

PROFESSIONAL  
STANDARDS  
NURSING &  
MIDWIFERY

Practice Standards and  
Guidelines for Nurses  
and Midwives with  
Prescriptive Authority  
**(4th edition)**



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery  
Board of Ireland

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This document is an interim document while awaiting the updated Requirements and Standards for Nurses and Midwives with Prescriptive Authority.

The *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 4th Edition* replace the *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority, 3rd Edition* (2018). The 4th edition came into effect on 7 October 2019.



01

Introduction

Prescriptive authority for nurses and midwives is founded on a dual framework of medicines legislation and associated regulation and professional regulation. Medicines legislation and regulations are the first frameworks, providing specific legal authority for a nurse or midwife to prescribe medicinal products. The Nursing and Midwifery Board of Ireland (NMBI), the statutory regulatory body for nurses and midwives, has established the second framework. These are the professional regulation and guidance of registered nurse or midwife prescriber (as per its function under the *Nurses and Midwives Act 2011*).

## Medicines Legislation for Nurse and Midwife Prescribing

The primary legislation – the Irish Medicines Board (Miscellaneous Provisions) Act, 2006 – provides for amendments to medicines regulations by Ministerial order for nurses and midwives to prescribe medications.

The Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007 (Statutory Instruments, (S.I.) No. 201 of 2007) and the Misuse of Drugs Regulations 2017 (S.I. No. 173 of 2017) (this revokes the 2007 Misuse of Drugs (Amendment) Regulations) specify the legislative requirements/conditions for prescribing of medicinal products by nurses and midwives.

In addition, the 2007 regulations allow a health service provider to determine further conditions for the prescriptive authority of the nurse or midwife. The prescribing of MDA-controlled drugs, is as detailed in the *Misuse of Drugs Regulations, 2017* which stipulates conditions for Schedule 8 and restrictions for prescribing Schedule 4 and 5 MDAs. (This is outlined in Practice Standard 4).

The provisions of the legislation are summarised as follows:

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

S.I. No. 529 of 2018 provides for the additional authority for the registered nurse or midwife prescriber to prescribe Exempt Medicinal Products within their scope of practice. A number of conditions must be satisfied for this authority.

Reference must be made to the individual legislation and regulation for full details.

## Professional Regulation and Guidance for Nurse and Midwife Prescribing

The NMBI provides for the registration, regulation and education of nurses and midwives, and for other matters relating to their practice of nursing and midwifery. The NMBI sees its overall responsibility to be in the interest and protection of the public. Prescribing is an expansion of a registered nurse's or midwife's scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration

The professional regulatory framework for registered nurse or midwife prescribing is established through the *Nurses Rules, 2007*, amended by the *Nurses Rules 2010* and *Nurses and Midwives Rules 2013* which allows for the creation of a division of the Register for Nurse and Midwife Prescribers. *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007) define the competences to be attained through successful completion of the programme.

Building upon these foundations are the remaining elements of the Board's framework, which are:

- *Decision-making Framework for Nurse and Midwife Prescribing* (An Bord Altranais 2007) (See Appendix 3)
- NMBI guidance documents:
  - » *Guidance to Nurses and Midwives on Medication Management* (2007)
  - » *Recording Clinical Practice Guidance to Nurses and Midwives* (2002)
  - » *Practice Standards for Midwives* (2015)
  - » *The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (2014)
- *Scope of Nursing and Midwifery Practice Framework* (2015)
- *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 4th Edition* (2019)

### Removal of the Collaborative Practice Agreement (CPA)

The NMBI was directed by the Minister for Health and Children in 2006 to devise clinical governance guidance to augment the medicines legislation authorising a registered nurse or midwife to prescribe medication. In fulfilment of this responsibility, the Collaborative Practice Agreement was developed. The Collaborative Practice Agreement was the standard that the NMBI developed to ensure that the requirements as outlined in the medicines legislation were upheld and that clear lines of communication had been identified within the practice setting. It also defined the parameters of the Registered Nurse/Midwife Prescriber's scope of practice (NMBI 2016). The Collaborative Practice Agreement was required as part of the registration requirements for the Registered Nurse Prescriber (RNP)/ Registered Midwife Prescriber (RMP).

In 2015, the NMBI and the Office of the Nursing and Midwifery Services Director (ONMSD), HSE, undertook a review of nurse and midwife medicinal product prescribing systems and processes. The Collaborative Practice Agreement and its relationship to the registration and clinical governance processes for nurse and midwife prescribing were included in the Advisory Group terms of reference because of various factors. These included:

- Time delays for the development and approval processes for the Collaborative Practice Agreement.
- Identification of additional health service providers clinical governance structures for registered nurse or midwife prescribers (e.g. health service provider's policy).
- Stakeholder (RNPs, RMPs, Prescribing Site Coordinators (PSC), Directors of Nursing/Midwifery/Public Health Nursing/Services, Advisory Group members etc.) views were mixed regarding whether the Collaborative Practice Agreement in its current form and criteria are overly prescriptive and restrictive – thus dissuading nurses and midwives from expanding their scope of practice to prescribing medicines.

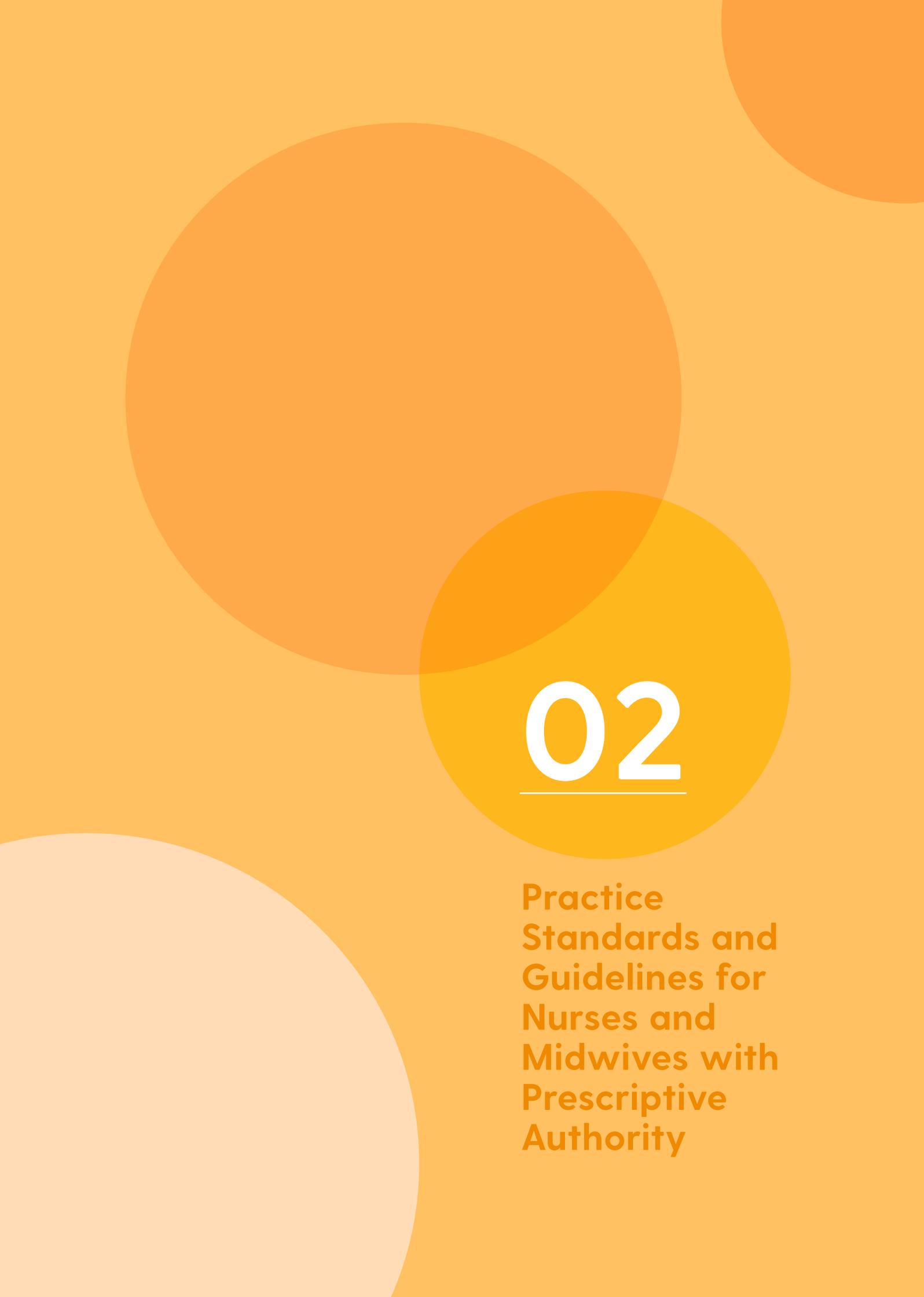
However, one of the challenges that continue to impact on building capacity of registered nurse or midwife prescribers in some clinical areas relates to the Collaborative Practice Agreement and the requirement for multiple signatures of Collaborating Medical Practitioners. In practice, this could involve one registered nurse or midwife prescriber having to access signatures of up to 40 General Practitioners, either in a densely populated area or rural communities with a wide geographical spread.

