

OFFICE ORDER

In compliance with the directions of the **National Medical Commission (NMC)** and in pursuance of the Order dated 27.08.2025 of the **Hon'ble High Court of Punjab and Haryana**, and as per the Public Notice issued by the **Post Graduate Medical Education Board (PGMEB)**, NMC (No. **NMC/LEGAL/25436 (e-8363411)**), the institution had established a Prescription Audit Committee (dated 22/12/2025) as a Sub-Committee under the Drugs and Therapeutics Committee (DTC).

RECONSTITUTION OF PRESCRIPTION AUDIT COMMITTEE

In continuation and compliance with the above-referred directives, the Prescription Audit Committee is hereby reconstituted. The following are the revised members of the Prescription Audit Committee:

Sr. No.	Name	Designation	Role in committee
1.	Dr. Nitin Shah	CEO prof of Surgery	Member
2.	Dr. Sunil Tyagi	Professor & Head, Medicine	Chair Person
3.	Dr. Vijay Pandya	Additional Dean	Member
4.	Dr. Hiren Chawda	Professor & Head, Pharmacology	Member Secretary
5.	Dr. Kiran Panchal	Associate Professor, Pharmacology	Coordinator
6.	Dr. Paresh Sheth	Professor, Obstetrics & Gynaecology	Member
7.	Dr. Ashwin Dangi	Professor & Head, Paediatrics	Member
8.	Dr. Suryakala Sanapathi	Assistant Professor, General Medicine	Member
9.	Dr. Prashant Thakkar	Critical Care Medicine consultant	Member
10.	Ms. Komal Patel ^{sameer} _{trivedi}	Chief Pharmacist (I/C)	Member
11.	Ms. Nupur Rawat	Nursing Staff (I/C)	Member

Jayendra

Dean

10-4-2026

SAL INSTITUTE OF MEDICAL SCIENCES
AHMEDABAD

Copy To:

All the members of Prescription Audit Committee

SIMS/DEAN/OFFICE ORDER/479/2026-27

DATE:11/03/2026

CIRCULAR

Prescription Audit Committee

There will be a meeting of Prescription Audit (PA) committee. The details of the meeting are as under:

Date: 15/04/2026

Time: 3:00 pm

Venue: College Council Hall, SAL Institute of Medical Sciences, Ahmedabad

Agenda:

1. Welcome address and confirmation of minutes of previous meeting
2. Presentation of the Prescription Audit result of Quarter 1 (January to March 2026)
3. Recommendations for quality improvement in Prescription Writing

All the members of the Prescription Audit committee are instructed to attend the meeting.

Devyankar G
10/4/2026

Dean

**SAL INSTITUTE OF MEDICAL SCIENCES
AHMEDABAD**

Copy to:

- Members of Prescription Audit Committee, SIMS, Ahmedabad

SIMS | PHARMAC | OUT | 13 | 26

17/04/26 .



SAL INSTITUTE OF MEDICAL SCIENCES

Opp. Science city, Sola-Bhadaj Road, Ahmedabad-380060

Ph: 079 66115600 | Email: sims@salhospital.com

SIMS/Deem/minutes/486/2025-26

17/04/26

From,
Dr. Hiren Chawda,
Professor and Head,
Department of Pharmacology,
Member Secretary,
Prescription Audit Committee,
SIMS, Ahmedabad
Date: 17/04/2026

To,
The Dean
SIMS, Ahmedabad

Subject: Minutes of Meeting: Prescription Audit Committee - April 2026

Respected Sir,

Herewith I am forwarding the Minutes of meeting of the prescription audit committee meeting held on 15th April 2026 for your kind perusal and necessary action.

Thank you.

Yours faithfully

Dr. Hiren Chawda

Professor & Head
Department of Pharmacology
SAL Institute of Medical Sciences
Science City, Bhadaj, Ahmedabad

SIMS/Dean/Minutes/486/2025-26

No. PA/APRIL/02/26

Date: 17/04/2026

Minutes of Meeting: Prescription Audit Committee

Date: 15/04/2026

Time: 3:00 pm

Venue: College Council Hall, SAL Institute of Medical Sciences, Ahmedabad

Agenda:

1. Welcome address and confirmation of minutes of previous meeting
2. Presentation of the Prescription Audit result of Quarter 1 (January to March 2026)
3. Recommendations for quality improvement in Prescription Writing


Agenda wise proceedings:

