

# Prescription



(Pharmaceutics II)  
Unit 1

# DEFINITION

- ▶ A prescription is a written order (handwritten or electronic) by a **registered physician** directing the **pharmacist** to prepare or dispense pharmacological agents/medications for the diagnosis, prevention or treatment of a disease.



# Types of Prescription

► There are mainly two types of prescription:

1) Pre compounding prescription:

Prescription for already prepared drug (by pharmaceutical companies) e.g. Cap. Ciprofloxacin (500 mg) etc.

2) Extemporaneous prescription:

The pharmacists prepare the medication according to the drugs and dosages directed by the physician.



# Difference between Pre-compounding and Extemporaneous Prescription

## Types of Prescription

Pre-compounding prescription	Extemporaneous (Impromptu) prescription
It is the prescription that contain drugs available in pre-compounded form and is dispensed as it is.	A working definition of <b>extemporaneous dispensing or compounding</b> is the mixing together of the ingredients of a prescription or drug formula and generally refers to a manual process performed for individual orders by a dispenser or pharmacist.
Pharmacists or Nursing Staff dispense the drugs as directed by the physician	Pharmacists or Nursing Staff prepare the medication according to the drugs and dosages as directed by the physician
More common these days	Seen in limited scenario, e.g. Ayurvedic prescriptions, ICU prescriptions
Comparatively safer as the dosage forms are not modified.	<b>Higher risk:</b> The 'peppermint water case' of UK: wrong strength of chloroform water leading to the death of a child

# PARTS OF PRESCRIPTION

► An ideal prescription should have the following parts:

► **Date**

► **Superscription**

► **Inscription**

► **Subscription**

► **Transcription**

► **Signature**

## The prescription's four main parts:

The image shows a sample prescription form with the following parts labeled:

- DEA Number:** DEA # AC1273628
- Prescriber Information:** Phone: 555-3752; Eva Adams, M.D.; 298 Appleby Street; Eden, NY 14057
- Patient Information:** Name: Laurel Hardy; Age: 41; Address: Abel St, Eden; Date: 06/16/06
- Superscription (Meaning Recipe):** Rx
- Inscription (Medication prescribed):** Phenobarbital 0.075; Dimethicone 0.020; Magnesium Carbonate 0.050
- Subscription (Instructions to Pharmacist):** m. fl<sup>x</sup>12
- Transcription (Directions for Patient):** Sig 2 capsules tid and ho
- Signature:** E. Adams M.D.
- Special Instructions:** THIS PRESCRIPTION WILL BE FILLED ONLY IF THE PHARMACIST WRITES "DA" IN THE BOX BELOW
- Dispense as written:** A box for the pharmacist to write "DA" if they dispense as written.



## ▶ Date:

- To know when the medicines were last dispensed
- To prevent the misuse of the drug by the patients

## ▶ Superscription:

- ▶ Information about the prescriber (name, address and telephone number)
- ▶ Information about the patient (full name, address, gender, DOB, weight & height if necessary)
- ▶ Rx symbol
  - It is an abbreviation of Latin term **“Recipe”**, meaning **“to take”** or **“take thou”**

▶ Inscription:

-Main part of the prescription.

-It gives the information about the name of the drug (generic or trade name), its formulation and unit dosage.

▶ Subscription:

-Subscription provides information to the pharmacists about the quantity and dosage form of the drug to be dispensed.

▶ Transcription:

-Transcription is the *prescribers direction* to the patient contains instruction about the amount of drug, time and frequency of doses to be taken.

## ► Signature & Instructions:

- Prescription should be signed by the prescriber.
  - Refill instructions (if needed)
  - Special instructions (if any)



## **A Prescription should be:**

- Kept simple
- Abbreviations free (if necessary Latin abbreviations should be used)
- Trailing zeros should be avoided, Leading zeros must be added
- It should provide clear and specific directions



# ANALYSING SOME PRESCRIPTIONS

We collected and studied about 20 prescriptions from different patients visiting different doctors in Dhaka and found the problems occurring during prescribing.



