

**A STUDY ON ACCURACY AND COMPLETENESS OF  
HANDWRITTEN OUTPATIENT PRESCRIPTIONS IN SRI LANKA**

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Medication errors can occur in all stages of the medication process: prescribing, dispensing, administration, monitoring and documentation. Among them most of the prescription errors occur in the prescription writing process. The aim of present study was to identify and quantify possible errors in handwritten outpatient prescriptions in relation to adherence to standard guidelines on the layout and content of the prescriptions. Legibility and harmful drug interactions in the prescriptions were also assessed in this study. A sample of 200 handwritten outpatient prescriptions with more than three drugs were collected from two pharmacies located in Aluthgama, a suburban area and Kandy, an urban area. Data were extracted from the prescriptions using a pilot tested questionnaire for essential elements of prescriptions, drug interactions and legibility of the prescription. Results of prescriptions from Aluthgama were compared with results of prescriptions from Kandy. According to the results of this study patient name was present in 37.5% of the prescriptions and age was present in 46% of the prescriptions. Ninety point five percent of the prescriptions from both locations had name of the prescriber. Contact details, qualifications and signature of the prescriber were present in 74%, 85% and 75% of the prescriptions, respectively. But only 16% of the prescriptions had registration number of the prescriber. Date of consultation was present in 81.5% of the prescriptions. Non-standard abbreviations were present in 36.5% of the prescriptions while incomplete units were present in 51% of the prescriptions. Avoidable decimal points were not present in any of the prescription. Eleven point five percent of the prescriptions had harmful drug interactions and 49.5% of the prescriptions from both locations were illegible. Results of five studied attributes such as name of the patient, registration number, date of consultation, non-standard abbreviations and legibility of the prescriptions were significantly different between prescriptions from specialists and general practitioners ( $p < 0.05$ ) and results for half of the criteria such as presence of gender of the patient, information of the prescriber and date of consultation are significantly different between prescriptions from Aluthgama and Kandy ( $p < 0.05$ ). Probable reasons for prescription errors could be busy working environment, negligence, physical health and tiredness. Standardized prescription writing process in relation to layout, use of internationally accepted abbreviations and units and prescribing by block capitals or computer generated prescriptions are proposed as a potential solution to overcome this problem.