Discharge Prescription Requirements

Internal/Hospital Script

Complete all the columns in legible handwriting with clear instructions in terms of drugs, strength, dose (in mg), frequency and duration.

Discharge scripts provide up to 7 days supply. Exceptions are items not available on PBS or provided only by CHW Pharmacy. Tick the Outpatient Box on the script and write the duration for 30 days and 2 repeats for these drugs.

Check with your Pharmacist or the Pharmacy Department on ext 52696 for advice.

Documentation of weight is mandatory for patient safety.

Documentation of allergies is mandatory for patient safety.

Prescriber to fax or ask ward staff to fax the completed script to Pharmacy 52709 and record the date and time faxed.

All patient details should be completed in your own handwriting. If patient stickers are used the prescriber must verify and initial the sticker.

Your signature and name is a legal requirement. Please sign and write your name clearly.

Your pager number will be appreciated and help us to contact you if needed.

Script is not valid without the DATE. Must write one!

This information helps to discharge your patient on time.

The children’s hospital at Westmead
S8 Prescription Requirements (Outpatient)

Remember:
• The prescription must be written completely by the prescriber.
• If the medication is available in different strengths or forms, the prescriber must clearly identify which strength or form is required.
• S8 items must be written on their own script – separate from non S8 items, one S8 item per script.

All patient details should be completed in your own handwriting. If patient stickers are used the prescriber must verify and initial the sticker.

Please use GENERIC name. Specific products such as MS Contin® or Oxycontin® can be prescribed by brand name.

Dose must be specified in appropriate units (milligrams or micrograms).

Final quantity must be written in words and figures.

Please tick the appropriate box.

Instructions must be clearly written. Adequate instructions must be provided – ‘mdu’ is not acceptable.

Repeat interval must be specified if repeats are to be given. The maximum quantity per dispensing is one month.

Script must be dated. S8 scripts are valid for 6 months after the date of prescribing.

Your signature and name is a legal requirement. Please sign and write your name clearly.

All prescriber’s details must be provided: name, designation and phone number / pager number.
S8 Prescription Requirements (Discharge)

- Instructions must be clearly written. Adequate instructions must be provided – ‘mdu’ is not acceptable.
- Script must be dated. S8 scripts are valid for 6 months after the date of prescribing.
- All patient details should be completed in your own handwriting. If patient stickers are used the prescriber must verify and initial the sticker.
- Please use GENERIC name. Specific products such as MS Contin® or Oxycontin® can be prescribed by brand name.
- Dose must be specified in appropriate units (milligrams or micrograms).
- Final quantity must be written in words and figures.
- Your signature and name is a legal requirement. Please sign and write your name clearly.
- All prescriber’s details must be provided: name, designation and phone number / pager number.

Remember:
- The prescription must be written completely by the prescriber
- If the medication is available in different strengths or forms, the prescriber must clearly identify which strength or form is required
- S8 items must be written on their own script – separate from non S8 items, one S8 item per script
**Authority Prescription Requirements**

(PBS-RPBS Script)

---

**Prescriber number must be written.**

*Note:* This number does not contain any letters.

---

**All patient details must be filled in, including name, address, weight and Medicare number.**

---

**Use the PBS website to guide prescribing (pbs.gov.au):**

Including drug name, strength, dose, approved quantity and repeats.

---

**Prescription MUST be signed and dated to be valid.**

---

**Prescriber details MUST be completed.**

*Note:* MUST use the address of the prescriber's private rooms.

---

**Must include streamline authority number (from PBS website) OR phone approval number.**

---

**PLEASE ENSURE ALL PRESCRIPTIONS ARE LEGIBLE**
Prescription Requirements
(External/PBS Script)

Prescription MUST be dated to be valid.

Use the PBS website to guide prescribing (pbs.gov.au).

Details to include:
- Drug name
- Strength
- Adequate directions
- Quantity
- Repeats

Can only include THREE items per prescription.

Try to round liquid doses to the nearest 0.5mL when possible to allow ease of administration for parents/carers.

Prescription MUST be signed to be valid.

Please ensure all prescriptions are legible.

If there are any queries or concerns, please contact your Ward Pharmacist or Pharmacy Department on ext 52696 for advice.

Note: This number does not contain any letters.

All patient details must be filled in, including name, address and WEIGHT.

This script is not valid for S8 drugs.