

Prescribing and drug calculations self-review workbook

Self-review workbook

This workbook contains prescribing and drug calculations practice tests.

Print and complete the workbook and compare your responses to the answers and comments which are included as you progress through the workbook or at the end of the activity. Alternativly, you can dip in and out on screen to selfreview your skills. Reflective logs are included after each section to assist you in assessing your strengths, weaknesses and areas for development.

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Author

Phillipa Crockwood

Contributors

Heather Walker, NELFT Sushma Lau, NELFT Jocelyn Hewitt Dr E Tsarfati Bobby Wilcox

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Prescribing and Drug Calculations Tests

In the first section you will find some additional information about the patient and a prescription containing 11 errors and omissions. Comment on the inpatient prescription and administration chart for this patient with COPD. You can use the numbered sheet to write down the 11 errors/omissions with your comments.

Click on 'next' to show the same prescription chart with the errors/ omissions highlighted. The following page outlines the 11 learning points with comments, followed by an example of a well written inpatient prescription.

In the second section you are provided with some information about the patient and asked to write an outpatient/primary care prescription, click on 'next' to show the well written FP10 (outpatient/primary care prescription) with comments. Complete the learning log at the end of this section and review your strengths, learning and development needs.

The third section contains 2 drug calculation practice tests for you to self-review skills, with the answers at the back of the booklet. Complete the learning log after this activity.

Prescription Chart With Errors

Comment on the Inpatient prescription and administration chart for the following patient with COPD – there are 11 learning points on the chart.

- In the late evening Jo Vickers dob 18/08/1939, weight 80kg, height 170cm ex heavy smoker brought in by ambulance with increasing SOB, chest crepitations, high volume purulent sputum, falling oxygen saturations and pyrexia. He has no known allergies
- His medication prior to admission is:
 - Tiotropium 18micrograms od
 - Symbicort 400/12 inhaler one puff twice daily
 - Furosemide 20mg om
 - Salbutamol inhaler for prn use
 - On continual home oxygen
- It is decided that this is an infected exacerbation of his COPD and he is to be treated with nebulisers, antibiotics, steroids and increased diuretic therapy.
- After an hour he is not responding, and IV aminophylline is recommended
- 5 hrs later, the next morning his breathing has improved, but he is vomitng
- His K+ has dropped to 3 and he develops atrial fibrillation (AF)
- What therapy would you stop?
- His K+ deficit is corrected intravenously
- Electro-conversion fails and oral amiodarone is started.
- On account of his age, anticoagulation is recommended to reduce his risk of stroke
- His baseline INR is 1.3

Note: there are many different versions of hospital prescription and administration charts, before starting it may be useful to familiarize yourself with all the different sections.

Prescription Chart With Errors



social services informed of medication administration need

Medicine's reconciliation completed on.....

By:

Community Pharmacy.....

Telephone no.....

NHS Foundation Trust

North East London Community Services

CHART.

PRESCRIPTION CHART & ADMINISTRATION RECORD

patient consent form signed

patient self administering from:

original packs with easy tops

compliance aid (blister pack)

patient unable to self administer

patient being monitored

original packs

	Rewritten onC	hecked by:		Date:
DRUG ALLERGIES AND SENSITIVITIES	SURNAME	WARD		ROOM NUMBER/BAY
	VICKERS	B4	-	1
	FIRST NAME	AGE/DOB	HEIGHT	WEIGHT
DETAILS OF REACTION:	JOE	18/3/39	170 CM	sorg
NAME: DESIGNATION:	NHS NUMBER	SEX M/F	CONSULTANT	
SIGN: DATE:	1234567	M	SM	ITH
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umber of carer visits	original packs			
	original packs with easy	caps		
ledication needs assessment during admission	compliance aid/blister page	ck		
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This is a quide: clinicians should exercise clinical judgement when prescribing enovaparin. VTE risk scores:

