Policy on Registered Nurse Prescribing of Medicinal Products in CHI@Crumlin

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Document Review History

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2020	Fionnuala O' Neill and details added	Fionnuala O'Neill

Document Change History

Change to Document	***Reason for Change***
1. Addition of new legislation authorising RNPs to prescribe exempt medications. 2. Reference updates 3. Pregnancy Assessment 4. Removal of detail around the CPA 5. Insertion of legislative changes around prescribing of Off label and exempt medications	Legislative change Page 17 Through the document see page 15 Prescribing harmful medications p 17 Through the document Page 5 and 6 Page 15 + 16

Policies will be reviewed yearly or more frequently if required due to changing practice, policy, or legislation.

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1.0 Introduction

In May 2007 the Minister for Health and Children signed into law the following regulations and rule to provide for nurse and midwife prescribing:

- Misuse of Drugs (Amendment) Regulations 2007
- Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007
- Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Commencement) Order 2007.
- Nurses Rules 2007.

These are complemented by requirements and standards and professional guidance which has been developed and approved by the Nursing and Midwifery Board of Ireland (The changes in legislation will allow a registered nurse who has completed an approved education programme, and who has the appropriate clinical experience, to prescribe a range of medications within their scope of practice.

2.0 Definition of the policy

This document outlines the policy of CHI at Crumlin in relation to nurse prescribing.

3.0 Applicable to

This policy is applicable to the following persons / groups in CHI at Crumlin

- The child and his/her parent/guardian
- Registered nurses who are entered on the division of nurse prescribers with the Nursing and Midwifery Board of Ireland (NMBI).
- Prescribing Site Coordinator
- Divisional Nurse Managers and Nursing Line Managers
- Director of Nursing
- Consultant Medical Practitioner/s and participating medical team/s
- Medication Safety Committee
- Clinical Risk Manager
- The Pharmacy Department, including ward based clinical pharmacists
- Drugs and Therapeutics Committee
- Medical Board
- Chief Executive Officer
- Community pharmacists.

4.0 Objectives of this policy

The objectives of this policy are:

4.1 **Guidance:** To provide guidance for the professional practice of registered nurse prescribers (RNP) employed within CHI at Crumlin.

4.2 **Responsibility and accountability**: To provide clear lines of responsibility, authority and accountability to support nurse prescribing within CHI at Crumlin.

4.3 **Professional and Legislative Responsibilities:** To outline the professional and legislative responsibilities in relation to prescribing practices by registered nurse prescribers

4.4 **Partnership and collaboration**: To ensure that medication needs of the child are met in collaboration with the multidisciplinary team and in partnership with the child and his/her family.

4.5 **Safety**: To support the prescribing practice of RNPs, thus ensuring children's safety during the medication management process.

5.0 Governance of Nurse Prescribing in CHI AT CRUMLIN

The policy of CHI AT CRUMLIN is to ensure that the implementation and development of nurse prescribing is situated within a robust clinical governance framework.

The Senior Nursing Management Team in CHI at Crumlin has outlined the following criteria which a nurse must meet in order to be nominated to apply for a nurse prescribing course:

- Employed at a grade of CNM2 level or above[1]
- Working in CHI at Crumlin.for 1 year minimum[2]

[1]These grades include:

Registered Advanced Nurse Practitioner *(ADON grade) – The National Council for Nursing & Midwifery stipulate that these nurses have a dual reporting relationship to the Director of Nursing and to the Consultant.*

Clinical Nurse Specialists *(CNM2 grade) - The National Council for Nursing & Midwifery stipulate that these nurses have a reporting relationship to the Divisional Nurse Manager and liaise with the children's lead Consultant.*

Within the context of a Collaborative Practice Agreement the Registered Nurse Prescriber will have a reporting relationship with the responsible consultant.

[2]This does not relate to nurses who are appointed from another hospital and who may already have undertaken a nurse prescribing course. This will require negotiation with the Director of Nursing and the Consultants within the area.

5.1 Indemnity

- The Clinical Indemnity Scheme (CIS) provides cover to nurse/midwife prescribers.
- The CIS also provides indemnity cover to registered medical practitioners who act as mentors to nurse prescribers and/or have signed a Collaborative Practice Agreement for nurse/midwife prescriptive authority.
- CIS indemnity is provided in respect of a suit for personal injuries brought by a person alleging negligence, statutory or at common law, in respect of the provision of, or failure to provide, professional medical services. Such a suit may be against either the nurse/midwife prescriber or the registered medical practitioner, in his/her role as mentor ~~or signatory to the CPA,~~ whether sued alone or together, arising from the prescribing of a drug or drugs by such a registered nurse/midwife prescriber. The CIS does **not** provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions (DPP) directs criminal charges against a nurse or doctor, please see appendix 11.1.

