

What are nurses prescribing for pain?

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Outline of talk

1. Context of non-medical prescribing
2. Nurse prescribing for pain
3. Findings from our 2009 survey of nurse prescribing for pain in inpatient pain services



Non-medical prescribing

Numbers of qualified non-medical prescribers

- Over 50,000 nurses and midwives (NMC, 2010)
- 1,500 Pharmacists
- 200 Allied Health Professionals

Numbers of nurse prescribers

- 33,000+ community nurse prescribers
- 20,000+ Nurse Independent and/or Nurse Supplementary prescribers (NIP/ NSP)



Nurse Independent Prescribing:

Responsible for the assessment of patients (with diagnosed or undiagnosed conditions). Can prescribe any medicine (in the BNF) within their area of competence, including some controlled drugs.

Nurse Supplementary Prescribing:

‘A voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient’s agreement’. Can prescribe (under CMP) any medicine within the BNF, including controlled drugs.

Drug	Indication	Route of administration
Buprenorphine	Palliative care	Transdermal
Chlordiazepoxide hydrochloride	Treatment of initial or acute withdrawal from alcohol	Oral
Codeine phosphate	N/A	Oral
Co-phenotrope	N/A	Oral
Diamorphine hydrochloride	Palliative care, myocardial infarction, acute or severe pain after trauma, post-operative pain relief	Oral or parenteral
Diazepam	Palliative care, initial or acute alcohol withdrawal, tonic-clonic seizures	Oral, parenteral or rectal
Dihydrocodeine tartrate	N/A	Oral
Fentanyl	Palliative care	Transdermal
Lorazepam	Palliative care, tonic-clonic seizures	Oral or parenteral
Midazolam	Palliative care, tonic-clonic seizures	Parenteral or buccal
Morphine hydrochloride	Palliative care, myocardial infarction, acute pain after trauma or post-operative pain relief	Rectal
Morphine sulphate	Palliative care, myocardial infarction, acute pain after trauma or post-operative pain relief	Oral, parenteral or rectal
Oxycodone hydrochloride	Palliative care	Oral or parenteral

Table amended from Home Office (2007) Public Consultation – Independent Prescribing of Controlled Drugs by Nurse and Pharmacist Independent Prescribers, Annex A. Home Office, London.

Do nurses prescribe for pain?

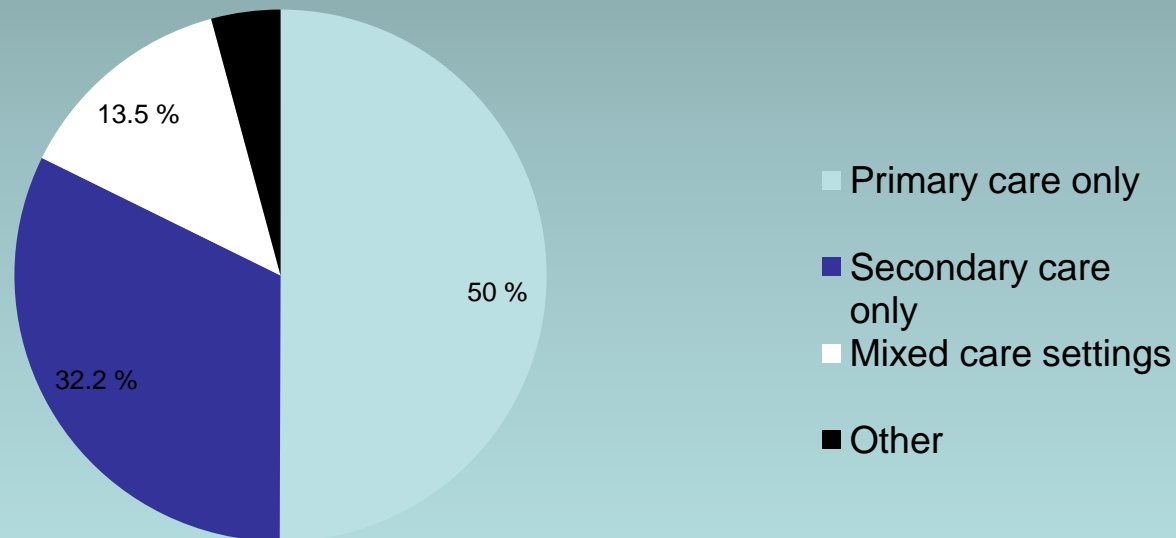
Yes:

- 42% of ANP members surveyed in 2009 prescribed for pain (Courtenay & Gordon 2009)
- 50% of ANP members surveyed in 2010 prescribed for pain (unpublished)
- Analgesics were the most frequently prescribed drugs in an audit of nurse prescribing in Ireland (Drennan et al, 2009)

