Nurse Prescriber, **2**(5), Page 1 of 4, ***e17***

ISSN 1467-1158
Archive January 2005

Journals Watch

Policy, Practice and Education 2005

Controlling prescribing costs

Wilcock M. Controlling costs. *Practice Nurse/prescribing nurse* 2005; **29**(7): 43–49.

The author describes how GP practices can use their PACT data to analyse their prescribing practices, discussing the standard reports and PACT catalogues, as well as how electronic downloading offers additional flexibility in how the data are used.

PACT data do have limitations, in particular the lack of any patient or clinical information and the author explains how they can be used together with information recorded under the new GP contract to analyse whether prescribing is clinically appropriate. For example, with no patient data, it is not possible to say whether high prescribing rates for inhaled corticosteroids reflect overtreatment of people with chronic obstructive pulmonary disease or a high proportion of people with asthma on the practice list, all being treated appropriately. The contract data will provide prevalence figures for both conditions. PACT data can provide indicators of where inappropriate prescribing may be occurring but they represent a starting point only.

The influence of the pharmaceutical industry on prescribing decisions needs to be considered: nurses have been surprised by the interest shown in them as they assume more responsibility for prescribing decisions.

The author concludes that GPs, pharmacists, practice nurses and patients all need to work together using medicine management systems to improve the value for money we obtain from pharmaceuticals.

doi:10.1017/S1467115805000830

Principles of nurse prescribing

Warner D. Theory of nurse prescribing. *Journal of Community Nursing* 2005; **19**(4): 12–16.

This article provides an overview of some of the theoretical issues involved in nurse prescribing, looking at the legal and ethical aspects and at the NMC's seven-step prescribing pyramid.

doi:10.1017/S1467115805000842

Haemofiltration drug dosing compliance in an ICU

Shulman R and Jani Y. Comparison of supplementary prescribers' and doctors' compliance with guidelines for drug dosing in haemofiltration on an intensive care unit. *The Pharmaceutical Journal* 2005; **274**: 492–493.

Supplementary prescribing is effective in harnessing pharmacists' expertise to improve prescribing in acute care, according to the conclusions of this study, although pharmacists need to be available to prescribe for much of the working week, particularly in critical care.

The study describes how drug dosing for haemofiltration on an intensive care unit (ICU) was affected by the introduction of pharmacist supplementary prescribing, previously described here [1]. There is a local guideline that specifies how anti-infective drug doses should be adjusted for patients on haemofiltration and the study

sought to determine how adherence to this guideline changed after the introduction of pharmacist supplementary prescribing.

Before the introduction of supplementary prescribing, 53.7% of the prescriptions were in accordance with the guidelines and 46.3% were not (over a six-month period). This is despite a degree of electronic support and decision guidelines. After the change, all of the 26 prescriptions by pharmacists were deemed appropriate (two did not follow guidelines but were judged to have been appropriate). The level of doctors' compliance with the guideline did not change significantly. There was a trend towards global improvement following the change, but it did not reach statistical significance.

The authors suggest that as few critical care interventions have been shown to improve mortality or outcomes, it is unrealistic to expect the introduction of supplementary prescribing to improve these, or affect cost or length of stay. Therefore, perhaps supplementary prescribing should be seen as a tool to implement evidence-based medicine, which does improve outcomes. These results suggest that it can be used as a way to increase adherence to clinical guidelines, which is worthwhile. Pharmaceutical Journal [2]

eReferences

1. http://www.nurse-prescriber.co.uk/Journals/PPE2004_supp.htm#130-5
2. http://www.pharmj.com/pdf/hp/200505/hp_200505_careers.pdf

doi:10.1017/S1467115805000854

A year of supplementary prescribing for one hospital pharmacist

Tomlin M. A year in the life of a supplementary prescriber. *Hospital Pharmacist* 2005; **12**:182–183.

The author, a clinical pharmacist specialising in critical care, trained as a supplementary prescriber at the first opportunity, and is convinced that supplementary prescribing can be made to work well in an acute care setting. He started prescribing in the therapeutic areas in which he already advised doctors and points out that although supplementary prescribing may make only a small practical difference to the way pharmacists work, it increases the efficiency of the prescribing process and the standing of the pharmacists in the clinical team. Pharmaceutical Journal [1]

eReference

1. http://www.pharmj.com/pdf/hp/200505/hp_200505_careers.pdf

doi:10.1017/S1467115805000866

Mental & Neurological Health 2005

Using supplementary prescribing in mental health and learning disabilities

Allsop A. Supplementary prescribing in mental health and learning disabilities. *Nursing Standard* 2005; **19**(30): 54–58.

