

MEDICINES STATEMENT C3: REMOTE PRESCRIBING

This guidance outlines the process of remote prescribing by email and fax.

Remote prescribing is discouraged, and should be used in exceptional circumstances. It is however it is recognised that because of the geographical site and rurality of NHS Dorset Clinical Commissioning Group it is necessary to support the facility of faxing and emailing prescriptions by medical staff in circumstances where a delay in provision of a prescription would be detrimental to patient care.

At this current time, text messaging is not an option and should not be used, even if via NHS net.

GENERAL GUIDANCE

- From time to time it may be appropriate to use a non face-to-face medium to prescribe medicines and treatment for patients. Such situations may occur where:
 - The prescriber has responsibility for the care of the patient
 - The prescriber is deputising for another doctor who is responsible for the continuing care of a patient
 - The prescriber has prior knowledge and understanding of the patient's condition/s and medical history and has authority to access the patient's records.
- The remote prescriber must ensure they have adequate information on which to base their decision to prescribe, sufficient to:
 - Establish the patient's current medical conditions and history and concurrent or recent use of other medications including non-prescription medicines;
 - Carry out an adequate assessment of the patient's condition;
 - Identify the likely cause of the patient's condition;
 - Ensure that there is sufficient justification to prescribe the medicines/treatment proposed;
 - Ensure that the treatment and/or medicine/s are not contra-indicated for the patient.
- If the prescriber is not currently providing continuing care for the patient, does not have access to the patient's medical records, or is not deputising for another doctor, they must follow the advice above and, additionally:

- Give an explanation to the patient of the processes involved in remote consultations and give their name to the patient;
 - Ensure that they have sufficient information about the patient to ensure they are prescribing safely;
 - Make appropriate arrangements to follow the progress of the patient;
 - Monitor the effectiveness of the treatment and/or review the diagnosis;
 - Inform the patient's general practitioner that remote prescribing has occurred.
- Where all these conditions cannot be satisfied remote prescribing should not occur, and it will be necessary to carry out a full assessment of the patient before any medicines are prescribed.

ROYAL PHARMACEUTICAL SOCIETY GUIDANCE

- Medicines Ethics and Practice (Royal Pharmaceutical Society), states that:

“A faxed prescription does not fall within the definition of a legally valid prescription because it is not written in indelible ink and has not been signed by the appropriate practitioner. A fax can however, confirm that at the time of receipt, a valid prescription is in existence”.

GENERAL MEDICAL COUNCIL (GMC) GUIDANCE

- General Medical Council (GMC) guidance on [Remote prescribing via telephone, video-link or online](#) states:
 - “Before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient’s consent.
 - You may prescribe only when you have adequate knowledge of the patient’s health, and are satisfied that the medicines serve the patient’s needs. You must consider:
 - the limitations of the medium through which you are communicating with the patient;
 - the need for physical examination or other assessments; and
 - whether you have access to the patient’s medical records.
 - You must undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox, Dysport or Vistabel or other injectable cosmetic medicines. You must not therefore prescribe these medicines by telephone, video-link, or online.
 - If you are prescribing for a patient in a care or nursing home or hospice, you should communicate with the patient (or, if that is not practicable, the person caring for them) to make your assessment and to provide the necessary information and

advice. You should make sure that any instructions, for example for administration or monitoring the patient's condition, are understood and send written confirmation as soon as possible.

- If the patient has not been referred to you by their general practitioner, you do not have access to their medical records, and you have not previously provided them with face-to-face care, you must also:
 - give your name and, if you are prescribing online, your GMC number;
 - explain how the remote consultation will work and what to do if they have any concerns or questions;
 - follow the [GMC] advice on sharing information with colleagues.
- You should not collude in the unlawful advertising of prescription only or unlicensed medicines to the public by prescribing via websites that breach advertising regulations.
- If you prescribe for patients who are overseas, you should consider how you or local healthcare professionals will monitor their condition. You should also have regard to differences in a product's licensed name, indications and recommended dosage regimen. You may also need to consider:
 - MHRA guidance on import/export requirements and safety of delivery;
 - whether you will need additional indemnity cover; and
 - whether you will need to be registered with a regulatory body in the country in which the prescribed medicines are to be dispensed.

