NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: PRACTITIONER OUTPATIENT MEDICATION PRESCRIPTIONS

NUMBER: NN-MM-15

EFFECTIVE DATE: 01/05/06

REVIEW DATE: 2/19/09, 2/26/12, 4/18/13

APPROVAL: Cody L. Phinney, Agency Director

~~~~~~

I. PURPOSE

To establish uniform prescribing standards for all outpatient medication prescriptions

II. POLICY

All prescriptions must meet certain criteria before medications can be distributed upon those orders.

III. REFERENCES

1. Code of Federal Regulations (CFR) Title 21 Food and Drugs.
2. Nevada Revised Statutes (NRS) Chapter 639 Pharmacists and Pharmacy.
3. Pharmacy Policy 4.2
4. NNAMHS Policy NN-MM-02 Medication Administration Times
5. NNAMHS Policy NN-MR-06 Abbreviations
~~~~~~

6. NNAMHS Policy NN-MM-14 Pharmaceutical Definitions

V. PROCEDURES

A. All prescriptions must be written on duplicate physician's prescription blanks in accordance with all Federal, State, and NNAMHS requirements.

B. Each prescription must include the consumer's name.

C. Each prescription must include the following medication information:

1. Name of the drug (generic preferred).
2. Strength of drug in the metric system.
3. Route of administration (IM, PO, SL).
4. Frequency of administration must be specific. e. Specific directions for use of the drug.

D. The date the prescription was written.

E. Quantity of medication to be dispensed.

F. The number of refills allowed by the practitioner.

G. Each prescription must be signed by the practitioner authorized to prescribe at this agency.

H. A practitioner's agent may be designated by the medical staff.

I. Medical, Nurse Practitioner, or Physician Assistant students are authorized to complete medication prescriptions, but they will only become valid orders upon countersignature by an authorized practitioner.

J. Prescriptions are valid for up to 120 days unless limited further by State or Federal law or NNAMHS policy.

K. Prescriptions must not be written for more than a 30-day supply plus three refills.

1. A prescription written for 30 days with zero refills is valid for 30 days.

2. A prescription written for 30 days with one refill is valid for 60 days.
3. A prescription written for 30 days with two refills is valid for 90 days.
4. A prescription written for 30 days with three refills is valid for 120 days.

L. No more than three medications may be written on one prescription form.

M. Controlled substances must be written on a separate prescription.

N. Class II prescriptions must be written on a separate prescription.

O .Prescriptions for injections must be written on a separate prescription.

P. Prescriptions are valid only for current qualifying outpatients.

Q. Inpatient discharge prescriptions shall meet all of the above criteria and will be filled in accordance with all outpatient policies and procedures upon approval from the Patient Accounts Department.