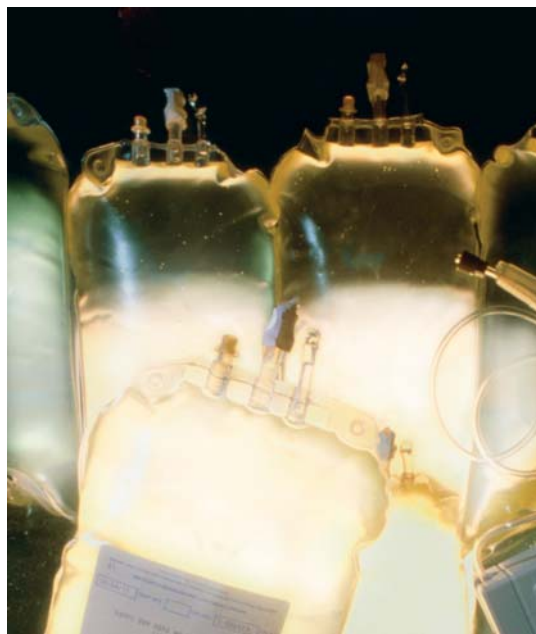


Clinical nutrition

— pharmacist prescribing of parenteral nutrition

By Zoë Gross, BPharm, MRPharmS

Pharmacists have started prescribing parenteral nutrition as supplementary prescribers. The third part of this month's special feature describes the experiences of two pharmacists who have taken on this role and sets out the advantages and challenges it brings



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Bags of parenteral nutrition: suitably qualified pharmacists are now able to prescribe them

Only a small number of pharmacists have started prescribing parenteral nutrition as supplementary prescribers. However, many more seem to be keen to take up the challenge.

This article describes the work of two pharmacist prescribers of parenteral nutrition and explains how having pharmacists as supplementary prescribers has changed and benefited practice.

— Southampton experience

At Southampton General Hospital, Mark Tomlin, pharmacist for the critical care directorate, has been prescribing parenteral nutrition for adults in intensive care as a supplementary prescriber since April 2004. In support of pharmacists prescribing parenteral nutrition, Mr Tomlin says that they have the required knowledge and skills to take on this role, and are willing to do so. He adds that it seems an ideal situation to have a partnership where a doctor diagnoses the patient and then delegates the choice of specific therapy and prescription signing to a pharmacist.

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At Southampton General Hospital, there are three levels of pharmacist involvement for patients requiring parenteral nutrition. The greatest level of input is for adult patients, where pharmacists are in charge of prescribing parenteral nutrition. There are three pharmacists who do this — Mr Tomlin, Peter Austin, senior pharmacist, nutrition support team, and Peter Rhodes, principal pharmacist, technical services. Mr Rhodes and Mr Austin work in collaboration with a nutrition team consisting of themselves, a nurse who has just finished training as a supplementary prescriber, and a number of medical registrars. The team is linked with the Institute of Nutrition at Southampton University and a consultant review takes place weekly with the team.

On the neonatal unit, the prescribing of parenteral nutrition is still under the old system where the pharmacist advises or writes out the prescription and the doctor signs it. On the paediatric wards, pharmacists have no involvement in prescribing parenteral nutrition apart from resolving specific problems that occur. However, Mr Tomlin says: "We are trying to move the whole programme over to supplementary prescribing." For adult patients requiring parenteral nutrition, the task of implementing supplementary prescribing is complete

he says. For neonatal patients, practice is being formalised and will move across to supplementary prescribing at some point in the future. For paediatric patients, the aim is to obtain funding for pharmacists to provide a similar service to that given to adult patients, including training as supplementary prescribers. A pilot project, funded by the Workforce Development Confederation, has recently been completed and looked at pharmacists undertaking the prescribing process in a more active way than before. A report is being written to form a business case to fund a pharmacy-led service. "It is all part of a strategy we had to put pharmacists in the driving seat for prescribing parenteral nutrition. Historically we have always been involved and have always had to field questions," Mr Tomlin says.