This article describes the experiences of nine nurses working in mental health and learning disabilities who formed part of the first cohort to undertake the supplementary prescribing course. They work for the South Staffordshire NHS Trust (see here for previous article on this [1]).

This interesting account highlights some of the issues specific to this group of nurses: that they do not necessarily have up-to-date knowledge of physical health, for example, or that their assumption that they would be writing numerous prescriptions was not borne out, and that they now see this as testament to the fact that prescribing is one aspect of providing holistic patient-centred care. Continuing education has been maintained. The nurses found much of the course content, with its focus on independent prescribing, to be outside their

scope of practice. Another complication is that some consultant psychiatrists write to GPs rather than writing prescriptions. Perhaps the biggest challenge in this area is the issue of consent to treatment for people with learning disabilities and acute mental health needs.

The anecdotal evidence in South Staffordshire appears to indicate that nurses, patients and carers all find nurse prescribing in mental health and learning disabilities acceptable. The nurses involved now have a closer working relationship with medical colleagues, which has benefited patients, and interventions in medicines management are seen as more timely. It is important that the systems and policies are established before nurses go on the course so that prescribing can begin after NMC registration. Nursing Standard [2]

eReferences

1. http://www.nurse-prescriber.co.uk/Journals/JW2005/Ment_Neuro2005.htm#136-4
2. http://www.nursing-standard.co.uk/

doi:10.1017/S1467115805000878

Minor Ailments 2005

A nurse-led clinic for complex wounds

Collier M and Radley K. The development of a nurse-led complex wound clinic. *Nursing Standard* 2005; **19**(32): 74–84.

The idea for a complex wound clinic arose from requests to specialist nurses from colleagues in primary and secondary care who wanted to improve outcomes for patients with wounds that were not progressing as anticipated. The processes involved in setting up the clinic are outlined in the article, and a case and its outcome described. The lead nurse/consultant is an extended and supplementary nurse prescriber, which has improved care for clinic patients. The development of the clinic has demonstrated the value of interdisciplinary collaboration.

doi:10.1017/S146711580500088X

Nurse prescribing in stoma care

Brewster L. The implications of nurse prescribing in stoma care. *Nursing Times* 2005; **101**(19): 56–57.

When a nurse prescriber took over the prescribing needs of stoma patients in one GP practice, patient care improved, according to the conclusions of this article.

The GPs concerned were, on the whole enthusiastic, feeling that they were often unsure about the appliances and relied on patient requests to determine choice. Costs were escalating and there was concern about misuse of stoma appliances. The colorectal clinical nurse specialist took over prescribing and for a set period and audited the results.

Fifty patients from an urban practice were included in the study and their stoma care needs were assessed. Of these, 47 said they had benefited from the assessment. The overall cost of appliances during the audit period was very substantially reduced and relationships with the practice team and local and community pharmacists improved, but the audit was very time-consuming.

After the audit, prescription details should be entered on the GP system and guidelines should be drawn up and agreed by the Trust pharmaceutical advisor. Nursing Times [1]

eReference

1. http://www.nursingtimes.net/

doi:10.1017/S1467115805000891

Evidence-based constipation management

Wondergem F. Relieving constipation. *Journal of Community Nursing* 2005; **19**(5): 12–16.

The author stresses the importance of developing a rigorous evidence-based approach to the management of constipation. The article discusses the symptoms and diagnosis of constipation and the lifestyle advice that should be given, and provides information about insoluble and soluble fibre, before discussing the different types of laxative. A stepped approach to care should be used, with patient assessment and dietary and lifestyle advice preceding any laxative treatment. As there is not enough evidence to guide laxative choice on clinical grounds, patient preference, symptoms and cost should be taken into account.

doi:10.1017/S1467115805000908

Minor Ailments 2005

Better management of allergic rhinitis

Carr V. Improving the management and quality of life of patients with allergic rhinitis. *Professional Nurse* 2005; **20**(8): 31–33.

The article reviews the causes and diagnosis of allergic rhinitis and then discusses the WHO guidelines, 'Allergic Rhinitis and its Impact on Asthma' and its stepwise approach to management.

doi:10.1017/S146711580500091X

Cetirizine

Cetirizine. *Nursing Times* 2005; **101**(19): 55.

This fact sheet provides basic information about cetirizine and its use in providing symptom relief from nasal allergies, insect bites and skin rashes.

doi:10.1017/S1467115805000921