1. Welcome address and confirmation of minutes of previous meeting
 - The meeting commenced with a welcome address by member secretary, Dr. Hiren Chawda. The minutes of the previous meeting were reviewed and confirmed by the committee.
2. Presentation of the Prescription Audit result of Quarter 1 (January to March 2026)
 - The audit findings for the first quarter (January to March 2026) were presented by Dr. Hiren Chawda and Dr. Kiran Panchal. The key observations and common deficiencies identified during audit were discussed in detail.
3. **Recommendations for quality improvement in Prescription Writing**
 - Recommendations for quality improvement in Prescription Writing were discussed with the committee members. The valuable suggestions provided by Dr. Nitin Shah sir, Dr. Sunil Tyagi sir and Dr. Vijay Pandya sir were duly considered.
 - The following recommendations are proposed to enhance the quality, clarity, and rationality of prescription writing:
 - Every prescription must bear the **prescriber's signature**, along with **name/ stamp and registration number** at the end.
 - The **provisional or definitive diagnosis** must be clearly mentioned in every prescription.
 - All prescriptions must be written in **clear and legible handwriting**, and drug names should preferably be written in **capital letters**.
 - Drugs should be prescribed using their **generic names** only.
 - A brief **clinical history** and **relevant examination** findings should be adequately documented in the case paper.

- The **allergy status** of the patient must be clearly mentioned in the prescription.
- Prescribing should be prescribed in accordance with **Standard Treatment Guidelines (STGs)**.
- While prescribing antibiotics, clinicians must adhere to the Institutional Antibiotic Policy along with the latest national and international guidelines.
- A standard prescription format across all departments should be reinforced to ensure inclusion of all essential details, including institutional information, prescriber details, and patient-related information.
- The recommendations regarding the improvement in prescription writing will be circulated to all the clinicians.

The committee emphasized the importance of legibility, completeness, and rational drug use to ensure patient safety and medico-legal accountability.

The meeting was concluded with vote of thanks.


17/04/26.

Member Secretary,
Prescription Audit Committee,
SIMS, Ahmedabad

Professor & Head
Department of Pharmacology
SAL Institute of Medical Sciences
Opp. Science City, Bhadaj, Ahmedabad

Copy to:

- Members of Prescription Audit Committee, SIMS, Ahmedabad

No.: SIMS/Dean/Office/485/2025-26

Date: 17/04/2026

o/c

OFFICE ORDER

Subject: Recommendations for Improvement in Prescription Writing Practices

Based on the observations and discussions regarding prescribing practices during the Prescription Audit Committee meeting held on 15th April 2026, the following recommendations are proposed to enhance the quality, clarity, and rationality of prescription writing:

- A **standard prescription format** across all departments should be reinforced to ensure inclusion of all essential details, including institutional information, prescriber details, and patient-related information.
- Every prescription must bear the **prescriber's signature**, along with **name/ stamp and registration number** at the end.
- The **provisional or definitive diagnosis** must be clearly mentioned in every prescription.
- All prescriptions must be written in **clear and legible handwriting**, and drug names should preferably be written in **capital letters**.
- Drugs should be prescribed using their **generic names only**.
- A brief **clinical history** and **relevant examination findings** should be adequately documented in the case paper.
- The **allergy status** of the patient must be clearly mentioned in the prescription.
- Prescribing should be prescribed in accordance with **Standard Treatment Guidelines (STGs)**.
- While prescribing antibiotics, clinicians must adhere to the Institutional Antibiotic Policy along with the latest national and international guidelines.
- Go through attached documents **Characteristics of a Good Prescription** and an **example of a good prescription**

The Prescription Audit Committee emphasized the importance of legibility, completeness, and rational drug use to ensure patient safety and medico-legal accountability.

All clinicians are instructed to ensure strict compliance with the above recommendations.

Dupendad G
Dean 17-4-2026

Copy to: All clinicians, SIMS, Ahmedabad

Annexure - B

Characteristics of a Good Prescription

The right prescription is the right of the patient. The responsibility of a good prescription is not limited to the prescribing doctor. It is a joint and mutual responsibility of the doctor, pharmacist, and patient. Doctors should prescribe a good, rational, scientific, cost-effective prescription. Pharmacists should follow it and communicate the information to users, in the language best understood.

Patient should also realize the rational use of medicines and shall not impose unnecessary demands for Injection, Tonics, Syrups, and Investigations.

A good prescription comprises of:

5. **Doctor's Details:** The Doctor's name, address is mentioned on prescription so that patient can contact the doctor in case of adverse effect, any emergency, or non-availability.
6. **Complete:** Prescription is complete in all respect of patient details: date, name, age, sex, address, weight-if needed, special instructions, and details of follow up.
7. **Legible:** As per 'Indian Medical Council, (Professional Conduct, Etiquette and Ethics) Regulations published in Part-III, Section 4 of the Gazette of India, dated 6th April 2002, it is notified by the Medical Council of India that "Every Physician should prescribe medicines with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of medicines".

