

Abstract**Assessment of legibility and completeness of prescriptions dispensed at State Pharmaceutical Cooperation, Anuradhapura**Rathish D^{1*}, Bahini S¹, Sivakumar T¹, Thiranagama T¹, Abarajithan T², Wijerathne B³, Jayasumana C¹, Siribaddana S⁴¹Department of Pharmacology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka²Department of Physiology, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka³Department of Forensic Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka⁴Department of Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka**Abstract****Background**

Illegibility and incompleteness of drug prescription leads to medical error. We assessed legibility and completeness of prescriptions dispensed at State Pharmaceutical Cooperation (SPC), Anuradhapura.

Methods

A cross sectional study was conducted at SPC, Anuradhapura. Ethical clearance was obtained from the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. A 3-point Likert scale and a checklist (developed from WHO manual and BNF) were used to assess legibility and completeness respectively.

Results

Thousand prescriptions over a period of four months were collected. Number of drugs per prescription was 3.95 (SD 2.2). Most of the prescriptions were hand written (99.8%) and from the private sector (72%). However, 16% of the prescriptions were from government sector and the rest were unclassified. Greater proportion of the prescriptions was legible with effort (65%). Illegible prescriptions were 9%. Name (94%), age (79%), gender (70%), name of prescriber (90%), signature of prescriber (84%), place of prescribing (76%), contact details of prescriber (53%), qualifications of the prescriber (86%), prescriber's rubber-stamp (89%), dose (93%), frequency (97%), duration (92%), and date (88%) were present in more than half of the prescriptions. Address (5%), SLMC registration number (35%), route of administration (7%), generic name (16%), treatment symbol (48%), diagnosis (41%) and refill information (6%) were seen in less than half of the prescriptions. Drug duplications were found in 0.3% of the prescriptions. Route of administration (90%), generic name (87%), frequency (68%) and duration (84%) were correct in most. Dose (67%) and prescriber's rubber-stamp (64%) were incorrect and incomplete respectively in most.

Conclusion

Absence of route of administration and generic name, incorrect dose and incomplete rubber-stamp of the prescriber were common findings. Prescribers' behavior and motives in the above mentioned issues might need to be probed in more detailed manner (e.g. root cause analysis).


Key words: Medical error; Prescription analysis; Generic prescribing

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* **Correspondence** : rathishdeva@gmail.com

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