5.2 Legislation and Professional Guidance

The NMBI provides for the registration, control and education of nurses and midwives and for other matters relating to their practice of nursing and midwifery and sees its overall responsibility to be in the interest and protection of the public. Prescribing is an expansion of a nurse's or midwife's scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration. The professional regulatory framework for nurse or midwife prescribing is established through the Nurses Rules, 2007, amended by the Nurses Rules 2010 and Nurses and Midwives Rules 2013 which allows for the creation of a division of the Register for Nurse and Midwife Prescribers. Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority (An Bord Altranais, 2007) defines the competencies to be attained through successful completion of the programme. Building upon these foundations are the remaining elements of the Board's framework, which are:

• Decision-Making Framework for Nurse and Midwife Prescribing (An Bord Altranais 2007) (See Appendix 3)
• Collaborative Practice Agreement (CPA) (NMBI 2016)
• NMBI guidance documents:
- Guidance to Nurses and Midwives on Medication Management (2007)
- Recording Clinical Practice Guidance to Nurses and Midwives (2002)
- Practice Standards for Midwives (2010)
- The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014)
• Scope of Nursing and Midwifery Practice Framework (2015)
• Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (2018)

Nurse prescribing is implemented in accordance with the following legislation and professional guidance documents:

- The Irish Medicines Board (Miscellaneous Provisions) Act 2006.[1]
- *Medicinal Products (Prescription and Control of Supply (Amendment) Regulations 2007, Statutory Instrument (SI) No 201 of 2007.* [2]
- *Misuse of Drugs (Amendment) Regulations 2007 SI No of 2007.*[3]
- *Nurses Rules 2007.*[4]
- *Guidance to Nurses and Midwives on Medication Management 2007.*[9] *under review*
- *Prescriptive Authority for Nurses and Midwives Standards and Requirements 2015.*[7]
- *Recording Clinical practice –Professional Guidance 2015*[11]
- *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014.*[13]
- CHI AT CRUMLIN *Policy on Nurse Prescribing 2020*
- CHI@ Crumlin *Policy on Registered Nurse Prescribing of Medicinal Products 8th Ed (2019)*
- Government of Ireland Statutory Instrument 529 *Registered Nurse Prescribing of Exempt Medicinal Products.*

5.3 Collaborative Practice Agreement

The CPA is the vehicle that NMBI has developed to ensure that the requirements outlined in the medicines legislation are upheld and that clear lies of communication have been identified within the healthcare setting.[7] In 2019 the legislative need for a CPA was removed. There is no longer a need for a CPA to be in place for a

Registered Nurse Prescriber to practice. [1] To bridge this gap it has been agreed by the nursing management in CHI @ Crumlin in collaboration with the RNPs that a list of medications will be held locally by each individual RNP following discussion with their individual mentors. This list will be adjusted according to need and available to view centrally. This list will have inclusion and exclusion criteria. (See appendix)

