

Prescribing

In 2011, two-thirds of medical schools had at least one prescribing station in Finals.

Summary of good prescribing

- Make sure all the personal details are correct
- The allergies section **MUST** be filled in
- Medication: right one, right dose, written in the right place.
- Think about extras – analgesia, oxygen, thromboprophylaxis
- Sign and print your name.
- **MAKE EVERYTHING LEGIBLE!**

Approach to the prescribing OSCE station

- Be aware of timing – it may be tight
- Complete the patient details & allergies section first
- Remember the BNF
- If asked to give a drug already prescribed, check the box that needs signing, and sign it afterwards

Personal details & allergies

- All the personal details must be filled in – if a box is there, and you're able to fill it in, make sure you do
- Write down the medicine the allergy is to, and the reaction it causes
- Anything a patient specifically mentions must be written down, even if it is a commonly recognised side effect

For every medication you prescribe, think:

- Should it be regular or PRN?
- What is the correct dose, and how often should the patient take it?
- Which route? Oral is better, unless they are NBM or need IV antibiotics
- Should I use the trade name? In general, no (but exceptions)
- If in doubt about dose/ route, look it up in the BNF

Common drugs

- Analgesia – learn how to prescribe paracetamol, ibuprofen, codeine and morphine. Be aware of contraindications, and how to deal with side effects
- Anti-emetics and laxatives – learn how to prescribe one or two of each
- Antibiotics – unless you are absolutely sure, look these up in the BNF (at the start of the infection chapter there is a helpful list)
- Inhalers – learn the dose of salbutamol (inhaled & nebulised)

IV fluids (could be a separate station)

- Look at U&Es before prescribing fluid.
 - If urea/creatinine raised, patient may be dehydrated, and need more fluid.
 - If K+ high, give fluid without. If K+ is low, give extra KCl.
 - If Na+ is high, don't give saline.
- A 24 hour regime for a 70kg patient who is NBM (normal U&Es) could be:
 - 1L 5% dextrose + 20 mmol KCl over 8h
 - 1L 0.9% NaCl + 20mmol KCl over 8h
 - 1L 5% dextrose + 20 mmol KCl over 8h
- Fluid challenge. If someone is in shock, then a fluid challenge may be a good idea. Try 250 or 500ml of gelofusin/ Hartmanns stat, and monitor for response.

Extras – does this patient need them?

- **Oxygen** Record a target saturation level. Usually 94-98%, 88-92% for COPD patients, if clearly recorded in notes
- **Thromboprophylaxis** (such as low molecular weight heparin)? If the patient has risk factors (e.g. immobility, age > 65, co-morbidities), they need LMWH unless they are on warfarin. Check INR & platelets first, prescribe according to local policy

Common scenarios

- Exacerbation of asthma. Know how to treat different severities. Think of nebulised salbutamol, steroids, oxygen
- Maintenance IV fluids, for a NBM surgical patient
- IV fluids for someone in shock – fluid challenge
- Analgesia, particularly controlled drugs such as morphine
- Common infections, such as pneumonia and cellulitis. Choose between IV and oral antibiotics, and choose the right one – use the BNF
- GORD – be aware of some options, such as PPI, ranitidine, Gaviscon
- Glycaemic control. Hypo/hyperglycaemia – be familiar with actrapid, insulin sliding scale, and how to treat a hypo

Important Note

These notes were written by Dr Josh Thorp in 2011. They are presented in good faith and every effort has been taken to ensure their accuracy. Nevertheless, medical practice changes over time and it is always important to check the information with your clinical teachers and with other reliable sources. Disclaimer: no responsibility can be taken by either the author or publisher for any loss, damage or injury occasioned to any person acting or refraining from action as a result of this information.

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