Institution Name: Al Masarra Hospital

Document Title: Policy & Procedure of the Legibility of Handwriting when Prescribing or Writing Physicians Orders

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
Reviewed by	Najla Al Zadjali	HoD Quality Management and Patient Safety	Al Masarra Hospital	26/7/22	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	July 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	25/7/22	for

Content Table:

Acronyms:

MOH	Ministry of Health
CDs	Controlled Drugs
PRN	From the Latin "pro re nata" means When necessary or as needed
q.i.d.	From the Latin "quater in die" means four times a day
HOD	Head of the Department

Policy & Procedure of the Legibility of Handwriting When Prescribing Or Writing Physicians Orders

1. Introduction

In a healthcare system, medication errors are among the leading causes of preventable errors. Common sources of medication errors include writing illegible instructions, accessing the incorrect medication, selecting the wrong doses etc. Illegible handwriting causes loss of information and prevents better care for patients. It can have a direct negative impact on patient care resulting in improper medical treatment or the dispensing of the wrong medications.

Despite the computer revolution, much information in clinical records continue to be handwritten. The originator may understand what has been written, but difficulties can arise when other parties are involved. Pharmacists read the prescriptions worst and they are the people who must dispense the prescriptions. Some of the reading mistakes were critical and could be lethal. All entries in the medical record must be legible and complete. Orders, progress notes, nursing notes, or other entries in the record that are not legible may be misread or misinterpreted and may lead to medical errors or other adverse patient events.

2. Scope

This document is applicable to all the Doctors/Pharmacy professionals/Nurses of Al Masarra Hospital.

3. Purpose

3.1 To prevent and/or control potential and actual medication errors in order to enhance patient care, improve patient safety, and decrease liability and hospital cost.

3.2 To assess and streamline the readability of doctors' handwriting on prescriptions/other order.

4. Definition

4.1 **Medication Error:** Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer. Such events may be related to professional practice, healthcare products, procedures and systems, including: prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

5. Policy

5.1 All prescription orders from the prescribers (wherever handwriting and manual prescriptions are applicable) must be complete, understandable or readable. This practice will save time, medication errors, inefficient or faulty communications, and legal issues.

5.2 The Pharmacy Department must dispense medications only upon the receipt of complete, appropriate, and legible prescriptions entered by the prescribers/doctors (wherever manualprescriptions are applicable).

5.3 The prescriptions to be completed must include complete drug information, name in generic, all other requirements, complete patient specific information, and complete prescriber information.

5.4 The staff nurses must administer medications only upon the receipt of complete, appropriate, and legible prescription/medication orders written by the doctors.

5.5 A copy of the banned/problematic abbreviations must be posted/kept in all the patient carearea.

5.6 The pharmacy will review medication orders/prescriptions for availability, dose, route, frequency, drugs prescribed and dispensed for their approved indications, or any other incomplete/incorrect prescribing information.

5.7 Medication prescribing/ordering must be done by authorized doctors only. Manual prescriptions are sent to Pharmacy through the clients/relatives/representatives and electronic prescriptions are sent to pharmacy through the computer system.

6. Procedure

   6.1   Guidelines for Prescribers

      6.1.1   Prescribers will write a complete, clear, unambiguous order that must include drug name, dosage form, strength, dose, route, and frequency or rate of medication administration.

      6.1.2   Do not use abbreviated or unofficial drug name.

      6.1.3   Do not use vague instructions (i.e. take as directed) or prohibited abbreviations, instead more specific drug instructions should be given.

      6.1.4   Always precede a zero with a decimal point for doses less than 1 mg (Leading Zero), but never follow a decimal point for doses larger than 1 mg. Not following this can lead to a **10-fold overdose**.

      6.1.5   Write the indication for PRN doses (e.g. PRN for pain or fever).

      6.1.6   Prescribers should not write **"U"** after an insulin type medications dose. It can beinterpreted as a zero, causing deadly consequences.

      6.1.7   Avoid the dangers of poor handwriting by the prescribers/doctors.

      6.1.8   Avoid common and problematic abbreviations such as:

          6.1.8.1 "QD" (can be confused with QID or OD).

          6.1.8.2 "MS" (can mean Morphine Sulphate or Magnesium Sulphate or MedicalStores or multiple sclerosis etc.).

7. Responsibility

   7.1   **Pharmacy Professionals Shall:**

      7.1.1   Dispense medications only to verifiable 'authorized prescribers' who prescribed medications legibly and within their privileges, and enquire about any prescriptionor order that is considered to be unclear or incomplete.

