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Introduction

Prescriptive authority for nurses and midwives is founded on a dual framework of medicines legislation and professional regulation. Medicines regulations are the first framework, providing specific legal authority for a nurse or midwife to prescribe. An Bord Altranais, the statutory regulatory body for nurses and midwives, has established the second framework, the professional regulation and guidance for the registered nurse prescriber (as per its function under the Nurses Act, 1985).

**Medicines legislation for nurse/midwife prescribing**

The primary legislation - the *Irish Medicines Board (Miscellaneous Provisions) Act, 2006* - provides for amendments to medicines regulations\(^1\) by Ministerial order for nurses and midwives to prescribe medications. The *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007 (Statutory Instrument, (S.I.) No. 201 of 2007)* and the *Misuse of Drugs (Amendment) Regulations, 2007 (S.I. No. 200 of 2007)* signed into law on May 1 2007 specify the legislative requirements/conditions for prescribing of medicinal products by nurses and midwives. A number of conditions must be satisfied for this authority.

They are summarised as follows:

1. The nurse/midwife must be employed by a health service provider in a hospital, nursing home, clinic or other health service setting (including any case where the health service is provided in a private home);
2. The medicinal product is one that would be given in the usual course of service provided in the health service setting in which the nurse/midwife is employed; and
3. The prescription is issued in the usual course of the provision of that health service
4. The An Bord Altranais registration number (also known as the Personal Identification Number (PIN)) must be stated on the prescription.

Reference must be made to the individual regulations for full details.

In addition, the 2007 regulations allow a health service provider to determine further conditions for the prescriptive authority of the nurse or midwife. The prescribing of MDA-controlled drugs, is as detailed in the *Misuse of Drugs (Amendment) Regulations, 2007* which stipulates conditions for establishing a new Schedule 8 and restrictions for prescribing Schedule 4 and 5 MDAs. (This is outlined in Practice standard 1).

**Professional regulation and guidance for nurse/midwife prescribing**

An Bord Altranais provides for the registration, control and education of nurses/midwives and for other matters relating to nurses/midwives and the practice of nursing/midwifery and sees its overall responsibility to be in the interest and protection of the public. Prescribing is an expansion of a nurse’s/midwife’s scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration.

The professional regulatory framework for nurse/midwife prescribing is established through the *Nurses Rules, 2007*, which allows for the creation of a division of the Register for Nurse Prescribers\(^2\). The

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\(^{1}\) The specific regulations which have been amended are the *Medicinal Products (Prescription and Control of Supply) Regulations 2003 (S.I. No. 540 of 2003)* and the *Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988) as amended by the *Misuse of Drugs (Amendment) Regulations 1993 (S.I. No. 342 of 1993).*

\(^{2}\) Currently, within the Nurses Act, 1985 a midwife is registered within a division of the Nurses Register, therefore a midwife with prescriptive authority will be registered as a Nurse Prescriber.
Requirements and Standards for the Education Programme for Nurses and Midwives with Prescriptive Authority (2007) defines the competencies that must be attained through successful completion of the programme. Building upon these foundations are the remaining elements of the Board’s framework, which are:

  This is a graphic representation of the structures and processes that should be in place for the nurse or midwife to prescribe. The diagram illustrates a rational step-by-step approach in which to consider the context and appropriateness of prescribing and the necessary clinical governance supports.


- **An Bord Altranais guidance documents**
  - Guidance to Nurses and Midwives on Medication Management (2007)
  - Recording Clinical Practice - Guidance to Nurses and Midwives (2002)
  - The Code of Professional Conduct for each Nurse and Midwife (2000)
  - Scope of Nursing and Midwifery Practice Framework (2000)

- **Practice Standards for Nurses and Midwives with Prescriptive Authority (2007)**
  The competencies for prescriptive authority are included as Appendix 1.
The professional responsibilities of the nurse and midwife are addressed in the Practice Standards that follow and should be viewed as the overarching mechanism with which a nurse/midwife is expected to practice. These specific standards, along with the Decision-Making Framework, CPA and guidance documents, outline the requirements of An Bord Altranais for the registered nurse prescriber. The Practice Standards augment the clinical governance structures required at local and national levels to support safe and professional practices for the implementation of nurse and midwife prescribing.

