Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

Literature search results

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Ethical, legal and professional issues in nurse prescribing

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; EMBASE; HMIC; MEDLINE; Google Scholar

**Database search terms:** “nurs* prescribe*”; nurs* adj2 prescrib*; ethic*, ETHICS; ETHICS, NURSING; ETHICS, PROFESSIONAL; moral*; exp MORALS; law; legal*; LEGISLATION, DRUG, LEGISLATION, NURSING; COMPETENCE (LEGAL); malpractice; MALPRACTICE; FAILURE TO DIAGNOSE; WRONGFUL DEATH; consent*; exp CONSENT; “duty to warn”; DUTY TO WARN; professional adj2 issue*; confidential*; CONFIDENTIALITY; PROFESSIONAL-PATIENT RELATIONS; NURSE-PATIENT RELATIONS; patient*adj2 safety; PATIENT SAFETY; ADVERSE HEALTH CARE EVENT; administ* adj2 (drug* OR medication OR medicine*) adj2 nurs*; prescrib* adj2 (drug* OR medication OR medicine*) adj2 nurs*; dispens* adj2 (drug* OR medication OR medicine*) adj2 nurs*; nurs* adj2 dispens*; exp NURSES; PRESCRIPTIVE AUTHORITY; PRESCRIPTIONS, NON-DRUG; DRUGS, NON-PRESCRIPTION; DRUGS, PRESCRIPTION; PRESCRIPTIONS, DRUG; CONFIDENTIALITY; INFORMED CONSENT; LAW; MALPRACTICE AND DISCIPLINE; PRESCRIBING; DRUG ADMINISTRATION; PRESCRIPTIONS; PRESCRIBING; PRESCRIPTION DRUGS; LAW; HEALTH LAW

**Evidence search string(s):** nurs* (prescriber OR prescribing OR prescribers)

**Google search string(s):** ~nurse ~prescribing (~law OR ~ethics OR ~“professional issues”)

Summary

There is quite a lot of research on this topic. As you requested a fairly broad search, I have
included research that may infer an ethical, legal or professional issue to do with nurse prescribing.

### Guidelines

**Academy of Medical Royal Colleges**  
Standards for the design of hospital in-patient prescription charts 2011

**All Wales Medicines Strategy Group**  
Prescribing dilemmas : a guide for prescribers 2011

**Department of Health**  
Nurse and pharmacist independent prescribing changes announced 2012  
Evaluation of nurse and pharmacist independent prescribing in England - key findings and executive summary 2011  
Safer management of controlled drugs (CDs): private CD prescriptions and other changes to the prescribing and dispensing of CDs 2006

**Medicines and Healthcare Products Regulatory Agency (MHRA)**  
Medical and non-medical prescribing: mixing medicines in clinical practice 2010

**National Mental Health Development Unit**  
Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams 2010

**National Prescribing Centre**  
Electronic prescribing systems significantly reduce prescribing error rates 2012  
Positive evaluation of non-medical prescribing – with some areas for improvement 2011  
The role of the non-medical prescribing lead 2011

**Patient Group Directions** 2009  

**Training non-medical prescribers in practice** 2005

**National Treatment Agency for Substance Misuse**  
Non-medical prescribing, patient group directions and minor ailment schemes in the treatment of drug misusers 2007

**NHS Economic Evaluation Database**  
A comparison of the clinical effectiveness and costs of mental health nurse supplementary prescribing and independent medical prescribing : a post-test control group study 2010

The authors concluded that their study showed no significant differences in the clinical outcomes, and health and social care costs. Mental health nurse supplementary prescribers could deliver benefits for patients similar to those delivered by consultant psychiatrists.
### Evidence-based reviews

**Cochrane Database of Systematic Reviews**

**Computerized advice on drug dosage to improve prescribing practice** 2010

This review suggests that computerized advice for drug dosage has some benefits: it increased the initial dose of drug, increased serum drug concentrations and led to a more rapid therapeutic control. It also reduced the risk of toxic drug levels and the length of time spent in the hospital. However, it had no effect on adverse reactions. In addition, there was no evidence to suggest that some decision support technical features (such as its integration into a computer physician order entry system) or aspects of organization of care (such as the setting) could optimise the effect of computerised advice.

**Database of Abstracts of Reviews of Effects**

**The impact of pharmacy computerised clinical decision support on prescribing, clinical and patient outcomes: a systematic review of the literature** 2010

Greater effectiveness was found for safety-focused compared with QUM-focused CDSSs. The full benefits of QUM-focused CDSSs may not be realised without good communication between pharmacists and physicians.


Computerised CDSSs appeared to be effective for supporting some areas of the prescribing process, but there was little evidence for specific clinical domains and settings.

### Published research

**100. Administration of medicines - the nurse role in ensuring patient safety**

**Author(s)** Alexis, Obrey, Caldwell, Jill

**Citation:** British Journal of Nursing, Jan 2013, vol. 22, no. 1, p. 32-35, 0966-0461 (January 9, 2013)

**Publication Date:** January 2013

**Abstract:** This article explores the importance of drug administration and some of the key legislation that relates to it. It focuses on the accountability and responsibility of qualified nurse and student nurses. The author also draws on the notion of informed consent and what that means in the health care setting. The article concludes by highlighting the importance of the safe administration of medicines to patients. [PUBLICATION] 21 references

**Source:** BNI

Available in **print** at Pilgrim Hospital Staff Library
Available in **fulltext** from British Journal of Nursing at EBSCOhost
Available in **print** at Grantham Hospital Staff Library
Available in **print** at Lincoln County Hospital Professional Library

**246. Interprofessional education between nurse prescribing and medical students:**
qualitative study.

Author(s) Courtenay, Molly
Citation: Journal of Interprofessional Care, 2013, vol./is. 27/1(93-95), 1356-1820
Publication Date: 2013
Abstract: Prescriptive authority has been extended in the UK to include non-medical healthcare professionals. However, uptake and use of prescribing by these professionals are inconsistent. Collaborative practice is key for its successful implementation, and such practice is a benefit of interprofessional education (IPE). This study explored the feasibility of IPE between nurse prescribers at Anglia Ruskin University and third year medical students at the University of Cambridge. Three focus groups and three individual interviews were undertaken with nurse and medical prescribing students, following shared learning sessions on drug interactions, prescription writing and legal issues and accountability. Benefits included the opportunity for mutual understanding of prescribing training and role. Medical students valued the opportunity to be able to gain an insight into nurses’ views about prescribing. The level and breadth of pharmacology knowledge of medical and nursing students differed. Location of sessions, scheduling of classes and balancing of students acted as barriers to learning. [Abstract]
Source: HMIC

121. The pressure to prescribe for patients with personality disorder

Author(s) Inman, Paul
Citation: Nurse Prescribing, Jan 2013, vol. 11, no. 1, p. 12-13, 1479-9189 (January 2013)
Publication Date: January 2013
Abstract: Within the Nursing and Midwifery Council's (NMC's) (2008) standards of conduct, performance, and ethics for nurses and midwives, it is stated that, as nurse practitioners, you should make the care of people your first concern, treating them as individuals and respecting their dignity. [PUBLICATION] 16 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

86. Adherence, compliance and concordance: an ethical perspective.

Author(s) Felzmann, Heike
Citation: Nurse Prescribing, Aug 2012, vol. 10, no. 8, p. 406-411, 1479-9189 (August 2012)
Publication Date: August 2012
Abstract: Ethical considerations underpinning prescribing decisions relating to patient adherence, compliance and concordance with medication. Non-adherence, and the subsequent consequences and harm are discussed. Informed consent as a solution to paternalism, and concordance as a successful process for prescribing and taking medicines are also discussed. [ORIGINAL] 18 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

155. A structured approach to prescribing.

Author(s) Brackenbury, Julie
Citation: Practice Nurse, Mar 2012, vol. 42, no. 5, p. 30-33, 0953-6612 (March 23, 2012)
Publication Date: March 2012
Abstract: Use of the prescribing pyramid, a 7-step guide from the National Prescribing Centre, as an aid for newly-qualified nurse prescribers. A case study concerning unusual
vaginal discharge and a diagnosis of recurrent bacterial vaginosis is used to illustrate the steps taken and the importance of communication in a consultation. [ORIGINAL] 16 references

Source: BNI

Available in fulltext from Practice Nurse at EBSCOhost

93. Concordance in action: case study of medication management.

Author(s) Roy, Dionne, Snowden, Austyn

Citation: Nurse Prescribing, Apr 2012, vol. 10, no. 4, p. 195-200, 1479-9189 (April 2012)

Publication Date: April 2012

Abstract: Illustrative case study describing symptoms associated with abrupt withdrawal of the antidepressant venlafaxine, prescribed for depression. Reflection on initial patient assessment and the process and value of concordance and communication between patient and nurse when prescribing are discussed. [ORIGINAL] 50 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

71. Covert medication administration: the practice of hiding medications in long-term care settings.

Author(s) Farrar, Helen M., Stewart, Carol, Sturdevant, Diana

Citation: Journal of Gerontological Nursing, Aug 2012, vol. 38, no. 8, p. 14-20, 0098-9134 (August 2012)

Publication Date: August 2012

Abstract: Covert medication administration is the purposeful hiding of medications from patients, and the topic receives little attention. Awareness and research regarding this practice is limited to a handful of studies outside of the United States. These studies suggest a larger prevalence than reported and identify significant ethical and legal implications for bedside nurses. A review of the literature, discussion of prevalence, contributing factors, and potential consequences of this practice build the foundation for practice recommendations and suggestions for future research. In addition to recommendations for nurses regarding covert medication administration, additional research and exploration of this issue in the United States are proposed. [Publication] 24 references

Source: BNI

110. How effective are nurses' medicine discussions?

Author(s) Sibley, Andrew


Publication Date: May 2012

Abstract: Summary of research published in J Advanced Nursing. 2011. 67(11). p2323-2336. The nature and content of communication about medicines between nurse prescribers and patients with diabetes was examined, using the MEDICODE coding tool. The value of training to enhance nurse prescribers' communication about medicines was discussed. [ORIGINAL] 21 references

Source: BNI

Available in print at Lincoln County Hospital Professional Library

Available in print at Grantham Hospital Staff Library
70. Medication communication between nurses and patients during nursing handovers on medical wards: A critical ethnographic study.

Author(s) Liu, Wei, Manias, Elizabeth, Gerdtz, Marie

Citation: International Journal of Nursing Studies, Aug 2012, vol. 49, no. 8, p. 941-952, 0020-7489 (August 2012)

Publication Date: August 2012

Abstract: Research in Australia exploring dominant and submissive forms of communication and power relations surrounding communication about patients' medication management during handover among nurses and between nurses and patients. Participant observations, field interviews, video-recordings and video reflexive focus groups were conducted in a hospital to examine the social and power struggles embedded in handover practices. [ORIGINAL] 25 references

Source: BNI


Author(s) Griffith, Richard

Citation: British Journal of Community Nursing, Sep 2012, vol. 17, no. 9, p. 445-447, 1462-4753 (September 2012)

Publication Date: September 2012

Abstract: The Human Medicines Regulations 2012 and their impact on district nursing practice. Key areas covered by the regulations, particularly the enablement of independent nurse prescribers to issue written instructions for the supply of prescription-only medicines to patients in community settings through a patient-specific direction (PSD) and issue a PSD in a hospital or health centre, and pharmacists’ freedom to change prescribers' instructions are outlined. [ORIGINAL] 5 references

Source: BNI

4. Mental health nurse independent prescribing: what are nurse prescribers’ views of the barriers to implementation?

Author(s) Ross, J. D., Kettles, A. M.