   7.2   **Nursing Care Staff Shall:**

      7.2.1   Ensure they can clearly read and understand the orders before administering any medicine to patients.

7.2.2 Contact the prescriber/pharmacy professionals for incomplete or unclearorders/doubts.

7.2.3 Never make any assumptions about the prescriber's intentions or orders.

7.3 Medication Safety Officer Shall:

7.3.1 Present the analyzed data periodically to the Drugs and Therapeutic Committee fordiscussion and action plan.

7.3.2 Provide feedback and education to healthcare professionals on reported medicationerrors, near misses etc.

7.3.3 Educate staff on the process and importance of medication error reporting.

7.4 Admin Level/Section In-charge Shall:

7.4.1 Allocate resources in coordination with the hospital admin to support the implementation of the medication safety policies.

7.4.2 Deal with higher authorities of the hospital regarding any series of concerns duringthe policy implementation.

7.4.3 Coordinate with the section focal points confirming all the staff are fully informed of their role in maintaining the required standard practice.

7.4.4 Lead to strategies and innovations to improve current practice.

7.5 Document Writer Shall:

7.5.1 Ensure that this document is updated according to MOH's document controlpolicy every three (3) years.

7.5.2 Ensure that this document is evidence-based and produced in accordance to MOH'sdocument control policy.

8. Document History and Version Control Table

<table>
<tr><th colspan="4">Document History and Version Control</th></tr>
<tr><th>Version</th><th>Description of Amendment</th><th>Author</th><th>Review Date</th></tr>
<tr><td>1</td><td>Initial Release</td><td>Policy and Procedure team (P&MS)</td><td>March 2021</td></tr>
<tr><td>2</td><td>Update and Review</td><td>Policy and Procedure team (P&MS)</td><td>July 2025</td></tr>
<tr><th>Written by</th><th>Reviewed by</th><th colspan="2">Approved by</th></tr>
<tr><td>Policy and Procedure team (P&MS)</td><td>Najla Al Zadjali</td><td colspan="2">Dr. Bader Al Habsi</td></tr>
</table>

9. Related Documents

9.1   General Policies and Procedures of Controlled Drugs Substances (CDs) – PharmacyDepartment, Al Masarra Hospital.

9.2   Preparation and Dispensing of Medications - Policy and Procedures - PharmacyDepartment, Al Masarra Hospital.

9.3   Medication Ordering and Review Policy and Procedure - Pharmacy Department, AlMasarra Hospital.

10. References

Title of book/journal/articles/Website	Author	Year of publication	Page
Medication Error Reporting	General Pharmaceutical Care Administration, Saudi Arabia		
Hand Writing Errors: Harmful, Wasteful and Preventable. (citeseerx.ist.psu.edu)	Ms. Annie Bruner, University of Louisville.		

Appendices

Appendix 1. Sample of an 'illegible' prescription with poor handwriting
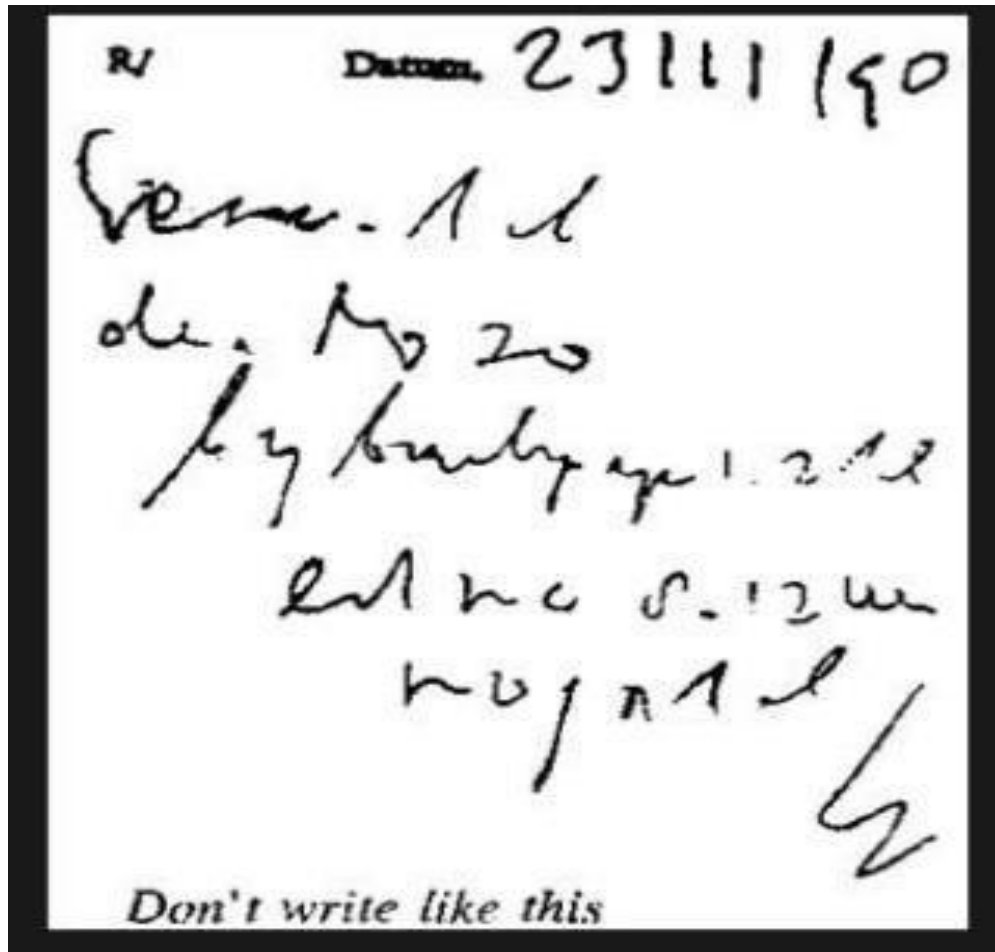
Appendix 2. Audit Tool

