Children's Health Ireland

Crumlin | Temple Street | Tallaght | Connolly

CHILDRENS HEALTH IRELAND POLICY ON

NURSE PRESCRIBING of MEDICINAL PRODUCTS

Area of use:	All of organisation ☒	CHI at Connolly ☐	CHI at Crumlin ☐
		CHI at Tallaght ☐	CHI at Temple Street ☐
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	29/07/2021	New Guidance	

Contents

1.0 Policy Statement

The policy of Children's Health Ireland (CHI) is to ensure that the implementation and development of nurse prescribing is situated within a robust clinical governance framework.

This policy has been developed by the Nurse Practice Development (NPD) teams across CHI and has been approved by the nursing leads.

2.0 Scope

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

- The child and his/her parent/guardian
- Registered nurses who are entered on the division of Registered Nurse Prescribers (RNP) with the Nursing and Midwifery Board of Ireland (NMBI)
- Registered nurses undertaking the nurse Prescribing programme.
- Prescribing Site Co-ordinators
- Registered nurses and nursing students who may be required to check and administer a medication prescribed by a Registered Nurse Prescriber (RNP).
- Divisional Nurse Managers and Clinical Nurse Managers
- Chief Director of Nursing and Site Directors of Nursing/Directorate Nurse Leads
- Consultant Medical Practitioner/s and participating medical team/s
- Medication Safety Committee
- Clinical Risk Manager
- The Pharmacy Department, including ward/department-based clinical pharmacists
- Children's Health Ireland Drugs and Therapeutics Committee

3.0 Objectives

The objectives of this policy are:

3.1 Guidance

To provide guidance for the professional practice of RNPs employed within CHI.

3.2 Responsibility and Accountability

To provide clear lines of responsibility, authority and accountability to support nurse prescribing within CHI.

3.3 Professional and Legislative Responsibilities

To outline the professional and legislative responsibilities in relation to prescribing practices by RNPs.

3.4 Partnership and Collaboration

To ensure that medication needs of the patient are met in collaboration with the multidisciplinary team and in partnership with the patient, his/her parent/guardian and family where appropriate.

3.5 Safety

To support the prescribing practice of RNPs, thus ensuring patient safety during the medication management process.