# The most common problem!

**কবীর ফার্মেসী**  
 ৭৯, শান্তিনগর বাজার মসজিদ মাঠে (২য় তলা)  
 ঢাকা-১২১৭। ফোনঃ ০১১৯০২২৮৩৮৭  
**রোগী দেখার সময়**  
 সকাল ১১:০০ - দুপুর ০২:০০ পর্যন্ত (শুক্রবার)  
 সন্ধ্যা ০৭:০০ - রাত ০৯:৩০ পর্যন্ত (সাতরবিবার)

**ডাঃ মোঃ বেলায়েত হোসেন**  
**Dr. Md. Belayet Hossain**  
 MBBS (DMC), BCS (Health)  
 Director (Ex.) Health, Dhaka Division Dhaka  
**Mobile : 01716 235 787**

**CHAMBER : 2**  
**KISHWAR PHARMACY**  
 4, Shantinagar, Dhaka-1217  
 Tel : 02 8319151  
**Consultation Period**  
 07 : 00 pm - 09 : 30 pm  
 (Friday Closed)

Name: *[Handwritten Name]* Sex: **F** Age: **18yrs** Date: **5.12.2017**

*5 ml / 100 mg*

**Rx**  
 ১ Tab Zinzin (5) ৫০০ ml  
 ১/২ Tab Montem ১০০ (10) ১৫  
 ১/২ Tab Rosiva (10) ৫০০ ml  
 ১/২-১/২ after food.

*5/12/2017*

*10/12/2017*  
 ১ Tab ompiflox (7) ১০০০ ml (after food)  
 ১ Tab doxycilin (10) ১০০ ml after food

*10/12/2017*



CHAMBER : 1

কবীর ফার্মেসী

৭৯, শান্তিনগর বাজার মসজিদ মার্কেট (২য় তলা)  
ঢাকা-১২১৭ | ফোনঃ ০১১৯০২২৮২৮৭

রোগী দেখার সময়

সকাল ১১ : ০০ - দুপুর ০২ : ০০ পর্যন্ত (প্রতিদিন)  
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ডাঃ মোঃ বেলায়েত হোসেন

Dr. Md. Belayet Hossain

MBBS (DMC), BCS (Health)

Director (Ex.) Health, Dhaka Division Dhaka

Mobile : 01716 235 787

CHAMBER : 2

KISHWAR PHARMACY

4, Shantinagar, Dhaka-1217

Tel : 02 8319151

Consultation Period

07 : 00 pm - 09 : 30 pm  
(Friday Closed)

Dr. Kishwar  
Kishwar  
(2)

Name: Mr. M. J.

Sex: M

Age: X

Date: 13.3.2014

Rx

4 Cap Chimepin 300 (21)

11 Tab. Acifex (14) cap study after food.

not read simplified

13.3.2014

HOW MANY?  
??



# NOT ENOUGH INSTRUCTIONS!

## Treatment

Lotanor 1 eye qd  
1x3 bid B/E

Cap Dox / Dorycycle (1007)  
1 + 1 - (30)

2 swab

26/4/19  
Dr. Khandoor, Mahmud Huda  
MBS, DO  
Department of Ophthalmology  
Ad-din Medical College, Dhaka

17/6/19  
Refractive - contact

1 + 1 - (30)  
Dora

Token Number	: 008
Registration Number	: B-69125
Name	: / (F)
Age	: 21Y 00M 00D Type : General
Bill No	: H05/107527 / CASH (NEW)
Date	: 15/11/2014 Time : 5:27:17PM

SD E AD.  
 P. versicolor  
 E premature greyness.  
 E Infra orbital  
 Melanosis

- Rx
1. Tab. Fixal (120mg)  
 ot ot 1 — continue
  2. Tab. M-Kaef (10mg)  
 ot ot 1 — continue
  3. Cap. Candimil (200mg)  
 ot ot 2 <sup>with</sup> (8)  
 Hm 2 2s m 2/5  
 every Saturday — 4wk
  4. Neostien He cream  
 Hm 2 m (Hm 2 m) 2/5  
 Hm 2 2s m — 8wk
  5. Sensibio eye gel  
 Hm 2 m (Hm 2 m) 2/5  
 Hm 2 2s m — 8wk
  6. Novophane DS Shampoo  
 Hm 2 2 Hm 2 2s