There is also no legislative requirement for the Collaborative Practice Agreement to be in place before a nurse or midwife can be registered and practice as a prescriber.

Consequently, the Board of the NMBI approved the removal of the Collaborative Practice Agreement on April 17, 2018 as a requirement for nurses and midwives registration and authority to prescribe. The clinical governance for the prescribing of medicinal products is now determined by the local health service provider's medicinal product prescribing policy, procedures, protocols or guidelines (PPPGs).

The registered nurse or midwife prescriber is required to prescribe within their scope of practice and must continue to maintain and demonstrate their competency while fulfilling their role. The registered nurse or midwife prescriber must also undertake audit of their prescribing practices as determined by their local health service provider's audit process for prescribing and medicines management. The result of the audit of prescribing practice must be documented and reported to the person who has the overall responsibility and authority for the governance of registered nurse or midwife prescribing in their health service provider.

The Director of Nursing/Midwifery/Public Health Nursing/Services or their designated person must have overall responsibility and authority for the governance of registered nurse and midwife prescribing to ensure due diligence in their health service provider (NMBI and ONMSD, HSE 2015).



02

**Practice  
Standards and  
Guidelines for  
Nurses and  
Midwives with  
Prescriptive  
Authority**

The professional responsibilities of the registered nurse or midwife prescriber are addressed in the *Practice Standards and Guidelines* that follow and should be viewed as the overarching mechanism under which a registered nurse or midwife prescriber is expected to practice. These specific standards, along with the Decision-making Framework and guidance documents, outline the requirements of NMBI for the registered nurse or midwife prescriber. The *Practice Standards and Guidelines* augment the clinical governance arrangements that are put in place by the local health service provider PPPGs to support safe and professional practices for the implementation of nurse and midwife prescribing.

The prescribing practise involves a number of complex skills including comprehensive consultation, diagnosis, information giving and accurate documentation. Consultation with a person/service user during the prescribing process and the correct completion of a prescription enhances the person/service user's safety and reduce the likelihood of a medication error (World Health Organisation, 1994; Smith, A., Latter, S. and Blenkinsopp, A. 2014).

The rationale for providing these standards and guidelines is as follows;

1. Safe and effective prescribing practice will lead to improved person/service user outcomes, and reduce the incidence of adverse events related to the medication.
2. The role of the registered nurse or midwife prescriber is undertaken in an interdependent system which recognises the expertise of the registered nurse or midwife prescriber and avails of the professional knowledge of medical, nursing and pharmacy colleagues (NMBI and HSE, 2015).
3. Registered nurses or midwives with prescriptive authority are prescribing a wide range of medications across diverse person/service user populations that have the potential to interact.

Two key elements in good prescribing practice are minimising risk and maximising effectiveness (Naughton, C. *et al*, 2013) In minimising risk, it is important to note that prescribing is a complex process and may be associated with adverse events and unintended consequences. Therefore, it is important that the registered nurse or midwife prescriber has a thorough understanding of the medication that is being prescribed, including possible side-effects and the interaction the medication may have with other medications.

It is also important that risk is minimised through comprehensive and accurate recording of the prescribing consultation. Although it is recognised that risk cannot be fully eliminated, the registered nurse or midwife prescriber should take all steps to ensure that risk is minimised. In maximising effectiveness, it is good practice to monitor the impact of the medicinal product prescribed.

It is also essential in the prescribing consultation to respect the person/service user's choice. There are two principles in this regard:

- the registered nurse or midwife prescriber should listen to the person/service user's concerns and needs; and
- they should ensure that the person/service user is educated and informed so that they understand their medication regimen (Naughton, C. *et al*, 2013).

## Objectives

The objectives for the Practice Standards are to:

- provide registered nurse and midwife prescribers with professional guidance for prescriptive authority, including medication management;
- enable registered nurse and midwife prescribers to demonstrate the key competences and related principles to ensure safe, competent, effective and ethical practice;
- ensure appropriate mechanisms of clinical and self-governance are in place relating to the registered nurse or midwife prescriber's scope of practice;
- outline a regulatory framework for registered nurse and midwife prescribers for the continuum of their prescribing authority/practices; and
- assure the public of the competence and professional accountability required of the registered nurse or midwife prescriber by the NMBI.

Each practice standard is described and is accompanied by supporting rationale(s), guidance for practice and reference to *Recording Clinical Practice Guidance to Nurses and Midwives* (An Bord Altranais, 2002).

The standards and guidelines outlined in this document are intended as a guide towards best practice, but should always be used in conjunction with professional judgement.



03

**Practice Standards  
and Guidelines**

## Practice Standard 1. Clinical decision-making process

Nurse and midwife prescribing is underpinned by a number of principles. These include the nurse and midwife's scope of practice (NMBI 2015), their core competences and their decision-making processes. A systematic clinical decision-making process should inform the decision to prescribe.

### Rationale

Registered nurse or midwife prescribers always refer to the *Decision-making Framework for Nurse and Midwife Prescribing (Appendix 3)*. This algorithm outlines the decision-making pathway that should be followed by a registered nurse or midwife prescriber.