4.0 Definitions	
Administration of Medication	Medication administration is one component of medication management. It involves giving an individual dose of a medicinal product (medication) to a patient via direct contact (e.g. orally, by injection) or by indirect contact (e.g. application of a medicated dressing) and ensuring the safe completion of this activity (NMBI, 2020).
Adverse Drug Reaction	A response to a medicinal product which is noxious and unintended, resulting not only from the authorised use of a medicinal product at normal doses, but also from medication errors and uses outside the terms of the marketing authorisation (European parliament Directive, 2010). Reporting of Adverse Drug Reactions to the Health Products Regulatory Authority (HPRA) is essential in the interests of medication safety. Healthcare professionals are requested to report suspected adverse reactions observed in their practice. This includes all suspected reactions to newly authorised products, serious reactions to established products, products undergoing additional monitoring – black triangle medications and suspected reactions to vaccines or medicines used in pregnancy. Note that it is **not** necessary to prove that the reaction was due to the medicine, the suspicion of an adverse drug reaction is sufficient reason for reporting.
Collaborative Practice Agreement	The Collaborative Practice Agreement (CPA) is the vehicle that NMBI has developed to ensure that the requirements outlined in the medicines legislation are upheld and that clear lines of communication have been identified within the healthcare setting (NMBI, 2019). 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 RNP to practice (NMBI, 2019).
Competence	The ability of a registered nurse to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice (NMBI, 2015).
Dispensing	The preparation and issuing or transfer of a medicinal product, customarily from a written prescription, for administration by another or for self-administration. Dispensing activities may include: • Receiving/reading the prescription. • Ensuring the prescription is appropriate to dispense: the right patient, right drug, right dose, right strength and right frequency. • Ensuring that the person administering the medicinal product is aware of any special administration instructions to ensure optimum use. • Adjusting an order according to approved policy (e.g. substitution). • Selecting the drug to dispense. • Checking the expiry date. • Reconstituting a product. • Repackaging the drug. • Labelling a product. • Completing a final physical check for accuracy of the finished product.
Exempt Medicinal Products *(See Appendix 3 on page 32)*	An exempt medicinal product (EMP) is a medicinal product that does not carry either a Product Authorisation (PA) Number issued by the HPRA or a European Union (EU) authorisation number issued by the European Medicines Agency. The enactment of S.I. No. 529 of 2018 – Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2018) provides the authority for the prescribing of exempt medicinal products by RNPs. This action is within the RNPs' scope of practice for prescriptive authority, supports evidence based practice and provides for an unmet clinical need (HSE, 2020).
Medication Error	Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional or patient. (An Bord Altranais, 2007). These events may be associated with professional practice, healthcare products, procedures and systems, and may include prescribing; order communications; product labelling; packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.
Medication Management	The facilitation of safe and effective use of prescription and over the counter medicinal products. Medication management covers a number of tasks including prescribing, ordering, dispensing, storing, administering, disposing and reviewing patients with their medicines (NMBI, 2020). It is a comprehensive intervention which encompasses the nurse's knowledge and the activities that are performed to assist the patient in achieving the greatest benefit and best outcomes involving medications.
Medicinal Product	Any substance, or combination of substances, presented for the treatment or prevention of disease in human beings. Any substance, or combination of substances, which may be administered to human beings with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings, is likewise considered a medicinal product (ECC Directive of 2001 [2001/83/EC]; An Bord Altranais, 2007)
Mentor	A consultant medical practitioner who has committed to act as a mentor (to the candidate nurse prescriber) and provide clinical instruction and supervision within the specific clinical practice area for the duration of the education programme (An Bord Altranais, 2007).
Near Miss	It is defined as an incident that was prevented from occurring due to timely intervention or chance, and which there are reasonable grounds to believe could have resulted in unintended injury or harm to the patient but did not reach the patient (HSE, 2018).
Off-Label Use	The use of a licensed medicinal product outside of the terms of the Summary of Product Characteristics (SPC) approved for that product by the HPRA (HSE, 2020). Off label use might involve the use of a product in an age group for which it is not licensed, or for an indication for which it is not licensed, or in a dose outside of the range for which it is licensed.
Prescribe	To authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription-only medicine, but may include over-the-counter medications) for a specific patient (An Bord Altranais, 2007).

Prescribing Site Co-ordinator	A designated member of the nursing management team, usually nominated by the Director of Nursing, who will act as the nurse prescribing liaison person within the organisation (HSE, 2020). She/he will co-ordinate the development, implementation, monitoring and evaluation of the structures and processes to support safe nurse prescribing which meets the requirements of CHI and is compliant with the requirements and standards of the NMBI and the HSE.
Prescription	A prescription may be issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, by a registered veterinary surgeon for the purposes of animal treatment, or by a RNP for the medical treatment of an individual subject to Article 3A of the Regulations. (Misuse of Drugs Regulations 2017).
Registered Nurse Prescriber (RNP)	A nurse who is registered in the Division of the Register of Nurse Prescribers maintained by the NMBI (An Bord Altranais, 2007).
Schedule 8	Schedule 8 provides a detailed listing of the drugs, routes of administration and conditions for which Schedules 2 or 3 Misuse of Drugs Act (MDA) drugs can be prescribed by the RNP (HSE, 2020). The RNP does not have legal authority to prescribe any other Schedule 2 or 3 MDA drug which is not listed in Schedule 8.
Supply	Distribute or offer a medicinal product to a patient/service-user under the directions of a registered medical practitioner as noted in an individual prescription or written instructions.