Low Risk	Age >60	1	Obesi	ty BMI>30	1	Varicose v	veins	1	D	ehydrati	on	1			
Medium Risk	Sickle cell	2	Pregn puerp	ancy & erium	2	Medicine: e.g. HRT	5	2		amily his f VTE	tory	2	Immobility plaster cas		1
High Risk	Active cancer	3	Cardia respira	ac or atory failure	3	Nephrotic syndrome		3		Acute Medical illness			3 Serious infe		
Highest Risk	Surgery and significantly reduced mobility		icantly ed mobility days	4	Major Sur + anaesth time >90	netic	4		ersonal h	nistory	4	Critical car admission	re		
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DRUG ADVERSE REACTIONS/ ALLERGIES/ SPECIAL PRECAUTIONS DETAILS OF REACTION: NAME:

NTRAVENOUS/SUBCUTANEOUS INFUSION CHART

SOE VICKERS 1234567 SMITH

ROOM NO./ BAY

BK

WARD

PHARMACY				
	BATCH NUMBER/EXPIRY			
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ADMINISTRATION	NURSE'S SIGNATURE	Given by Checked by	25	E G
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CHECK for incompatabilities.

ci

Every bottle/bag given to the patient must be recorded on this chart.

2

Prescription Chart With Errors

Identifying the 11 prescribing errors & omissions on the inpatient chart (add comments)

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	

Prescription Chart With Gaps Highlighted





NHS Foundation Trust

PRESCRIPTION CHART & ADMINISTRATION RECORD

North East London Community Services

						OHFUTTALL		
				Rewritten onC	hecked by:		Date:	
	DRUG ALLERGIES AND SENSIT	TIVITIES		SURNAME VICKERS	WARD B		ROOM NUMBER/BAY	,
	DETAILS OF REACTION:			FIRST NAME	AGE/DOB	HEIGHT 170	WEIGHT 80k	201
	NAME: SIGN:	DESIGNATION: DATE:		NHS NUMBER 1234567	SEX M/F	CONSULTANT	ITH	
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	nt being monitored		H	social services informed	of medicatio	n administr	ation need [
patie origir origir comp	ent self administering from nal packs nal packs with easy tops pliance aid (blister pack) ent unable to self adminis			Medicine's reconciliation By: Community Pharmacy Telephone no				

RISK ASSESSMENT TOOL FOR VTE (Excluding patients < 18 years)
This is a quide: clinicians should exercise clinical judgement when prescribing enoxaparin. VTE risk scores:

Low Risk	Age >60	1	Obesi	ty BMI>30	1	Varicose v	/eins	1	De	hydrati	on	1			
Medium Risk	Sickle cell	2	_	ancy & erium	2	Medicines e.g. HRT	S	2		mily his VTE	tory	2	Immobility plaster cas		Ī
High Risk	Active cancer	3	Cardia respira	ac or atory failure	3	Nephrotic syndrome		3	Acute Medical illness			3	Serious infection		1
Highest Risk	Surgery and significantly reduced mobility	4	-	icantly ed mobility days	4	Major Sur + anaesth time >90	netic	4		rsonal h VTE	nistory	4	Critical ca admission		
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DRUG ADVERSE REACTIONS/ ALLERGIES/ SPECIAL PRECAUTIONS	ACTION:	DESIGNATION:	DATE
DRUG ADVERSE REACTI	DETAILS OF REACTION	NAME:	SIGN:

TRAVENOUS/SUBCUTANEOUS INFUSION CHART

ROOM NO./ BAY WARD 84 NHS NUMBER CONSULTANT STITE : VICKERS 1234567 NAME

PHARMACY	USE												
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The eleven learning points from the prescribing exercise are explained below

- 1. The allergy status has not been completed. Improper documentation of allergy status can result in a patient experiencing a fatal drug reaction or optimal therapy being withheld.
- 2. The name and NHS number must be completed on every page of the chart so the person's identity is clear whichever section is being used. This is particularly important if the charts are faxed as pages can be mixed up.
- 3. Medicines reconciliation the process of ensuring that the patient's medication does not change when transferring between care settings should record all the details of the drug including strength and presentation to ensure good continuity of care. Symbicort is available in two strengths.
- 4. When reviewing a patient's medication it is vital to check what the patients has actually received as this may influence the management of the current situation. There are no signatures against enoxaparin so there is no way of knowing whether these doses have been omitted or staff have forgotten to sign.

