

Royal Berkshire



NHS Foundation Trust

Advancing Practice

Critical Care Outreach and Prescribing

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Introduction

- Background
- Setting the scene
- Reviewing our prescribing practice.
- Results
- Conclusions
- Questions

Background

- **The Medicinal Products: Prescriptions by Nurses etc Act (1992).**

The primary legislation that enabled nurse and midwives to prescribe.

- **Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order 2006.**

Enabled those nurses who had completed a nurse independent prescribing course to prescribe any licensed medicine, including some controlled drugs, for any medical condition within their clinical competence.

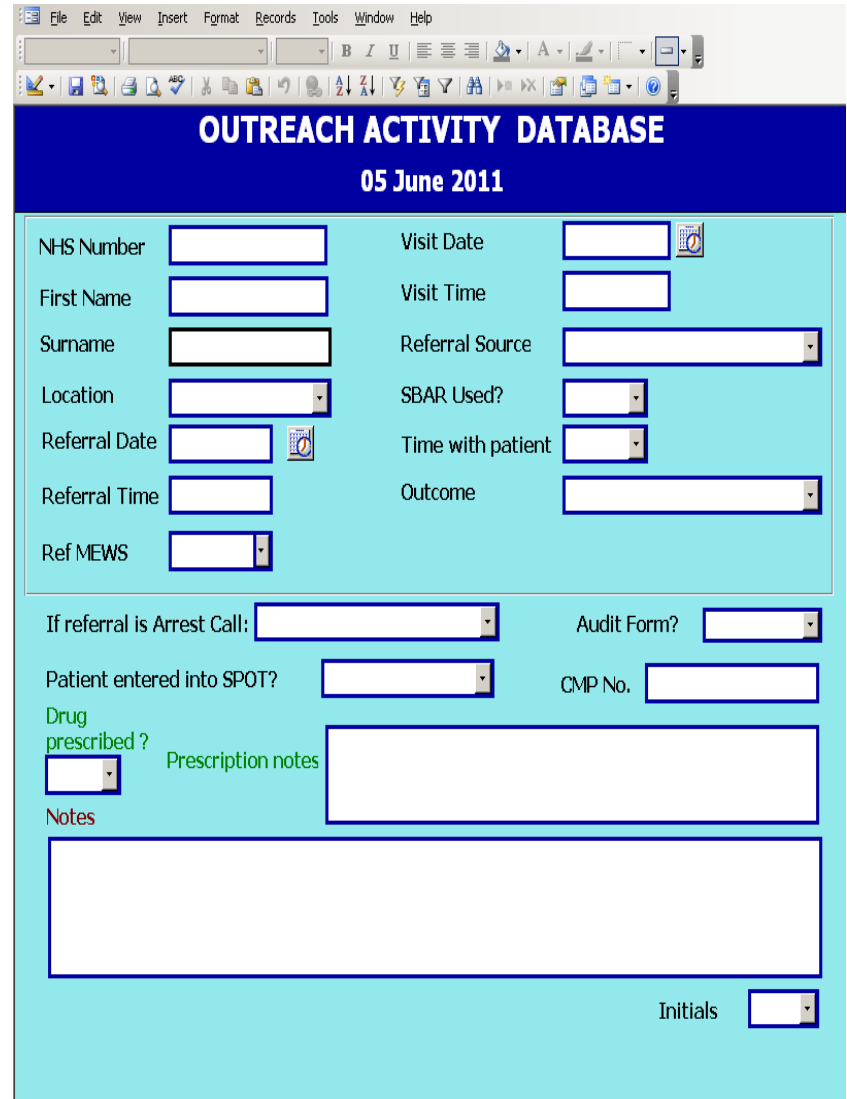
- **British Association of Critical Care Nurses position statement on prescribing in critical care (Bray et al, 2009)**

Setting the scene

- 800 bedded District General Hospital
- Outreach team established 2001
- 24hours 7 day per week since Jan 2005
- Integral part of the H@N team and cardiac arrest team
- We receive on average 700 referrals/month
- 5 year plan to develop as Advanced Nurse Practitioners
- Part of this is Independent Non-Medical prescribing
- First 2 team members qualified in October 2010
- 3 more members just completed course- waiting for results

Reviewing our Prescribing Practice

- Data collected for my MSc dissertation
- Used to identify prescribing trends and practice within our team
- Develop outreach formulary
WHO (1994), NPC (2007)
- Update knowledge on commonly prescribed medications
- Continual professional development

