

Alerts and notifications

What is an alert?

There are eight situations that will trigger an alert in **ScriptCheckSA** when prescribing or dispensing a monitored drug. Some alerts are for prescribers, some only for pharmacists but most are relevant for both. For example, pharmacists are NOT expected to act on alerts relating to Schedule 8 authorities. Alerts can be viewed in the patient's Medication History or Alert History in **ScriptCheckSA**.

What is a notification?

Pop-up notifications can be clicked on to access **ScriptCheckSA** and view the patient record and alerts. No clinical or personal information appears in pop-up notifications.

Alerts appear as **red** or **amber** pop-up notifications on your desktop if your clinical software is integrated with **ScriptCheckSA**. Pop-up notifications indicate that the prescribing or dispensing event has triggered a clinical alert and that there is information in **ScriptCheckSA** that must to be reviewed. A **green** notification indicates that there are no alerts or recent history of concern in **ScriptCheckSA**. **Red** and **amber** notifications remain until they are clicked on and **green** notifications disappear after a short period of time.

If multiple alerts are triggered, the highest-risk alert will appear on your desktop.

Notifications are not available if your clinical software is not integrated with **ScriptCheckSA**.

Alerts

1. Multiple provider episodes*

ScriptCheckSA has identified monitored drug prescriptions from 4 or more prescribers / medical practices (**red alert**) OR 4 or more pharmacies (**amber alert**) within the last 90 days.

High-risk clinical scenario: [Patient name] has obtained monitored drug prescriptions from at least 4 different prescribers in the last 90 days. Take action to coordinate treatment to ensure patient safety.

Medium-risk clinical scenario: [Patient name] has obtained monitored drugs from at least 4 different pharmacies in the last 90 days. Take action to coordinate treatment to ensure patient safety.

Fact Sheet

2. Opioid dose threshold*

ScriptCheckSA has identified a daily morphine equivalent dose (MED) (calculated based on an average over the last 90 days) equal to or exceeding 100mg MED daily (**red alert**) OR between 50mg and 100mg MED daily (**amber alert**).

High-risk clinical scenario: [Patient name] is receiving an average total daily opioid dose of 100mg MED or greater, and may be at increased risk of harm. Take action to ensure patient safety.

Medium-risk clinical scenario: [Patient name] is receiving an average total daily opioid dose of 50mg MED or greater, and may be at increased risk of harm. Consider action to ensure patient safety.

3. Concurrent drugs*

ScriptCheckSA has identified concurrent supply of high-risk drug combinations (opioid and benzodiazepine / z drug) dispensed within the last 90 days (**red alert**).

High-risk clinical scenario: [Patient name] is receiving an opioid and a benzodiazepine / z-drug, and may be at increased risk of harm. Reassess the need for this combination.

4. Privileged Circular

ScriptCheckSA has identified that a patient who is being prescribed or dispensed a monitored drug is listed on the Privileged Circular¹ (**red alert**).

High-risk clinical scenario: [Patient name] is listed on the Privileged Circular. Continued supply of monitored drugs may increase risk of harm. Take action to ensure patient safety.

5. Prohibition order

ScriptCheckSA has identified that a prescriber who is subject to a Prohibition Order² has prescribed a monitored drug (**red alert**).

Prescribers:

High-risk clinical scenario: You are subject to a section 57 Order and are PROHIBITED from prescribing, supplying, administering, using or possessing specified drugs. Review conditions of Order before prescribing.

Pharmacists:

High-risk clinical scenario: [Prescriber name] is subject to a section 57 Order and is PROHIBITED from prescribing, supplying, administering, using or possessing specified drugs. Contact the Drugs of Dependence Unit.

¹ Section 58 of the of the [Controlled Substances Act 1984](#)

² Section 57 of the [Controlled Substances Act 1984](#)

Pharmacists should obtain more information about the medicines specified under the Order. Pharmacists must NOT dispense prescriptions for drugs which are prohibited under the Order.

Prohibition Orders are available on the [SA Health Website](#) OR by contacting the Drugs of Dependence Unit on 1300 652 584 (Monday to Friday from 9:30am – 4:30pm) or email (HealthDrugsofDependenceUnit@sa.gov.au).

6. Unauthorised prescriber* (prescribers only)

ScriptCheckSA has identified that a drug of dependence (Schedule 8 drug) is being prescribed by a prescriber who does not hold the approved authority to prescribe for the patient and who is not working in the same practice as the authorised prescriber (**amber alert**) OR there is no approved authority to prescribe the Schedule 8 drug for the patient (**amber alert**).

Medium-risk clinical scenario: A Section 18A authority is required to prescribe drugs of dependence to this patient. Contact the authorised prescriber, or seek authority before prescribing.

Medium-risk clinical scenario: A section 18A authority is required to prescribe drugs of dependence to this patient. Seek authority before prescribing.

7. Unauthorised drug* (prescribers only)

ScriptCheckSA has identified that a Section 18A authority³ is approved for a different drug of dependence (Schedule 8 drug) to that being prescribed (**amber alert**).

Medium-risk clinical scenario: The Section 18A authority DOES NOT permit this drug of dependence to be prescribed to this patient. Contact the Drugs of Dependence Unit.

8. Stolen prescription pads (pharmacists only)

ScriptCheckSA has identified that a monitored drug prescription being dispensed has been written by a prescriber who has reported having their prescription pads stolen (**red alert**).

High-risk clinical scenario: Prescription may be stolen, forged or altered. Verify details with the prescriber before dispensing.

*Alert NOT triggered when prescribing or dispensing for Notified Palliative Care Patients (NPCPs) or patients over 70 years of age.

³ Section 18A of the [Controlled Substances Act 1984](#)

For more information

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