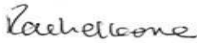

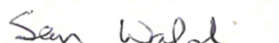
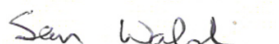


POLICY ON NURSE PRESCRIBING IN OLCHC

EDITION 6

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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 have been developed and approved by An Bord Altranais (2007).

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 Our Lady's Children's Hospital, Crumlin (OLCHC) in relation to nurse prescribing.


3.0 Applicable to

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

- Registered nurses who are entered on the division of nurse prescribers with An Bord Altranais.
- Prescribing Site Coordinator
- Divisional Nurse Managers and Nursing Line Managers
- Director of Nursing
- Consultant Medical Practitioner/s and the medical team/s participating in the Collaborative Practice Agreement.
- Medication Safety Committee
- Clinical Risk Manager
- The Pharmacy Department, including ward based clinical pharmacists
- Drugs and Therapeutics Committee
- Medical Board
- Chief Executive Officer

The policy also affects the following:

- The child and his/her parent/guardian
- Community pharmacists.

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

The policy of OLCHC 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 OLCHC 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 above¹
- Working in OLCHC for 1 year minimum²

¹These grades include:

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.

²This 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

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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


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
- Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority 2007.⁵
- Practice Standards for Nurses and Midwives with Prescriptive Authority 2012.⁶
- Collaborative Practice Agreement (CPA) for Nurses and Midwives with Prescriptive Authority 2012.⁷
- Decision-Making Frame work for Nurse and Midwife Prescribing 2007.⁸
- Guidance to Nurses and Midwives on Medication Management 2007.⁹
- Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority 2007.¹⁰
- Recording Clinical practice –Guidance to Nurses and Midwives 2002.¹¹
- Review of the Scope of Practice for Nursing and Midwifery, Final Report 2000.¹²
- The Code of Professional Conduct for each Nurse and Midwife 2000.¹³
- *OLCHC Policy on Nurse Prescribing 2008*

5.3 Collaborative Practice Agreement

The CPA is the vehicle that An Bord Altranais 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.⁷

- The CPA serves as a tool to ensure the communication structures have been established between the RNP and the consultant medical practitioner regarding the care of their patients and agreed by the employer.⁷
- The CPA defines the parameters of the RNP's scope of practice. Whilst recognising the responsibility of the consultant to the patient, the individual nurse is accountable for his/her practice. This means that she/he is professionally accountable as an individual for his/her prescribing decisions. This encompasses the consultation and referral arrangements for when a patient's care extends beyond the RNP's scope of practice.⁷

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- The CPA is drawn up with the agreement of the RNP, the consultant medical practitioner and the employer outlining the parameters of the RNP's prescribing authority (i.e. her/his scope of practice). The principles of professional accountability, responsibility, competence and clinical governance underpin the CPA.⁷
- The CPA provides a template for the development, audit and evaluation of the RNP's prescribing practices within the healthcare setting⁷.
- The CPA will be reviewed, revised and resubmitted to An Bord Altranais if the RNP or consultant medical practitioner resigns from his/her post or transfers to another clinical area.
- The CPA will terminate automatically if the RNP or consultant medical practitioner no longer has an active unrestricted registration.

6.0 Glossary of Terms

A glossary of terms pertaining to Registered Nurse Prescribing is presented in Appendix 11.2

7.0 Responsibilities


7.1 *Responsibilities of the Registered Nurse Prescriber*

The Registered Nurse Prescriber:

- Must be entered on the Register of Nurse Prescribers maintained by An Bord Altranais.
- Must be employed directly by OLCHC and have successfully completed the Certificate in Nursing /Midwifery Prescribing (Minor Award, level 8) provided by a Higher Education Institute.
- Must have a written and agreed Collaborative Practice Agreement (Appendix 11.3) with one or more consultant medical practitioners employed by OLCHC, in order for the nurse to prescribe medications to patients under the care of that consultant medical practitioner/s from an approved list of medications within her/ his scope of practice.
- Must complete the Registration and Validation of the CPA Process.

