AUDIT: GENERIC PRESCRIBING COMPLIANCE IN AN ACUTE HOSPITAL

L. Byrne, A. Hussain, E. Buckley
University Hospital Waterford, Waterford, Ireland

Background: Generic prescribing is cost-effective, and evidence suggests that clinical outcomes compared with brand name products are largely equivalent. Hospital guidelines recommend that medications should be prescribed using the approved generic name, not the brand name. There are some exceptions to this. Anecdotal evidence suggests that medication reconciliation for patients on admission to hospital are charted by brand name rather than the generic title. To investigate this we conducted a four-day audit of the prescribing of medications on patients admitted to medical wards in an acute hospital.
Methods: This audit took place over a four-day period. The Kardex of each patient admitted to the three medical wards was reviewed. Patients admitted under cardiology, haematology and oncology were excluded. All medications including whether they were prescribed using the generic or brand name were collected. Statistical analysis was carried out using Microsoft Excel.

Results: A total of 33 Kardexes were collected. Two hundred and fifty-seven prescribed medications were reviewed. Ninety-five were charted as brand names and 63% (n=162) were prescribed using the generic name. One hundred and eighteen different categories of medications were prescribed. Enoxaparin was prescribed using the brand name ten times and the generic title three times. The antibiotic Piperacillin/Tazobactam was prescribed three times using the brand name and one time using the generic title. Of the eight times atorvastatin was prescribed, it was charted using the generic name seven times (88%).

Conclusion: Almost two-thirds of medications for patients admitted to medical wards are prescribed using generic titles. However, there is room for improvement. Of note, commonly prescribed medications such as enoxaparin and certain antimicrobials were prescribed using the brand name. Opportunities e.g., induction, grand rounds and Non-Consultant Hospital Doctor (NCHD) teaching sessions should be utilised to provide education on the importance of generic prescribing to all NCHDs admitting patients.