

# Medication Safety Briefing



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## Electronic Care Record (ECR)

Access to GP information on prescribed medicines through the Electronic Care Record (ECR) has greatly improved the sources of information when completing a medication history as part of medicines reconciliation on admission to hospital. This provides information on acute and repeat medication issued by the GP for the last 6 months.

While ECR has become an invaluable resource, there are limitations to the information contained within it.

Medication incidents have occurred where users have not been aware of the limitations of ECR.

### Key points

- **You must always confirm the information in ECR with the patient, carer or another source.**
- ECR only contains medication **issued by the current GP** in last 6 months. It will **not** include:
  - Medicines issued by another prescriber e.g. on discharge from hospital, specialist medicines provided by the hospital (e.g. red listed medicines), GP out of hours, GP home visits, cross border GP, private doctor, previous GP, unless the current GP has manually added these to the system.
  - Over the counter medicines.
- **Check prescription dates carefully** to confirm which medicines are current e.g. medication which has recently been stopped may still be listed on ECR
- Changes to previous medicines, or new medicines prescribed following a recent hospital admission will not appear in ECR until a GP prescription for these medicines is issued.
- Allergy information must always be confirmed with the patient, carer or another source as ECR may include contraindicated medicines as well as allergy information.
- Always check the patient details on any ECR you are using to confirm it is for the correct patient.

## Patient details

*A Serious Adverse Incident (SAI) was notified following a prescribing error. This occurred when a doctor, who was using the Electronic Care Record (ECR) to complete Patient A's prescription chart, failed to log out when called away for a short time. In the interim another doctor opened a different patient's (Patient B) record on ECR and again did not log out. When the first doctor returned to the computer, he/she did not verify the patient's details and assumed it was Patient A's record. The prescription chart was completed using Patient B's medications. This led to Patient A receiving the wrong medication on two occasions however the patient did not come to any harm. (Learning Matters, Issue 3: December 2014).*

### **Learning point**

- Always check the patient details for the ECR record that you obtain and confirm they are correct. It is very easy to type an incorrect number when searching under H&CN.

As with all clinical systems, ECR Users should:

- Log in with your own account details.
- Never leave the computer screen open, log out if you have to leave the computer even for a moment, as someone else could access a different patient while you are away and you may not realise.
- Confirm ECR details (demographic and clinical) with the patient whenever possible.

## Allergy

This section contains allergy information as shown below but may also contain information regarding adverse drug reactions, contraindicated medicines or medicines not considered appropriate for the patient. The information **must be verified with a patient/carer**.

<b>GP Allergies (This must be recorded – Please confirm with patient)</b>		
Allergy Description	Date recorded	Comments
Angiotensin converting enzyme inhibitor not indicated	05-Nov-2013	
Simvastatin	27-Feb-2012	ADR
Penicillin	01-Jun-2001	Rash
<b>OR</b>		
<b>No Known Drug Allergies:</b>	<b>Confirmed / Not confirmed</b>	(Please delete as appropriate)
Signature / Designation:		Date:

## Includes only GP prescribed medicines

*Patient admitted over a weekend. ECR was accessed for the medication history. Patient was usually on clozapine which is a red list medicine supplied by the hospital. Clozapine did not appear on ECR and was not prescribed on admission and patient did not receive it over the weekend. Patient had to be re-titrated on clozapine.*

### **Learning point**

- *Specialist medicines supplied from hospital do not currently appear on ECR.*

- ECR will only contain information on medicines **prescribed using the GP computer system.**
- Medicines supplied by or obtained from another source e.g. specialist medicines supplied by the hospital and over the counter (OTC) medicines are not included. ECR will also not contain any medicines prescribed by a doctor working outside HSC for example, a cross-border GP or private doctor.
- **You must ask a patient/carer or check with other sources if the patient is taking any medicines other than those prescribed by their GP.**

## Current medication

*Patient admitted and ECR accessed. Patient was prescribed perindopril and bendroflumethiazide which had been discontinued two months previously. Doses were not administered as nurse queried if the medicines were appropriate with patient's low blood pressure.*

### **Learning point**

- *Medication listed on ECR may have been recently stopped or changed.*

ECR will contain information on all acute and repeat prescriptions issued within the last 6 months, including medicines that have been prescribed and subsequently discontinued within the last 6 months.

A repeat prescription is a prescription for a patient's regular medicine. An acute prescription is a prescription usually for a medicine that is for short term use however some regular medicines are prescribed in the acute section where doses may change frequently or regular monitoring is required, for example methotrexate.