5. Recommended NICE treatment of COPD exacerbation:

- Nebulised dual bronchodilator therapy with a b2 agonist (salbutamol) and anti-muscarinic (ipratropium). The nebuliser must be driven by air, not oxygen to avoid CO2 retention
- Prednisolone 30mg od for 7 days
- Amoxicillin 500mg iv/po tds for 5-7days
- Always state the number of days treatment for antibiotics when it is a fixed course
- Marking on the administration section is a fail safe way to prevent further un-prescribed administration when a course of medication is complete

6. Diuretic therapy increased to offload pulmonary oedema

- Furosemide dose increased to e.g. 40mg IV bd for 2 days then to be reviewed
- Furosemide should be given by slow IV injection at a rate not exceeding 4mg per minute
- The second dose should not be given later than lunch time to prevent the peak diuretic effect happening at night

7. Aminophylline

- Patient requires a loading dose of aminophylline 5mg per kg diluted as an infusion over 20mins
- This is followed by maintenance infusion of aminophylline 0.5mg per kg per hour to maintain therapeutic levels. The level should be measured 4-6 hours later
- BNF Appendix 4 Intravenous additives section aminophylline can be diluted in either 5% glucose or 0.9% sodium chloride. Making the maintenance infusion 1mg/ml simplifies calculating the rate to give the infusion
- Note this has been prescribed on two separate section of the chart

8. The following cause K+ loss

- Furosemide
- Aminophylline
- Salbutamol nebulisers

9. The following have the potential to cause atrial fibrillation

- Aminophylline
- Nebulised ipratropium
- Nebulised salbutamol

10. IV Potassium Replacement

- The maximum strength of K+ to be infused peripherally is 40mmols per L at a rate not exceeding 10mmols per hour and at a rate to reflect the age of patient
- Sodium chloride 0.9% may be choice fluid as glucose 5% would stimulate release of insulin which increases intracellular uptake of potassium

11. Oral Amiodarone

- Amiodarone has a very long half life so requires a loading regime of 200mg tds for one week, bd for 2nd week then 200mg od
- When a change in dose is part of a standard initiation regime, further details on the chart can ensure the change is automatically implemented and prevents missing the review date.

12. Warfarin

- Amiodarone potentiates warfarin. The loading dose must be reduced to reflect this and the age of the patient.
- 5mg would be the maximum on the first day and then dose according to the INR

Well Written Prescription Chart





NHS Foundation Trust

North East London Community Services

PRESCRIPTION CHART & ADMINISTRATION RECORD CHART..... of..... Rewritten on......Date:......Date: SURNAME WARD DRUG ALLERGIES AND SENSITIVITIES NUMBER/BAY B4 VICKERS NONE KNOWN WEIGHT FIRST NAME AGE/DOB 18/8/30 DETAILS OF REACTION: 170 80 kg JOE NAME: B GOOD DESIGNATION: NHS NUMBER CONSULTANT SIGN: PECCO DATE: 20/4/13 1234567 SMITH Allergies/sensitivities must be recorded before prescribing or administering medication except in exceptional circumstances Medication Needs Assessment prior to admission Date of Admission 2014 13 patient self medicating assisted by family/carer Discharge Needs Assessment administered by Nurse/Home patient to be discharged with: Number of carer visits original packs original packs with easy caps Medication needs assessment during admission compliance aid/blister pack self administration assessment done administration by carer patient consent form signed social services informed of medication administration need patient being monitored patient self administering from: Medicine's reconciliation completed on..... original packs By: original packs with easy tops Community Pharmacy..... compliance aid (blister pack) Telephone no..... patient unable to self administer RISK ASSESSMENT TOOL FOR VTE (Excluding patients < 18 years) This is a guide: clinicians should exercise clinical judgement when prescribing enoxaparin. VTE risk scores:

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SIGNATURE

DRUG ADVERSE REACTIONS/ ALLERGIES/
SPECIAL PRECAUTIONS

NOTICE K NOWN

DETAILS OF REACTION:

