, practitioner or other designated health professionals for a medication to be dispensed by a Pharmacy for administration to a patient.
OBJECTIVE
Identify the required elements of a prescribed.
Review a prescription for completeness and legality . Identify, Identify incomplete or missing information.
Differentiate between prescription and medication order .
Read ,Interpret,and translate into English any prescription or medication order written in Latin or other common abbreviation.
Describe prescription labelling requirements.
LEGAL REQUI REMENTS AND INTERPRETATION OF PRESCRIBED MEDICATION ORDER
A LEGAL REQUIREMENTS OF PRESCRIBED MEDICATION ORDER
Recent legislation has legalized electronic communication of prescriptions.
New technology has also made it easier to alter prescription.


It is therefore important for pharmacist and pharmacists and pharmacist assistant to develop good pharmacy practice habits in handling , interpreting , authentication recording of prescriptions.
It is equally important for doctors and patients to understand their rights and obligations with regard to prescriptions.
DOCTORS
Have an obligation to prescribe accurately and write their their prescriptions correctly .
Must keep accurate records of their prescriptions on their patient profiles .
PATIENTS
Have a right to ask for a written prescription.
Have a right to retain an original repeat prescription until the last repeat has been dispensed .
Legally may not be in the possession of any schedule 3 to 6 medicine if they don't have prescription for that medicine.
PHARMACIST AND PHARMACIST's ASSISTANT
Have an obligation to verify the authenticity of any prescription (electronic,faxed or written.
Must retain prescriptions for a period of five years in orderly files .
Must dispense strictly in accordance with the doctor's instructions.

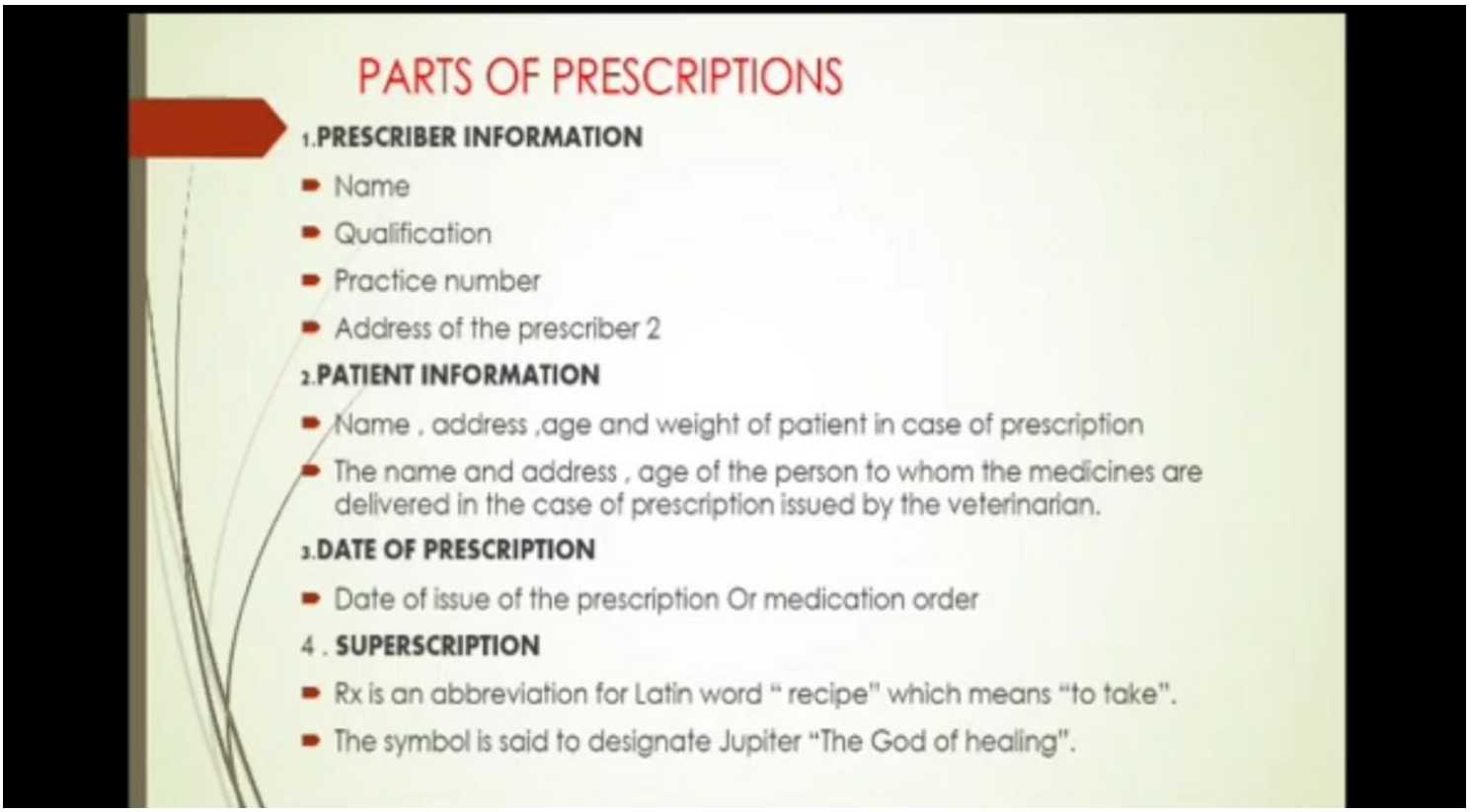

Have a right to expect the patient to present the original prescriptions.
SAMPLE PRESCRIPTION
B. Pajamo, M.D.
4701 Main St.
Baltimore, MD 12345
Name Jane Rusky
DOB 1/5/62
Address 309 South Street
Date 8/10/14
Rx
Ciprofloxacin 500 mg
Sig: take 1 tab po bid x 7 days
Disp: 14 tabs
Refills 0
B. Pajamo M.D.

