

## Safe Prescribing

Listed below is the high level evidence on **Safe Prescribing** produced by NICE, SIGN and NHS based organisations. Also included are the European Society guidelines where available. This list is produced and maintained by HEFT Library Services to support **VITAL for Doctors** core skills programme developed in the Trust.

### **HEFT Local Policies**

#### **[Policy for the safe prescribing, handling and administration of anti-cancer agents V2.0](#)**

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Date: 3<sup>rd</sup> January 2011. Next Review Date: 31<sup>st</sup> August 2013

#### **[Policy for Non Medical Prescribing](#)**

HEFT NMP Steering Group Date: 17<sup>th</sup> December 2012. Next Review Date: 31<sup>st</sup> October 2014

### **NICE Guidelines and Pathways**

#### **[Good practice guidance](#)**

NICE- Medicines and Prescribing, May 2013

#### **[A single competency framework for all prescribers](#)**

National Prescribing Centre –Provided by NICE, May 2012

#### **[Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence](#)**

NICE-CG76, 2009

### **Map of Medicine None**

### **Other National (includes Professional Bodies/Associations) and non-UK Guidelines (within the EU)**

#### **[Good practice in prescribing and managing medicines and devices](#)**

General Medical Council, February 2013

#### **[Safety Monitoring of Medicines](#)**

European Medicines Agency, 2013

#### **[Paediatric Prescribing Tool](#)**

Royal College of Paediatrics and Child Health, 2011

#### **[Professional standards and guidance for pharmacist prescribers](#)**

Pharmaceutical Society of Northern Ireland, June 2009

[Standards for Medicines Management](#)

Nursing and Midwifery Council, 2007

[Guidance for Nurse Independent Prescribers](#)

NHS Scotland, September 2006

[Safety, quality, efficacy: regulating medicines in the UK](#)

National Audit Office 2003

**Systematic Reviews – Cochrane Library**

[Systematic review of qualitative and quantitative research on the role and effectiveness of written information available to patients about individual medicines.](#)

Health Technology Assessment, 2007

**NHS Evidence**

[Safe Prescribing](#)

Medical Protection Society, April 2013

**Title:** [Safe prescribing: a titanic challenge.](#)

**Citation:** British Journal of Clinical Pharmacology, October 2012, vol./is. 74/4(676-84), 0306-5251;1365-2125 (2012 Oct) **Author(s):** Routledge PA

**Abstract:** The challenge to achieve safe prescribing merits the adjective 'titanic'. The organisational and human errors leading to poor prescribing (e.g. underprescribing, overprescribing, mis-prescribing or medication errors) have parallels in the organisational and human errors that led to the loss of the Titanic 100 years ago this year. Prescribing can be adversely affected by communication failures, critical conditions, complacency, corner cutting, callowness and a lack of courage of conviction, all of which were also factors leading to the Titanic tragedy. These issues need to be addressed by a commitment to excellence, the final component of the 'Seven C's'. Optimal prescribing is dependent upon close communication and collaborative working between highly trained health professionals, whose role is to ensure maximum clinical effectiveness, whilst also protecting their patients from avoidable harm. Since humans are prone to error, and the environments in which they work are imperfect, it is not surprising that medication errors are common, occurring more often during the prescribing stage than during dispensing or administration. A commitment to excellence in prescribing includes a continued focus on lifelong learning (including interprofessional learning) in pharmacology and therapeutics. This should be accompanied by improvements in the clinical working environment of prescribers, and the encouragement of a strong safety culture (including reporting of adverse incidents as well as suspected adverse drug reactions whenever appropriate). Finally, members of the clinical team must be prepared to challenge each other, when necessary, to ensure that prescribing combines the highest likelihood of benefit with the lowest potential for harm.

**Further information:**

The following sources have been searched for evidence published in the previous 12 months: HEFT Local Policies, NHS Evidence, Nursing and Midwifery Council, NICE – Medicines and Prescribing, SIGN, European Medicines Agency, General Medical Council and Cochrane Library.

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