

SCRIPT IN HAND

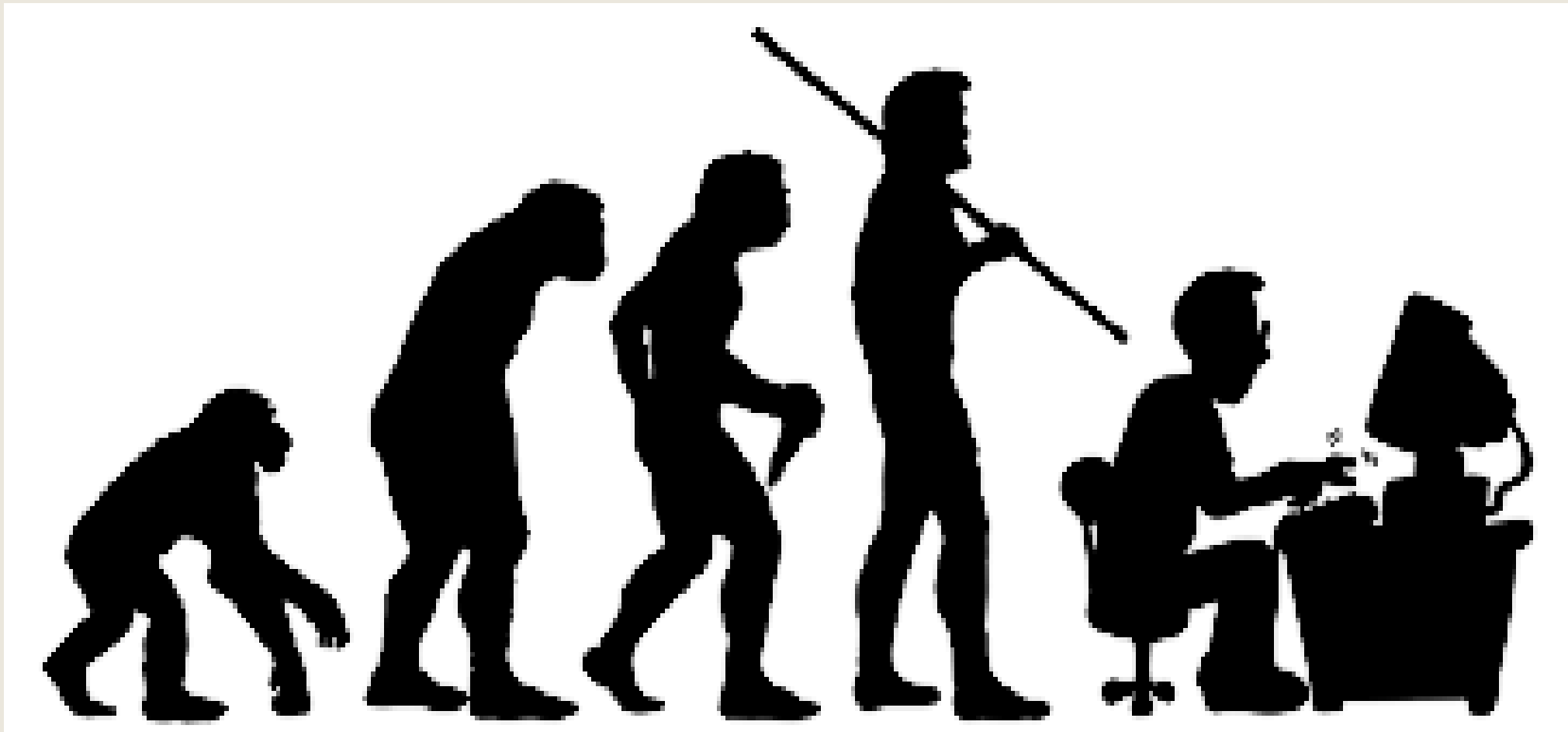
THE EMERGENCE OF THE REGISTERED NURSE PRESCRIBER

VARINIA JONES
REGISTERED NURSE

DUNEDIN, NEW ZEALAND



THE EMERGENCE OF THE NURSE PRESCRIBER IN NEW ZEALAND



NURSE (RN) PRESCRIBER VS NURSE PRACTITIONER

NURSE PRESCRIBER

- Designated Prescriber
- Works within a collaborative model to prescribe for common and long term conditions
- Prescribes off an approved specified medication list (approx. 240+ medications)
- Supervised for 12 months

NURSE PRACTITIONER

- Authorised Prescriber
- Independently assess, diagnose and treat a range of acute and chronic conditions
- Prescribe any medication

WHAT YOU CAN AND CANT DO

GOVERNING NURSE PRESCRIBING



YOU CAN..