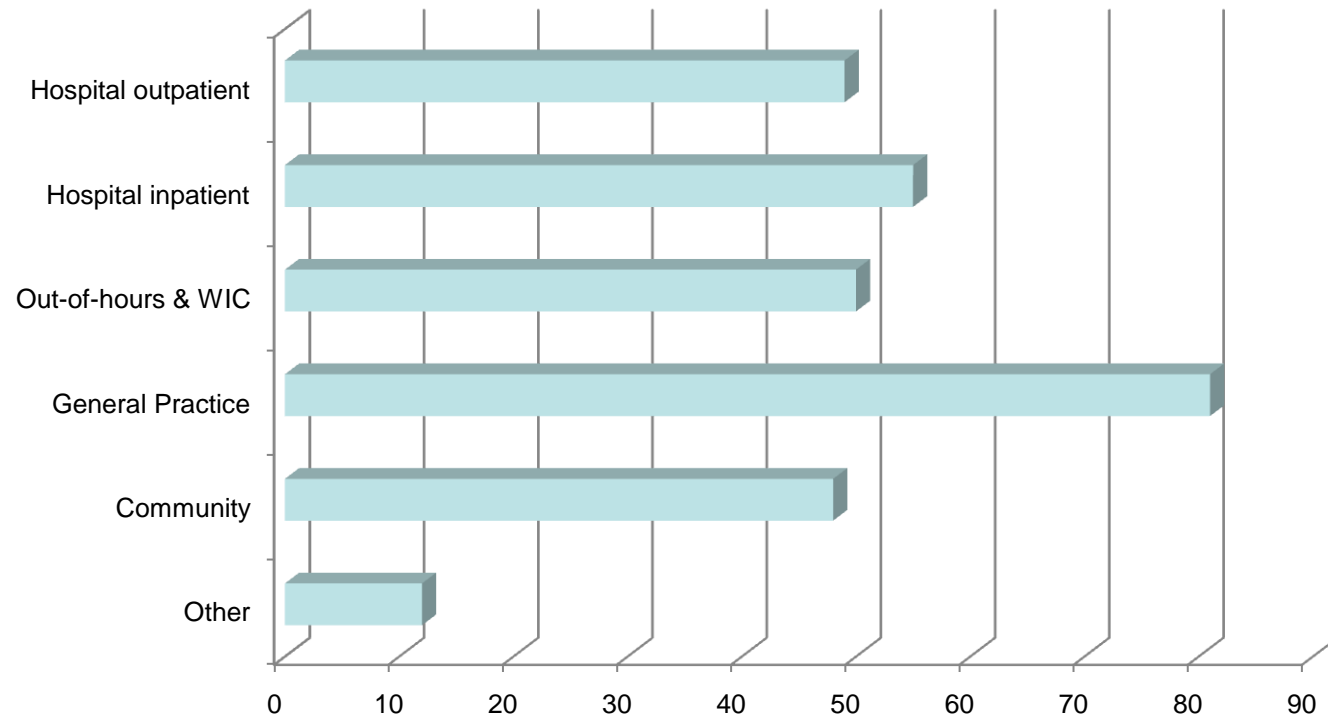


Care settings of NMPs who prescribe for pain

Survey of 859 members of the ANP (May-June 2010)



Work settings of nurses who prescribe medication for patients in pain (ANP survey 2010)



Medications prescribed for pain management (2010 ANP survey)

Medication	Number prescribing	% (n=214)
NSAIDS and non-opioids	204	95.3
Compound medications	184	86
Weak opioids	158	73.8
Opioids	74	34.6
Laxatives	138	64.5
Anti-emetics	126	58.9
Anti-depressants	79	37
Anti-convulsants	53	24.8
Other (e.g. steroids, topical anaesthetics, TENS)	18	8.4

Survey of specialist pain nurse prescribers (November 2009)

Aim: To determine the number of nurse prescribers working in inpatient pain services across the UK, and to develop a profile of these nurses in terms of their experience, role and prescribing practice.



Research Design & Methods



Online questionnaire survey

- 193 NHS acute trusts/health boards across the UK were contacted
- 191 inpatient pain services were identified
- 164 qualified nurse prescribers identified who worked in pain services
- 161 nurse prescribers were invited to participate in online survey
- 137 nurses responded (85% response rate)

Findings

Majority highly qualified and experienced pain specialists:



- 71% job title ‘clinical/pain nurse specialist’
- 74% worked full time
- 87.5% qualified to degree level
- 71% had more than 5 years experience in pain prior to undertaking prescribing qualification