Adv.  
 Blood  
 CBC  
 S/E

*Jan*

7. Hair Vital shampoo  
 Hm 2 2 Hm 2 2s  
 Hm 2 2s — 8wk

8. Bergamol Hair lotion  
 Hm 2 m Hm 2 m  
 Hm 2 2s — 8wk

9. Tab. Ortical (400mg)  
 ot ot 1 — 8wk

10. Tab. Grelpant H  
 ot ot 1 — 8wk

11. Depiwhite body milk  
 Hm 2 m 2/5  
 Hm 2 2s — 8wk

12. Cleovera lotion  
 Hm 2 m Hm 2 m  
 Hm 2 2s — 8wk

13. Cap. Cod liver oil  
 ot ot 1 — 2wk



B-000069125



There were some prescriptions where we found out that the doctor had taken patient history and it provided a better understanding of the patient's disease condition.

**ডাঃ গোবিন্দ বনিক**  
 এমবিবিএস (ঢাকা), এফসিপিএস (মেডিসিন)  
 (হোসপেটার পুরস্কার লাভ)  
 মেডিসিন বিশেষজ্ঞ  
 সহকারী অধ্যাপক, মেডিসিন  
 ঢাকা মেডিকেল কলেজ হাসপাতাল।

**Dr. Gobinda Banik**  
 MBBS (Dhaka), FCPS (Medicine)  
 Medicine Specialist  
 Assistant Professor, Medicine  
 Dhaka Medical College Hospital.

Name: A [redacted] Age: 18 Yr Weight: \_\_\_\_\_ Sex: ♂ Date: 11.01.15

No Haemoptysis - 2 episodes  
 : Occasional gum bleeding  
 Ecchymoses w abdomen following trauma  
 No Jaundice 2004  
 No cough

✓ TAB. Clavusef 500mg  
 st+st+st - 9 দিন  
 (আহাঙ্গর পর)  
 ✓ TAB. Traxyl 500mg  
 st+st+st - 2 দিন  
 (আহাঙ্গর পর)

Anemia  
 Jaundice / @

No organomegaly  
 No lymphadenopathy

15.01.15 *[Signature]*

✓ TAB. Vasco - 9 দিন  
 st+st+st  
 (আহাঙ্গর পর)

H<sub>2</sub>NAD- No stigmata of  
 L.C.D.

✓ TAB. Finix 20 - 2x৩০  
 st+st+st

XR: (N) S. Bilir: 0.9  
 JSG: (N) CBC: ESR 17  
 SGR: 47

RF BT. CT.  
 APTT  
 Prothrombin Time  
 Factor VIII assay

- ADV: CBC □ RBS □ Fasting □ 2HABF
- S. Urea □ S. Creatinine □ T3 □ T4
- S. Electrolytes □ LFT □ CRP □ HBsAg □ Anti-HCV
- RA Test □ M.T. Test □ FT3 □ FT4 □ TSH
- HbA1c □ S. Bilirubin □ SGOT □ SGPT
- S. Uric Acid □ VDRL □ Widal Test
- S. Lipid Profile □ Protein Profile
- Urine R/E □ CXR (PA View)
- USG Whole Abdomen □ ECG
- Echo Color Doppler

Chamber: \_\_\_\_\_



**Siddeshwar Hospital (Pvt) Ltd.**  
 54, Siddeshwar Road, Dhaka-1217  
 Tel: 931-8119, 931-8529, 931-9602  
 Mobile: 01755590990-2

(Thursday & Friday Closed)

Visiting Hours: 5.00pm to 9.00pm

সমস্যা হলে যোগাযোগ করুন।  
 ডায়ালিসিস ইউনিট: ০২-৮০২৮০০২ | ৮০-৬৬৪  
 সার্জিক্যাল ইউনিট: ০২-৮০২৮০০৬ | ০২-৮০২৮০০৬