- Prescribe off an allocated list
- Prescribe to patients you have assessed and diagnosed
- Give a repeat prescription when the patient is in front of you

YOU CAN'T..

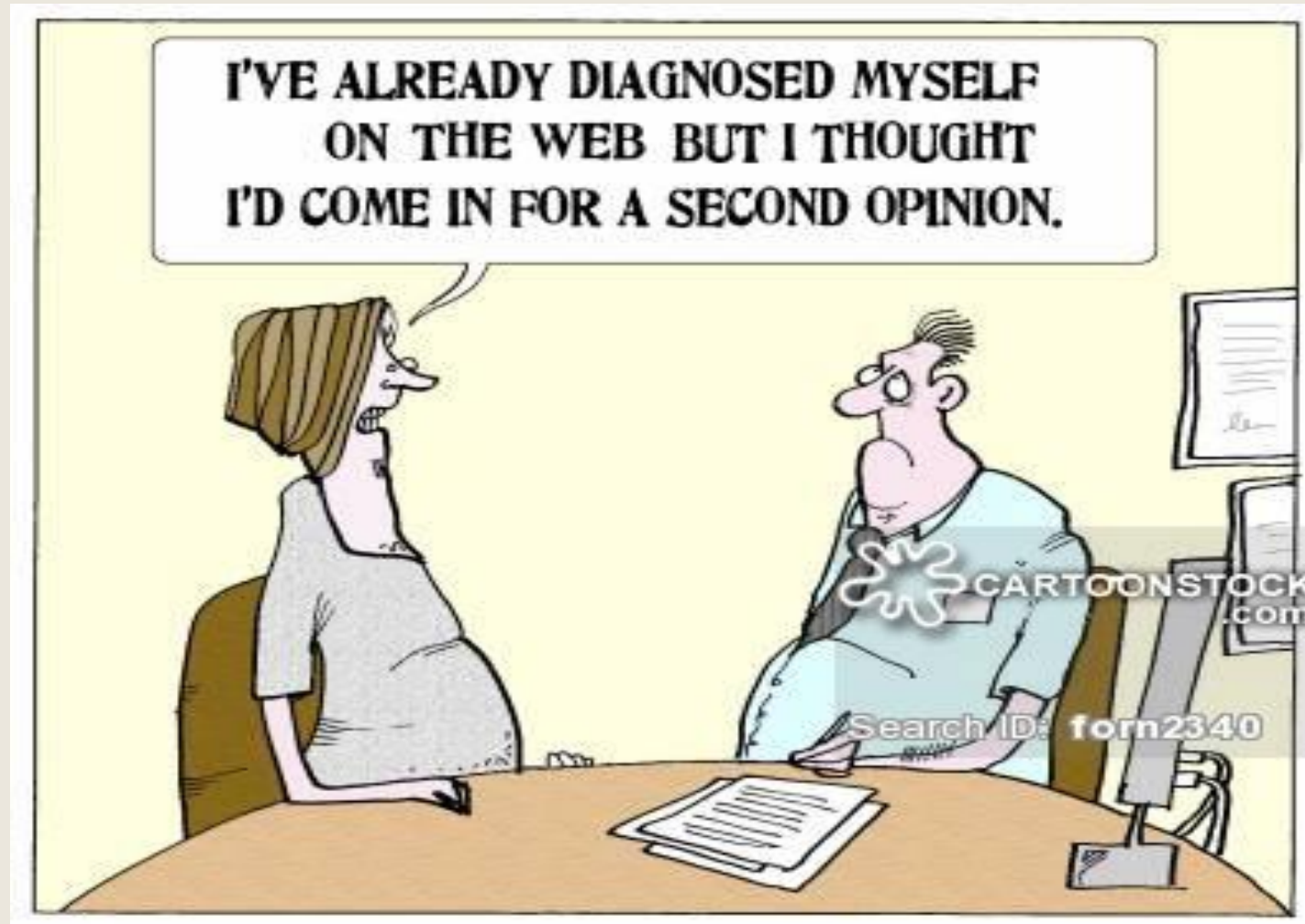
- Sign prescriptions for those not under your care
- Write a repeat for those not assessed face to face, those using telemedicine or at the request of a colleague whose patient you have not seen
- Issue standing orders/ give verbal or telephone orders

