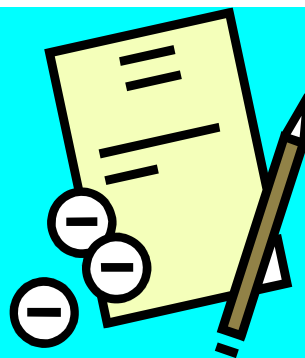


# Nurse Prescribing News



## Issue 2 July 2008: A Regional Newsletter for all Nurse Prescribers in N.Ireland

### Welcome to this the second edition of 'Nurse Prescribing News'.

This newsletter is compiled by the Regional Nurse Prescribing Advisers and aims to provide Nurse Prescribers (Community Practitioner Nurse Prescribers CPNPs and Nurse Independent Supplementary Prescribers NISPs) with regular updates on the latest developments and other relevant issues in relation to Nurse Prescribing.

### Prescribing and administration/supply

#### NMC Standards of proficiency for nurse and midwife prescribers - Practice Standard 9

Generally when prescriptions are written, the pharmacist who dispenses the item will check the details of the medication before supplying it to the patient.

Practice Standard 9 states that as a prescriber you must separate the roles of prescribing and administering medications whenever possible.

However in exceptional circumstances where this is not possible a second suitably competent person should check the accuracy of the medication provided, but note that the NMC states in exceptional circumstances and not as routine practice. This is to ensure public safety but is also a safety net for the prescriber as someone else can verify what was prescribed.

<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645>

### NMC Professional Lead attends CPD event in N.Ireland

A non-medical prescribing conference was held on the 29<sup>th</sup> January 2008, in Corrs Corner Hotel, Belfast and was attended by lead nurses and nurse prescribers from throughout the province. The main aim of the conference was to carry out a NI consultation on CPD for nurse prescribers (which was part of a UK consultation). Liz Plastow (NMC Professional Adviser) provided a presentation, which was followed by group work concentrating on the following questions

What form should CPD take?

- How much theory and practice?
- Should it be part of existing CPD or alternative?
- Should CPD be the same for all prescribers or different for CPNP and Independent prescribers?

The NMC have indicated that CPD standards will be published soon.



### Have you looked at this new website? [www.npci.org.uk](http://www.npci.org.uk)

NPCi offers the opportunity to check or update your knowledge on the most common therapeutic or medicines management topics. It provides evidence-based up-to-date educational materials in various interactive formats such as workshop presentations; key slide sets, case studies, learning quizzes and data focused commentaries.

[http://www.npc.co.uk/MeReC\\_Extra/2008/pdfs/merec\\_extra\\_no33\\_web.pdf](http://www.npc.co.uk/MeReC_Extra/2008/pdfs/merec_extra_no33_web.pdf)

Ref MeReC Extra No.33

## Prescribing of Controlled Drugs by Nurse Independent Prescribers

The Misuse of Drugs Regulations (Northern Ireland) 2002, as amended, is the legislation which authorises and limits the prescribing of controlled drugs by Nurse Independent Prescribers.

Nurse Independent Prescribers are authorised to prescribe some specific Controlled Drugs but these can only be prescribed for the medical conditions indicated in the Regulations (see Table 1 below). At this time, **NO** other Controlled Drugs listed in Schedules 1-5 of the Misuse of Drugs Regulations (Northern Ireland) 2002 are permitted to be prescribed by Nurse Independent Prescribers.

Nurse Independent Prescribers must work within their own level of professional competence and expertise.

**Table 1 Controlled Drugs which Nurse Independent Prescribers are authorised to prescribe under The Misuse of Drugs Regulations (Northern Ireland) 2002**

Drug	Indication
Buprenorphine	Transdermal use in palliative care
Chlordiazepoxide hydrochloride	Treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it
Codeine phosphate	-
Co-phenotrope	-
Diamorphine	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief
Diazepam	Use in palliative care, treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it, tonic-clonic seizures
Dihydrocodeine tartrate	-
Fentanyl	Transdermal use in palliative care
Lorazepam	Use in palliative care, tonic-clonic seizures
Midazolam	Use in palliative care, tonic-clonic seizures
Morphine	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief
Oxycodone	Use in palliative care

### **Examples of Controlled Drugs that Nurse Independent Prescribers are NOT authorised to prescribe:**

- *Schedule 4:*
  - **clobazam** (Frisium® tablets)
  - **clonazepam** (Rivotril® tablets or injection)
  - **nitrazepam**
  - **zolpidem** (Stilnoct® tablets)
- *Schedule 5*
  - **pholcodine** (including Galenphol® products and Pavacol-D® linctus )

In addition, Nurse Independent Supplementary Prescribers:

- Must have completed recognised Controlled Drug training, either through tutorial or online. Online training (which issues certificates) can be accessed at [www.medicinesni.com](http://www.medicinesni.com). Hard copies of this training material will be distributed to all Nurse Independent Supplementary Prescribers soon.
- Must indicate that they will be prescribing Controlled Drugs as part of their parameters of prescribing, and this needs to be agreed by the line manager and employer.