NAME

SIGN: \(\frac{2}{3} \in \cdot \c

INTRAVENOUS/SUBCUTANEOUS INFUSION CHART

ROOM NO./ BAY 134 WARD CONSULTANT MHIMS NHS NUMBER 1234567 JOE VICKERS

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PHARMACY	nse												
	BATCH NUMBER/EXPIRY												
NOL	VOLUME												
ADMINISTRATION	NURSES	Given by Checked by	8	B									
ADMIN		Given	₽ Q	55									lities.
	DATE TIME TIME STARTED STARTED STOPPED		2330 113	12:30									npatabi
			200	74									incon
PRESCRIBER'S	SIGNATURE		1V Bar 29 230 12.50 12 OL	Que 4 12:30 15 \$ 31									CHECK for incompatabilities.
	IV = intravenous S/C = suboutaneous		>	2.									2. C
Ļ	A T		40ml	Sover 1V 6 hours 1V									is chart.
Lancon	VOLUME		500ml	10001									ed on this
DRUG TO BE	ADDED/DOSE		SOOMS	-									1. Every bottle/bag given to the patient must be recorded on thi
WILL THE OUT OF THE PERSON OF	IN I KAVENOUS PLUID		, drucose 5%	14 CHLORIDE O.9% 40 mmos	7)	4	9	9	4	8	6	10	 Every bottle/bag given to
1	n N		78	7/02									

Question 1

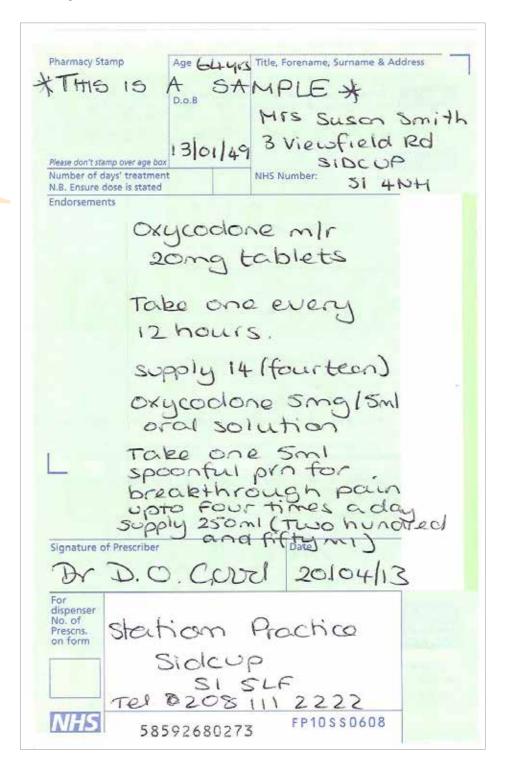
A palliative care nurse rings you at your GP practice to request a prescription for one of your patients Mrs. Susan Smith 13/01/1949 of 3 Viewfield Road, Sidcup. Susan's pain is uncontrolled and she has developed intense itching. The nurse recommends that her medication be changed from morphine to oxycodone.

Her current medication is morphine m/r tablets(MST) 30mg bd

Write an appropriate prescription on the simulated FP10 below, including treatment for breakthrough pain.

Surname & Address Stamp	age	Title, forename,
	DoB	
Number of day's treatment N.B ensure dose is stated		NHS number
Endorsements		
Signature of Prescriber		Date
For dispenser. No. of prescns. on form		

Example of a well written FP10 with comments



Answer 1

- Opiod dose needs increasing by 30 50% as pain uncontrolled
- Oxycodone 5mg orally + 10mg morphine orally
- Dose for breakthrough pain is one sixth to one tenth of total daily dose

