

Journals Watch

Minor Ailments 2004

Wound care supplement: June

Nursing Times 2004; **100**(22): 47–67.

This supplement includes articles on: the assessment of dark skin and dermatological disorders; NICE guidelines on foot care in diabetes; providing alternating air-pressure mattresses in the community; management of venous leg ulcers; and management of insect bites in the UK (see here [1]).

eReference

1. <http://www.nursingtimes.net/>

doi:10.1017/S1467115804001075

Policy, Practice and Education 2004

The supply of controlled drugs

Gagan M. Keeping things under control: drug supply. *Supplementary Prescribing in Practice* 2004; **1**(2): 8.

The author looks at recent changes in the law that have affected the prescription and supply of controlled drugs by nurses and other health professionals.

doi:10.1017/S1467115804001087

Liability and accountability

Caulfield H. Responsibility, accountability and liability in nurse prescribing. *Prescribing Nurse* 2004; Summer; 18–21.

The author looks at the liability and accountability risks for nurse prescribers and at the protection afforded them. Liability is the legal term for responsibility and can be criminal (where a practitioner has breached legislation setting out what they can do) or civil (a suit for negligence resulting from a medication error). Accountability is the professional term for responsibility and is used in the NMC Code of Professional Conduct.

Vicarious liability, where the employer takes legal responsibility for the actions of its staff, provides some protection. Nurses prescribing in a self-employed capacity will need personal insurance cover as they do not have employers who are vicariously liable, and those working in an immunization campaign or another practice's clinic should check that they are covered by their contracts.

Where a nurse acts outside the limits agreed with his or her employer, he or she may not be covered by vicarious liability and the employer's insurance policy will not pay any claim. Any professional indemnity cover will then come into effect, to provide representation and advice as well a compensation if necessary. Nurses taking on extended roles should check that they have professional indemnity cover.

In addition, the NMC may take disciplinary action when a nurse fails to follow its guidelines for professional accountability but does stress that it takes great care 'to distinguish between those cases where the error was the result of reckless or incompetent practice or was concealed, and those that resulted from other causes, such as serious pressure of work, and where there was immediate honest disclosure in the patient's interest'. Accountability and liability for prescribing under different prescribing models are then examined. For example, an extended formulary nurse prescriber prescribing a drug that is not on the formulary could be committing a criminal offence.

doi:10.1017/S1467115804001099

Independent prescribing for pharmacists

Howe H. Are independent prescribing rights for pharmacists set to increase in 2004? *Supplementary Prescribing in Practice* 2004; **1**(2): 5–6.

One area likely to be among the first targets for pharmacist independent prescribing is the transfer to community pharmacists of much of the minor ailment work currently done by GPs, according to this article. Another is the implementation of disease management programmes approved by primary care trusts.

The author argues that for pharmacists working in secondary care, there are problems with the supplementary prescribing partnership model, as they tend to work in teams, without necessarily having any involvement with the patient's GP. She asserts that although an independent non-doctor prescriber may not be as diagnostically competent as a doctor, he or she will have the necessary training to manage the patient's pharmaceutical care needs after diagnosis. For independent prescribing to be viable, pharmacists will need to be able to access the full BNF, with limits placed by their own knowledge of their competence in different areas.

doi:10.1017/S1467115804001105

Supplementary prescribing and the GMS contract

Wells D. New prescribers and the new GMS contract. *Supplementary Prescribing in Practice* 2004; **1**(2): 1–4.

This article explains how supplementary prescribing will work in the context of the new GMS contract, which covers general practice. Given the disease areas chosen in the new contract reflect an emphasis on managing chronic diseases, supplementary prescribers have a role to play in helping GPs provide appropriate care and helping practices to benefit from the financial rewards now available.

The author points out that the Clinical Management Plans (CMPs) have some similarities with the templates used in chronic disease clinics. Using an example of an asthmatic patient, he shows how care can be planned and the maximum number of points under the contract achieved.

doi:10.1017/S1467115804001117

Strategic leadership needed as non-medical prescribing expands

Wright L. Helping the medicine go down. *Professional Nurse* 2004; **19**(10): 54–55.

Strategic leadership and collaborative planning are necessary if non-medical prescribing is to advance, according to this article. The author explains how strong leadership can help ensure that the right nurses and other professionals get the appropriate training and are then supported in their practice.

doi:10.1017/S1467115804001129

Relevance of nurse prescribing to children's nurses

Langridge P. Extended independent and supplementary prescribing: An update. *Paediatr Nurs* 2004; **16**(3): 21–23.

Supplementary prescribing is likely to be a more beneficial route for children's nurses than independent prescribing, according to the author of this article looking at recent developments in nurse prescribing and their relevance to children's nurses.

After commenting on the limitations of the extended formulary, the author points out that although the prescribing qualification allows nurses to prescribe after making a diagnosis, the course does not teach diagnostic skills.

In supplementary prescribing, it is likely that condition-specific Clinical Management Plans (CMPs) will be developed, which can then be adapted to suit individual patients. Possible problems include issues about access to common records, and the development of nurse-led clinics, for example, and it may be that one way forward is to develop trust-level CMPs for certain conditions, which all GPs and consultants in the area agree to. All patients in an area with the same condition would then be managed with similar plans. The author thinks that this may be the “secret aim” of the Department of Health.

He also comments that most prescribing nurses are likely to be either independent or supplementary prescribers and not both, and that the courses should therefore be offered separately.

Because only a small number of children’s nurses will be the entry point for children with the conditions specified in the extended formulary, supplementary prescribing is likely to offer more opportunities in this field.

doi:10.1017/S1467115804001130

Drug effectiveness and formulation

Greene R. Drug formulation and clinical effectiveness. *Prescribing Nurse* 2004; Summer; 8–16.

By looking at the effect that a formulation of a drug has on its clinical activity, the author illustrates the rationale behind prescribing decisions such as route and frequency. An understanding of these principles also reveals why caution is particularly needed in some circumstances.

A case study involving a patient with diabetes is used to demonstrate the points raised, and the author explains about absorption properties, bioavailability, distribution, clearance, the effect of food, renal or hepatic impairment and drug interactions.

doi:10.1017/S1467115804001142

How PRODIGY supports nurse prescribers

Robinson G. PRODIGY: A support tool for prescribers. *Practice Nurse* 2004; **27**(8): 18–21.

The author, a nurse specialist for PRODIGY, describes how this resource can support nurse prescribers and how it will develop in the future. She explains that where it has been integrated into practice computer systems, nurse prescribers will be able to use it once they are able to generate electronic prescriptions. The nurse prescribing section will be modified as nurse prescribing develops, with new conditions being added.

doi:10.1017/S1467115804001154

Minor Ailments 2004

Managing excess exudates

Vuolo J. Current options for managing the problem of excess wound exudate. *Professional Nurse* 2004; **19**(9): 487–491.

The author highlights the importance of effective management of wound exudates, and discusses how to assess exudate, identify its cause, and the different options for care.

doi:10.1017/S1467115804001166

Venous leg ulcers and short stretch bandages

Ellis K. Short stretch bandaging – the way forward for venous leg ulcer management? *Journal of Community Nursing* 2004; **18**(5): 16–20.

This article reviews the use of short stretch bandages against multi-layer bandaging for venous leg ulcers. The author concludes that there are advantages and disadvantages to both systems and that the choice must rest on a holistic assessment of the patient's needs. Although short stretch bandaging may initially involve more nursing time, it is cheaper than multi-layer systems and may have safety advantages.

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