



# Nurse Non-Medical Prescribing in Palliative Care

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Due to an increasing ageing population, the need for palliative care has increased for those who are later in life as well as across other age groups<sup>1</sup>. Around 55-95% of palliative care patients require pain relief as one of their main needs<sup>2</sup>, which in turn increases the demands and strains on services.

A search of the current literature was conducted in order to examine what input and effect non-medical prescribing (NMP) nurses have in palliative care in the United Kingdom, how their prescribing abilities are used, views and concerns around the role in palliative care and areas of improvement that are needed for NMP nursing in palliative care.

**Service Efficiency**

Nurse non-medical prescribing in palliative care can be considered to improve service efficiency by avoiding the need for a patient to wait to be seen by a doctor for commonly occurring problems, such as constipation<sup>3,4</sup> brought about through the use of analgesics for pain<sup>5</sup>. This improved efficiency in patient treatment can contribute to a patient's well-being whilst also alleviating demands on medical teams.

**Holistic Treatment**

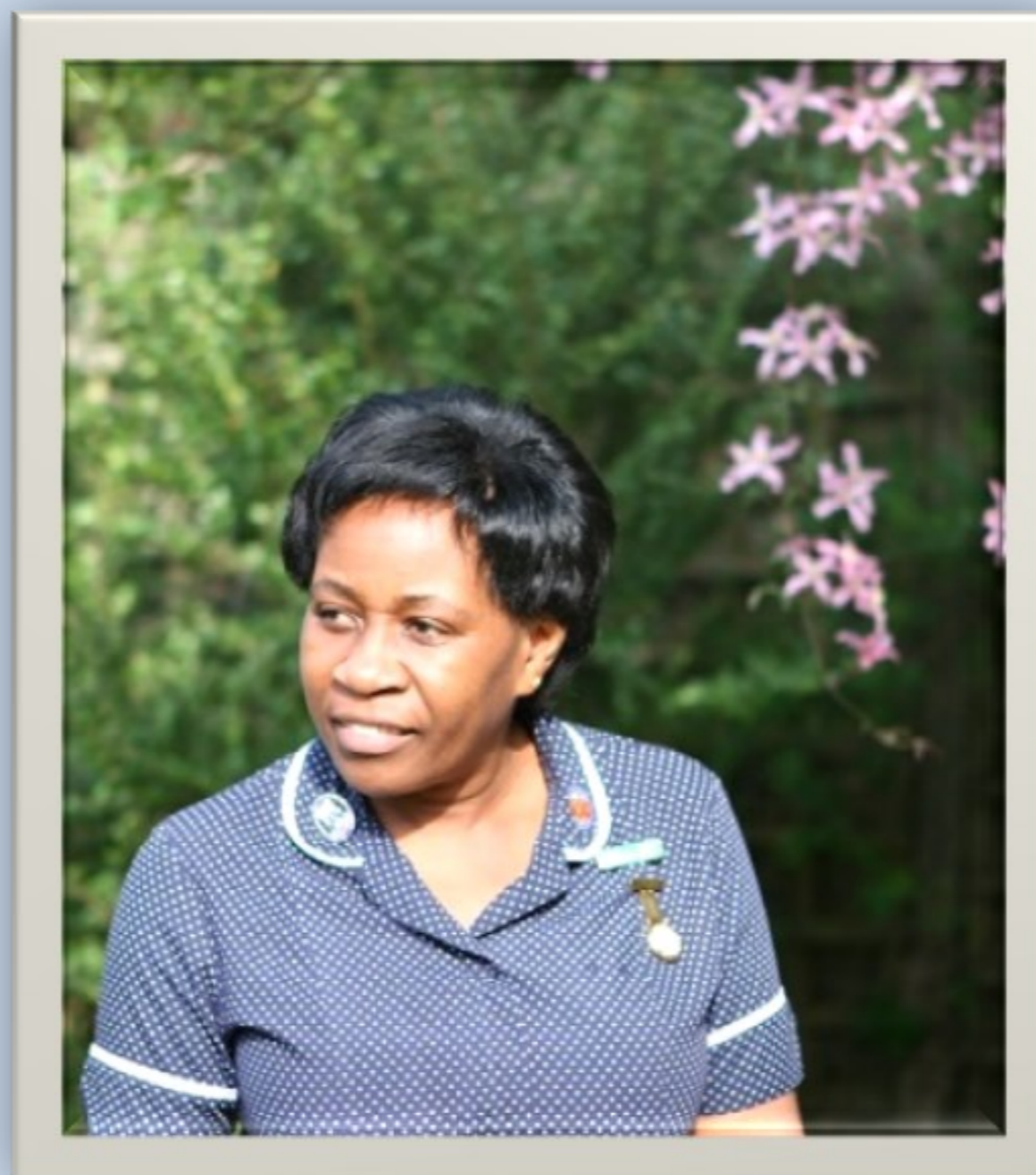
A more holistic, person-centred approach<sup>6</sup> to patient care is considered to be seen in this non-medical prescribing, with nurses taking into account patient's co-morbidities, such as; constipation, depression, anxiety and sleep issues, which are often overlooked<sup>7</sup>. This approach supports the idea of the role of palliative care to treat not only a patient's main issue, such as pain, but to also treat any symptoms that occur alongside this<sup>8</sup>.