Citation: Journal of Psychiatric & Mental Health Nursing, 01 December 2012, vol./is. 19/10(916-932), 13510126

Publication Date: 01 December 2012

Abstract: Accessible summary Nurse prescribing was launched in the UK in the 1990s, but was introduced to psychiatric/mental health nursing within the last 7 years. Information is available about nurse prescribing in general practice and adult nursing, but there is little research relating to mental health. Most mental health nurses choose not to qualify to prescribe and many who have qualified to prescribe choose not to. As more than half of mental health nurse prescribers in this study were not prescribing, they were asked what they thought prevented them from doing so. The majority of prescribers in the study did not feel adequately supported in their role and considered that the additional responsibility of the role should be recognized. Nurse prescribing has the potential to improve care provided to service users and to enhance access to services. However, in order for this to happen the barriers which prevent prescribing need to be identified and then removed. This study identified many of these barriers to prescribing and these will be discussed. It is
hoped that this study’s findings will serve as a catalyst to prompt the removal of barriers to prescribing in mental health nursing and ultimately to enable independent nurse prescribing. Awareness about mental health nurse prescribing needs to be raised so that health care professionals, service users, carers and the general public become more familiar with the role. This should help the role to become more accepted and established in everyday practice.

Abstract
This paper reports a pilot study exploring mental health nurse prescribers’ perceptions of barriers to prescribing independently but also includes perceptions of barriers to supplementary prescribing. Current prescribing practice as experienced by mental health nurses suggests a need to identify and highlight these barriers. A mixed methodology explanatory sequential study was carried out over 3 months in Scotland in 2008 as part of a Master’s degree. A questionnaire was completed by 33 mental health nurse prescribers. A focus group was conducted with 12 mental health nurse prescribers. Participants’ views exposed a number of barriers to prescribing previously unidentified in a review of the relevant literature, and concurred with some previously documented barriers. Sixty per cent of mental health nurse prescribers in the study were not prescribing. Barriers identified in the study included concern about how prescribing impacts on the therapeutic relationship, role conflict, lack of support, inappropriateness of prescriber training, remuneration, qualifying to prescribing time, supervision, prescribing policies, clinical governance and nurse management. Nurse prescribing involves increased accountability and responsibility which is not currently recognized in job status or pay banding. Mental health nurse prescribing has the potential to enhance service provision, but until barriers to prescribing have been identified and addressed as part of the process of organizational change, nurse prescribing cannot achieve its maximum potential.

Source: CINAHL


Author(s) Tingle, John

Citation: British Journal of Nursing, Jun 2012, vol. 21, no. 11, p. 690-691, 0966-0461 (June 12, 2012)

Publication Date: June 2012

Abstract: Key findings of the Health and Social Care Information Centre’s (HSCIC) National Diabetes Inpatient Audit (NHS Information Centre, 2012). Characteristics of inpatients with diabetes, reason for admission, length of stay, medication errors, diabetic ketoacidosis (DKA) after admission, staffing levels, knowledge, communications and undertaking of required care tasks, and patient satisfaction with care are discussed.

Source: BNI

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Available in fulltext from British Journal of Nursing at EBSCOhost
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

203. Nurse-pharmacist collaboration on medication reconciliation prevents potential harm


Citation: Journal of Hospital Medicine, May 2012, vol./is. 7/5(396-401), 1553-5592;1553-5606 (May/June 2012)

Publication Date: May 2012

Abstract: Background: Medication reconciliation can prevent some adverse drug events (ADEs). Our prospective study explored whether an easily replicable nurse-pharmacist led medication reconciliation process could efficiently and inexpensively prevent potential ADEs. Methods: Nurses at a 1000 bed urban, tertiary care hospital developed the home medication list (HML) through patient interview. If a patient was not able to provide a written
HML or recall medications, the nurses reviewed the electronic record along with other sources. The nurses then compared the HML to the patient's active inpatient medications and judged whether the discrepancies were intentional or potentially unintentional. This was repeated at discharge as well. If the prescriber changed the order when contacted about a potential unintentional discrepancy, it was categorized as unintentional and rated on a 1-3 potential harm scale. Results: The study included 563 patients. HML information gathering averaged 29 minutes. Two hundred twenty-five patients (40%; 95% confidence interval [CI], 36%-44%) had at least 1 unintended discrepancy on admission or discharge. One hundred sixty-two of the 225 patients had an unintended discrepancy ranked 2 or 3 on the harm scale. It cost $113.64 to find 1 potentially harmful discrepancy. Based on the 2008 cost of an ADE, preventing 1 discrepancy in every 290 patient encounters would offset the intervention costs. We potentially averted 81 ADEs for every 290 patients. Conclusion: Potentially harmful medication discrepancies occurred frequently at both admission and discharge. A nurse-pharmacist collaboration allowed many discrepancies to be reconciled before causing harm. The collaboration was efficient and cost-effective, and the process potentially improves patient safety. 2012 Society of Hospital Medicine.

Source: EMBASE


Author(s) Urbine, Terry F., Link, Denise G., Schneider, Philip J., Schmitz, Emily, Kistler, Kelly

Citation: Journal for Nurse Practitioners, 01 March 2012, vol./is. 8/3(231-236), 15554155

Publication Date: 01 March 2012

Abstract: Abstract: Collaboration between nurse practitioners (NPs) and pharmacists in an ambulatory care setting was observed for 10 months. In a community clinic, a pharmacist and NP jointly improved medication use across 4 categories: reference to clinical guidelines, potential adverse drug events, alternatives based on treatment failure, and medication cost. They also improved patient care by reviewing treatment guidelines and modifying the drug alert algorithms of a new electronic health record system. Safe use of multiple medications, interpretation of clinical decision support systems, and reference to treatment guidelines each point to the potential benefits of collaboration.

Source: CINAHL

207. Prescribers' interactions with medication alerts at the point of prescribing: A multi-method, in situ investigation of the human-computer interaction

Author(s) Russ A.L., Zillich A.J., McManus M.S., Doebbeling B.N., Saleem J.J.

Citation: International Journal of Medical Informatics, April 2012, vol./is. 81/4(232-243), 1386-5056;1872-8243 (April 2012)

Publication Date: April 2012

Abstract: Purpose: Few studies have examined prescribers' interactions with medication alerts at the point of prescribing. We conducted an in situ, human factors investigation of outpatient prescribing to uncover factors that influence the prescriber-alert interaction and identify strategies to improve alert design. Methods: Field observations and interviews were conducted with outpatient prescribers at a major Veterans Affairs Medical Center. Physicians, clinical pharmacists, and nurse practitioners were recruited across five primary care clinics and eight specialty clinics. Prescribers were observed in situ as they ordered medications for patients and resolved alerts. Researchers collected 351 pages of typed notes across 102 hours of observations and interviews. An interdisciplinary team identified emergent themes via inductive qualitative analysis. Results: Altogether, 320 alerts were observed among 30 prescribers and their interactions with 146 patients. Qualitative analysis uncovered 44 emergent themes and 9 overarching factors, which were organized into a framework that describes the prescriber-alert interaction. Prescribers' ability to act on alerts was impeded by the alert interface, which did not adequately support all prescriber types. Conclusions: This empiric study produced a novel framework for understanding the prescriber-alert interaction. Results revealed key components of the alert interface that influence prescribers and indicate a need for more universal design. Actionable design
recommendations are presented and may be used to enhance alert design and patient safety. 2012.

Source: EMBASE

5. Safe prescribing for nurses.
Author(s) Bayliss, Diane
Citation: Practice Nurse, 07 September 2012, vol./is. 42/13(23-24), 09536612
Publication Date: 07 September 2012
Source: CINAHL
Available in fulltext from Practice Nurse at EBSCOhost

7. Supervising nursing students administering medication: a perspective from registered nurses.
Author(s) Reid-Searl, Kerry, Happell, Brenda
Citation: Journal of Clinical Nursing, 01 July 2012, vol./is. 21/13/14(1998-2005), 09621067
Publication Date: 01 July 2012
Abstract: Aims. To explore the attitudes, experiences and opinions of registered nurses regarding supervision of undergraduate nursing students while administering medication in the healthcare setting. Background. Medication errors present a considerable risk to safety in the healthcare setting. By virtue of their role in the administration of medication, registered nurses are considered as major contributors to this problem. Undergraduate nursing students administer medication in the clinical setting, but little attention has been paid to the implications for patient safety. Design. This research was conducted using exploratory qualitative methodology. Methods. Focus group interviews were conducted with 13 registered nurses. The participants were asked to describe their experiences and opinions regarding the supervision of undergraduate nursing students. Data were analysed using the framework approach. Results. Three main themes from this work are presented in this paper: ‘standard of supervision’, ‘a beneficial experience’ and ‘preparation’. Conclusions. The participants regarded supervision as an important process in fostering student learning and ensuring safety. Preparation on the part of the healthcare facility, students and the university were essential to maximise the benefits for all concerned. Relevance to clinical practice. The ability to administer medication safely is an important skill for all registered nurses. Nursing students need the opportunity to develop these skills as part of their undergraduate educational programme. Registered nurses must supervise students in a rigorous and supportive manner to enhance learning and to promote quality care.
Source: CINAHL
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

188. Ten tips for safer prescribing by non-medical prescribers.
Author(s) Petty, Duncan Robert
Citation: Nurse Prescribing, May 2012, vol. 10, no. 5, p. 251-256, 1479-9189 (May 2012)
Publication Date: May 2012
Abstract: Better ways of working and 10 suggestions for non-medical/nurse prescribers to reduce errors and improve patient safety when prescribing. [ORIGINAL] 24 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost
108. The future for mental health non-medical prescribers.

