

Multi-Script Modification of the Medication List of the POMR

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The Problem-Oriented Medical Record (POMR) in various modifications has become a widely-accepted, useful device for improving patient care and retrieving clinical information. Even less than enthusiastic users usually recognize the value of current problems and medications lists at the front of the chart. However, a frequent criticism is the time and effort required to keep multiple areas of entry current and complete. For example, the accurate tabulation of current medications with the POMR requires an entry in the progress notes, in the medicine lists, and on the prescription pad. In the traditional source-oriented medical record, reconstruction of current medications may be nearly impossible.

Method

In a large-scale family practice at the US Army Reynolds Hospital, Fort Sill, Okla, where 14 family physicians have been serving approximately

30,000 people, a prescription form and a continuous medication list have been successfully combined to allow single-entry recording of all active medications, directions for use, quantities, refills, and dates of prescriptions. This system is composed of a multiple-entry prescription form (Figure 1), which provides space for eight different medications to be written on one prescription form; and a full-page continuing medication sheet (Figure 2) placed at the front of the health record, which, with 21 spaces, duplicates the prescription form sequentially. The materials used are contact-activated self-printing carbon paper, and pen pressure on the prescription form automatically duplicates the entry when it is overlaid on the next blank lines of the permanent medicine list. There is additional space on both forms for patient identification (name-plate imprinted), physician signature, and medicinal allergies.

Advantages and Disadvantages

Advantages of the system include: (1) ease of use, (2) compatibility with the POMR system, (3) reduction of physician writing time, (4) immediate availability of chronological, accurate,

current tabulation of medication history, (5) availability of an actual copy of the prescription for legal purposes or for referral when alteration by the patient is suspected, (6) rapid record screening for drug interactions and allergies, and (7) availability of date, sequence, and amount of prescription to assist in identifying unknown medications and in evaluating compliance, overuse or abuse of medications. Also, entry of all prescriptions on one form may assist in compliance by alerting the pharmacist to unfilled prescriptions, as it seems more likely a patient will fill all prescriptions at once rather than selectively delete some items. It has been suggested a second self-printing copy of the prescription be included and forwarded to the pharmacist if he/she maintains drug profiles on customers.

Disadvantages include: (1) the legal obligation to write prescriptions for narcotics and other controlled substances on separate prescription sheets, (2) the lack of initiation and discontinuance dates for chronic medications, (3) the inclusion of episodic medications, (4) the possibility that some patients may fail to fill all prescriptions who would otherwise only partially fail to comply, and (5) patient inability to spread the cost of prescriptions over time unless the physician

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DATE	CLINIC	MEDICATION AND STRENGTH	AMOUNT	DIRECTIONS FOR USE	REFILL	PHYSICIAN SIGNATURE
PATIENT'S IDENTIFICATION (Full name, address & phone number.) (If under 12 years, give age.)				1. Press Firmly 2. Use Ball Point Pen 3. When Prescription Controlled Substances Only One Drug Per Prescription is Allowed		Pharmacy Use _____ _____ _____
				PHYSICIANS IDENTIFICATION		

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Figure 1. Multiple-entry prescription form.

realizes this need when writing the prescriptions. However, some disadvantages might be overcome. For instance, episodic medications can easily be deleted from the list by writing these on a separate prescription blank without overlapping this upon the medication list, and cost problems can be minimized by physician awareness. Pharmacy acceptance in this case was not an issue since the form was initially developed with the pharmacy service and was instituted for family practice use with the assistance of the staff of the pharmacy service.

Summary

One solution to the multiplicity of entries required for a complete Problem-Oriented Medical Record is a prescription blank which duplicates itself when overlaid on a medication list of corresponding format by the use of contact-activated self-printing carbon paper. Used in a large group practice at Fort Sill, such a form yields an exact duplicate of all prescriptions sequentially for validation of prescription information, and accurate, current information on medications in use, while decreasing physician writing

time by approximately one half. Screening for drug interactions and for overuse or abuse of medications becomes almost automatic, as the medication list is always before the physician during the writing of all prescriptions.

Acknowledgement

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DATE	CLINIC	MEDICATION AND STRENGTH	AMOUNT	DIRECTIONS FOR USE	REFILL INFORMATION	SIGNATURE OF PRESCRIBING PHYSICIAN
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)				Allergies:		Record of Prescribed Medication
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Figure 2. Carbon medication form.

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