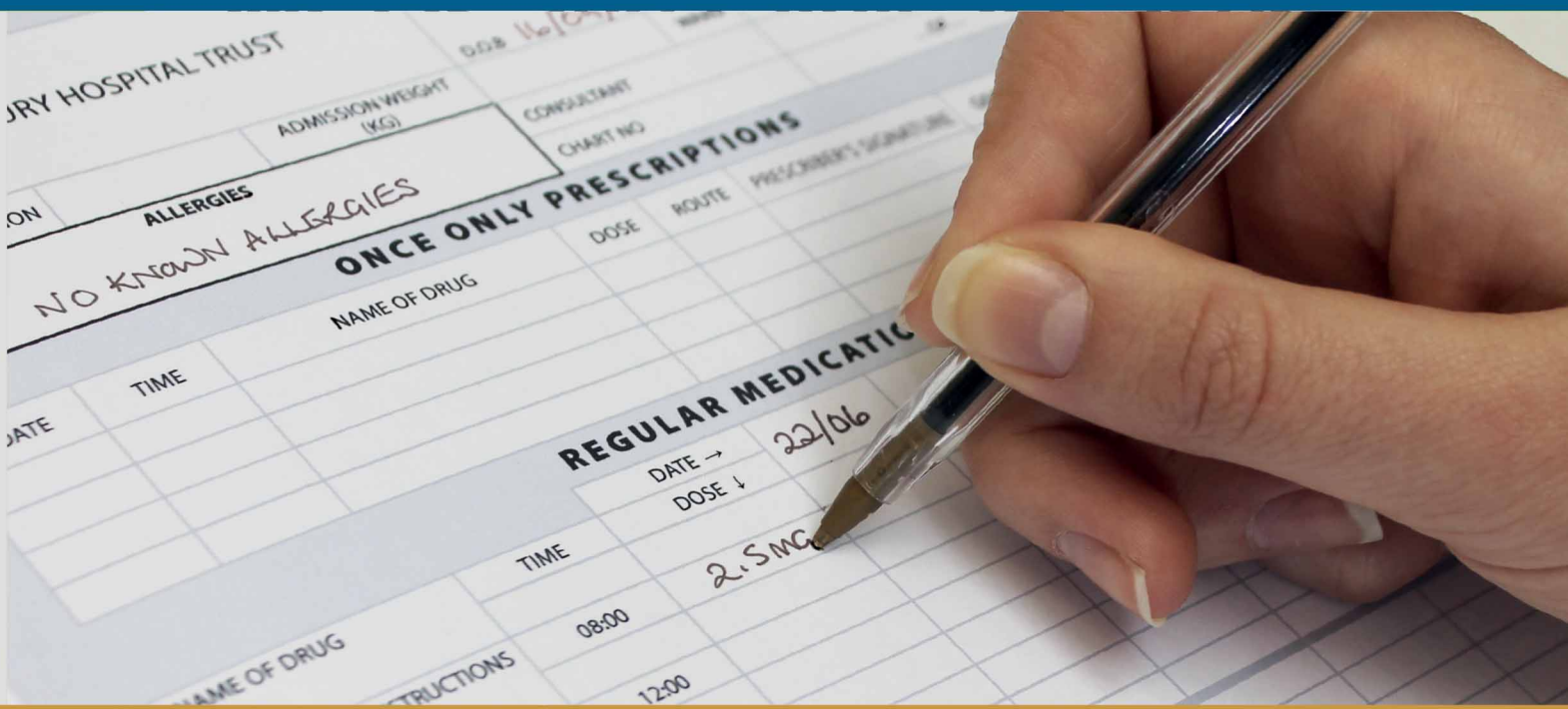
Daniel Norton and Nicholas Norton
Pharmacy Editors **Jane Caisley and Rosie Furner**
Clinical Advisor **Elizabeth Hamilton**
Foreword **Tim Dornan**



PRESCRIBING SKILLS WORKBOOK

- Practise prescribing with 45 drug charts based on clinical cases ✓
- Compare your work with the correctly completed charts ✓
- Use the DRUGCHARTS mnemonic to consolidate your prescribing skills ✓