Prescribing Practice

- Must prescribe only those medicinal products which are normally given in the course of his/her clinical area of practice and have been detailed on the CPA.
- Must ensure that the prescription is issued in the usual course of the provision of that health service.
- 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

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Must practice within the legislation and professional regulation guidelines relevant to her/his scope of practice and care setting.

- “Nurse Prescribers must subscribe to Irish Medicine Board email updates and consult the most recent version of Summary of product Characteristics (SPC) on www.imb.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 complete the National Minimum Dataset to monitor prescribing practice.
- Must participate in the audit process of nurse prescribing both locally and nationally on an ongoing basis.
- Conducts self-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. See attached

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 OLCHC for reporting medication error/incidents and near misses.²²

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The RNP will:

- Follow the OLCHC 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 OLCHC 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 An Bord Altranais to gain registration as an RNP.
- Must notify An Bord Altranais in writing within 5 working days of any termination of a CPA and provide the reason for this termination.

7.2 ***Responsibilities of Director of Nursing***

The Director of Nursing:

- Has overall responsibility for the professional practice of each RNP within OLCHC.
- Will oversee the introduction of nurse prescribing in accordance with patient needs and service demands within OLCHC.
- Must complete the Registration and Validation Process of the CPA.
- Will maintain a database of RNPs in OLCHC and ensure it is current.
- Will give the final approval and commencement date for the RNP to commence prescribing in OLCHC 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 to practice and forward a signed copy of the CPA to accompany this notification.
- Will maintain an up to date record of active and inactive CPAs on behalf of OLCHC.
- 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 CPAs.
- Will inform An Bord Altranais and the Office of the Nursing Service Director in writing within five working days of the termination of CPA and provide the reason for its termination (e.g. resignation or change of employment of RNP).

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- Will inform the Drugs and Therapeutics Committee and the Pharmacy department in writing within five working days of the termination of CPA.
- 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 Coordinator.

7.3 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.

7.4 Responsibilities of Drugs and Therapeutics Committee

The Drugs and Therapeutics Committee will:

- Review and agree the CPA following completion by the RNP, the designated Medical Consultants (Mentor), the Prescribing Site Coordinator, the Director of Nursing, the Pharmacist, and Risk Manager.
- Endorse the RNP to prescribe the medications described in the CPA that has been agreed with the Consultant Medical Practitioner/s.


7.5 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 CPA in collaboration with the RNP
- Inform the Drugs and Therapeutics of the RNP and prescribing medications detailing CPA.
- Participate in the review of the CPA in collaboration with the RNP on an annual basis and make changes if necessary.
- Inform the Drugs and Therapeutics Committee of changes to the CPA in collaboration with the RNP, Prescribing Site Coordinator and Director of Nursing.
- Participate in a review of the Nurse Prescribing Policy in collaboration with the RNPs, the Nurse Prescribing Site Coordinator, 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.

7.6 Responsibilities of the Pharmacy Department

The Pharmacy Department will:

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- 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 OLCHC. This list is supplied by the Director of Nursing.
- Maintain details of the approved CPA of each RNP, as approved by the Drugs and Therapeutics Committee.
- Collaborate in audit of nurse prescribing practice.
- Provide a link representative on the Nurse Prescribing subcommittee of the Drugs and Therapeutics Committee.

7.7 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

7.8 Responsibilities of the Prescribing Site Coordinator

The Prescribing Site Coordinator will:

- Act as a central point of contact for the candidate, the RNP, mentor, consultant medical practitioner 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 of the OLCHC and is compliant with the requirements and standards of An Bord Altranais and the Health Service Executive.
- Participate in the development 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.

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- Make representation to various committees and councils within OLCHC 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 OLCHC

8.0 Prescribing Procedures

8.1 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 should 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 OLCHC Medicines Guide 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 integrates knowledge of medicinal products for safe medication management and prescribing practices.