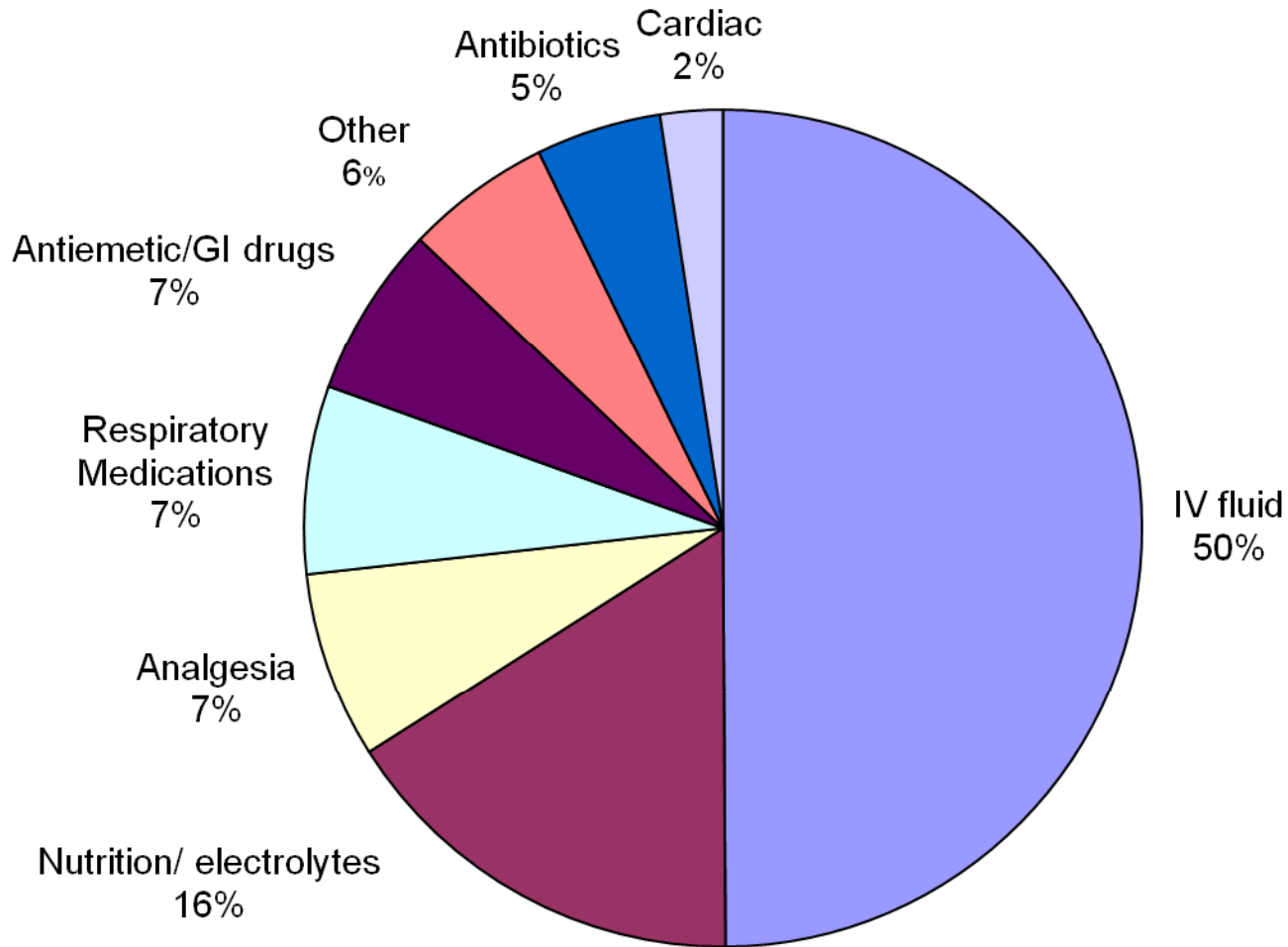


The screenshot shows a web browser window displaying the 'OUTREACH ACTIVITY DATABASE' form. The form is titled 'OUTREACH ACTIVITY DATABASE' and dated '05 June 2011'. It contains various input fields and dropdown menus for recording patient information and referral details.

