



Dear Prescriber:

Beginning in May 2018, prescribers will receive an updated version of the NSPMP duplicate prescription pad.

We've consulted nurse practitioners, dentists, physicians, and pharmacists to design a new pad format that offers user friendly prompts to facilitate clarity and accuracy in prescription writing.

What's New:

- Larger fill-in fields and writing area
- Prompts for product name, strength and directions
- Fields for part-fill and interval details
- Options for defining 'start' and 'stop' fill dates
- Field to specify 'indication'
- The new cardboard sleeve offers information on pad security, record retention, & pad returns

Important Tips:

- To promote the intended use of each medication, please provide specific directions (instead of "use as directed")
- Prescription pads cannot be shared by prescribers
- A separate prescription form is required for each medication
- To correct errors, strike a line through the error and initial each correction

Reminders:



- Review your patient's profile on eAccess or the DIS prior to prescribing
- Your prescriber signature and 'written date' (date of office visit) are required elements

It is expected that promoting prescription consistency will positively impact patient support and limit workflow interruptions by reducing the need for verbal orders and clarifications.

Please note that prescriptions written on previous pad versions will remain valid. The revised pads will be offered to all new Program registrants and distributed on an 'on-demand' basis to existing prescribers.

Thank you for being part of the prescribing community in Nova Scotia.

Please let us know if you have any questions.

Sincerely,

The NSPMP Team

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T: 902-496-7123

F: 902-481-3157

W: NSPMP.ca

Duplicate Prescription Pad Updates

User-Friendly Format

Larger blocks and expanded fields offer more writing space and will also accommodate the use of adhesive labels and stamps.

Prescription Details

Prompts for product name, strength, and directions for use will ensure prescription accuracy and clarity. A separate form is required for each medication.

IR/SR Checkboxes

New options for specifying *immediate release* and *sustained release* products.

Part-Fill Prompts

New part-fill and interval fields allow for enhanced specificity.

Indication Field

Completing the indication field enhances coordination between pharmacists and prescribers. Examples: "chronic back pain", "dental pain", "OAT".

Start & Stop Dates

Prescribers now have flexibility for defining fill dates. Prescriptions without stop dates will be valid for 365 days.

Written Date

The prescribed/written date (date of office visit) is a required field.

NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM																
HEALTH CARD OR CLIENT ID ISSUED BY																
<input checked="" type="checkbox"/> NS	<input type="checkbox"/> NL	<input type="checkbox"/> PE	<input type="checkbox"/> NB	<input type="checkbox"/> QC	<input type="checkbox"/> ON	<input type="checkbox"/> MB	<input type="checkbox"/> SK	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NU	<input type="checkbox"/> NT	<input type="checkbox"/> YT	<input type="checkbox"/> CF	<input type="checkbox"/> NSG	<input type="checkbox"/> NSOU	<input type="checkbox"/> RCMP
HEALTH CARD#																
1	2	3	4	5	6	7	8	9	0							
PATIENT'S LAST NAME/SURNAME																
D	O	E														
PATIENT'S FIRST NAME																
J	O	H	N													
DATE OF BIRTH							PEDIATRIC WEIGHT									
1	9	3	4	0	1	2	3									KG
Rx	TOTAL AUTHORIZED QTY ALPHA							QTY NUMERIC								
	one hundred twenty							120								
PRODUCT NAME & STRENGTH:																
Hydromorphone 2mg																
<input checked="" type="checkbox"/> IR																
<input type="checkbox"/> SR																
DIRECTIONS:																
Take 1-2 tabs po Q4H PRN																
<input checked="" type="checkbox"/> PART FILL QUANTITY: 60 EVERY 5 DAYS																
INDICATION:																
Chronic back pain																
A. Smith Family Practice Clinic 123 Main Street Halifax, NS B3X 1X1 902-455-9999										PMPID # NS000000000						
START DATE / DO NOT FILL BEFORE										2 0 1 8 0 5 3 1						
STOP DATE / DO NOT FILL AFTER																
PRESCRIBER SIGNATURE										LICENSE / REG NUM						
A. Smith										54321						
PRESCRIBED/Written DATE										2 0 1 8 0 5 2 4						
REC'D BY																

To ensure proper processing and to reduce workflow interruptions, please complete all fields.



We're Here to Help:

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