— UCLH experience

Rebecca White was a pharmacist prescriber of parenteral nutrition in her former post at University College London Hospital. She explains that before she became a supplementary prescriber, parenteral nutrition prescribing at UCLH was supervised by a multidisciplinary nutrition team, consisting of herself, a dietitian and two nurses, with intermittent support from a medical

registrar. The team would go round the wards reviewing patients who required parenteral nutrition, decide what they needed in their parenteral nutrition and document it. One of the junior doctors would then have to sign the prescription to make it legal. "However, we were concerned about how much training junior doctors had actually had on parenteral nutrition," she says.

After Miss White became a supplementary prescriber in April 2004, the team began operating slightly differently. They would see a patient who had been referred to them by a consultant, make an assessment of that patient, and Miss White would write a clinical management plan, with input from the team, to which both the patient and the consultant would have to agree. "I could then write all the parenteral nutrition prescriptions for that patient," she says. In addition to parenteral nutrition, she could also prescribe intravenous fluids and other drug therapy, such as glyceryl trinitrate patches to maintain vein patency for peripheral parenteral nutrition.

The nutrition team would then visit these patients at least three times a week and write prescriptions at that point. "And because we were a lot more involved in the prescribing, we could decide whether we wanted to prescribe just one day at a time or a whole week at a time, depending on how stable the patient was." This stopped the pharmacist having to go back to the doctor each day to ask for the prescription to be signed. "I also liaised with the pharmacy aseptic unit to manage capacity limits and to prioritise the allocation of tailor-made bags based on patients' clinical needs," she says. Now that she is prescribing parenteral nutrition, with the support of a nutrition team, wastage has been significantly reduced, she adds.

— Advantages

Reducing wastage is just one of the benefits of having pharmacists as supplementary prescribers. According to Mr Tomlin, there are also efficiency gains within pharmacy. He comments that the workload in the pharmacy department can be organised much more effectively if he undertakes the whole prescribing process himself. "If you leave it to the doctor, you end up with a random phone call at two o'clock or three o'clock in the afternoon, which leaves insufficient time to make the preparation that day. So there is an efficiency gain as well as a professional development," he says.

With regard to putting forward a business case Miss White says: "If you were starting from an existing situation with no ward-based clinical input and needed to fund the increased time of a pharmacist on the team, then the main leverage is risk management. It is about having the best qualified person writing the prescription. Certainly most pharmacists that are involved in parental

nutrition are more competent to write a prescription for a patient safely than the average junior doctor." With regard to nurses being employed to do this role instead of pharmacists, Miss White says that most experienced nutrition nurses will have an awareness of the pharmaceutical aspects of parenteral nutrition, such as stability and the effects of drugs on electrolyte and fluid balance, but probably will not know all the details. However, most parenteral nutrition pharmacists would be able to design a stable regimen from scratch, she points out. Miss White adds that dietetic input might still be necessary to calculate nutritional requirements for patients on parenteral nutrition, although prescribing pharmacists should be able to do this anyway.

— Challenges

Finding mentors is one of the many challenges for pharmacists who have expertise in clinical nutrition and who want to become supplementary prescribers. As Miss White explains: "This is where most pharmacists in clinical nutrition tend to have a problem because there are not many doctors who have an in depth knowledge of parenteral nutrition". Her mentor was the clinical director for intensive care at UCLH. "We would go on a ward round and I would present cases to him. He would ensure that I could clinically justify any decisions I had made." Releasing staff to attend supplementary prescriber training courses and finding funding for these courses are other manpower-related issues needing consideration.

Professional indemnity insurance is also a potential issue. Mr Tomlin says that he has not seen a rise in premiums yet and does not expect there to be one. "In a sense, the employers vicarious liability insurance will

cover increased risk. All we are doing otherwise is insuring our reputation," he says. He thinks that pharmacists may make unconscious mistakes that will slip through the net rather than negligent ones. He adds that "the Guild of Healthcare Pharmacists says that you should not need additional indemnity insurance anyway because your employer will cover it".

