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Prescribing and monitoring of oral supplements

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Aims

Electrolyte abnormalities are common in inpatients. There are problems noted at ward level regarding the prescription and use of oral supplements. The aim of this audit is to highlight this to staff and to promote better prescriptions and more appropriate use of supplements. In addition, the audit aimed to record the monitoring of electrolyte levels in those patient groups and whether or not this was in keeping with the trust guidelines.

Methods

Over a 1-month period, a random selection of drug kardexes were audited from both medical and surgical wards. The sample size was 39 patients. Measured variables:

- evidence of a start date and stop date on the drug kardex
- supplement prescribed and the dose
- baseline electrolyte level
- duration of treatment
- electrolyte monitoring during the prescription period.

Results

- 61% of prescriptions were without stop dates or start dates
- the most commonly replaced electrolyte is potassium
- 56% of phosphate prescriptions and 80% of magnesium prescriptions were in cases of mild electrolyte deficiency
- 46% of cases had an appropriate duration of treatment
- 55% of cases did not have regular daily monitoring of electrolyte levels.

Proposed action

The intervention of this audit is education. This has been implemented and there is a plan to reaudit within the coming months.

Conclusions

The majority of oral supplements are not prescribed or monitored appropriately within inpatients. Medical staff need to be aware of the local guidelines relating to oral supplements to ensure knowledge of when to prescribe and how often to monitor their effects.

Conflict of interest statement

Electrolyte deficiencies can be lethal. Inappropriate supplement prescribing and inadequate monitoring of the electrolyte can be lethal too! ■

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