NHS
Kent and Medway

Kent and Medway Position Statement: Safe Prescribing of Injectable Medicines in Primary Care

Recommendations:

Kent and Medway ICB recommend that where injectable preparations are required, for example in palliative care, to avoid confusion and potential error that prescribers use the following recommendations.

Prescribing Recommendation	Example
Prescribe in mg instead of ml, **OR** Include both mg and the equivalent number of mls that make up this dose on the prescription.	Administer 2.5mg **OR** Administer 2.5mg (0.25ml)
Ensure the route of administration is clearly included in the prescription.	Administer (dose) by subcutaneous injection
Avoid abbreviations.	Write 'micrograms' in full Write 'units' in full
Ensure you are familiar with the medicine and that the dose, frequency, route and duration are appropriate.	
Ensure the indication for 'when necessary' (PRN) medicines is added.	Administer 2.5mg (0.25ml) every 4-6 hours **when required.**
In primary care injectable opioid preparations should not be prescribed for patients with chronic pain.[1]	

Aims and Further Guidance:

These recommendations aim to:

- Improve the safety of prescribing injectable medicines in primary care.
- Minimise the potential harm associated with prescribing injectable medicines.
- Minimise any confusion for patient relatives.

Further guidance to support prescribing of injectables in palliative care:

- Anticipatory prescribing at End of Life (Adults)
- Kent and Medway Palliative Care Community Prescription Chart
- Guidelines for the use of the Kent and Medway Palliative Care Drug Chart

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Key issues:
Healthcare professionals should be aware that: • The majority of injectable preparations prescribed within primary care are likely to be for palliative patients. • A near miss has been reported where a box of injectable oxycodone was prescribed and labelled as 'Give 2.5**ml**', instead of 2.5**mg**. This would have resulted in a **ten times overdose** for the patient if administered. • An incident has also occurred where a patient was inadvertently administered a morphine ampoule orally by their relative. *These recommendations are intended for use alongside clinical and professional judgment*

References:
[1] Recommendation of the East Kent Opioid Stewardship Group

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