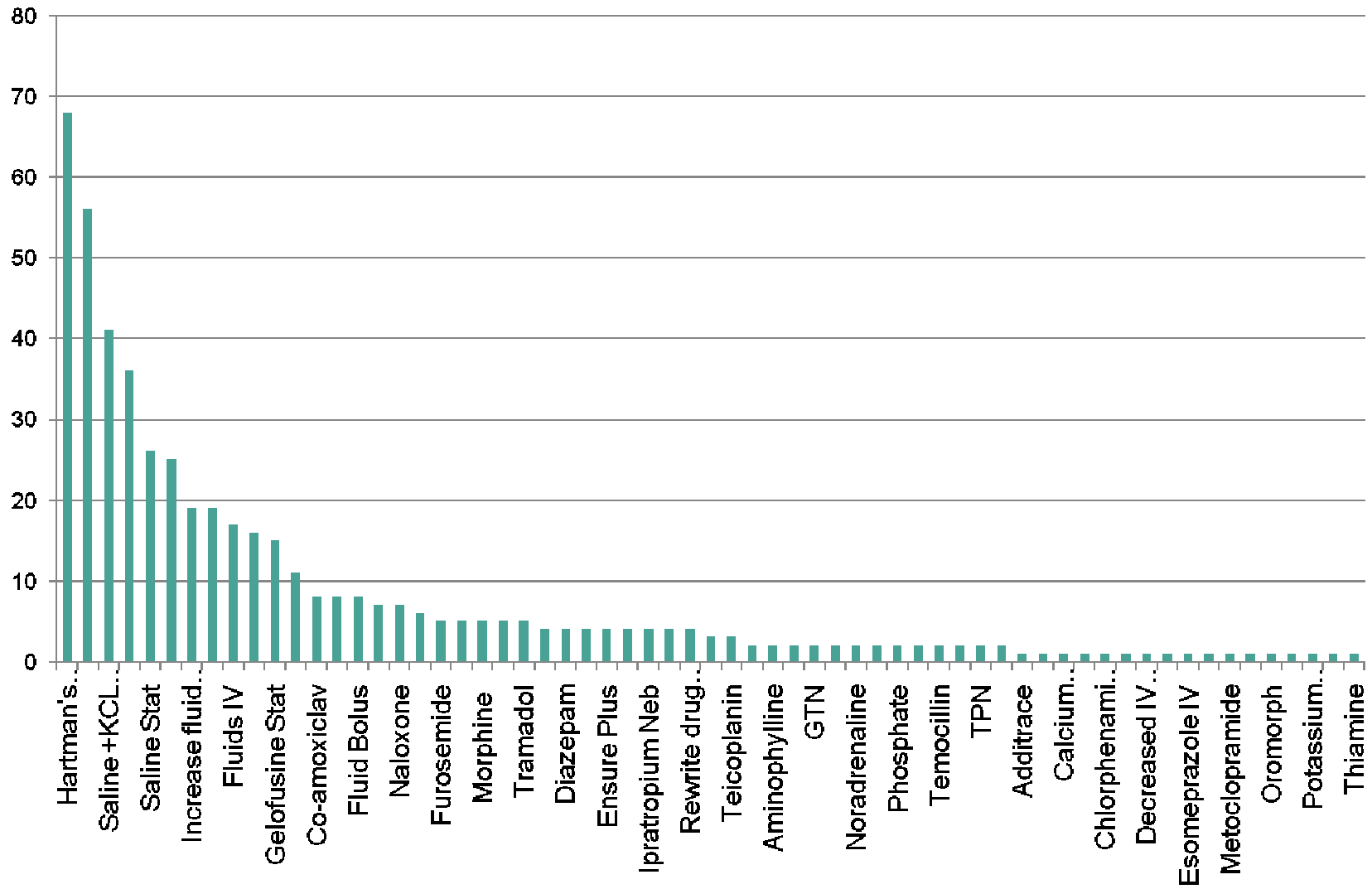
OUTREACH ACTIVITY DATABASE	
05 June 2011	
NHS Number	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
Location	<input type="text"/>
Referral Date	<input type="text"/>
Referral Time	<input type="text"/>
Ref MEWS	<input type="text"/>
Visit Date	<input type="text"/>
Visit Time	<input type="text"/>
Referral Source	<input type="text"/>
SBAR Used?	<input type="text"/>
Time with patient	<input type="text"/>
Outcome	<input type="text"/>
If referral is Arrest Call:	<input type="text"/>
Audit Form?	<input type="text"/>
Patient entered into SPOT?	<input type="text"/>
CMP No.	<input type="text"/>
Drug prescribed?	<input type="text"/>
Prescription notes	<input type="text"/>
Notes	<input type="text"/>
Initials	<input type="text"/>

- Data collected from Jan 2011- August 2011
- Prescribers worked 108 shifts – 58% of these were unsocial
- In total 511 items prescribed
- On average 2.7 items prescribed per shift
- In January 15 separate items were prescribed compared to 36 in August