Removal of the Collaborative Practice Agreement (CPA) The NMBI was directed by the Minister for Health and Children in 2006 to devise clinical governance guidance to augment the medicines legislation authorising a registered nurse or midwife to prescribe medication. In fulfilment of this responsibility, the Collaborative Practice Agreement was developed. The Collaborative Practice Agreement was the standard that the NMBI developed to ensure that the requirements as outlined in the medicines legislation were upheld and that clear lines of communication had been identified within the practice setting. It also defined the parameters of the Registered Nurse/Midwife Prescriber's scope of practice (NMBI 2016). The Collaborative Practice Agreement was required as part of the registration requirements for the Registererd Nurse Prescriber (RNP)/ Registered Midwife Prescriber (RMP). NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (4th Edition) 6 In 2015, the NMBI and the Office of the Nursing and Midwifery Services Director (ONMSD), HSE, undertook a review of nurse and midwife medicinal product prescribing systems and processes. The Collaborative Practice Agreement and its relationship to the registration and clinical governance processes for nurse and midwife prescribing were included in the Advisory Group terms of reference because of various factors. These included: . Time delays for the development and approval processes for the Collaborative Practice Agreement. . Identification of additional health service providers clinical governance structures for registered nurse or midwife prescribers (e.g. health service provider's policy). . Stakeholder (RNPs, RMPs, Prescribing Site Coordinators (PSC), Directors of Nursing/Midwifery/Public Health Nursing/Services, Advisory Group members etc.) views were mixed regarding whether the Collaborative Practice Agreement in its current form and criteria are overly prescriptive and restrictive – thus dissuading nurses and midwives from expanding their scope of practice to prescribing medicines. However, one of the challenges that continue to impact on building capacity of registered nurse or midwife prescribers in some clinical areas relates to the Collaborative Practice Agreement and the requirement for multiple signatures of Collaborating Medical Practitioners. In practice, this could involve one registered nurse or midwife prescriber having to access signatures of up to 40 General Practitioners, either in a densely populated area or rural communities with a wide geographical spread. There is also no legislative requirement for the Collaborative Practice Agreement to be in place before a nurse or midwife can be registered and practice as a prescriber. Consequently, the Board of the NMBI approved the removal of the Collaborative Practice Agreement on April 17, 2018 as a requirement for nurses and midwives registration and authority to prescribe. The clinical governance for the prescribing of medicinal products is now determined by the local health service provider's medicinal product prescribing policy,

[1] https://www.nmbi.ie/NMBI/media/NMBI/NMBI_Practice-StandardsGuidelines_07102019.pdf?ext=.pdf

procedures, protocols or guidelines (PPPGs). The registered nurse or midwife prescriber is required to prescribe within their scope of practice and must continue to maintain and demonstrate their competency while fulfilling their role. The registered nurse or midwife prescriber must also undertake audit of their prescribing practices as determined by their local health service provider's audit process for prescribing and medicines management. The result of the audit of prescribing practice must be documented and reported to the person who has the overall responsibility and authority for the governance of registered nurse or midwife prescribing in their health service provider. The Director of Nursing/Midwifery/Public Health Nursing/Services or their designated person must have overall responsibility and authority for the governance of registered nurse and midwife prescribing to ensure due diligence in their health service provider (NMBI and ONMSD, HSE 2015). Taken from the 7th edition of the Practice standards and guidelines for Nurses and midwives with Prescriptive authority

6.0 Responsibilities

6.1 Responsibilities of the Registered Nurse Prescriber

The Registered Nurse Prescriber:

- Must be entered on the Register of Nurse Prescribers maintained by the Nursing and Midwifery Board of Ireland.
- Must be employed directly by CHI AT CRUMLIN and have successfully completed the Certificate in Nursing /Midwifery Prescribing (Minor Award, level 8) provided by a Higher Education Institute.

Prescribing Practice

- Must prescribe only those medicinal products which are normally given in the course of his/her clinical area of practice.
- Must ensure that the prescription is issued in the usual course of the provision of that health care.
- Must be individually and professionally accountable for her/his practice and are required to prescribe in accordance with hospital policies on the use of the prescription pads, the use of drug prescription charts and the use of electronic prescribing systems when prescribing for inpatients and outpatients.
- Must prescribe in accordance with hospital policies and guidelines on the use of approved abbreviations and documentation standards for prescribing
- Must practice within the legislation and professional regulation guidelines relevant to her/his scope of practice and care setting.
- "Nurse Prescribers must subscribe to Health Products Regulatory Authority (HPRA) email updates and the most recent version of Summary of product Characteristics (SPC) on https://www.hpra.ie/ on an ongoing basis.
- Must accept individual responsibility and accountability for prescribing decisions and actions, understanding the legal and ethical implications of such decisions and actions.
- Will acknowledge her /his scope of practice for prescribing, recognising any limitations of competence / knowledge and in such case refer to child's medical consultant.

Communication

- Will communicate effectively with the child and the family/ parent/guardian and ensure that children and their family/ parent/guardian understand the purpose of items prescribed for them and how to take the medication effectively.
- Will communicate effectively with all members of the healthcare team and update them with relevant and appropriate information.
- Must maintain accurate contemporaneous patient records with evidence of assessment and evaluation of medicinal products prescribed and its effectiveness.[11] This information will be recorded in the relevant patient notes in each RNP's clinical area.

Audit of Practice

- Must participate in the audit process of nurse prescribing both locally and nationally on an ongoing basis.
- Conducts self-audit/peer audit of practice incorporating reflective practice/critical thinking models to identify prescribing competence within the nurses' scope of practice.
- Will participate in the peer audit process and report results.

