News Round-Up Archive 2004

Emergency medicines to be included in NPEF?

Plans to add emergency and ‘first contact’ medicines to the Nurse Prescribers’ Extended Formulary (NPEF) have been announced by Health Minister John Hutton. The government says that these proposals will help improve emergency care for patients and help relieve the burden on staff working in Accident and Emergency departments.

The consultation proposes adding more than 60 medicines to treat 30 new conditions and has been launched by the Department of Health (DH) and the Medicines and Healthcare products Regulatory Agency (MHRA; download consultation here [1]). It is being circulated throughout the UK and consequent changes to the POM Order would apply in England, Scotland, Wales and Northern Ireland. The consultation period closes on 13 July.

Proposed additions to the list of conditions:

The consultation proposes that the following conditions be added to the list of treatable conditions:

Central nervous system:

- acute dystonias
- acute severe pain after trauma
- changing painful dressings
- emergency treatment of meningitis
- nausea and vomiting (outside palliative care)
- prophylaxis and treatment of nausea and vomiting in the postoperative period
- generalised tonic-clonic seizures

Circulatory:

- acute pulmonary oedema associated with cardiac failure
- angina pectoris
- fluid replacement and potassium replacement (hypovolaemia and dehydration)
- plasma substitutes for patients with a low blood volume
- ‘Thromboprophylaxis’ (defined as deep vein thrombosis; acute coronary syndrome; congestive heart failure in bed-bound patients and perioperatively)
- ventricular fibrillation or pulseless ventricular tachycardia

Eye:

- Ophthalmic conditions (diagnostic use in ophthalmology, tear deficiency, inflammation following ophthalmic surgery, and corneal trauma)

Gastrointestinal conditions:

- prophylaxis of acid aspiration during surgery

Infections:

- cellulitis (defined as treatment for ascending cellulitis of the leg, to be distinguished from inflammation associated with varicose ulcers)
- tetanus treatment
Musculoskeletal:
● pain and inflammation/soft tissue injury

Oral conditions:
● dental infections

Poisoning:
● poisoning

Respiratory:
● acute exacerbation of chronic bronchitis
● acute reversible airways obstruction (acute severe asthma or acute exacerbation of chronic obstructive pulmonary disease)
● anaphylaxis
● conditions requiring oxygen supplementation (e.g. hypoxaemia)
● croup

Skin:
● psoriasis
● molluscum contagiosum

Substance dependence:
● acute alcohol withdrawal

Proposed changes to the POM Order:
The consultation sets out the list of additional medicines, and the thinking behind their inclusion, together with their linked conditions. As at present, the conditions will be the subject of guidance, whereas the substances will form part of the POM Order.

Some controlled drugs are included, such as morphine for acute severe pain after trauma and diazepam, lorazepam and midazolam for generalised tonic-clonic seizures. Their addition to the NPEF would require a change in Home Office regulations.

The list also includes some substances such as oxytetracycline dihydrate which are already in the NPEF but which are proposed for a new condition (acute exacerbation of chronic bronchitis in this case).

Some of the proposals involve a further extension of ‘off-label’ prescribing. The paediatric working group involved in drawing up the proposals supported the need for adequate pain relief for children, even though it could involve ‘off-label’ prescribing. Apart from major trauma, however, it considered that the NPEF should not cover the prescribing of intravenous opiates to a neonate or young child without a definitive diagnosis.

The consultation also proposes some additions to the list of antimicrobials, on the basis of the assumption that extended formulary nurse prescribing will not lead to an overall increase in antimicrobial prescribing. These include: parenteral benzylpenicillin sodium for cellulitis and the emergency treatment of meningitis; erythromycin, erythromycin stearate and erythromycin ethyl succinate for the treatment of dental infections, acute exacerbation of chronic bronchitis, and cellulitis; oral and parenteral flucloxacillin for cellulitis; and amoxicillin trihydrate for dental infections and acute exacerbation of chronic bronchitis.

Substances which were considered for inclusion but rejected, often on the grounds that they were inappropriate for first contact or emergency care, are also listed.