Author(s) Oldknow, Helen, Gillibrand, Warren, Lawton, Mark, Schofield, Sharon

Citation: Nurse Prescribing, Apr 2012, vol. 10, no. 4, p. 202-205, 1479-9189 (April 2012)

Publication Date: April 2012

Abstract: History of non-medical prescribing and requirements for nurses to prescribe legally. Differences in prescribing authority for mental health nurses and community nurse practitioners, in the light of the Transforming Community Services initiative are discussed. Research exploring mental health nurse prescribing at the Rotherham, Doncaster and South Humber NHS Foundation Trust, to inform policy and practice, is also discussed. [ORIGINAL] 24 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

123. The next step for independent nurse prescribers.

Author(s) Anguita, Maria

Citation: Nurse Prescribing, May 2012, vol. 10, no. 5, p. 216-219, 1479-9189 (May 2012)

Publication Date: May 2012

Abstract: Changes to legislation, from April 2012, enabling independent prescribers (nurses, midwives and pharmacists) to prescribe controlled drugs within their sphere of experience. Impact of this change and benefits to patients are discussed. Regulation and monitoring of nurse prescribing is also briefly discussed. [ORIGINAL] 3 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

167. What you need to know before prescribing controlled drugs.

Author(s) Garner, Stephanie

Citation: Practice Nurse, Aug 2012, vol. 42, no. 12, p. 18-22, 0953-6612 (August 17, 2012)

Publication Date: August 2012

Abstract: Legal responsibilities for nurse prescribers dealing with controlled drugs in general practice, following the amendment in 2012 of the 1971 Misuse of Drugs Act. Classes and schedules of controlled drugs are listed, restrictions which have been lifted are described, the process of safe effective prescribing is set out, side effects are outlined and measures to prevent drug abuse by addicts are explained. [ORIGINAL] 12 references

Source: BNI

Available in fulltext from Practice Nurse at EBSCOhost

Available in fulltext from Practice Nurse at EBSCOhost

87. Accountability for medication management.

Author(s) Griffith, R

Citation: Nurse Prescribing, Feb 2011, vol. 9, no. 2, p. 94-97, 1479-9189 (February 2011)

Publication Date: February 2011

Abstract: Accountability of nurse prescribers in the management of medicines. Regulation by the Care Quality Commission and the requirements of the Health and Social Care Act (2008) are explained. [BNI unique abstract] 17 references

Source: BNI

Author(s) Burton, J

Citation: Gastrointestinal Nursing, Feb 2011, vol. 9, p. 7-11, 1479-5248 (February 2011)

Publication Date: February 2011

Abstract: Introduction of patient group directions (PGDs) in a stoma care clinic, including benefits of PGDs and professional issues. A case study and an example of a PGD form are included. ([BNI unique abstract]) 22 references

Source: BNI

Available in print at Lincoln County Hospital Professional Library

102. Enhancing the DSN role: independent and supplementary prescribing.

Author(s) Bodington, M

Citation: Journal of Diabetes Nursing, Jan 2011, vol. 15, no. 2, p. 53-60, 1368-1109 (2011)

Publication Date: January 2011

Abstract: Qualifications needed for diabetic specialist nurses to become independent or supplementary prescribers and legislation pertaining to nurse prescribing. Standards and legal framework for non-medical prescribing and types of prescribing are examined. The importance of continuous professional development undertaken by nurses after qualifying as prescribers is discussed. ([BNI unique abstract]) 26 references

Source: BNI

Available in print at Pilgrim Hospital Staff Library

159. Legal considerations for nurse prescribers.

Author(s) Armstrong, Amanda

Citation: Nurse Prescribing, Dec 2011, vol. 9, no. 12, p. 603-608, 1479-9189 (December 2011)

Publication Date: December 2011

Abstract: Overview of the English legal system and legal implications for nurse prescribers in England, Wales and Northern Ireland. Accountability of non-medical prescribers to: the public, patients, employers and to their profession is discussed. Negligence, duty of care and breach of standard, in the context of the extended role of the nurse prescriber are discussed and illustrative case studies are presented. [ORIGINAL] 15 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

83. Medication administration technologies and patient safety: a mixed-method systematic review.

Author(s) Wulff, K, Cummings, G, Marck, P

Citation: Journal of Advanced Nursing, Oct 2011, vol. 67, no. 10, p. 2080-2095, 0309-2402 (October 2011)

Publication Date: October 2011

Abstract: Systematic review of the effects of nursing medication administration technologies (MATs) on patient safety. Research evidence on the impact of MATs, including barcode point of care (BPOC), automated medication dispensing machines (ADMs), electronic medication administration records (eMARs), and smart intravenous (IV) pumps, on medication administration incidents (MAIs) and preventable adverse drug
217. Medication safety and culture safety in pediatrics: An original approach involving Pharmacists and Nurses

Author(s) Dantin T., Lucas-Daver S., Duchene M.-L., Rocher F., Cozzi P., Chavigny S., Letroublon M., Darmon M.-J., Collompa R.

Citation: International Journal of Clinical Pharmacy, April 2011, vol./is. 33/2(382), 2210-7703 (April 2011)

Publication Date: April 2011

Abstract: Introduction In the field of medication safety, the likelihood of medication errors is even greater in pediatrics units than in adult care unit because of specific characteristics: drug packaging unsuited leading to additional manipulation, vulnerable population related on age and not communicating, not standardized dosages. The patient safety has to be settled on a multidisciplinary approach involving pharmacists. Materials & Methods Since January 2009, a cross-cutting approach has been implemented involving pharmacists and pediatrics nurses and including: Staff Quality, Risks, Professional practices, Feedbacks (CREX), Audits, Systemic analysis of medication errors (REMED). Results An inventory was initially made and recommendations of good practices have been developed especially on dilutions, reconstitution of injectable drugs and "magistral preparations”. Serious incidents were systemically analyzed with the REMED method and corrective actions have been implemented. The prescription supports have been improved in the aim to minimize transcripts. The booklet dedicated to pediatrics medicine has been updated. A crossover audit (71 criteria) has focused on all stages of medication, in terms of organization and professional practices. Positives points are identified: single and specific prescription (87%), patient identity (100%), weight (96%), prescriber's name and date ((80%). Points remaining to improve are: information on flow rate of infusion, dilution methods) (30%), height or body surface areas (26%), a copy of the prescription in the output file (48%). Items to be improved have been identified and our approach should lead to improve these points. The whole process has been validated by the Institution as Professional Practice Review under the criteria of the High Authority of Health Discussion & Conclusion This cross-cutting approach involving pharmacists and nurses has led to high motivation of the 2 teams and fast practical results. All contribute to a secure system for pediatrics and at the development of a common patient safety culture Prescribers must be sensitive at this new approach.

Source: EMBASE


Author(s) Kelly, Jennifer, Wright, David, Wood, John

Citation: Journal of Advanced Nursing, 2011, vol./is. 67/12, 0309-2402

Publication Date: 2011

Abstract: Record in progress The aim of this study was to describe the interventions used by nurses when administering oral medicines to patients with and without dysphagia, to quantify the appropriateness of these interventions and the medicine administration error rate. The background of the study was, the administration of medicines to patients with dysphagia is complex and potentially more error prone because of the need to match the medication's formulation to the swallowing ability of the patient. Data was collected on the preparation and administration of oral medicines to patients with and without dysphagia, including those with enteral feeding tubes, using undisguised direct observation of 65 nurse-led medicine administration rounds on stroke and care-of-the-elderly wards at four acute general hospitals in East of England between 1 March and 30 June 2008. The results were, of the 2,129 medicine administrations observed, 817 involved an error, and of these 313 involved patients with dysphagia. Excluding time errors, the normalised frequency of
Medicine administration errors for patients with dysphagia was 21.1% compared with 5.9% for patients without. Using a mixed effects model and excluding time errors, there is a higher risk of errors for patients with dysphagia (excluding patients with enteral tubes) compared with those without (P<0.001) and a further increase in risk of error for patients with enteral tubes compared with dysphagic patients without tubes (P < 0.001). The conclusion was, the increased medicine administration error rate in patients with dysphagia requires healthcare professionals to take extra care when prescribing, dispensing and administering medicines to this group. Cites numerous references. [Journal abstract]

Source: HMIC
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

178. Nurse prescribing ethics and medical marketing.
Author(s) Adams, J
Publication Date: March 2011
Abstract: Nurse Prescribing supplement. The need for nurse prescribers to understand the key concepts in ethics such as deontology and utilitarianism is explored. The principles of biomedical ethics and the Association of the British Pharmaceutical Industry's (ABPI) code of practice in regulating marketing is also considered. [(BNI unique abstract)] 35 references
Source: BNI
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Lincoln County Hospital Professional Library
Available in print at Louth County Hospital Medical Library
Available in print at Grantham Hospital Staff Library

4. Nurse prescribing roles in acute care: an evaluative case study
Author(s) Jones, Kathryn, Edwards, Margaret, While, Alison
Citation: Journal of Advanced Nursing, 2011, vol./is. 67/1, 0309-2402
Publication Date: 2011
Abstract: This paper is a report of an evaluation of the implementation of nurse prescribing in an acute care hospital in England. At the time of the study, evaluation of nurse prescribing had taken place in community settings, but little was known about its impact and effectiveness in acute care. Although nurse prescribing has permitted doctor-nurse substitution in acute episodic care, some doctors have expressed concerns about patient safety in relation to nurse prescribing. A mixed methods single-case study was conducted in 2005-06, using purposive sampling. Semi-structured interviews were carried out with 18 hospital staff, non-participant observation of two nurses and two doctors undertaking 52 patient-prescriber consultations with 47 patients, and a questionnaire survey with 122 patients (response rate 61%: n = 74). Nurse prescribing was found to benefit patients through service delivery improvement and using staff skills differently. Nurse prescribers and their colleagues were positive about role and service changes and their impact on patient care. No differences were found between the ways in which nurses and doctors performed prescribing roles, but there was a statistically significant difference between the medication-related information satisfaction ratings of patients who had seen a nurse prescriber, compared to those seen by a doctor. The conclusion was, nurses and doctors were found to provide equivalent care. Shared vision, local champions, action learning and peer support were the enabling factors that helped to embed the new prescribing roles within the study site. Cites numerous references. [Journal abstract]
Source: HMIC
189. Pharmaceutical marketing and the non-medical prescriber.
Author(s) Adams, J
Citation: Nurse Prescribing, Jan 2011, vol. 9, no. 1, p. 45-47, 1479-9189 (January 2011)
Publication Date: January 2011
Abstract: Ethical perspectives of free gifts, hospitality and other marketing initiatives for non-medical prescribers. The ethical case is made for nurse prescribers to review their relationship with pharmaceutical companies. [(BNI unique abstract)] 17 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

129. Prescription of controlled drugs by non-medical prescribers.
Author(s) Griffith, R, Tengnah, C
Citation: British Journal of Community Nursing, Nov 2011, vol. 16, no. 11, p. 558-562, 1462-4753 (November 2011)
Publication Date: November 2011
Abstract: Misuse of Drugs Regulations 2001 and Medicines Act 1968 requirements regarding the use, possession, storage and recording of controlled drugs for medicinal or scientific purposes. Drugs that district nurses can currently prescribe are listed and changes to the legislation that would allow independent prescribers to prescribe a wider range of controlled drugs are discussed. [(BNI unique abstract)] 11 references
Source: BNI
Available in fulltext from British Journal of Community Nursing at EBSCOhost

139. The evolution of nurse prescribing in cardiovascular care.
Author(s) Keenan, J
Citation: British Journal of Cardiac Nursing, Jun 2011, vol. 6, no. 6, p. 299-302, 1749-6403 (June 2011)
Publication Date: June 2011
Abstract: Non-Medical Prescribing series. Development of non-medical prescribing over the past 20 years, focusing on cardiovascular nursing. The political, legal and professional context within which non-medical prescribing developed and its relevance for cardiovascular nurses are outlined and the benefits of nurse prescribing in cardiovascular care are discussed. [(BNI unique abstract)] 14 references
Source: BNI

Author(s) Wagle, Shama
Citation: Nursing Standard, 2011, vol./is. 26/3(43-48), 0029-6570
Publication Date: 2011
Abstract: This article explains how the British National Formulary (BNF) should be used to facilitate safe, effective and appropriate prescribing. It also outlines, by use of examples, how to find significant changes in a new edition of the BNF so that nurses can remain up to date with the latest prescribing information. [Abstract]
Source: HMIC
Available in print at Pilgrim Hospital Staff Library
67. A structured observation of the interaction between nurses and patients during the administration of medication in an acute mental health unit.

