

FOCUS ON ERROR PREVENTION

By Ian Stewart B.Sc.Pharm., R.Ph.

DETERMINING THE CLINICAL PURPOSE OF A PRESCRIPTION

When dispensing medications, pharmacists must review each prescription for a medication that a patient is taking for the first time to ensure that the medication is the most appropriate for the specific patient and the dose and instructions for use are correct.

In a large number of cases, this cannot be accomplished unless the pharmacist is aware of the indication for use. The optimal dosage regimen will often be determined by the clinical purpose of the drug.

CASE 1:

Rx

Medication: Dukoral® Oral Vaccine

Sig: Use as directed

Quantity: Two doses

The above medication was prescribed for a five year old child. The prescription was taken by the child's mother to a local community pharmacy for processing. The vaccine was prepared and dispensed by the pharmacist.

While counselling the parent on the use of the vaccine, the pharmacist asked the appropriate questions including,

1. When will the child be travelling?
2. Has the child taken Dukoral® previously and if so when?
3. What did the doctor tell you about the purpose for taking Dukoral®?

The pharmacist learnt that the child was travelling to Africa in approximately one month and had not taken Dukoral® previously. The parent also indicated that the physician had prescribed Dukoral® because of cholera concern.

Based on the information received, the pharmacist determined that the patient must take three doses

of Dukoral® (not two) at least one week apart¹. The pharmacist therefore contacted the prescriber to change the prescription accordingly. The parent was also advised to start the vaccine immediately as protection against cholera will start approximately one week after the third dose is given.

CASE 2:

Rx

Medication: Valacyclovir

Sig: 1000mg every 12 hours

Quantity: Six doses

The above prescription was processed at a local community pharmacy. Six valacyclovir 1000mg tablets were dispensed with the instructions to take one tablet every twelve hours until finished.

While patient counselling, the pharmacist noticed that the patient was developing a cold sore. The pharmacist confirmed that the valacyclovir was indeed being taken to treat the cold sore.


The pharmacist contacted the prescriber to discuss the recommended dosage regimen for treating cold sores (Herpes Labialis) was valacyclovir 2000mg (not 1000mg) every twelve hours for one day only². The physician acknowledged the 2000mg dosage and indicated that he had provided six doses to treat future outbreaks and not to be used continuously.

The prescription was therefore changed to valacyclovir 2000mg every twelve hours for two doses only, plus two refills.

RECOMMENDATIONS:

- To ensure the patient receives the most appropriate drug therapy, always gather the indication for use

from the prescriber or patient whenever possible. If this information cannot be obtained prior to the dispensing of the drug, use open ended questions to gather this information from the patient during patient counselling.

- Always contact the prescriber to clarify ambiguous information. This includes unusual prescribed quantities based on the indication for use.
- Remember that pharmacists may adapt prescriptions by changing the dose as per the expanded scope of practice³. 

Please continue to send reports of medication errors in confidence to Ian Stewart at: ian.stewart2@rogers.com.

Please ensure that all identifying information (e.g. patient name, pharmacy name, healthcare provider name, etc.) are removed before submitting.

REFERENCES

1. Dukoral® product monograph available at: <https://www.dukoralcanada.com/download/consumer-info-en.pdf>
Accessed June 29th, 2016.
2. Valtrex® product monograph available at: <http://ca.gsk.com/media/593038/valtrex.pdf>
Accessed June 29th, 2016
3. Expanded Scope of Practice orientation manual available at: <http://www.ocpinfo.com/library/practice-related/download/Expanded%20Scope%20Orientation%20Manual.pdf>
Accessed June 29th, 2016.

PRACTICE TIP!

GET A NEW PRACTICE TIP EVERY WEEK ON TWITTER

As you may be aware, the College has an official [Twitter account](#). On a daily basis, we tweet out helpful regulatory news and updates, new practice tools, important member reminders, and much more.

Recently, we launched an initiative where every week we give you a new practice tip (followed by the hashtag #OCPPracticeTip).

Tips are developed from actual observations and encounters in practice and include: record keeping and documentation, methadone dispensing, narcotics reconciliation, clinical decision making, patient counselling, and much more.

You may have noticed practice tips scattered throughout this issue of *Pharmacy Connection*. These are tips that we've previously tweeted out as part of this new initiative. Enjoy!

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