SAMPLE MEDICATION ORDER

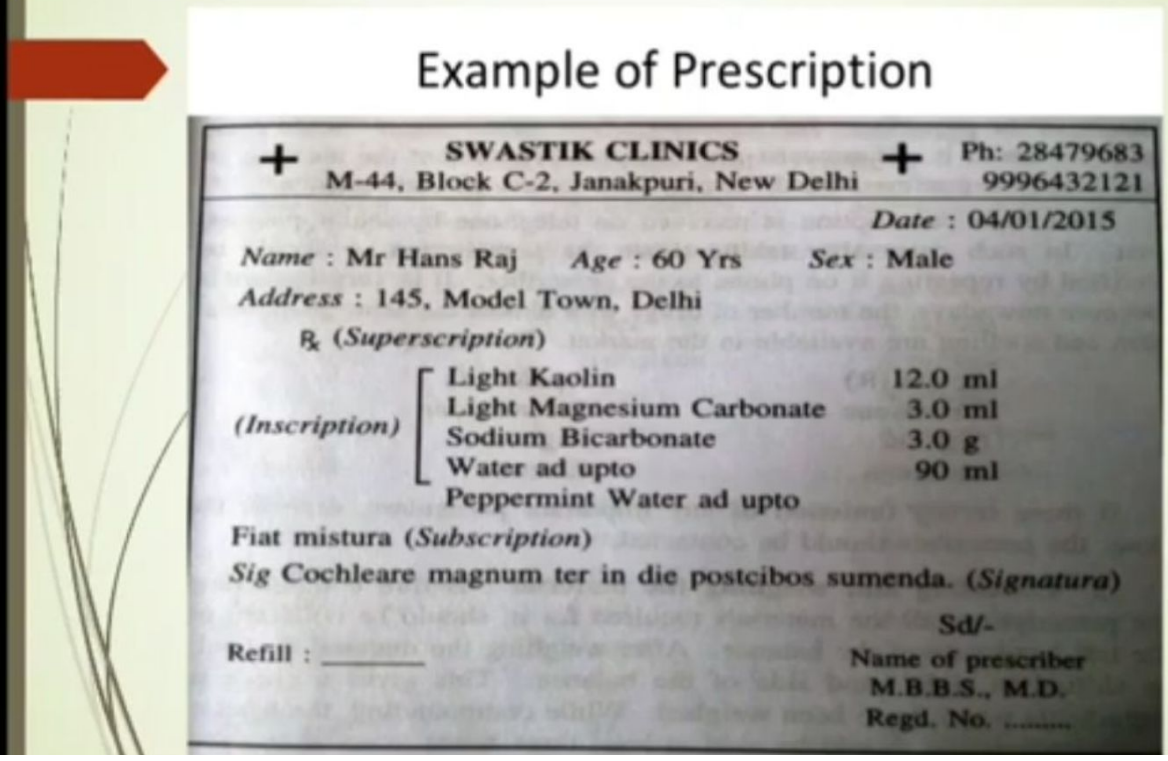
Patient: John Smith
Age: 68

Medical record number: 145693
Room: 3B-154

Date	Medication	Prescriber
8/10 8:23 am	Vancomycin 1,500 mg IV q12 hours x 3 days	B. Pajamo, MD
	D/c clindamycin 600 mg IV q6 hours	B. Pajamo, MD
8/10 9:15 am	KCl 20 mEq in 1 L 0.9%NS IV at 100 ml/hr x 1 liter	B. Pajamo, MD
	Acetaminophen 650 mg PO q6 hours prn temp >101˚F	B. Pajamo, MD


PARTS OF PRESCRIPTIONS
1.PRESCRIBER INFORMATION
Name
Qualification
Practice number
Address of the prescriber 2
2.PATIENT INFORMATION
Name , address ,age and weight of patient in case of prescription
The name and address , age of the person to whom the medicines are delivered in the case of prescription issued by the veterinarian.
3.DATE OF PRESCRIPTION
Date of issue of the prescription Or medication order
4 . SUPERSCRIPTION
Rx is an abbreviation for Latin word " recipe" which means "to take".
The symbol is said to designate Jupiter "The God of healing".

Example of Prescription



SWASTIK CLINICS
M-44, Block C-2, Janakpuri, New Delhi
Ph: 28479683
9996432121

Date : 04/01/2015

Name : Mr Hans Raj *Age* : 60 Yrs *Sex* : Male

Address : 145, Model Town, Delhi

℞ (*Superscription*)

(*Inscription*)

