Policy · TEL-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 27.15

At a glance

- A medicine is prescribed remotely only where the clinician has enough information to do so safely (PHM-FRM-001).
- Allergies, interactions and current medicines are checked before the prescription is issued.
- Controlled medicines are not prescribed remotely to a patient never seen.
- Every remote prescription is recorded in the clinical record.
- Stop and get help straight away if: a controlled medicine is prescribed remotely to a patient never seen.

1. Purpose

To make sure medicines prescribed at a distance are prescribed safely and recorded (27.15).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A prescription written without seeing the patient can miss an allergy or an interaction. A safe process for remote prescribing limits what can be prescribed without an examination.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead	Owns the remote prescribing rule	Clinician
Prescribing clinician	Checks and records each remote prescription	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check sufficiency.

- Decide whether there is enough information to prescribe safely. If not, arrange an in-person review.

Key point: Decided.

Step 2. Check safety.

- Check allergies, interactions and current medicines, and record the result.

Key point: Checked.

Step 3. Record.

- Record the prescription in the clinical record, on PHM-FRM-001.

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Remote prescriptions recorded with safety checks	100%	Monthly	Clinical lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
PHM-FRM-001	Prescription record (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Recommendations on digital interventions for health system strengthening (2019) and the WHO Ethics and governance of artificial intelligence for health (2021).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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