Maintaining Competence

- Is responsible for maintaining competence for his/her prescriptive authority as per the Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority.[5] There is an obligation for the RNP to commit to, and engage in, continuing professional development relating to assurance of competency for her/his prescribing practices.
- Must maintain current knowledge of advances in practice, phamaco-therapeutics and emerging safety concerns related to prescribing. Is responsible to remain informed of relevant, clinical, therapeutic and prescribing information.

Policy Process

- Must comply with the requirements/policies of CHI AT CRUMLIN for reporting medication error/incidents and near misses. [22]

The RNP will:

- Follow the CHI AT CRUMLIN Incident Reporting Policy (See Management of Reporting of Medication Errors Flow Chart Appendix 11.4)
- Report all adverse drug reactions to the IMB, relevant Consultant and send a copy to the Chief Pharmacist. An Incident form should also be completed.
- Participate in detection, reporting and analysis of incidents and to co-operate with system improvements designed to reduce the likelihood of errors.[22]
- Must comply with the requirements of CHI AT CRUMLIN and the IMB for reporting adverse drug reactions.[22]
- Must participate in the review of other hospital policies that relate to prescribing and medication management in collaboration with the Prescribing Site Coordinator, the Drugs and Therapeutics Committee, the Director of Nursing, the Nurse Practice Development department, the Chief Pharmacist.
- Must pay a registration fee to Nursing and Midwifery Board of Ireland to gain registration as an RNP.

- Must notify Nursing and Midwifery Board of Ireland in writing within 5 working days of any termination of an RNP prescribing and provide the reason for this termination.

6.2 Responsibilities of Director of Nursing

The Director of Nursing:

- Has overall responsibility for the professional practice of each RNP within CHI AT CRUMLIN.
- Will oversee the introduction of nurse prescribing in accordance with patient needs and service demands within CHI AT CRUMLIN.
- Will maintain a database of RNPs in CHI AT CRUMLIN and ensure it is current.
- Will give the final approval and commencement date for the RNP to commence prescribing in CHI AT CRUMLIN once all the structures, policies and procedures are established to support nurse prescribing in accordance with the legislative and professional regulatory framework.
- Will notify the Office of the Nursing Service Director, Health Service Executive (HSE) in writing within five working days of the RNP's commencement date.
- Will inform the Drugs and Therapeutics Committee and the Pharmacy department of the approved date for an RNP to commence prescribing.
- Will inform the Drugs and Therapeutics Committee and the Pharmacy department of active and inactive RNPs.
- Will inform the Drugs and Therapeutics Committee and the Pharmacy department in writing within five working days of the termination.
- Is aware of the professional regulatory and organisational requirements for the RNPs' continued competence for maintaining prescriptive authority.
- Is responsible for providing support and access to continuing professional development of the RNP in line with hospital policy. Will supervise and support the Prescribing Site Co-ordinator.

6.3 Responsibilities of the Nursing Line Manager

- To facilitate study leave for completion of the education programme.
- To support and manage issues in relation to nurse prescribing ~~and the Collaborative Practice Agreement~~ in collaboration with the RNP and the Prescribing Site Coordinator.
- To provide support for the continuing professional development for the RNPs.

6.4 Responsibilities of Drugs and Therapeutics Committee

The Drugs and Therapeutics Committee will:

- Endorse the RNP to prescribe in CHI at Crumlin following a successful education and registration process.

6.5 Responsibilities of Consultant Medical Practitioner

The Consultant Medical Practitioner will:

- Supervise and support the RNP in her/his prescribing practice.
- Participate in the development of the medication list ~~CPA~~ in collaboration with the RNP
- Participate in a review of the Nurse Prescribing Policy in collaboration with the RNPs, the Nurse Prescribing Site Co-ordinator, the Director of Nursing, the Nurse Practice Development Unit, the Chief Pharmacist, Medication Safety Officer and Risk Manager.
- Be aware of the professional regulatory and organisational requirements for the RNP's continued competence for maintaining prescriptive authority ***(See Section 7.2)***.
- Support the RNP in the ongoing audit of nurse prescribing.

