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Prescription auditing in rural area

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ABSTRACT

Prescription is an order written by a physician, dentist or any other medical practitioner to the pharmacist to compound and dispense a specific medication for individual patient. Prescription auditing is a quality improvement process that seeks to improve patient care. The parameters which has to analyzed in the process of prescription auditing are, patient demographics, clinical diagnosis, department, prescribing standards, doctors name and signature. It is a prospective survey carried out in a rural area. About 50 prescription was collected. The study provides the effect of prescription auditing. Patients age sex, date of prescription, drugs name and signature of the prescriber, dose, dosage form, duration of treatment was collected and analyzed. About 96% of prescription contain patient name, 88% contain patient age, all of these prescription are written in brand names and 96% are written in small letter. About 60% of the prescription contain dose of the drug and 90% of drug dosage forms are included. Among 50 prescription, 36% are eligible for reading, 48% are partially eligible and 16% are not eligible for reading. Prescription audits is an educational activity, which promotes high-quality patient care and which should carried out regularly. A prescription audit is designed to measure the compliance with the standards of the proven clinical practice and to record the required and the documented changes in the clinical practice, which are shown by the re-audits.

Keywords: Prescription auditing; Prescription.

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INTRODUCTION

A prescription is a written communication from a registered medical practitioner to a pharmacist regarding instructions on dispensing of prescribed medica-

tion. Prescription audit is a quality improvement process that seeks to improve patient care^[1]. Medical Audit may be defined as a process with the aim of making improvements in patient care and proper use of resources. It is systematic and critical analysis of the quality of medical care. It is a continuous cycle implementing changes and to develop a new practice. Thus medical audit is a systematic approach which gives a clear review of medical care. Effective prescription audit is important for health care professionals and managers, patients, and the public also supports the health professionals in making sure the patients receives the best care. Prescription audit or medication audit seeks observation, evaluation and further recommendation on the prescribing practices of medical practitioners to make rational prescribing and cost-effective^[2]. The most important part of healthcare system is to deliver the right medicine to the right people. Prescription auditing is one of the important tool to avoid misuse of drugs and improves rational use of drugs. Worldwide, it is estimated that over half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take their medicine correctly^[3].

Writing a prescription is an important mode of therapeutic intervention by the doctor for the patient. Prescription writing is a skill acquired through training. The quality of a prescription reflects the competence of a physician and his attitude towards rational prescribing. However, systematic reviews suggest that prescribing errors are common and can affect from 4.2 to 82% of prescriptions^[4]. Rational use of drugs is based on use of right drug, right dosage at right cost which is well reflected in the world health organization (WHO) definition: "Rational use of drugs requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, at the lowest cost to them and their community"^[5]. WHO has vigorously promoted the rational use of drugs through the Action Programme on Essential Drugs^[6].

Surveillance of drug use by the doctors, within the institution as well as in the community is assuming an increasingly important role in therapeutics^[7]. The continuous monitoring of prescriptions may help to identify the problems involved in therapeutic decisions and promote the rational prescribing^[8].

Potential benefits of prescription audit are as follows: ^[9]

1. Identify and promote good practice
2. Improve professional practice and quality standards
3. Supports learning and development of staff and organizations
4. Identify and eliminate poor or deficient practice
5. Identify and eliminate waste
6. Promote working with multidisciplinary teams
7. Allocate resources (financial, human) to provide better patient care
8. Develop opportunities to present findings with relevant faculty and facilitate shared learning.

OBJECTIVE

The parameters which has to analyzed in the process of prescription auditing are, patient demographics, clinical diagnosis, department, prescribing standards, doctors name and signature.

METHODOLOGY

A Prospective survey was carried out in a rural area. The prescription was collected from rural area. The study provides the effect of prescription auditing. Patients age sex, date of prescription, drugs name and signature of the prescriber, dose, dosage form, duration of treatment will be collected and analyzed properly. These collected data will be subjected to proper statistical analysis.

Inclusion criteria: Patients who attained the Out-patient Department, Male & female patients were included in the Study, Data collected from 05/09/18 – 05/10/18

Exclusion criteria: Data before 05/09/18 and after 05/10/18

Data collection: Data collection was collected from rural area. Data were collected during the month, October 2018. About 50 prescriptions was collected. The study was descriptive and data was summarized as counts and percentage

RESULT

In the current research, prescription auditing in rural area was formulated. About 96% of prescription contain patient name, 88% contain patient age, all of these prescriptions are written in brand names and 96% are written in small letter. About 60% of the prescription contain dose of the drug and 90% of drug dosage forms are included. Among 50 prescription, 36% are eligible for reading, 48% are partially eligible and 16% are not eligible for reading.

Figure 1: Among 50 prescription 100% have date 94% have name 88% have age of the patient and 56% prescription have sex of the patient.

Figure 2: Among 50 prescription 96% of them are written in small letter and 4% are in capital letter

Figure 3: Among 50 prescription 36% are eligible for reading 48% are partially eligible and 16% are not eligible for reading.

Figure 4: Among 50 prescription 40% of drugs have no dose and 60% of drugs have dose

DISCUSSION

In the current research, prescription auditing in rural area was formulated. About 96% of prescription contain patient name, 88% contain patient age, all of these prescriptions are written in brand names and 96% are written in small letter. About 60% of the prescription contain dose of the drug and 90% of drug dosage forms are included. Among 50 prescription, 36% are eligible for reading, 48% are partially eligible and 16% are not eligible for reading

CONCLUSION

Prescription audits is an educational activity, which promotes high-quality patient care and which should carried out regularly. It act as a simple tool for evaluating the actual performance and in planning corrective actions to reduce the risk of medication error. A prescription audit is to designed to measure the compliance with the standards of the proven clinical practice and to record the required and the documented changes in the clinical practice, which are shown by the re-audits.

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CONFLICTS OF INTEREST

The author declares no conflict of interests.

REFERENCE

1. Patel, N., Desai, M., Shah, S., Patel, P., & Gandhi, A. (2016). A study of medication errors in a tertiary care hospital. *Perspectives in clinical research*, 7(4), 168.
2. Sirisha, S., Thomas, S. M., Varghese, A., Reddy, R., Baby, B., & Gudur, S. P. (2015). A descriptive study on prescription audit in india-a review.

Indo american journal of pharmaceutical sciences, 2(3), 641-647.

3. Hogerzeil, H. V. (1995). Promoting rational prescribing: an international perspective. *British journal of clinical pharmacology*, 39(1), 1-6.
4. Ross, S., Bond, C., Rothnie, H., Thomas, S., & Macleod, M. J. (2009). What is the scale of prescribing errors committed by junior doctors? A systematic review. *British journal of clinical pharmacology*, 67(6), 629-640. doi: 10.1111/j.1365-2125.2008.03330.x.
5. WHO. Model list of essential drugs. Geneva: World Health Organization, (1988).
6. World Health Organization. (2002). The world health report 2002: reducing risks, promoting healthy life. World Health Organization.
7. Singh, S., Ansari, K. U., Kastury, N., & Pandey, R. C. (1997). An audit of prescription for rational use of antibiotics. *Indian J Pharmacol*, 18, 77-81.
8. Ansari, K. U., Singh, S., & Pandey, R. C. (1998). Evaluation of prescribing pattern of doctors for rational drug therapy. *Indian journal of pharmacology*, 30(1), 43.
9. Curtis, P. (1974). Medical audit in general practice. *JR Coll Gen Pract*, 24(146), 607-611.