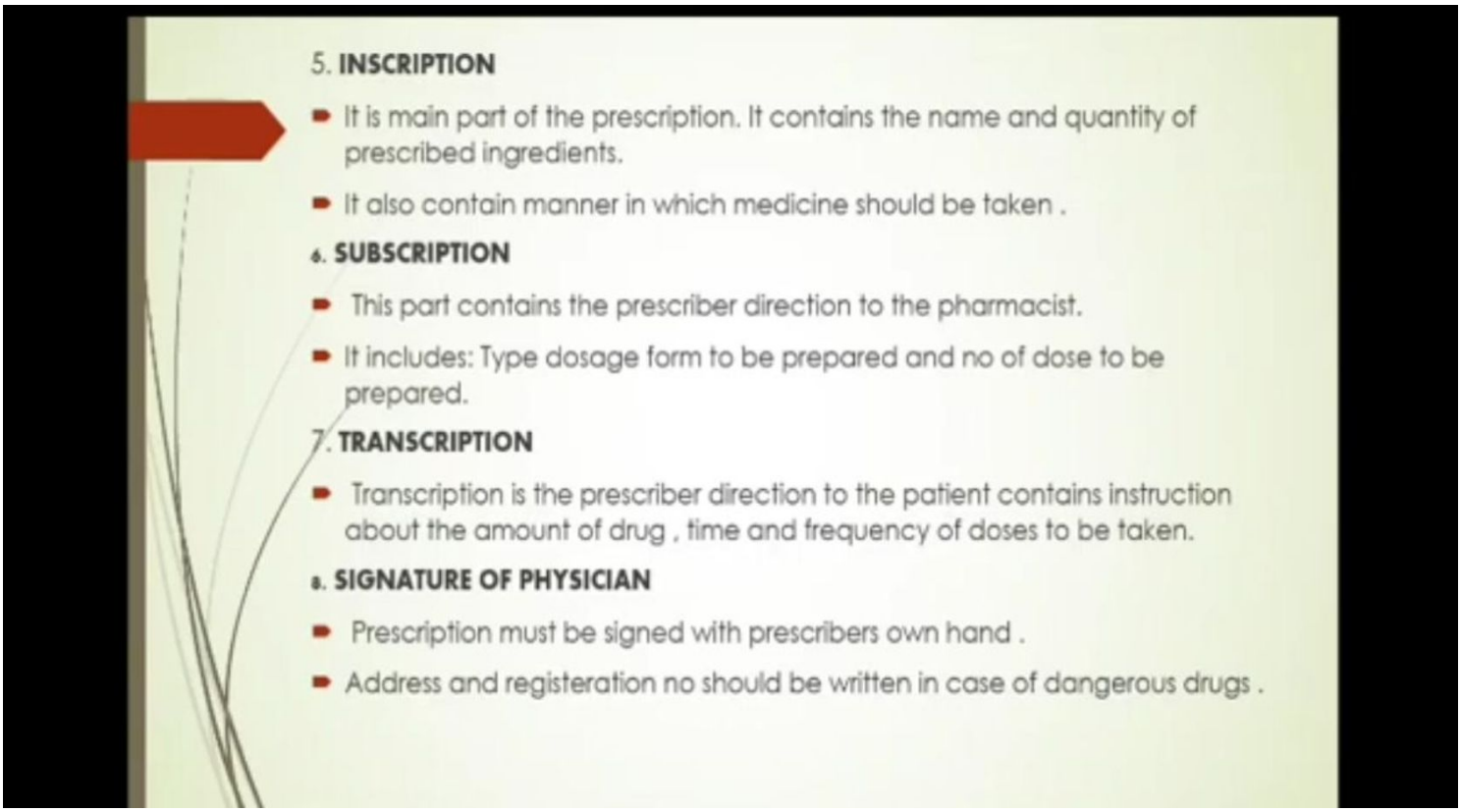
Light Kaolin	12.0 ml
Light Magnesium Carbonate	3.0 ml
Sodium Bicarbonate	3.0 g
Water ad upto	90 ml
Peppermint Water ad upto	

Fiat mistura (*Subscription*)

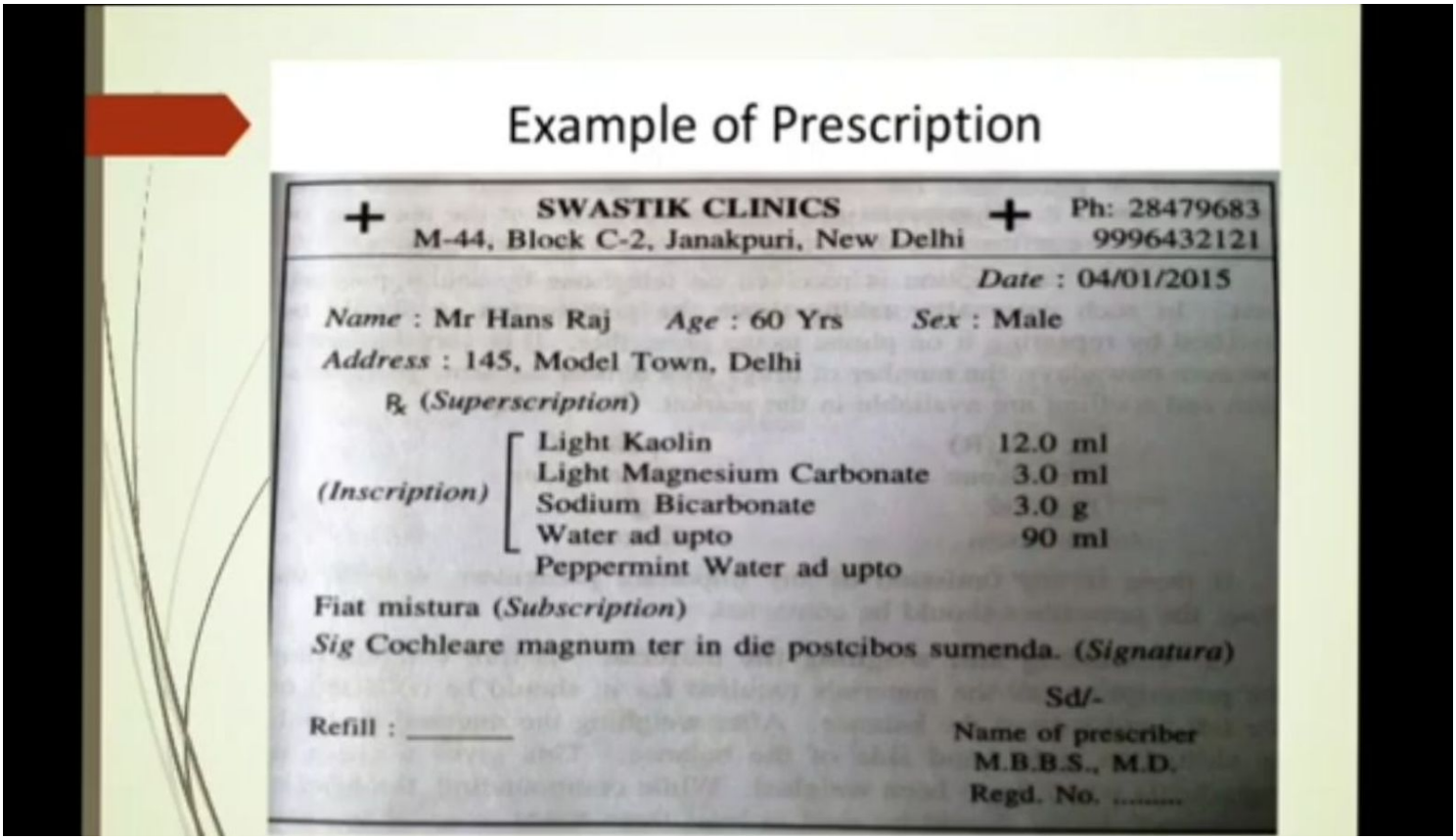
Sig Cochleare magnum ter in die postcibos sumenda. (*Signatura*)

Sd/-
Name of prescriber
M.B.B.S., M.D.
Regd. No. .....