The *Decision-making Framework for Registered Nurse and Midwife Prescribing* highlights the importance of the following in informing the nurse or midwife's decision to prescribe:

- Ensure that prescribing is within the registered nurse or midwife prescriber's scope of practice and competency.
- Prescribing is undertaken following an assessment of the person/service user.
- The registered nurse or midwife prescriber has gathered evidence to determine a treatment plan for the person/service user.
- The registered nurse or midwife prescriber has determined the required pharmacological/non-pharmacological treatment option(s) for the person/service user.
- The registered nurse or midwife prescriber initiates the treatment decision in discussion with and agreement with the person/service user (and/or carer, if applicable), providing a comprehensive description of the treatment prescribed including expectations of treatment and side-effects if any.
- The registered nurse or midwife prescriber ensures that record keeping is accurate and up-to-date.
- The registered nurse or midwife prescriber documents the treatment plan including the prescribed medication monitoring, evaluation and follow-up care.
- The registered nurse or midwife prescriber refers the person/service user to the appropriate healthcare professional if required.

### Associated competencies

#### Domain 1. Professional/ethical practice

- 1.3 Practises within a framework of professional accountability and responsibility in relation to prescribing.

#### Domain 2. Holistic approaches to care and integration of knowledge

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

## Practice Standard 2. Communication and history-taking

The responsibility of prescriptive authority requires the registered nurse or midwife prescriber to effectively and efficiently communicate with the person/service user and to complete accurate and comprehensive medication history.

### Rationale

Communicating with a person/service user and comprehensive history-taking are fundamental principles of safe and effective prescribing practice. The quality of the consultation with the person/service user is central to outcomes such as correct diagnosis, effective treatment, concordance, medication adherence, quality and safety. The complexity, depth of information and duration of a consultation is dictated by the individual person/service user's needs.

The underlying principle is that the information is sufficient to allow the formulation of an appropriate plan of care. A comprehensive medication history is important to reduce the possibility of prescribing errors associated with collecting incomplete medication histories (Cullinane, O'Mahony and Byrne, 2016).

### Guidance for Practice

There are a number of important areas that normally should be considered within the consultation. These include the following:

- Assess and clarify a person/service user's clinical condition including an evaluation of their reason for presentation for treatment and the person/service user's presenting symptoms.
- An appropriate physical examination should be carried out if clinically indicated (as per local health service provider policy).
- Assess the person/service user's management of the presenting problem to date and whether they have experienced any previous episodes of the presenting problem.
- Undertake an assessment of the person/service user's current and past medication history.
- Medication history should include an assessment of the following:
  - » Medicines currently prescribed
  - » Over-the-counter (OTC) medicines. Person/service user may not recognise that the medicines they buy over-the-counter are important and may result in drug interactions.
  - » Herbal remedies
  - » Homoeopathic medicines
  - » Medicines that were taken that have been prescribed for others
  - » Dietary, vitamin or food supplements

- The person/service user's medication should be assessed both by asking the person/service user and/or their family, if appropriate<sup>1</sup>, and reviewing the person/service user's healthcare records. Person/service users on multiple medications may not be aware of the name or dosage of their current regimen, therefore it is good practice to check all available sources of information (WHO, 2009).
- Ask the person/service user or their family, if appropriate, and also refer to the person/service user's healthcare records for documented medication allergies, other forms of allergies, medication sensitivities and adverse drug reactions.
- Ask the person/service user, if appropriate, about their level of adherence to their current medication regimen (Fitzgerald, 2009).
- Be aware of any precautions that need to be taken into consideration when prescribing – for example, if the person/service user is pregnant or breastfeeding.
- Be aware of potential drug interactions with the person/service user's existing condition(s).
- When prescribing, the registered nurse or midwife prescriber should take into account the issue of polypharmacy, the possibility of cognitive impairment, and whether the person/service user has any associated co-morbidities (Agrawal *et al*, 2009).
- If relevant, order and review diagnostic, radiological and laboratory tests and interpret results in relation to provisional diagnosis and a proposed treatment plan.
- Smoking, alcohol history and illicit drug use should also be considered due to the potential interaction between these substances and the medicinal product prescribed (Young, Duggan and Franklin, 2009).
- Social circumstances, occupational and family history are also important elements of comprehensive medication history.
- Review the diagnosis in the context of the person/service user's overall clinical and medication history and presentation.
- Take into consideration the person/service user's overall care plan.

In the event there is a decision to prescribe a medicinal product as part of the person/service user's care plan, there are a number of principles that normally should be taken into account during the prescribing consultation process (WHO, 2009; Beckwith and Franklin, 2011).

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<sup>1</sup> Relevant sources should be referred to in this regard. For example, the patient's consultant or GP, hospital or community pharmacist, Health Products Regulatory Authority (HPRA), Summary of Product Characteristics (SmPC) and patient information leaflets.

These include:

- Only prescribe if the registered nurse or midwife prescriber has assessed the person/service user, and has a valid clinical relationship with the person/service user.
- Communicate clearly with person/service user in a language that they understand. Person/service user should normally be provided with the following information:
  - » A rationale for the prescription
  - » Name of the medicinal product
  - » Purpose of the medicinal product
  - » Dose and frequency with which medicinal product is to be taken
  - » Route of administration
  - » Additional medicinal product instructions – for example, to take a medicinal product with food, or potential interactions between the medicinal product prescribed and other medicinal products/substances including OTC products
  - » Possible side-effects of their medicinal product
  - » When to come back, or what to do if they have a concern about their medicinal product
- Include and encourage person/service user to be actively involved in the prescribing process.
- Decide whether it is appropriate to prescribe, not to prescribe, or alter medicinal products.
- Monitor, if appropriate, the person/service user's response to the medicinal product.

## Associated competencies

### Domain 2. Holistic approaches to care and integration of knowledge

- 2.1 Conducts a systematic holistic assessment of person/service user's needs.
- 2.2 Plans care in consultation with the person/service user taking into consideration the therapeutic regimes of all members of the interdisciplinary team.
- 2.3 Implements planned nursing/midwifery care/interventions to achieve the identified outcomes of the plan of care.
- 2.4 Evaluates person/service user's progress toward expected outcomes and review plans in accordance with evaluation data and consultation with the person/service user.
- 2.5 Demonstrates and integrates the knowledge of medicinal products for safe medication management and prescribing practices.

**Domain 3. Interpersonal relationships**

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

**Domain 4. Organisation and management of care**

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

## Practice Standard 3. Documentation

The *Decision-making Framework for Registered Nurse and Midwife Prescribing (Appendix 3)* gives reference to systems of documentation for person/service user's care and prescribing, for example, person/service user's case notes and medicinal product administration records. Individual health service providers may have specific policies for documenting care and prescribing practices (including requirements for clinical audit of practice).

The clinical consultation and referral pathway of the registered nurse or midwife prescriber should be noted in their local health service provider's PPPGs. Registered nurse or midwife prescribers are referred to NMBI documents *Recording Clinical Practice Guidance to Nurses and Midwives* (An Bord Altranais, 2002), and registered midwife prescribers are referred to the document *Practice Standards for Midwives* (NMBI, 2015). The principles of documenting and recording the care delivered to the person/service user outlined in these documents also pertain to the standards of recording that should occur within prescribing practice.

The depth and detail of information recorded in the consultation are dependent on the context, circumstances and individual characteristics of the person/service user. If the consultation is a first consultation (no previous healthcare record), or a consultation regarding a previous record with new, unresolved or deteriorating symptoms, or a consultation after a prolonged period of time, then a full comprehensive clinical assessment should be carried out and the detail must be recorded in the associated consultation documentation. This is regardless of whether the consultation takes place face to face or by telephone.