NURSING AND MIDWIFERY (NMC) GUIDANCE

- The Nursing and Midwifery Council (NMC) guidance on [Standards for Medicines Management](#) contains a statement regarding verbal orders:

“In exceptional circumstances, where medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use of information technology (such as fax, text message or email) may be used but must confirm any change to the original prescription.”

- Wherever possible, a full assessment of the patient's condition should be undertaken before prescribing. Remotely prescribed medication should only be a short term measure and used only in exceptional circumstances. It is not appropriate to prescribe remotely in routine care of patients (for example, for patients who are resident in care homes or community hospitals).
- Injectable medication should not be prescribed remotely unless, in exceptional circumstances, it is considered essential in life-threatening situations, for the management of severe adverse side effects and/or where a service-user is at significant

risk of causing harm to self or others (the use of remote prescribing not appropriate for long-acting depot injections).

INFORMATION TO BE INCLUDED ON THE REMOTE PRESCRIPTION

- The remote prescription must provide adequate information, as a minimum:
 - Patient name in full – first name and surname
 - Date of birth of the patient
 - NHS Number (if known)
 - Known allergies
 - Drug name
 - Drug dose, route and frequency
 - Date of request
 - Prescribers name prescribing identification number (PIN)
 - Contact details for the prescriber
- A template form for remote prescribing by fax is in [appendix 1](#).

OTHER CONSIDERATIONS

- Any healthcare practitioner that chooses to dispense and/or administer a medication against a fax or email request, without sight of the original prescription, must ensure that adequate safeguards exist to ensure the integrity of the original prescription request is maintained, and that a legal prescription (i.e. signed and dated FP10 will be in his/her possession within 24 hours).
- Any doubt as to the content of the fax or email must be clarified with the prescriber before dispensing or administration of the medication.
- Under no circumstances can faxes or emails be accepted for medicines listed in Schedules 2 or 3 of the Misuse of Drugs Regulations 2001. Examples of Schedule 2 or 3 medicines include:

Schedule 2:	diamorphine, morphine, methadone, amphetamines, quinalbarbitone
Schedule 3:	Buprenorphine (Temgesic [®] , Subutex [®]), phenobarbitone, flunitrazepam, temazepam, midazolam, tramadol, zopiclone

- Faxed orders and e-mailed prescription requests may only be arranged by a registered nurse or doctor (not administration or support staff).
- The prescription must be signed by the prescriber within 24 hours (maximum 72 hours if over a Bank Holiday).

- The prescriber must be satisfied that the medicine to be supplied is safe for the patient and check that there are no previous adverse reactions to the drug recorded in the patient's medical records.
- The dispenser may refuse to accept a remote prescription if there is any doubt:
 - That a legally valid prescription will be provided in a short time
 - About the content of the prescription (eg poor fax quality)
- All communication between prescriber and dispenser that has taken place regarding a remote prescription should be documented.
- Clear, accurate and legible records of all medicines prescribed remotely must be made and these records must be kept in the patient's medical records for future reference.

REFERENCES

[Standards for Medicines Management](#) (Nursing and Midwifery Council (NMC), 2010)

Royal Pharmaceutical Society of Great Britain: [Medicines Ethics and Practice: A Guide for Pharmacists](#). July 2010 (subscription only)

GMC Prescribing guidance: [Remote prescribing via telephone, video-link or online](#)

APPENDIX 1 FAXED / EMAILED REMOTE PRESCRIPTION FORM

Type of remote prescription	
Verbal message <input type="checkbox"/>	Fax <input type="checkbox"/>

For verbal messages: Registered Nurse taking the message	
Name	
Date & time of message	

Patient details	
Patient name	
Identifying number on system for patient:	
NHS No. (if known)	
Hospital No. (if known)	
Date of Birth	
Known allergies	
Previous adverse reactions to medication	

Drug name	Drug strength	Route of administration	Frequency

Reason for remote prescription <i>(also complete significant event form if appropriate)</i>

Prescriber details	
Prescriber name	
Prescribing identification number (PIN)	
Contact telephone number	
Date	

Follow up	
Prescription provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, enter date prescription was provided	
If no, enter reason why prescription was not provided	
Signed	