How to:
Record anticoagulation prescribed by a third party

We advise adding both a SNOMED code for **anticoagulant prescribed by third party** *and* **at least one item in the medication module** eg dummy: "1 tablet" or "recent anticoagulant prescription is issued". If your system can allow hospital or third-party prescriptions to be 'issued' then use that method rather than a dummy prescription.

1. Add 'Anticoagulant prescribed by third party'

The CEG LTC & LIS templates for EMIS and SystmOne include a SNOMED code that can be entered into the patient record when third party prescribing has taken place:

Anticoagulant prescribed by third party - 413557008

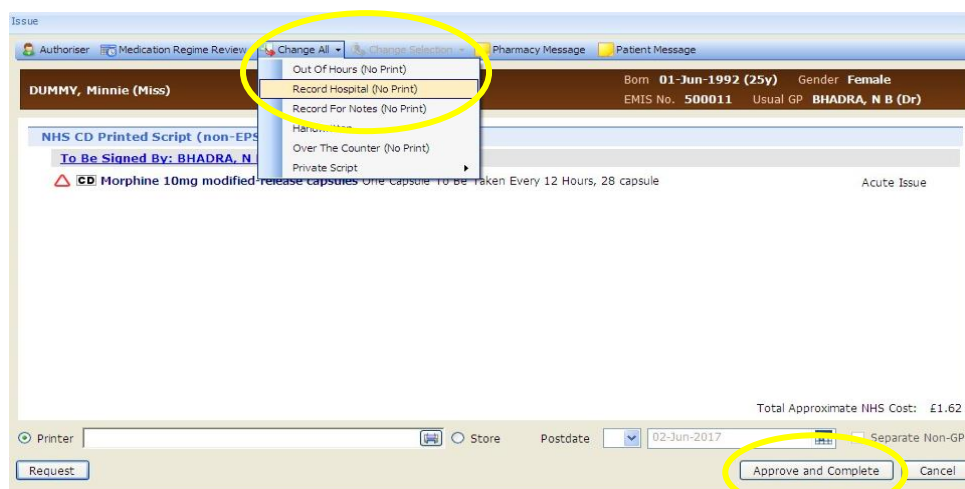**We recommend adding this code annually**.

2. Add item in the medication module

The "Anticoagulant prescribed by third party" code will allow you to search for/count patients who have third party anticoagulant prescribing, which is necessary for clinical audit. But it doesn't prevent prescriptions of other drugs that are known to interact in a harmful way or be less effective in patients receiving anticoagulation. So, for clinical safety it is necessary to have a recent anticoagulant prescription 'issue' recorded in the medication module. There are different options that allow you to do this in EMIS and SystmOne.

In EMIS:

In EMIS there is an option to select "hospital" prescribed - see below. Although it's not necessarily prescribed by the hospital (this function can be used when issued by a pharmacist) this means that at least your clinical prescribing system will recognise that the patient is taking an anticoagulant and can flag up interactions.

1. Select '**Medication**' then '**Issue**'
2. From '**Change All**', select '**Record Hospital (No Print)**'. Click '**Approve and Complete**'.

The medication will display as below in the medication module:

In SystmOne:

In SystmOne there doesn't appear to be an option to record issues as a third-party prescription. To ensure clinical safety, we suggest issuing a dose of '**1 tablet**' – this will be plainly recognised as not an actual prescription, but should activate any clinical safety warnings if you attempt to prescribe anything with a harmful interaction. This will need to be repeated annually.