# ORGANISED INFORMATIONS!

অধ্যাপক ডাঃ প্রজেশ কুমার রায়  
 এমবিবিএস, এফসিপিএস, এমডি (গ্যাস্ট্রোএন্টারোলজী)  
 গ্যাস্ট্রোএন্টারোলজী, বিহার রোগ ও ডেভিডিন বিশেষজ্ঞ  
 অধ্যাপক, গ্যাস্ট্রোএন্টারোলজী  
 বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়  
 (এফ.পি.জি. হাসপাতাল), ঢাকা

**PROF. (DR.) PROJESH KUMAR ROY**  
 MBBS FCPS (MED), MD (Gastroenterology)  
**Gastroenterologist & Physician**  
**Professor Gastroenterology**  
 Bangabandhu Sheikh Mujib Medical University  
 (Ex-P.G. Hospital), Dhaka, Bangladesh  
 REG. No. : 5941

Name : MR. M Age : 24 Date : 9 MAR 2015

ঔষধ	সকাল	দুপুর	রাত	সাপ্তাহিক		কক দিন
				আগে	পরে	
map. (Cefadroxil) 120/20. T. Tygium.	2	0	2	1		20/15
T. Protonix (20)	2	0	2	1		2/2/2
Syn. Novelta	2/1/2/2	0	2			

# COMPARISON





# TYPED PRESCRIPTION Vs. HAND WRITTEN PRESCRIPTION



OHID : 536703 Visit No : 2  
 Patient Name : Mr. M. AHMED Age/Sex : 22 Yrs. /M  
 Prescriptio No : 1465118 Prescription Date : 16/03/2015 16:03 PM  
 Remarks : 0 Vital Sign :

Pharmacy Order		
S#		No of Time No of Days
Prescription No: 1465118		
1	<b>GENERIC NAME</b> : BIOTIN 300 mcg Instruction/Route : 1+0+1	2 60
2	<b>GENERIC NAME</b> : CLOBETASOL PROPIONATE 0.05 % (Scalp) Instruction/Route : APPLY OVER THE SCALP AT NIGHT FOR 7 DAYS	1 7
3	<b>GENERIC NAME</b> : MINOXIDIL 5 % (TOPICAL SOLUTION) Instruction/Route : APPLY ON BALD AREA OF THE SCALP CONTINUE UNTILL HAIR GROWTH ( START AFTER 7 DAYS )	- -
4	<b>GENERIC NAME</b> : NODE DS+Antipelliculaire ( Anti-Dandruff) SHIMPOO Instruction/Route : USE OVER THE SCALP IN EVERY ALTERNATIVE DAY CONTINUE	- -
5	<b>GENERIC NAME</b> : HAIR Loss SHAMPOO (Gro-Medico) Instruction/Route : USE OVER THE SCALP IN EVERY ALTERNATIVE DAY CONTINUE	- -
<b>Drug Allergy</b> :		

OP Investigation Order		
S#	Service Name	Remarks
Order No: 881327		
<b>LABORATORY</b>		
1	TESTOSTERONE SERUM	
2	Dehydroepiandrosterone Sulfate (DHEA S)	

In case of experience any allergy, skin rash or any other untoward reactions which you thing may be due to medication, contact immediaty to emergency department of Apollo Hospitals Dhaka. Apollo emergency contact no :Hotline: 10678, Landline: 8401661, Ext: 2158, Mobile:01714990000

Prescribed By : Dr. JASMIN MANZOOR Printed By : 13860  
 Note: This is a Computer Generated Prescription. \*\*\*\*\* Printed date/Time: 16/03/2015 16:03

Contact No: 028845242 (For Appointment)



# Hand Written Prescription

**কবীর ফার্মেসী**  
 ৭৯, শান্তিনগর বাজার মসজিদ মার্কেট (২য় তলা)  
 ঢাকা-১২১৭ | ফোনঃ ০১১৯০২২৮৫৮৭

**রোগী দেখার সময়**  
 সকাল ১১:০০ - দুপুর ০২:০০ পর্যন্ত (শ্রুতিদিন)  
 সন্ধ্যা ০৭:০০ - রাত ০৯:৩০ পর্যন্ত (শুক্রবার)

ডাঃ মোঃ বেলায়েত হোসেন  
**Dr. Md. Belayet Hossain**  
 MBBS (DMC), BCS (Health)  
 Director (Ex.) Health, Dhaka Division Dhaka  
**Mobile : 01716 235 787**