Author(s) Duxbury, J, Wright, K, Hart, A

Citation: Journal of Clinical Nursing, Sep 2010, vol. 19, no. 17-18, p. 2481-2492, 0962-1067 (September 2010)

Publication Date: September 2010

Abstract: Research examining current practices in the administration of medication by nurses during ward rounds on an inpatient psychiatric unit. Structured non-participant observations were carried out during 20 medication rounds to examine nurse-patient interactions and methods used by nurses to provide information, obtain consent prior to drug administration and collaborate with patients to understand their needs. ([BNI unique abstract]) 45 references

Source: BNI

Available in fulltext from Journal of Clinical Nursing at EBSCOhost

Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

191. Cultural, religious and ethnic issues in prescribing.

Author(s) Qureshi, B

Citation: Practice Nurse, Mar 2010, vol. 39, no. 5, p. 35-40, 0953-6612 (March 12, 2010)

Publication Date: March 2010

Abstract: Prescribing Nurse series. Effects of cultural, religious and ethnic variations upon medical consultations and expectations. Concepts of disease, expectations about prescriptions, stigmas associated with mental illness and drug adherence experienced by different cultural groups are discussed. Respect and legal considerations for a patient’s religious beliefs and ethnic disease patterns are examined. ([BNI unique abstract]) 6 references

Source: BNI

Available in fulltext from Practice Nurse at EBSCOhost

Available in fulltext from Practice Nurse at EBSCOhost

11. Effects of interruptions to nurses during medication administration

Author(s) Bennett, Janette

Citation: Nursing Management, 2010, vol./is. 16/9, 1354-5760

Publication Date: 2010

Abstract: Record in progressMedication errors can occur at any stage of the medication process including prescribing, dispensing, preparation, administration and monitoring (Vincent et al 2009). Medication administration is acknowledged as a process in which patient safety can be compromised easily (Department of Health 2003) and it is argued that any distraction or interruption during medication administration can result in errors. This Policy reviews the contribution to medication administration errors of interruptions to nurses’ work and considers how such interruptions can be reduced. Cites 12 references. [Journal abstract]
84. Ethical issues of psychotropic medication for people with intellectual disabilities.

Author(s) Raghavan, R, Patel, P

Citation: Advances in Mental Health and Intellectual Disabilities, Sep 2010, vol. 4, no. 3, p. 34-38, 2044-1282 (September 2010)

Publication Date: September 2010

Abstract: Ethical and legal issues in prescribing psychotropic drugs for people with learning difficulties. Policy guidelines and codes of practice, problems of accurate diagnosis, seriousness of side-effects and the role of the nurse in responding to patients’ needs for information are discussed. Patients’ rights regarding covert administration of drugs by nurses are outlined. [(BNI unique abstract)] 22 references

Source: BNI

92. Evidence base for effective medicines management.

Author(s) Latter, S

Citation: Nursing Standard, Jun 2010, vol. 24, no. 43, p. 62-66, 0029-6570 (June 30, 2010)

Publication Date: June 2010

Abstract: Nurse Prescribing supplement. Factors that influence patient non-adherence to prescribed medication. Guidance is given on developing shared decision-making competencies for use in consultations with patients. [(BNI unique abstract)] 13 references

Source: BNI

190. Exploring the ethics of prescribing medicines.

Author(s) Jackson, J

Citation: Emergency Nurse, May 2010, vol. 18, no. 2, p. 24-26, 1354-5752 (May 2010)

Publication Date: May 2010

Abstract: Personal account of a new independent nurse prescriber in Wales, highlighting some of the ethical and economic issues involved in prescribing in the emergency department. 4 case studies are used to illustrate prescribing actions, focusing on her decision to advise patients to buy simple over-the-counter analgesics where appropriated. [(BNI unique abstract)] 24 references

Source: BNI

13. Interruptions to nurses during medication administration: are there implications for the quality of patient care?

Author(s)
Abstract: Medication errors can occur at any stage of the medication process including: prescribing, dispensing, preparation, administration and monitoring (1). Medication administration is acknowledged as a major aspect of patient safety (2) and it has been argued that any distraction or interruption during medication administration can result in errors. In this Policy+, we review the evidence on the contribution to medication administration errors of interruptions to nurses' work. We also consider how such interruptions might be reduced. Cites 12 references. [Book abstract].

Source: HMIC

7. Learning mechanisms to limit medication administration errors

Author(s): Drach Zahavy, Anat, Pud, Dorit

Abstract: This paper is a report of a study conducted to identify and test the effectiveness of learning mechanisms applied by the nursing staff of hospital wards as a means of limiting medication administration errors. Since the influential report 'To Err Is Human', research has emphasised the role of team learning in reducing medication administration errors. Nevertheless, little is known about the mechanisms underlying team learning. Thirty-two hospital wards were randomly recruited. Data were collected during 2006 in Israel by a multi-method (observations, interviews and administrative data), multi-source (head nurses, bedside nurses) approach. Medication administration error was defined as any deviation from procedures, policies and/or best practices for medication administration, and was identified using semi-structured observations of nurses administering medication. Organisational learning was measured using semi-structured interviews with head nurses, and the previous year’s reported medication administration errors were assessed using administrative data. The interview data revealed four learning mechanism patterns employed in an attempt to learn from medication administration errors: integrated, non-integrated, supervisory and patchy learning. Regression analysis results demonstrated that whereas the integrated pattern of learning mechanisms was associated with decreased errors, the non-integrated pattern was associated with increased errors. Supervisory and patchy learning mechanisms were not associated with errors. The conclusion was, superior learning mechanisms are those that represent the whole cycle of team learning, are enacted by nurses who administer medications to patients, and emphasise a system approach to data analysis instead of analysis of individual cases. Cites numerous references. [Journal abstract]

Source: HMIC

Available in fulltext from Journal of Advanced Nursing at EBSCOhost

141. Legal and ethical implications of non-medical prescribing.

Author(s): Lovatt, P

Abstract: Legislative background to the development of nurse prescribing. Accountability of nurse prescribers and ethical issues are explained, including the principles of non-maleficence, consent, mental capacity and competence. [(BNI unique abstract)] 23 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

Legal basis to prescription of medicines in England and Wales. A short history of nurse prescribing and the 3 main ways in which medication can be prescribed (patient specific direction, patient group direction and independent prescribing) are described. Supplementary prescribing and implications for cardiac nurses of different ways of administering medicines are discussed. [(BNI unique abstract)] 5 references

Source: BNI

Listen carefully: The risk of error in spoken medication orders

Clinicians and patients often confuse drug names that sound alike. We conducted auditory perception experiments in the United States to assess the impact of similarity, familiarity, background noise and other factors on clinicians’ (physicians, family pharmacists, nurses) and laypersons’ ability to identify spoken drug names. We found that accuracy increased significantly as the signal-to-noise (S/N) ratio increased, as subjective familiarity with the name increased and as the national prescribing frequency of the name increased. For clinicians only, similarity to other drug names reduced identification accuracy, especially when the neighboring names were frequently prescribed. When one name was substituted for another, the substituted name was almost always a more frequently prescribed drug. Objectively measurable properties of drug names can be used to predict confusability. The magnitude of the noise and familiarity effects suggests that they may be important targets for intervention. We conclude that the ability of clinicians and lay people to identify spoken drug names is influenced by signal-to-noise ratio, subjective familiarity, prescribing frequency, and the similarity neighborhoods of drug names. 2010 Elsevier Ltd.

Source: EMBASE

Non-medical prescribing: an update on legislation.

Legislation relating to non-medical prescribing, defining the position of Community Practitioner Nurse Prescribers, supplementary prescribers and independent prescribing by nurses and pharmacists. Principles considered include patient consent, restrictions on controlled drugs and prescribing unlicensed medicines. [(BNI unique abstract)] 33 references

Source: BNI

Numeracy and patient safety: the need for regular staff assessment.

The ability to perform calculations competently is a basic requirement for all nurses. Calculations are used in everyday tasks such as working out drug doses, body...
mass index and fluid balance charts. Healthcare staff may have problems with numeracy and this can lead to drug errors, which can have a devastating effect on patients. The author argues that healthcare professionals’ numeracy skills should be assessed on a regular basis using a recognised, validated and reliable assessment tool. 14 refs.

[Introduction]

Source: HMIC
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Lincoln County Hospital Professional Library
Available in print at South County Hospital Medical Library
Available in print at Grantham Hospital Staff Library

168. Nurse prescribing: does more responsibility mean more litigation?
Author(s) McHale, J
Citation: British Journal of Nursing, Mar 2010, vol. 19, no. 5, p. 315-317, 0966-0461 (March 11, 2010)
Publication Date: March 2010
Abstract: Legislation concerning nurse prescribing, including the development of patient group directions and the scope of independent and supplementary prescribing. Litigation concerning accountability, liability and negligence in prescribing is considered. [(BNI unique abstract)] 14 references
Source: BNI
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from British Journal of Nursing at EBSCOhost
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

73. Nurses’ medication work: what do nurses know?
Author(s) Folkmann, L, Rankin, J
Citation: Journal of Clinical Nursing, Nov 2010, vol. 19, no. 21-22, p. 3218-3226, 0962-1067 (November 2010)
Publication Date: November 2010
Abstract: Literature review and critical analysis of conceptualisations of nurses’ medication administration tasks. Institutional ethnographic methodology was used to explore challenges associated with the nurse’s role to coordinate medications, dosage, timing, patients and systems. The social organisation of the role is examined with reference to feminist theory and biomedical, legal, management and safety models. [(BNI unique abstract)] 55 references
Source: BNI
Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

66. Nursing students administering medication: appreciating and seeking appropriate supervision.
Author(s) Reid-Searl, K, Moxham, L, Walker, S
Citation: Journal of Advanced Nursing, Mar 2010, vol. 66, no. 3, p. 532-541, 0309-2402 (March 2010)
### 69. Patient safety: numerical skills and drug calculation abilities of nursing students and registered nurses.

**Author(s)** McMullan, M, Jones, R, Lea, S  
**Citation:** Journal of Advanced Nursing, Apr 2010, vol. 66, no. 4, p. 891-899, 0309-2402 (April 2010)

**Abstract:** Research to evaluate the numeracy skills of student nurses and registered nurses attending a prescribing course, based on numerical ability and drug calculation tests. The results were analysed to compare performance of both groups, and to assess association of ability with age and experience. Implications for education and practice are discussed.  

[(BNI unique abstract)] 39 references

**Source:** BNI  
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

### 68. Person-centred interactions between nurses and patients during medication activities in an acute hospital setting: qualitative observation and interview study.

**Author(s)** Bolster, D, Manias, E  
**Citation:** International Journal of Nursing Studies, Feb 2010, vol. 47, no. 2, p. 154-165, 0020-7489 (February 2010)

**Abstract:** Qualitative research in Australia into improvement of patient experiences and outcomes by a person-centred approach to medication activities. Interaction of patients and nurses in an acute case ward with a philosophy of person-centred care was examined, including communication with the patient about medication, assessment and evaluation relating to the medication administered, patient education and communication with the multidisciplinary team.  

[(BNI unique abstract)] 50 references

**Source:** BNI

### 175. Prescribing and administering unlicensed medicines.

**Author(s)** Griffith, R, Tengnah, C  
**Citation:** British Journal of Community Nursing, May 2010, vol. 15, no. 5, p. 232-235, 1462-4753 (May 2010)

**Abstract:** Consideration of the impact of changes introduced in the Medicines (Exemptions and Miscellaneous Amendments) Order 2009 on district nursing practice. The order’s provisions allowing independent nurse prescribers to mix their own unlicensed medicine are explained and the specific conditions relating to controlled drugs are outlined.  