Reactions to the consultation:
The proposals seem to have been largely welcomed by professionals, although both the RCN and the NMC favour opening up the entire British National Formulary to nurses. Stuart Skyte of the NMC is reported to have told the website ePolitix.com [2] that, ‘This is a good step in the development of nurse prescribing. It will bring
benefits to patients and the health services’. Matt Griffiths, joint prescribing advisor to the RCN, told the BBC that, ‘We welcome the proposed additions, but we would like to see the entire BNF … opened up to nurses’, adding that the RCN would want to ensure that safety was paramount.

Let us know your views on the proposed extension to the formulary by visiting the forum [3].

eReferences
doi:10.1017/S1467115804000744

ANP Conference highlights

Extended nurse prescribing is improving patient care, according to the first results from a Department of Health study described at the recent Association for Nurse Prescribing (ANP) annual conference (see here [1] for the ANP newsletter containing conference highlights and news).

Of the 215 extended nurse prescribers in the study, 97% said prescribing was allowing them to improve patient care. The general picture was positive, with 66% saying they were confident in their prescribing practice, 88% saying they had the support of medical colleagues, and 87% saying they had received more than 12 days’ medical mentoring while training. The limitations of the formulary were seen as unhelpful by 92%, however, and some nurses had had problems obtaining prescription pads or access to drugs budgets. Respondents also wanted to be able to generate computer prescriptions (see here [2]).

eReferences
doi:10.1017/S1467115804000756

Pharmacist supplementary prescribers qualify in England 02/04/04

The first batch of pharmacist supplementary prescribers in England has now qualified. Rosie Winterton, the health minister, said that she was ‘delighted’ at this development. According to the DH, about 30 have now qualified, with around 100 more in training, and it expects this figure to increase substantially later in the year as the number of training courses increases. The Department of Health (DH) said that supplementary prescribing was the first step towards independent prescribing (see here [1]).

Peter Wilson, consultant to the Royal Pharmaceutical Society and its lead on supplementary prescribing has commented that there is ‘still some way to go’ if the government target of 1000 pharmacist supplementary prescribers by the end of the year is to be met (‘The Pharmaceutical Journal’, 20 March, p340 [2]). According to this article, there are now 18 postgraduate supplementary prescribing courses in England, Wales and Scotland, with more on the way.

eReferences
doi:10.1017/S1467115804000768

Nurses can generate computer scripts 02/04/04

An authorized system for nurses to generate computer scripts has been released by The Phoenix Partnership (see here [1]). This means that nurse prescribers using the Phoenix system can generate their own computer
scripts automatically by clicking on a special nurse prescribing icon next to a drug. Tests on other systems are due to follow.

Matt Griffiths, RCN Joint Prescribing Advisor, commented that, ‘this is a long awaited development. It will aid nurses in their safe prescribing practice, reduce the duplication that is required by handwriting scripts and will make supplementary nurse prescribing a viable service which benefits patients. It is fantastic for prescribers that this service has now become a reality.’

eReferences
doi:10.1017/S146711580400077X

Letter about medicinal name changes issued 02/04/04
On 17 March, the Chief Medical Officer, Chief Nursing Officer and Chief Pharmaceutical Officer issued a joint letter providing further information about the 1 December switch from British Approved Names (BANs) to recommended International Non-Proprietary Names (rINNs; see here [1]). The letter lists the key actions needed to implement this change.

The exceptions to the switch are adrenaline and noradrenaline, where manufacturers will be encouraged to use both names on product packaging and literature.

The letter, together with a list of affected substances in common use, can be downloaded here [2].

eReferences
doi:10.1017/S1467115804000781

Paramedics to be allowed to administer amiodarone? 02/04/04
The Medicines and Healthcare products Regulatory Agency (MHRA) has proposed adding amiodarone to the list of prescription-only medicines that paramedics can administer on their own initiative (see here [1]).

eReference
doi:10.1017/S1467115804000793

Prescribing for children conference 02/04/04
‘Good medicine for children: BNF prescribing excellence conference 2004’ will be held on 18 May in London. It will examine prescribing and practice issues in children, with the aim of promoting the provision of reliable information on the use of medicines. The conference is organized by the BMA and the Royal Pharmaceutical Society, in collaboration with the Royal College of Paediatrics and Child Health. Further information can be found here [1].

eReference
doi:10.1017/S146711580400080X