Objectives

The objectives for the Practice Standards are:

- To provide professional guidance for prescriptive authority and associated areas of medication management
- To enable registered nurse prescribers to demonstrate the key competencies and practice elements associated with this authority and related principles to ensure safe, competent, effective and ethical practice
- To ensure appropriate mechanisms of clinical and self-governance are in place relating to the prescriber’s scope of practice
- To outline a regulatory framework for nurses and midwives for the continuum of their prescribing authority/practices
- To assure the public of the competence and professional accountability of the registered nurse prescriber
- To support the twin track approach to the regulation of registered nurse prescribers.

Each practice standard is described and is accompanied by supporting rationale(s) and reference to the specific competencies for the registered nurse prescriber.
Practice Standards

**Practice Standard 1. Prescription writing**

Specific standards for prescription writing must be adhered to as required by legislation and the health service provider/employer (including drugs and therapeutics committee) policy. This also pertains to the safe keeping and accountability associated with prescription pads.

Issuing/writing of prescriptions for private patients/service-users is not allowed under current legislation.

Medicines regulations pertaining to prescription writing by the registered nurse prescriber include:

- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007 (S.I. 201 of 2007)*

In summary, these regulations require the prescription to:

- Be legible
- State the name of the person issuing it and include the registration number (PIN) assigned to the nurse by An Bord Altranais
- The prescription (including computer-generated prescriptions) must be in ink/indelible
- The prescription must be dated and signed by the registered nurse prescriber with her/his usual signature
- The full name and address of the patient/service-user must be on the prescription
- If a patient/service-user is under the age of 12 years, the date of birth is required.

**Prescription writing for MDA-controlled drugs**

Prescriptions for controlled drugs have additional requirements.

The registered nurse prescriber must handwrite:

- The name and address of the patient/service user
- The dose to be prescribed
- The form (in the case of preparations)
- The strength when appropriate and in both words and figures
- Either the total quantity of the drug or preparation, or the number of dosage units to be supplied.

A prescription for controlled drugs cannot be repeated but may be dispensed in installments by the direction of the prescriber.

The *Misuse of Drugs (Amendment) Regulations, 2007 (S.I. 200 of 2007)* states the particular requirements that must be met for a registered nurse prescriber to issue a prescription for Schedule 4 and 5 MDAs and a named Schedule 2 or 3 MDA drug. A new MDA schedule – Schedule 8 - has been devised for the specific purpose of providing a detailed listing of the drugs, route of administration and condition for which the Schedule 2 or 3 medication can be prescribed by the registered nurse prescriber. (Refer to Appendix 2 for Schedule 8).
The registered nurse prescriber has no legal authority to prescribe any other Schedule 2 or 3 MDA which is not listed on Schedule 8, nor write for a different route of administration of the named drug, nor prescribe for any condition/situation not named in the Schedule.

Health service provider/employer policies for nurse prescribing of Schedule 2 and 3 MDAs must be in adherence with Schedule 8 of the *Misuse of Drugs (Amendment) Regulations 2007*. Additional conditions may be attached by the health service provider/employer. The registered nurse prescriber must adhere to the relevant Misuse of Drugs Acts and Regulations for prescription of Schedule 4 and 5 MDAs.

**Rationale**

The registered nurse prescriber must adhere to legal requirements for prescription writing of scheduled prescription medicines and MDA controlled drugs. A prescription for a scheduled medication, including MDAs, must be correctly and accurately written, as it may otherwise result in difficulties for dispensing of the prescribed medication by the pharmacist and/or supply and administration to the patient/service-user.

**Associated competencies**

- **Professional/ethical practice**
  - 1.3 Practices within a framework of professional accountability and responsibility in relation to prescribing.

