

Advancing independent emergency nursing prescribing in Saudi Arabia.

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Abstract

Independent emergency nursing prescribing had been emerged in many countries to meet the growth population health services need. Evidence found out that emergency nurses were prescribing competently and safely in their scope of practice where the emergency nurses in Saudi Arabia was restricted of prescribing independently or supplementary. The benefit of authorizing emergency nurse prescribing in the Emergency Department (ED) has been reported internationally. Aim: the objective of this article is to review the benefits and role of independent nursing prescribing in ED and how it may improve the ED health services in SA to meet the growth population needs. Conclusion: Saudi nurses in ED was restricted of prescribing where many countries authorized emergency nurses to prescribe independently or supplementary in their scope of practice. Key benefits of emergency nurse prescribing were decrease waiting time, timely access to medicines, managed the medications effectively; controlling symptoms, enhanced relationships between nurse and patient, accommodate nurse's skills appropriately and enhance autonomy of nurses in their scope of practice.

Keywords: Emergency nursing, Independent prescribing, Emergency department

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Introduction

Emergency department (ED) gives care for critically ill patients who need urgent care. Critically ill patients who present with acute medical conditions may require timely treatment and medications frequently to alleviate their pain and symptoms [1].

A literature review by Bernstein et al. found out that ED crowding is linked with a raising risk of mortality rate, delay treatment and many patients leave the ED either they are not being seen or opposite medical advice. In Saudi Arabia (SA), emergency nurses were restricted of prescribing medications [2] while nursing prescribing was essential strategy that applied in ED to facilitate timely care [3]. Nursing prescriber have the autonomy to administer medications independently based on patient's medical condition [1].

The intention of this research is not only to review the Independent Nursing Prescriber role in ED in countries outside of SA but it is important to contextualize how and why independent nursing prescribing role have emerged and developed the health care services globally.

Advance Practitioner Nurse in Saudi Arabia

A special communication study revealed that a little information is known about Advance Practitioner Nurse (APN) progression in SA were some Saudi nurses have studied APN internationally [4]. Nurse specialist in SA is lacking and their role have not been accepted by medical community. Nurse specialist act as following physician order. The Saudi Commission for Health Specialties (SCFHS) classify nursing with their level of education and that does not include any role and scope of practice [5]. Lack of standardize job description, that represent the role and scope of practice, could impact APN to fulfill their role and they can just act as Registered Nurse (RN) in SA [4].

APN in SA may not fulfill their role in assessing patient, diagnose and prescribe where nurse specialist is essential to maintain quality of care and patient safety particularly for vulnerable patient populations [6]. Advancing nursing practice needs a recognition, legislation and regulated framework [6]. Now a day an effort have been made to advance APN in SA by affording higher education specialized nursing program [4]. This contribution may help to define and regulate the role and scope of nursing practice in SA in the future.

The International Council of Nurses (ICN) define a Nurse Practitioner (NP)/APN as "a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level" [7]. ICN suggests the valued characteristics of NP/APN which expand their role to meet the health services demand. Moreover, ICN emphasizes the essential benefit of NP/APN such as authority to prescribe medications and treatments independently and integrating education, research, practice and management in their work [7]. Nurse practitioners are regarded as autonomous, accountable and professional practitioners who is capable to complete episodes of care independently [8] and in some countries, the legislation permits their prescribing of medication [9].

The roles of NP were emerged, in 1960 in United States (US), to meet the need of health care [10]. Then the NP has been introduced in other different countries such as Canada, United Kingdom (UK), Australia and New Zealand. The legal and authority for NP role is differed compared to RN that include prescribing medications [11]. It is significant to consider that prescribing is a complicated process than just write a prescription. The process of prescribing includes collect information,

effective decision making, communication and assessment of continue or discontinue the medications [12]. In US, UK and Australia, prescribing medication independently is permitted legally. However, the legal authority for NP to set, titrate and discontinue the medication differ in each country. In US, NP is authorized for prescribing medication but however some state legislation license NP to prescribe independently where other state license NP to probably prescribe collaboratively with other health care professional [13]. In contrast, in UK the nurses who particularly trained for independent nurse prescribing have access, by British National Formulary (BNF), that authorize RN to prescribe within their scope of practice. Other nurses in UK act as supplementary prescribing in collaboration with physician [14].

Recently independent non-medical prescribing (INP) has been developed considerably by permitting non-medical health professional to prescribe independently [15,16]. In UK, the Nursing and Midwifery Council (NMC) requires nursing prescriber undertake training course and license to get access, from BNF, for prescribing in their scope of practice [17].