Refill : _____


5. INSCRIPTION
It is main part of the prescription. It contains the name and quantity of prescribed ingredients.
It also contain manner in which medicine should be taken .
6. SUBSCRIPTION
This part contains the prescriber direction to the pharmacist.
It includes: Type dosage form to be prepared and no of dose to be prepared.
7. TRANSCRIPTION
Transcription is the prescriber direction to the patient contains instruction about the amount of drug , time and frequency of doses to be taken.
8. SIGNATURE OF PHYSICIAN
Prescription must be signed with prescribers own hand .
Address and registeration no should be written in case of dangerous drugs .

Example of Prescription



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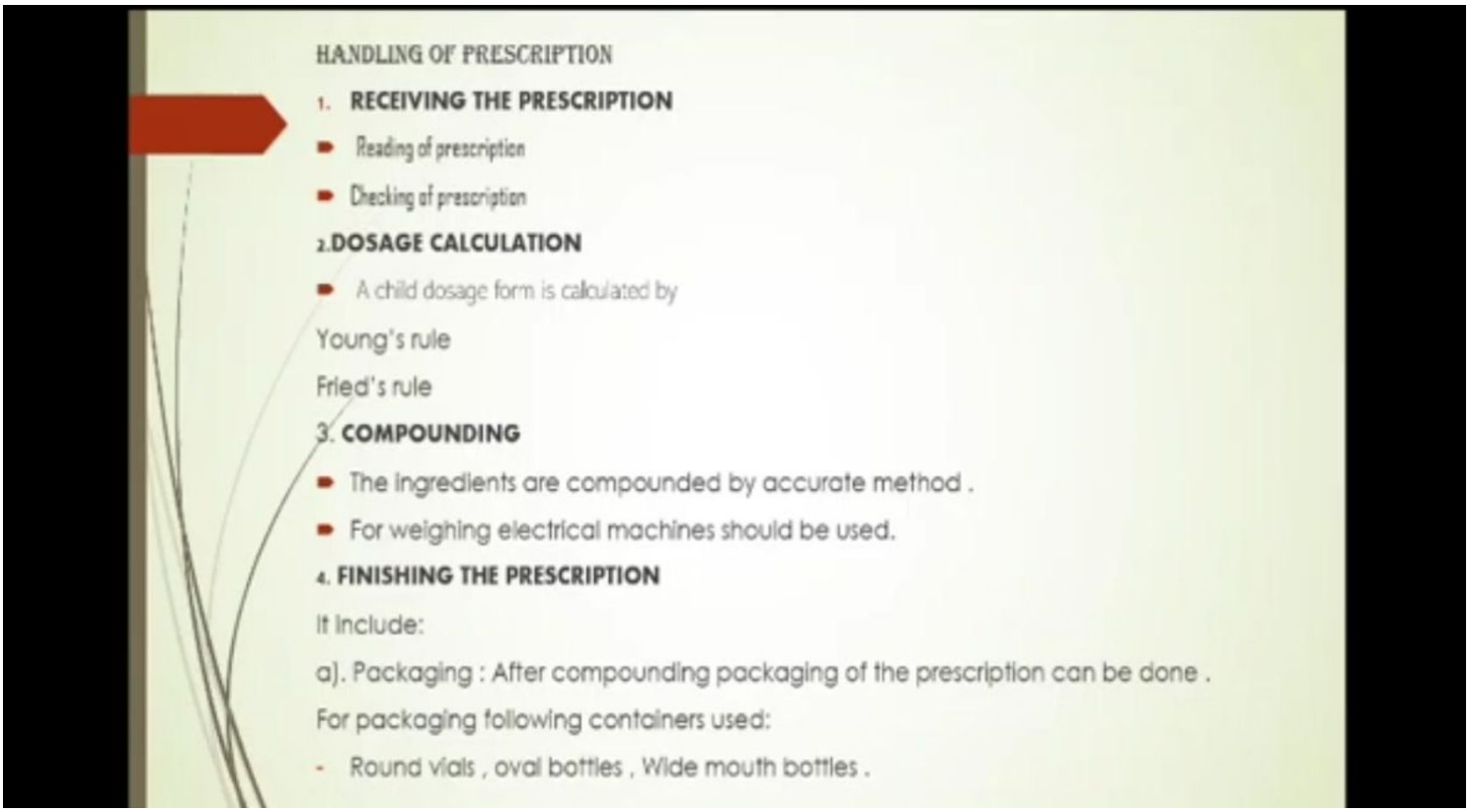

HANDLING OF PRESCRIPTION
1. RECEIVING THE PRESCRIPTION
Reading of prescription
Checking of prescription
2.DOSAGE CALCULATION
A child dosage form is calculated by
Young's rule
Fried's rule
3. COMPOUNDING
The ingredients are compounded by accurate method .
For weighing electrical machines should be used.
4. FINISHING THE PRESCRIPTION
It include:
a). Packaging : After compounding packaging of the prescription can be done .
For packaging following containers used:
- Round vials , oval bottles , Wide mouth bottles .

b). Labeling :

- The filled container should be suitably labeled .
- The label should be affixed on smooth surface of the bottle

C). Rechecking :