- **Holistic approaches to care and integration of knowledge**
  - 2.5 Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices.

- **Interpersonal relationships**
  - 3.2 Collaborates with all members of the health care team and documents relevant information.

**Practice Standard 2. Prescribing for self, family and significant others**

Prescribing for self, family and/or significant others is *not acceptable* professional practice. There should be an established nurse/midwife to patient/service-user relationship when prescribing for another individual. A blurring of professional and personal boundaries of care and accountability results and represents a conflict of interest. Writing and issuing a prescription for personal use or for a family member or significant other must not be undertaken by the registered nurse prescriber, regardless of circumstances.

The individual requiring a prescribed medication should be referred to/directed to another appropriate registered prescriber (e.g. family general practitioner) or where health services are provided.

**Rationale**

Prescribing must take place in the context of providing nursing/midwifery care to an identified patient/service-user requiring the services of the health service provider. The medicines regulations -- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007* and *Misuse of Drugs (Amendment) Regulations, 2007* - provide specific requirements for nurses to issue a prescription which must be adhered to in the provision of health care. A registered nurse prescriber prescribing for self, family and significant others is in violation of these regulations.

Ethically, prescribing in this manner is not objective and is not best practice. Serious concerns may arise about the misuse/abuse of medicinal products and inappropriate prescribing.
The registered nurse prescriber should be knowledgeable of the medicines regulations relating to the supply/dispensing of medications in instalments for the duration of individual prescriptions. Repeat prescribing may arise in situations where the original issued prescription was issued by another prescriber and the patient/service-user requests or requires a continued course of medication. This may typically occur in the treatment of chronic health conditions.

In these instances of repeat prescribing for continued treatment, the registered nurse prescriber should have a valid relationship with the patient/service-user and undertake an appropriate assessment of the need for continued treatment with the prescribed medication. This decision-making should be documented. It should include a discussion with the patient/service-user of perceived effectiveness and adherence to the treatment plan.

The registered nurse prescriber should acknowledge her/his scope of practice for prescribing, recognising any limitation of competence/knowledge and refer the patient/service-user to the appropriate practitioner for evaluation concerning the repeat prescription if required.

**Rationale**

There should be regular review and appropriate clinical assessment of the patient/service-user condition for continuing a specific medication in accordance with the overall treatment plan. Although the registered nurse prescriber may not have determined the initial need/diagnosis warranting the medication prescription, she/he is responsible for conducting a relevant assessment and decision in determining the appropriateness of a repeat/continued prescription. The issue of timely and appropriate medication review has been identified as a significant factor in ensuring patient/service-user safety and appropriate prescribing.

**Associated competencies**

**Holistic approaches to care and integration of knowledge**

2.1 Conducts a systematic holistic assessment of patient/service-user needs.

2.4 Evaluates patient/service-user progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the patient/service-user.

2.5 Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices.
Practice Standard 4. Prescribing of unlicensed medications

The Medicinal Products (Licensing and Sale) Regulations, 1998 (S.I. 142 of 1998) provides statutory authority for a medical practitioner to treat a patient under her/his care, using unlicensed medicinal products. It does not extend to authorising a registered nurse prescriber to issue a prescription for an unlicensed medication. This action is at present outside the nurse’s/midwife’s scope of practice for prescriptive authority. A patient/service-user need for a prescription for an unlicensed medication should be referred to the appropriate medical practitioner. The CPA should note this restriction in prescribing of medications.

Rationale

Current medicines regulations do not provide for this authority.

An unlicensed medication has not been approved for licensing or authorisation as per the Irish Medicines Board or the European Medicines Evaluation Agency and therefore there are issues of accountability and responsibility (and possibly indemnity) regarding a nurse/midwife prescribing these medications.

Associated competencies

Professional/ethical practice
1.1 Practices in accordance with legislation and professional guidance affecting nursing/midwifery practice.
1.2 Practices within the limits of own competence and takes measures to develop and maintain own competence.
1.3 Practices within a framework of professional accountability and responsibility in relation to prescribing.

