

Purpose of this procedure:

Telephoned prescriptions may only be given or accepted in approved areas, in defined circumstances. Current practice and circumstances in some clinical settings mean that telephoned prescriptions need to be used or there would be a detrimental effect on patient care. A risk assessment has to be undertaken for areas concerned, and the situation must be continuously monitored. This procedure must only be carried out in the following areas – community hospitals that do not have 24 hour medical cover, police custody suites within the Forensic Medical Examiner Service and only in exceptional circumstances.

The Procedure:

- 1.0 Two healthcare practitioners, one of whom must be registered, are required for the administration of medicines by a telephoned prescription. Except in the Forensic Medical Examiner Service where a custody sergeant may act as the second practitioner. Student nurses may not participate in the procedure.
- 2.0 Schedule 2 controlled drugs may not be prescribed by a telephoned prescription.
- 3.0 The more senior practitioner must take responsibility for receiving the telephoned prescription.
- 4.0 The practitioner must acquaint the prescriber with the patient details and findings of any examination carried out, including any known sensitivities, relevant medical history and the names and doses of all currently prescribed medicine. The source of this information must also be given to the doctor at this point, for example, verbally from the patient, patient's own supply of medicine. All information and sources of the information must be recorded in the patient record.
- 5.0 The responsibilities of the prescriber remain unchanged from any other situation where they prescribe medicines. They must be sure of the information supplied by the nursing staff and of the source of the information given.
- 6.0 An e-mail copy of the prescription must be received wherever possible, before the medicine is administered. This should be transcribed onto the prescription sheet.

- 7.0 The registered nurse must write the details of the verbal prescription on the approved prescription sheet in the 'once only' section, read back the written prescription to the doctor, checking patient name, verbally prescribed medicine, dose, time and method of administration.
- 8.0 The prescriber's name must be entered in the 'prescribed by' column and a prescriber must countersign it within 24 hours unless in a continuing care area or community hospital where 7-day medical staff are not available, then this is within 72 hours.
- 9.0 The second practitioner must witness the telephoned prescription. The prescription must be repeated by the doctor to the second nurse, who must then check it against what has been written on the prescription sheet.
- 10.0 A note of the discussion must be documented in the unitary patient record.
- 11.0 The two practitioners must be involved in selecting and preparing the medicine.
- 12.0 The two practitioners must be present when the medicine is administered.
- 13.0 After the medicine has been administered, both nurses must sign the appropriate recording box on the 'once only' section.
- 14.0 Telephoned prescriptions must be regularly reviewed by the clinical team. This will include a review of the exceptional circumstances that required a telephoned prescription.

Associated materials/references:

[The Safe Use of Medicines Policy](#)