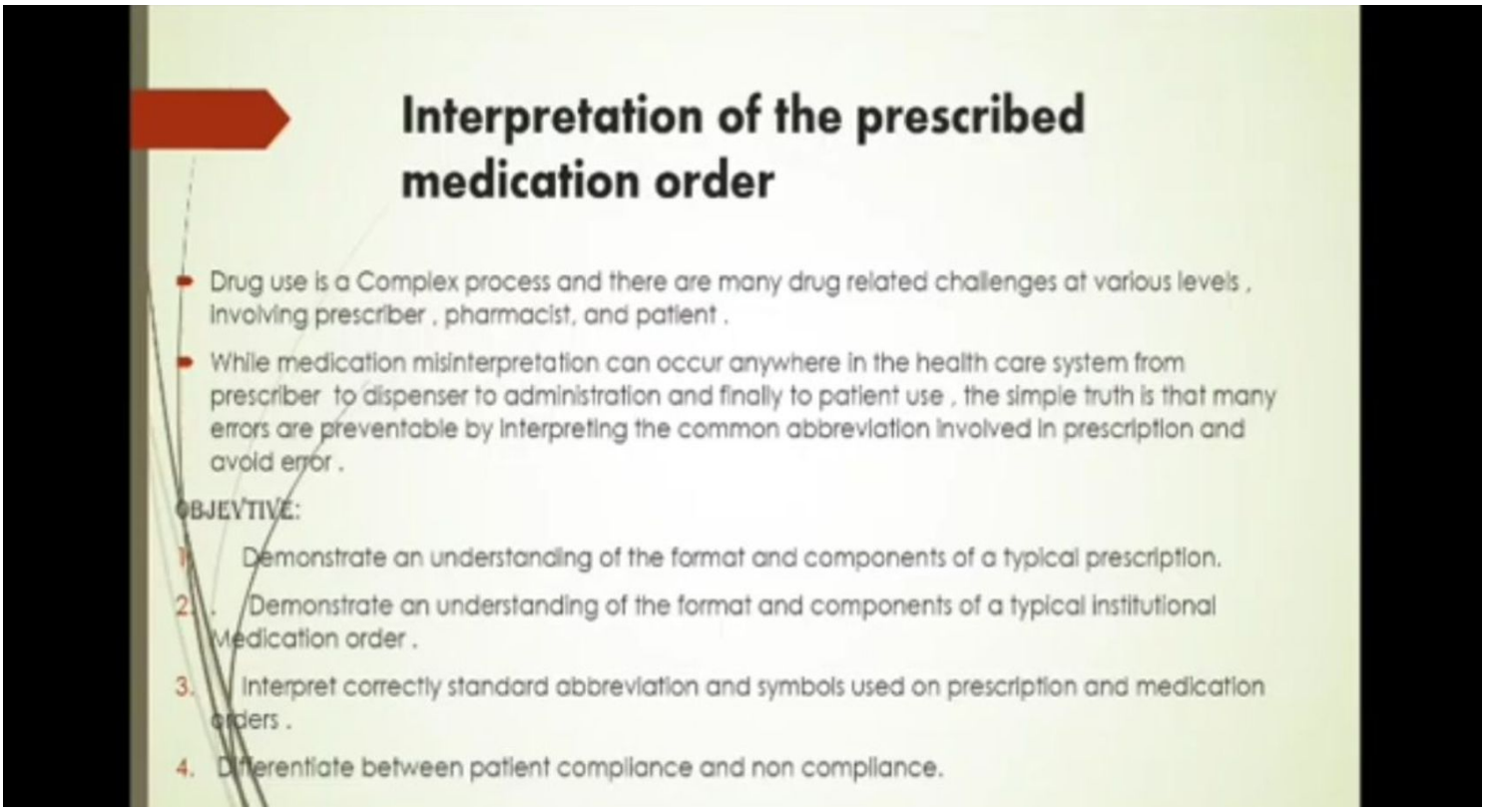
- Each prescription should be rechecked.
- After labelling container should be thoroughly polished to remove fingerprints.

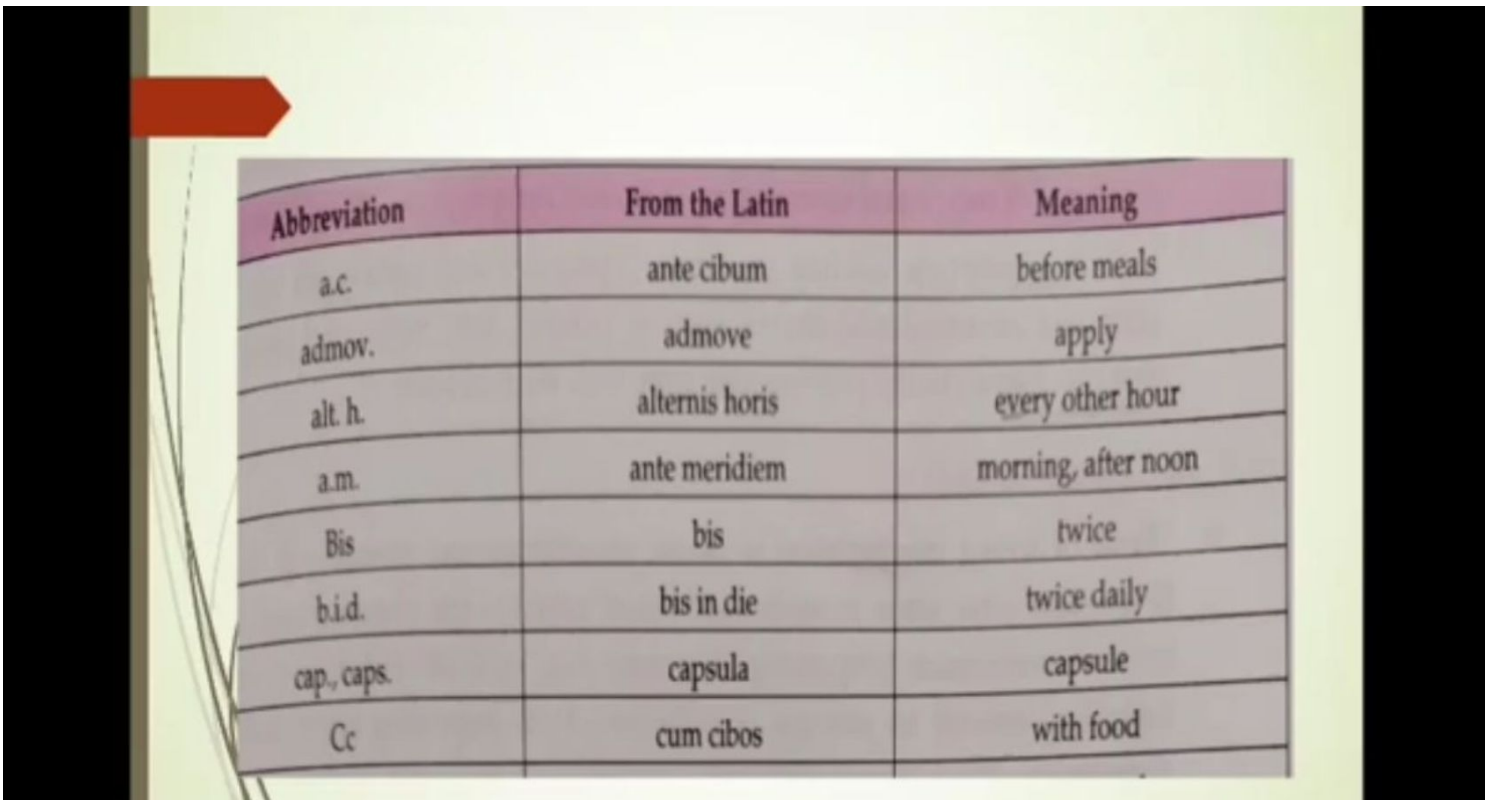
d). Recording:

