

Kent and Medway Multi-f

Adapted by the Kent & Medway Advance Practice & Independent Pr

Notes on using this review tool:

- choose up to 10 prescriptions, it is for all/any mu
- peer review will result in better quality review
- Reviewing of multi-professional prescribing is an
- Reviewing is most effective and valuable when in

Prescriber's name:

Place of work:

Prescribing qualification:

Initial date of Prescribing qualification:

Date of last update:

Base profession

For Primary Care, if the prescriber is a paramedic,
please select additional qualification they have?

Date passed Qualification (s)

Scope of practice

[Please enter; free text]

Date scope of practice last reviewed and agreed by
employer:

Patient Assessment

Please answer each question below.
Select answer from drop-down menu

Before a prescribing decision is reached, is there docum

Date the Prescribing took place - please state

Approximate time the prescribing took place - please state

Locality / mode of consultation

Type of prescription

A **physical examination** having been completed?

Present/previous history (including medications)?

Relevant **clinical details** being reviewed/accessed/considered?

Interactions and contraindications?

Allergies/intolerances?

Adverse drug reactions (ADRs)?

A **diagnosis**?

A **rationale** for the prescribing decision?

Rationale in line with **National guidelines / Research?**

A relevant **follow-up plan**? Including end of course of treatment?

Shared decision-making?

Where **nothing was prescribed**, was a decision for this re

Prescription Requirements

Please answer each question below

Select answer from the drop-down menu

Is the prescription **legible**?

Does the prescription show the **correct name** of the medication?

Does the prescription state the **dose** required?

Does the prescription state the **route** of administration required?

Does the prescription state the **frequency** required?

Does the prescription state the **duration** the medication is to be used for?

Is there evidence of recorded discussion with the patient?

Is there a signature / **electronic signature** present?

Has the prescription been **dated**?

Has the prescriber stated the **full name** of the patient/service user?

Does the prescription include the **address** of the patient/service user?

Where the patient/service user is aged **under 12 years of age**?

Controlled Drugs

If you are a Non-Medical Prescriber are you prescribing Controlled Drugs and supplying/prescription-processing/receiving-a-prescription?

***Please note Physiotherapists, Chiropodists/Podiatrists, Paramedics, Community practitioner nurse prescribers etc**

Further Notes Section

Audit Outcome

Satisfactory No future action

Professional Prescribing (MPP) Review Tool

Prescribing Strategy Group with kind permission from Surrey Heartlands Health and Care Partnership and Hampshire and Isle

Multi-professional prescribing scenarios

Opportunity to discuss and reflect on multi-professional prescribing practice within your team integrated with quality improvement

	Reviewer's name:
	Review completion date:
Independent prescriber	Review frequency:
	Review type:
Nurse	
Currently undertaking Advanced Practice MSc pathway	Please note when reviewing - if you are a Paramedic or a prerequisite qualifications if any prescribing has taken place Paramedics-in-general-practice-1.pdf First Contact Practitioners and Advanced Practitioners in I (hee.nhs.uk)

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	Prescription Ref: 1
Documented evidence of:	

ate	
	Phone
	Electronic
	N/A
ered?	
atment/stop date where relevant	
corded?	
	Prescription Ref: 1
	Yes
icinal product?	
equired?	
should be taken for?	
for unlicensed/off label use?*	
ervice user?	
service user?	
d, is the date of birth stated?	
Ds from the approved list: <a href="https://cpe.org.uk/dispensing-
ion/who-can-prescribe-what/">https://cpe.org.uk/dispensing- ion/who-can-prescribe-what/	
, Dentists, Therapeutic Radiographers, Optometrists, cannot prescribe unlicensed medicines	

