

Guideline for registered nurses prescribing in community health (managed roll out 2019)

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1 Introduction

This guideline provides advice to registered nurses prescribing in community health.

The preparation, role and responsibility of registered nurses prescribing in community health are not the same as for other prescribing roles (medical or nurse practitioners, registered nurses prescribing in primary health and specialty teams or pharmacist prescribers). The Council believes that two models for registered nurse prescribing provides flexibility for different patient needs.

The Council believes that this prescribing will:

- make care more convenient for patients and free up the time of medical and nurse practitioners;
- improve patient access to healthcare;
- promote close collaboration between team members and build on the existing skills and knowledge of registered nurses; and ensure nurses are accountable for their prescribing decisions based on their assessments rather than working under standing orders or asking a medical or nurse practitioner to sign a prescription.

1.1 Legal Framework for registered nurse prescribing

The Medicines Act 1981 allows regulations for designated prescribers. The Medicines (Designated Prescriber-Registered Nurses) Regulations 2016 allows suitably qualified registered nurses to prescribe specified prescription medicines.

The qualifications, training, assessment and continuing competence requirements for registered nurses seeking to be authorised by the Council are set out in a Gazette notice made under these regulations. The limited list of prescription medicines has been specified by the Nursing Council from the Director General of Health Gazette notice and is included in the *Medicines list for registered nurse prescribing in community health 2019* on the Council website.

1.2 Professional regulation and guidance for registered nurse prescribing

The role of the Council under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) is to protect the health and safety of members of the public by providing for mechanisms to ensure that nurses are competent and fit to practise. One of those mechanisms is to set standards for nurses.



Standards for registered nurses prescribing in community health are set out in the following documents:

- *Standards for Recertification programmes for registered nurse prescribing in community health* (Nursing Council of New Zealand, 2019).
- *The Code of Conduct for Nurses* (Nursing Council of New Zealand, 2012)
- *Competencies for registered nurses* (Nursing Council of New Zealand, 2007).

This guideline contains detailed information on the extent of the prescribing authority, professional accountabilities, and the limited list of specified prescription medicines. These guidelines are designed to be read along with clinical policies and governance processes in the practice setting.

2 Prescribing authority and accountabilities

2.1 Registered nurse scope of practice

Registered nurses prescribing in community health practise within the registered nurse scope of practice (see Appendix 1). The prescribing of medicines adds to the activities that registered nurses already contribute to health promotion, prevention of illness and the clinical management of normally healthy people with minor ailments and common conditions.

Registered nurses are accountable for the prescribing decisions they make. They must follow clinical guidelines, and prescribing is restricted to specified health conditions. The diagnostic skills expected of these nurses are not the same as those of a medical or nurse practitioner. They are required to seek advice or refer patients to a medical or nurse practitioner for issues beyond their experience, education, or the scope of the clinical guideline.

They may prescribe where the diagnosis has already been made (e.g. rheumatic fever secondary prevention), where the diagnosis is relatively uncomplicated (e.g. determined through laboratory testing) or for minor ailments or illnesses. Any diagnostic uncertainty must be discussed with or referred to an authorised prescriber.

Nurses with prescribing authority must participate in ongoing case or peer review to support their ongoing learning.



2.2 Safe prescribing practice for registered nurses in community health

Prescribing may be associated with unintended consequences and adverse events. It is therefore important that nurses understand the medicine being prescribed including possible side effects and interactions with other medicines. It is also important that risk is minimised by completing comprehensive assessments and accurate documentation of the prescribing consultation.

Nurses and their employer or prescribing mentor decide on the particular medicines they are permitted to prescribe from the Community health medicines list based on their practice area and their competence to prescribe.

Nurses must provide safe and competent care by:

Understanding their accountabilities

- Understanding their level of competence and accountability and confining their prescribing to health conditions and medicines within their clinical knowledge for patients they know and who are under the care of the team they are working with.
- Only prescribing prescription medicines from the community health list relevant to their area of practice and competence.
- Using specified clinical guidelines or pathways to guide their prescribing decisions.
- Being familiar with the New Zealand Formulary which contains information to help them prescribe¹.
- Maintaining their competence by keeping up to date with the medicines and management of the health conditions for which they prescribe, and by regularly prescribing.
- Completing the annual continuing competence requirements outlined in section 5.
- Documenting prescriptions according to legal requirements and quality standards.²
- If they extend their prescribing activities or change practice context, they are responsible for ensuring they undertake appropriate training and supervision before prescribing.

Working in a collaborative team

- Working with or meeting regularly with a collaborative team and participating in regular case review and peer review of their prescribing practice.