Specialist pain qualification

54%

**Specialist training in pain to Masters
or PhD level prior to taking prescribing
qualification**



Context of pain management

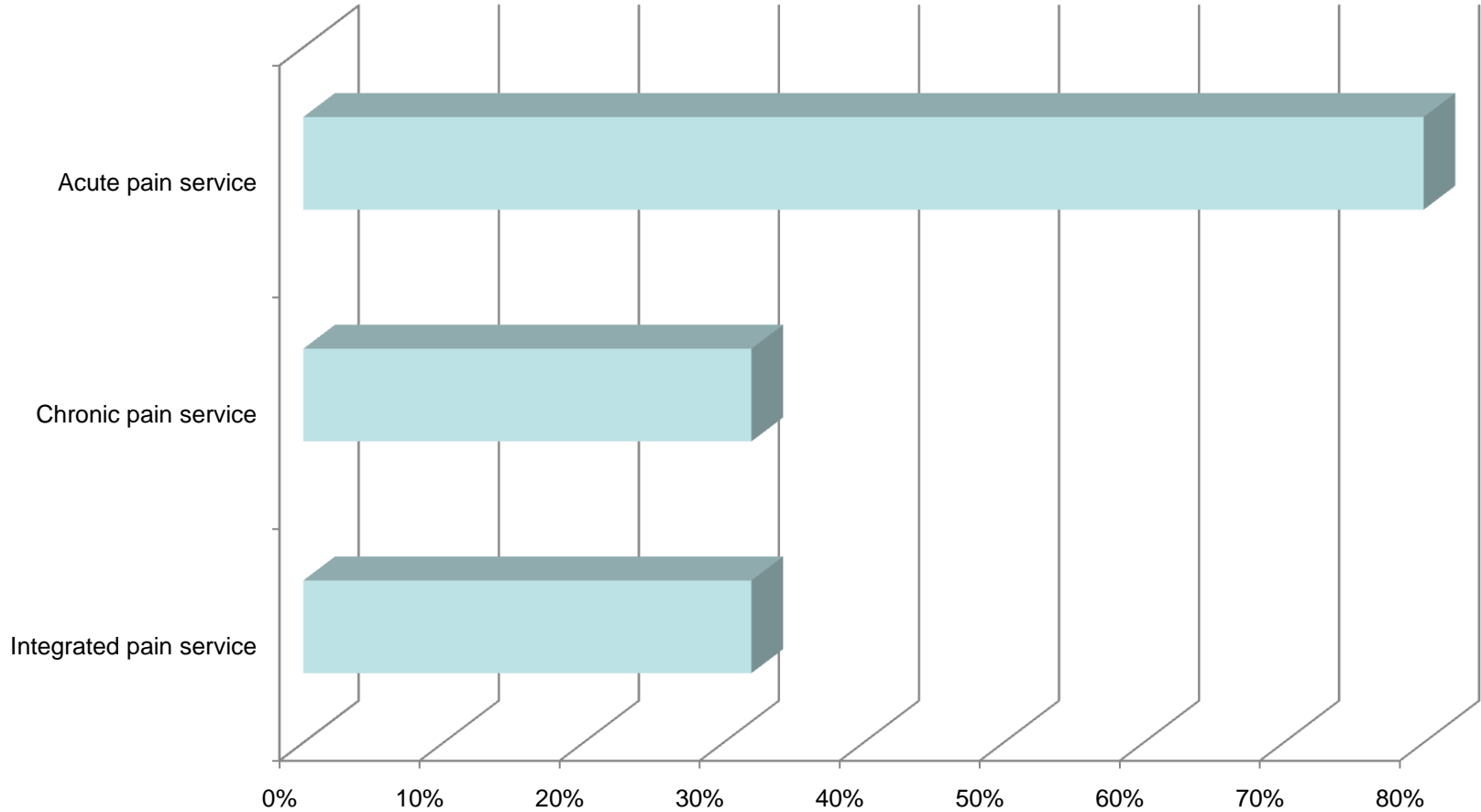
Hospital pain services are expanding to include more than just post-operative pain:

- 35% nurses worked across acute/chronic pain services
- 90% treated more than one type of pain (chronic, acute, cancer, crossover pain)



