

Molly Courtenay helps resolve everyday issues for nurse prescribers



Q I work in rural Scotland and qualified as a nurse independent prescriber / supplementary prescriber just

under a year ago. There are a couple of patients, for whom I am responsible, that I can't always see for face-to-face consultations. Instead, I provide them with a telephone consultation and then prescribe their medicines on the basis of this. I am unsure if this practice is acceptable.

A Remote prescribing, for example, via telephone, video link, fax, or email may be appropriate in some circumstances. For example, where a prescriber is working in rural or remote areas, or, where a prescriber has prior knowledge of the patient, and has a very good understanding of their condition, medical history and their treatment management.

The NMC¹ has identified a number of requirements that must be met if a nurse prescribes remotely. These requirements include the need to establish the

patient's condition and also their history, and whether or not, the patient is taking any medication; to undertake an adequate patient assessment; and to identify the possible cause of the condition.

The prescriber must also be able to justify the medicine, go through alternative treatment options with the patient; ensure that the medicine prescribed is not contraindicated for the patient; ensure that the prescribing decision is within their own competence; and provide a record of what was prescribed.

When you are prescribing

remotely for any of your patients, you need to be able to meet each of the above requirements. If you are not able to do so, then you should not be prescribing in this way.

- Molly Courtenay is professor of prescribing and medicines management at Reading University and prescribing adviser for the Association for Nurse Prescribing
- Please send prescribing related questions to sarah.wild@haymarket.com

Reference

1. NMC (2006). Standards of proficiency for nurse and midwife prescribers. London: NMC