Non-Medical Prescribing in the Acutely Ill. March 13th, 2024

Intro – Ollie Phillips ACP

Ollie Phillips set the scene for the day with a discussion on the BACCN prescribing statement. He outlined how 98 million medication errors occur each year and around 1700 avoidable deaths. And around 1 in 5 medication errors are made in hospital. Highlighting the importance of getting prescribing right.

The 2022 RPS Competency Framework put patients at the centre of everything we do as prescribers. Ollie talked about the importance of joining a NMP Forum within your workplace, and how doing the course does not mean competence, experience and building a portfolio is key. We discussed clinical supervision and meeting with supervisors regularly to ensure you are meeting requirements. Know your Trust NMP policy.

Session 2 Karin Gerber – Lead ACP/CCOT at Royal Berkshire.

Karin talked about the 50/30/20 splint within prescribing. 50% is knowing your patient and their history. 30% is knowing the medications, 20% does the nursing team in that area know the importance of what is prescribed. We went through some interesting case studies, also discussing consent and assume consent in the acutely ill patient. We also talking around the subject of remote prescribing within Hospital @ Night services.

Session 3 Tom Mitchell – ACP

Tom talked about H@N services and stakeholder buy in. the importance of SOPs and structure. We discussed the various routes to Enhanced and Advanced Practice. Various courses provide knowledge, clinical experience and supervision grow competence.

Session 4 Emma Coutts – ACP CCOT

I found this session from Emma inspirational. What her and her team have achieved show cases what can be done and the value CCO Teams can have. We talked about responding to NEWS2 alerts, ITU discharge reviews and Call 4 Concern. Emma talked about the value of data and how that can support team development and service improvement.

Session 5 – Inge Bateman Lead Nurse Acute Pain

This session was of particular interest to me, as my service covers acute pain. Inge talked through a case study and the prescription choices that were made. We discussed the pros/cons of analgesic choices. Inge explained that patches should not be used for acute pain. Best to utilise something that is easily adjustable.

Session 6 - John Welsh Nurse Consultant

This was a recorded session. John talked about the early recognition of sepsis and the role NMPs can have on improving that first dose prescribing of antibiotics. Lots of groups are working together to improve sepsis recognition and treatment ie, National Outreach Forum, Intensive Care Society etc. John also spoke about the important part families, relatives and carers have on alert staff that their loved one is deteriorating. There are often subtle signs before a NEWS2 trigger. We talked about the introduction of Call 4 Concern and Marthas Rule.

Session 7 - Aleksandra Howell– Clinical Pharmacist. Prescribing in the Elderly

Aleksandra talked about the cognitive effects that medications have on elderly patients. A “leaky blood brain barrier” is a risk of frailty, meaning that medications are more likely to induce cognitive changes. She also explained the effects of anticholinergics have on the body, these include sedation, blurred vision, urinary retention, dry mouth, feeling hot and tachycardia. Her advise was start low and go slow. With regards to codeine the metabolism cannot be relied upon and is unpredictable. It depends on the genetics of the patient. Aleksandra emphasised the importance of regular medication reviews. I found this session very informative.

Session 8 Sally & Angela – Competency Framework for all prescribers.

Sally talked about the importance of shared decision making and informed choice. We also touched upon sustainability and the reduction of waste. NMPs must be mindful of the environmental impact their prescribing choices have.

Angela spoke about her experience as an Acute Med ACP. We discussed a DKA and Sepsis case study. We discussed the importance of understanding and reflecting on our scope of practice using the competency framework.

Session 9 Mark Wilson ACP in CCOT

Mark talked about the importance of auditing the prescribing habits of a team. You can often identify individuals previous experience from reviewing what they are regularly prescribing. This may show gaps in knowledge that can be improved over time. Utilising data will also shape your service.

Session 10 Ivan Kemp Critical Care Pharmacist

Ivan works as a Critical Care Pharmacist. He talked about how critical illness influences pharmacodynamics and pharmacokinetics. Patients nutritional state is also very important, and careful consideration must be made to how we administer drugs. Patients are often on multiple medications and there is a fine balance with this.

Overall I enjoyed the conference very much, and would recommend it to other NMPs with a particular interest in acutely ill patients.