However, Miss White says that: "Even though the trust will accept vicarious liability if you are working within the terms of your contract, having your own indemnity insurance is about peace of mind." She adds that the cost of her professional indemnity insurance has tripled since she became a supplementary prescriber.

The legal framework for supplementary prescribing is another hurdle to be overcome. At present, pharmacist prescribers are not legally allowed to prescribe unlicensed medicines supplied as specials, including tailor-made parenteral nutrition. However, the law is expected to change.

— The future

Looking to the future, Miss White says: "There are a significant number of pharmacists and nutrition nurses who are interested in doing supplementary prescribing to be able to prescribe parenteral nutrition but are waiting for the official notification that we can prescribe specials." As mentioned above, extending the prescribing rights of supplementary prescribers to include unlicensed medicines supplied as specials is in the pipeline.¹ Miss White says that the Department of Health and the Medicines and Healthcare products Regulatory Agency expect the amended legislation to be in place by March. She adds that pharmacists are getting round the issue by using

commercially available bags that are licensed products and making additions to them within the terms of their product licence.

So would independent prescribing make the prescribing of parenteral nutrition easier? Mr Tomlin and Miss White agree that independent prescribing would not necessarily add anything to current practice. Mr Tomlin says that even if a clinical management plan did not need to be authorised, prescribing of parenteral nutrition should not be done in isolation. "Supplementary prescribing integrates pharmacists into the clinical team," he says. "In any case, I think pharmacists should be testing out supplementary prescribing before moving on to independent prescribing. If nothing else, it builds systems as well as confidence in both the pharmacist and the doctor." However, he adds: "I can see a future where pharmacists diagnose gut failure and the need for parenteral nutrition. With supplementary prescribing we just approve the need for parenteral nutrition and complete the process of ordering and supplying the therapy."

Miss White says that independent prescribing would not make that much of a difference to the situation because "even as a supplementary prescriber you cannot be made to prescribe something that you are unhappy with because ultimately, as the prescriber, you are accountable." If you are a

supplementary prescriber, your prescribing still has to be your own clinical decision, she says. She adds that there is a lot of benefit from being in partnership with doctors and consultants, both in terms of two-way education and establishing multidisciplinary communication.

Miss White has recently been appointed lead pharmacist for nutrition and surgery for Oxford Radcliffe Hospitals NHS Trust. In her new post, she intends to formalise the process of pharmacist prescribing of parenteral nutrition. She says that at the trust, parenteral nutrition has always been written

up by a pharmacist and countersigned by a doctor, like the situation at many other trusts. However, documentation is now being put in place so that pharmacists can legally prescribe without the need for a countersignature. She adds that the intention is also for her to be able to prescribe for home parenteral nutrition patients as well as for inpatients.

References

1. Specials extension to supplementary prescribing. *The Pharmaceutical Journal* 2004;272:5.

Information about BPNG

The British Pharmaceutical Nutrition Group (BPNG), of which Miss White is vice-chair, offers peer support for pharmacists working in this area, especially those who are the only pharmacists in their trust prescribing parenteral nutrition. Information is available

from www.bpng.co.uk. BPNG is also in the process of putting together an information pack for supplementary prescribers of parenteral nutrition, which is expected to be made available by March through the BPNG website.

Special features — practice developments

As part of its forthcoming special features, *Hospital Pharmacist* would like to include articles about practice developments including, but not limited to, those associated with supplementary prescribing. Planned topics include cystic fibrosis, lung cancer, Hodgkins

and non-Hodgkins lymphoma, and arrhythmias and sudden cardiac death. Should you be interested in writing such an article, or in being interviewed as the basis for such an article, please e-mail hospital.pharmacist@pharmj.org.uk