

Research Article



Bilingual Prescription to Maximize the Patient Understanding in India

V. Nagarjuna Reddy^{1*}, Prof.&Dr. Asha Benakappa², Venkatesh A³, Priyadarshini G⁴, Manu G.E⁴

¹ Pharmacovigilance associate, ² Director, ³ Senior Pharmacist, ⁴ Pharmacist, Indira Gandhi Institute of child health, Bangalore, India.

*Corresponding author's E-mail: 9naga9@gmail.com

Received: 06-12-2017; Revised: 27-12-2017; Accepted: 10-01-2018.

ABSTRACT

Prescription is an important communication between the Doctor and Patient, and also Pharmacist other special consultants. Unfortunately, in India, where practically any drug is available on showing a scrap of paper, or worse, by word of mouth alone, not much value is appended to framing or interpreting a prescription correctly. The confusion & the harm that can result is anybody's guess. Evidence of poor prescribing in the India is abundant. Patients are having poor knowledge on the written prescription. Prescription error has been identified as one of leading causes of Patient compliance, medication errors and adverse drug events. All must share the blame for this. Modern clinician-patient encounters are increasingly marked by competing demands for limited attention by the clinician. Distractions can be reduced by separating competing demands from the "prescribing moment." The importance of this review article is to improve the quality of written prescriptions by improving the patient compliance and preventing Medication errors and prescription errors.

Keywords: Prescription, Vernacular prescription, Prescription errors, Patient safety, Bilingual prescription.

INTRODUCTION

A Prescription is medication information from a prescriber to a Pharmacist about Medicine. The prescriber is not only a doctor but can also be a paramedical worker, such as a medical assistant, a midwife or a nurse. Each and every country has different standards to write a prescription, and its own rules and regulations to define Prescription drugs and over the counter drugs¹. To write a prescription every country has its own rules and regulations. It must be clear to the dispenser that what should be given. Patient can easily understand if will make in local language for few prescriptions. No one is insisting prescription must be a model but handwriting must be clear and legible². A written prescription for a medicinal drug issued by a health care practitioner licensed by law to prescribe such drug must be legibly printed or typed so as to be capable of being understood by the pharmacist filling the prescription; must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed, and the directions for use of the drug; must be dated; and must be signed by the prescribing practitioner on the day when issued³. Medication errors leads seven thousand deaths have been reported annually. Distractions like prescribing errors account for a large portion of errors in health care. Prescription errors are often caused by illegibility and misunderstood translations of symbols or abbreviations. Scientific abbreviations may cause errors in drug and dosage information and medication directions and routes of administration. This can be prevented by competing demands from prescribing moment⁴.

A Prescription Should Include¹:

- Name, address, telephone of prescriber
- Date
- Generic name of the drug, strength
- Dosage form, total amount
- Label: instructions, warnings
- Name, address, age of patient
- Signature or initials of prescriber

Good Prescription Practices⁵⁻⁷:

- A prescription must be neat and legible
- The prescription must be written on a letterhead so that the doctor can be identified and contacted if clarifications are necessary.
- Date should be must in any prescription.
- Patient's identification information must be complete. This implies that the full name and the postal address of the patient be noted down along with age and sex
- Abbreviations are to be used as sparingly as possible
- Drug names should be spelt correctly and should not be abbreviated
- Brand names, if specified must also be spelt correctly. This is vital since entirely different drugs may have similar sounding brand names.
- A decimal number less than 1 should always have a leading zero e.g. writing 0.5ml rather .5ml. On the other hand a zero alone should not



follow the decimal point e.g. writing 1 ml instead of 1.0 ml.

- Prescribing by generic / non-proprietary versus brand / proprietary names is a matter of perpetual controversy. Generic prescribing has several advantages. However, one may need to use a brand name if prescribing a formulation with multiple active ingredients or if the drug has critical bioavailability so that indiscriminate brand changes are not advisable. Some doctors also use brand names to be sure of the quality of medication being received by the patients.
- The exact number of the doses or the exact duration of the drug use should be specified rather than leaving the patient and pharmacist guessing as to the quantity that should be dispensed. This, however, does not apply to items to be used as required.
- The dosing frequency and the timing of drugs with meals, if any, should also be specified unambiguously. These matters often cause considerable unnecessary worry to the patients/parents and their relatives.

- Special instructions for the pharmacist, if any, should also be written down explicitly rather than depending upon patients to convey them
- The prescription must always be signed.
- It should be revised after writing.
- Finally, the prescription must be explained clearly to the patients and also to Family members or their attendants. This is all the more important in India as prescriptions may not be written down in vernacular languages or the patients may be illiterate. The doctor must be sure that the use of special formulations, for example dispersible tablets, has been correctly understood by the patient.

South Indian Bilingual Prescription:

To prevent prescription errors in terms of patient understanding, we thought that if will make bilingual prescription should contain English as well as local language, it will improve the patient understanding, so that we can prevent prescription errors and adverse events. Local language conversion we have used Google translation⁸. We made prescription in 5 different languages like English/Kannada, English/Hindi, English/Telugu, English/Tamil, and English/Malayalam and with English as a common language for all prescriptions.