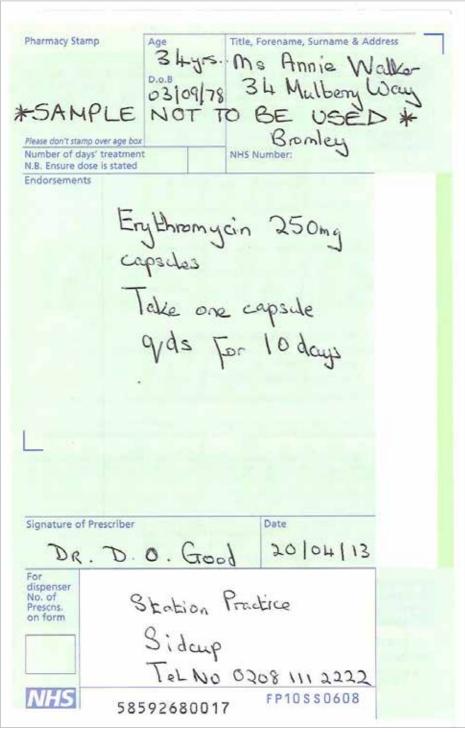
Question 2

You see Ms Annie Walker dob 03/09/78 of 34 Mulberry Way, Bromley with a severe sore throat and pyrexia. She has no nasal symptoms, her tonsils are pustular and she looks unwell. She had a scan last week confirming she is 12 weeks pregnant. As a 5 year old, she had a severe rash and facial swelling, when prescribed Amoxicillin.

Write an appropriate prescription on the simulated FP10 below.

Surname & Address Stamp	age	ritie, forename,
	DoB	
Number of day's treatment N.B ensure dose is stated		NHS number
Endorsements		
Signature of Prescriber		Date
For dispenser. No. of prescns. on form		

Example of a well written FP10 with comments



Answer 2

- 10 days treatment of a macrolide is recommended for severe non viral sore throats in penicillin allergic patients
- The macrolide recommended in pregnancy is erythromycin
- Use a qds frequency to lessen gastro disturbance

Reflective Diary for Educational Events

Prescribing module: Reflections from learning exercise
Date and Time
What I learned from this activity:
Am I going to change anything as a result of this session? / How will apply learning into my clinical practice?

Paper 1

Drug calculations practice tests. The answers can be found on page 33

		Answers
1)	Calculating basic measures Convert the following:- (a) 0.05g = how many mg (b) 0.025 litre = how many mls? (c) 1575 micrograms = how many mg? (d) 750 mg = how many grams?	
2)	Calculating drug dosage How many tablets would you give? Give 0.25 mg of digoxin orally (stock = 250 microgram tablets)	
3)	Calculate the volume of drug to be given Give S/C insulin injection of 22 units (stock 10 ml ampoule of 100 units in 1ml)	
4)	If you drew up 10ml of 2% lidocaine in a syringe, how many mg would there be in 10 ml?	
5)	You have a stock vial of Diclofenac (75mg in 3ml) and you wish to draw up a dose of 50mg for your patient. how many millilitres would you draw in to your syringe to give this dose.	
6)	Calculate the hourly infusion rate. Administer Dopamine 4 micrograms/kg/minute to a 60 kg patient using hourly rate on pump (Dopamine 200 mg in 50 ml dextrose)	
7)	What would be the daily dose? Prescribe drug B to a 75 kg adult – 40 micro- grams/kg/day	
8)	Now divide the above (Q7) into 3 daily doses	
9)	Calculate the correct dose. Dopamine 2 micrograms/kg/min to a 50 kg patient using hourly rate on pump (Dopamine 200 mg in 50 ml dextrose)	

Paper 1

		Answers
10)	Calculate the correct dose. Give 500 micrograms Adrenaline I/V (Stock is 10 ml solution 1:10,000	
11)	Calculate the correct volume of syrup to be given. Give 400 micrograms of Granisetron syrup orally (Stock solution 1 mg in 5 mls	
12)	If you wanted to administer 3mg/kg of 1% lidocaine to a 72kg man, how many mls would you give?	
13)	Calculate how many mls you would give. Using an ampoule of 1% lidocaine, administer 3 mg/kg to a 70 kg patient	
14)	How many mls should you give? Prepare 62.5 micrograms of digoxin for I/V administration (Stock ampoule of 500 mcg in 2 ml)	
15)	Calculate the drug volume to be given. Give 135 mg hydrocortisone for I/V use (Stock 100 mg in 2 ml)	
16)	How many mls would you give (diluted)? Give heparin 3500 units (dilute) (Stock is 5000 units in 1 ml)	
17)	Prescribe drug B to a 50 kg adult – 30 micrograms/kg/day	
18)	A child weighing 19kg requires 400micrograms/kg of adrenaline 1 in 1000 for nebulisation. Maximum dose is 5mg What dose would you give? How many ml of adrenaline would this be?	