- A variety of Prescription files are available which serve to maintain and preserve original prescription in numerical order .

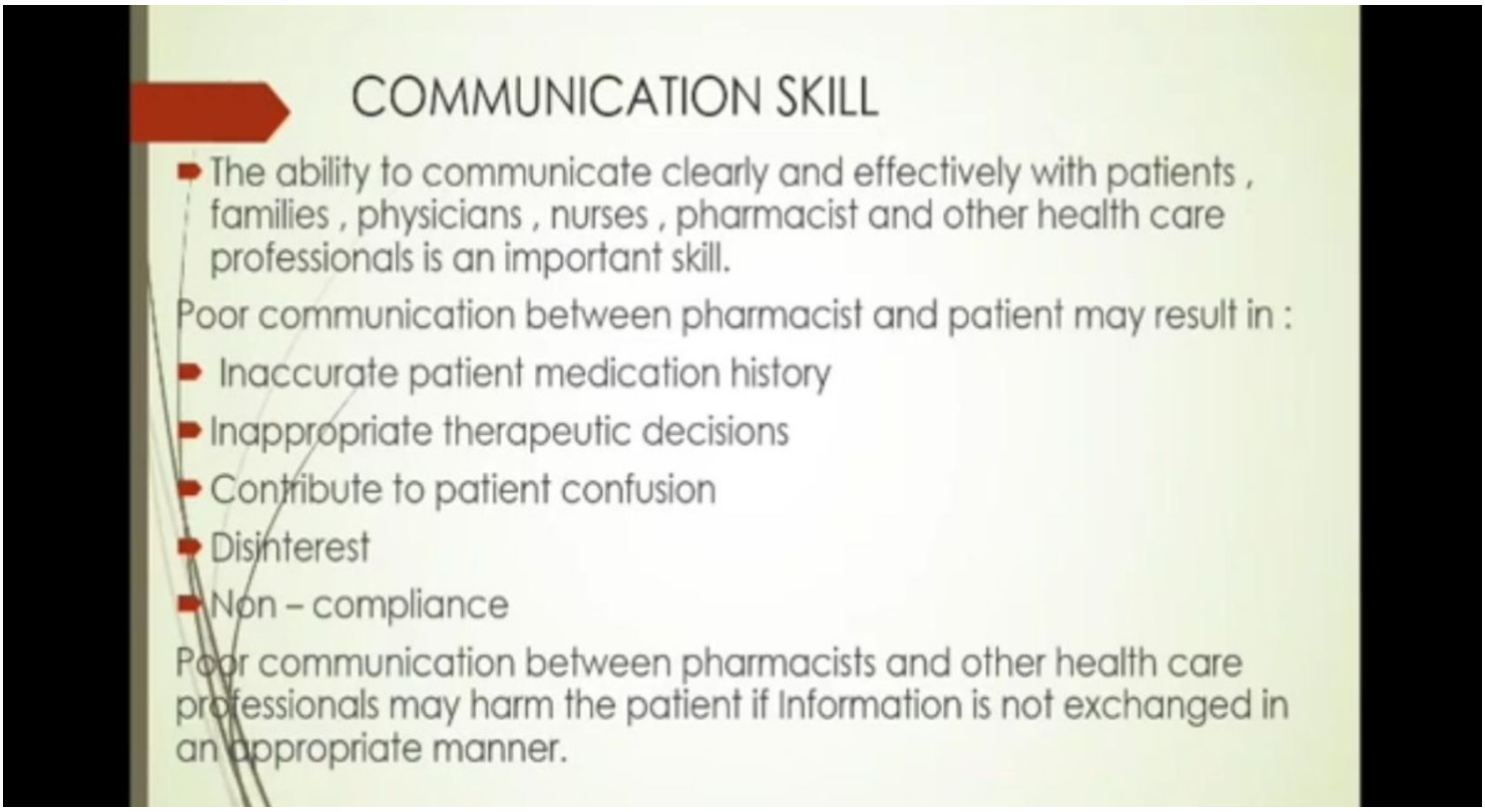
e) Pricing of prescription:

- The prescription should be priced immediately after receiving it and informed the patient about it . This should be done before starting the compounding to avoid any dispute .


