



Rachel Chittick

ANNP, NICU,
Liverpool Women's
Hospital NHS Trust

Reaping the benefits of non-medical prescribing in the NICU

The interaction between healthcare professional and patient is influenced by numerous personal, legal, clinical and contextual factors. One such area is that of nurse prescribing. Recently the number of nurses undertaking the non-medical prescribing course has rapidly increased in line with governmental directives. It has enhanced patient care at primary level, but it has also had a positive effect on secondary level care, especially within neonatal units. The role of the advanced neonatal nurse practitioner (ANNP) working in a medical role on a busy NICU demands a prescribing competency. In the absence of a neonatally focused prescribing course, many ANNPs have undertaken the often ridiculed, adult pharmacology-based non-medical prescribing course in order to be able to perform their job on a day to day basis. So what impact has this had?

From the moment of admission, a sick or premature infant may need to be prescribed a variety of medications and fluids, for example, surfactant, Vitamin K, dextrose, antibiotics, indomethacin. A sicker infant may require inotropic support, blood products, insulin, sodium bicarbonate etc. If ANNPs have undertaken the course, have registered as Nurse Independent Prescribers and are fully supported by their individual Trusts, they can now prescribe infants most of the vital medications they require in those first few precious hours.

However prescribing is not a totally new phenomenon where neonatal nursing is concerned. Prior to this course being made available for nursing staff, ANNPs were often able to diagnose the presenting condition and identify which medications were required. These were either prescribed by the ANNP and then countersigned by a doctor, or alternatively nursing staff had to wait for a doctor to become available to prescribe depending upon local policy. This often led to an unacceptable wait for the infants to receive their medications. Despite its adult focus, undertaking the non-medical prescribing course has led to ANNPs being able to diagnose and now legally treat presenting conditions for the infants in their care. As a result, infants have almost immediate access to the medications they require and ANNPs are able to fulfil their roles and obtain enhanced job satisfaction.

How does non-medical prescribing affect the care of these infants? Writing a prescription starts a process which will have an impact on the patient, the prescriber and the NHS. This process is often complex and all non-medical prescribers

will need to consider many relevant factors before deciding to prescribe for an infant. This in itself poses one particular problem within our specific population – most medications are used off label or are not licensed for neonatal use. This important fact must be considered carefully when prescribing for the neonatal population. There needs to be close liaison with a dedicated pharmacy team and the neonatal unit in order to ensure that infants are exposed to the minimum number of medications necessary for the shortest length of time they are required. Pharmacists are a useful source of help and advice to any prescriber, particularly on matters of pharmacology, drug usage and product selection.

From a risk management point of view, non-medical prescribers need to be aware of adverse clinical events and adverse drug reactions and must accurately report these when they occur. Risk management in this area covers storage, supply/dispensing, prescribing, administration, transcribing and monitoring of medications. It is therefore essential that all medications required are prescribed, stored, supplied, administered and monitored correctly in order to reduce the potential for errors to occur. Utilising a local formulary or the Children's BNF will aid non-medical prescribers to prescribe appropriately. It is imperative that ANNPs performing this role adhere to local application of policy and procedure in order to safeguard the patient and their own practice. It must be remembered that nurses performing medical tasks will be judged legally at the level of a competent doctor, in addition to being clinically, legally and professionally responsible for their own prescribing. Perhaps the most important point is that all non-medical prescribers should only prescribe within their sphere of competence e.g. an ANNP should not be prescribing ACE inhibitors for a mother on the maternity ward.

Undertaking the non-medical prescribing course provides the ANNP with the legal and professional requirements and framework for them to safely prescribe for the infants in their care. The fact that it is pharmacologically adult-based has no impact on the ability of the ANNP to exploit the course to best advantage. It is quite easy to utilise the everyday drugs used in neonatal practice during the course and adapt accordingly. The course has enabled ANNPs to fulfil their full potential and to enhance their role professionally, clinically and legally. For ANNPs holistic care is now a true reality.