INDIRA GANDHI INSTITUTE OF CHILD HEALTH
ESTABLISHED BY GOVT. OF KARNATAKA

SOUTH HOSPITAL COMPLEX, DRC POST, BENGALURU-560029

Website: www.igich.org

Telephone: 080-22443143, 22442421

PREScription-ENGLISH/KANNADA

Name:..... Age:..... Sex:

UHID NO/ I.P.NO:..... Date:...../...../.....

BEFORE FOOD/ ಆಹಾರದ ಮೊದಲು

SL. NO	MEDICINES/ ಔಷಧಗಳು	FORM OF THE DRUG	STRENGTH ಪ್ರಮಾಣ	MORNING ಬೆಳಿಗ್ಗೆ	AFTERNOON ಮಧ್ಯಾಹ್ನ	NIGHT ರಾತ್ರಿ	QUANTITY ಮೊತ್ತ	DAYS ದಿನಗಳು
1								
2								
3								

AFTER FOOD/ ಆಹಾರದ ನಂತರ

SL. NO	MEDICINES/ ಔಷಧಗಳು	FORM OF THE DRUG	STRENGTH ಪ್ರಮಾಣ	MORNING ಬೆಳಿಗ್ಗೆ	AFTERNOON ಮಧ್ಯಾಹ್ನ	NIGHT ರಾತ್ರಿ	QUANTITY ಮೊತ್ತ	DAYS ದಿನಗಳು
1								
2								
3								
4								
5								
6								

SEAL & SIGNATURE
PHARMACIST

SEAL & SIGNATURE
DOCTOR

Figure 1: English/ Kannada Prescription





**INDIRA GANDHI INSTITUTE OF CHILD HEALTH
ESTABLISHED BY GOVT. OF KARNATAKA**

SOUTH HOSPITAL COMPLEX, DRC POST, BENGALURU-560029

Website: www.igich.org

Telephone: 080-22443143, 22442421

PRESCRIPTION-ENGLISH/HINDHI

Name:..... Age:..... Sex:

UHID NO/ LP.NO:..... Date:...../...../.....

BEFORE FOOD/ भोजन से पहले

SL. NO	MEDICINES/ दवाई	FORM OF THE DRUG	STRENGTH दवा की ताकत	MORNING सुबह	AFTERNOON दोपहर	NIGHT रात	QUANTITY परिमाण	DAYS दिन
1								
2								
3								

AFTER FOOD/ भोजन के बाद

SL. NO	MEDICINES/ दवाई	FORM OF THE DRUG	STRENGTH दवा की ताकत	MORNING सुबह	AFTERNOON दोपहर	NIGHT रात	QUANTITY परिमाण	DAYS दिन
1								
2								
3								
4								
5								
6								

SEAL & SIGNATURE
PHARMACIST

SEAL & SIGNATURE
DOCTOR

Figure 5: English/ Hindi Prescription



**INDIRA GANDHI INSTITUTE OF CHILD HEALTH
ESTABLISHED BY GOVT. OF KARNATAKA**

SOUTH HOSPITAL COMPLEX, DRC POST, BENGALURU-560029

Website: www.igich.org

Telephone: 080-22443143, 22442421

PRESCRIPTION-ENGLISH/TELUGU

Name:..... Age:..... Sex:

UHID NO/ LP.NO:..... Date:...../...../.....

BEFORE FOOD/ ఆహారం ముందు

SL. NO	MEDICINES/ దావీ	FORM OF THE DRUG	STRENGTH పరిమాణం	MORNING ఉదయం	AFTERNOON మధ్యాహ్నం	NIGHT రాత్రి	QUANTITY మొత్తం	DAYS రోజులు
1								
2								
3								

AFTER FOOD/ ఆహారం తర్వాత

SL. NO	MEDICINES/ దావీ	FORM OF THE DRUG	STRENGTH పరిమాణం	MORNING ఉదయం	AFTERNOON మధ్యాహ్నం	NIGHT రాత్రి	QUANTITY మొత్తం	DAYS రోజులు
1								
2								
3								
4								
5								
6								
7								

SEAL & SIGNATURE
PHARMACIST

SEAL & SIGNATURE
DOCTOR

Figure 2: English/ Telugu Prescription





INDIRA GANDHI INSTITUTE OF CHILD HEALTH
ESTABLISHED BY GOVT. OF KARNATAKA

SOUTH HOSPITAL COMPLEX, DRC POST, BENGALURU-560029

Website: www.igich.org

Telephone: 080-22443143, 22442421

PRESCRIPTION-ENGLISH/TAMIL

Name:..... Age:..... Sex:

UHID NO/ I.P.NO:..... Date:...../...../.....