6.6 Responsibilities of the Pharmacy Department

The Pharmacy Department will:

- Support the RNP in her/his prescribing practice.
- Endorse in-patient prescriptions, to ensure that prescription instructions are clear to all staff, drugs are prescribed optimally in accordance with hospital protocols and formulary requirements, and act as an information resource for the safe effective use of medication.[23]
- Have an up to date list of all RNPs employed within the CHI AT CRUMLIN. This list is supplied by the Director of Nursing.

6.7 Responsibilities of the Medication Safety Committee

The Medication Safety Committee will:

- Review and analyse reports of medication errors and adverse reactions
- Liaise with the RNP and other relevant personnel to implement any corrective preventative actions
- Present monthly reports of medication errors (was going to remove this as this is not a function)

6.8 Responsibilities of the Prescribing Site Co-ordinator

The Prescribing Site Co-ordinator will:

- Act as a point of contact for the RNP, mentor, consultant medical practitioner and key stakeholders in order to communicate hospital, regional, national, professional regulatory and legislative developments of nurse prescribing.
- Co-ordinate the development, implementation, monitoring and evaluation of the structures and processes to support safe nurse prescribing which meets the requirements of the CHI AT CRUMLIN and is compliant with the requirements and standards of NMBI and the Health Service Executive.
- Participate in the review of the nurse prescribing policy in collaboration with the RNP, the Drugs and Therapeutics Committee, Director of Nursing, the Nurse Practice Development department, the designated Medical Consultants, Chief Pharmacist, Risk Manager, Medication Safety Officer.
- Participate in the review of other hospital policies that relate to prescribing and medication management in collaboration with the RNPs, the Drugs and Therapeutics Committee, the Pharmacy Department, the Nurse Practice Development department.

- Participate in the review of the Nurse Prescribing Policy in collaboration with the RNPs, the Drugs and Therapeutics Committee, Director of Nursing, Nurse Practice Development department, the designated Consultant Medical Practitioners, Chief Pharmacist, Risk Manager and the Pharmacy Department.
- Liaise with and support the RNPs, The Drugs and Therapeutics Committee, The Director of Nursing, the Nurse Practice Development department, the designated Consultant Medical Practitioners, Chief Pharmacist, Medication Safety Officer and Risk Manager in relation to issues relating to nurse prescribing as appropriate.
- Make representation to various committees and councils within CHI AT CRUMLIN to support the development of nurse prescribing as required by the Director of Nursing.
- Oversee the RNPs' responsibility to monitor, audit and evaluate nurse prescribing.
- Provide reports on the development, introduction, monitoring and evaluation of nurse prescribing in CHI AT CRUMLIN

7.0 Prescribing Procedures

7.1 Assessment of Children

The Registered Nurse Prescriber will:

- Inform the child and their family/ parent /guardian that they are an RNP and provide an explanation regarding same.
- Perform a comprehensive assessment of the child involving the family/parents/guardians. This assessment will encompass history taking, appropriate physical examination and identification of health risk factors including any allergies and previous intolerances to medicinal products.
- Understand the child's current diagnosis and health condition and how to perform an appropriate physical examination if clinically indicated.
- Critically utilise assessment data with expert decision making skills to formulate a diagnosis and plan of care based on scientific rationale, evidence based standards of care, ~~the CPA~~ and practice guidelines supporting the maintenance and promotion of health.
- The RNP will acknowledge her/his scope of practice for prescribing, recognising any limitations of competence / knowledge and refer to child's medical consultant for evaluation concerning prescribing and repeat prescribing if required.
- Where relevant request and interpret diagnostic, and laboratory tests and procedures, within the contexts of the medications being prescribed to inform appropriate and safe prescribing.
- Evaluate the use of complementary therapies by the child for safety and potential interactions.
- Involve the child and the family/parents/guardians as active participants in decision-making process and plan of care that is mutually agreed and understood.
- Prescribe appropriate medicinal products safely using clinical judgement and evidence-based knowledge, referring to the CHI AT CRUMLIN Formulary and RNP Guidelines where appropriate.
- Demonstrates an awareness of cost effectiveness when prescribing medication.
- Assess the effectiveness of any previously prescribed medicinal products in order to make an informed decision regarding alternative medications.
- Inform the child and the family/parents/guardians of potential common side effects and serious side effects and what action to take should they occur.