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- Will only prescribe for patients of whose consultant medical practitioner she/he has an agreed CPA with. This follows a thorough history taking and assessment process as outlined above.


8.2 Prescription

The RNP must adhere to the OLCHC Policy and Procedure for the Management of Prescription Pads.

- Only drugs included in the individual CPA that has been agreed between the Consultant Medical Practitioner and the RNP can be prescribed by the RNP
- Outpatient prescribing must be agreed between the Consultant Medical Practitioner and the RNP. The specific medications to be prescribed for Outpatients are to be detailed on the CPA 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 An Bord Altranais 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 OLCHC 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 OLCHC 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.

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- 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.

8.3 Prescription writing for Schedule 8 drugs (See Appendix 1)

- 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 and as agreed by the relevant individual CPA.
- 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.

8.4 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 that the RNP has an agreed CPA with.
- 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.

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8.5 Prescribing of a Medicinal Product not included in CPA

The RNP has no prescriptive authority to issue a prescription for any medicinal product not included in the agreed CPA.

8.6 Prescribing of a Medicinal Product to a Child under the care of Consultant Medical Practitioner with whom the CPA is not agreed

The RNP prescribes for a patient group which is pre decided

8.7 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 medications and the medication is detailed on the HSE RNP Process for Prescribing medications for ‘Off label’ use.. This will be agreed by the specific Medical Mentor of the RNP.

Prescribing of exempt medicinal products (unlicensed medications) is not currently permitted. This is under review by the DOHC’s Forum on Medication Safety.

8.8 Separation of Responsibilities in the Medication Management Cycle

8.8.1 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 and it is detailed with the specific CPA as an exception.

Example of an 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. This exception applies only to an RNP where it is clearly detailed as an addition to their CPA.


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 OLCHC Medication Policy, adhering to the double checking process. This exception is audited in addition to the overall audit of RNP prescriptive practices.

8.8.2 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. The RNP may not dispense medicinal products.

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8.9 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

8.10 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.

8.11 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.

8.12 Organisation and Management of Care

The RNP will:

- Demonstrate quality assurance and quality management in prescribing through a structure of monitoring and audit both locally and nationally, utilising tools such as the National Minimum Dataset and the National Audit Tool for Nurse Prescribing.
- 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.

8.12 Verification of Prescribing Status

- The database of RNPs within OLCHC is available from the Director of Nursing office, and the Pharmacy department to verify the prescribing status of nursing staff in OLCHC.
- 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 and will include the status of the CPA, valid or invalid.

Appendix 9.0

Misuse of Drugs Act.

“SCHEDULE 8

DRUGS WHICH PRACTITIONERS WHO ARE REGISTERED NURSES MAY PRESCRIBE WITHIN SCHEDULES 2 AND 3

PART 1

Drugs for pain relief in hospital

Drug	Route of administration
Morphine sulphate	Oral, intravenous, intramuscular
Codeine phosphate	Oral

PART 2

Drugs for palliative care

Drug	Route of administration
Morphine sulphate	Oral, subcutaneous
Hydromorphone	Oral, subcutaneous
Oxycodone	Oral, subcutaneous
Buprenorphine	Transdermal
Fentanyl	Transmucosal, transdermal
Methylphenidate	Oral
Codeine phosphate	Oral

PART 3

Drugs for purposes of midwifery

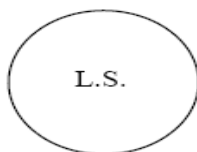
Drug	Route of administration
Pethidine	Intramuscular

PART 4


Drugs for neonatal care in hospital

Drug	Route of administration
Morphine sulphate	Oral, intravenous
Fentanyl	Intravenous

GIVEN under my Official Seal,
1 May 2007




MARY HARNEY
Minister for Health and Children.

Our Lady's Children's Hospital, Crumlin		
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