**Frequency of prescribing**

Although it has been found that non-medical prescribing nurses provide a more sufficient service<sup>5</sup> to patients with a more holistic approach<sup>7</sup>, research suggests that nurses operating in palliative care do not over prescribe and only prescribe within their level of knowledge and qualification<sup>9,10</sup>. This frequency of prescribing may suggest a careful approach to patient assessment, diagnosis and prescribing

**NMP nurse views**

Increased autonomy, confidence, assessment skills and better patient relationships were some of the positive views reported<sup>10</sup>. The ability to communicate with patients about their medication increases due to more knowledge in this area<sup>10</sup>. The responsibility to prescribe has been suggested to make for safer practice in other areas<sup>10</sup> and support has been found from members of the medical team with nurses not being asked to prescribe outside their level of knowledge<sup>10</sup>.



**Shirley Hughes, Clinical Nurse Specialist- student on the MSc Advancing Practice (Clinical Practitioner) course at the University of Worcester:**

“My role is to look after patients diagnosed with gastrointestinal (upper GI) cancers, through to the end of life. I will use my prescribing qualification across this pathway.”

**Medical staff views**

The views of medical staff, such as GPs, around nurse non-medical prescribing has included factors such as; improved efficiency, appropriate actions and helpfulness<sup>9</sup>. The views of GPs about an out of hours service provided by Clinical Nurse Specialists for a hospice in South Worcestershire was considered to relieve anxiety for patients and carers via this efficient service and through the avoidance of seeking inpatient care<sup>9</sup>. This provides support for both carers and patients.

**Concerns**

Concerns for nurses around prescribing have included; lack of specialist palliative care training in prescribing, lack of medical support, lack of encouragement, concerns over completing a prescribing course, increased responsibility and workload, lack of confidence to prescribe, worries over making errors, being requested to prescribe outside their level of qualification or knowledge and being handed the responsibilities of others<sup>10,11</sup>.

**Areas for improvement**

Areas of improvements needed for nurse non-medical prescribing in palliative care includes; being given more mentoring, support, performance tracking and a better emphasis on continuing professional development<sup>12</sup>. There should also be on-going training with more specialist training in relation to palliative care<sup>11,12</sup>. A system of peer support should also be available, such as forum groups for non-medical prescribing nurses<sup>12</sup>.

**Conclusion**

Nurse non-medical prescribing can provide relief and improve wellbeing for palliative care patients and their carers through providing an efficient and holistic service that allows for symptoms, that may sometimes go unnoticed, to be treated<sup>5,7,8</sup>. There is evidence of support for non-medical prescribing from members of the medical team<sup>9</sup> and audit information suggests safe and careful practice<sup>9,10</sup>. The ability to prescribe also adds to a nurse's skills and professional development<sup>10</sup>. However, it must also be noted that improvements, such as training and support are needed in order to support the non-medical prescribing role and encourage others to become non-medical prescribers<sup>11,12</sup>.



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