5.0 Governance of nurse prescribers in CHI

The policy of CHI 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 has outlined the following criteria which a nurse must meet in order to be nominated to apply for a nurse prescribing education programme:

- Be permanently employed at a staff nurse level for more than 2 years.
- Have the agreed support of a named medical consultant who will act as a mentor.
- Have a reporting relationship with the named medical consultant/mentor.

This does not relate to nurses who are appointed from another hospital and who may have already undertaken a nurse prescribing education programme. Such a situation will require negotiation with the Director of Nursing and the medical consultants within the clinical area. For nurses who rotate within CHI, the local Director of Nursing must be informed that the RNP will be prescribing on their site in advance of the prescribing taking place.

The Registered Nurse Prescriber will have a reporting relationship with the responsible medical consultant/mentor.

6.0 The registered nurse prescriber must:

- Be entered on the Register of Nurse Prescribers maintained by NMBI.
- Be employed directly by CHI and have successfully completed the Certificate in Nursing/Midwifery Prescribing (Minor Award, Level 8) provided by a Higher Education Institute.
- Have a written medication list with exclusions agreed locally with one or more consultant medical practitioners employed by CHI.
- Prescribe using the CHI approved formulary.

6.0.1 Prescribing Practice

The Registered Nurse Prescriber must:

- Prescribe only those medicinal products which are normally given in the course of his/her clinical area of practice.
- Ensure that the prescription is issued in the usual course of the provision of that health service.
- Be individually and professionally accountable for his/her practice and is 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 in-patients, day case patients and outpatients.
- Prescribe in accordance with hospital policies and guidelines on the use of approved abbreviations and documentation standards for prescribing.
- Practice within the legislation and professional regulation guidelines relevant to his/her scope of practice and care setting.
- Accept individual responsibility and accountability for prescribing decisions and actions, understanding the legal and ethical implications of such decisions and actions.
- Acknowledge his/her scope of practice for prescribing, recognising any limitations of competence and/or knowledge, and in such case refer to patient's medical consultant.
- Maintain an up-to-date record of the current data sheets for every medication included in their formulary.
- Subscribe to HPRA email updates on https://www.hpra.ie/and check the most recent version of SPCs on an ongoing basis.

6.0.2 Communication

The Registered Nurse Prescriber must:

- Communicate effectively with the child and parent/guardian, and where appropriate the family, to ensure that children and parents/guardians, and where appropriate families, understand the purpose of items prescribed and how to take the medication effectively.
- Communicate effectively with all members of the healthcare team and update them with relevant and appropriate information.
- Maintain accurate contemporaneous patient records with evidence of assessment and evaluation of medicinal products prescribed and their effectiveness. This information will be recorded in the child's healthcare record in each RNP's clinical area.

6.0.3 Audit of Practice

The Registered Nurse Prescriber must:

- Participate in the audit process of nurse prescribing locally as required by CHI on an ongoing basis and submit to CHI.
- Participate in reflective practice/critical thinking to identify prescribing competence within the nurses' scope of practice using the specific audit tool across the CHI.

6.0.4 Maintaining Competence

The Registered Nurse Prescriber:

- Is responsible for maintaining competence for his/her prescriptive authority as per Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (4th edition) (NMBI, 2019). There is an obligation for the RNP to commit to, and engage in, continuing professional development relating to assurance of competency for his/her prescribing practices.
- Must maintain current knowledge of advances in practice, pharmacotherapeutics and emerging safety concerns related to prescribing.
- Is responsible to remain informed of relevant emerging, clinical, therapeutic and prescribing information and make changes to their prescribing based on product recalls or changes.