Contents

Foreword iii
Preface iii
Dates and abbreviations iv
How to use this book vi
Introduction to prescribing 1
- Filling in drug charts 1
- Practical tips 2
- Fluids 2
- Antibiotics 5
- Analgesics 6
- Antiemetics 7
- Thromboprophylaxis 7
- Oxygen 8
- The role of the hospital pharmacy team 9
- Prescribing in pregnancy, lactation and renal failure 9

Exercises

1 Basic skills 10
2 Maintenance fluids 18
3 Awkward medications 26
4 Preoperative assessment 34
5 Postoperative complications 42
6 Elective operations 50
7 Vomiting 58
8 Renal failure 66
9 Chest pain 74
10 Warfarin interactions 82
11 Dysphagia 90
12 Anaphylaxis 98
13 Shortness of breath 106
14 Fluid prescribing in hypotension 114
15 Paediatric fluid prescribing 122
16 Fluid prescribing in epigastric pain 130
17 Prescribing blood 138
18 Electrolyte replacement 146
19 Heparin infusions 154
20 Paracetamol overdose 162
21 Hyperkalaemia 170
22 Hypovolaemic shock 178
23 Preoperative assessment in diabetes 186
24 Prescribing in pregnancy 194
25 Breastfeeding 202
26 Poor oral intake 210
27 Atrial fibrillation 218
28 Acute coronary syndrome 226
29 Alcoholic liver disease 234
30 Antibiotics 242
31 Regular medications 250
32 Nil-by-mouth patient 258
33 Warfarin therapy 266
34 Prescribing gentamicin 274
35 Headache 282
36 Paediatric prescribing 290
37 Palliative care 298
38 Sore throat 306
39 Thromboprophylaxis 314
40 Pain management 322
41 Oliguria 330
42 Confusion in the elderly 338
43 Analgesia 346
44 Insomnia 354
45 Unresponsive patient 362

Exercise 3 Awkward medications

James Dulson (hospital number: 752011, DOB 12/10/YYYY [49 years old], address: 1 Upper Court, Longbury LB9 1NR) has been admitted with an injured ankle. He is currently experiencing mild pain. His past medical history includes psoriasis and glaucoma, which he treats with the list of creams, eye drops and co-codamol he has brought in. He says he once had a rash after taking co-amoxiclav for a urinary tract infection. His admission weight is 82kg. He is on the surgical ward and his consultant is Mr Joshua Gibb.

Regular medications:
Co-codamol 8/500 one tablet four times a day
Diprobase cream for left arm, once daily
Calcipotriol ointment for left elbow, twice daily
Viscotears eye drops, for both eyes as required
Timoptol 0.25% drops for the left eye twice daily

Your task is to prescribe regular medications and start analgesia.
It is 09:45 on 14th November.

Notes

Step 1: Complete your answers in the drug chart opposite and overleaf

JAYPEE BROTHERS

LONGBURY HOSPITAL TRUST			HOSPITAL NUMBER SURNAME FIRST NAME ADDRESS D.O.B		
DATE OF ADMISSION		ADMISSION WEIGHT (KG)		WARD	
ALLERGIES			CONSULTANT		
			CHART NO	…OF…	

ONCE ONLY PRESCRIPTIONS

DATE	TIME	NAME OF DRUG	DOSE	ROUTE	PRESCRIBER'S SIGNATURE	GIVEN BY	TIME GIVEN

REGULAR MEDICATIONS

		DATE →					
NAME OF DRUG	**TIME**	DOSE ↓					
ADDITIONAL INSTRUCTIONS	**08:00**						
DATE ROUTE	**12:00**						
PRESCRIBER'S SIGNATURE							
	18:00						
PRESCRIBER'S NAME AND BLEEP							
	22:00						

		DATE →					
NAME OF DRUG	**TIME**	DOSE ↓					
ADDITIONAL INSTRUCTIONS	**08:00**						
DATE ROUTE	**12:00**						
PRESCRIBER'S SIGNATURE							
	18:00						
PRESCRIBER'S NAME AND BLEEP							
	22:00						

		DATE →					
NAME OF DRUG	**TIME**	DOSE ↓					
ADDITIONAL INSTRUCTIONS	**08:00**						
DATE ROUTE	**12:00**						
PRESCRIBER'S SIGNATURE							
	18 :00						
PRESCRIBER'S NAME AND BLEEP							
	22:00						

JAYPEE BROTHERS

PATIENT NAME HOSPITAL NO.

