



GOVERNMENT OF KARNATAKA

No. HFW 54 CGM 2020

Karnataka Government Secretariat  
Vikasa Soudha  
Bengaluru, dated 26.03.2020

ORDER

In view of the current situation regarding COVID 19 disease and its impending community transmission in INDIA and the advisory by the MoHFW (Govt of India) & ICMR to avoid crowding in OPDs, maintain social distancing and advise to elderly not to venture out from their residence, the Government of Karnataka is issuing this Order in reference with the protocols and various lockdowns declared by the Central and State Government of Karnataka.

" Resolved that all Registered Medical Practitioners (RMP) of Karnataka would be allowed to practice telemedicine consultations and prescribe medications with the under mentioned riders for the period of this lockdown of 21 days from the issuance of this Resolution or till such time the lockdowns are effective by the Government of Karnataka"

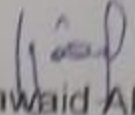
2. All RMP's would have to restrict giving online consultations and prescriptions only in the following conditions :

1. Only in patients whose medical history is known to RMP.
2. Minor ailments.
3. Routine follow up.
4. No injectable to be prescribed.
5. No prescription for clinically suspected case of COVID 2019

3. While giving prescription the following should be strictly followed:

1. The prescription should be on the letter head of the RMP with signature and details. The pdf of the prescription should be sent to the patient (Prescribed format attached).
2. RMP should mention as header that the prescription is given based on telephonic consultation.
3. RMP should note down short relevant history on letter heard.
4. No advice to be given in word format or any social media.
5. RMP's can refer to any images sent by the patient pertaining to their disease.
6. The prescription should be dated and period of medication should be clearly mentioned.

7. All records should be strictly preserved as per rules by RMP.
8. As and when the training or module is available the RMP shall comply with the same and document it in the prescription.

  
(Jawaid Akhtar)

Additional Chief Secretary to Government  
Health and Family Welfare Department

To:

1. The Registrar, Karnataka Medical Council, Bengaluru.

Copy to:

1. Chief Secretary to Government of Karnataka, Vidhana Soudha, Bengaluru
2. Additional Chief Secretary to Hon.C.M, Vidhana Soudha, Bengaluru.
3. Commissioner, H&FW Services, Ananda Rao Circle, Bengaluru
4. Commissioner, AYUSH Department, Dhanvantri Road, Bengaluru.
5. Director, HFW Services, Ananda Rao Circle, Bengaluru
6. Director of Medical Education, Ananda Rao Circle, Bengaluru
7. Chairman, PHANA,
8. PS to Hon. Health and Family Welfare Minister, Vidhana Soudha, Bengaluru
9. PS to Hon. Medical Education Minister, Vidhana Soudha, Bengaluru.

**6.1 SAMPLE PRESCRIPTION FORMAT****REGISTERED MEDICAL PRACTITIONER'S NAME**

QUALIFICATION

REGISTRATION NUMBER

ADDRESS

CONTACT DETAILS (EMAIL AND PHONE NUMBER)

Date Of Consultation Name of Patient Age  Gender Address Height   
(where applicable)Weight   
(where applicable)LMP   
(where applicable)**CHIEF COMPLAINTS****DIAGNOSIS OR PROVISIONAL DIAGNOSIS****RELEVANT POINTS FROM HISTORY****Rx****EXAMINATION / LAB FINDINGS**1. NAME OF MEDICINE (in capital letters only with generic name)  
drug form, strength, frequency of administration & duration.2. NAME OF MEDICINE (in capital letters only with generic name)  
drug form, strength, frequency of administration & duration.**SUGGESTED INVESTIGATIONS**3. NAME OF MEDICINE (in capital letters only with generic name)  
drug form, strength, frequency of administration & duration.**SPECIAL INSTRUCTIONS****RMP's Signature & Stamp**