¹ Advice on Medication safety when prescribing from the Medication Safety Expert Advisory Group can be found in the New Zealand Formulary nzf.org.nz

² See Appendix 3 for legal requirements outlined in the Medicines Regulations 1984. Also, the Health Quality & Safety Commission. *2015 National Medication Chart User Guide (Second Edn)*.



- Accessing patients' clinical records including medical history, examinations, test results and allergies to medicines.
- Ordering tests and reviewing test results as part of a team.
- Ensuring that other relevant professionals are aware of their role, e.g. community pharmacists.

Working in partnership in the best interests of the patient

- Sharing decision making with the patient, informing them of the risks and benefits.
- Making prescribing decisions based on clinical suitability and the best interests of the patient that are not influenced by bias.
- Arranging appropriate monitoring and educating patients on self-monitoring for side effects.
- Taking appropriate action if a medication error is made (during prescribing, dispensing or administration) to ensure the patient is not harmed and the error is reported.
- Managing and reporting adverse effects (Centre for Adverse Reactions Monitoring- CARM see <https://nzphvc.otago.ac.nz/>).

2.3 Legal limitations for designated prescribers

Designated prescribers are **not** permitted to:

- prescribe prescription medicines that are not specified under regulations (Medicines Act 1981)
- issue standing orders (Standing Orders Regulations 2002)
- sign prescriptions for patients who are not under their care (regulation 42 of the Medicines Regulations 1984)

Registered nurses prescribing in community health must not:

- write a prescription for themselves or anyone with whom they have a close personal relationship³
- repeat a prescription for a patient they have not assessed in a face-to-face consultation
- prescribe for another prescriber or at the request of a professional colleague
- give verbal/telephone orders for medicines. Prescriptions must be documented in writing, faxed or communicated electronically

³ Further guidance can be found in Nursing Council of New Zealand (2012) *Guidelines: professional boundaries*.



- prescribe and supply, or supply and administer, a medicine as part of an episode of care. Another nurse should administer the medicine if possible. If this cannot be avoided a second independent check of the medication should be carried out
- prescribe medicines for unapproved uses or age groups unless this is a practice supported by evidence, and the patient has been informed⁴

Telemedicine

Telemedicine may be used by registered nurse prescriber, using appropriate guidelines.

Telemedicine refers specifically to real-time videoconference consultations with direct patient involvement. Telemedicine allows a patient and clinician (health professional) to see and talk to each other, even though they are in different locations. This has a number of benefits including avoiding travel for the patient or clinician, giving the patient access to specific expertise, and decreasing the time patients wait to be seen if face-to-face visits are not frequent enough to keep up with demand for the service. Telemedicine can allow a clinician present with the patient to have access to specialist advice and support. The use of video allows the transfer of more clinical information more accurately than a telephone consultation, and also allows the consultation to be many to many, rather than one to one.

Guideline for Establishing and Maintaining Sustainable Telemedicine Services in New Zealand (2017), NZ Telehealth Forum and Resource Centre.

3 Collaboration and communication

Nurses are required to have a collaborative working relationship with a healthcare team with whom they can readily consult. This will ensure that professional support and advice are available. An integrated model of care requires services to work more closely together for the

⁴Refer to Medsafe. (2014). *Compliance: Use of Unapproved Medicines and Unapproved Use of Medicines* which includes advice on meeting the Health and Disability Services Code of Consumer Rights <http://www.medsafe.govt.nz/profs/riss/unapp.asp>



benefit of the patient. This model requires a collaborative team approach, and collaboration and communication with others involved in the care of the patient.

Ideally all of those involved in patient care would use a shared patient record, but if that is not available, nurses must use other mechanisms to communicate with other prescribers including phone calls, emails or letters. Nurses must communicate their prescribing decisions with members of the patient's healthcare team (especially the patient's primary care provider). Relevant information regarding the patient's health status, the patient's current and recent use of medicines, as well as the patient's health conditions, allergies and/or adverse reactions to medicines, needs to be reported so everyone involved in caring for the patient can work effectively to support the patient's care.

Team-based care is defined as *“the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve coordinated, high-quality care” (Mitchell et al., 2012*

Collaboration includes *“joint communication and decision-making with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team” (College of Registered Nurses of British Columbia, 2014).*



4 Prescription medicines

4.1 Commonly used medicines for common conditions

The *Community health medicines list for registered nurse prescribing 2019* has been developed from the New Zealand Formulary and the Community Pharmaceutical Schedule. The list contains commonly used medicines for common conditions. It is focused on prescribing for common conditions within primary healthcare and outpatient settings including general practice, family planning, sexual health, public health, district and home care.