**CHAMBER : 2**  
**KISHWAR PHARMACY**  
 4, Shantinagar, Dhaka-1217  
 Tel: 02 8319151

**Consultation Period**  
 07:00 pm - 09:30 pm  
 (Friday Closed)

*১১/১১/*  
*১২/১২*

Name: *[Handwritten Name]* Sex: *F* Age: *18yrs* Date: *5.12.2017*

**Rx**

*1 Tab Zinzin (7)*  
*১০০০*

*1/2 Tab Montem 100 (10 tabs)*  
*১০০০*

*1. ১০ Tab Roxiva (10 tabs)*  
*১০০০*  
*1/2 each after food.*

*১০/১২/২০১৭*

*১০/১২/২০১৭*

**Rx**

*1 Tab ampiclox (7)*  
*১০০০*

*1. ১০ Tab clarithin (10)*  
*১০০০*  
*১০০০*  
*১০০০*  
*১০০০*

*১০/১২/২০১৭*



# Between Prescriptions from two different veterinary physician



**Dr. K. B. M. Saiful Islam**  
 DVM (Gold Medal, CU)  
 MS (Dist., BAU), MS (Japan)  
 PGD (Denmark), Ph.D. (Japan)  
 STT (CVA), ITC (India)  
 Higher Training in Pain Management  
 Registered Veterinary Practitioner (BVC Reg. No. 2003)  
 Fellow: TANUVAS (India), MEXT (Japan), DANIDA (Denmark), EII (China), IUMS (Canada), MERIAL-Asia (Singapore)

**Chairman & Assistant Professor**  
 Dept. of Medicine & Public Health &  
 Center-in-Charge  
 Zoonotic Diseases Research & Information Center (ZDRIC)  
 Sher-E-Bangla Agricultural University, Dhaka &  
**Founder & Chief Consultant**  
 Vet. & Pet Care  
 Mob. 01711-120-168  
 01674-173-844

Pet's Name: [redacted] Owner: [redacted] Species: Can Date: 10-10-2015  
 Age: 7 yr 6 m d B. Wt. 15 kg Sex: ♂

**CC**  
 - w/o epileptic episodes - 2 yr.  
 - Dorsomed - 4 M back.  
 - w/o FD all over body.  
 - Skin rashes  
 - Increased thirst & urination unusual.

**OE**  
 Temp. 101 °F  
 PR/HR/min 140  
 RR/min 36  
 Eyes:  
 Nose:  
 Hair coat:  
 Anus:

**Others:**

**Adv.**  
 Ample water.

**Rx.**  
 ① Tab. Doxoral ~~plus~~ plus  
 1/2 tab orally once.  
 ② Skinabin cream { apply on skin  
 lesion 1x daily 15d.  
 ③ Betnovate-N cream }  
 ④ Velkin shampoo  
 use at bath as demonstrated  
 ⑤ Tab. Epinal 60 mg  
 3/4 tab once daily for 15d.

✓ Please preserve the prescription for future reference.  
 ✓ Please consult after

Vet. & Pet Care  
 (www.facebook.com/vetnpet.care)

**PET CARE**

Dr. Siamak  
 VETERINARY SURGEON  
 D.V.M., M.Sc. In Obstetrics  
 Visiting hours: 11am to 2pm

House No 56, Road No 9/B  
 Sector No-5, Uttara, Dhaka  
 Tel : 8917249,  
 Mob : 01711561155

Date: 9/4/2016

Rx  
 ① cipro - D  
 eye drop - 1

*[Signature]*

Rx  
 ① Tab. Barbit  
 (60mg) - 100  
 $\frac{1}{4} + 0 + \frac{1}{4}$

The day it will  
 happen give him  $\frac{1}{2}$  for  
 15 days then  $\frac{1}{4}$  for 6  
 months

