

Using a structured framework to support effective transcribing of medicines

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Introduction

Medicine errors are a significant cause of avoidable harm (WHO, 2024) and may occur during transcribing: **'the copying of prescribed medicine details to enable administration'** (RCN 2020). Although once 'unsafe and unprofessional practice', transcribing is now essential in many community, residential, and education settings. Since dedicated guidance is lacking, a transcribing framework was established in a residential school and college for children and young people (CYP) with physical disabilities. The framework incorporates a seven-step best practice approach.

Framework

Proven competence of transcribers

Protected space and time for transcribers

Standardised wording

Triangulation of approved evidence
(3 pieces)

Review of person centred factors
(swallowing, preferences, timings)

Resolve discrepancies with prescriber

Independent check of transcription using
the evidence

Participants and methods

Annually, over 300,000 prescribed doses are administered to our 180 CYP (66% have cerebral palsy; 39% epilepsy; 42% have a gastrostomy) for symptom management (constipation, pain, respiratory difficulties and seizure prevention etc). The framework, derived from a range of pharmacy and nursing guidance, was evaluated over 4 years: outcomes measured included medicine errors and qualitative data from satisfaction surveys. This QI initiative is reported using SQUIRE 2:0.

Results

Over this period, medicine errors reaching CYP **reduced from 0.13% of total medicines administered, to 0.08%**. Over 97% of parents reported their CYP's health needs were met 'all or most of the time'; 93% of students reported positive experiences of medicines support.

Conclusion

The framework was associated with reduced medicine error severity and high user satisfaction. It may support safer, person-centered transcribing in out-of-hospital settings.

References

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