[(BNI unique abstract)] 11 references

**Source:** BNI
12. Professional considerations for nurse prescribers.

Author(s) Culley, Fiona

Citation: Nursing Standard, 2010, vol./is. 34/43(55-56, 58-60), 0029-6570

Publication Date: 2010

Abstract: This article considers the key professional responsibilities nurse and midwife prescribers are expected to fulfil to protect those in their care. While many of the principles have been constant since the introduction of nurse prescribing, a number of recent changes need consideration. Reference is made in the article to some key requirements expected of all nurse prescribers regardless of their particular role or practice setting.

Source: HMIC

Available in fulltext from Nursing Standard at EBSCOhost

Available in print at Lincoln County Hospital Professional Library

Available in print at Louth County Hospital Medical Library

170. Professionalism and ethical issues in nurse prescribing.

Author(s) Young, A

Citation: Nurse Prescribing, Jun 2010, vol. 8, no. 6, p. 284-290, 1479-9189 (June 2010)

Publication Date: June 2010

Abstract: Definition and concept of professionalism in nursing and its application to prescribing. Statute and common law and the Association of the British Pharmaceutical Industry (ABPI) Code of Practice are explained with reference to conscientious objection and potential conflict of interest. The reliability of information emanating from the pharmaceutical industry is discussed. ([BNI unique abstract]) 45 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

10. Rework and workarounds in nurse medication administration process: Implications for work processes and patient safety

Author(s) Halbesleben, Jonathan R B, Savage, Grant T, Wakefield, Douglas S, Wakefield, Bonnie J

Citation: Health Care Management Review, 2010, vol./is. 35/2, 1550-5030

Publication Date: 2010

Abstract: Healthcare organisations have redesigned existing and implemented new work processes intended to improve patient safety. As a consequence of these process changes, there are now intentionally designed "blocks" or barriers that limit how specific work actions, such as ordering and administering medication, are to be carried out. Healthcare professionals encountering these designed barriers can choose to either follow the new process, engage in workarounds to get past the block, or potentially repeat work (rework). Unfortunately, these workarounds and rework may lead to other safety concerns. The aim of this study was to examine rework and workarounds in hospital medication administration processes. Observations and semi structured interviews were conducted with 58 nurses from four hospital intensive care units focusing on the medication administration process. Using the constant comparative method, the authors analysed the observation and interview data to develop themes regarding rework and workarounds. From this analysis, the authors developed an integrated process map of the medication administration process depicting blocks. A total of 12 blocks were reported by the pars. Based on the analysis, the authors categorised them as related to information exchange, information entry, and internal supply chain issues. Whereas information exchange and
entry blocks tended to lead to rework, internal supply chain issues were more likely to lead to workarounds. The practice implications were a decentralised pharmacist on the unit may reduce work flow blocks (and, thus, workarounds and rework). Work process redesign may further address the problems of workarounds and rework. [Journal abstract]

Source: HMIC

25. Supervising medication administration by undergraduate nursing students: influencing factors.

Author(s) Reid-Searl K, Moxham L, Walker S, Happell B

Citation: Journal of Clinical Nursing, 01 March 2010, vol./is. 19/6(775-784), 09621067

Publication Date: 01 March 2010

Abstract: Background. The administration of medication is an important skill nursing students need to learn in the clinical setting to develop safe practices. Legally within Queensland, registered nurses are required to provide personal supervision for this process. Research undertaken by the authors suggests the supervision students receive frequently falls short of what is legally required. Aims and objectives. The aim of the study was to examine the factors that influence the experiences of final-year undergraduate nursing students when administering medications in the clinical setting. Design. A grounded theory approach was used with constant comparative analysis to identify categories from the data. Methods. The experiences of final-year nursing students were explored using a grounded theory approach. In-depth, semistructured interviews were conducted with 28 final-year undergraduate nursing students in Queensland, Australia. Results. Supervision was found to be the central issue influencing medication administration for students. Three main factors were identified as influencing the supervision provided by registered nurses: attitudes of the registered nurse, communication from the university, and busyness and having time. Conclusions. The extent to which registered nurses provide direct supervision to nursing students when administering medication is influenced by factors inherent within the clinical environment. Relevance to clinical practice. The factors influencing the supervision provided by registered nurses needs further exploration that effective strategies can be implemented to ensure safe practices in relation to medication administration can be implemented.

Source: CINAHL

Available in fulltext from Journal of Clinical Nursing at EBSCOhost

Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

241. "Under the radar": nurse practitioner prescribers and pharmaceutical industry promotions.

Author(s) Ladd EC, Mahoney DF, Emani S

Citation: American Journal of Managed Care, 2010, vol./is. 16/12(e358-62), 1088-0224;1936-2692 (2010)

Publication Date: 2010

Abstract: OBJECTIVE: To assess nurse practitioners’ interactions with pharmaceutical industry promotional activities and their perception of information reliability and self-reported prescribing behaviors. STUDY DESIGN: Self-administered online survey. METHODS: A nationally randomized sample of nurse practitioner prescribers was surveyed. Eligibility criteria included current clinical practice and licensure to prescribe medications in their state of practice. RESULTS: A total of 263 responses were analyzed. Almost all respondents (96%) reported regular contact with pharmaceutical sales representatives, and most (71%) reported receiving information on new drugs directly from pharmaceutical sales representatives some or most of the time. A large portion (66%) dispensed drug samples regularly to their patients, and 73% believed that samples were somewhat or very helpful in learning about new drugs. Eighty-one percent of respondents thought that it was ethically acceptable to give out samples to anyone, and 90% believed that it was acceptable to attend lunch and dinner events sponsored by the pharmaceutical
industry. Almost half (48%) stated that they were more likely to prescribe a drug that was highlighted during a lunch or dinner event. Most respondents stated that it was ethically acceptable for speakers to be paid by industry.

CONCLUSIONS: Nurse practitioner prescribers had extensive contact with pharmaceutical industry promotional activities such as pharmaceutical representative contact, receipt of drug samples, and regular attendance at industry-sponsored meal events and continuing education programs. They reported that industry interface with nurse practitioner prescribers in the form of sponsored meals, education events, and paid speakers was ethically acceptable.

Source: Medline

76. Walking a fine line: managing the tensions associated with medication non-adherence in an acute inpatient psychiatric setting.

Author(s) Wijnvald, A,Crowe, M

Citation: Journal of Clinical Nursing, May 2010, vol. 19, no. 9-10, p. 1378-1386, 0962-1067 (May 2010)

Publication Date: May 2010

Abstract: Qualitative research in New Zealand exploring mental health nurses’ experiences of administering medication to non-compliant patients on acute inpatient psychiatric units. A phenomenological analysis of interviews revealed perceptions of taking on a medical role and the challenge of balancing tensions between the need to establish a therapeutic relationship and the need to take control when necessary. [(BNI unique abstract)] 37 references

Source: BNI

Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

221. What is the matter with crushing pills and opening capsules?

Author(s) Kirkevold O., Engedal K.

Citation: International journal of nursing practice, February 2010, vol./is. 16/1(81-85), 1440-172X (Feb 2010)

Publication Date: February 2010

Abstract: This study aims to map out to what degree medication is being crushed and mixed into the patients’ food and beverages and how often this practice included medication, which has a statement in the Norwegian pharmaceutical compendium that this should not be done (inappropriately altered medication (IAM)). Data from a total of 2108 patients in 151 wards in 65 nursing homes were collected. The data contained information about the kind of drugs the patient received, in which form it was given and how it was given. Patient characteristics and ward characteristics were also recorded. Twenty-three per cent were given at least one drug mixed into their food or beverages and 10% were given at least one IAM. This study shows a malpractice regarding one aspect of medication in nursing homes. Even though we need more knowledge, we know enough to take action to raise the quality of the administration of medicines in nursing homes.

Source: EMBASE

Available in fulltext from International Journal of Nursing Practice at EBSCOhost

135. Alternatives to prescriptions for the supply and administration of POMs.

Author(s) Griffith, R, Tengnah, C

Citation: British Journal of Community Nursing, Mar 2009, vol. 14, no. 3, p. 128-131, 1462-4753 (March 2009)

Publication Date: March 2009
Abstract: Legal requirements under the Medicines Act 1968 and the Prescription Only Medicines (Human Use) Order 1997 regarding the supply and administration of prescription only medicines. Regulations regarding the writing and content of prescriptions, legal requirements for patient specific and patient group directions and the extent of district nurses’ drug administration freedoms are outlined. [(BNI unique abstract)] 5 references

Source: BNI
Available in fulltext from British Journal of Community Nursing at EBSCOhost

29. Barriers to the reporting of medication administration errors among nursing students.

Author(s) Koohestani HR, Baghcheghi N

Citation: Australian Journal of Advanced Nursing, 01 September 2009, vol./is. 27/1(66-74), 08130531

Publication Date: 01 September 2009

Abstract: Objective The main aim of this study was to describe the perceived barriers to medication administration error (MAE) reporting among nursing students. Design A cross-sectional, descriptive study was conducted using self-report questionnaires. An 18-item barriers to MAEs reporting questionnaire with 6-point Likert-type scale (1=strongly disagree, to 6=strongly agree) was used for this study. Setting Three nursing schools at Arak University of Medical Sciences in Iran. Subjects Two hundred and forty nursing students were invited through census method. Main outcome measure Nursing students’ perceived barriers to MAE reporting. Results Nursing students estimated 80.12% of all medication errors by nursing students are reported to their instructors. Administrative barrier (standardised mean=4.31) and fear (standardised mean=4.24) were the top two reasons for not reporting medication errors among nursing students. Conclusions Findings from this study suggest MAE occurrences among nursing students are often underreported. Nursing student's instructors must demonstrate positive responses to nursing students for reporting medication errors to improve patient safety.

Source: CINAHL
Available in fulltext from Australian Journal of Advanced Nursing at EBSCOhost

97. British Association of Critical Care Nurses position statement on prescribing in critical care.

Author(s) Bray, K, Dawson, D, Gibson, V

Citation: Nursing in Critical Care, Sep 2009, vol. 14, no. 5, p. 224-234, 1362-1017 (Sep-Oct 2009)

Publication Date: September 2009

Abstract: Literature review on nurse prescribing in critical care and the development of a position statement on prescribing for adult patients. Issues of patient consent and nurse qualification and educational standards, in relation to prescribing, are discussed. [(BNI unique abstract)] 39 references

Source: BNI
Available in fulltext from Nursing in Critical Care at EBSCOhost

133. Consent and the incompetent adult: a prescribing dilemma.

Author(s) Avery, G

Citation: Practice Nurse, Oct 2009, vol. 38, no. 6, p. 35-38, 0953-6612 (October 9, 2009)

Publication Date: October 2009

Abstract: Prescribing Nurse series. Legal and ethical considerations when prescribing for someone with learning disabilities. A scenario of a carer requesting that a woman with learning disabilities be prescribed the contraceptive pill is described. Issues of assessing
competence, gaining valid consent, consideration of best interests and information on administering medicines are discussed. [(BNI unique abstract)] 20 references

Source: BNI
Available in fulltext from Practice Nurse at EBSCOhost
Available in fulltext from Practice Nurse at EBSCOhost

34. Medical end-of-life decisions: experiences and attitudes of Belgian pediatric intensive care nurses.

Author(s) Inghelbrecht E, Bilsen J, Pereth H, Ramet J, Deliens L
Citation: American Journal of Critical Care, 01 March 2009, vol./is. 18/2(160-168), 10623264
Publication Date: 01 March 2009
Abstract: Objective To investigate Belgian pediatric intensive care nurses’ involvement in and attitudes toward medical end-of-life decisions with a possible or certain life-shortening effect. Methods Questionnaires were distributed to 141 nurses working in 5 of the 7 pediatric intensive care units in Belgium. Nurses were asked to recall the last child in their care whose treatment involved an end-of-life decision and to describe anonymously their involvement in the decision. Attitudes were ascertained by means of statements and a Likert scale. Results Questionnaires were completed by 89 nurses (63%). During the preceding 2 years, 76 (85%) had cared for at least 1 child for whom a medical end-of-life decision had been made. Nurses were involved in initiating the decision in 17% of cases, participated in decision making in 50%, and played a role in carrying out the decision in 90%. Only 6% of nurses found it always ethically wrong to hasten the death of a child by administering lethal drugs; most nurses (78%) reported they were prepared to cooperate in administering life-ending drugs in some cases. Most (89%) favored adapting the law, making life termination of children legally possible in certain cases. Conclusions Belgian pediatric intensive care nurses are often involved in carrying out medical end-of-life decisions, including administration of life-ending drugs, whereas their participation in decision making is more limited. Most think that the current euthanasia law should be extended to minors so that administering life-ending drugs would be possible for terminally ill children in specific circumstances.