Paper 1 adapted from calculations questions, clinical skills laboratory, Whipps Cross Hospital 2003 by J Hewitt & Dr E Tsarfati 2013. Paper 2 written by Dr E Tsarfati. Both papers reviewed and amended by H Walker chief pharmacist, NELFT June 2013

Paper 2

The answers can be found on page 33

		Ansv	wers
1)	You have an IV Adrenaline ampoule of 1:10,000. What does that represent in milligrams and millilitres?		
2)	You are asked to prescribe treatment to treat a deep vein thrombosis using Enoxaparin, a low molecular weight heparin. The patient weighs 74kg and has normal renal function. The dose of Enoxaparin is 1.5mg/kg		
3)	The dietician has asked you to calculate how many calories you've given your patient via IV fluids. So far today you've given 2L of 5% Glucose. Each gram of glucose represents 4kcal		
	Dorothy, a 23 year old trainee chef, needs stitches to her forearm after accidentally cutting her left arm at work. She weighs 62 kg and has no allergies. Calculate the		With Adrenaline
4)	maximum local anaesthetic dose in millilitres using 1% lidocaine and 2% lidoocaine with and without adrenaline. (Dose Lidocaine Without Adrenaline 3mg/kg with	1%=	1%=
	Adrenaline 7mg/kg) Populate the table with your answers.	2%=	2%=
5)	A syringe driver is marked in mm. You want to give diamorphine 20 mg over 12 hours and the dose is put in up to 48 mm. What rate would you set the driver to run at?		
6)	How would you express 5 000 000 micrograms in milligrams?		
7)	Your 16 year old patient is diagnosed with diabetic ketoacidosis and you wish to start a fixed rate insulin infusion at 0.1units/kg/hr, which follows trust policy. How much insulin will you prescribe for an 85kg patient?		
8)	A critically ill patient requires pain relief in the form of IV morphine. You wish to give 7.5mg. How many millilitres will you draw into a syringe if the morphine ampoule contains 2mL of 10mg/ml?		
9)	You wish to give your patient 1L of 0.9% sodium chloride over 8 hours. How many millilitres per hour will this run at		
10)	A patient in heart failure with significant pulmonary oedema requires an IV infusion of glyceryl trinitrate (GTN). You are to give 100micrograms/minute. This comes in ampoules of 10mg/10ml. You only have three ampoules of GTN on the ward. For how long will your supply provided as an infusion last for this patient?		

Answers

Paper 1

1)	a) 50mg, b) 25 ml, c) 1.575mg, d) 0.75g
2)	One
3)	0.22ml
4)	200mg in 10ml
5)	2ml
6)	3.6ml per hour
7)	3mg
8)	1mg tds
9)	1.5mls/hr
10)	5ml
11)	2ml
12)	21.6mls
13)	21ml
14)	0.25ml
15)	2.7ml
16)	0.7ml
17)	1.5mg
18)	5mg; 5ml

Paper 2

1)	1mg in 10ml or 1000mg in 10,000ml		
2)	111mg but expect the dose to be rounded down to 100mg		
3)	400kCals		
	Without Adrenaline	With Adrenaline	
4)	1% = 18.6mls	1% = 43.4 mls	
	2% = 9.3mls	2% = 21.7mls	
5)	4mm per hour		
6)	5000mg		
7)	8.5 units per hour		
8)	0.75ml		
9)	125ml per hour		
10)	300 minutes = 5 hours		

Reflective Diary for Educational Events

Drug calculations test: Reflections from learning exercise
Date and Time
What I learned from this activity:
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Notes			

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Developing people for health and healthcare

