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Non-medical prescribing in the acute sector

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Non-medical prescribing (NMP) has expanded from limited formularies in primary care into secondary care with changes in legislation allowing independent prescribers to prescribe any drug from the British National Formulary. NMP has become an essential component of the care provided by advanced nurse practitioners (ANP) in the acute setting. Government bodies, health boards, educational institutions and professional bodies must work together to regulate and produce robust educational standards and competencies. Medical engagement underpins the process of training advanced nurse practitioners and non-medical prescribers. Non-medical prescribing has been shown in the literature to be safe, to contribute both to patient satisfaction and to broader public health issues. Working as an advanced nurse practitioner in a Hospital at Night Team, the ability to non-medically prescribe enhances not only job satisfaction and autonomy; it facilitates the delivery of timely and appropriate treatment in acute situations. The individual nature of each ANP's prescribing formulary reflects the nature of their differing speciality backgrounds and the evolution of their prescribing practice. Two case studies explore different aspects of non-medical prescribing identified by the author as key to safe and effective practice. Case study one illustrates the importance of proficiency in clinical history taking and physical examination and its relevance to prescribing appropriate treatment. Case study two highlights an evolving issue linked to treatment decision making and the rising demographic of a frail elderly population. The fine line between treatment and palliative symptom relief is becoming more relevant as people live longer but less well. Based on the results of previous self-audits of the author's prescribing practice and her current interest in the ethics and psychology of prescribing decisions, a literature search has been initiated with the intent of producing a text collating information on best practice in the varying specialties of Medicine of the Elderly. It is proposed that this collated body of evidence will contribute to the quality of care offered to the frail elderly in hospital by enhancing the knowledge of advanced nurse practitioners, act as a decision making resource to support treatment and symptom control in potentially palliative situations. This project is an extension of previous an audit and reflection on situations where the decision not to prescribe a drug was as important as the decision to prescribe.

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