Source: CINAHL
Available in fulltext from American Journal of Critical Care at EBSCOhost
Available in fulltext from American Journal of Critical Care at Highwire Press


Author(s) Griffiths, M
Citation: Journal of Community Nursing, Nov 2009, vol. 23, no. 11, p. 20-21, 0263-4465 (November 2009)
Publication Date: November 2009
Abstract: Consultation regarding proposed changes in the law to enable nurses to prescribe medicines that require mixing before administration in palliative care. Guidance from the Medicines and Healthcare Regulatory Authority (MHRA) on the legal situation of nurses working in other clinical areas is discussed. [(BNI unique abstract)] 3 references

Source: BNI
Available in print at Pilgrim Hospital Staff Library
Available in print at Grantham Hospital Staff Library
Available in fulltext from Journal of community nursing at EBSCOhost
Available in print at Lincoln County Hospital Professional Library
9. Relationships in nurse prescribing: revealing the processes

Author(s): Fisher, Richard

Citation: British Journal of Community Nursing, 2009, vol./is. 14/12, 1462-4753

Publication Date: 2009

Abstract: Nurse prescribing, a relatively recent policy initiative in the NHS, has the potential to initiate long-term changes to the ways in which the various actors in primary care relate to each other. Focusing primarily on the working lives of district nurses, this article explores the ways these practitioners and others interact, using their own words as a source of data. Semi-structured interviews are undertaken with a number of professionals in a purposive sample (17 nurse prescribers, four non-prescribing nurses, two pharmacists and one general practitioner) employing an interative approach. Data revealed are analysed thematically to produce details explanatory accounts of activity centring around prescribing. Concepts generated from the themes (team working, effects on roles, prescribing mechanisms and relationships) are discussed. Findings indicate that working relationships generally operate smoothly, although some staff nurses, pharmacists and GPs appear unclear about some legal aspects of the prescribing role. Cites 12 references.

Source: HMIC

Available in fulltext from British Journal of Community Nursing at EBSCOhost

77. Understanding why patients don’t take their medicines.

Author(s): While, A

Citation: British Journal of Community Nursing, Apr 2009, vol. 14, no. 4, p. 174., 1462-4753 (April 2009)

Publication Date: April 2009

Abstract: While's Words series. Comment on the NICE 2009 guideline on non-adherence to prescribed medication. Community nurses' relationships with patients and role in medicine management in people's homes are considered. ([BNI unique abstract]) 2 references

Source: BNI

Available in fulltext from British Journal of Community Nursing at EBSCOhost

40. Assessing decision-making capacity: adults and young persons.

Author(s): Griffith R

Citation: Nurse Prescribing, 01 July 2008, vol./is. 6/7(312-317), 14799189

Publication Date: 01 July 2008

Abstract: In his last article, Richard Griffith considered how nurse prescribers must assess the decision-making capacity of children under 16 years by following the rule in Gillick. This article discusses the legal framework for assessing the decision-making capacity of adults and children 16 years and older set out under the Mental Capacity Act 2005

Source: CINAHL

Available in fulltext from Nurse Prescribing at EBSCOhost

172. Liability for spreading sexually transmitted disease.

Author(s): Griffith, R

Citation: Nurse Prescribing, Jan 2008, vol. 6, no. 1, p. 31-33, 1479-9189 (January 2008)

Publication Date: January 2008

Abstract: 2nd in series on issues affecting nurse prescribers working in sexual health, focusing on legal liability for intentionally or recklessly infecting a partner with HIV or other
sexually transmitted disease (STD). Legal cases which have led to charges of grievous bodily harm are reviewed and the implications for nurse prescribers caring for patients with a serious STD are discussed. ([BNI unique abstract]) 8 references

**Source:** BNI

Available in fulltext from *Nurse Prescribing* at EBSCOhost

### 154. Mixing drugs in syringe drivers is breaking the law.

**Author(s):** Pountney, D

**Citation:** Cancer Nursing Practice, Sep 2008, vol. 7, no. 7, p. 12-13, 1475-4266 (September 2008)

**Publication Date:** September 2008

**Abstract:** Recent announcement by the NMC that nurse prescribers are breaking the law by prescribing different drugs to be mixed in the same syringe drive. The Medicines and Healthcare Products Regulatory Agency (MHRA) has warned that the mixing of drugs creates a new and unlicensed drug. ([BNI unique abstract]) 0 references

**Source:** BNI

Available in print at *Lincoln County Hospital Professional Library*

Available in print at *Pilgrim Hospital Staff Library*

Available in fulltext from *Cancer Nursing Practice* at EBSCOhost

Available in print at *Grantham Hospital Staff Library*

### 150. Nurse prescribers, care pathways and the law.

**Author(s):** Griffith, R

**Citation:** Nurse Prescribing, Oct 2008, vol. 6, no. 10, p. 456-459, 1479-9189 (October 2008)

**Publication Date:** October 2008

**Abstract:** The legal implications for nurse prescribers of using care pathways if care given varies from the planned care. Issues of negligence, liability and breach of duty are discussed and the role of care pathways is explained. ([BNI unique abstract]) 9 references

**Source:** BNI

Available in fulltext from *Nurse Prescribing* at EBSCOhost

### 136. Nurse prescribing: the elephant in the room?

**Author(s):** Strickland-Hodge, B

**Citation:** Quality in Primary Care, Jan 2008, vol. 16, no. 2, p. 103-107, 1479-1072 (2008)

**Publication Date:** January 2008

**Abstract:** Critical consideration of the role of nurses as independent prescribers. Training, pharmacological knowledge, legal issues and protocols for nurse prescribers are discussed. ([BNI unique abstract]) 14 references

**Source:** BNI

Available in fulltext from *Quality in Primary Care* at EBSCOhost

### 162. Patient confidentiality: rights and duties of nurse prescribers.

**Author(s):** Griffith, R

**Citation:** Nurse Prescribing, Mar 2008, vol. 6, no. 3, p. 116-120, 1479-9189 (March 2008)
Publication Date: March 2008

Abstract: The nurse prescriber's duty of confidence and lawful sharing of information. The ethical and legal aspects of sharing patient information are explained with reference to NHS contractual agreements, the NMC Code of Professional Conduct (2004), the Data Protection Act 1998, legislation and Caldicott guardians. It is argued that the duty of confidence must be balanced against the need for disclosure. [(BNI unique abstract)] 16 references

Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

45. Patients' attitudes towards, and information needs in relation to, nurse prescribing in rheumatology.
Author(s) Berry D, Bradlow A, Courtenay M
Citation: Journal of Clinical Nursing, 15 January 2008, vol./is. 17/2(266-273), 09621067
Publication Date: 15 January 2008
Source: CINAHL
Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services' eJournal collection

171. Prescribing controlled drugs.
Author(s) Sains, K
Citation: Practice Nurse, Jun 2008, vol. 35, no. 11, p. 30-38, 0953-6612 (June 6, 2008)
Publication Date: June 2008
Abstract: Prescribing Nurse series. Legislation relating to controlled drugs with medical uses. A summary of schedules 2-5 under the Misuse of Drugs Regulations 2001 is presented and prescription requirements for schedule 2 and 3 controlled drugs are given. A list of controlled drugs currently available to nurse independent prescribers is included and the purpose and value of non-medical prescribers is highlighted. [(BNI unique abstract)] 9 references
Source: BNI
Available in fulltext from Practice Nurse at EBSCOhost
Available in fulltext from Practice Nurse at EBSCOhost

120. Safety and quality in independent prescribing: an evidence review.
Author(s) Latter, S
Citation: Nurse Prescribing, Feb 2008, vol. 6, no. 2, p. 59-66, 1479-9189 (February 2008)
Publication Date: February 2008
Abstract: Literature review of research on nurse prescribing, examining the impact on patients, safety and quality of nurse prescribing and nurses' knowledge, competencies and confidence. A prescribing competency framework and standards of proficiency for nurse practitioners and prescribers are included. [(BNI unique abstract)] 20 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

38. Shifting supervision: implications for safe administration of medication by nursing students.
Background. Medication errors made unintentionally by nurses continue to be a major concern in hospitals, medical centres and aged care facilities throughout Australia. While there is a plethora of literature available, which has identified factors that contribute to nurses making errors, few studies have reported on factors that may contribute to errors made by nursing students. Design. A grounded theory approach. Methods. In-depth interviews with final-year undergraduate nursing students (n = 28) to explore their experiences of administering medication. Constant comparative analysis was used to identify categories from the data. Results. The central category was identified as 'shifting levels of supervision'. This describes the process of supervision students received when administering medication. Four levels were identified: 'being with', 'being over', 'being near' and 'being absent'. The findings suggest that nursing students do not always receive the level of supervision that is legally required. Less than satisfactory levels of supervision were identified by participants as leading to medication errors or near misses. Conclusion. Apart from 'Being with', the levels of supervision described by participants have major implications for the safe administration of medication by nursing students and represent the actual or potential cause of error. Relevance to clinical practice. The potential for medication errors pose a major safety issue. Healthcare services have a responsibility to protect patient safety. Appropriate supervision of nursing students when administering education therefore requires urgent attention to ensure best practice is executed.