- Initiate appropriate and timely consultation and/ or referral to the appropriate registered medical practitioner when the problem exceeds the RNP's scope of practice and expertise.
- Provides evidence based rationale for clinical decisions and nursing interventions with regard to pharmacological/non-pharmacological treatment and/or referral to medical practitioner if applicable, and records same.
- Schedule appropriate follow up care as necessary to monitor the child and evaluate the response to treatment.
- Demonstrate and integrate knowledge of medicinal products for safe medication management and prescribing practices.
- Will ~~only~~ prescribe for patients ~~of whose consultant medical practitioner she/he has an agreed CPA with~~. Within their service. This follows a thorough history taking and assessment process as outlined above.

7.2 Prescription writing

- The RNP must adhere to the CHI AT CRUMLIN Policy and Procedure for the Management of Prescription Pads.
- The RNP will prescribe medications from the CHI Formulary
- Out patient prescribing must be agreed between the Consultant Medical Practitioner and the RNP.
- Prescription Pads - These are used for outpatients only
- Drug Prescription charts - These are used for inpatients only.

The prescription must:

- Be written in black ink and be legible.
- State the name of the RNP and include the Nursing and Midwifery Bord of Ireland (NMBI) personal identification number (PIN). The prescriber must sign his/her name as entered on the NMBI live register. The title RNP must be used on each prescription.
- The prescription must be dated and signed by the RNP with his/her usual signature. The RNP may sign where the prescription pad or drug prescription chart have printed 'doctors signature'. The 'once only' section of the drug prescription chart will be used by the RNP if the drug being prescribed is a 'once only' dose.
- The prescription, including computer-generated prescriptions, must be in indelible black ink
- The prescription must include the following:
  - The generic name of the drug.
  - The strength of the preparation (if any).
  - The dose.
  - The route.
  - The frequency.
  - Treatment duration.
  - For the prescription of dressings and appliances, details of how they should be applied and how frequently they should be changed is necessary.
  - The CHI AT CRUMLIN policy of generic prescribing must be followed at all times, except where exceptions are provided for combination drugs products and modified release products.[14]

- The instructions which are provided on the front of the CHI AT CRUMLIN prescription pad and the drug prescription chart regarding general prescription writing technique must be followed.

- The full name and Healthcare record number of the child must be on the prescription.
- For all children the date of birth is required on the prescription.
- The full contact details of the RNP must be on the prescription to facilitate any queries by both internal and external pharmacists.
- A line needs to be drawn across unused space to prevent fraudulent addition of extra items.
- If alterations are made on the prescription, the RNP must initial the alteration.
- In the event of a query by a pharmacist or other healthcare professional regarding a prescription by the RNP, the consultant medical practitioner's team will deal with the query in the absence of the RNP.

7.3 Prescription writing for Schedule 8 drugs (Appendix 11.5)

- The RNP can only prescribe Misuse of Drugs Act (MDA) medicinal products as outlined in Schedule 8. The RNP can only prescribe these drugs via the route prescribed in Schedule 8.
- The RNP has no legal authority to prescribe any other Schedule 2 or 3 MDA which is not listed on Schedule 8 nor write for a different route of administration of the named drug, nor prescribe for any / situation not named in the schedule.
- Prescription writing for Schedule 8 drugs have extra requirements:

➢ Prescriptions for Schedule 8 drugs must be:

- Written in indelible black ink and be clearly legible.
- Written in the RNP's handwriting
- Must include the child's name and address.
- Signed and dated by the RNP. The RNP's qualification and PIN should also be documented on the prescription.
- Schedule 8 drugs must be prescribed on a separate prescription pad sheet. They are not to be prescribed on the same prescription pad sheets as non Schedule 8 drugs.

- The prescription should state:

➢ The name and address of the child.
➢ The drug to be administered.
➢ The dose to be administered.
➢ The form (in the case of preparations).
➢ The strength when appropriate in both words and figures.
➢ The total quantity of the preparation or number of dosage units to be supplied, in both words and figures.

- A prescription for controlled drugs cannot be repeated but may be dispensed in instalments by the direction of the RNP.
- A computer-generated prescription may not be used in prescribing a Schedule 8 drug.

7.4 Repeat prescribing

- The RNP should be knowledgeable of the medicines regulations relating to the supply/dispensing of medications in instalments for the duration of individual prescriptions.

- For repeat prescriptions the RNP must have a valid relationship with the child and undertake an appropriate assessment of the need for continued treatment with the prescribed medication. The child must be under the care of the medical consultant practitioner where the RNP currently works.
- A prescription for Schedule 8 drugs cannot be repeated but may be dispensed in instalments by the direction of the RNP.
- The decision making process must be documented in the child's medical record. It should include a discussion with the child and the family/parent/guardian of the treatment plan.