Sl. No.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Observation Interview Document Review	Are all prescriptions / medication ordering clear, complete and in compliance with the policy?					
2	Observation Document Review	Are all Narcotic prescriptions prescribed for in-patients with full details and in compliance with the policy?					
3	Observation Interview Document Review	Are the medications with PRN doses in the prescriptions clearly mentioned with the indication? (e.g. for pain / fever / vomiting etc.)					
4	Observation Interview Document review	Are the medications ordered / prescribed by authorized prescribers / doctors only and is a copy of the approved list of doctors practicing in the institution is available in patient care area?					
5	Observation Document Review	A copy of the banned / problematic abbreviations are posted / kept in the patient care area.					
6	Observation Interview	Is the staff aware about the medication error reporting process?					
7	Observation Document review	The roles and responsibilities of the prescribers are clearly stated in the policy of the legibility of handwriting when prescribing or writing prescription orders?					

Appendix 3. Document Request Form

<table>
<tr><td colspan="5" align="center">Document Request Form</td></tr>
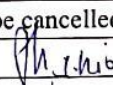<tr><td colspan="5">Section A: Completed by Document Requester</td></tr>
<tr><td colspan="5">1.   Requester Details</td></tr>
<tr><td>Name</td><td>Najla Al Zadlaji</td><td>Date of Request</td><td colspan="2">July 2022</td></tr>
<tr><td>Institute</td><td>Al Masarra Hospital</td><td>Mobile</td><td colspan="2">9588 5771</td></tr>
<tr><td>Department</td><td>QMPSD</td><td>Email</td><td colspan="2">—</td></tr>
<tr><td colspan="5">The Purpose of Request</td></tr>
<tr><td colspan="2">☐   Develop New Document</td><td colspan="2">☑ Modification of Document</td><td>☐   Cancelling of Document</td></tr>
<tr><td colspan="5">2.   Document Information</td></tr>
<tr><td>Document Title</td><td colspan="4">Policy & Procedure of the Legibility of Handwriting When Prescribing or Writing Physicians Orders</td></tr>
<tr><td>Document Code</td><td colspan="4">AMRH/PHARM/P&P/010/Vers.02</td></tr>
<tr><td colspan="5">Section B: Completed by Document Controller</td></tr>
<tr><td colspan="2">☑   Approved</td><td>☐   Cancelled</td><td colspan="2">☐   Forward To:……………..</td></tr>
<tr><td colspan="5">Comment and Recommendation:</td></tr>
<tr><td>Name</td><td>Kunooz Al Balushi</td><td>Date</td><td colspan="2">July 2022</td></tr>
<tr><td>Signature</td><td><i>Kunooz</i></td><td>Stamp</td><td colspan="2"></td></tr>
</table>

Appendix 4. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy & Procedure of the Legibility of Handwriting When Prescribing or Writing Physicians Orders		**Document Code:** AMRH/MH/P&P/010/Vers.02			
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ....✓...... For implementation .... More revision .... To be cancelled					
Reviewed by: Kunooz Al Balushi		**Reviewed by: Irwin S. Rio**			