### Rationale

It is the responsibility of the registered nurse or midwife prescriber to comprehensively record their prescribing consultation. This allows for the episode of care related to prescribing to be communicated to other healthcare professionals, keeps an accurate record of the consultation and ensures the safety of the person/service user. The document *Guidance to Nurses and Midwives on Medication Management* (An Bord Altranais, 2007) addresses the importance of an interdisciplinary approach to medication management; this is especially critical in the role as a registered nurse or midwife prescriber.

### Guidance for Practice

- The registered nurse or midwife prescriber must document all prescribing decisions and actions. The context of all consultations should be described with reference to a person's/service user's age, gender, primary condition and reason for presentation for treatment.

- All episodes of nurse and midwife prescribing should be recorded in the person/service user's healthcare records<sup>2</sup>. This ensures clear communication of treatment with medical and other healthcare professionals.
- Accurate and comprehensible communication is central to preventing prescribing errors. Therefore, it is important that all written communication is legible, unambiguous and does not lead to misunderstanding between healthcare professionals.
- Entries made in error should be bracketed and have a single line drawn through them so that the original entry is still legible. Amendments should be signed and dated with a rationale provided. Correction fluids should not be used.
- A registered nurse or midwife prescriber making a referral, or consulting with another member of the healthcare team, should clearly identify, their name, title and position.
- Documentation of the prescribing consultation should occur during or immediately after the prescribing consultation.
- In exceptional circumstances, it may be necessary to record the consultation retrospectively. However, this retrospective record should occur within 24 hours of post-consultation. The first date and time recorded should reflect the date and time of the current entry. The record should clearly indicate that it is a retrospective entry with the date and time of the original consultation also recorded.
- In the event of a case review or audit, it is essential that reviewers can distinguish between concurrent and retrospective entries in order to establish accurate information on the sequence of events and assess the reliability of entries.
- Regular audit of documentation is an integral part of maintaining a quality prescribing practice.

The following should normally be documented in the person/service user's health care records:

- All entries should have both the date (day/month/year) and time (using the 24-hour clock) of the consultation recorded (HSE, 2011). The date and time are important especially in instances where the person's/service user's care and/or condition is changing frequently.
- The person/service user's age, date of birth, gender, address and medical record number.
- The purpose of the consultation and rationale for decisions made in relation to the prescriptive episode. This should include the rationale for either issuing the prescription, changing the current medication regime (including discontinuing medication) or a decision not to prescribe.

<sup>2</sup> *HSE Standards and Recommended Practices for Healthcare Records Management* (HSE, 2011 pg. 21) recommend that: 'All records relating to the patient shall be kept in a unified healthcare record file. The structure shall facilitate documentation of the chronology of events and all significant consultations, assessments, observations, decisions, interventions and outcomes. The structure shall also facilitate the monitoring of standards, audit, quality assurance and the investigation of complaints.'

- Name of medication prescribed, discontinued, dose changed or OTC medication recommended by the nurse or midwife prescriber.
- Instructions and advice are given by the registered nurse or midwife prescriber to the person/service user regarding their medication.
- Dose, frequency, route and the duration that the medication should be taken for.
- The advice provided to the person/service user in the event of side-effects or deterioration in their condition.
- Date and time of proposed review, or if no review is required.
- During a review, record the outcome and efficacy of medication prescribed.
- Person/service user's known drug allergies or adverse drug reactions. If the person/service user has no known allergies, this must also be documented.
- All consultations should be signed by the registered nurse or midwife prescriber. They should also include the nurse and midwives name (printed) and NMBI Personal Identification Number (PIN).

**Note:** It is not necessary to duplicate information already recorded in the person/service user's healthcare records. However, it is the responsibility of the individual registered nurse or midwife prescriber to ensure and indicate in the current consultation that they are aware of the person/service user's medical history, drug allergies and current medication, and that this information is up-to-date prior to prescribing medication (Beckwith and Franklin, 2011; Drennan *et al*, 2009).

## Associated competencies

### Domain 2. Holistic approaches to care and integration of knowledge

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

### Domain 3. Interpersonal relationships

3.2 Collaborates with all members of the healthcare team and documents relevant information.

## Practice Standard 4. Prescription writing

### Prescription writing

Specific standards for prescription writing must be adhered to as required by legislation and the local health service provider's medicinal product prescribing PPPGs.

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

- *Medicinal Products (Prescription and Control of Supply) Regulations, 2003 (S.I. 540 of 2003)*
- *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007 (S.I. 201 of 2007)*

In summary, these regulations require the prescription to:

- be legible
- state the full name of the person issuing the prescription and include the NMBI PIN
- be in indelible ink (including computer-generated prescriptions)
- be dated and signed by the registered nurse or midwife prescriber with their usual signature
- include the full name and address of the person/service user
- include the date of birth if a person/service user is under the age of 12 years.

Prescriptions should be written using only approved abbreviations.

### Prescription writing for (Schedule 4 and 8) controlled drugs

*The Misuse of Drugs Regulations, 2017* (Government of Ireland, 2017) states the particular requirements that must be met for an RNP/RMP to issue a prescription for Schedule 4 and 5 MDA drugs and a named schedule 2 or 3 MDA drug. (Schedule 8).

- Schedule 8 provides a detailed listing of the drugs, routes of administration and conditions for which Schedules 2 or 3 MDA drugs can be prescribed by a registered nurse or midwife prescriber (Appendix 2).
- The registered nurse or midwife prescriber does not have the legal authority to prescribe any other Schedule 2 or 3 MDA drug which is not listed in Schedule 8, nor write for a different route of administration of the named drug, nor prescribe for any condition/situation not named in Schedule 8.
- The registered nurse or midwife prescriber must adhere to the *Misuse of Drugs Regulations* (2017) and the *NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 4th Edition* (NMBI, 2019) when prescribing MDA drugs.

- When prescribing MDA drugs, the registered nurse or midwife prescriber must ensure the prescription:
  - » is in ink or otherwise so as to be indelible
  - » clearly indicates the RNP's/RMP's full name, including the first name
  - » states the NMBI PIN
  - » is signed by them with their usual signature
  - » is dated by them
  - » specifies the registered nurse or midwife prescriber's address and telephone number
  - » specifies the name, including the first name, and address of the person for whose treatment it is issued.
- The prescription must specify in the registered nurse or midwife prescriber's handwriting:
  - » the name of the controlled drug to be prescribed
  - » the dose of the controlled drug to be taken by the person for whose treatment the prescription is issued
  - » In the case of a prescription for a controlled drug which is a preparation, the nurse or midwife prescriber must include:
    - The form and, where appropriate, the strength of the controlled drug to be supplied, and
    - Either the total quantity (in both words and figures) of the preparation or the number (in both words and figures) of dosage units, as appropriate, to be supplied, and
  - » In the case of a prescription for a controlled drug which is not a preparation, the total quantity (in both words and figures) of the controlled drug to be supplied.
  - » In the case of a prescription for a total quantity to be dispensed in instalments, the number of instalments and the intervals at which instalments may be dispensed.
- The specific criteria to be included on a prescription for Schedule 2 and 3 controlled drugs also applies to controlled drugs in Schedule 4 Part 1 of the Misuse of Drugs Regulations 2017, that is, most benzodiazepines and Z-drugs. The prescription must include:
  - » the name of the drug,
  - » the dose,
  - » pharmaceutical form,
  - » strength (where appropriate)
  - » the total quantity of the controlled drug to be dispensed **written in both words and figures.**
- Controlled drugs in Schedule 4 Part 1 are not required to be handwritten.