NAME OF DRUG		TIME	DATE → / DOSE ↓					
ADDITIONAL INSTRUCTIONS		08:00						
DATE	ROUTE	12:00						
PRESCRIBER'S SIGNATURE								
		18:00						
PRESCRIBER'S NAME AND BLEEP								
		22:00						

NAME OF DRUG		TIME	DATE → / DOSE ↓					
ADDITIONAL INSTRUCTIONS		08:00						
DATE	ROUTE	12:00						
PRESCRIBER'S SIGNATURE								
		18:00						
PRESCRIBER'S NAME AND BLEEP								
		22:00						

NAME OF DRUG		TIME	DATE → / DOSE ↓					
ADDITIONAL INSTRUCTIONS		08:00						
DATE	ROUTE	12:00						
PRESCRIBER'S SIGNATURE								
		18:00						
PRESCRIBER'S NAME AND BLEEP								
		22:00						

AS REQUIRED PRESCRIPTIONS

NAME OF DRUG		DATE					
INDICATION/ INSTRUCTION	DOSE	TIME					
FREQUENCY	ROUTE	DOSE					
PRESCRIBER'S SIGNATURE		ROUTE					
PRESCRIBER'S NAME AND BLEEP		GIVEN BY					
START DATE	STOP DATE						

JAYPEE BROTHERS

PATIENT NAME HOSPITAL NO.

NAME OF DRUG		DATE					
INDICATION/ INSTRUCTION	DOSE	TIME					
FREQUENCY	ROUTE	DOSE					
PRESCRIBER'S SIGNATURE		ROUTE					
PRESCRIBER'S NAME AND BLEEP		GIVEN BY					
START DATE	STOP DATE						

INTRAVENOUS FLUIDS

DATE	FLUID	ADDITIVE & DOSE	VOLUME	RATE/ DURATION	PRESCRIBER'S SIGNATURE	GIVEN BY	START TIME	END TIME

Record of signatures. ALL prescribers MUST complete.

DATE	NAME	DESIGNATION	SIGNATURE	BLEEP NUMBER

JAYPEE BROTHERS

Step 2: Now check your work overleaf

Answer 3

Admitting doctors are often charged with writing up a patient's regular medications. Some of these will be unfamiliar and it can be unclear exactly how to convert the patient's regimen into a safe prescription on a hospital chart.

This exercise is about demonstrating the skills for dealing with brand names and physically prescribing drugs via the less used routes. Here 'awkward' medications must be prescribed clearly on the drug chart, with the aim of making the prescription as clear and as safe as possible.

Step 3: Compare your answer to the checklist below and the chart opposite ✔

D	**Details**	Checked patient details Used capital letters throughout Used correct abbreviations	☐
R	**Regular medications**	Prescribed: – diprobase cream for left arm o.d. – calcipotriol ointment for left elbow b.d. – viscotears eye drops, for both eyes p.r.n. – timolol maleate 0.25% drops for the left eye b.d. – codeine 30mg q.d.s. – paracetamol 1g q.d.s.	☐
U	**Unpleasant reactions**	Noticed penicillin allergy	☐
G	**Gravid?**	Not required	☐

C	**Contra-indications**	Recognised co-codamol 8/500 and paracetamol 1g q.d.s	☐
H	**Hydration**	Not required	☐
A	**Analgesia**	See regular medications	☐
R	**Renal function**	Not required	☐
T	**Thrombo-prophylaxis**	Not required	☐
S	**Signature box**	Signed signature box	☐

Rationale

This man is taking co-codamol 8/500 q.d.s. (8mg codeine, 500mg paracetamol). Prescribing an additional 1g of paracetamol q.d.s. would create an overdose. It is clearest to refrain from prescribing co-codamol and instead prescribe paracetamol and codeine separately. Alternatively, it would be safe to prescribe co-codamol 30/500 instead (one or two tablets q.d.s.).