7.5 Prescribing "off label" medications

There is no impediment in the relevant legislation to the RNP prescribing authorised medication for an unauthorised indication (off label). This means that the RNP may prescribe a medication which is off label once they do so within their scope of practice, are cognisant of best practice in prescribing off label

In tandem with the legislative requirements 2018, the registered nurse or midwife prescriber should be aware of best practice guidance and local health service provider's PPPGs when prescribing for off-label use or EMPs. As with all decisions in prescribing medicinal products, the prescribing for off-label use and EMPs must be within the registered nurse or midwife prescriber's scope of practice. The registered nurse or midwife prescriber should be knowledgeable about the best practice for prescribing medicinal products for off-label use and EMPs. This includes determining: . if there is an alternative, authorised medicinal product that could be prescribed . if the medicinal product is regularly used to treat person/service user in the registered nurse or midwife prescriber's area of clinical practice . if the specific medicinal product is listed within the health service provider's prescribing formulary (where such formulary exist). The local health service provider's PPPGs for nurse or midwife medicinal product prescribing should outline the governance structures for registered nurse or midwife prescribers to prescribe all medicinal products. Taken from revised Practice standards 2019.

7.6 Separation of Responsibilities in the Medication Management Cycle

7.6.1 Prescribing and Supplying/ Administration of Medication

The RNP should not prescribe, supply and/or administer a medication as part of a single episode of care. Another registered nurse should undertake the administration of the medicine. This means that two nurses must administer the drugs as per hospital policy, but not the nurse who has prescribed the drug. The only exception to this rule is when in agreement with the Medical Practitioner, the PSC, Director of Nursing have agreed this

Separation of prescribing and administering of medications The registered nurse or midwife prescriber should separate the activity of prescribing a medicinal product and the subsequent action of administering the medicinal product. Another individual should undertake the administration component of the medication management cycle, especially in the case of MDA drugs. This is a safe practice, providing for the typical safety checks within the medication management cycle. Whilst acknowledging the fundamental principles associated with the separation of responsibilities for prescribing and administering a medicinal product, the registered nurse or midwife prescriber may be involved in a crossover and merging of these activities as part of their provision of person/service user's care. Where this crossover occurs, this practice should be outlined in the local health service provider's PPPGs for

prescribing medicinal products. The local health service provider's PPPGs for prescribing medicinal products should outline the auditing of such practices as part of the overall audit of prescriptive practices.

7.6.2 Exception to Prescribing and Supplying/ Administration of Medication

An exception to the above has been made for specific RNPs for example RNP within the ED.

Specifics to the ED

Within these clearly defined contexts, the RNP can prescribe, supply and/or administer a medication with a checker, who is a registered nurse and has 6 months experience in the Emergency department.

The RNP Checker and the Registered Nurse Checker must check and administer the medication as per current CHI AT CRUMLIN Medication Policy, adhering to the double checking process. This exception is audited in addition to the overall audit of RNP prescriptive practices.

Separation of prescribing and supplying The registered nurse or midwife prescriber should not undertake to both prescribe and supply a medicinal product as part of providing episodes of person/service user's care. There should be a clear separation of these activities. There may be circumstances arising when the registered nurse or midwife prescriber may be required to supply a medicinal product. In these situations, the prescriber should be aware of their responsibilities with this practice in the overall context of medication management. Whilst recognising the separation of responsibilities for prescribing and supplying medicinal products as a fundamental principle, the registered nurse or midwife prescriber may be involved in a crossover and merging of these activities. Where this crossover occurs, this practice should be detailed in the local health service provider's PPPGs for prescribing medicinal products. The local health service provider's PPPGs for prescribing medicinal products should outline the auditing of such practices as part of the overall audit of prescriptive practices.

7.6.3 Separation of prescribing and dispensing

The RNP should not undertake to both prescribe and dispense a medication as part of a single episode of care. The RNP may not dispense medicinal products.

7.7 Prescribing by means of verbal / telephone, email or fax

Issuing or communicating a prescription by verbal/telephone, email or fax should not be conducted by the RNP under any circumstance. The prescription for a medicinal product must be documented in writing, as required by the Medicines Regulations 2007.[2]

7.8 Prescribing for Self, Family and Significant Others

Writing and issuing a prescription for personal use or for anyone other than the child with whom the RNP is involved is forbidden.