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

## Rationale

Prescription writing is an important component of the role of the registered nurse or midwife prescriber. A prescription is primarily an instruction from a prescriber to a dispenser and, as such, should be clear, legible and indicate precisely the treatment prescribed (WHO, 1994). This will ensure that the possibility of errors occurring is reduced and that the person/service user have a good understanding of the treatment prescribed. The registered nurse or midwife prescriber must adhere to legal requirements for prescription writing of scheduled prescription medicinal products and MDA controlled drugs. A prescription for a scheduled medicinal product, including MDAs, must be correctly and accurately written, as it may otherwise result in difficulties for dispensing of the prescribed medicinal product by the pharmacist and/or supply and administration to the person/service user.

## Guidance for Practice

- It is recommended that the generic or non-proprietary name of the medicinal product be used on the prescription. However, it is acknowledged that with some medicinal products, the proprietary name may need to be used.
- When recording the strength/dosage of the medicinal product, it is recommended that internationally and nationally accepted abbreviations only be used. It is also good practice to identify the maximum daily dose of the medicinal product.
- It is good practice to identify when the medication should be discontinued or, if long-term medication is prescribed, a review date must be indicated.
- It is important to ensure that the instructions regarding the medicinal products are understood and agreed by the person/service user.
- It is important that the registered nurse or midwife prescriber ensures that the written prescription is legible on all copies.
- Corrections must only be made by re-writing the prescription. Use of correction fluid or deleting with a pen is prohibited.

## Associated competencies

### Domain 1. Professional/ethical practice

1.3 Practises within a framework of professional accountability and responsibility in relation to prescribing.

### Domain 2. Holistic approaches to care and integration of knowledge

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

### Domain 3. Interpersonal relationships

3.2 Collaborates with all members of the healthcare team and documents relevant information.

## Practice Standard 5. Prescribing for self, family and significant others

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

The individual requiring a prescribed medicinal product should be referred to or directed to another appropriately registered prescriber (for example, General Practitioner) or to where health services are provided.

### Rationale

Prescribing must take place in the context of providing nursing/midwifery care to an identified person/service user requiring the services of the health service provider. The medicines regulations – *Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations, 2007* and *Misuse of Drugs Regulations, 2017* – provide specific requirements for registered nurse or midwife prescribers to issue a prescription which must be adhered to in the provision of healthcare.

Ethically, prescribing for self, family or significant others is not objective and is not best practice. Serious concerns may arise about the misuse/abuse of medicinal products and inappropriate prescribing. A registered nurse or midwife prescriber prescribing for self, family and significant others is in violation of these standards.

### Associated competencies

#### Domain 1. Professional/ethical practice

- 1.1 Practises in accordance with legislation and professional guidance affecting nursing/midwifery practice.
- 1.3 Practises within a framework of professional accountability and responsibility in relation to prescribing.

## Practice Standard 6. Repeat prescribing

The registered nurse or midwife prescriber should be knowledgeable of the medicinal products regulations relating to the supply/dispensing of medicinal products in instalments for the duration of individual prescriptions. Repeat prescribing may arise in situations where the original prescription was issued and the person/service user requests or requires a continued course of medication. This may typically occur in the treatment of chronic health conditions.

In these instances of repeat prescribing for continued treatment, there should be an established registered nurse or midwife prescriber to person/service user relationship when prescribing. The registered nurse or midwife prescriber should undertake an appropriate assessment of the need for continued treatment with the prescribed medicinal product. This decision-making should be documented. It should include a discussion with the person/service user of perceived effectiveness and adherence to the treatment plan.

The registered nurse or midwife prescriber should acknowledge their scope of practice for prescribing, recognising any limitation of competence/knowledge and refer the person/service user to the appropriate practitioner for an evaluation concerning the repeat prescription if required.

### Rationale

There should be regular review and appropriate clinical assessment of the person/service user's condition for continuing a specific medication in accordance with the overall treatment plan.

Although the registered nurse or midwife prescriber may not have determined the initial need/diagnosis warranting the medicinal product prescription, they are responsible for conducting a relevant assessment and making a decision in determining the appropriateness of a repeat/continued prescription. The issue of timely and appropriate medicinal product review has been identified as a significant factor in ensuring person/service user safety and appropriate prescribing.

### Associated competencies

#### Domain 2. Holistic approaches to care and integration of knowledge

- 2.1 Conducts a systematic holistic assessment of person/service user's needs.
- 2.4 Evaluates person/service user's progress toward expected outcomes, and reviews plans in accordance with evaluation data and consultation with the person/service user.
- 2.5 Demonstrates and integrates the knowledge of medicinal products for safe medication management and prescribing practices.

## Practice Standard 7. Prescribing of off-label and exempt medicinal products

### Off-label Medicinal Product

Definition: Off-label use refers to the use of an authorised medicinal product outside the terms of its marketing authorisation (MA). It is the prescribing of the medicinal product that is off-label, rather than the medicinal product itself. (HSE & HPRA, 2017). There is no impediment in the relevant legislation or professional regulation to a registered nurse or midwife prescriber prescribing a medicinal product for off-label use. The issuing of a prescription for an off-label indication must be in accordance with Regulation 5A of the *Medicinal Products (Prescription and Control of Supply) Regulations 2003* as amended.

Off-label prescribing as defined above is not prohibited by the medicines regulations. The *Medicinal Products (Control of Placing on the Market) Regulations 2007* as amended do not prohibit the sale, supply, manufacture, possession or procuring the sale, supply, manufacture of a medicinal product for off-label use. It is permissible for an authorised medication to be supplied from a prescription issued by any prescriber, including where it has been prescribed for off-label use.

### Exempt Medicinal Product

Definition: An exempt medicinal product (EMP) is a medicinal product that is not authorised in Ireland either by the Health Products Regulatory Authority (HPRA), or, in the case of a centrally authorised medicinal product, by the European Medicines Agency (EMA), but which can be legally supplied in response to a *bona fide* unsolicited order, formulated in accordance with the specifications of a registered medical practitioner or registered dentist, for use by their individual patients on their direct personal responsibility, in order to fulfil the special needs of those patients (*Medicinal Products (Control of Placing on the Market) Regulations 2007* as amended).

The *Medicinal Products (Control of Placing on the Market) Regulations, 2007* provide statutory authority for a medical practitioner to treat a patient under their care using exempt medicinal products. The enactment of S.I. 529 of 2018 now provides the authority for the prescribing of exempt medicinal products by registered nurse or midwife prescribers. This action is within the registered nurse's or midwife's scope of practice for prescriptive authority.

### Rationale

The registered nurse or midwife prescriber is legally and professionally accountable and responsible for prescribing practices as mandated by the medicinal product legislation and the NMBI professional standards.

## Guidance for Practice

In tandem with the legislative requirements, the registered nurse or midwife prescriber should be aware of best practice guidance and local health service provider's PPPGs when prescribing for off-label use or EMPs. As with all decisions in prescribing medicinal products, the prescribing for off-label use and EMPs must be within the registered nurse or midwife prescriber's scope of practice.