Practice Standard 5. Prescribing by means of verbal/telephone, email or fax

Issuing or communicating a prescription by verbally, telephone, email or fax is not considered acceptable prescribing practice for a registered nurse prescriber and should not be conducted under any circumstance. The prescription for a medicinal product must be documented in writing, as required by the medicines regulations and health service provider/employer. Practice standard 1 should be adhered to.

Rationale

The medicines regulations of 2007 for both prescription and MDA drugs do not authorise the registered nurse prescriber to prescribe medications employing means of communication other than in writing. An Bord Altranais does not support the use of verbal, telephone, email or fax medication orders as routine medication management practice for communication of an individual patient/service-user prescription.

Associated competencies

Professional/ethical practice
1.1 Practices in accordance with legislation and professional guidance affecting nursing/midwifery practice.
1.2 Practices within the limits of own competence and takes measures to develop and maintain own competence.
Practice Standard 6. Separation of responsibilities in the medication management cycle

a. Separation of prescribing and supplying/administering of medications

The registered nurse prescriber should separate the activity of prescribing a medication and the subsequent actions of supplying and/or administering the medication. Another individual should undertake the supply/administration component of the medication management cycle, especially in the case of MDA drugs. This is safe practice, providing for the typical safety checks within the medication management cycle.

Whilst acknowledging the fundamental principles associated with the separation of responsibilities for prescribing and supplying/administering medications, the local site specific CPA may outline situations where the registered nurse prescriber may in fact be involved in a cross over and merging of these activities as part of her/his provision of patient/service-user care. The CPA should provide for the auditing of such practices as part of the overall audit of prescriptive practices.

b. Separation of prescribing and dispensing

The registered nurse prescriber should not undertake to both prescribe and dispense the medication as part of providing episodes of patient/service-user care. There should be clear separation of these activities. There may be circumstances arising when the registered nurse prescriber may be required to supply a medicine without previous dispensing of the medicinal product by a pharmacist. In these situations, the prescriber should be aware of her/his responsibilities with this practice in the overall management of medications.

Whilst recognising the separation of responsibilities for prescribing and dispensing medication as a fundamental principle, the local site specific CPA may outline situations where the registered nurse prescriber may in fact be involved in a cross over and merging of these activities as part of her/his provision of patient/service-user care. The CPA should provide for the auditing of such practices as part of the overall audit of prescriptive practices.

Rationale

Best practice advocates the separation of responsibilities in the systems associated with medication management. The pharmacist has a particular role and expertise for dispensing, as does the nurse/midwife involved with supply and/or administration of medications, particularly in acute care settings. Distinct separation of responsibilities and activities in the medication management cycle provides for greater patient/service-user safety and error prevention.

Associated competencies

Holistic approaches to care and integration of knowledge
2.5 Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices.

Interpersonal relationships
3.2 Collaborates with all members of the health care team and documents relevant information.

Organisation and management of care
4.1 Effectively manages the nursing/midwifery care of clients/groups/communities.
Practice Standard 7. Influence of outside interests (relationships with pharmaceutical representation or similar organisations)

The registered nurse prescriber should prescribe in an appropriate, ethical manner, based on the best interests of the patient/service-user only. She or he should not be influenced by factors such as financial support by pharmaceutical and/or health care interests.

**Rationale**

The *Code of Professional Conduct for each Nurse and Midwife (2000)* states:

“The nurse should not accept any gifts or favours from patients/clients which could be reasonably be interpreted as seeking to exert undue influence or to obtain preferential treatment.” Although this specifically refers to patients/service-users, it should be read as incorporating other influencing interests.

*The Scope of Nursing and Midwifery Practice Framework (2000)* refers to the values of nursing and midwifery practice and the relationship to the patient/service-user based on trust, understanding, compassion and support. Nursing/midwifery practices should always be based on the principles identified within the *Code of Professional Conduct*.