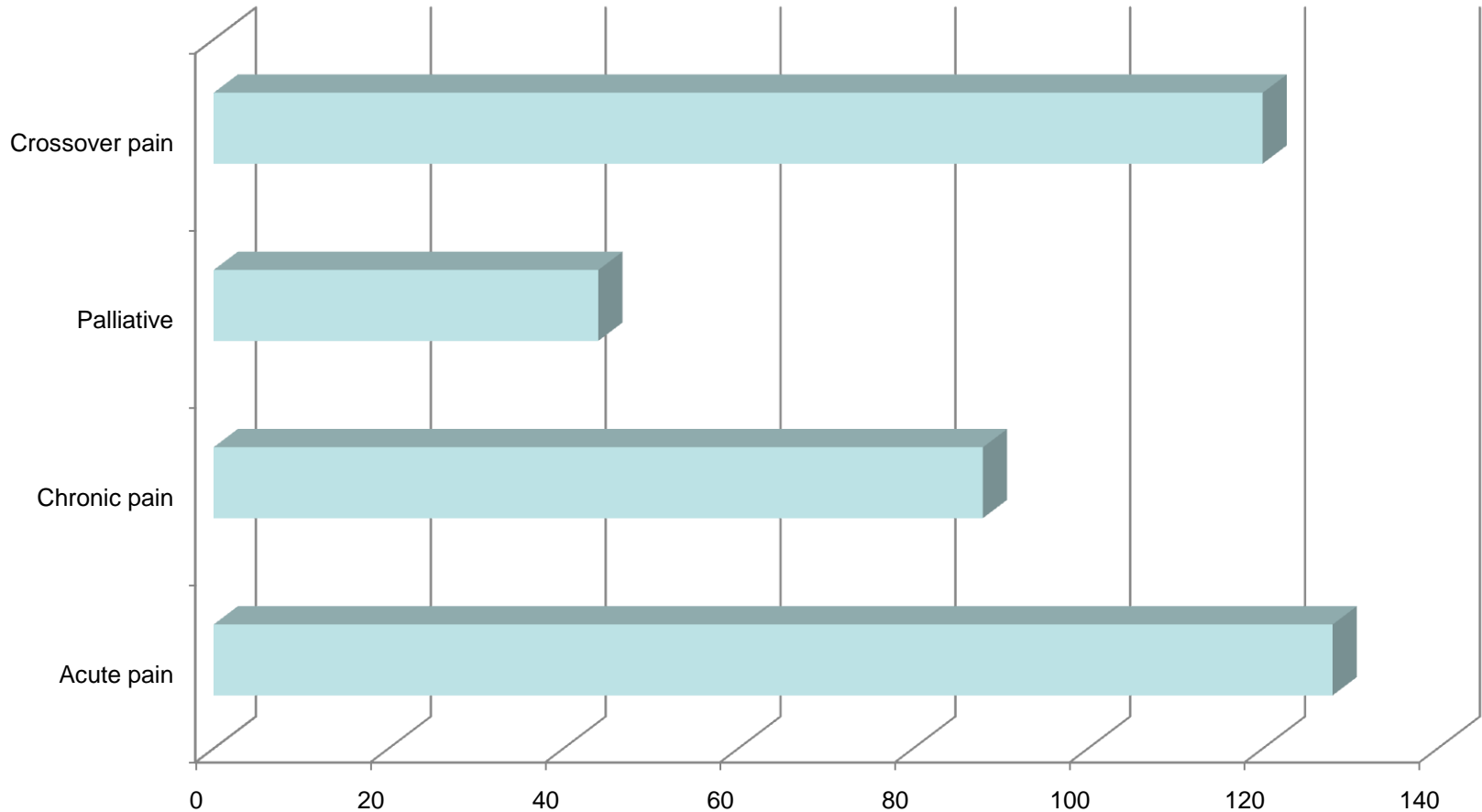
Pain services provided by nurses

(35% worked across services)



Number of nurses treating pain types

(90% treated more than one pain type)



Prescribing in pain teams

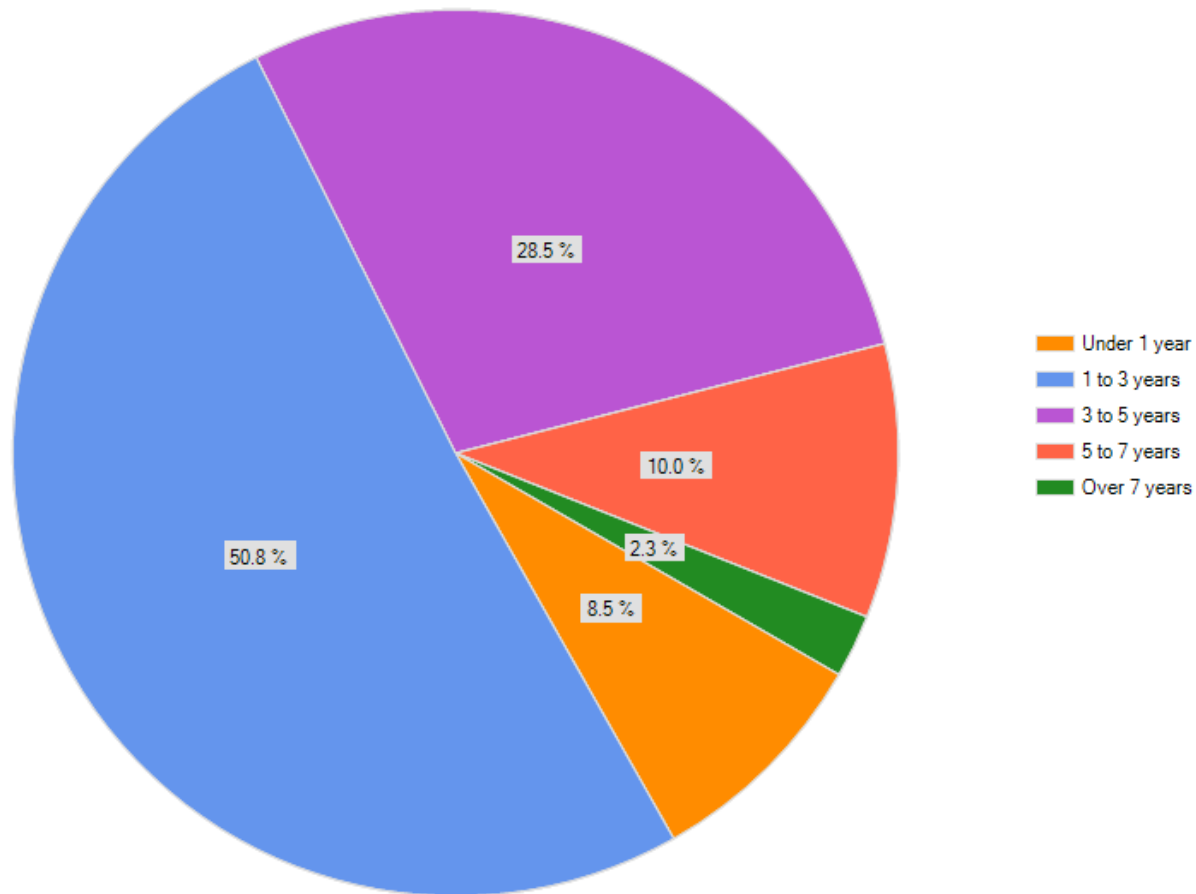
Prescribing in teams:

- Just under half reported more than one NP per team
- 30 reported plans to increase the number of NPs in teams



Years qualified as a nurse prescriber

Number of years qualified as a prescriber

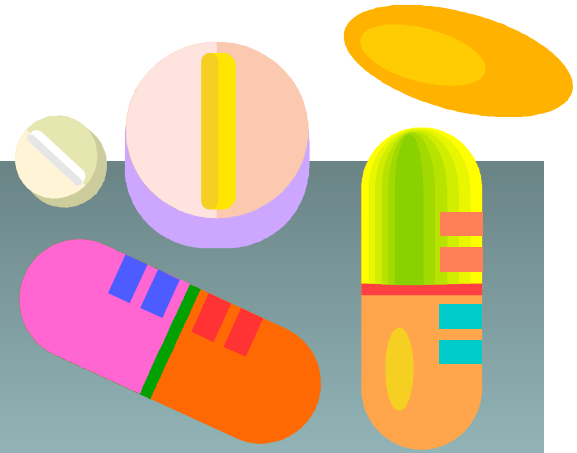


Prescribing activity

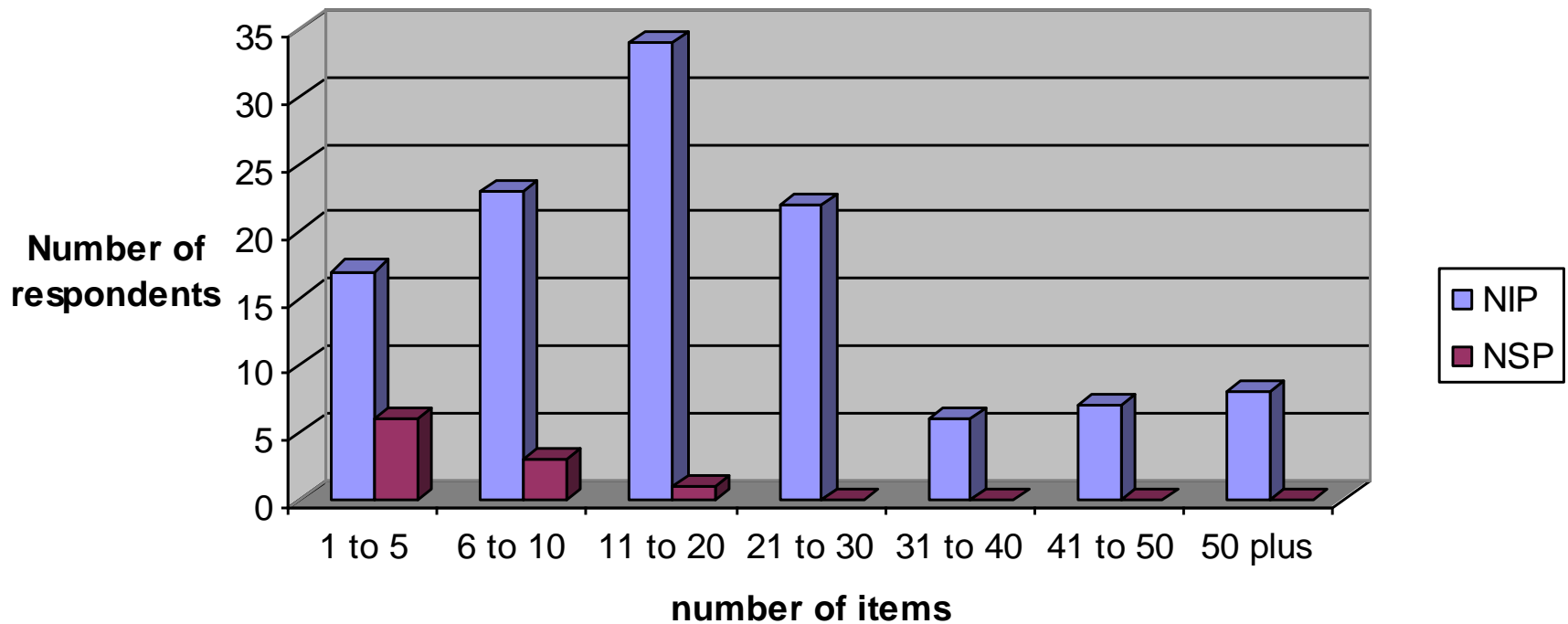
90% were actively prescribing:

- 89.5% used NIP
- 12% used NSP

Average of 19.5 items prescribed per week



Number of items prescribed per typical week



Prescribing

Nurses prescribed a range of pain medication



	N° nurses prescribing	% nurses prescribing
Opioids		
Codeine products	109	79.6
Tramadol	104	75.9
Morphine sulphate	103	75.2
Morphine sulphate injection	95	69.3
Modified release morphine products	84	61.3
Buprenorphine	41	29.9
Fentanyl	40	29.2
Oxycodone	34	24.8
Diamorphine	30	21.9
Pethidine	18	13.1
Methadone	9	6.6
Hydromorphone	7	5.1

Non Opioids	N°. nurses prescribing	% prescribing
NSAIDs	112	81.7
Anti-emetics	110	80.3
Laxatives	108	78.8
Compound preparations	91	66.4
Anti-convulsants	90	65.7
Anti-depressants	81	59.1

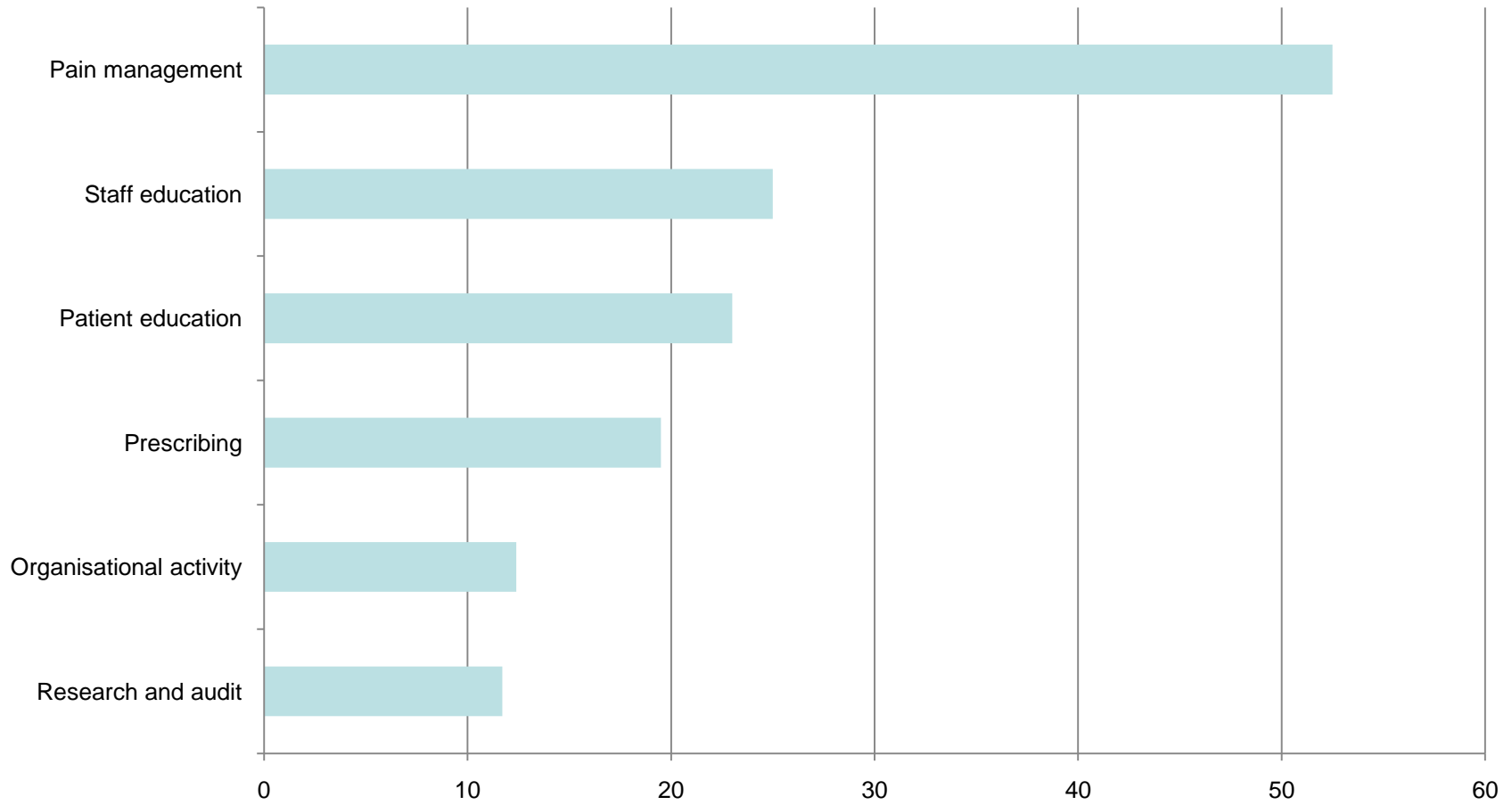
Pain nurse role

Prescribing was integrated with other activities:

- Majority spent 10-30% of their time per week prescribing
- 98% provided training or education (to: nurses, doctors, pharmacists, AHPs, students)
- 81% involved in developing local guidance on pain prescribing
- 60% informed trust formulary or Drugs & Therapeutics Committees