Interpretation of the prescribed medication order
Drug use is a Complex process and there are many drug related challenges at various levels , involving prescriber , pharmacist, and patient .
While medication misinterpretation can occur anywhere in the health care system from prescriber to dispenser to administration and finally to patient use , the simple truth is that many errors are preventable by interpreting the common abbreviation involved in prescription and avoid error .
OBJEVTIVE:
1. Demonstrate an understanding of the format and components of a typical prescription.
2. Demonstrate an understanding of the format and components of a typical institutional Medication order .
3. Interpret correctly standard abbreviation and symbols used on prescription and medication orders .
4. Differentiate between patient compliance and non compliance.



Abbreviation	From the Latin	Meaning
a.c.	ante cibum	before meals
admov.	admove	apply
alt. h.	alternis horis	every other hour
a.m.	ante meridiem	morning, after noon
Bis	bis	twice
b.i.d.	bis in die	twice daily
cap., caps.	capsula	capsule
Cc	cum cibos	with food


COMMUNICATION SKILL
The ability to communicate clearly and effectively with patients , families , physicians , nurses , pharmacist and other health care professionals is an important skill.
Poor communication between pharmacist and patient may result in :
Inaccurate patient medication history
Inappropriate therapeutic decisions
Contribute to patient confusion
Disinterest
Non – compliance
Poor communication between pharmacists and other health care professionals may harm the patient if Information is not exchanged in an appropriate manner.

VERBAL COMMUNICATION SKILLS

1. ACTIVE LISTENING

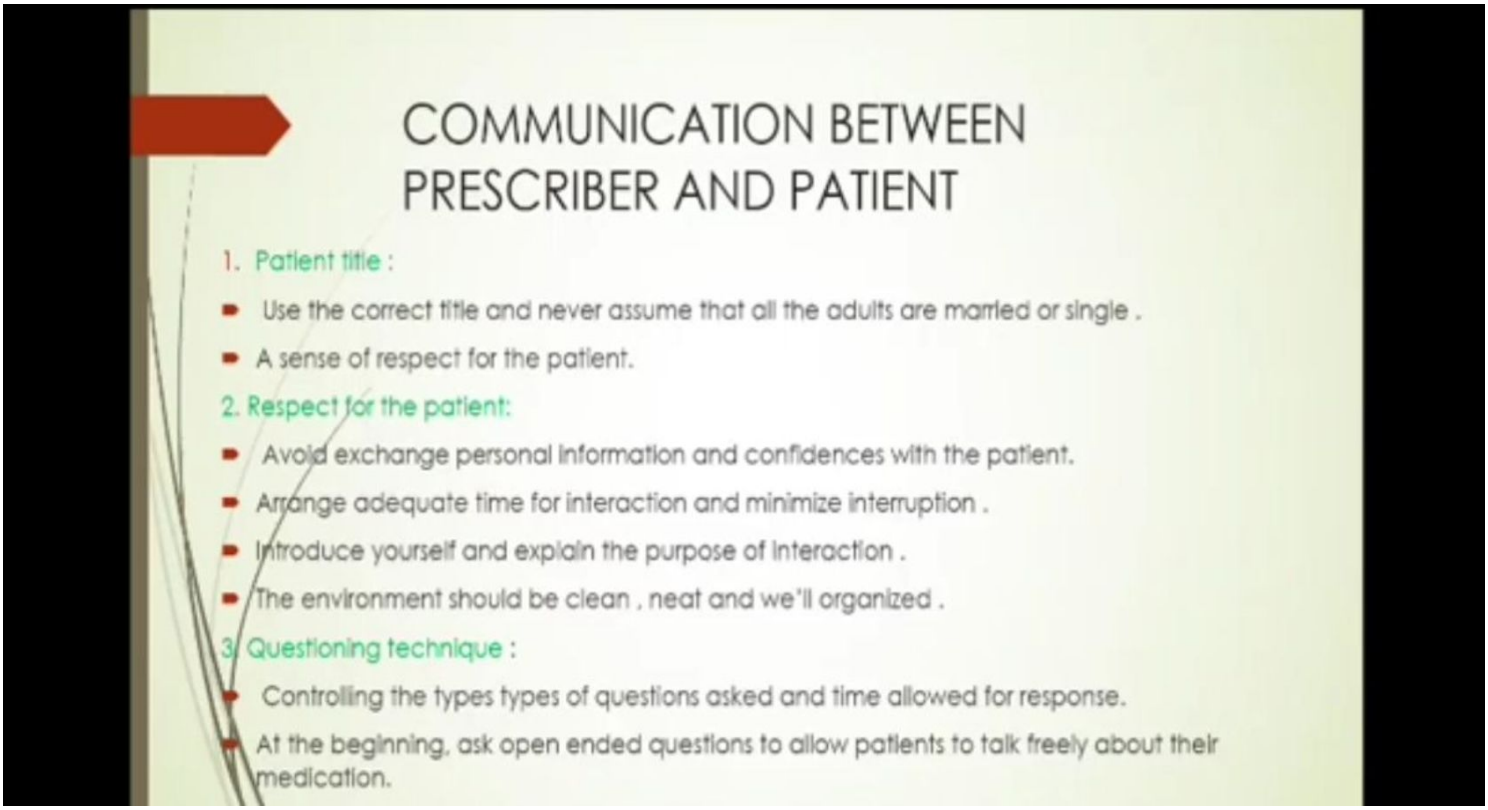
- Use face to face communication
- Focus on the patient
- Conduct anopen , relaxed , unhurried communication.
- Set aside all the distraction.
- Prevent or minimize the interruption.

2. OBSERVATION AND ASSESSMENT

- Use effective two way communication
- Use body language and gestures
- Sit or stand at eye level
- Maintain eye contact

WRITTEN COMMUNICATION SKILLS

- pharmacist must be able to accurately and effectively document Patient Information in the Patient medication records .
- Blackbink is more recommended .
- Clear handwriting is important.
- Cross out any error with one line and initialing the error .


COMMUNICATION BETWEEN PRESCRIBER AND PATIENT
1. Patient title :
Use the correct title and never assume that all the adults are married or single .
A sense of respect for the patient.
2. Respect for the patient:
Avoid exchange personal information and confidences with the patient.
Arrange adequate time for interaction and minimize interruption .
Introduce yourself and explain the purpose of interaction .
The environment should be clean , neat and we'll organized .
3. Questioning technique :
Controlling the types types of questions asked and time allowed for response.
At the beginning, ask open ended questions to allow patients to talk freely about their medication.