**Associated competencies**

**Professional/ethical practice**

1.1 Practices in accordance with legislation and professional guidance affecting nursing and midwifery practice.

**Personal and professional development**

5.1 Acts to enhance the personal and professional development of self and others.
Practice Standard 8. Communication and documentation

The responsibility of prescriptive authority requires the nurse/midwife to effectively and efficiently communicate to the patient/service-user and to other health care professionals involved in her/his care. There may be others also prescribing for the patient/service-user and managing/contributing to her/his care. It is therefore critical to inform other members of the health care team and update them when relevant and appropriate.

The Decision-Making Framework for Nurse/Midwife Prescribing (2007) gives reference to systems of documentation for patient/service-user care and prescribing, e.g. patient/service-user case notes and medication administration records. Individual health service providers/employers may have specific policies for documenting care and prescribing practices (including requirements for clinical audit of practice). The consultation and referral requirements of the registered nurse prescriber should be noted in the CPA.

Recording Clinical Practice - Guidance to Nurses and Midwives (2002) is a helpful guide for the registered nurse prescriber in offering practical advice in attaining/maintaining acceptable standards of recording clinical practice.

Guidelines for Midwives, 3rd Edition (2001) provides guidance to registered midwives including record keeping and legal requirements for midwifery practice.

Rationale

Guidance to Nurses and Midwives on Medication Management (2007) addresses the importance of an interdisciplinary approach to medication management; this is especially critical in the role as a registered nurse prescriber.

Reference is given to the prevalence and aetiology of prescribing and medication management errors, with poor communication and documentation being identified as key contributing causes. The prevention, detection and reduction of prescribing and medication errors should occur in collaboration amongst the healthcare team, as errors may reflect a system problem and may involve other professions and departments.

Associated competencies

Holistic approaches to care and integration of knowledge

2.2 Plans care in consultation with the patient/service-user, taking into consideration the therapeutic regimes of all members of the interdisciplinary team.

3.2 Collaborates with all members of the health care team and documents relevant information.
Practice Standard 9. Continuing professional development and continued competency

An Bord Altranais, through its Requirements and Standards for the Education Programme for Nurses and Midwives with Prescriptive Authority (2007) and professional guidance, states its standard of the registered nurse prescriber’s professional and personal responsibility to maintain individual competency for prescribing practice. There is an obligation for the registered nurse prescriber to commit to, and engage in, continuing professional development relating to assurance of competency for her/his prescribing practices. This is affirmed in the CPA.

Health service providers/employers have a responsibility to provide support and access to continuing professional development and assessment of competence. The CPA signed by the registered nurse prescriber, medical practitioner and the health service provider/employer requires the involved parties to be aware of the professional regulatory and organisational requirements for the registered nurse prescriber’s continued competence for maintaining prescriptive authority.

Rationale

Competence is the ability of the registered nurse prescriber to practice safely and effectively and fulfil her/his professional responsibility for prescriptive authority within her/his scope of practice (An Bord Altranais, 2007). The registered nurse prescriber accepts personal responsibility for professional development and the maintenance of professional competence. This is achieved by engaging in continuing professional development, audit of practice, and peer review.

Upon entry to the division of the Register for Nurse Prescriber, it is acknowledged that the applicant has attained the competencies of prescriptive authority through the completion of the education programme. She/he has been deemed competent to prescribe as per the Higher Education Institutions Marks and Standards for the theoretical and clinical elements of the programme.

Associated competencies

**Organisation and management of care**

4.1 Effectively manages the nursing/midwifery care of clients/groups/communities.

**Personal and professional development**

5.1 Acts to enhance the personal and professional development of self and others.
References


Appendix 1

Competencies for Prescriptive Authority

Domain 1. Professional/Ethical Practice

Performance Criteria: 1.1 Practices in accordance with legislation and professional guidance affecting nursing/midwifery practice

Indicators:
• Practices within the legislation and professional regulation and guidelines relevant to his/her scope of practice and care setting
• Integrates accurate and comprehensive knowledge of ethical principles and the Code of Professional Conduct within the scope of professional practice in the delivery of nursing/midwifery care involving medicinal products and prescribing
• Accepts personal accountability for prescribing decisions and actions, understanding the legal implications of doing so