You **must** check the dates carefully to see when a prescription was last issued to help determine which prescriptions the patient is currently taking. Prescriptions issued more than 6 months ago will not appear on ECR however the patient may still be taking these particularly if prescribed to be taken as required. You must ask a patient/carer or check with other sources if the patient is taking any medicines other than those that appear on the ECR.

The prescription date on ECR (highlighted in blue below) is when a prescription was issued however the patient may not have had the prescription dispensed or may not be taking the medicine as prescribed. If the prescription date is from several months ago, do not assume that that the patient is

no longer taking the medicine; they may have several months' supply dispensed at one prescription (check the 'Total to dispense' column) or have been issued with a supply on discharge from hospital. Patients who are on a repeat dispensing scheme where e.g. a monthly prescription is repeated for 6 months, may not show a recent prescription date. **You must ask a patient/carer or check with other sources to confirm what medicines are current.**

Please ensure ECR information is verified with a second source: patient / carer / PODS / other

**Repeat Medications (last 6 months including discontinued)**

Verified With	Drug	Formulation	Total to Dispense	Dosage Instructions	Medication Start Date	Prescription Date	Cont.	Hold	Stop
	Atorvastatin	Tablets 40mg	56 tablets	TAKE ONE DAILY	27-Jul-2012	20-Jan-2015			
	Citalopram Hydrobromide	Tablets 20mg	56 tablets	TAKE ONE DAILY	14-Jun-2012	20-Jan-2015			
	Brinzolamide	Eye drops 10mg/ml	1x5mls	one drop twice daily to left eye	06-Jan-2010	20-Jan-2015			
	Aspirin	Tablets 75mg	56 tablets	TAKE ONE DAILY	17-Sep-2005	20-Jan-2015			
	Co-codamol 30/500	Tablets	60 tablets	2QDS PRN	19-Apr-2012	17-Nov-2014			
	Atenolol	Tablets 25mg	56 tablets	TAKE ONE DAILY	06-Jan-2010	19-Sep-2014			
	Amlodipine	Tablets 5mg	56 tablets	TAKE ONE DAILY	19-Feb-2009	19-Sep-2014			

**Acute Medication (last 6 months) – Medicines may not be intended for long term use.**

**Review before prescribing**

Verified With	Drug	Formulation	Total to Dispense	Dosage Instructions	Medication Start Date	Prescription Date	Cont.	Hold	Stop
	Trimethoprim	Tablets 200mg	6 tablets	ONE TO BE TAKEN TWICE A DAY	14-Dec-2014	14-Dec-2014			
	Zolpidem Tartrate	Tablet 5mg	28 tablets	ONE NOCTE AS NEEDED	14-Dec-2014	14-Dec-2014			
	Hydrocortisone	Cream 1%	15g	APPLY BD	18-Sep-2014	18-Sep-2014			

*Patient admitted over a weekend. Verapamil not on ECR, omitted from clerk-in and not prescribed on Kardex on admission. Verapamil had been started on recent admission for multifocal atrial tachycardia. On Monday, omission of verapamil noted and patient was tachycardic with heart rate of 140.*

**Learning point**

- *Changes to previous medicines, or new medicines prescribed following a recent hospital admission will not appear in ECR until a GP prescription for these medicines is issued.*

Where a patient has recently been in hospital, remember that any changes may not yet be on the GP medication record and will not appear on ECR until a GP prescription is issued. Check for copies of recent discharge letters that may be available on the correspondence section of ECR.

## Printing ECR

In many trusts, the printed copy of ECR can replace the Medicines Reconciliation Form and avoids the need for transcription. The 'GP Meds Form' provides space to record that the information has been verified with other sources and whether the medicine is to be held, stopped or continued. When printing from ECR, ensure you match the printed copy to the correct patient's notes and attach.

## Hospital discharge prescriptions

Another section of ECR contains correspondence from hospitals to the GP which can include discharge prescriptions from previous admissions. Please note that this section may not contain all discharge prescriptions; some trusts do not use electronic discharge prescriptions or prescriptions may not have been uploaded to ECR.

## Summary

There is a clear message for all users of ECR.

**Always check the medicine and allergy information on ECR with a patient/carer or another source to confirm it is accurate and up-to-date.**

When using ECR:

- C** Confirm ECR with the patient, carer or another source.
- H** Check for recent Hospital admission, any changes and medicines supplied.
- A** Any other medicines that the patient is taking.
- O** Over the counter medicines or herbal remedies.
- S** Sign and date GP Meds Form if using this as the medicines reconciliation form.