**Should you have any queries in relation to the prescribing of Controlled Drugs by Nurse Independent Supplementary Prescribers, please do not hesitate to contact your HSSB Nurse Prescribing Adviser**

Ref DHSSPSNI letter dated 22<sup>nd</sup> May 2008 Reference DH1/08/50870

**New website: <http://www.medicinesni.com/>**

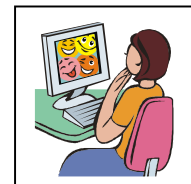
This website is aimed at the healthcare professionals within Northern Ireland and was set up as part of the Northern Ireland response to the Shipman Inquiry.

The website provides you with access to learning resources and the ability to undertake the post-course assessment online. Courses currently available are:

1. Medicines Governance
2. Controlled Drugs in Clinical Practice

In addition, all COMPASS therapeutic notes are available via this website. COMPASS therapeutic notes provide unbiased information regarding the appropriate use of medicines and they are written following an extensive review of the literature. Each COMPASS therapeutic notes bulletin that has been issued from January 2003 constitutes 2 hours of professional development time.

## Have you looked at these useful reference sources?



<a href="http://www.bnf.org">www.bnf.org</a>	BNF, BNF for Children
<a href="http://www.nice.org.uk">www.nice.org.uk</a>	National Institute for Clinical Excellence
<a href="http://www.mhra.gov.uk">www.mhra.gov.uk</a>	Medicines & Healthcare Products Regulatory Authority ' <u>Drug Safety Update</u> ' monthly newsletter providing information & clinical advice on the safe use of medicines.
<a href="http://www.npc.co.uk">www.npc.co.uk</a>	National Prescribing Centre Non medical prescribing section, NPCi, MeReC publications
<a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a>	Yellow card scheme for reporting Adverse Drug Reactions
<a href="http://www.cks.library.nhs.uk">www.cks.library.nhs.uk</a>	Clinical Knowledge Summaries, practical evidence-based information about the common conditions managed in primary care.
<a href="http://www.ipnsm.n-i.nhs.uk/">www.ipnsm.n-i.nhs.uk/</a>	Interface Pharmacist Network Specialist Medicines Red Amber List
<a href="http://www.patient.co.uk/">www.patient.co.uk/</a>	Patient UK Information for patients and carers e.g. leaflets
<a href="http://www.nmc-uk.org">www.nmc-uk.org</a>	Nursing and Midwifery Council Standards of proficiency for nurse and midwife prescribers, Standards for medicines management, The Code-standards of conduct, performance and ethics for nurses and midwives
<a href="http://www.centralservicesagency.com/display/ni_drug_tariff">www.centralservicesagency.com/display/ni_drug_tariff</a>	Northern Ireland Drug Tariff

### Fire hazard with paraffin based skin products on dressing and clothing

In November 2007 the National Patient Safety Agency (NPSA) alerted all healthcare staff involved in the prescribing, dispensing or administration of paraffin based skin products of a potential fire risk. Bandages, dressings and clothing in contact with paraffin based products for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment are easily ignited with a naked flame or cigarette.

Following a reported death, the National Patient Safety Agency (NPSA) recently issued a rapid response report on the potential fire hazards involved with the prescribing, dispensing or administration of paraffin based skin products.



The report is available at: <http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/rapidrr/paraffin-skin-products/>

### New Nurse Prescribers Formulary (NPF) 2007/2009 for Community Practitioner Nurse Prescribers

The latest edition of the NPF is intended as a pocket book for rapid reference and so cannot contain all the information necessary for patient management. It therefore must only ever be used in conjunction with an up to date BNF. Copies of BNF issue number 55 will be circulated to Trusts shortly for onward distribution to actively prescribing Community Practitioner Nurse Prescribers.

Please note that Community Practitioner Nurse Prescribers can prescribe any appliance or relevant reagent in the Northern Ireland Drug Tariff.

- Appliances (including contraceptive devices) as listed in Part III of the Northern Ireland Drug Tariff
- Incontinence Appliances as listed in Part III of the Northern Ireland Drug Tariff
- Stoma Appliances and Associated products as listed in Part III of the Northern Ireland Drug Tariff
- Chemical Reagents as listed in Part II of the Northern Ireland Drug Tariff

The Northern Ireland Drug Tariff is updated on a monthly basis and the most up to date version should be used.

