# Improving Documentation on Paediatric Inpatient Drug Charts



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### **REASON** WHY?

Paediatric medication dosing mostly relies on the weight of the patient. Inaccurate dosing may be the result of incorrect documentation of weight. delays in medication administration if weight has not been documented, or poor legibility of the weight, subsequently leading to errors and patient harm. Ideally, weight documented on all prescription charts is recommended as per BNFc and NICE guidelines.











I will improve the accuracy and completeness of weight documentation on paediatric drug cards by 30/09/25 as evidenced by a two cycle quality improvement project which shows an improvement in clear and accurate weight documentation on paediatric drug charts.

### **PLAN**

The aim and plan of the project is to assess weight documentation on drug cards in the paediatric ward and children being admitted from the children's assessment unit (CAU), comparing compliance to BNF and NICE guidance and to implement change to help improve adherence to such guidance.

#### British National Formulary for Children (BNFC)

- Clear and legible documentation to ensure accurate medication administration. It also recommends that the prescriber state the current weight of the child to ensure accurate dosing (1)
- Paediatric doses are generally based on body weight in kilograms or specific age

#### NICE Guidelines

Medicines Optimisation (NG5): This provides principles on safe and effective medicines use, including documentation practices. Accurate and clear documentation applies to all aspects of prescribing (3).

#### Set criteria based on above guidance:

- Weight documented (target 100%)
- Weight written in kg (target 100%)
- Weight written legibly (target 100%)
  - Weight written without error (target 100%)

#### DO

30 drug charts were initially assessed against the set criteria. A poster was created and displayed around the ward and CAU for 2 weeks before a second audit was performed and another 30 drug charts were assessed again against the set criteria.

#### Data collection:

- Documented (Y/N)
- Weight written in kg (Y/N)
- Weight written legibly (Y/N)
- Weight written without error (Y/N)



### STUDY

### Cycle 1

Category	Number of drug charts
Perfect documentation	22
Weight not documented	2
Incorrect units (Kg)	0
Illegible	1
Errors present	5

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e 1, 64% of narts meet eria for	Paediatric Drug Charts on target VS below target – CYCLE 1
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tric drug	20
Cycle 2,	0
tervention	Number of Drug
ed 100%of	charts
es meeting criteria.	■ Does not meet criteri

■ Meets criteria

## Cycle 2

Category	Number of drug charts
Perfect documentation	30
Weight not documented	0
Incorrect units (Kg)	0
Illegible	0
Errors present	0

The intervention has successfully achieved the target of 100% compliance across all categories. The posters displayed, and verbal reminders proved effective in improving staff documentation practices.





- Does not meet criteria
- Meets criteria

### **ACT**

We will **ADOPT** this change, and keep posters displayed in the children's ward and assessment unit.

#### **Next steps:**

Consider including reminders and a brief discussion on the importance of weight documentation in staff inductions.

A second QIP has been initiated as a result of this QIP. after consultants on the ward have highlighted the benefit and importance of also including weight on discharge summaries of paediatric patients to allow for safe prescribing across transitions of care.

ACKNOWLEDGEMENTS & REFERENCES | References: 1 - https://bnf.nice.org.uk/medicines-guidance/prescription-writing/, 2 - https://bnfc.nice.org.uk/medicines-guidance/prescription-writing/, 3 - Medicines Optimisation (NG5) - https://www.nice.org.uk/guidance/ng5