6.0.5 Policy Process

The Registered Nurse Prescriber must:

- Comply with the requirement/policies of CHI for reporting medication errors, incidents and near misses, as per the local Incident Reporting Policy at CHI.
- Comply with the requirements of CHI and the HPRA for reporting adverse drug reactions.
- Participate in the development and review of the Nurse Prescribing Policy in collaboration with the Prescribing Site Co-ordinator, the Drugs and Therapeutics Committee, Director of Nursing, the NPD Department, designated Medical Consultants, Clinical Risk Manager and the Pharmacy Department.
- Pay a registration fee to NMBI to gain registration as an RNP.
- Notify NMBI in writing within 5 working days of any termination of prescribing and provide the reason for this termination.

6.1 The Site Director of Nursing/Directorate Nurse Lead will:

- Oversee the introduction of nurse prescribing in accordance with patient needs and service demands within CHI.
- Have overall responsibility for the professional practice of each RNP within the CHI Directorate.
- Maintain a database of RNPs in CHI and ensure it is current.
- Give the final approval and commencement date for the RNP to commence prescribing in CHI once all the structures, policies and procedures are established to support nurse prescribing in accordance with the legislative and professional regulatory framework.
- Inform the CHI Drugs and Therapeutics Committee and the relevant Pharmacy Department of the approved date for an RNP to commence prescribing.
- Be aware of the professional regulatory and organisational requirements for the RNPs' continued competence for maintaining prescriptive authority.
- Be responsible for providing support and access to continuing professional development of the RNP in line with hospital policy.
- Oversee the process to safely manage and quality assure nurse prescribing practices within CHI.
- Will supervise and support the Prescribing Site Co-ordinator.

6.2 The Clinical Nurse Manager will:

- Facilitate study leave for completion of the education programme.

- Support and manage issues in relation to nurse prescribing in collaboration with the RNP and the Prescribing Site Co-ordinator.
- Provide support for the continuing professional development for the RNPs.

6.3 Drugs and Therapeutics Committee

CHI Drugs and Therapeutics Committee will:

- Approve the Nurse Prescribing Policy in collaboration with the RNPs, the Prescribing Site Co-ordinator, the Director of Nursing, the NPD Department, the designated Consultant Medical Practitioners, Clinical Risk Manager and the Pharmacy Department.

6.4 The Consultant Medical Practitioner will:

- Supervise and support the RNP in his/her prescribing practice.
- Assist the prescriber with the generation of a medication list with exclusion criteria to ensure the RNP prescribes for patients within their own service.
- 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 NPD Department, Clinical Risk Manager and the Pharmacy Department.
- Be aware of the professional regulatory and organisational requirements for the RNP's continued competence for maintaining prescriptive authority.
- Support the RNP in the ongoing audit of nurse prescribing.

6.5 The Head of the Pharmacy Department will

- Support the RNP in his/her prescribing practice.
- Endorse in-patients prescriptions, to ensure that prescription instructions are clear to all staff, drugs are prescribed optimally in accordance with hospital protocols and formulary requirements, and staff have all the information necessary for the safe effective use of medication.
- Have an up-to-date list of all RNPs employed within CHI. This list is supplied by the Director of Nursing/Directorate Nurse lead.
- Issue prescription pads to RNPs.

6.6 The Prescribing Site Co-ordinator will

- Act as a point of contact for the candidate, the RNP, consultant medical practitioner/mentor and key stakeholders in order to communicate hospital, regional, national, professional, regulatory and legislative developments of the nurse prescribing initiative.
- Co-ordinate the development, implementation, monitoring and evaluation of the structures and processes to support safe nurse prescribing which meets the requirements and is compliant with the requirements and standards of NMBI and the HSE.
- Participate in the development of the nurse prescribing policy in collaboration with the RNP, the Drugs and Therapeutics Committee, Director of Nursing, the NPD Department, the designated Medical Consultants, Clinical Risk Manager and the Pharmacy Department.