Source: CINAHL
Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services' eJournal collection

Author(s) Griffith, R

Citation: Nurse Prescribing, Dec 2007, vol. 5, no. 11, p. 507-511, 1479-9189 (December 2007)

Publication Date: December 2007

Abstract: 1st in series outlining the provisions of the Sexual Offences Act (2003). Sexual offences and valid consent are defined and the specific application to children under 13, under 16 and under 18 and people with a mental disorder is explained. The implications for nurse prescribers in sexual health offering advice and contraception are discussed. [(BNI unique abstract)] 5 references

Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

95. A qualitative study on the impact of legislation on prescribing of controlled drugs by nurses.

Author(s) Stenner, K, Courtenay, M

Citation: Nurse Prescribing, Jul 2007, vol. 5, no. 6, p. 257-261, 1479-9189 (July 2007)

Publication Date: July 2007

Abstract: Qualitative research on the attitudes of qualified nurse independent and supplementary prescribers on prescribing for patients in pain and the impact of legislation restricting the prescribing of controlled drugs. Nurses working in acute, chronic and palliative pain settings were interviewed about their perceptions of the effect of the legislation on practice and other factors which determined the way they worked. [(BNI unique abstract)] 21 references

Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

48. A secondary care nursing perspective on medication administration safety.

Author(s) McBride-Henry K, Foureur M

Citation: Journal of Advanced Nursing, 01 October 2007, vol./is. 60/1(58-66), 03092402

Publication Date: 01 October 2007

Abstract: Aim. This paper is a report of a study to explore how nurses in a secondary care environment understand medication administration safety and the factors that contribute to, or undermine, safe practice during this process. Background. Medication safety is an important issue in which acute care nurses are actively involved on a daily basis. International research highlights that, despite attempts to maintain patient safety during this
process, many errors are made. Method. Data were collected in 2005 using three focus
groups of nurses that formed part of a larger study examining organizational safety and
medication administration from a nursing perspective. A narrative approach was employed
to analyse the transcripts. Findings. Participants had good understandings of organizational
culture in relation to medication safety and recognized the importance of effective multi-
disciplinary teams in maintaining a safe environment for patients. Despite this, they
acknowledged that not all systems work well, and offered a variety of ways to improve
current medication practices. Conclusion. These findings highlight the meaningful
correction nurses can make to patient safety and emphasize the importance of including
the nursing voice in any quality improvement initiatives. Researchers must seek nurses’
opinions on safe medication practice in order that medication safety can be improved. Local
contexts may influence medication safety in ways that only nurses can identify. When
addressing the issue of medication safety, it is important to focus nursing research on both
the macro and the micro contexts.

Source: CINAHL
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

184. Communication skills: information giving.
Author(s) Timmins, F
Citation: Nurse Prescribing, Nov 2007, vol. 5, no. 10, p. 437-441, 1479-9189 (November
2007)
Publication Date: November 2007
Abstract: 2nd of 3 articles about essential communication skills required by nurse
prescribers. The skills of information giving are explained, including how to identify a
patient's information needs, establishing a good relationship with patients and listening
skills. Deciding on appropriate teaching methods and encouraging self-efficacy are also
discussed. [(BNI unique abstract)] 32 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

160. Communication skills: revisiting the fundamentals.
Author(s) Timmins, F
Citation: Nurse Prescribing, Oct 2007, vol. 5, no. 9, p. 395-399, 1479-9189 (October 2007)
P
Publication Date: October 2007
Abstract: 1st of 3 articles on communication requirements of the nurse prescriber role,
focusing on the theory and principles of communication, the process of patient-focused
communication and its importance to the nurse patient relationship. [(BNI unique abstract)]
33 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

122. Covert administration of medicines to adults must be the last r
Author(s) Griffith, R
Citation: Nurse Prescribing, Mar 2007, vol. 5, no. 2, p. 79-81, 1479-9189 (March 2007)
P
Publication Date: March 2007
Abstract: Legal implications for nurses of covert drug administration, as it relates to
criminal and human rights law and the duty of care. The pathways of administration for
England and Wales and Scotland, which allow covert administration as a last resort for
incapable adults are included. [(BNI unique abstract)] 14 references
Source: BNI
185. Know the code: working with drug reps.

Author(s): Simmonds, H

Citation: Practice Nurse, May 2007, vol. 33, no. 9, p. 14-20, 0953-6612 (May 11, 2007)

Publication Date: May 2007

Abstract: Prescribing Nurse series. Guidance on ensuring that relationships between nurse practitioners and representatives from pharmaceutical companies are ethical. Information on the Association of the British Pharmaceutical Industry's (ABPI) Code of Practice is presented. [(BNI unique abstract)] 1 references

Source: BNI

Available in fulltext from Practice Nurse at EBSCOhost

169. Legal regulations for management of health care waste.

Author(s): Griffith, R

Citation: Nurse Prescribing, Oct 2007, vol. 5, no. 9, p. 409-412, 1479-9189 (October 2007)

Publication Date: October 2007

Abstract: The law relating to domestic, health care and clinical waste, according to UK and European regulations, with special reference to the responsibility of nurse prescribers. Types of medical waste are classified, including controlled drugs and cytotoxic and cytostatic medicines, sharps and maggots. Requirements for the storage of health care waste are also explained. [(BNI unique abstract)] 15 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

140. Legal requirements for prescribers conducting intimate examinations.

Author(s): Griffith, R

Citation: Nurse Prescribing, Jul 2007, vol. 5, no. 6, p. 269-271, 1479-9189 (July 2007)

Publication Date: July 2007

Abstract: Overview of the law governing nurse prescribers when they have to examine and touch patients physically in intimate or sensitive areas. The importance of consent, documentation, the appropriate use of chaperones and legal requirements are discussed and recommendations for best practice are made. [(BNI unique abstract)] 14 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

117. Legal requirements for the prescribing and administration of medicines.

Author(s): Griffith, R

Citation: British Journal of Community Nursing, Oct 2007, vol. 12, no. 10, p. 477-481, 1462-4753 (October 2007)

Publication Date: October 2007

Abstract: Development of nurse prescribing since the implementation of the Medicinal Products: Prescription by Nurses, etc. Act 1992 and outline of current procedures guiding drug prescribing and administration by district nurses. Prescribers’ accountability, independent, supplementary and community practitioner nurse prescribing, patient group directions, and exemptions in the Medicines Act 1968 for supplying and administering
medicines without prescription are discussed. [BNI unique abstract] 10 references

Source: BNI
Available in fulltext from British Journal of Community Nursing at EBSCOhost

91. Managing controlled drugs: regulation changes.
Author(s) Nazarko, L
Citation: Nursing & Residential Care, Jun 2007, vol. 9, no. 6, p. 278-280, 1465-9301 (June 2007)
Publication Date: June 2007
Abstract: Best practice recommendations for the management of controlled drugs in care homes, including a brief review of the regulations which govern them and a summary of the national minimum standards on medication (2002). The implications for self medication by residents and issues relating to record keeping, nurse prescribing and medication errors are also discussed. [BNI unique abstract] 5 references
Source: BNI
Available in fulltext from Nursing and residential care : the monthly journal for care assistants, nurses and managers working in health and social care at EBSCOhost

47. Nurses’ experiences of drug administration errors.
Author(s) Schelbred A, Nord R
Citation: Journal of Advanced Nursing, 01 November 2007, vol./is. 60/3(317-324), 03092402
Publication Date: 01 November 2007
Abstract: Aim. This paper is a report of a study to describe the experiences of nurses who had committed serious medication errors, the meaning these experiences carry, and what kind of help and support they received after committing their error. Background. Medication administration is an important nursing task. Work overload, combined with increased numbers and dosages of medication prescribed, puts nurses at risk of making serious errors. A drug error has the potential for disastrous consequences for patients. What is sometimes disregarded is the effect on the nurse involved. The majority of research on nurses and medication errors is framed within biomedicine, law and management. Methods. An explorative, descriptive design was adopted and 10 in-depth interviews were conducted in 2003 with nurses who had committed a medication error. The text was analysed using a phenomenological method. Findings. Serious medication errors can have a great impact on nurses, both personally and professionally. Reactions from significant others were central to the final outcome for nurses who made drug errors. They wanted to share their experiences, but this required confidence and trust. Nurses were generally willing to accept responsibility for their errors. Conclusion. Strategies should be developed so that errors can be managed in a constructive manner, which includes exploring underlying causes and the counselling and support needs of the nurses involved.
Source: CINAHL
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

195. The drugs decision.
Author(s) O’Dowd, A
Citation: Nursing Times, Mar 2007, vol. 103, no. 12, p. 16-18, 0954-7762 (March 20, 2007)
Publication Date: March 2007
Abstract: The increase in the number of independent nurse prescribers and the importance of them being aware of the codes of practice that govern their dealings with drug companies. The implications for prescribers of the Association of British Pharmaceutical Industry code of practice and other ethical issues are discussed. [BNI
174. The importance of earnest record keeping.

Author(s): Griffith, R

Citation: Nurse Prescribing, Sep 2007, vol. 5, no. 8, p. 363-366, 1479-9189 (September 2007)

Publication Date: September 2007

Abstract: Legal aspects of record keeping as part of the nurse prescriber's duty, with reference to some recent legal cases. The content of records, corroboration of prescribing, legibility, clarity and arrangements for sharing access to patient records are discussed. Recommendations are made on the need for contemporaneous recording of information. (BNI unique abstract) 14 references

Source: BNI

Available in print at Lincoln County Hospital Professional Library
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Times at the ULHT Library and Knowledge Services’ eJournal collection

137. The power to prescribe.

Author(s): O'Dowd, A

Citation: Nursing Times, Jan 2007, vol. 103, no. 3, p. 16-18, 0954-7762 (January 16, 2007)

Publication Date: January 2007

Abstract: Overview of the current situation regarding nurse prescribing, following the opening up of the British National Formulary to nurses. Barriers which still exist for nurse prescribers are discussed, including access to essential training, lack of medical mentors, resistance from the medical profession and fears about patient safety. (BNI unique abstract) 0 references

Source: BNI

Available in print at Lincoln County Hospital Professional Library
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Times at EBSCOhost


Author(s): Griffith, R

Citation: Nurse Prescribing, Jul 2006, vol. 4, no. 6, p. 245-249, 1479-9189 (July 2006)

Publication Date: July 2006

Abstract: The main changes to be introduced by the Mental Capacity Act 2005, summarising the principles in relation to patients’ capacity for decision-making. The implications for the legal liability of nurse prescribers and the concepts of determining best interests and taking into account patients' wishes and feelings are outlined, including the special requirements for advance directives and refusal of life-sustaining treatment. (BNI unique abstract) 0 references

Source: BNI

Available in print at Lincoln County Hospital Professional Library
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library
Available in fulltext from Nursing Times at the ULHT Library and Knowledge Services’ eJournal collection
196. Clinical ethics and the commercial pressures on prescribing.

Author(s): Spicer, J

Citation: Nurse Prescribing, Oct 2006, vol. 4, no. 9, p. 372-375, 1479-9189 (October 2006)

Publication Date: October 2006

Abstract: Ethical aspects of the commercial pressures affecting nurse prescribers and the influence of the pharmaceutical companies. The relationship between drug companies and prescribers and the acceptance of gifts or invitations are discussed in relation to existing codes of conduct and guidelines. ([BNI unique abstract]) 6 references

Source: BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

128. Clinical management plans.

Author(s): Plastow, L

Citation: Practice Nurse, Apr 2006, vol. 31, no. 7, p. 17-18, 0953-6612 (April 7, 2006)

Publication Date: April 2006

Abstract: Prescribing Nurse supplement. Overview of the bureaucratic and legal features of clinical management plans to allow independent and supplementary prescribing by nurses and midwives. ([BNI unique abstract]) 0 references

Source: BNI

Available in fulltext from Practice Nurse at EBSCOhost


Author(s): Banning M

Citation: Nursing Older People, 01 April 2006, vol./is. 18/3(27-), 14720795

Publication Date: 01 April 2006

Abstract: In the UK, medication errors are a growing problem. Dobrzanski et al (2002) estimated that in one trust the incidence of medication error ranged between 35 to 70 per cent. Such high estimations are a cause for concern, particularly when the administration and supply of medicines, which directly involves nurses, can contribute to the cause of medication error. Part of the National Patient Safety Agency's (NPSA) role is monitoring medication errors in hospitals. Although the NPSA can provide information on drug alerts that target primary care organisations, obtaining accurate figures for medication errors is more difficult. Medication errors can be extremely harmful for older people, therefore nurses who prescribe or administer medicines should be assessed for mathematical competence, but also be aware of the potential problems that can arise from medication errors (Banning 2005).