Categories of Medication Prescribed



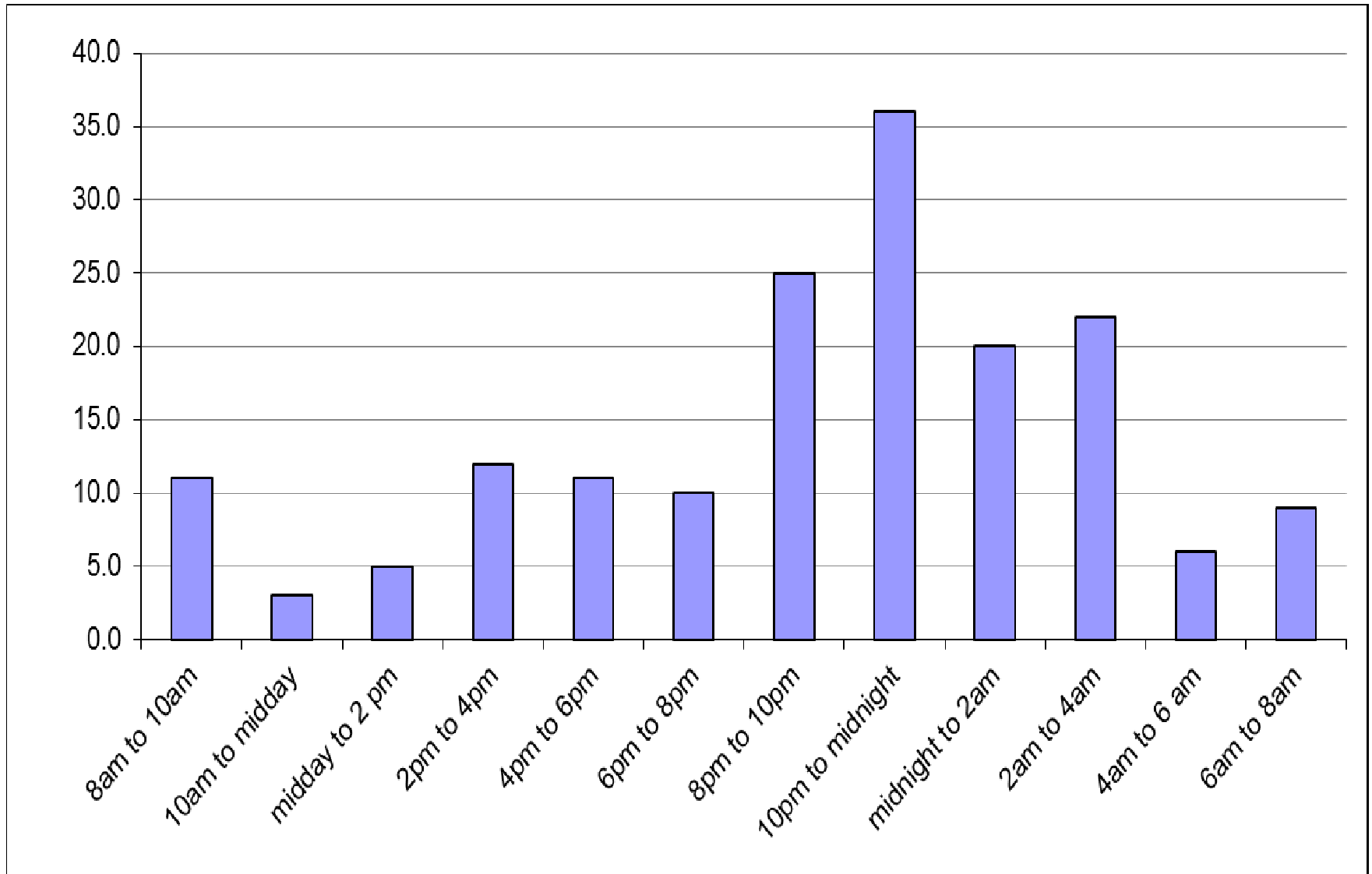
Number of medications prescribed



Outreach formulary

	Medication	Number prescribed
1	Compound Sodium Lactate Solution	124
2	0.9% Saline	62
3	0.9% Saline and KCL	41
4	Salbutamol Nebulisers	25
5	Paracetamol	19
6	Ondansetron	16
7	Gelofusine	15
8	Magnesium	11
9	Dextrose 10%	8
10	Co-Amoxiclav	8
11	Naloxone	7
12	Codeine Phosphate	7

Times that items are prescribed



Our experience

The Good

- Completing the treatment loop
- Reducing waiting time for a prescription
- ‘Enables me to act truly independently and autonomously’
- Improves working relationships

The Challenges

- The responsibility
- Increased workload
- Being asked to prescribe outside your area of expertise
- Can be more exposed/know your limitations

Conclusions

- Prescribing for critically ill patients across a diverse patient group is manageable and rewarding
- You can develop an 'Outreach Formulary' and become familiar with their therapeutic profiles
- The majority of outreach prescribing occurs at night
- More study is required in this developing area

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Any Questions?

Submitted for publication

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References

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World Health Organization (1994). *Guide to Good Prescribing. A practical manual*. WHO, Geneva http://whqlibdoc.who.int/hq/1994/WHO_DAP_94.11.pdf