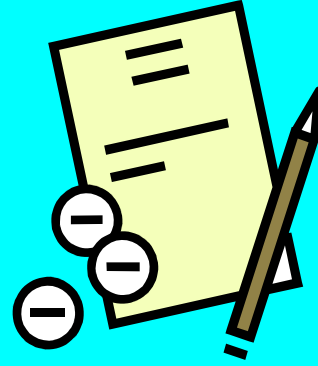


Nurse Prescribing News



Issue 1 November 2007: A Regional Newsletter for all Nurse Prescribers in N.Ireland

Welcome to this the first 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.

We value any comments that you would like to make in relation to the content of this newsletter and also any suggestions for items that you would like to see included in future editions.

Expansion of Nurse Prescribing within the HPSS in Northern Ireland

On January 16th 2007 legislative changes were made to expand Nurse Prescribing within Northern Ireland.

Qualified NISPs can now prescribe any licensed medicine for any medical condition including some ***controlled drugs**, within their area of competence.

'Improving Patients Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the HPSS in Northern Ireland' is available to download at:

www.dhsspsni.gov.uk

***Nurse Independent Supplementary Prescribers must NOT prescribe any controlled drug until they have received appropriate training**

Controlled Drugs Training Event

An additional training session has been arranged for those NISPs who were unable to attend the initial training events held earlier this year.

Workshop on Prescribing Controlled Drugs:
Monday 17th December
10am to 1pm
Fern House
Antrim Area Hospital

If you wish to attend this workshop please contact Michelle McCourt
michelmcc@shssb.n-i.nhs.uk
By Friday 7th December 2007

Nurse Independent Prescribing of Controlled Drugs

The following Controlled Drugs may be prescribed by Nurse Independent Prescribers solely for the medical conditions indicated and by the route of administration specified (For Route of Administration please refer to the latest edition of the BNF)

- diamorphine, morphine, diazepam, lorazepam, midazolam, or oxycodone for use in palliative care;
- buprenorphine or fentanyl for transdermal use in palliative care;
- diazepam, lorazepam, midazolam for the treatment of tonic-clonic seizures;
- diamorphine or morphine for 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;
- chlordiazepoxide hydrochloride or diazepam for treatment of initial or acute withdrawal symptoms, caused by the withdrawal of alcohol from persons habituated to it;
- codeine phosphate, dihydrocodeine tartrate or co-phenotrope

Please Note - Controlled drugs for other medical conditions can only be prescribed on a supplementary basis i.e. a clinical management plan must be in place. Examples include prescribing of diazepam for acute muscle spasm and prescribing of temazepam for insomnia (short term use).

To view Controlled Drug schedules please refer to the latest edition of the BNF.

Implementation of the Non-medical Prescribing Budget

Prior to the introduction of the non-medical prescribing budget, Nurse Prescribers (CPNPs and NISPs) were assigned a cipher number and a prescription pad for each GP practice to which they were attached. This was often impractical and had been cited as a barrier to nurse prescribing.

On the 1st of April 2007 a Regional Non-medical Prescribing Budget came into effect.

Who does this affect?

- CPNPs
- Trust employed NISPs (GP employed nurses are NOT affected)

What does this mean to you the prescriber?

- From 1st April 2007, nurse prescribers will be issued with one cipher number and one prescription pad.
- This can be used for all your patients / clients regardless of which GP practice they are registered with
- The cost of your prescribing will be attributed to the non-medical prescribing budget, rather than from the GP prescribing budget.

The creation of a non-medical prescribing budget has removed yet another barrier to nurse prescribing and we anticipate an increase in the levels of prescribing.

NIPEC Nurse Prescribing Project Results are in!

In 2006 the Trust Nurse's Association asked NIPEC to review the introduction of the Nurse Prescribing Role to identify what had worked well and what areas could be improved. NIPEC have recently published their findings and made a number of recommendations in section nine of their report.

A copy of the report is available for download at:

www.nipec.n-i.nhs.uk/devofpracticedocuments.htm

Changes to Nurse Prescriber forms

- From November 1st 2007 current nurse prescription forms will change from lilac to green.
- To distinguish nurse prescriptions from GP prescriptions the type of nurse prescriber will be printed on the main body of the prescriptions.
- Lilac pads currently in circulation will remain valid for use.

Watch this space!

Computerised Prescriptions

Cut –sheet prescriptions for computer generation of nurse prescriptions will be available to order by Nurses from January 1st 2008.

If you have any queries in relation to this please contact your Nurse Prescribing Adviser.



Please note: Nurse Prescribers must be aware of and adhere to their employing organisations prescription security policy

Training events coming to a place near you!



NPC PLUS Therapeutic Workshop on Obesity and Infestations January 2008 – SHSSB

NPC PLUS Therapeutic Workshop on Analgesics and NSAIDs February 5th 2008 – WHSSB

NPC PLUS Therapeutic Workshop on Obesity and Infestations February 2008 – EHSSB

NPC PLUS Therapeutic Workshop on Analgesics and NSAIDs February 6th 2008 – NHSSB

Please contact your Nurse Prescribing Adviser for further information on these training events

Community Practitioner Nurse Prescribers – Did you know?

The DHSSPSNI has endorsed the updated guidance in the DOH Nurse Prescribing FAQ, which states that CPNPs may prescribe nystatin oral suspension for neonates, at the dose recommended in the Children's BNF, as long as they are absolutely clear that the diagnosis is oral thrush. They should only prescribe nystatin off-label within their own competence, and when doing so they accept clinical and medico-legal responsibility for prescribing that medicine. This exception has been permitted on the basis that there is no systemic absorption of the product and the use of the product in treatment of oral thrush is long-established.

The guidance stresses that there are no other exceptions for off-label prescribing by CPNPs.

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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