Independent/Supplementary Nurse Prescribing

From 2006, nurse was able to prescribe independently or supplementary within their scope of practice [18]. The competency framework for non-medical prescriber was developed by National Prescribing Center (NPC) [18]. In 2013, 26976 nurses were held "Nurse independent/Supplementary prescribing qualification" in UK [19]. The benefit on nursing prescriber has been progressed and documented in different countries which include US, UK, Australia, Ireland, Hong Kong, Jamaica, South Africa, Spain, Sweden, Netherlands, New Zealand [18]. The implementation of nurse prescriber have improve the health care services. In Ireland, nurse prescribing improve care services by decrease patient waiting time and implement the knowledge, skills and experience of nurses [18]. In UK, a study shows that the attitude and perception of public toward nurse prescribing was positive and many other studies found out that non-medical prescriber was well received by public and has progressed the health services [18]. Regulation for independent nurse prescribing is needed to set standards of training, education and valid program that prepare nurse to prescribe independently [18].

Prescribing components were suggested as patient group direction, supplementary prescribing and independent prescribing. Patient Group Directions (PGD): an instruction was written for administer or supply authorized medications in recognized clinical condition. The patient may not be individually recognized before presentation for treatment [20]. Supplementary Prescribing: it is a collaborative prescribing between physicians and supplementary prescriber to conduct agreed patient treatment plan including patient agreement [20]. Independent Prescribing: independent prescriber able to prescribe any authorized medications, within their scope of practice, for any patient medical condition [20].

Independent Nursing Prescribing in Emergency Department

A study found out that nurse prescribing has improved access to

medication, decreased waiting times, access to medicines timely, managed the medications effectively; controlling symptoms, enhanced nurse/patient relationships, accommodate nurse's skills appropriately and enhance autonomy of nurses in their scope of practice. The study also found that nurses managed a many cases in ED with the majority of pain relief medicines [21]. The use of independent nurse prescriber enhance safe autonomous practice and complete the care independently [22].

A study found out that the emergency NP were prescribing larger variety of medications than NP in other department [22]. Two studies found out similarity of the most common prescribed medications by emergency NP. Those medications were analgesics, antibiotics and non-steroidal anti-inflammatory [1,22].

A study examined the effectiveness of non-medical prescribing versus medical prescribing in acute and chronic settings shows that non-medical prescribers who prescribing independently in different settings were effective compared to medical prescriber. Non-medical prescribers can provide effective and comparable outcomes for glycated hemoglobin, systolic blood pressure, low-density lipoprotein, patient satisfaction, medication adherence and health-related quality of life [23].

Framework Competency for Emergency Nurse Prescribing in SA

While no SA framework available nationally, some frameworks of prescribing activities had been published in different countries such as U.K. National Prescribing Centre [24]. National Prescribing Service in Australia [25] and Nursing Council of New Zealand [26]. Particular attention, to implement these non-medical prescribing frameworks activities in SA legislation, should be paid.

The Most Three Essential Correlated Elements for the Model

1. Structure which include identifying the legislation, regulation and standard of nursing prescribing. This can frame and authorize the role of nurse prescribing into their scope of practice [27].
2. Competence which include the skills, knowledge, decision making and characteristics that RN needs to act carefully and ethically in their particular role and site [27].
3. Practice which include all phases of RN prescribers such as clinical practice skills, from activities, practice settings and tools to their situations, managing the risks, cooperation with health professional and assessment of the results, quality and safety [27].

Substantially, in order to meet the growth population health needs in SA and expand the access to health services by the right provider and timely access in the right pale, it is crucial to expand the scope of practice for specialized nurses. This includes develop the nurse prescriber role in their scope of practice compered to developing countries outcomes.

Conclusion

Saudi nurses in ED was restricted of prescribing where many countries authorized emergency nurses to prescribe

independently or supplementary in their scope of practice. Key benefits of emergency nurse prescribing were decrease waiting time, timely access to medicines, managed the medications effectively, controlling symptoms, enhanced relationships between nurse and patient, accommodate nurse's skills appropriately and enhance autonomy of nurses in their scope of practice. It is recommended to authorize emergency nurse prescribing in SA to meet the growth population health services' needs. Educational programs, that prepare nurse to prescribe independently in their scope of practice, are crucially required. There were suggested strategies and frameworks of independent nurse prescribing had been published in UK, US, Canada, Australia and other countries which may be extrapolated and applied to develop the national prescribing legislation in SA.

Conflict of Interest

The author stated that there is no conflict of interest for this study.

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