Performance Criteria: 1.2 Practices within the limits of own competence and takes measures to develop and maintain own competence

Indicators:
• Recognises own abilities and level of professional competence
• Conducts self audit of practice incorporating reflective practice/thinking to identify prescribing competence within the nurse/midwife’s scope of practice
• Maintains current knowledge of advances in practice, pharmacotherapeutics and emerging safety concerns related to prescribing
• Consults appropriately with medical practitioner and/or pharmacist for patient/client\(^1\) when individual nurse/midwife perceives limitations in his/her knowledge of prescribing
• Identifies a mechanism to support continuing professional development needs

Performance Criteria: 1.3 Practices within a framework of professional accountability and responsibility in relation to prescribing

Indicators:
• Adheres to legislation, professional regulation and guidelines and employing organisations standards/policies for prescriptive authority
• Complies with the requirements/policies of the employing organisation for:
  - reporting medication errors/incidents and near misses
  - audit of prescribing patterns/practices
• Complies with the requirements of the employing organisation and the Irish Medicines Board for reporting adverse drug reactions
• Understands and applies the mechanisms of the HSE National Shared Services Primary Care Reimbursement Service for prescribing

\(^1\)The term patient/client also means patient/service-user
Domain 2. Holistic Approaches to Care and Integration of Knowledge

Performance Criteria: 2.1 Conducts a systematic holistic assessment of patient/client needs

Indicators:
• Performs a comprehensive assessment of the patient/client encompassing history taking, physical examination and identification of health risk factors
• Comprehends the health conditions being managed, their natural progress and how to assess the severity of condition
• Assesses the relationship between health condition and current medication plan
• Requests and interprets relevant diagnostic tests and procedures to inform appropriate and safe prescribing
• Evaluates the use of complementary therapies by the patient/client for safety and potential interactions

Performance Criteria: 2.2 Plans care in consultation with the patient/client taking into consideration the therapeutic regimes of all members of the interdisciplinary team

Indicators:
• Critically utilises assessment data with expert clinical decision-making skills to formulate a diagnosis and plan of care based on scientific rationale, evidence based standards of care and practice guidelines supporting the maintenance and promotion of health
• Integrates appropriate non-pharmacologic interventions into a plan of care and advises the patient/client on the use of such interventions
• Involves patient/client or carer as active participants in decision-making process and plan of care that is mutually agreed
• Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse/midwife's scope of practice and expertise

Performance Criteria: 2.3 Implements planned nursing/midwifery care/interventions to achieve the identified outcomes of the plan of care

Indicators:
• Implements care based on knowledge, skills and competence within his/her scope of practice
• Considers appropriate diagnostic and therapeutic interventions as part of ongoing plan of care
• Provides guidance and advice regarding the agreed care/interventions to the patient/client

Performance Criteria: 2.4 Evaluates patient/client progress toward expected outcomes and review plans in accordance with evaluation data and consultation with the patient/client

Indicators:
• Evaluates and provides evidence based rationale for clinical decision and nursing/midwifery intervention with regard to pharmacological/nonpharmacological treatment choice or referral to medical practitioner if applicable
• Schedules appropriate follow-up care to monitor the patient/client and evaluate their response to treatment

*also includes issues of health promotion and prevention
### Domain 3. Interpersonal Relationships

#### Performance Criteria:

3.1 Establishes and maintains caring therapeutic interpersonal relationships with individuals/clients/groups/communities for safe and effective prescribing

3.2 Collaborates with all members of the health care team and documents relevant information

#### Indicators:

- Discusses with patient/client assessment findings and treatment options recognising relevant individual patient/client characteristics (i.e. age, gender, co-morbidity, culture) and expectations
- Assesses the patient/client understanding of and own responsibility in their care plan, involving carers where appropriate
- Facilitates the patient/client in self management of condition and prescribed treatment
- Communicates sensitively, respecting patient/clients’ emotions and concerns
- Identifies the roles and responsibilities of other health care professionals in the prescribing process
- Establishes relationships with other health care professionals based on understanding and mutual respect
- Maintains comprehensive documentation and patient/client records of plan of care within a legal and ethical framework