- 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 and the NPD Department.
- Participate in the review of the Nurse Prescribing Policy in collaboration with the RNPs, the Drugs and Therapeutics Committee, Director of Nursing, NPD Department, the designated Consultant Medical Practitioners, Clinical Risk Manager and the Pharmacy Department.
- Liaise with and support the RNPs, the Drugs and Therapeutics Committee, the Director of Nursing, the NPD Department, the designated Consultant Medical Practitioners, Clinical Risk Manager and the Pharmacy Department in relation to issues relating to nurse prescribing as appropriate.
- Make representation to various committees and councils within CHI to support the development of nurse prescribing as required by the Chief Director of Nursing.
- Oversee the RNPs' responsibility to monitor, audit and evaluate nurse prescribing practice.
- Provide reports on the development, introduction, monitoring and evaluation of nurse prescribing in CHI to the HSE as and if required, giving detail of the names and numbers of prescribers.

6.7 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

7.0 Procedures

7.1 Assessment of Children

The Registered Nurse Prescriber will:

- Inform the child and his/her parent/guardian, and where appropriate family, that s/he is an RNP, providing an explanation of same.
- Perform a comprehensive assessment of the child involving the parents/guardians, and where appropriate the family. This assessment will encompass history taking, 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 conditions, and how to perform an appropriate physical examination if clinically indicated.
- Assess the relationship between the health condition and the current medication plan.
- Request and interpret relevant diagnostic tests and procedures to inform appropriate and safe prescribing.
- Evaluate the use of complementary therapies by the patient for safety and potential interactions.
- Critically utilises assessment data with expert decision-making skills to formulate a diagnosis and plan of care based on scientific rationale, evidence-based standards of care and practice guidelines, supporting the maintenance and promotion of health.
- Integrate appropriate non-pharmacologic interventions into a plan of care and advise the patient and parents/guardians, and where appropriate the family, on the use of such interventions.
- Involve the patient and parents/guardians, and where appropriate the family, as active participants in the decision-making process and plan of care that is mutually agreed and understood.
- Prescribe appropriate medicinal products safely, using expert clinical judgement and evidence-based knowledge.
- Demonstrate 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 patient and parents/guardians, and where appropriate the family, of potential 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.
- Provide evidence-based rationale for clinical decisions and nursing interventions with regard to pharmacological/non-pharmacological treatment and/or referral to a medical practitioner if applicable, and record same.
- Schedule appropriate follow-up care as necessary to monitor the patient and evaluate the response to treatment.
- Demonstrate and integrate knowledge of medicinal products for safe medication management and prescribing practices.
- Prescribe only for patients of whose consultant medical practitioner s/he has an agreement with. This follows a thorough history taking and assessment process as outlined above.

7.2 Prescription Writing

- Only drugs included in the individual medication list that has been agreed between the Consultant Medical Practitioner and the RNP can be prescribed by the RNP.
- There are several methods of prescription writing by RNPs in CHI which are outlined below.

7.2.1 Prescription Pads

These are used to write prescriptions for outpatients only.

7.2.2 Drug Prescription Charts

These are used to write prescriptions for in-patients only.

7.2.3 Electronic Prescription Writing, Emergency Department, Urgent Care Centre

Electronic prescription writing is used for outpatients only, for non-Schedule 8 drugs. The computer-generated prescription must be signed by the RNP in his/her own handwriting. Electronic prescription writing cannot be used for Schedule 8 drugs.

7.2.4 Individual Patient Case Notes, Occupational Health and Wellbeing Department

These are used for outpatients only, within the Occupational Health and Wellbeing Department.

7.2.5 The Prescription Must:

- Be written in black ink and be legible, if the prescribing is electronic all guidance must be followed.
- State the name of the RNP and include the 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 in the *doctor's signature* section of the prescription pad or drug prescription chart. 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 policy of generic prescribing must be followed at all times, except where exceptions are provided for combination drugs products, modified release products, insulin, certain controlled drugs and certain epilepsy medications. This list is not exhaustive, the RNP should refer to the CHI formulary for prescribing.
- The instructions which are provided on the front of the prescription pad and the drug prescription chart regarding general prescription writing technique must be followed.
- The full name and address and healthcare record (HCR) number of the patient must be on the prescription.
- For all children of 12 years and younger 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 written by an 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 3)*

- The RNP can only prescribe 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 prescribe for a different route of administration of the named drug, nor prescribe for any situation not named in the schedule.