When writing up creams, it is useful to use Ṫ (T with a dot above it) to symbolise a dose. Ṫ means one application, tablet or drop, depending on the medication. In the route section, TOP indicates a topical formulation. Some drug charts will have additional boxes for directions, in which it is appropriate to specify where the cream is to be applied.

When prescribing eye drops ensure that there are clear instructions as to whether the drops are bilateral or for one eye only. Do this in the route section, e.g. LEFT EYE, or BOTH EYES, or in the additional instruction box. The strength of the drug is often specified as a percentage, and one drop is denoted by the Ṫ symbol. Systemic absorption can occur with eye drops, and drops containing the beta-blocker timolol are contraindicated in asthma.

KEY POINTS

- Before prescribing paracetamol, check the patient is not already receiving it in another form
- The abbreviation TOP is used to indicate topical application and specify clearly where the drug is to be applied

JAYPEE BROTHERS

LONGBURY HOSPITALS TRUST			HOSPITAL NUMBER SURNAME FIRST NAME ADDRESS D.O.B	752011 DULSON JAMES 1 UPPER COURT, LONGBURY LB9 1NR 12/10/YYYY (49 YEARS AGO)		
DATE OF ADMISSION	14/11/YYYY	ADMISSION WEIGHT (KG)	82kg		WARD	SURGICAL
ALLERGIES PENICILLIN - RASH			CONSULTANT		JOSHUA GIBB	
			CHART NO		1…OF…1	

ONCE ONLY PRESCRIPTIONS

DATE	TIME	NAME OF DRUG	DOSE	ROUTE	PRESCRIBER'S SIGNATURE	GIVEN BY	TIME GIVEN

REGULAR MEDICATIONS

NAME OF DRUG / TIME	DATE → / DOSE ↓					
NAME OF DRUG: PARACETAMOL		14/11				
ADDITIONAL INSTRUCTIONS	08:00	1g	X			
DATE 14/11 ROUTE PO	12:00	1g				
PRESCRIBER'S SIGNATURE: ALewis						
	18:00	1g				
PRESCRIBER'S NAME AND BLEEP: ALEX LEWIS 4567						
	22:00	1g				

NAME OF DRUG / TIME	DATE → / DOSE ↓					
NAME OF DRUG: CODEINE		14/11				
ADDITIONAL INSTRUCTIONS	08:00	30mg	X			
DATE 14/11 ROUTE PO	12:00	30mg				
PRESCRIBER'S SIGNATURE: ALewis						
	18:00	30mg				
PRESCRIBER'S NAME AND BLEEP: ALEX LEWIS 4567						
	22:00	30mg				

NAME OF DRUG / TIME	DATE → / DOSE ↓					
NAME OF DRUG: DIPROBASE		14/11				
ADDITIONAL INSTRUCTIONS: LEFT ARM	08:00	Ṫ	X			
DATE 14/11 ROUTE TOP	12:00					
PRESCRIBER'S SIGNATURE: ALewis						
	18:00					
PRESCRIBER'S NAME AND BLEEP: ALEX LEWIS 4567						
	22:00					

JAYPEE BROTHERS

PATIENT NAME *JAMES DULSON* HOSPITAL NO. *752011*

NAME OF DRUG *CALCIPOTRIOL OINTMENT*	TIME	DATE → / DOSE ↓					
			14/11				
ADDITIONAL INSTRUCTIONS *LEFT ELBOW*	**08:00**	*T*	*X*				
DATE *14/11* ROUTE *TOP*	**12:00**						
PRESCRIBER'S SIGNATURE *ALewis*							
	18:00						
PRESCRIBER'S NAME AND BLEEP *ALEX LEWIS 4567*							
	22:00	*T*					

