

DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

9 October 1972.

CLINICAL SERVICES LETTER NO. 118
TO MEDICAL PRACTITIONERS
(Copy to Retail Pharmacists)

Dear Doctor,

PRESCRIPTIONS BY THE MILLION

Last year, about 20 million prescriptions were written by doctors in private practice.

Attention to the following points would help pharmacists and pricing office staff, and reduce risk:

Age on Children's Prescriptions

If the age of a child does not appear on a prescription, the pharmacist may have no warning, in case of error, that an excessive dose has been prescribed. On occasion this has had fatal consequences.

It has been proposed that it should be mandatory for the age of any child under 12 years to be shown on a prescription. Under 1 year it should be written in full, e.g., 4 months (not 4/12).

This proposal has been supported by the Medical Association of New Zealand, the Pharmaceutical Society, the Pharmacology and Therapeutics Advisory Committee, and the Pharmaceutical Advisory Committee.

We feel sure that most doctors will see this as a valuable safety measure, and hope they will adopt it immediately, without waiting for legislation.

(If an unusual dose is ordered intentionally, it is good practice to underline and initial it.)

Handwriting

Illegible or careless handwriting leads to difficulties and danger, particularly on account of the large number of drugs now marketed which have similar names.

In a recent study of prescribing, which will be published shortly, batches of prescriptions from a random sample of 191 general practitioners scattered throughout New Zealand were examined. Amongst other things, they were rated for legibility.

Five batches were totally illegible to the non-initiated, a sixth was partially so.

Expressed as percentages, the results were:

| Legibility | Percent |
|--------------------------------|---------|
| Illegible, or very bad | 15 |
| Poor to fair | 32 |
| Good to very good | 53 |
| | <hr/> |
| | 100% |

These figures speak for themselves.

Prescriber's Address

Not infrequently omitted. The majority of prescriptions come under legislation (poisons and narcotics) which in certain circumstances require the inclusion of the doctor's address on prescription forms.

Number of Prescriptions on One Form

We have a form in this office, $4\frac{1}{2}'' \times 7''$, jam-packed with 10 prescriptions, plus all the usual particulars. Pricing a crowded form can be a major exercise. A few doctors write prescriptions on both sides of the form, which is equally unhelpful.

STERIOD TREATMENT CARDS

When the Pharmacology and Therapeutics Committee recommended that restrictions on the prescribing of corticosteroid tablets under the Drug Tariff be relaxed, it was also recommended—

“That doctors be strongly advised to issue a corticosteroid card to each patient.”

A copy of this card is enclosed. Further supplies may be obtained from your local Medical Officer of Health.

It is most important that the doctor impresses on the patient the importance of carrying this card at all times. This simple precaution may prevent a catastrophe if an emergency takes the patient to another doctor or to hospital. Failure on the part of the patient's doctor to provide him with one of these cards could contribute to a fatal outcome.

The card need not be produced to the pharmacist every time a fresh supply of tablets is obtained. The intention is that the patient should present the card to the doctor when obtaining a fresh prescription, so that the doctor may enter any change in treatment with corticosteroids.

The card should be completed by the doctor. It should not be left to the pharmacist to assume this responsibility.

PHARMACEUTICAL BENEFITS: SPECIAL APPROVALS

When applying for a special supply at the cost of public funds of a drug which is not normally chargeable, doctors sometimes ask for the endorsed prescription to be sent direct to the patient. This can lead to difficulties.

The name of the patient, or his address, may be difficult to decipher, and some of these approvals have gone astray.

We find that it is safer to post the approval to the doctor, whose name and address is usually printed on the application, or can be verified from the Medical Register.

Incidentally, some applications are received which do not show the doctor's address, or are written from a public hospital. If in addition the doctor's signature is illegible, we are in trouble. Attention to these points would be appreciated.

Please note that when requesting a special supply, in addition to giving brief clinical particulars, it is necessary for the doctor to indicate that in his opinion it would be unreasonable for the patient to have to pay for the drug in question.

Doctors frequently object to this requirement. The fact is, however, that the whole principle of approving a special supply, at the cost of public funds, of a drug the cost of which patients normally have to meet themselves, turns on this question.

As most of these drugs are expensive, and many are eventually included in the Drug Tariff, the doctor should have little difficulty in deciding whether or not it would be reasonable to expect the patient to pay for his supply.

CONCURRENT G.M.S. AND MATERNITY BENEFIT CLAIMS

Where a service which is eligible for the G.M.S. benefit is provided concurrently with a maternity benefit service, it is helpful to all concerned if the G.M.S. claim is endorsed "*Also Maternity*".

This would reduce the number of queries which arise from claims for both types of benefit, for the same patient on the same date.

Yours faithfully,



(A. W. S. Thompson)
Director,



(A. H. Paul)
Deputy Director,

Division of Clinical Services.