Transcribing and Verbal orders – what does the new RPS/RCN guidance mean in practice

Heather Randle
Project Lead for Medicines Management and Non-Medical Prescribing
Following the announcement of the withdrawal of the NMC Standards for Medicines Management (2007), the RCN has been working closely with the NMC and other organisations, including the Royal Pharmaceutical Society and other colleges, to review currently available documents and develop new guidelines as needed.

- Safe and Secure Handling of Medicines (RCN Endorsed)

- Professional Guidance on the Administration of Medicines in Healthcare Settings (Co-produced)
  [https://www.rcn.org.uk/clinical-topics/medicines-management/professional-resources](https://www.rcn.org.uk/clinical-topics/medicines-management/professional-resources)
Transcribing
Transcribing

‘The act of making an exact copy, usually in writing’
Transcribing

- Transcribing is the copying of previously prescribed medicines details to enable their administration in line with legislation (i.e. in accordance with the instructions of a prescriber).


- In all situations it is expected that accurate records of medication administration will be kept.

- As the term does not have a legal status, transcribing can be carried out by any trained and competent individual.

- If transcribed information is used as a prescription it is a legal requirement that it is counter-signed by a prescriber.
Transcribing

- Need Organisational policy on transcribing including risk assessment
- Safeguards to ensure transcribing not prescribing
- It cannot be used to issue or add new medication/ change the original prescription
- Only used in the patients best interests to ensure safe and effective care preventing delay in administration
- Appropriate training and assessment of competence
- Illegible, unclear, ambiguous or incomplete medicines are not transcribed
- Caution with High risk medicines such as insulin, anticoagulants, cytotoxics, or controlled drugs.
- Errors in Transcribing and the implications
Verbal Orders

- In exceptional circumstances, where a change or addition is required and a delay in administering would compromise patient care, verbal orders can be used (Exceptions- Schedule 2 CDs)
- Must be underpinned by Risk assessments and organisational policy and/or procedures
- Prescriber must provide a prescription or amend the MAR chart asap (ideally within 24 hours)
- If unable to do this the changes must be communicated by an appropriately secure electronic method.
Thank you for Listening

Any Questions?
https://www.rcn.org.uk/clinical-topics/medicines-management