AN AUDIT OF NURSE PRESCRIBING IN GENERAL PRACTICE

Ruth Morrow, ANP (Primary Care), Primary Care Centre, Carrigallen, Co Leitrim
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BACKGROUND

Nurse prescribing was introduced in August 2010 in a rural single-handed practice. The nursing service is provided by an Advanced Nurse Practitioner (Primary Care). A national review of independent nurse and midwife prescribing was carried out in 2009 (Drennan et al, 2009). However, this review did not address prescribing in the community setting. In July 2010, the drugs and therapeutics committee approved 70 drugs for the Registered Nurse Prescriber (RNP). This audit was carried out over the first 6 months of nurse prescribing in the practice. The audit examines patient satisfaction with nurse prescribing as well nurse prescribing activity.

METHODOLOGY

Patient satisfaction

142 prescriptions have been written by the RNP during the first 6 months. From a cost perspective it was decided to send questionnaires with a return stamped addressed envelope to 50% of patients. Following randomisation, questionnaires was sent to 54 patients. A well validated patient satisfaction survey (Latter et al, 2005) and an explanation letter was sent.

Nurse prescribing activity

The RNP maintains weekly nurse prescribing activity reports which are sent on a monthly basis to the Drugs & Therapeutics committee. The reports were used to extract nurse prescribing activity during the first 6 months.

RESULTS

Patient satisfaction

37 questionnaires (68%) were returned, 2 of which were fully incomplete and were excluded from analysis. 100% respondents either agreed or strongly agreed that the RNP had provided information regarding the time, frequency and purpose of medication. All respondents said that they “were likely or very likely to take the medication prescribed for them by the nurse”. 94% of respondents agreed or strongly agreed that the RNP explained the side effects of their medication. All respondents said that their waiting time was reduced. When asked if the respondents “would prefer a doctor to prescribe their medication”, the majority (62%) disagreed or strongly agreed with the statement (Figure 1). Respondents were asked if they would “prefer a nurse to prescribe their medication”, 45% agreed that they would and 42& had no opinion (Figure 2). 6% disagreed with this statement (Figure 2)
Nurse prescribing activity

190 drugs were prescribed by the RNP during the first 6 months. The number of items per prescription ranged from one to four. The most commonly prescribed classes of drugs by the RNP were cardiovascular including statins (39%) and respiratory (40%) drugs (Figure 3). Figure 4 illustrates the most common drugs prescribed.

CONCLUSIONS

Introducing nurse prescribing in the practice has been challenging and rewarding. Overall, patients who have received a prescription from the RNP were satisfied with service. The results of this audit are similar to the findings of the national review of independent nurse and midwife prescribing carried out in 2009 (Drennan et al, 2009). The number of drugs on the collaborative practice agreement has been increased from 70 to 75 since the commencement of the initiative. The drugs and therapeutics committee continue to carry out the audit requirements of An Bord Altranais on a twice yearly basis.

REFERENCES


Figure 1: Respondents who would prefer a doctor to prescribe their medication

![Bar chart showing preferences for a doctor to prescribe medication.]

Figure 2: Respondents who would prefer a nurse to prescribe their medication

![Pie chart showing preferences for a nurse to prescribe medication.]

Preference for nurse prescriber

- 16 Agree
- 15 No opinion
- 2 Disagree
- 2 No answer
**Figure 3: Breakdown of drugs prescribed by the RNP**

- Cardiovascular: 75
- Respiratory: 76
- Diabetes: 16
- Antibiotics: 11
- Others: 9
- Anti-histamines: 3

**Figure 4: Breakdown of most commonly prescribed drugs by the RNP**

- Atorvastatin: 25
- Salbutamol: 23
- Fluticasone: 13
- Salmeterol/fluticasone: 13
- Ramipril: 19
- Pravastatin: 5
- Carbocisteine: 5
- Lercanidipine: 6
- Fonoterol/budesonide: 9
- Caprin: 8