

An Overview of General Practice and a Prescription

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Description

Many prescriptions are now written by computer, but if you're writing one by hand, make sure to write legibly in indelible ink, date the prescription, and include the patient's entire name and address. Prescriber signature is required on all prescriptions. In the case of prescription-only medicines, it is a legal need to indicate the age of children under the age of 12, but it is good practise to do so in all circumstances [1].

In various countries, 'Exercise on Prescription' (EoP) programmes are used in general practise to try to get inactive patients with symptoms of lifestyle diseases to start living a physically active lifestyle. However, some argue that if EoP therapies are administered to everyone at risk, they will use too much primary care resources. EoP is defined in this review as customised secondary prevention in primary care that involves the general practitioner (GP) or other primary care professionals. EoP entails a more comprehensive intervention than a GP's simple physical activity advice. In addition, EoP focuses on sedentary individuals who show indicators of lifestyle disorders.

The focus of efficacy evaluation should be on increases in physical activity and fitness, but it should also include identifying realistic interventions for both GPs and patients, as well as assessing health economics. The efficiency of various components of EoP therapies is poorly understood. Furthermore, if a more intensive intervention (i.e., a greater number and frequency of intervention sessions) is more beneficial than a less intensive intervention is critical [2].

General practitioners play a vital role in providing care to patients in their homes and in their communities. They are part of a larger group tasked with promoting, preventing, and initiating therapy. GPs care for patients with chronic illnesses, with the goal of keeping them in their own homes and keeping them as healthy as possible. GPs are frequently the initial point of contact for anyone suffering from a physical or mental health crisis, and patients can be nervous. A crucial element of any GP's job is to look after the full person - their physical, emotional, social, spiritual, cultural, and economic needs - using patient-centered techniques. This is becoming increasingly relevant as terminally sick individuals increasingly choose to die [3].

It's possible that recurring prescriptions for a medicine for a condition that's being managed by a hospital team will cause some misunderstanding. In the end, the responsibility is shared, and it is your job to stay informed about the nature of the drugs given and their negative effects. You should also be aware of the clinical monitoring arrangements and plan, as well as any relevant clinical recommendations that have recently been updated. In practice, this can be problematic because you may not know about the hospital visit until days or weeks afterwards. If you have any questions about the management plan or any of the treatment options, speak with the hospital staff.

A PGD is a written order for the supply and/or administration of a specific

approved drug for the treatment of a certain clinical condition. This permits a nurse, for example, to provide/administer a prescription-only medicine (POM) to patients without having to refer each patient back to the doctor. This is confined to medications used in a homogeneous group of patients (e.g., routine or travel immunisations, emergency hormonal contraception, or analgesia before a minor procedure) with highly consistent presenting problems or needs. A senior doctor, senior pharmacist, and senior nurse in a given area are responsible for the creation of PGDs. A PGD is then created at the local level, with a system of checks and balances in place to ensure its effectiveness [4].

Long-term conditions place a significant strain on health-care resources, particularly in primary care settings, where they are frequently addressed. 1 Drug therapy is frequently managed using repeat prescriptions for patients with relatively stable disorders, which allow patients to obtain an extra prescription for a long-term medication without having to see a clinician again.

A prescription is a written order from a doctor to a pharmacist that includes information such as the drug name, dose, frequency, compounding instructions, and drug consumption guidelines, among other things. Prescription mistake is one of the key factors contributing to drug-induced morbidity in ambulatory care patients. As a result, the purpose of this study was to evaluate the current prescription writing trend in order to identify common errors and suggest solutions to avoid them. A cross sectional study was undertaken by collecting 2120 prescriptions written in a tertiary care hospital's outpatient department (OPD). The prescribing errors were discovered using WHO prescription writing guidelines and current instructions from the British National Formulary. The majority of the prescriptions examined did not adhere to the appropriate requirements [5].

Conflict of Interest

None.

References

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