Estimated time spent by nurses on activities during a typical week

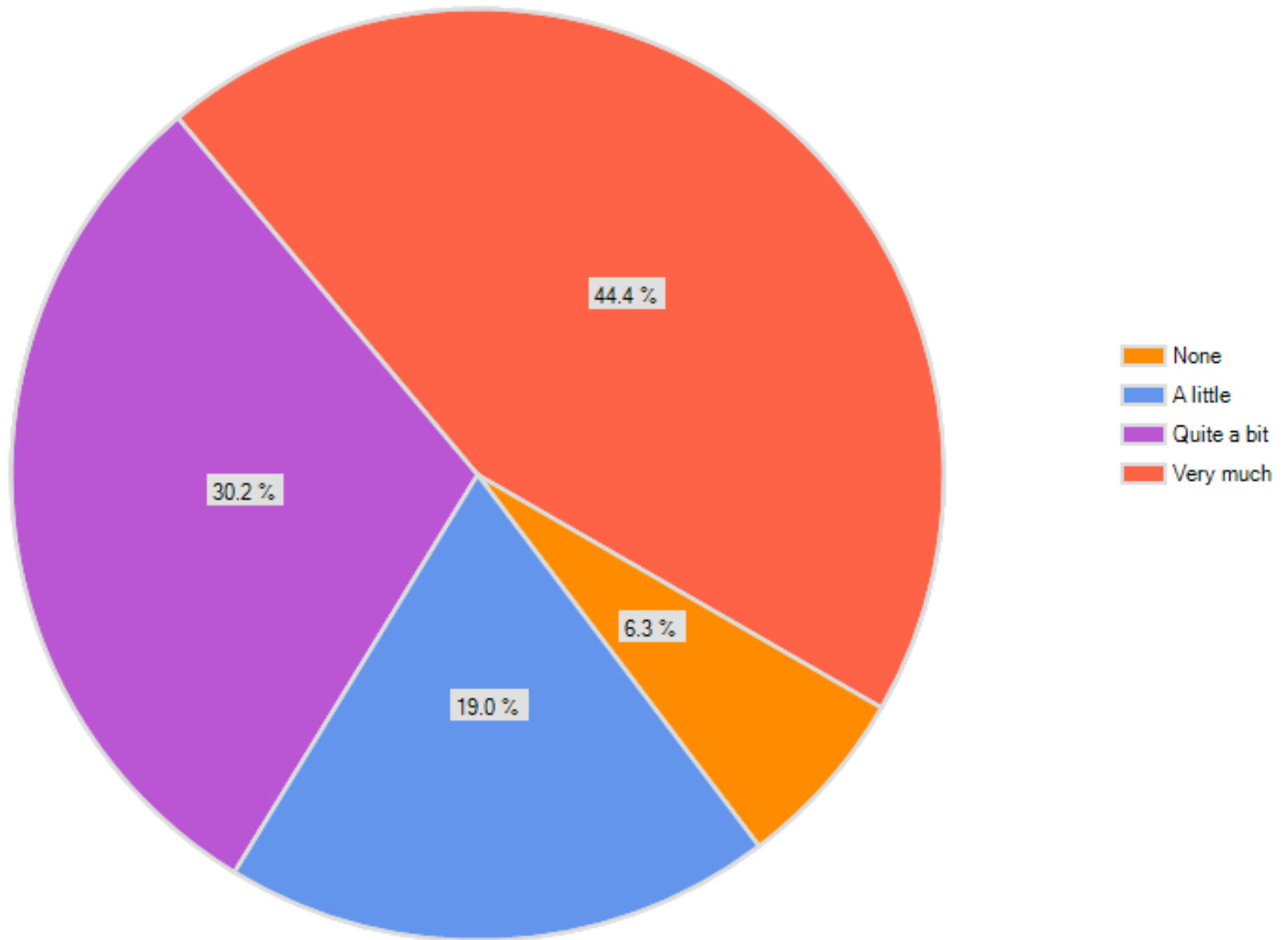


Impact of prescribing

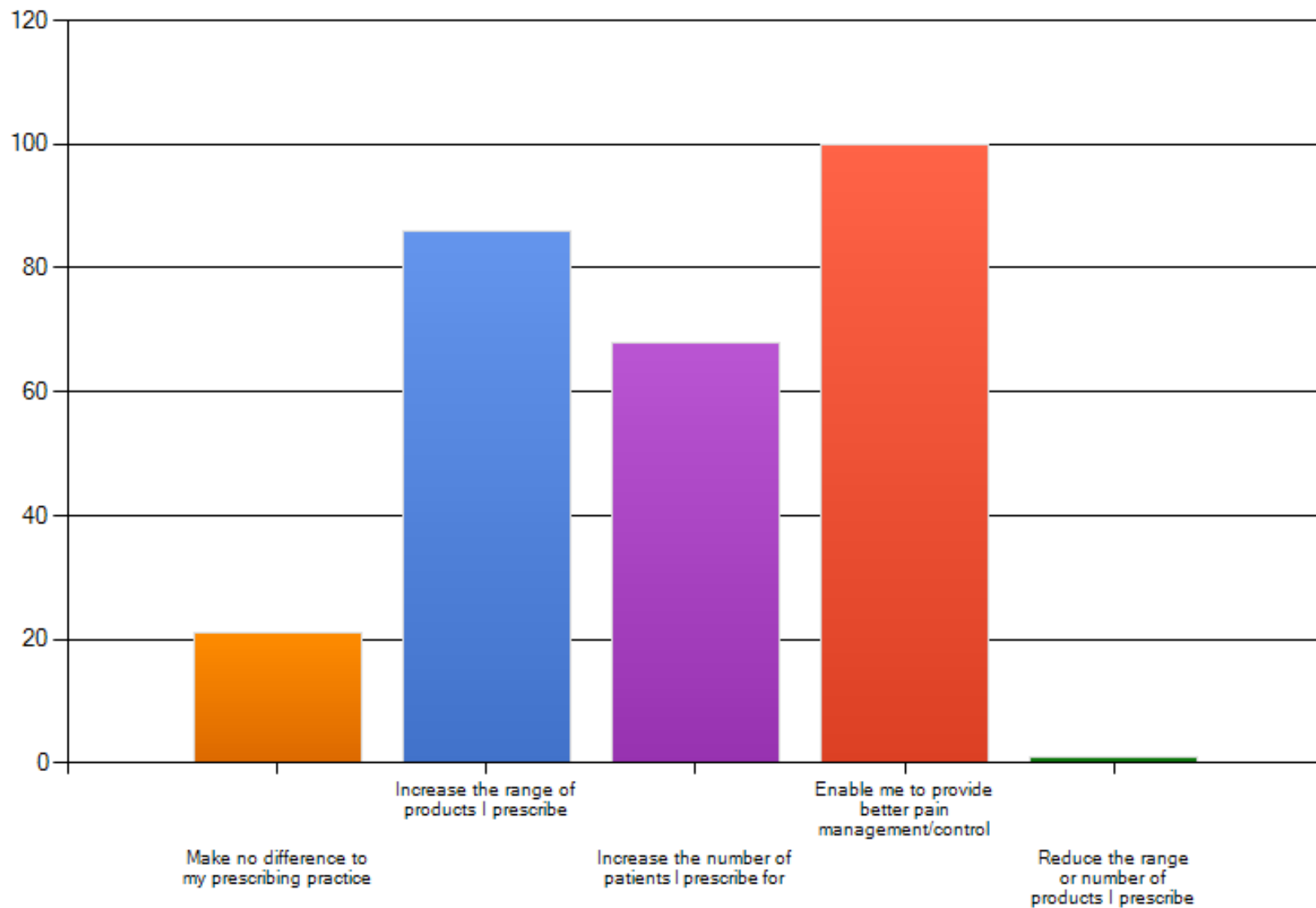
- **94% thought that prescribing had increased their ability to promote evidence based practice.**
- **But the legislation on prescribing controlled drugs limited this.**
- **Nurses couldn't independently prescribe some commonly used opiates .**



To what extent has becoming a prescriber enhanced your ability to promote evidence-based practice?



Do you envisage that lifting the current legislative restrictions on non-medical prescribing of controlled drugs will:



Conclusions

1. Pain is a growing area for non-medical prescribing
2. High proportion of pain nurses are highly qualified and experienced prescribers
3. Nurses prescribe a range of medications for pain management, averaging around 20 items per week
4. Prescribing is believed to have positive influence on pain management practice
5. Lifting CD legislation is likely to improve care

Any questions