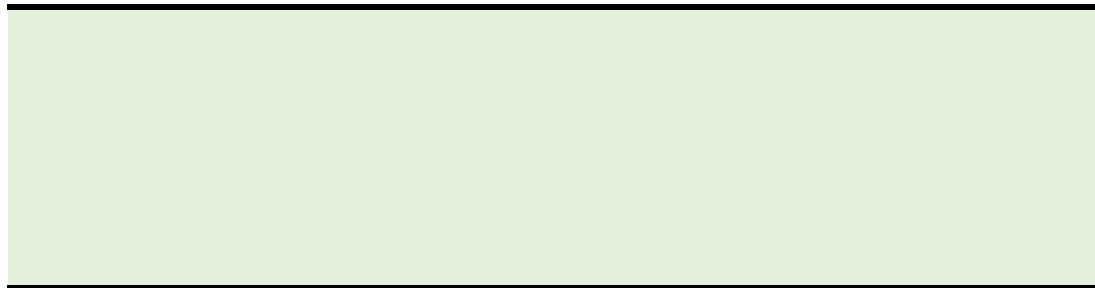
of White Integrated Care System

m and/or organisation

Annual
Self-review

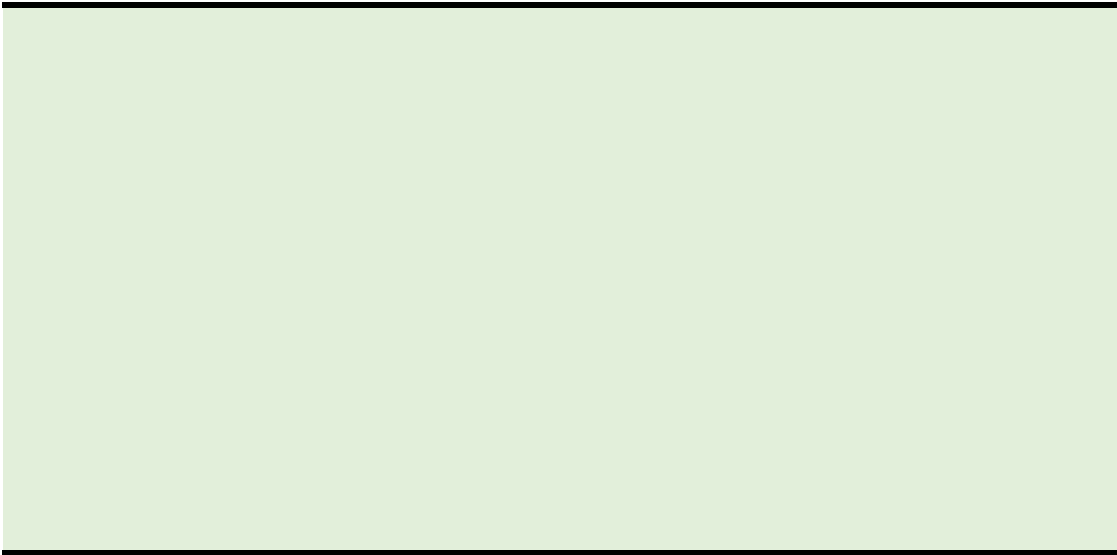
When auditing a Paramedic, please note the required
reference. B1847-
Primary Care: (Paramedics) A Roadmap to Practice

Prescription Ref: 2	Prescription Ref: 3	Prescription Ref: 4

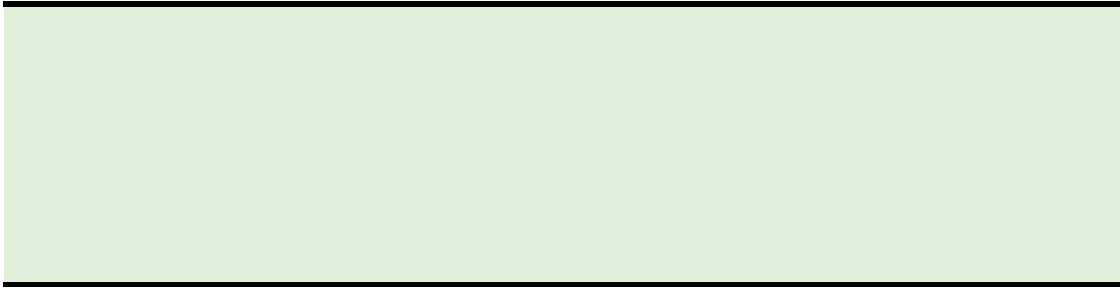


process rather than an end in itself. This includes establishing best practices, measuring current
Curriculum Improvement Tools'



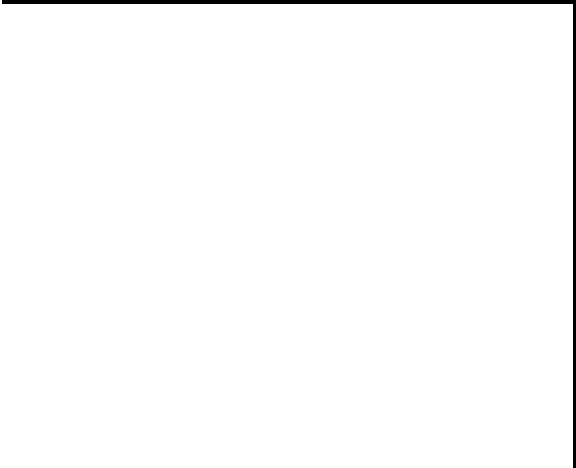
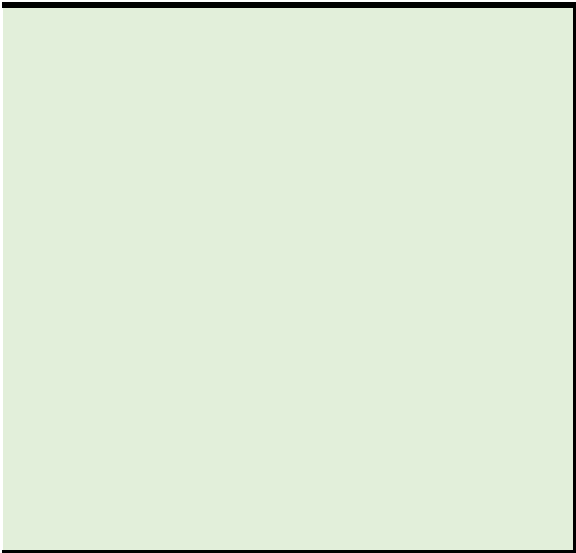


Prescription Ref: 5	Prescription Ref: 6	Prescription Ref: 7	Prescription Ref: 8

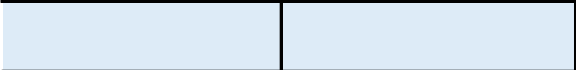


ent practices, providing feedback, implementing changes, and continuous monitoring. Excell





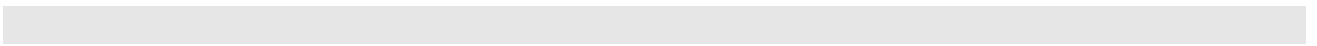
Prescription Ref: 9	Prescription Ref: 10
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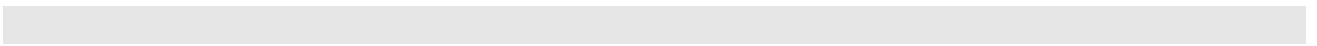


ent resources can be found on Healthcare









Please select from the drop-down list



Peer review audit
Self-Audit

Supervisor's audit

Yes
No
N/A

Please select from the drop-down list

Roadmap
1

Road
None
Both
N/A



Please select from the drop-down list

Satisfactory - no
further
action

