

	Name of Policy: Prescription Writing	
	Last Approval Date: December 15, 2017	Effective Date: December 15, 2017

Residents should not evaluate or treat conditions or illness in themselves or other persons, except where the other person presents as a patient in the resident's training program or in officially approved moonlighting settings. To be authorized to treat or prescribe, a physician-patient relationship must exist and a record of the history, physical treatment and/or drug prescribed must exist and be maintained as a medical record.

Specifically, a resident shall not prescribe any medication (including controlled and non-controlled substances), pharmaceutical, or medical device or equipment for 1) him or herself, spouses, relatives or other family members; 2) for other residents and their families; 3) for other hospital staff including nursing and attending staff and their family members, unless a bonafide physician-patient relationship exists.

Failure to comply with these policies may result in discipline up to and including termination of the resident's program.

Prescriptions for Schedule III – V drugs and drugs that are not controlled substances may be written by a resident as long as such prescriptions are called for and incidental to his/her residency training.

Some Affiliated Hospitals of Southern Illinois University School of Medicine have developed a program to assign residents a temporary DEA number. This number can be used only to prescribe controlled substances that are appropriate and incidental to the resident's training in the hospital setting and only by residents who are employed by an SIU affiliated hospital.

Prescriptions for Schedule II controlled substances, whether written in an outpatient clinic or when discharging hospitalized patients, require the attending physician's DEA number and signature. It is not appropriate to use a hospital assigned DEA number or a personal DEA number in these instances.

SCHEDULE OF CONTROLLED SUBSTANCES

SCHEDULE I SUBSTANCES

The controlled substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, peyote, mescaline, psilocybin, THA, MDA, ketobemidone, acetylmethadol, fenethyline, tilidine, methaqualone, dihydromorphine, and others.

SCHEDULE II SUBSTANCES

The controlled substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of Schedule II controlled narcotic substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone, meperidine (Demerol), cocaine, oxycodone (Percodan), and oxymorphone (Numorphan). Also in Schedule II are amphetamine (Dexedrine) and methamphetamine (Desoxyn), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital, fentanyl (Sublimaze) and hydrocodone products (Vicodin, Lortab and Tussionex)

SCHEDULE III SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those in Schedules I and II and include compounds containing limited quantities of certain narcotic drugs and nonnarcotic drugs such as: derivatives of barbituric acid except those that are listed in another schedule, nalorphine, benzphetamine, phendimetrazine, and paregoric. Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital is in this schedule.

SCHEDULE IV SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: phenobarbital, chloral hydrate, meprobamate (Equanil, Miltown), paraldehyde, methohexital, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranzone), flurazepam (Dalmane), clonazepam (Clonopin), Lorazepam (Ativan), alprazolam (Xanax), temazepam (Restoril), triazolam (Halcion), dextropropoxyphene (Darvon), pentazocine (Talwin-NX) and tramadol (Ultram).

SCHEDULE V SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those listed in Schedule IV and consist of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes.