Aims Prescribing audits have previously shown that the Women’s and Children’s Directorate reported higher numbers of prescription errors than other areas in the Trust. The directorate introduced a number of initiatives to improve the quality of prescribing and patient safety. A prescribing team (PT), including senior clinicians, pharmacists and trainees, was formed to monitor progress. Strategies included improving departmental induction, establishing designated prescribing areas and reviewing all errors with the prescriber. Six monthly audits have been conducted to review the quality of prescribing. The impact of these initiatives on paediatric prescribing was assessed.

Methods All inpatient drug charts across the paediatric and neonatal wards were reviewed on three non-consecutive days over a period of three weeks. Prescribing errors were identified by the ward pharmacist. Errors were grouped according to type and further analysed by the PT. Errors deemed to have no clinical significance were excluded. Error rates were compared to the previous audits performed with identical methodology.

Results There were 174 (14%) errors out of 1225 prescriptions on 181 drug charts, an overall reduction of 2% from the last audit (autumn 2013). Improvements achieved were: 24% reduction in drug name errors (21); 6% decrease in dosing errors (23); 11% less errors in strength of preparation (6); 17% improvement in charting allergies (10 omissions). All charts included patient weight. Prescriber’s signature omission occurred in 11 (5%) prescriptions with no improvement from the previous audit. The number of drug charts that contained five or more errors was 6 out of 181 charts representing a decrease of 2% since last audit. Disappointingly, there was no improvement in the number of charts containing no errors (84 (47%)).

Conclusion Decreases in the number of prescription errors suggests that the initiatives introduced by the department continue to impact the prescription standards. The introduction of an electronic prescribing system should potentially reduce errors further, standardising drug names and eliminating signature and allergy omissions. Future work will be required to assess the impact of electronic systems on prescribing.