

## ***Repeat prescription cards***

V. W. M. DRURY, F.R.C.G.P.

Bromsgrove

In 1972 the Practice Organisation Committee decided to make an enquiry into the various types of drug and disease identification cards used by general practitioners. Enquiries were made of Faculties through their representatives and a letter was published in the *Journal of the Royal College of General Practitioners*. As a result 237 specimens of cards in use and 161 personal communications from doctors were received.

This report is an attempt to analyse these replies and give some guidance to doctors about the advantages and disadvantages described by their users.

### **Classification**

It is clear that there are several different types of card in use:

1. A disease or drug identification card. These are used to identify patients at risk. There is a steroid treatment card and an anticoagulant treatment card issued by hospitals or general practitioners to patients under treatment. They are often contained in a plastic wallet and provide names and addresses of patients and doctor and details of the drug, dose and current prothrombin times. A tetanus toxoid immunisation card is produced by Burroughs Wellcome containing dates and doses given, and a monoamine oxidase inhibitor card is produced by the Association of the British Pharmaceutical Industry. Lastly, the British Diabetic Association produces an identity card for diabetics.

2. There are several cards which have been designed by doctors to provide a record of treatment, disease and other important medical facts which can be carried by the patient. Lea (1972) described one of these in this *Journal* and referred to others in use in New Zealand and Holland.

3. There are a large number and variety of cards designed by doctors and carried by patients to identify drugs that are currently being prescribed and to enable patients to obtain repeat prescriptions without seeing the doctor. Some executive councils supply these cards.

4. There are cards available which fit into the medical record envelopes that carry a summary of drugs, dose and dates prescribed.

5. There are some cards which have tried to fill more than one of these functions in a single card.

### **Discussion**

There has been no adverse criticism of the first type of card listed. It is a fact that not all doctors know of these, and certainly not all patients suffering from these diseases or undergoing the treatment possess them. Furthermore some doctors believe that this relatively simple type of card could be extended to include other groups, such as epileptics and important drug sensitivities with advantage and that all of them should be available through executive councils.

The case for the second type of card (personal treatment record) has been well put by Lea, but there has been no evidence that this idea has proved generally attractive. It is also true that some of the criticisms about any type of card which are set out later would apply with equal force to this system.

The third type (repeat prescription card) is by far the most widely used. There is no detailed information showing what proportion of doctors use them, but a small local survey suggested the figure may be as high as one in four. Nevertheless they provoke strong feelings both for and against.

The advantages that are listed by doctors who use them are:

- (a) They provide a rapid identification for hospitals and other doctors of the exact therapy a patient is receiving.

- (b) They make it simple for a trained receptionist or secretary to prepare a repeat prescription for a patient so that the doctor only has to check it and sign it.
- (c) Chemists have said that prescriptions prepared in this way are more legible than when written by a doctor.
- (d) They enable patients to obtain repeat prescriptions without waiting or by post.
- (e) Evidence has been obtained that the psychological needs of some patients are met by this type of prescribing.

Opponents of the system say that they are dangerous because, if lost, they can enable another person to obtain drugs they should not possess, and that they perpetuate unbridled represcribing without the patient seeing the doctor. These arguments are countered by yet others who say that drugs of addiction or habituation are never put on repeat prescription cards and that their systems have built-in recall methods for the patients at appropriate intervals.

It is probable that the decision as to whether or not to use these cards should be left to individual doctors' discretion and that no firm recommendation or condemnation can at present be made. However if they are introduced there are certain basic principles which should govern their use and design:

1. Drugs of addiction or habituation should never be included, and the inclusion of hypnotics and sedatives is risky.
2. The appropriate entry of date, dose and quantity should always be included in the patient's medical record envelope in some form.
3. There must be a system by which the patient, the doctor and his staff know exactly how many prescriptions can be issued without the patient being seen by the doctor.

Almost every possible size and colour has been submitted in the samples. Factors to be considered are: that they should be made of a sufficiently durable card; the card should fit into a standard envelope, either flat or folded; they contain all the necessary instructions for the patient and may contain other advice as well.

An illustration of one type of card Figure 1 appears below:

The fourth variety of card is acceptable to those doctors who are strongly opposed to the use of cards carried by the patients. The card is specially designed to fit into the medical record envelope. An example is shown in Figure 2.

Protagonists of this system say that it enables the doctor or secretary to complete the repeat prescription as quickly and as accurately as in the patient-carrying system and has none of the dangers. There are three disadvantages to be considered. Firstly, the patient cannot obtain a prescription by post. Secondly, other doctors cannot use the card as a source of information. Thirdly, it may be more difficult for the patient to request just one of a number of drugs that are on the card without sitting and waiting. Nevertheless the various points should be carefully weighed by doctors embarking upon or improving their system.

There is little more to be said about cards that combine repeat prescribing with other medical information. Perhaps the best way is to leave a space on a card for facts that seem important for the individual case.

In conclusion one can only say that there does not appear to be such a thing as a 'best buy.' The most that can be said is that general practitioners should not allow the undoubted convenience of card systems for repeat prescriptions to blind them to the potential snags. Those who use them already, or are about to embark upon them should heed the principles that have been listed.

#### REFERENCE

Lea, M. H. (1972). *Journal of the Royal College of General Practitioners*, **22**, 203-204.

REAR

FRONT

<p style="text-align: center;"><b>KEEP ALL DRUGS AWAY FROM CHILDREN</b></p> <p>If you need to attend hospital, either as an outpatient or as an inpatient, please take this card with you.</p> <p>Consult your doctor before destroying any drugs which are left over when your treatment ends.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>If found, please return to:</p> <p>NAME .....</p> <p>ADDRESS .....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><b>REPEAT PRESCRIPTION CARD</b></p> <p>To obtain a prescription for your medicine, named inside this card, either:</p> <p>(a) Hand this card to the receptionist for collection the next day; or</p> <p>(b) Post this card to the health centre at least 24 hours before the prescription is needed, and enclose a <i>stamped addressed envelope</i>.</p> <p>If not all medicines are required, please state which you need, i.e. (1), (2) or (3).</p> <p>Please do not mark this card or telephone for prescriptions.</p>
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**Centre fold**  
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	<i>Name of medicine</i>	<i>Instructions and dose</i>	<i>Total quantity</i>	<i>Frequency and number of repeats</i>	<i>Date of issue</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Figure 1.—Repeat prescription card.

TREATMENT CARD							
Surname				Forenames			
Address							
Date of birth				N.H.S. number			
Drug, dose and quantity				Date of prescription			

Figure 2.—A treatment card.