The registered nurse or midwife prescriber should be knowledgeable about the best practice for prescribing medicinal products for off-label use and EMPs. This includes determining:

- if there is an alternative, authorised medicinal product that could be prescribed
- if the medicinal product is regularly used to treat person/service user in the registered nurse or midwife prescriber's area of clinical practice
- if the specific medicinal product is listed within the health service provider's prescribing formulary (where such formulary exist).

The local health service provider's PPPGs for nurse or midwife medicinal product prescribing should outline the governance structures for registered nurse or midwife prescribers to prescribe all medicinal products. This ensures the safety and quality of care for patients and service users.

## Associated competencies

### Domain 1. Professional/ethical practice

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

## Practice Standard 8. Prescribing by means other than an original prescription

Regulation 7(5) (b) of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) requires that a prescription be an 'original'.

There is however, a provision provided for under Regulation 8 of the aforementioned Regulations, for the emergency supply of certain prescription-only medicines other than in accordance with a prescription, in emergency circumstances where an original prescription cannot be furnished immediately.

### Rationale

Regarding the provision of an emergency prescription, Regulation 8 of the Medicinal Products Prescription and Control of Supply Regulations 2003, as amended states:

8. (1) It shall not be a contravention of regulation 5(1) or regulation 7 for a person keeping open shop for the dispensing or compounding of medical prescriptions in accordance with the Pharmacy Acts, 1875 to 1977 to supply a medicinal product otherwise than in accordance with a prescription where –
- (a) the authorised person by whom or under whose supervision the product is to be supplied has been requested to supply the product for a particular patient by a registered medical practitioner, registered dentist or registered nurse who by reason of an emergency is unable to furnish a prescription immediately, [Amended by 2007 Amendment Regulations]
  - (b) the practitioner or nurse concerned has undertaken to furnish a prescription within 72 hours, [Amended by 2007 Amendment Regulations]
  - (c) the product is supplied in accordance with the directions of the practitioner or nurse requesting it, and [Amended by 2007 Amendment Regulations]
  - (d) subject to paragraph (3), the product is not a controlled drug specified in Schedule 1, 2, 3 or 4 to the Misuse of Drugs Regulations 1988 or any amendment thereof.

### Associated competencies

#### Domain 1. Professional/ethical practice

- 1.1 Practises in accordance with legislation and professional guidance affecting nursing/midwifery practice.
- 1.2 Practises within the limits of own competence and takes measures to develop and maintain own competence.

## Practice Standard 9. Separation of responsibilities in the medication management cycle

### Separation of prescribing and administering of medications

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

Whilst acknowledging the fundamental principles associated with the separation of responsibilities for prescribing and administering a medicinal product, the registered nurse or midwife prescriber may be involved in a crossover and merging of these activities as part of their provision of person/service user's care. Where this crossover occurs, this practice should be outlined in the local health service provider's PPPGs for prescribing medicinal products. The local health service provider's PPPGs for prescribing medicinal products should outline the auditing of such practices as part of the overall audit of prescriptive practices.

### Separation of prescribing and supplying

The registered nurse or midwife prescriber should not undertake to both prescribe and supply a medicinal product as part of providing episodes of person/service user's care. There should be a clear separation of these activities. There may be circumstances arising when the registered nurse or midwife prescriber may be required to supply a medicinal product. In these situations, the prescriber should be aware of their responsibilities with this practice in the overall context of medication management.

Whilst recognising the separation of responsibilities for prescribing and supplying medicinal products as a fundamental principle, the registered nurse or midwife prescriber may be involved in a crossover and merging of these activities. Where this crossover occurs, this practice should be detailed in the local health service provider's PPPGs for prescribing medicinal products. The local health service provider's PPPGs for prescribing medicinal products should outline the auditing of such practices as part of the overall audit of prescriptive practices.

### Rationale

Best practice advocates the separation of responsibilities in the systems associated with medication management. The pharmacist has a particular role and expertise for dispensing, as does the registered nurse or midwife prescriber involved with supply and/or administration of medicinal products. The distinct separation of responsibilities and activities in the medication management cycle provides for greater person/service user safety.

## Associated competencies

### **Domain 2. Holistic approaches to care and integration of knowledge**

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

### **Domain 3. Interpersonal relationships**

3.2 Collaborates with all members of the healthcare team and documents relevant information.

### **Domain 4. Organisation and management of care**

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

## Practice Standard 10. Influence of outside interests (relationships with pharmaceutical representation or similar organisations)

The registered nurse or midwife prescriber should prescribe in an appropriate, ethical manner, based on the best interests of the person/service user only. They should not be influenced by factors such as financial support by pharmaceutical and/or healthcare interests.

### Rationale

The *Code of Professional Conduct and Ethics for Registered Nurses and Midwives* (NMBI, 2014) states:

The nurse or midwife must not accept any gifts or favours from patients, healthcare and pharmaceutical companies that could:

- reasonably give the impression that you are providing someone with preferential treatment;
- influence your professional integrity; or
- cause a conflict of interest where your private interests might interfere with your professional responsibility to your patient

Registered nurse and midwife prescribing practices should always be based on the principles identified within the *Code of Professional Conduct and Ethics for Registered Nurses and Midwives. The Scope of Nursing and Midwifery Practice Framework* (NMBI, 2015) refers to the values of nursing and midwifery practice and the relationship to the person/service user based on trust, understanding, compassion and support.

### Associated competencies

#### Domain 1. Professional/ethical practice

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

#### Domain 5. Personal and professional development

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

## Practice Standard 11. Continuing professional development and competency

The NMBI, through its Requirements and Standards for the Education Programme for Nurses and Midwives with Prescriptive Authority (2007) and professional guidance, refers to the registered nurse or midwife prescribers' professional and personal responsibility to maintain individual competency for prescribing practice. There is an obligation for the registered nurse or midwife prescriber to commit to, and engage in, continuing professional development relating to assurance of competency for their prescribing practices.

Health service providers have a responsibility to provide support and access to continuing professional development and assessment of competence. The registered nurse or midwife prescriber must be aware of the professional regulatory and organisational requirements for their continued competence for maintaining prescriptive authority.

### Rationale

Competence is understood as: the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI, 2015).

The registered nurse or midwife prescriber accepts personal responsibility for professional development and the maintenance of professional competence. This is achieved by engaging in continuing professional development, an audit of practice, and peer review.

