Investigating Quality of Handwritten Outpatient Prescriptions in Sri Lanka: A Prescription Survey on Completeness and Legibility

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Prescription errors significantly contribute to medication errors causing serious health problems. Despite extensive studies conducted globally, a limited number of research has been conducted in community pharmacy settings in Sri Lanka. This study aimed to evaluate the quality of handwritten outpatient prescriptions related to the completeness of the layout and content, legibility and the presence of possible drug-drug interaction. The study was conducted in four different community pharmacies situated in an urban and a sub-urban area in Sri Lanka. Four hundred handwritten outpatient prescriptions with more than two drugs were collected as 100 prescriptions per pharmacy using the convenience sampling method. Data were collected from June 2023 to September 2023 using a pre-tested checklist. It contained four parts for the assessment of layout, content, possible drug interactions and evaluation of the legibility of the prescriptions. Data analysis was carried out using SPSS (version 25). Patient's name (61.5%), age (78%) and gender (74.5%) were present in more than 60% of the prescriptions. Average completeness of the layout was 63.52%. Presence of contact details of patient and prescriber was significantly different between two study areas (respectively, p=0.010, p=0.001) and approximately similar between specialists and general practitioners (respectively, p=0.721, p=0.528). More than half of the prescriptions had nonstandard abbreviations and incomplete units, while 12.3% of prescriptions were found with avoidable decimal points. Only 122 (30.5%) prescriptions were found as legible prescriptions. Serious potential drug-drug interactions were identified in 7% (n=28) of prescriptions. Average completeness of the layout was comparatively higher in collected prescriptions and nonstandard abbreviations and incomplete units were frequently used in prescriptions. Among, collected prescriptions, less than 50% were legible. High workload, tiredness, negligence may have caused these errors and use of standard prescription writing process and computer-generated prescriptions can be used as a solution to these problems.

Keywords: Prescription Errors, Non-Standard Abbreviations, Legibility, Completeness, Quality of Prescription