*[Signature]*

# Between prescriptions from Bangladeshi doctors and American doctors

ইনসুলিন নাথার কন্ট্রোল

১) Ansulin 30/70 (u-100)  
14+0+1D (+2)  
(খাবার... ফটা/মিষ্টান্ন আগে/পরে)

২) Tab. Glucomet (850 mg)  
0+1+1 (2hr. m)

৩) Tab. Tenoren (50 mg)  
1+0+0 (m.m)

৪) Tab. Avas (10 mg)

বি. দ্র: যাদের ডায়াবেটিস আছে তাদেরকে প্রতি ৩ (তিন) মাস সুস্থের HbA1c এবং বছরে কমপক্ষে একবার Lipid profile S. Creatine ও এসআবে মাইক্রোএলবুমিন পরীক্ষা করতে হবে।

৫) Tab. Ker. rosall-D  
দ্বিতীয় ভিজিটে করণীয়ঃ 0+1+0 (m.m)  
রক্ত পরীক্ষার জন্য সময়মতো রক্ত দিন।

Dr. A K Kundu  
MD, DM  
Diabetologist & Endocrinologist  
SMO, MOPD, BIRDEM Hospital

রক্তম (RBG) R

HbA1c R

প্রস্রাব

সুগার

এলবুমিন

এসিটোন

অন্যান্য

খাদ্য নিয়ন্ত্রণ ও ব্যায়াম করবেন

১) Ansulin 30/70  
14+0+1D  
16-0+12 s/c  
1/2 hr before meal

2) Tab Glucomet 850  
0+1+1 6am  
2hr. m

3) Tab Tenoren 50  
1+0+1/2 6am

4) Tab Avas 10  
0+0+1 6am

১৯/১২

মাস পর  
F, ABP, AL, HbA1c, TG,  
Chol, HDL, LDL, Creat,  
SGPT, SK, CBC, ESR

600

DR. MD. FARHAD HOSBAIN SARKER  
Senior Medical Officer  
MOPD, BIRDEM



**Orders From Today's Visit**

Future Lab/Procedure GLYCOSYLATED HEMOGLOBIN (A1C)	Complete By 1/13/2016 (Approximate)	Expires 4/12/2016
-------------------------------------------------------	----------------------------------------	----------------------

**Your Diagnosis From Today's Visit**  
Type I diabetes mellitus, uncontrolled - Primary  
Tobacco dependence in remission

**Follow-up**

Disposition Return in 6 weeks (on 1/13/2016) for Diabetes Management Visit	Check-out Note 40 minutes with AIC
-------------------------------------------------------------------------------	---------------------------------------

**Medications Discontinued This Visit**

metFORMIN (AKA: GLUCOPHAGE) 500 mg oral tablet	Take 1 tablet (500 mg total) by mouth before a day
------------------------------------------------	----------------------------------------------------

**Current Medication List**

**STOP taking these medications**

metFORMIN 500 mg tablet  
Commonly known as: GLUCOPHAGE  
Stopped by: Holm, Mark D, MD

**TAKE these medications**

ACCU-CHEK AVIVA PLUS METER  
Generic drug: test-glucose meter

ACCU-CHEK AVIVA PLUS TEST STRIP Strip  
Quantity: 200 Each  
Generic drug: Test Strip Diagnostics  
USE TO TEST 8 TIMES DAILY

ACCU-CHEK SOFTCLIX LANCETS  
Generic drug: lancet

insulin aspart 100 units/mL, liqn  
Commonly known as: NOVOLOG FLEXPEN  
Quantity: 9 Pen  
Breakfast 5 units, lunch 11-12 units, supper 9 units, 4 units for snack pm

insulin glargine 100 units/mL, 0 mL liqn  
What changed:  
- how much to take  
- additional instructions  
Commonly known as: LANTUS SOLUSTAR  
Quantity: 6 Pen  
Inject 20 Units subcutaneously insulin every 24 hours. See insulin instructions. Max daily insulin dose.