Prescriptions of Schedule 8 drugs have extra requirements, the prescription must:

- Be written in indelible black ink and be clearly legible.
- Be written in the RNP's handwriting
- Include the child's full name and address.
- Include the prescriber's name clearly specified, signed and dated by the RNP.
- Include the RNP's qualification and NMBI PIN.
- Schedule 8 drugs must be prescribed on a separate prescription pad. They are not to be prescribed on the same prescription pad sheets as non-Schedule 8 drugs.

As with all other prescriptions, Schedule 8 prescriptions should state:

- The full name, address and HCR of the child.
- For all children 12 years and younger, his/her date of birth must be included.

- 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. Nonetheless it is good practice to record all medications on any electronic system, to provide a complete record of the medications prescribed.

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 with whom the RNP has an agreed medication list.
- 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 HCR. It should include a discussion of the treatment plan with the child and parent/guardian, and where appropriate, the family.
- The RNP should acknowledge her/his scope of practice for prescribing, recognising any limitations of competence/knowledge and refer to patient's medical consultant for evaluation concerning the repeat prescription if required.

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 he/she does so within his/her scope of practice, is cognisant of best practice in prescribing "off label" medications. As with all decisions in prescribing medicinal products, the prescribing for "off label" use and EMPs must be within the RNP's scope of practice. The RNP should be knowledgeable about current best practice for prescribing medicinal products for "off label" use and EMPs, including determining: if there is an alternative, authorised medicinal product that could be prescribed, if the medicinal product is regularly used to treat children in the RNP's area of clinical practice, and if the specific medicinal product is listed within CHI prescribing formulary.

7.6 Separation of Responsibilities in the Medication Management Cycle

7.6.1 Prescribing and Supplying / Administration of Medication

The RNP should not undertake to 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. In the case of administration to a child, a second registered nurse will counter check the drug as per policy.

7.6.1.1 Exception to Prescribing and Supplying/Administration of Medication

An exception to the above has been made for specific RNPs, for example RNPs working in the Emergency Department (ED) and Urgent Care Centre (UCC).

Specifics to the ED and UCC:

Within these clearly defined contexts, the RNP can prescribe, supply and/or administer a medication with a second person who acts as "the checker". The "checker" must be a registered nurse and have at least 6 months working experience in the ED. The RNP and the "checker" must check and administer the medication as per the current Medication Administration Policy in CHI, adhering to the double checking process. This exception is audited, in addition to the overall audit of RNP prescriptive practices.

7.6.2 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. There may be situations when the RNP may be required to supply a medicine without previous dispensing of the medicinal product by the pharmacist. In these situations, the prescriber should be aware of her/his responsibilities with this practice in the overall management of medications.

7.7 Prescribing by Means of Verbal / Telephone, Email or Fax

- Issuing or communicating a prescription verbally, by telephone, email or fax is not considered acceptable prescribing practice for an RNP and should not be conducted under any circumstance. The prescription for a medicinal product must be documented in writing, as required by the medicines regulations

- Existing patients deemed suitable for review by Telephone Clinic/Virtual Clinic, will have patient assessment and prescriptions completed in this manner. If required, a prescription will be posted to the patient or sent to the patient's pharmacy via Health mail. The prescription must be recorded in the patient's HCR.

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 not permitted regardless of the circumstances.

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 Registered Nurse Prescriber 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 their area of clinical practice.