BEFORE FOOD/ உணவு முன்

SL. NO	MEDICINES மருந்து	FORM OF THE DRUG	STRENGTH வலிமை	MORNING காலை	AFTERNOON பிற்பகல்	NIGHT இரவு	QUANTITY அளவு	DAYS நாள்
1								
2								
3								

AFTER FOOD/உணவுக்குப் பிறகு

SL. NO	MEDICINES மருந்து	FORM OF THE DRUG	STRENGTH வலிமை	MORNING காலை	AFTERNOON பிற்பகல்	NIGHT இரவு	QUANTITY அளவு	DAYS நாள்
1								
2								
3								
4								
5								
6								
7								

SEAL & SIGNATURE
PHARMACIST

SEAL & SIGNATURE
DOCTOR

Figure 3: English/ Tamil Prescription



INDIRA GANDHI INSTITUTE OF CHILD HEALTH
ESTABLISHED BY GOVT. OF KARNATAKA

SOUTH HOSPITAL COMPLEX, DRC POST, BENGALURU-560029

Website: www.igich.org

Telephone: 080-22443143, 22442421

PRESCRIPTION-ENGLISH/MALAYALAM

Name:..... Age:..... Sex:

UHID NO/ I.P.NO:..... Date:...../...../.....

BEFORE FOOD/ ഭക്ഷണം മുമ്പിൽ

SL. NO	MEDICINES മെഡിസിൻ	FORM OF THE DRUG	STRENGTH ഡോസ്	MORNING പ്രഭാതം	AFTERNOON ഉച്ചകഴിഞ്ഞ്	NIGHT രാത്രി	QUANTITY അളവ്	DAYS ദിവസങ്ങളിൽ
1								
2								
3								

AFTER FOOD/ആഹാരം കഴിഞ്ഞ്

SL. NO	MEDICINES മെഡിസിൻ	FORM OF THE DRUG	STRENGTH ഡോസ്	MORNING പ്രഭാതം	AFTERNOON ഉച്ചകഴിഞ്ഞ്	NIGHT രാത്രി	QUANTITY അളവ്	DAYS ദിവസങ്ങളിൽ
1								
2								
3								
4								
5								
6								
7								

SEAL & SIGNATURE
PHARMACIST

SEAL & SIGNATURE
DOCTOR

Figure 4: English/ Malayalam Prescription



DISCUSSION

Prescription is trade mark for Clinicians. 70% of medication errors due to prescription errors results in adverse effects. 4 in 1000 prescriptions were recorded as prescribing errors with the potential for adverse drug events in a teaching hospital. Incomplete writing of prescription, Poor handwriting, and use of abbreviation can lead to misinterpretation of patients⁹. Rational use of drugs should follow rule of RIGHT (right drug, right patient, right dosage, and right cost) and SANE criteria (safety, affordability, need, and efficacy). The irrational use of drugs is a major problem of present day medical practice and its consequences include the development of resistance to antibiotics, ineffective treatment, adverse effects and an economic burden on the patient and society¹⁰. A well-written and well-understood prescription maximizing Patient compliance and that develops confidence in between the patient and Clinician. It is beneficial for Hindi, Kannada, Telugu, Tamil & Malayalam speaking population in India.

Acknowledgement: Logistic and technical support given by Pharmacovigilance Programme of India, Indian Pharmacopoeia Commission, Ghaziabad, India.

- Indira Gandhi Institute of Child Health, Adverse Drug Reaction Monitoring centre, Bangalore, Karnataka, India.

REFERENCES

1. <http://apps.who.int/medicinedocs/en/d/Jwhozip23e/5.4.html>
2. Prescription writing. British National Formulary No. 35, 1998, (March, 1998), 4-6.
3. http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.42.html
4. Peter G. Teichman, MD, MPA, and Anne E. Caffee, PharmD, BCPS. Prescription Writing to Maximize Patient Safety. July/August 2002.
5. Ansel HC. The prescription. In: Gennaro AR, editor. Remington: The Science and Practice of Pharmacy. 19th ed. Easton, Pennsylvania: Mack Publishing Company; 1995, 1808-21.
6. Benet LZ. Principles of prescription order writing and patients compliance instructions. In: Hardman JG, Limbird LE, Molinoff PB, Ruddon RW, Gilman AG, editors. Goodman & Gilman's The Pharmacological Basis of Therapeutics. 9th ed. New York: McGraw-Hill; 1996, 1697-1706.
7. De Vries TPGM, Henning RH, Hogerzeil HV, Fresle DA. Guide to Good Prescribing: a Practical Manual. Geneva: World Health Organization - Action Programme on Essential Drugs; 1994.
8. <https://translate.google.com>
9. Giampaolo P Velo and Pietro Minuz Medication errors: prescribing faults and prescription errors. Br J Clin Pharmacol. 67(6), 2009 Jun, 624-628.
10. Andrade SE et al, Gurwitz JH, Davis RL, Chan KA, Finkelstein JA, Fortman K, et al. Prescription drug use in pregnancy. AmERICAN JOURNAL of Obstetrics and Gynecology 191(2), 2004, 398-40.

Source of Support: Nil, Conflict of Interest: None.