Specific conditions include common skin conditions (such as simple eczema, impetigo, fungal infections and parasites), ear infections, sore throats and rheumatic fever prophylaxis and ongoing treatment, pain relief for low level pain, contraception and treatment for common sexually transmitted infections (STIs), urinary tract infections and constipation.

Nurses must complete a Family Planning or similar course before prescribing medicines for family planning and sexual health.

4.2 Requirements as to use, route of administration, or pharmaceutical form

Restrictions related to route, context and duration have been included in the *Medicines list for registered nurse prescribing in community health 2019*. Further guidance on medicines is included in the *Medicines list*.

4.3 Prescribing for children

Prescribing for children is a specialised area, and nurses wishing to do so must ensure they have the appropriate education and experience and have been deemed competent to prescribe for children in their area of practice. Specific guidance is available on prescribing for children in the [New Zealand Children's Formulary](#).

4.4 Antimicrobial Stewardship

Education on antimicrobial stewardship is included in the recertification programme completed to prescribe in community health. Nurses are expected to follow national and local guidelines for antimicrobial prescribing and to understand the principles of antimicrobial stewardship.

Reducing the use of antimicrobials where they are not indicated will:

- Slow down the emergence of antimicrobial resistance
- Ensure that antimicrobials remain an effective treatment for infection



- Improve clinical outcomes for the population as a whole

Recommendations for prescribers can be found in the “Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use in human health and healthcare in New Zealand <https://bpac.org.nz/guidelines/3/docs/AntimicrobialStewardship.pdf>

5 Continuing competence requirements

Nurses must complete regular professional development to update their prescribing knowledge. They must also participate in the monitoring of their prescribing competence through peer review, audit or credentialing by the approved recertification programme governance organisation, and this will be reported to the Council three yearly. The Council will also require evidence that prescribing is incorporated into current practice.



Glossary

Authorised prescribers: An authorised prescriber is able to prescribe all medicines appropriate to their scope of practice and, unlike a designated prescriber (see below), is not limited to a list of medicines specified in regulation. Includes medical practitioners, dentists, nurse practitioners, optometrists and midwives.

Case review: Involves reviewing and giving feedback on prescribing activities including:

- reviewing of clinical notes, lab results and copies of scripts written to enhance the nurse’s knowledge and clinical practice skills;
- discussing difficult or unusual cases; and
- discussing general related topics as they arise.

Collaboration: “Joint communication and decision making with the expressed goal of working together toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team” (College of Registered Nurses of British Columbia, 2014).

Competence: The combination of skills, knowledge, attitudes, values and abilities underpinning effective performance.

Designated prescriber: A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in their designated prescriber regulations.

Patient: An individual who receives nursing care or services. This term includes health consumers, clients, residents or disability consumers. Patient is referred to as ‘health consumer’ in the Health Practitioners Competence Assurance Act (2003).

Prescribing: The steps of information gathering, clinical decision making, communication and evaluation which result in the initiation, continuation or cessation of a medicine.

Team-based care: “the provision of health services to individuals, families and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve co-ordinated, high-quality care” (Mitchell et al., 2012).



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Appendix 1: The registered nurse scope of practice

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. Some nurses who have completed the required additional experience, education and training will be authorised by the Council to prescribe some medicines within their competence and area of practice.



Appendix 2: How to fill in prescription form correctly

In accordance with the **Medicines Regulations (1984)**, section 41, all prescriptions shall

- (a) be legibly and indelibly printed; and
- (b) be signed personally by the prescriber with their usual signature (not being a facsimile or other stamp), and dated; and
- (c) set out the address of the prescriber; and
- (d) set out –
 - (i) the title, surname, initial of each given name, and address of the person for whose use the prescription is given; and
 - (ii) in the case of a child under the age of 13 years, the date of birth of the child; and
- (e) indicate by name the medicine and, where appropriate, the strength that is required to be dispensed; and
- (f) indicate the total amount of the medicine that may be sold or dispensed on the one occasion, or on each of the several occasions, authorised by that prescription; and
- (g) if the medicine is to be administered by injection, or by insertion into any cavity of the body, or by swallowing, indicate the dose and frequency of the dose; and
- (h) if the medicine is for application externally, indicate the method and frequency of use; and
- (i) if it is the intention of the prescriber that the medicine should be supplied on more than one occasion, bear an indication of-
 - (i) the number of occasions on which it may be supplied; or
 - (ii) the interval to elapse between different dates of supply; or
 - (iii) the period of treatment during which the medicine is intended for use.

