IN 2005 Health Minister Mary Harney told delegates at an INO conference that the move to give prescriptive authority to nurses and midwives was a ‘no brainer’.

This point of view is shared by Denise Blanchfield and Norma Bergin, two Kilkenny nurses who were among the first graduates from the prescribing programme last November.

Denise and Norma were part of the first cohort to do the course in UCC and, although it was very labour intensive, both agreed that it has greatly enhanced their ability to improve patient care in their respective areas of diabetes and A&E.

Autonomy
“The concept grew out of an awareness that nurses have always had the ability to undertake prescribing but never received the opportunity before now,” Norma explained.

“Nurses have an extensive knowledge of the drugs that patients receive and often we would consult with doctors and recommend certain drugs so nurse prescribing was the next logical step.”

This view was echoed by Denise who said the move has had tremendous benefits for nurses who work offsite because it has enabled them to be more autonomous in their role.”I work in diabetes care and a lot of the time I see patients in satellite clinics away from the hospital setting. Being able to prescribe now means I can make the changes for them on the same day that I see them,” she said.

Prior to nurse prescribing a second visit would have been necessary for the patient.

This time-saving aspect of prescriptive authority is something that Norma also pointed to when discussing the benefits to her role as an A&E nurse.

“Being able to prescribe has made a huge difference to me working in triage. Before I used to see patients who were in a lot of pain but I couldn’t do a lot to help them because I would have to wait for a doctor to prescribe something. Now if a patient suffering from an acute asthma attack comes in I can start them on a treatment right away.”

Norma also pointed out it is extremely useful when she’s on night duty as there might not always be a doctor close by when a patient is brought to the A&E department.”Now if I know exactly what a patient requires to alleviate their pain I don’t have to wait for a doctor to commence it,” she said.

Trust
Denise’s role in diabetes care means that she has built up a good relationship with many of her patients as she sees them regularly and she believes that her new role as nurse prescriber has helped to enhance this relationship. She has found that a lot of people, especially the elderly, are fearful when they go to see somebody about a medical problem.

Denise has found that a lot of people are more at ease raising questions with a member of staff that is known to them.

“I have built up a lot of trust as a great deal of patients would be coming back on a regular basis,” she said.

Denise believes that it’s important to make prescribing a more personal process for patients, with nurses taking the time to explain to them what certain things are for and what the benefits of taking them will be,” she said.

Denise is aware of the effect a patient’s social circumstances can have in relation to the eventual outcome of treatment and it’s important to take these into account.

Compliance
Denise has found that a patient’s compliance levels can be heavily influenced by their understanding of the medication that has been prescribed.

As patients are often on several medications for multiple co-morbidities it is not unusual for them to be unsure about what some of them are for.

“It’s important to put the medication into context for them and explain to them what certain things are for and what the benefits of taking them will be,” she said.

Denise believes that this is especially important in ensuring compliance among elderly patients.”

Factors affecting prescribing
According to Norma, one of the most
beneficial aspects of the prescribing programme was that it made them aware of the many factors that have to be taken into account when prescribing drugs for patients, as there are a "important issues such as whether the patient is already on multi drug regimes or if they have co-morbidities" to be aware of.

Denise agreed with this and said that the programme showed them the importance of realising that not every drug suits every patient. Both nurses also stressed the importance of keeping up to date with all the developments that continually occur in relation to new medications.

"As we are working with the same drugs every day we have built up a lot of knowledge about them but it’s vital that we stay tuned to the latest drug developments and to what’s new on the market.

Support

Denise and Norma both cite the support of their colleagues at St Luke’s in helping them to succeed in their new roles. When the consultants at the hospital were given a choice to opt in or opt out of the programme they all decided to opt in, meaning that Denise and Norma are not restricted to prescribing for patients who just see the consultants they work with.

"Communication was the key to everything being successful. All the consultants were kept informed and were aware of the developments being made and this was important and it obviously helps them out if we are able to see their patients," said Denise.

"The more communication that takes place between the nurse and the consultant means that the patient gets the best possible treatment," she added. Norma also pointed out the importance of the support they both received from their mentors which in her case was Dr Frank O’Dwyer A&E consultant, while Dr Colm McGurk, consultant diabetologist, was Denise’s mentor. “The support is really helpful because it’s an ongoing evolving process. You’re not going to know everything straight away and you have to recognise your own limitations in order to learn,” said Norma.

The chief pharmacist at St Luke’s, Donal Carroll, also received special mention from Denise and Norma. “He is excellent and without his support we wouldn’t be where we are now with the prescribing process,” Norma said.

"Communication between the consultants and the pharmacists involved meant that we were able to avoid a lot of the potential problems that might have arisen when we implemented nurse prescribing. The fact that everybody involved was in constant communication with each other enabled us to be the first acute hospital to have nurse prescribing," she said.

Outcome

Everyone involved in nurse prescribing at St Luke’s agrees that the feedback from patients has been very positive. According to Norma, the patients are grateful because they have now been given an option that wasn’t there before.

Denise agrees with this view: “Patients come in and we’re now able to fix their problem sooner so obviously they’re happy with that. It’s also more personal because I would usually give them a call a week after prescribing to see how they are getting on or they get a number to call if they are having any problems.”

Future

While Denise and Norma are the first nurse prescribers at St Luke’s, it is hoped that many more will follow. Three more nurses from the hospital have already completed the programme and another nurse currently enrolled. According to Helen Butler, “these nurses received very positive feedback about the programme from Denise and Norma and they see how their respective departments have benefited from their new role as nurse prescribers”.

For more information on the nurse prescribing programme please contact Elizabeth Adams, deputy nursing services director at the HSE, tel 01-635 2357, or log onto www.hse.ie/en/nurseprescribing