7.11 Verification of Prescribing Status

- Access to the Register of Nurse Prescribers is available at https://www.nmbi.ie/Registration where the status of individual nurses can be checked. The Division(s) of the Register on which the individual nurse is registered, Fitness to Practice (FTP) conditions and restrictions applicable to the individual nurse, if any, are accessible at this site.

7.12 Pregnancy Assessment

- RNPs must consider pregnancy assessment in children who have reached menarche if prescribing medications that are harmful to the unborn child. A pregnancy assessment and pregnancy test may need to be carried out prior to prescribing.
- In the case that a pregnancy test is being carried out prior to prescribing specific medication, the RNP must also consider child protection guidelines.

7.13 Audit Requirements

- During the first year of prescribing - 10 prescribing episodes per quarter are audited, i.e. 40 annually.
- During the second and subsequent years of prescribing – bi-annual audit is required, to include 10% of prescriptions written to a maximum of 10 prescribing episodes, i.e. 20 annually.
- If the number of prescriptions written by the RNP is less than 20 annually all must be audited.
- If the RNP has mainly de-prescribing in line with his/her scope of practice, audits of de-prescribing must be undertaken.
- The Nurse Prescribing Site Co-ordinator or Clinical Nurse Manager, may also undertake additional audits.

8.0 Monitoring, Audit and Evaluation

This policy shall be reviewed and updated at least every two years by the Author and/or Owner, or earlier if required, to reflect any changes in best practice, legislation, substantial organisational change and professional or academic changes. In addition, the Author and/or Owner will audit compliance of key practice principles with this policy on an annual basis, in order to determine its effectiveness and appropriateness.

9.0 Implementation Plan

All staff will be made aware of the policy document update and will be required to update themselves on its contents.

10.0 Key Stakeholders

The following key stakeholders were consulted in the development/review of this document:

Fionnuala O Neill	NPDC	CHI
Siobhan Gilboy	NPDC	CUH
Ger Murray	RANP Pain	CUH
Maria Noonan	CNS	Crumlin
Jennie Ryan	RANP Cardiology	Crumlin
Niamh Maguire	RANP Cardiology	Crumlin

11.0 References

European Communities (*Clinical Trials on Medicinal Products for Human Use*) (Amendment No 2). European Parliament (2010) Directive 2010/84/EU amending, as regards Pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use.

Government of Ireland (2006) *Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Statutory Instrument No.3 of 2006).* Dublin: Stationery Office.

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Nursing and Midwifery Board of Ireland (2020) *Guidance for Registered Nurses and Midwives on Medication Administration.* Nursing and Midwifery Board of Ireland, Dublin

Appendix 1 - Medication List for the Registered Nurse Prescriber

This list of medications has been agreed between the RNP and Mentor and will be held by the RNP. A copy will be sent to Prescribing Site Co-ordinator for local storage.

Drug *(Generic name)*	**Route**	**Comments**
Exclusion list		

Appendix 2 - Validation Process of Medication List for Registered Nurse Prescribers

- The candidate nurse prescriber must forward a copy of the original medication list to the Site Director of Nursing and prescribing site coordinator for review.
- The Site Director of Nursing will inform the RNP in writing of the date on which s/he may commence prescribing.
- The prescribing site co-ordinator will maintain a copy of the medication list of the nurse registered to prescribe.
- The Site Director of Nursing will inform Pharmacy of the active medication list and the details of the RNP.
- Changes to the medication list should be based on patient / service need and should take cognisance of the nurse prescriber's scope of practice and have approval of all key stakeholders.
- The medication list will be reviewed on an annual basis as per Nurse Prescribing guidelines; following which a copy of the revised list will be sent to the prescribing site coordinator.
- The medication list will be terminated if the RNP resigns from his / her post or transfers to another clinical area.
- The medication list will terminate automatically if the RNP no longer has an active unrestricted registration.
- The RNP will notify the Site Director of Nursing and NMBI in writing within 5 working days of the termination of the Medication list and provide the reason for its termination.