NAME OF DRUG *TIMOLOL MALEATE 0.25%*	TIME	DATE → / DOSE ↓					
			14/11				
ADDITIONAL INSTRUCTIONS *LEFT EYE*	**08:00**	*T*	*X*				
DATE *14/11* ROUTE *EYE*	**12:00**						
PRESCRIBER'S SIGNATURE *ALewis*							
	18:00						
PRESCRIBER'S NAME AND BLEEP *ALEX LEWIS 4567*							
	22:00	*T*					

NAME OF DRUG	TIME	DATE → / DOSE ↓					
ADDITIONAL INSTRUCTIONS	**08:00**						
DATE ROUTE	**12:00**						
PRESCRIBER'S SIGNATURE							
	18:00						
PRESCRIBER'S NAME AND BLEEP	**22:00**						

AS REQUIRED PRESCRIPTIONS

NAME OF DRUG *VISCOTEARS*		DATE					
INDICATION/ INSTRUCTION *DRY EYES*	DOSE *T*	TIME					
FREQUENCY *QDS*	ROUTE *BOTH EYES*	DOSE					
PRESCRIBER'S SIGNATURE *ALewis*		ROUTE					
PRESCRIBER'S NAME AND BLEEP *ALEX LEWIS 4567*		GIVEN BY					
START DATE *14/11*	STOP DATE						

JAYPEE BROTHERS

PATIENT NAME *JAMES DULSON* HOSPITAL NO. *752011*

NAME OF DRUG		DATE					
INDICATION/ INSTRUCTION	DOSE	TIME					
FREQUENCY	ROUTE	DOSE					
PRESCRIBER'S SIGNATURE		ROUTE					
PRESCRIBER'S NAME AND BLEEP		GIVEN BY					
START DATE	STOP DATE						

INTRAVENOUS FLUIDS

DATE	FLUID	ADDITIVE & DOSE	VOLUME	RATE/ DURATION	PRESCRIBER'S SIGNATURE	GIVEN BY	START TIME	END TIME

Record of signatures. ALL prescribers MUST complete.

DATE	NAME	DESIGNATION	SIGNATURE	BLEEP NUMBER
14/11	*ALEXLEWIS*	*F1*	*ALewis*	*4567*

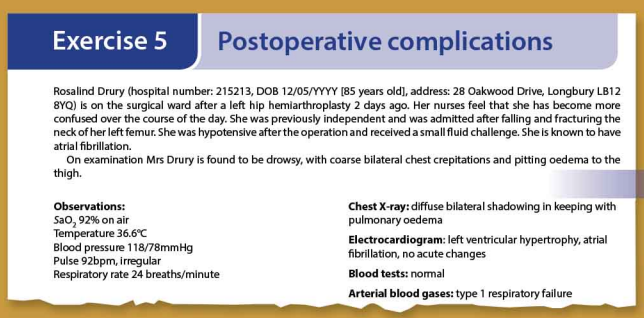
JAYPEE BROTHERS

PRESCRIBING SKILLS WORKBOOK

Prescribing Skills Workbook is the ideal way to prepare for prescribing on the wards. It presents 45 exercises, each with a challenging clinical scenario and a realistic, life-size chart for you to write up the appropriate prescription. A correctly completed version of the chart is provided along with an explanation of the correct answer. Each exercise tests the reader's knowledge of a key principle, such as fluid prescribing or managing a patient on warfarin. Common scenarios, pitfalls and useful tips are highlighted to encourage safe prescribing.

- 45 exercises test your skills across a wide range of specialties
- Realistic charts replicate real-life prescription writing
- Completed charts guide you through the correct answer
- DRUGCHARTS mnemonic provides a framework for checking your work
- Introductory chapter provides tips for safe prescribing

Read the clinical scenario...



Exercise 5 Postoperative complications

Rosalind Drury (hospital number: 215213, DOB 12/05/YYYY [85 years old], address: 28 Oakwood Drive, Longbury LB12 8YQ) is on the surgical ward after a left hip hemiarthroplasty 2 days ago. Her nurses feel that she has become more confused over the course of the day. She was previously independent and was admitted after falling and fracturing the neck of her left femur. She was hypotensive after the operation and received a small fluid challenge. She is known to have atrial fibrillation.