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

### Associated competencies

#### Domain 4. Organisation and management of care

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

#### Domain 5. Personal and professional development

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



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05

**Appendices**

## Appendix 1. Competencies for Prescriptive Authority

Domain 1. Professional/ethical practice	
Performance criteria	Indicators
1.1 Practises in accordance with legislation and professional guidance affecting nursing/midwifery practice	<ul style="list-style-type: none"> <li>• Practises within the legislation and professional regulation and guidelines relevant to their scope of practice and care setting</li> <li>• Integrates accurate and comprehensive knowledge of ethical principles and the Code of Professional Conduct within the scope of professional practice in the delivery of nursing/midwifery care involving medicinal products and prescribing</li> <li>• Accepts personal accountability for prescribing decisions and actions, understanding the legal implications of doing so</li> </ul>
1.2 Practises within the limits of own competence and takes measures to develop and maintain own competence	<ul style="list-style-type: none"> <li>• Recognises own abilities and level of professional competence</li> <li>• Conducts self-audit of practice, incorporating reflective practice/thinking to identify prescribing competence within the nurse/midwife's scope of practice</li> <li>• Maintains current knowledge of advances in practice, pharmacotherapeutics and emerging safety concerns related to prescribing</li> <li>• Consults appropriately with the medical practitioner and/or pharmacist for person/service user when individual nurse/midwife perceives limitations in their knowledge of prescribing</li> <li>• Identifies a mechanism to support continuing professional development needs</li> </ul>
1.3 Practises within a framework of professional accountability and responsibility in relation to prescribing	<ul style="list-style-type: none"> <li>• Adheres to legislation, professional regulation, guidelines and policies for prescriptive authority</li> <li>• Complies with the requirements/policies for:                             <ul style="list-style-type: none"> <li>» reporting medication errors/incidents and near misses</li> <li>» audit of prescribing patterns/practices</li> </ul> </li> <li>• Complies with the requirements of the Irish Medicines Board for reporting adverse drug reactions</li> <li>• Understands and applies the mechanisms of the HSE National Shared Services Primary Care Reimbursement Service for prescribing</li> </ul>

## Domain 2. Holistic approaches to care and integration of knowledge

Performance criteria	Indicators
2.1 Conducts a systematic, holistic assessment of person/service user's needs	<ul style="list-style-type: none"> <li>• Performs a comprehensive assessment of the person/service user encompassing history-taking, physical examination and identification of health risk factors</li> <li>• Comprehends the health conditions being managed, their natural progress and how to assess the severity of the condition</li> <li>• Assesses the relationship between the health condition and current medication plan</li> <li>• Requests and interprets relevant diagnostic tests and procedures to inform appropriate and safe prescribing</li> <li>• Evaluates the use of complementary therapies by the person/service user for safety and potential interactions</li> </ul>
2.2 Plans care in consultation with the person/service user taking into consideration the therapeutic regimes of all members of the interdisciplinary team	<ul style="list-style-type: none"> <li>• Critically utilises assessment data with expert clinical decision-making skills to formulate a diagnosis and plan of care based on scientific rationale, evidence-based standards of care, and practice guidelines supporting the maintenance and promotion of health</li> <li>• Integrates appropriate non-pharmacologic interventions into a plan of care and advises the person/service user on the use of such interventions</li> <li>• Involves person/service user or carer as active participants in the decision-making process and plan of care that is mutually agreed</li> <li>• Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse's/midwife's scope of practice and expertise</li> </ul>
2.3 Implements planned nursing/midwifery care/interventions to achieve the identified outcomes of the plan of care	<ul style="list-style-type: none"> <li>• Implements care based on knowledge, skills and competence within their scope of practice</li> <li>• Considers appropriate diagnostic and therapeutic interventions as part of an ongoing plan of care</li> <li>• Provides guidance and advice regarding the agreed care/interventions to the person/service user</li> </ul>
2.4 Evaluates person/service user progress toward expected outcomes, and reviews plans in accordance with evaluation data and consultation with the person/service user	<ul style="list-style-type: none"> <li>• Evaluates and provides evidence-based rationale for clinical decision and nursing/midwifery intervention with regard to pharmacological/non-pharmacological treatment choice, or referral to medical practitioner, if appropriate</li> <li>• Schedules appropriate follow-up care to monitor the person/service user and evaluate their response to treatment</li> </ul>

*continued*

Performance criteria	Indicators
<p>2.5 Demonstrates and integrates knowledge of medicinal products for safe medication management and prescribing practices</p>	<ul style="list-style-type: none"> <li>• Integrates accurate and comprehensive knowledge of the Guidance to Nurses and Midwives on Medication Management within the scope of professional practice in the delivery of nursing/midwifery care involving medicinal products and prescribing</li> <li>• Identifies and utilises current medicinal products information in the provision of individualised care</li> <li>• Utilises expert knowledge of pharmacokinetics and pharmacodynamics to determine appropriate dosage, dosage form, route and frequency of administration of medications based on relevant individual person/service user characteristics (that is, age, gender, co-morbidity, culture)</li> <li>• Identifies and integrates appropriate monitoring systems for medication safety and efficacy in the care plan</li> <li>• Demonstrates an understanding of the potential for unwanted effects, (for example, adverse drug reactions [ADRs], drug interactions, special precautions and contraindications), and actions to avoid or minimize, and manage them</li> <li>• Understands the potential for misuse of drugs</li> <li>• Applies the principles of evidence-based practice, and clinical cost-effectiveness</li> <li>• Recognises the public health issues related to medicinal product use</li> <li>• Considers non-pharmacological approaches to modifying disease and promoting health, where appropriate</li> </ul>

## Domain 3. Interpersonal relationships

Performance criteria	Indicators
3.1 Establishes and maintains caring, therapeutic, interpersonal relationships with individuals/service users/groups/communities for safe and effective prescribing	<ul style="list-style-type: none"> <li>• Discusses with person/service user assessment findings and treatment options recognising relevant individual person/service user characteristics (that is, age, gender, co-morbidity, culture) and expectations</li> <li>• Assesses the person/service user's understanding of and personal responsibility for their own care plan, involving carers, where appropriate</li> <li>• Facilitates the person/service user in self-management of the condition and prescribed treatment</li> <li>• Communicates sensitively, respecting person/service users' emotions and concerns</li> </ul>
3.2 Collaborates with all members of the healthcare team, and documents relevant information	<ul style="list-style-type: none"> <li>• Identifies the roles and responsibilities of other healthcare professionals in the prescribing process</li> <li>• Establishes relationships with other healthcare professionals based on understanding and mutual respect</li> <li>• Maintains comprehensive documentation and person/service user records of the plan of care within a legal and ethical framework</li> <li>• Participates in interdisciplinary team collaboration relating to the person/service user's care plan</li> <li>• Establishes mechanisms for consultation regarding practice decisions and referral pathways</li> </ul>

## Domain 4. Organisation and management of care

Performance criteria	Indicators
4.1 Effectively manages the nursing/midwifery care of person/service user/groups/communities	<ul style="list-style-type: none"> <li>• Demonstrates quality assurance and quality management in prescribing through a structure of audit and report</li> <li>• Integrates the principles of clinical risk management and health and safety in prescribing practice</li> <li>• Identifies health promotion priorities and implements health promotion strategies for person/service user/groups in the area of clinical practice</li> </ul>

## Domain 5. Personal and professional development

Performance criteria	Indicators
5.1 Acts to enhance the personal and professional development of self and others	<ul style="list-style-type: none"><li>• Demonstrates a commitment to lifelong learning</li><li>• Accepts personal responsibility for professional development and the maintenance of professional competence</li><li>• Maintains current knowledge of advances in the scope of practice associated with prescribing and medication management</li><li>• Develops professional links with others practising in the same specialist area</li><li>• Informs and empowers person/service user and communities to protect, maintain and promote health</li><li>• Contributes to the learning experience of colleagues through support, supervision and teaching in medication management</li><li>• Contributes to professional and health policy at the local, regional and national level in promoting safe and effective medication practices</li><li>• Uses the outcomes of the audit of prescribing practices to improve service provision</li></ul>

## Appendix 2. Controlled Drugs in Schedule 8 which a registered nurse prescriber or registered midwife prescriber may prescribe within schedules 2 and 3 – Misuse of Drugs Regulations, 2017