Humalog Pen Needle 32 gauge x 5/32" Needle  
Generic drug: multi-use insulin (exposer)

Note: This is the list of medications that we currently have on file for you. Please compare this list of medications with your list of medications at home. Call the prescribing health care provider if you notice any differences.

**Your Diagnosis From Today's Visit**  
Type I diabetes mellitus, uncontrolled - Primary  
Tobacco dependence in remission

**Current Health Issues**

Patient Active Problem List

Diagnoses

- Diabetes mellitus type 1
- Hemoglobin E trait
- Tobacco dependence in remission

**Allergies**

Shrimp	Hypersensitivity
Difficulty breathing, gets red in his ears and eyes, itching.	

**Immunization History as of 3/29/2016**

INFLUENZA VACCINE	10/16/2015
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**Health Maintenance Summary**

HPV Vaccines	Overdue	7/30/2004
DTaP/Tdap/Td Vaccines	Overdue	7/30/2012

**Your Future Appointments (Maximum of 5 display)**

Ahmed, Shabin Bin (MR # 10244200) Printed at 3/29/16 11:58 AM

## After Visit Summary

**Shabin Bin Ahmed**  
3/29/2016 1:00 PM - Office Visit

Provider: Holm, Mark D, MD  
Department: Endocrinology  
Dept Phone: 320-229-5000

**Ethnicity, Race, Language, Religion, Sex**

Ethnic Group Non-Hispanic	Race Asian	Preferred Oral Language English	Preferred Written Language English	Religion Muslim	Sex Male
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**Reason for Visit**  
Diabetes

**Instructions**

### Insulin Management Regimen

**Patient Name:** Shabin Bin Ahmed      **DOB:** 7/30/1993

**Blood Sugar Testing Frequency:** before meals and bedtime  
3 am once per week

**Fast Acting Insulin:** Novolog/aspart  
**When to Dose:** before meals

Type of Carb Coverage:	All Meals	Breakfast	Lunch	Dinner	Bedtime	Overnight
1 Unit of Insulin per _____ gram (Carbohydrate)	10				10	10

  

Glucose Correction Scale	All Meals	Breakfast	Lunch	Dinner	Bedtime	Overnight
Under 60 mg/dL	-3					
60-80 mg/dL	-1					
81-110 mg/dL	No change					
111-150 mg/dL	1					
151-200 mg/dL	2					
201-250 mg/dL	3				1	1
251-300 mg/dL	4				2	2
301-350 mg/dL	5				3	3
351-400 mg/dL	6				4	4
Over 400 mg/dL	7				5	5

  

Intermediate/Long Acting Insulin	Breakfast	Lunch	Dinner	Bedtime	Overnight
Lantus (Glargine 100 units/mL) Tresiba (Insulin Degludec) [100 units/mL]				21	

**Diet & Dosing**

- Do not use correction scale if you have eaten or taken Novolog/aspart, Humalog/lispro, Apidra/glior or Regular insulin within the last 3 hours. Do use carb coverage.
- If calculated dose includes a half amount, round down to the nearest whole number.

**Activity:**  
**Additional Instructions:** +2-4 AM checks at least weekly initially. The goal is to have overnight glucoses greater than 80 mg per dl with bedtime glucoses greater than 120 mg per dl.

Ahmed, Shabin Bin (MR # 10244200) Printed at 3/29/16 11:58 AM

# Ten Steps To Minimize Prescription Error

1. Correct entry of the prescription must be ensured.
2. It should be confirmed that the prescription is correct and complete.
3. A prescriber or pharmacist must be aware of look-alike, sound alike drugs.
4. Extra care should be given with zeros and abbreviations.
5. Workplace must be organized.



**“You haven’t been taking your cholesterol medication, have you Mr. Grosshart?”**

# Ten Steps To Minimize Prescription Error



6. Distraction should be reduced when possible.

7. Focus must be given on reducing stress and balancing heavy workloads.

8. Drugs should be stored properly taking adequate time.

9. All prescriptions should be checked thoroughly.

10. Thorough patient counseling should be provided.