On examination Mrs Drury is found to be drowsy, with coarse bilateral chest crepitations and pitting oedema to the thigh.

Observations:
SaO_2 92% on air
Temperature 36.6°C
Blood pressure 118/78mmHg
Pulse 92bpm, irregular
Respiratory rate 24 breaths/minute

Chest X-ray: diffuse bilateral shadowing in keeping with pulmonary oedema

Electrocardiogram: left ventricular hypertrophy, atrial fibrillation, no acute changes

Blood tests: normal

Arterial blood gases: type 1 respiratory failure

...review and fill in the chart



AND BLEEP MICHELLE HUGHES 2357 — 22:00

NAME OF DRUG: ENOXAPARIN | TIME | DOSE ↓ | DATE → 14/10 | 15/10 | 16/10

ADDITIONAL INSTRUCTIONS — 08:00

DATE 14/10 | ROUTE S/C — 12:00

PRESCRIBER'S SIGNATURE: MHughes — 18:00 — 40mg — — — HS

PRESCRIBER'S NAME AND BLEEP: MICHELLE HUGHES 2357 — 22:00 — PRE-OP

NAME OF DRUG | TIME | DOSE ↓ | DATE →

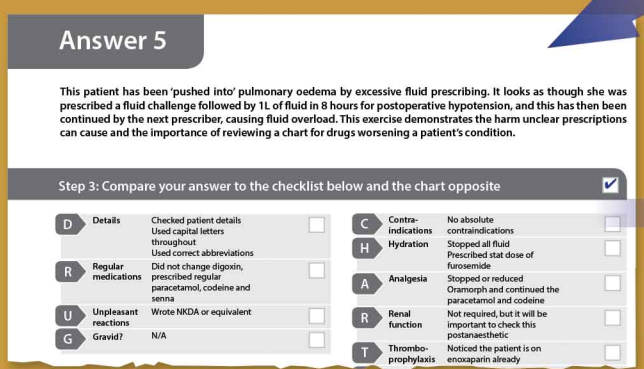
ADDITIONAL INSTRUCTIONS — 08:00

DATE | ROUTE — 12:00

PRESCRIBER'S SIGNATURE — 18:00

PRESCRIBER'S NAME

Read through the answer...



Answer 5

This patient has been 'pushed into' pulmonary oedema by excessive fluid prescribing. It looks as though she was prescribed a fluid challenge followed by 1L of fluid in 8 hours for postoperative hypotension, and this has then been continued by the next prescriber, causing fluid overload. This exercise demonstrates the harm unclear prescriptions can cause and the importance of reviewing a chart for drugs worsening a patient's condition.

Step 3: Compare your answer to the checklist below and the chart opposite ☑

D	Details	Checked patient details Used capital letters throughout Used correct abbreviations	☐	C	Contra-indications	No absolute contraindications	☐
R	Regular medications	Did not change digoxin, prescribed regular paracetamol, codeine and senna	☐	H	Hydration	Stopped all fluid Prescribed stat dose of furosemide	☐
U	Unpleasant reactions	Wrote NKDA or equivalent	☐	A	Analgesia	Stopped or reduced Oramorph and continued the paracetamol and codeine	☐
G	Gravid?	N/A	☐	R	Renal function	Not required, but it will be important to check this postanaesthetic	☐
				T	Thrombo-prophylaxis	Noticed the patient is on enoxaparin already	☐

...and check the correct chart



DATE 13/10 | ROUTE S/C — 12:00

PRESCRIBER'S SIGNATURE: MHughes — 18:00 — 40mg — — — HS

PRESCRIBER'S NAME AND BLEEP: MICHELLE HUGHES 2357 — 22:00 — PRE-OP

NAME OF DRUG: PARACETAMOL | TIME | DOSE ↓ | DATE → 16/10

ADDITIONAL INSTRUCTIONS — 08:00 — 1g

DATE 16/10 | ROUTE PO/IV/PR — 12:00 — 1g

PRESCRIBER'S SIGNATURE: ALewis — 18:00 — 1g

PRESCRIBER'S NAME AND BLEEP: ALEX LEWIS 4567 — 22:00 — 1g

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