Appendix 3 - Schedule 8 Drugs which Practitioners who are Registered Nurse Prescribers may prescribe within Schedule 2 and 3 – Misuse of Drugs Regulations 2017

PART 1 - Drugs for pain relief in hospital	
I. for the pain relief of a person in a hospital in respect of probable myocardial infarction II. for the relief of the acute or severe pain of a person in a hospital after trauma or III. for the post-operative pain relief of a person in a hospital who has had either condition described in I or II.	
Drug	**Route Of Administration**
• Buprenorphine	• Transdermal
• Codeine Phosphate	• Oral
• Dihydrocodeine	• Oral
• Fentanyl	• Intranasal, Intravenous, Transdermal, • Trans Mucosal, Subcutaneous, • Sublingual/Buccal
• Morphine Sulphate	• Intramuscular, Intravenous, Oral, Subcutaneous
• Morphine Tartrate	
• Oxycodone	• Intramuscular, Intravenous, Subcutaneous
• Pethidine	• Oral, Subcutaneous, Intravenous • Intramuscular, Intravenous, Subcutaneous

PART 2 - Drugs for Palliative Care	
Drug	**Route Of Administration**
Morphine Sulphate	Oral, Subcutaneous, Intramuscular
Hydromorphone	Oral, Subcutaneous
Oxycodone	Oral, Subcutaneous
Buprenorphine	Transdermal

Fentanyl	Intranasal, Intravenous, Transdermal, Trans Mucosal, Subcutaneous, Sublingual/Buccal
Methylphenidate	Oral
Codeine Phosphate	Oral
PART 3 - Drugs for purposes of midwifery	
Drug	**Route Of Administration**
Pethidine	Intramuscular
PART 4 - Drugs for neonatal care in hospital	
Drug	**Route Of Administration**
Morphine Sulphate	Intramuscular, Intranasal, Intravenous, Oral, Subcutaneous
Morphine Tartare	Intramuscular, Intravenous, Subcutaneous
Fentanyl	Intravenous, Transdermal, Trans Mucosal
PART 5 - Drugs used for mental health and intellectual disability services	
Drug	**Route Of Administration**
Methylphenidate	Oral

Appendix 4 Legislation and Professional Guidance

Nurse prescribing has been implemented in CHI in accordance with the following legislation and professional guidance documents:

- National Nurse and Midwife Medicinal Product Prescribing Guideline (Health Service Executive (HSE), 2020).
- Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (4th edition) (Nursing and Midwifery Board of Ireland (NMBI, 2019)
- The Irish Medicines Board (Miscellaneous Provisions) Act 2006. (Government of Ireland, 2006) – provides for amendments to medicines regulations by Ministerial order for nurses and midwives to prescribe medications.
- Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007 (Statutory Instruments, (S.I.) No 201 of 2007) (Government of Ireland, 2007) - specifies the legislative requirements/conditions for prescribing of medicinal products by nurses and midwives in Ireland.
- Misuse of Drugs Regulations 2017 (S.I. No 173 of 2017) (Government of Ireland, 2017) - revokes the 2007 Misuse of Drugs (Amendment) Regulations.
- Nurses and Midwives Rules (2018) (S.I. No. 219 of 2018 - Register of Nurses and Midwives, S.I. No 218/2018- Education and Training) (Government of Ireland, 2018).
- Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2018 (S.I. No. 529 of 2018) (Government of Ireland, 2018) –provides RNPs with the authority to prescribe exempt medicinal products.
- Draft Standards and Requirements for Education Programmes for Nurses and Midwives with Prescriptive Authority (2nd edition).(NMBI, 2019)
- Decision–making Framework for Nurse and Midwife Prescribing (4th edition) (NMBI, 2019).
- Guidance for Registered Nurses and Midwives on Medication Administration (NMBI, 2020).
- Recording Clinical practice – Guidance to Nurses and Midwives (2nd edition) (NMBI, 2015).
- Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)
- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014)