EDUCATIONAL
REQUIREMENTS
AKA
HOW MUCH MORE
STUDY CAN YOU
POSSIBLY DO?

- Set out by the New Zealand Nursing Council
- 3 Years full time equivalent in the area the nurse is intended to prescribe
- Completion of council approved postgrad diploma- pathophysiology, pharmacology, assessment and diagnostic reasoning and prescribing practicum
- Workplace support
- Satisfactory assessment of competencies completed by clinical mentor



WHY PRESCRIBE?



IMPROVE ACCESS TO SERVICES

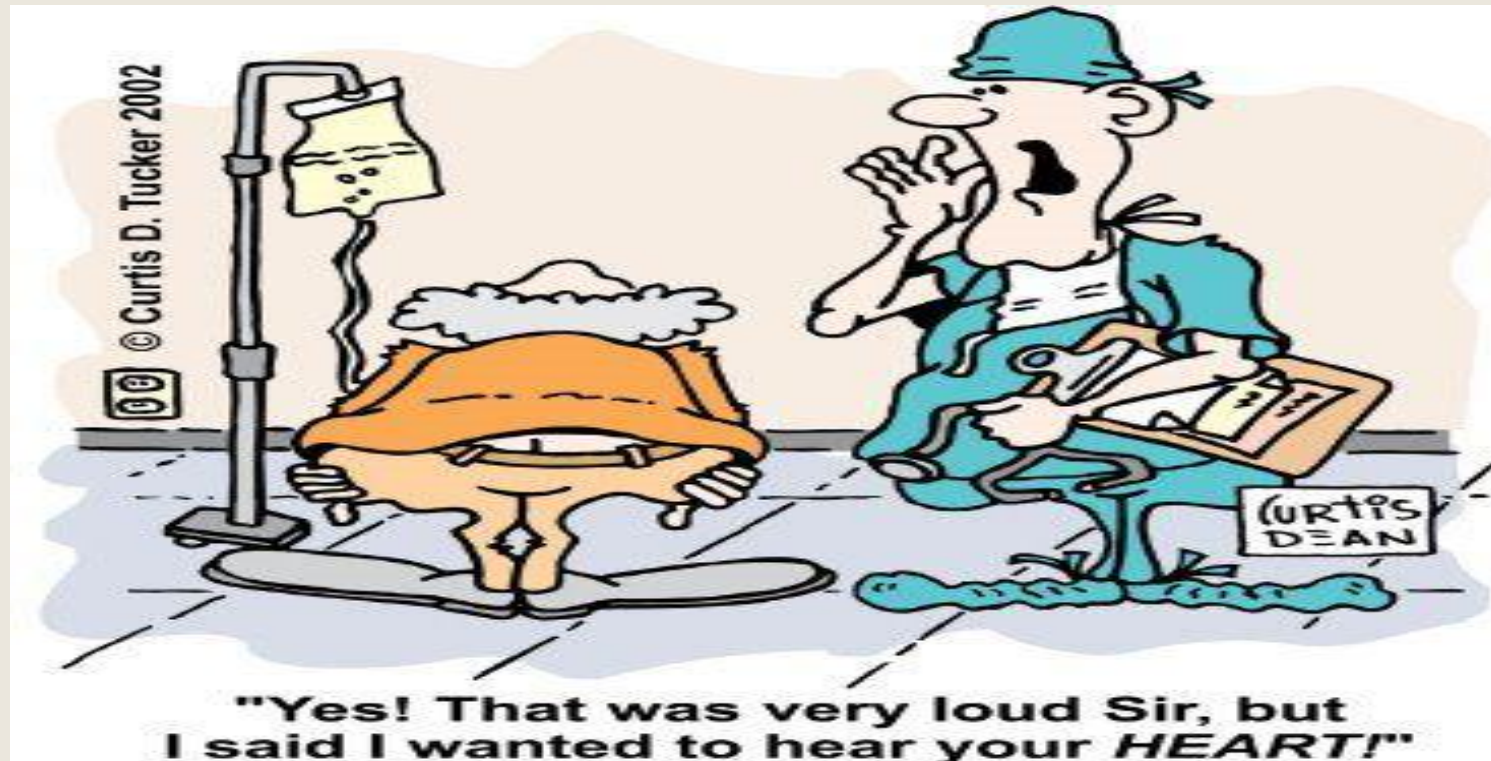
Locally and worldwide there has been a shortage on Oncologists and increased pressure to provide timely access to appointments and treatments.

