Decision-Making Framework for Nurse and Midwife Prescribing

Is there a local written policy to support nurse/midwife prescribing?

Yes

Is there a collaborative practice agreement that supports the nurse/midwife prescribing?

Yes

Is prescribing within the nurse/midwife’s scope of practice and competency?

No

The nurse/midwife should NOT prescribe

Yes

Has there been an assessment of the patient/service-user’s needs?

Yes

Has the nurse/midwife sufficient information/skill to determine a treatment plan for the individual patient/service-user care plan?

No

The nurse/midwife is able to determine the required pharmacological/non-pharmacological treatment option(s) for the patient/service-user

Yes

The nurse/midwife initiates the treatment decision in discussion with and agreement by the patient/service-user (and/or carer if applicable) providing a comprehensive description of the treatment prescribed including expectations of treatment and side effects if any

The prescription for the medication is written

The nurse/midwife is responsible for the consulting with and/or referring the patient/service-user to an appropriate registered medical practitioner for further treatment within a timely manner ensuring appropriate continuity of care

Yes

The appropriate treatment for the patient/service-user is outside the parameters agreed with the CPA

No

The nurse/midwife documents the treatment plan including the prescribed medication, monitoring/evaluation & follow up care & ensures a continuing care/discharge plan is completed for the patient/client & communicated to the appropriate health care professional

Explanatory Notes

1. Policy identifies the structures that authorise and provide a framework for the practice of nurse/midwife prescribing in the organisation. This may include reference to the involvement of Drugs and Therapeutics, Risk Management and Clinical Governance Committees.

2. The collaborative practice agreement (CPA) is drawn up with the agreement of the nurse/midwife, the registered medical practitioner, and the employer outlining the parameters of the nurse/midwife’s prescribing authority (his/her scope of practice). Refer to the An Bord Altranais publication Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority (2007).

3. Scope of practice and competency – Does the nurse/midwife meet the requirements and standards set by An Bord Altranais through completion of the education programme for nurse/midwife prescribing? Is he/she on the Division of the Register of Nurse Prescribers as maintained by An Bord Altranais? Is the registered nurse prescriber undergoing continuing professional development in prescribing practice to enable competency assessment?

4. Assessment includes:
   • Physical examination
   • History taking (including medications)
   • Clinical diagnostic decision (diagnosis, hypothesis)

5. Orders and interprets laboratory and other diagnostic tests – e.g. bloods and spirometry.

6. If the patient/service-user’s assessed needs exceed the nurse/midwife’s scope of practice, the patient/service-user is referred to the appropriate registered medical practitioner.

7. Documentation and record keeping for registered nurse prescribers should be outlined in local policy e.g. prescription writing including prescription pads, responsibilities, medication administration record and patient/service-user’s individual case notes; supporting material for clinical audit of the registered nurse prescriber’s prescribing practice.

8. Continuing care/Discharge plan – Monitoring of therapeutic effect of the prescribed treatment by the registered medical practitioner/registered nurse prescriber and other team members.

* An example: a nurse with prescriptive authority is working in the diabetic day care centre. Her patient population includes individuals with known diagnoses of insulin dependent diabetes. A patient presents with symptoms of hyperglycaemia. The nurse through her assessment skills checks for ketones in the urine and for any source of infection. She also enquires about any recent changes in the patient’s diet. Based on this information the nurse make a clinical diagnostic decision regarding the elevated blood sugars and the insulin dose is adjusted appropriately.

An Bord Altranais has published supporting information for the regulatory framework and professional guidance.

• Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority (2007)
• Practice Standards for Nurses and Midwives with Prescriptive Authority (2007)
• Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority (2007)

Please refer to these publications in association with this Decision-Making Framework.