Source: CINAHL

Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library
Available in print at Grantham Hospital Staff Library
Available in fulltext from Nursing Older People at EBSCOhost
116. Controlled drugs and the principle of double effect.

**Author(s)** Griffith, R

**Citation:** British Journal of Community Nursing, Aug 2006, vol. 11, no. 8, p. 352-357, 1462-4753 (August 2006)

**Publication Date:** August 2006

**Abstract:** Outline of changes to the law regarding prescribing controlled drugs, focusing on prescribing by district nurses engaged in palliative care. The principle of double effect, in which analgesics are administered to the terminally ill even though they may hasten death, is explained and the need for the principle to be clarified to prevent wrongful prosecution of nurses is emphasised. [(BNI unique abstract)] 19 references

**Source:** BNI

Available in fulltext from British Journal of Community Nursing at EBSCOhost

146. Dispensing pharmaceutical samples: a few reminders.

**Author(s)** Klein, C

**Citation:** Nurse Practitioner, Apr 2006, vol. 31, no. 4, p. 15., 0361-1817 (April 2006)

**Publication Date:** April 2006

**Abstract:** Legal File series. Legal responsibilities and issues for nurse practitioners who offer patients prescribed medications which have been given as free samples. [(BNI unique abstract)] 1 references

**Source:** BNI

Available in fulltext from Nurse Practitioner at EBSCOhost

17. Effective strategies to increase reporting of medication errors in hospitals

**Author(s)** VanOyen Force, Mary, Deering, Linda, Hubbe, John, Andersen, Marcy, Hagemann, Barbara

**Citation:** Journal of Nursing Administration, 2006, vol./is. 36/1, 0002-0443

**Publication Date:** 2006

**Abstract:** A major concern for patient safety in hospitals is accurate medication administration. To improve the medication administration process, nurses and pharmacists must report system problems. Although staff supported the concept of medication error reporting, they did not report errors. Inherent fear of retribution, punitive actions, and professional humiliation prevented self-reporting of medication errors. The authors' hospitals' quality improvement department developed, implemented, and evaluated a programme called LifeSavers. Its purpose was to build a nonpunitive culture and to increase medication error reporting by staff. In one year, the LifeSavers programme increased medication error disclosures from 14 to 72 reports per month. The successful development of a nonblame culture of medication error reporting led to identified sources of problems and improvement of the medication administration system. Cites 11 references.

**Source:** HMIC

Available in fulltext from Journal of Nursing Administration at East Midlands Ovid Archive Collection

56. Legal advisor. Case #2: prescription refill leads to tragedy.

**Author(s)** Starr DS

**Citation:** Clinical Advisor for Nurse Practitioners, 01 November 2006, vol./is. 9/11(99-100), 15247317
124. Legal requirements for prescribing, supply and administration of medicines.

**Author(s)** Griffith, R

**Citation:** Nurse Prescribing, Oct 2006, vol. 4, no. 9, p. 365-370, 1479-9189 (October 2006)

**Abstract:** The procedures by which nurses prescribe, supply or administer drugs and the legal requirements which allow this, including independent prescribing, supplementary prescribing, community practitioner prescribing according to the Nurse Prescribers' Formulary, the use of patient group directions, and supply according exemptions under section 58(2)(b) of the Medicines Act or in accordance with a patient-specific direction issued by an appropriate practitioner. [([BNI unique abstract]) 13 references

**Source:** BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

127. The role of nurse prescribers in the management of controlled drugs.

**Author(s)** Griffith, R

**Citation:** Nurse Prescribing, May 2006, vol. 4, no. 4, p. 155-160, 1479-9189 (May 2006)

**Abstract:** Legal aspects of the extension of nurses' right to prescribe to cover controlled drugs. Restrictions on controlled drugs, including those introduced after the report of the Shipman Inquiry, and the nurse's accountability and responsibility are discussed. [([BNI unique abstract]) 14 references

**Source:** BNI

Available in fulltext from Nurse Prescribing at EBSCOhost

63. Innovative approaches to reducing nurses' distractions during medication administration.

**Author(s)** Pape TM, Guerra DM, Muzquiz M, Bryant JB, Ingram M, Schranner B, Alcala A, Sharp J, Bishop D, Carreno E, Welker J

**Citation:** Journal of Continuing Education in Nursing, 01 May 2005, vol./is. 36/3(108-118), 00220124

**Publication Date:** 01 May 2005

**Abstract:** Background: Contributing factors to medication errors include distractions, lack of focus, and failure to follow standard operating procedures. The nursing unit is vulnerable to a multitude of interruptions and distractions that affect the working memory and the ability to focus during critical times. Methods that prevent these environmental effects on nurses can help avert medication errors.

**Source:** CINAHL

Available in fulltext from Journal of Continuing Education in Nursing at EBSCOhost

107. Nurse prescribing: Q&As.

**Author(s)** Bishop, T

**Citation:** Practice Nurse, Sep 2005, vol. 30, no. 5, p. 41., 0953-6612 (September 23, 2005)
Publication Date: September 2005

Abstract: Prescribing Nurse series. Questions and answers about the laws governing nurse prescribing and the defence cover required by a prescriber. [(BNI unique abstract)] 3 references

Source: BNI
Available in fulltext from Practice Nurse at EBSCOhost

164. Nurse prescribing and the issue of patient confidentiality.

Author(s) Griffith, R, Channon, C

Citation: Nurse Prescribing, Apr 2005, vol. 3, no. 2, p. 73-75, 1479-9189 (April 2005)

Publication Date: April 2005

Abstract: Legal aspects of nurse prescribing, focusing on the legal obligation of confidentiality to patients. The legal basis of the duty of confidence and the occasions when exceptions are allowed are reviewed. [(BNI unique abstract)] 14 references

Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

72. Nurses out of step with Parkinson’s patients.

Author(s) Agnew, T

Citation: Nursing Older People, Jul 2006, vol. 18, no. 6, p. 8-9, 1472-0795 (July 2006)

Publication Date: July 2006

Abstract: The difficulties experienced by patients with Parkinson disease in obtaining medication on time when in hospital. The inflexibility of ward drug rounds and the need for nurses to listen to patients are highlighted in the Parkinson's Disease Society's 'Get it on time' campaign. [(BNI unique abstract)] 0 references

Source: BNI
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library
Available in print at Grantham Hospital Staff Library
Available in fulltext from Nursing Older People at EBSCOhost

98. Prescribing for patients where English is not a first language: a pilot study.

Author(s) Otway, C, Bowskill, D

Citation: Nurse Prescribing, Jun 2005, vol. 3, no. 3, p. 110-114, 1479-9189 (June 2005)

Publication Date: June 2005

Abstract: Research into the perceptions of nurse prescribers in Leicestershire about prescribing for patients who have a 1st language other than English. A self-completed questionnaire was used to identify what languages were commonly encountered, how the nurses coped with language barriers, especially the need to gain consent, and their views on the restrictions of the extended formulary. [(BNI unique abstract)] 33 references

Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

152. Prescribing partnerships.
Abstract: The importance of nurse prescribers understanding the reasons for patient non-compliance when they prescribe and the need for a change from the paternalistic approach so that patients are treated as partners with the prescriber. [(BNI unique abstract)] 11 references

Source: BNI
Available in fulltext from Emergency Nurse at EBSCOhost
Available in print at Pilgrim Hospital Staff Library

Author(s) Travers, J
Citation: Nurse Prescribing, Aug 2005, vol. 3, no. 4, p. 164-167, 1479-9189 (August 2005)
Publication Date: August 2005
Abstract: Qualitative research on the views and experiences of extended formulary nurse prescribers in a primary care trust. Participants described how prescribing had affected their role and identified concerns about the limitations of 'rubber stamping', anxieties and lack of confidence, the effect on interprofessional relations with doctors, the adequacy of training and how they saw future developments. [(BNI unique abstract)] 22 references
Source: BNI
Available in fulltext from Nurse Prescribing at EBSCOhost

181. Supplementary nurse prescribing: considerations for older people.
Author(s) Wong, L, Lee, P
Citation: Journal of Diabetes Nursing, May 2005, vol. 9, no. 5, p. 182-185, 1368-1109 (May 2005)
Publication Date: May 2005
Abstract: Diabetes Care in Older People supplement. The advantages and disadvantages of supplementary nurse prescribing, with special reference to older people with diabetes. The role of diabetes nurse specialists as prescribers, the training needed to become a supplementary prescriber, safety and legal issues are discussed. [(BNI unique abstract)] 14 references
Source: BNI

Author(s) Caulfield, H
Citation: Practice Nurse, Feb 2005, vol. 29, no. 4, p. 42-46, 0953-6612 (February 25, 2005)
Publication Date: February 2005
Abstract: Prescribing Nurse supplement. Overview of the professional and legal accountability of nurse prescribers. The Nursing and Midwifery Council Code of Professional Conduct is described and its guidelines for the administration of medicide are compared with the ones set by the Department of Health. Advice on how to avoid a fitness-to-practice referral to the NMC is provided. [(BNI unique abstract)] 3 references
Source: BNI
Available in fulltext from Practice Nurse at EBSCOhost
62. The "real" truth.

Author(s) Keck SD

Citation: Nurse Reporter, 01 September 2005, vol./is. 1/4(11-15),

Publication Date: 01 September 2005

Abstract: The "Real" Truth was presented in 2 parts by Ben A. Rich, JD, PhD, and Neil Irick, MD. In part 1 of the program, Dr Rich reviews legal cases that involve pain management by healthcare professionals. This part also considers the implications these cases may have on those treating patients in pain. In part 2, Dr Irick outlined the practices that healthcare professionals should implement when prescribing opioid analgesics to patients in pain. Patient assessment and biases held by both the patient and healthcare professional were discussed.

Source: CINAHL
Completeness of prescriptions issued to dermatology patients

M Courtenay, N Carey - Nurse Prescribing, 2008 - internurse.com
... Medicines Partnership and the Medicines Management Services Collaborative, London Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife ... Nurses prescribing for dermatology patients use the correct documentation, write legibly in ...
Cited by 5 Related articles All 9 versions Cite

Barriers to extended nurse prescribing among practice nurses

A Kelly, J Neale, R Rollings - Community Practitioner, 2010 - ingentaconnect.com
Cited by 3 Related articles All 2 versions Cite

Using a virtual patient activity to teach nurse prescribing

HM Hurst, D Marks-Maran - Nurse Education in Practice, 2011 - Elsevier
... nurse prescribing are laid down by the Nursing and Midwifery Council (NMC, 2006), the regulatory body for nursing in the ... (2005) highlighted that there was an absence of research that investigated nurses’ experiences of educational preparation for the nurse prescribing role. ...
Cited by 3 Related articles All 5 versions Cite

Uncomfortable prescribing decisions in hospitals: the impact of teamwork

PJ Lewis, MP Tully - JRSM, 2009 - 171.66.127.115
... well, if I put the cannula in there's no more work for her [the nurse] because she's ... the structure of the medical hierarchy appears to overlap with that of the nursing hierarchy. ...
Increased joint training with nurses and pharmacists in the undergraduate course, for example, may help ...
Cited by 18 Related articles All 10 versions Cite

Issues in nursing documentation and record-keeping practice

A Prideaux - British Journal of Nursing, 2011 - internurse.com
Cited by 1 Related articles All 5 versions Cite