Nurse Prescribing Document Feedback

Consultation questions

Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe a limited list of medicines to treat minor ailments and infections, and to promote health?

I do agree with the proposal with a limited list of medicines but have concerns about the definition of when a nurse can begin to be a prescriber. Does the RN have enough clinical reasoning to be able to make a decision on when some medicines can be prescribed with a patient with co-morbidities.

Do you agree that community nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Do you consider the title "community nurse prescribing" adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

I do agree that the patient will receive prompt care.

In regards to community nurse prescribing – does that include the district nurse? One medicine that should be included in the list for every day central venous catheter management is heparinised saline 100 units/ml

Consultation question

Do you agree with the suggested wording changes to the registered nurse scope of practice and with a prescribing authorisation being included in the scope of practice of registered nurses with community nursing prescribing authority?

No problem with this.

Consultation questions

Do you agree that the proposed education and training for community nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

I don’t have concerns with nurses who have been trained of recent years with pharmacology, but what is the average age of a registered nurse presently working in the community setting. I believe it is of an age that you cannot guarantee an undergraduate training of pharmacology would be of the standard suggest.

Consultation question

Do you agree with the on going continuing competence requirements for community nurse prescribers?

I believe the nurses should not just be using the prescribing but have regular refreshing of up-to-date information around pharmaceutical changes and advances in NZ and internationally.

Consultation question

Do you agree with the proposed list of prescription medicines that nurses with community prescribing rights will be able to prescribe as designated prescribers?

Do you agree that community nurse prescribers should be able to access this list of non prescription medicines?

Another medicine as mentioned above is heparinised saline for central venous catheter maintenance. Also are these medicines to be prescribed by an RN IV? What management is the RN able to perform if they are giving IV in the community? Some of these medicines have high and low pH levels and can cause chemical phlebitis and if ongoing therapy occurs the avocation of a central venous catheter
Nurse Prescribing Document Feedback

should be negotiated. What ongoing monitoring of an IV site is there. Practice nurses are already struggling to obtain the education and skills they require to maintain the cellulitis protocol.

Consultation questions

Do you agree with the proposal that suitably qualified and experienced registered nurses be able to prescribe from the specialist and community nurse prescribing lists of medicines?

Yes I do agree

Do you agree that specialist nurse prescribing will enable patients to receive more accessible, timely and convenient care?

Yes I do agree

Do you consider the title “specialist nurse prescribing” adequately describes and informs the public and other health professionals of the breadth of this prescribing authority?

I think the word clinical should be there also.

Do you agree that nurses with specialist nurse prescribing authority should be required to work in a collaborative multidisciplinary team?

In most circumstances yes, but in my present role and others around the country we sometimes don’t work in a designated multidisciplinary team. That could change of course.

Do you think that nurses with specialist nurse prescribing authority should also be required to practice under supervision for six months when they begin to prescribe?

Yes but will do this in some situations?

Consultation questions

Do you agree that nurses who apply for specialist nurse prescribing authority should be:

a) registered in a new scope of practice; or

b) have a condition/authorisation included in the registered nurse scope of practice?

If nurses with specialist nurse prescribing authority are registered in a specialist nurse prescriber scope of practice, do you agree with the scope statement on page 34?

If nurses with prescribing authority have a condition/authorisation, do you agree with the proposed additional wording in the registered nurse scope of practice on page 35?

I think they should have option b.

Consultation questions

Do you agree that the proposed education and training for specialist nurse prescribing is consistent with their scope of practice and their prescribing authority and will enable them to demonstrate competent and safe prescribing practice?

Do you agree with the standards for accreditation of courses for specialist nurse prescribing? (see page 54)

Do you agree with the proposed competencies for specialist nurse prescribers? (see page 64)

Do you agree with the entry criteria for specialist nurse prescribing programme? (above)

I agree but I don’t think that working within a clinical area for only 1 year is enough to develop the knowledge required to prescribe.
Consultation questions

Do you agree with the continuing competence requirements for specialist nurse prescribers?
No. I believe that it should include what is suggested but also to have ongoing training with updates on formulary changes and medicine changes as an annual review.

Consultation questions

Do the indicative community nurse prescribing and specialist nurse prescribing lists of prescription medicines reflect the range of medicines that nurses with specialist nurse prescribing rights will need to access?
Difficult to say but it should include for CNS for infusion therapy across the country access to medicines that are used in central venous catheter management. EG ethanol 70%, urokinase, altephase and citrate. There is no inclusion of nurses who work with these lines as a nurse specialist. Does the heparin cover all strengths for infusions, locking of dialysis and other central venous lines? Also as states above if some of these medicines are administered IV there are less concerns though around the monitoring of the administration during and post.

Do you think there are medicines that specialist nurses should not initiate but could safely repeat prescribe?
In most circumstances yes.

Do you agree that specialist nurse prescribers should be able to access the lists of non prescription medicines on page 43?
I think there needs to be a documentation of whether they can only prescribe orally. The prescribing and administering of some of the medicines IV would be concerning without a full medical review.

Do you agree with the proposed list of controlled drugs that nurses with specialist nurse prescribing rights will be able to prescribe as designated prescribers?
As stated in the comment above I think there needs to be clarity what route they should be given.

Do you think that specialist nurse prescribers should be able to prescribe controlled drugs (from the appropriate list) for a longer period than three days?
No, the patient should be reviewed by medical staff if they still require this medicine as an inpatient or outpatient for a new clinical reason.

OVERALL COMMENTS

I do have concerns around the complexity of some of the patients that nurses are required to prescribe. I think that there is great inclusion for tests, such as blood testing requests as a positive move forward. Have concerns around NGO nurse education and ongoing when it is already an identified issue with medicine management already. There is no inclusion of nurses in my role as a clinical nurse specialist for infusion therapy. A number around the country are also PICC inserters and have the ability and the need to prescribe for patients with central venous catheter management.