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2.5 Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices

#### Indicators:

- Integrates accurate and comprehensive knowledge of the *Guidance to Nurses and Midwives on Medication Management* within the scope of professional practice in the delivery of nursing/midwifery care involving medicinal products and prescribing
- Identifies and utilises current medicinal products information in the provision of individualised care
- Utilises expert knowledge of pharmacokinetics and pharmacodynamics to determine appropriate dosage, dosage form, route and frequency of administration of medications based on relevant individual patient/client characteristics (i.e. age, gender, co-morbidity, culture)
- Identifies and integrates appropriate monitoring systems for medication safety and efficacy in the care plan
- Demonstrates an understanding of the potential for unwanted effects, (e.g. adverse drug reactions [ADRs], drug interactions, special precautions and contraindications), and actions to avoid/minimise and manage them
- Understands the potential for misuse of drugs
- Applies the principles of evidence-based practice, and clinical and cost-effectiveness
- Recognises the public health issues related to medicinal product use
- Considers non-pharmacological approaches to modifying disease and promoting health where appropriate
- Participates in interdisciplinary team collaboration relating to the patient/client's care plan
- Establishes mechanisms for consultation regarding practice decisions and referral pathways

### Domain 4. Organisation and Management of Care

#### Performance Criteria:

| 4.1 Effectively manages the nursing/midwifery care of clients/groups/communities |

#### Indicators:

- Demonstrates quality assurance and quality management in prescribing through a structure of audit and report
- Integrates the principles of clinical risk management and health and safety in prescribing practice
- Identifies health promotion priorities and implements health promotion strategies for patient/client groups in the area of clinical practice

### Domain 5. Personal and Professional Development

#### Performance Criteria:

| 5.1 Acts to enhance the personal and professional development of self and others |

#### Indicators:

- Demonstrates a commitment to life-long learning
- Accepts personal responsibility for professional development and the maintenance of professional competence
- Maintains current knowledge of advances in scope of practice associated with prescribing and medication management
- Develops professional links with others practising in the same specialist area
- Informs and empowers patients/clients and communities to protect, maintain and promote health
- Contributes to the learning experience of colleagues through support, supervision and teaching in medication management
- Contributes to professional and health policy at local, regional and national level in promoting safe and effective medication practices
- Uses the outcomes of audit of prescribing practices to improve service provision
### Appendix 2

**Schedule 8 drugs which practitioners who are registered nurse prescribers may prescribe within MDA Schedules 2 and 3**

#### PART 1 - Drugs for pain relief in hospital

I. for the pain relief of a person in a hospital in respect of probable myocardial infarction,

II. for the relief of the acute or severe pain of a person in a hospital after trauma,

or

for the post-operative pain relief of a person in a hospital who has had either condition described in I or II.

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<thead>
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<th>DRUG</th>
<th>ROUTE OF ADMINISTRATION</th>
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#### PART 2 - Drugs for palliative care

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<td>fentanyl</td>
<td>transmucosal, transdermal</td>
</tr>
<tr>
<td>methylphenidate</td>
<td>oral</td>
</tr>
<tr>
<td>codeine phosphate</td>
<td>oral</td>
</tr>
</tbody>
</table>

#### PART 3 - Drugs for purposes of midwifery

<table>
<thead>
<tr>
<th>DRUG</th>
<th>ROUTE OF ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>pethidine</td>
<td>intramuscular</td>
</tr>
</tbody>
</table>

#### PART 4 - Drugs for neonatal care in hospital

<table>
<thead>
<tr>
<th>DRUG</th>
<th>ROUTE OF ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine sulphate</td>
<td>oral, intravenous</td>
</tr>
<tr>
<td>fentanyl</td>
<td>intravenous</td>
</tr>
</tbody>
</table>