The number of patients requiring ambulatory chemotherapy and subsequent side effect management each year is growing , placing strain on unit capacity and demand.

RN prescribing will address this issue of access to care by freeing up doctors and nurse practitioners time that may be better directed elsewhere.



PROVIDES AUTONOMY AND ACCOUNTIBILITY FOR PRESCRIPTIONS BASED ON OWN ASSESSMENT



IMPROVE SIDE EFFECT/TOXCITIY MANAGEMENT

- It is estimated that 75-90% of all cancer patients undergoing chemotherapy or radiation treatment will experience one or more side effects
- Poor management of these side effects result in dose reductions, delays in treatment and in more severe cases permanent damage or death
- Timely access to intervention is key in reducing the incidence and severity of side effects
- The role of the oncology RN prescriber aims to provide greater access to medications and timely management of treatment related issues

...BECAUSE YOU
HAVE BEEN
DOING IT SINCE
YOU BECAME A
REGISTERED
NURSE

THE OPPOSITION TO RN PRESCRIBING

- Extension of prescribing rights to nurses triggered strong and vocal opposition...predominately from our medical trained colleagues.
- Nurses in opposition to these advanced practice roles felt that prescribing shifted focus from care to cure
- Is this a case of tall poppy syndrome or should we have legitimate concerns??



WHAT DOES THE EVIDENCE SHOW?

International evidence supports the use of RN prescribing and shows that it:

- Improves access to care
- Enhanced care
- More effective use of medical staff's time
- Strengthened inter-professional work practices
- Increased professional satisfaction for nurses
- Patients have found that nurses took the time to thoroughly assess and provided holistic care.
- There was strong evidence that greater patient centred care occurred when nurses took over episodes of care, addressed psychosocial issues and utilise nursing interventions to manage, treat and follow up treatment induced side effects
- Obtaining a script from a nurse was less stressful

WHERE TO FROM HERE?

GAIN SUPPORT FOR IMPLEMENTATION OF THE ROLE
FUTURE PLANNING
SUSTAINABILITY
JOB REQUIREMENT



REFERENCES

Burns, D. (2002), bridging the information gap in primary care. *Community Practitioner*, 79(8), 242

Courtenay, M., Carey, N., Stenner, K., Lawton, S., & Peters, J. (2011). Patients; views on nurse prescribing; effects on care, concordance and medicine taking. *Br J Dermatology* 164(2), 396-340.

Jutel, A., & Menkes, D.B. (2010). Nurses' reported influence on the prescription and use of medication. *International Council of Nurses: Nursing Review*. 92-97

Kooienga, S., & Wilkinson, J. (2016). RN prescribing: An expanded role for Nursing. *Nursing Forum*. 52(1), 3-11.

Medicines (Designated Prescriber- Registered Nurse) Regulations. (2016). Retrieved from <http://health.govt.nz>

Misuse of Drugs Act (1977). Retrieved from <http://health.govt.nz>

Nursing Council of New Zealand. (2016). *Preparing to prescribe in primary health and speciality teams: guidance for registered nurses and employers*. Wellington: New Zealand

Paterson, C & Nabi, G. (2017). Non-medical prescribing in prostate cancer care: a case study reflection. *International Journal of Urology nursing*. 11(2), 106-117.