- Provide non verbal encouragement by smiling when appropriate.
- Give the patient time to answer.
- Discuss one topic at a time and avoid leading questions
- Take some time to summarize the information provided by the patient.

4.) Patient instructions:

Assess patient needs in the context of patient emotional status , educational background , and intellectually abilities (some want to know everything and others don't want to know any thing.

5.) Medical jargon :

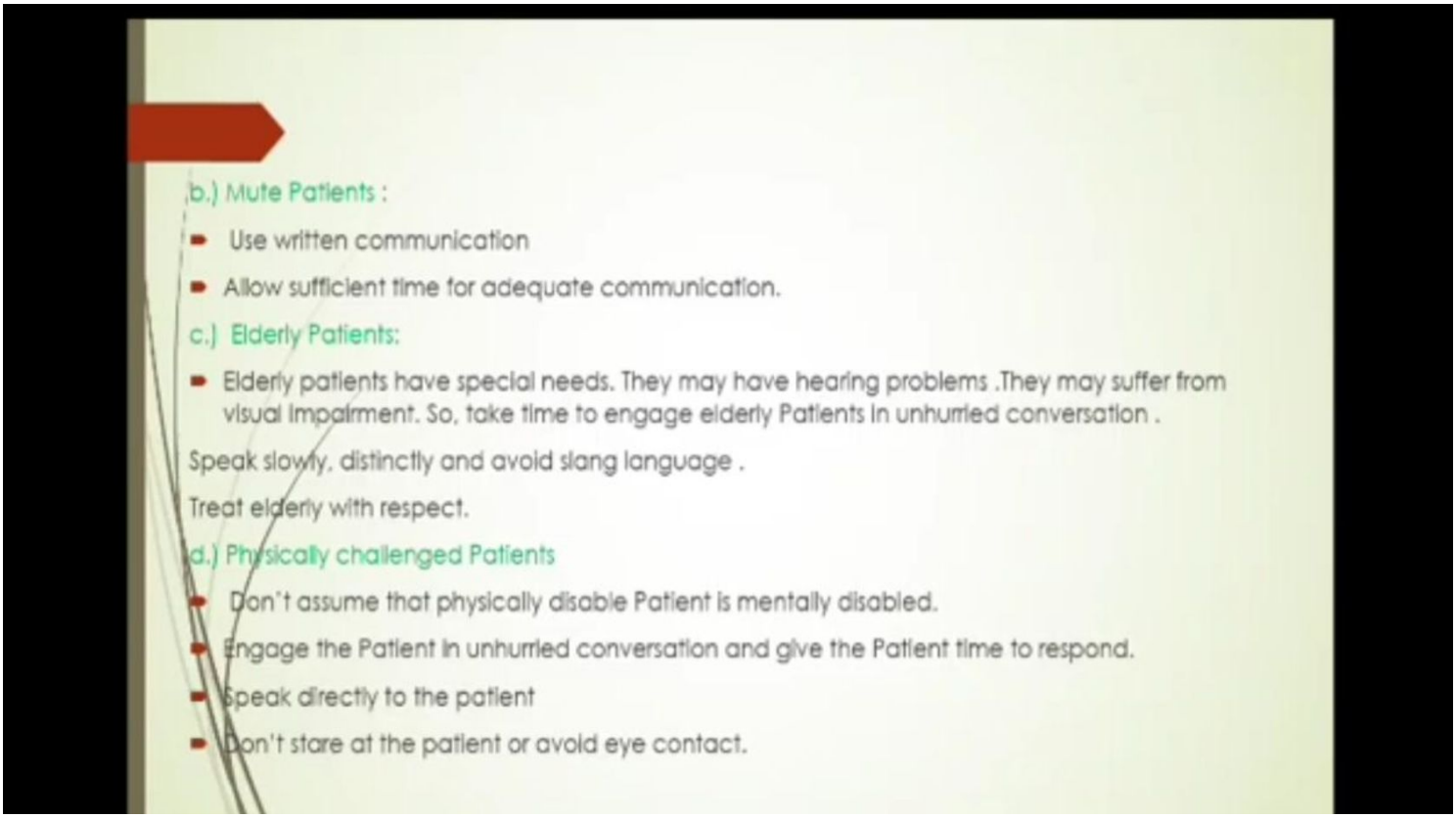
Avoid medical jargon when communicating with patients and translate commonly used pharmacy and medical terms into commonly used terms .

Speak in plain language.

6.SPECIAL SUITATIONS

a) Embarrassing situations :

Most Patient find it embarrassing to discuss certain topics e.g sex related topics , birth control , obesity , illiteracy, constipation and diarrhea.


b.) Mute Patients :
Use written communication
Allow sufficient time for adequate communication.
c.) Elderly Patients:
Elderly patients have special needs. They may have hearing problems .They may suffer from visual impairment. So, take time to engage elderly Patients in unhurried conversation .
Speak slowly, distinctly and avoid slang language .
Treat elderly with respect.
d.) Physically challenged Patients
Don't assume that physically disable Patient is mentally disabled.
Engage the Patient in unhurried conversation and give the Patient time to respond.
Speak directly to the patient
Don't stare at the patient or avoid eye contact.


e.) Mentally impaired Patients :
Communicate clearly and directly with the Patient.
f.) Hearing impaired Patients
Use written communication.
Face Patient who can read lips
g) Chronically ill Patients:
Assess the needs of each Patient.
Be flexible to communicate on appropriate level .
COMMUNICATION WITH HEALTH CARE PROFESSIONALS
PHARMACIST- PHYSICIAN COMMUNICATION
Be prepared with specific questions, facts or recommendation
Never interrupt a physician- Patient interaction except for life – threatening cases .
Never interrupt clinical rounds
Don't involve physicians In lengthy small tasks
Listen carefully, asses the information or questions and ask for clarification.