[http://www.centralservicesagency.com/display/ni\\_drug\\_tariff](http://www.centralservicesagency.com/display/ni_drug_tariff)

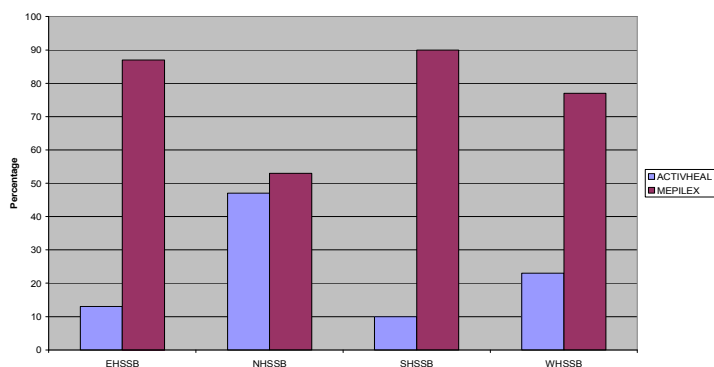
## Activheal® first choice for most patients

Two foam dressings are included in the Regional Wound Formulary: **Activheal®** and **Mepilex®**. Both dressings passed the required clinical, risk and safety evaluations to allow their inclusion.

- (1) **Activheal®** should be used for patients with normal surrounding skin.
- (2) **Mepilex®** should be reserved for patients with fragile surrounding skin. It is formulated with silicone to minimize epidermal stripping and/or pain on removal and, because of these properties, it is considerably more expensive (see table two).

Nurse prescribing figures (April to Dec 07) show that this approach has not been adopted as 84% of foams prescribed within Northern Ireland are from the Mepilex® range. Table one shows the percentage of Actiheal/ Mepilex prescribed by Nurses April – Dec 2007 by Board area.

TABLE ONE: % ACTIVHEAL/ MEPILEX NURSE PRESCRIBING APRIL -DEC 2007



Product	Size	Cost per piece (NI Drug Tariff July 08)
<b>Without adhesive border</b>		
Activheal Foam NA®	10x10cm	£0.92
Mepilex®	10x10cm	£1.92
<b>With adhesive border</b>		
Activheal Foam Island®	10x10cm	£0.82
Mepilex Border®	10x10cm	£2.02

Table Two: Example of cost comparisons for foams

We appreciate Activheal® brand may not be familiar to all nurse prescribers and it takes time to implement changes in practice. However, we would like to reassure you that the policy of using Activheal® first line for the majority of patients has been fully adopted in hospitals across Northern Ireland.

### Please Note

The A5 formulary, which contains advice on wound assessment, was distributed to all nurse prescribers as well as GP practices, Community Pharmacies, Trust staff and Nursing Homes and can be downloaded at:

[http://www.dhsspsni.gov.uk/wcf\\_-\\_education.pdf](http://www.dhsspsni.gov.uk/wcf_-_education.pdf)

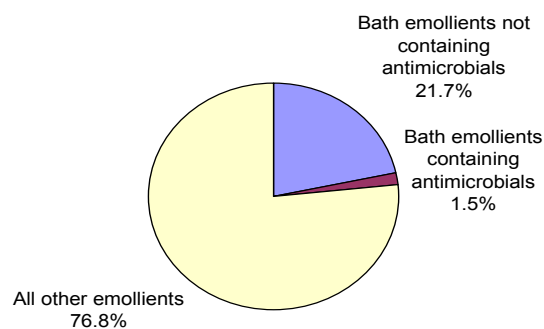
## Bath emollients for atopic eczema: why use them?

A recent article in the Drug and Therapeutics Bulletin (DTB) has called into question the value of bath emollients for atopic eczema. Topical emollients applied directly to the skin are key in the management of patients with atopic eczema, and there is long clinical experience and some published evidence to justify such use. On the other hand, the authors conclude that although bath emollients are widely prescribed the basis for their use is much more questionable.

There are two types of bath emollient available: those containing antimicrobials and those which do not. As there is no evidence showing any clinical benefit from antiseptic / emollient preparations their routine use in patients with atopic eczema is not recommended.

Figure 1.

Emollients prescribed by Nurses (NI) Apr - Jul 2007



Bath emollients account for just under one quarter of the prescribing of all emollients by nurses in Northern Ireland. (Figure 1)

DTB advocate that treatment strategies in which patients successfully apply emollients to the skin without ever using bath emollients are entirely reasonable.

Ref. Anon. Drug and Therapeutics Bulletin 2007; 45: 73-75

## Training events coming to a place near you!



### NPC Plus Therapeutic Work shop – SKINS

These workshops will be delivered in each Board Area in the autumn.

Details of these workshops will be circulated to Nurse Prescribers over the coming weeks by their HSSB Nurse Prescribing Adviser.

If you would like to comment on this newsletter or seek further information on Nurse Prescribing please contact your Nurse Prescribing Adviser

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