### Part 1: Drugs for pain relief in hospital

Drug	Route of administration
Buprenorphine	Transdermal
Codeine phosphate	Oral
Dihydrocodeine	Oral
Fentanyl	Intranasal, intravenous, transdermal, transmucosal, subcutaneous, sublingual/buccal
Morphine sulphate	Intramuscular, intravenous, oral, subcutaneous
Morphine tartrate	Intramuscular, intravenous, subcutaneous
Oxycodone	Oral, subcutaneous, intravenous
Pethidine	Intramuscular, intravenous, subcutaneous

### Part 2: Drugs for palliative care

Drug	Route of administration
Buprenorphine	Transdermal
Codeine phosphate	Oral
Fentanyl	Intranasal, intravenous, transdermal, transmucosal, subcutaneous, sublingual/buccal
Hydromorphone	Oral, subcutaneous
Methylphenidate	Oral
Morphine sulphate	Intramuscular, oral, subcutaneous
Morphine tartrate	Intramuscular, subcutaneous
Oxycodone	Oral, subcutaneous

### Part 3: Drugs for purposes of midwifery

Drug	Route of administration
Pethidine	Intramuscular

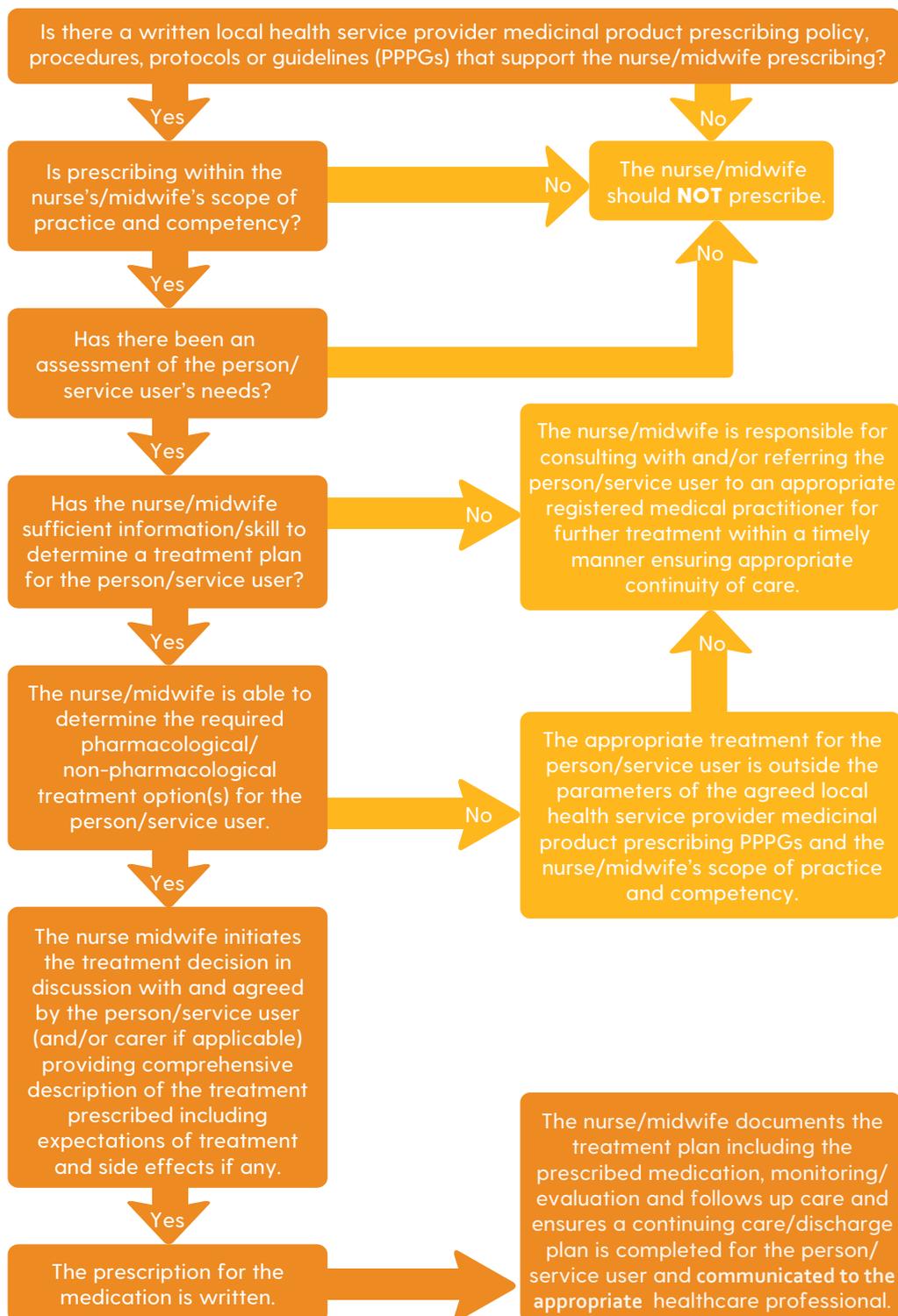
### Part 4: Drugs for neonatal care

Drug	Route of administration
Fentanyl	Intravenous, transdermal, transmucosal
Morphine sulphate	Intramuscular, intranasal, intravenous, oral, subcutaneous
Morphine tartrate	Intramuscular, intravenous, subcutaneous

### Part 5: Drugs for use in mental health or intellectual disability

Drug	Route of administration
Methylphenidate	Oral

## Appendix 3. Decision-making Framework for Nurse and Midwife Prescribing



## Decision-making framework explanatory notes

1. The PPPGs identifies the structures that authorise and provide a framework for the practice of nursing/midwifery prescribing. This may include reference to the involvement of Risk Management and Clinical Governance Committees.
2. Scope of practice and competency:
  - Does the registered nurse or midwife prescriber meet the requirements and standards set by the Nursing and Midwifery Board of Ireland through completion of the education programme for nurse/midwife prescribing?
  - Are they on the Division of the Register of Nurse Prescribers or Midwife Prescribers as maintained by NMBI?
  - Is the RNP/RMP undergoing continuing professional development in prescribing practice to enable competency assessment?
3. Assessment includes:
  - Physical examination
  - History-taking (including medications)
  - Clinical diagnostic decision\* (diagnosis, hypothesis)
4. Orders and interprets laboratory and other diagnostic tests – for example, blood test and spirometry.
5. If the person/service user's assessed needs exceed the registered nurse or midwife prescriber's scope of practice, the person/service user is referred to the appropriate registered medical practitioner.
6. Documentation and record-keeping for RNPs/RMPs should be outlined in the local health service provider's PPPGs, for example, prescription writing including prescription pad responsibilities, medication administration record and person/service user's individual case notes; supporting material for clinical audit of the RNP's/RMP's prescribing practice.
7. Continuing care/Discharge plan – Monitoring of therapeutic effect of the prescribed treatment by the registered medical practitioner, RNP/RMP and other team members.

\* An example: A registered nurse or midwife with prescriptive authority is working in the diabetic daycare centre. Their patient population includes individuals with known diagnoses of insulin-dependent diabetes. A patient presents with a pattern of hyperglycemia. The registered nurse or midwife prescriber, through their assessment skills, checks for ketones in the urine and for any source of infection. They also enquires about any recent changes in the patient's diet. Based on this information, the registered nurse or midwife prescriber makes a clinical diagnostic decision regarding the elevated blood sugars and the insulin dose is adjusted appropriately.

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