8. **Abbreviations:** Latin abbreviations/directions for use are avoided. Instead, local vernaculars are used for understanding by the patients.
9. **Medicine Details:** Name of the medicines, dosage, form (injections, tablets, syrup, etc.), strength, frequency, and timings of medicines with meals, duration, route of administration are specified and informed.
10. **Generic Names:** Prescription is by generic names only.
11. **Spacing between medicine and its strength:** Give space between medicine and strength as no space may be misread (e.g. Atenolol 10 mg can be misread as Atenolol110 mg).
12. **Diagnosis:** Brief history, provisional diagnosis, and important findings are mentioned.
13. **Advice:** Supportive advice and investigations are mentioned.
14. **Use of Symbols and Abbreviations:** Avoid error-prone symbols and Abbreviations to the extent possible:
 - ❖ Do not use symbols like '>' and '<'
 - ❖ Do not abbreviate 'microgram' and 'nanogram' since the abbreviated form 'µg' is very easily misread as 'mg', a 1000-fold overdose.
 - ❖ The strength of the medicine should be stated in Standard units using abbreviations that are consistent with SI (system international) units. "Micrograms" and "Nanograms" should not be abbreviated since abbreviation form "g" is very easily misread as "mg", a 1000-fold overdose.
 - ❖ Do not abbreviate 'units' as U since handwritten abbreviated form ('U') can be misread as '0 or 4'.
 - ❖ Don't use abbreviations such as 'D/C' for discontinue, 'TCA' for 'to come again', 'CST' for continue same treatment, or discontinue 1, 2, 5, rest to continue, etc.

- ❖ Errors due to mix-ups between numbers and alphabets: 'l' & '1'; '0' & 'o'; 'Z' & '2'; '1' & '7' Q1d can easily be mistaken for QID leading to four times the dose.
 - ❖ Abbreviations/acronyms for medicine name should not be used example PCM (paracetamol), CPM (chlorpheniramine), CPZ (chlorpromazine), carbamazepine (CBZ), chlorpromazine (CPZ), Trihexyphenidyl (TFT) and TFP (Trifluoperazine)
15. **Use of '0' zero:** Leading zeroes should be preferred (e.g. 0.25 mg). Trailing zeros should not be used e.g. 5.0 mg)
16. **Instructions:** Any special instruction like methods of administration (before/after food), unpleasant taste or drug interactions/side effects must be written on the prescription. If any instruction or advisory need to be followed by the pharmacist, then it should also be written in the prescription as a **NOTE** for pharmacist to avoid confusion.
17. **Chronology:** Chronology to be followed while prescribing medicines e.g.
- ❖ Core Medicine, Supplementary Medicine, Symptomatic medicine or
 - ❖ Injections, Oral medicines (Tablets, Capsules, Syrups) Tropical medicines (Ointments, Drops, Creams)

18. Avoid stemmed medicine names

"Nitro" drip for nitro-glycerine can be mistaken as sodium nitroprusside infusion. "Norflex" for norfloxacin can be mistaken as Norflex (Orphenadrine)

LOGO

NAME OF THE HOSPITAL/CLINIC

Address and Phone No:

Patient's Name M^r. RAM RATAN SINGHUHID 64378Age: 38 yearsSex: MaleAddress H.No - 348, Railway Colony, Sarai Puhilla N. Delhi - 110035Diagnosis/Prov. Diagnosis Acute Gastroenteritis & mild dehydration.Date 16/01/2020

Chief Complaints:

Loose Stools

Nausea

Fever

x 2 days.

Past History of Illness:

NO / 0 any allergy.

DM / HTN / IHD.

Vitals: BP - 110/70 mmHgPulse - 98 / min regTemp - 99°F

General Physical Examination:

Head & Neck ✓

Chest: B/L clear.

CVS: S.S. (R)

Abdomen:

mild tenderness
in epigastrium

CNS:

Extremities: ✓

Investigations advised:

Stool C^R M.Urine C^R M.

R

1. Tab RANITIDINE 150mg

सुबह

राज

2. Tab DICYCLOMINE

सुबह

राज

3. Tab PARACETAMOL 500mg (भुखार होने पर 1 गोली)

4. Tab DOMPERIDONE (डल्टी होने पर 1 गोली)

- ORS का घोल: 1 पैकेट को 1 लीटर उबाले कट कर 0.5 लीटर जरे इस पानी में मिलाकर बनाएं।
- दही, केला, रिचमनी, नरसी, नींबू पानी नारियल पानी

Review after 2 days with urine + stool reports

Signature of the Doctor

Stamp with Name and Registration Number

OD: Once a Day

BD/BID: Twice a day

TDS: Three times a day