7.9 Influence of Outside Interests

The RNP must prescribe in an appropriate, ethical manner, based on the best interests of the patient. She/he should not be influenced by factors such as financial support, conference attendances, and hospitality by pharmaceutical and/or health care interests as per hospital policy.

7,10 Organisation and Management of Care

The RNP will:

- Integrate the principles of clinical risk management and health and safety in prescribing practice.
- Identify health promotion priorities and implement health promotion strategies for patients in the area of clinical practice.

7.11 Verification of Prescribing Status

- The database of RNPs within CHI AT CRUMLIN is available from the Director of Nursing office, and the Pharmacy department to verify the prescribing status of nursing staff in CHI AT CRUMLIN.
- Access to the Register of Nurse Prescribers is available through the An Bord Altranais/Nursing and Midwifery Bord of Ireland website to confirm the status of an individual nurse. The Division(s) of the Register, Fitness to Practice (FTP) conditions and restrictions

7.12 Pregnancy Assessment

- Registered Nurse Prescribers must consider pregnancy assessment in children who have reached Menarche in prescribing medications that are harmful to the unborn child. If required prior to prescribing a pregnancy assessment and Pregnancy test may need to be carried out.
- In the case that a pregnancy test is being carried out prior to prescribing specific medication, the RNP must also consider Child Protection guidelines

11.0 References

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Appendix 1

Legislative Amendment to Authorise Registered Nurse Prescribers and Registered Midwife Prescribers to Prescribe Exempt Medicinal Products

Schedule 1 of the Medicinal Products (Control of Placing on the Market) Regulations "S.I. No. 540 of 2007" included an exemption for medical practitioners to prescribe exempt (unauthorised) medicinal products for individuals under their direct responsibility, in order to fulfil the special needs of those patients. However, a Registered Nurse Prescriber (RNP) was not authorised to prescribe an exempt (unauthorised) medicinal product[1] under those regulations.

> *"2. The provisions of paragraphs (1) and (2) of Regulation 6 shall not apply to the sale or supply of a medicinal product in response to a bona fide unsolicited order, formulated in accordance with the specifications of a practitioner for use by his individual patients on his direct personal responsibility, in order to fulfil the special needs of those patients, but such sale or supply shall be subject to the conditions specified in paragraph 3".*

One concern consistently expressed by RNPs was the compromise of care for patients as a result of this restriction as care is not being delivered according to best practice and research. For example, a Registered Advanced Nurse Practitioner who is also a RNP uses his/her skills to assess the patient, determine the best and safest course of treatment, including where appropriate prescribing of medicinal products. Following this the RNP had to then request a medical practitioner to prescribe the exempt (unauthorised) medicinal product.

A survey undertaken in 2014 identified that this restriction on the scope of practice and prescribing authority of nurses and midwives was significant across a number of clinical areas including neonates, heart failure, chest pain, oncology/childrens' oncology, palliative care, renal (dialysis), respiratory (cystic fibrosis) and obstetrics and gynaecology.

Examples included

- the prescribing by a RNP of an authorised, generic medicinal product, and subsequently an exempt (unauthorised) medicinal product is dispensed/supplied by hospital pharmacy.
- An RNP may prescribe IV Ampicillin (Penbriten®) which is authorised however an alternative brand which is not authorised (Pentrexyl®) may be dispensed/supplied.
- the prescribing of compounded and/or combined medicinal products. Currently there is ambiguity regarding the licensing status of these products. It is the understanding of clinical pharmacists and RNPs that authorised medicines, once combined or compounded into a single infusion for administration, become exempt (unauthorised). This includes some Schedule 8 drugs:
- The combining of medicinal products such as morphine sulphate, metoclopramide and midazolam in a single infusion is common practice in palliative care.

However, an amendment to legislation was required to enable RNPs to prescribe exempt (unauthorised) medicinal products within their scope of practice and in collaboration with his/her collaborating medical practitioner/s.

Legislation had been amended to authorise a registered nurse and registered midwife prescribers to prescribe exempt medicinal product as per **S.I. No. 529 of 2018**, (attached) signed by the Minister for Health on 11 December 2018 and distributed on 18 December 2018 and was published in Iris Oifigiúil on the 14 December 2018.

Date of legislation: December 19th 2018

Medication listing for the Registered Nurse Prescriber

This list is for the RNP and Mentor to hold a list of medications that have been agreed and held locally.

Drug (Generic name)	Route	Comments
Exclusion list		