NON MEDICAL PRESCRIBING
FOR
PARAMEDIC PRACTITIONERS

Donald Blackie  dblackie@nhs.net
THE PARAMEDIC PRACTITIONER ROLE

WE ARE A SMALL GROUP OPERATING WITHIN NHS LOTHIAN AS PART OF A MULTI-DISCIPLINED TEAM WITHIN L.U.C.S.

APPROX 70% OF SHIFT ALLOCATION IS FOR L.U.C.S. ATTENDING CALLS GENERATED BY NHS 24.

APPROX 25% OF SHIFT ALLOCATION IS RESPONDING TO CALLS GENERATED BY 999 SYSTEM

APPROX 5% OF SHIFT ALLOCATION IS OPERATING AS PART OF THE TEAM IN A MINOR INJURIES UNIT

AIM TO TREAT AND DISCHARGE AT SCENE OR PROVIDE MORE APPROPRIATE REFERRAL PATHWAY AWAY FROM A&E DEPARTMENTS
PARAMEDIC PRACTITIONERS
CLINICAL EXPERIENCE & EDUCATION

A PARAMEDIC WHO IS STATE REGISTERED WITH THE HEALTH PROFESSIONS COUNCIL WITH 4 YEARS CLINICAL EXPERIENCE IN THE AMBULANCE SERVICE WITH A MINIMUM OF 2 YEARS POST PARAMEDIC QUALIFICATION

THE SUCCESSFUL COMPLETION OF MINOR INJURIES AND ACUTE ILLNESS MODULE AT DEGREE LEVEL

A MINIMUM OF 340 HRS OF SUPERVISED CLINICAL PLACEMENT WITH OSCEs AND SUBMISSION OF A PORTFOLIO OF EVIDENCE GATHERED DURING EACH MODULE PLACEMENT

ONGOING CPD OF THE PRACTITIONER TO BROADEN SKILL AND COMPETENCY LEVELS
THE PARAMEDIC PRACTITIONER WORKLOAD

A COPY FROM MY PERSONAL AUDIT 2008
“REFERRAL PATHWAY” SECTION TOTALS

AVERAGE 575 PATIENT CONTACTS PER ANNUM

58% OF PATIENTS AUTONOMOUSLY DISCHARGED AT SCENE WITHIN LUCS

25% OF PATIENTS REFERRED TO PATIENTS OWN GP / OR A SPECIALITY

15% OF PATIENTS OUTWITH PGD REQUIRING DISCUSSION OR PRESCRIPTION FROM DOCTOR AT BASE BEFORE DISCHARGE

ALTERNATIVE PRESCRIPTION METHODS COULD INCREASE RANGE OF PATIENT TYPES AND REDUCE THE NEED TO CONSULT BASE
THE PRESENT SUPPLY FORMAT

PGDs  A WRITTEN INSTRUCTION FOR THE SUPPLY OR ADMINISTRATION OF POMs IN THE TREATMENT OF A SPECIFIC ILLNESS/INJURY.

BENEFITS OF PGDs –

• PROVIDING DIRECTION TO THE PARAMEDIC PRACTITIONER TO PRACTICE WITHIN A SAFE, CONTROLLED, LEGAL FORMAT

LIMITATIONS OF PGDs –

• AS INDIVIDUAL PRACTITIONERS COMPETENCIES DEVELOP PGDs BECOME INCREASINGLY RESTRICTIVE IN PRACTICE

• EXCLUSIONS THAT REQUIRE DISCUSSION WITH A DOCTOR BEFORE COMMENCING TREATMENT

• ANY REVIEWS AND CHANGES IN BEST PRACTICE TAKE TIME TO IMPLEMENT THROUGH DRUG AND THERAPEUTICS COMMITTEE’S
CASE EXAMPLE 1

HOME VISIT TO 70 YEAR OLD LADY DIAGNOSED WITH LRTI BY PARAMEDIC PRACTITIONER. THIS LADY HAS UNDERLYING COPD BUT IN STABLE CONDITION. WITH GOOD SOCIAL SUPPORT. SHE IS ON DAILY DOSE 3mg OF WARFARIN FOLLOWING A DVT 3/12, LAST INR 2.5 3/7.

PGD OPTIONS
AMOXICILLIN 250/500mg TID OR OXYTETRACYCLINE 250mg QDS

EXCLUSION – WARFARIN > REQUIRED TO CONSULT WITH DOCTOR

CALL TO BASE – CLINIC BUSY GP CALLS BACK 20 MIN LATER

INSTRUCTIONS – INSTRUCTED AMOXICILLIN 500MG TDS PT TO CONTACT SURGERY FOR INR REVIEW AFTER COMPLETION OF ABX 1/52

A COMMON REQUEST FOR ADVICE BUILDING DELAYS OVER SHIFT
CASE EXAMPLE 2

HOME VISIT AT 3 AM TO 42 YEAR OLD MALE ACUTE ONSET MECHANICAL BACK PAIN WHILE BENDING OVER, NO RED FLAGS, HX OF BACK PAIN, NO OTHER PMH, NKDA, PATIENT SELF ADMINISTERED 1g PARACETAMOL + 400mg IBUPROFEN 1 HOUR BEFORE ARRIVAL NO IMPROVEMENT IN SX.

PGD OPTIONS
CO-CODAMOL 30/500 X 2 QDS OR IV MORPHINE

EXCLUSION – PT HAS ALREADY TAKEN PARACETAMOL IN LAST HOUR / IV MORPHINE NOT APPROPRIATE
CALL TO BASE – CLINIC BUSY GP CALLS BACK WHEN AVAILABLE

INSTRUCTIONS – DRUGS CARRIED ADMINISTERED UNDER INSTRUCTION OF GP –
• I.M. DICLOFENAC ? BUT PT HAS ALREADY TAKEN IBUPROFEN
• GP ATTENDS?
• RETURN TO BASE TO PICK UP POM / RELATIVE PICKS UP FOR PATIENT, (DISTANCE)

A COMMON REQUEST FOR ADVICE CAUSING DELAYS
THE PRESCRIBING OPTIONS

PGDS – PRESENT FORMAT FOR PARAMEDIC PRACTITIONERS

SUPPLEMENTARY PRESCRIBER – TREATMENT/CARE PLAN AGREED

INDEPENDENT PRESCRIBER – UNDIAGNOSED CONDITIONS
ABILITY TO STUDY AT DEGREE LEVEL: ACHIEVED

MEET REQUIREMENTS OF MEDICINES PARTNERSHIP PROGRAMME (2007): ACHIEVED

NECESSARY SKILLS AND EXPERIENCE IN FIELD OF PRACTICE: ACHIEVED

WRITTEN SUPPORT FROM EMPLOYERS: ACHIEVABLE

NURSES - MINIMUM 3 YEARS NMC POST REGISTRATION WHICH INCLUDES 1 YEAR IN THE SPECIFIC CLINICAL FIELD.
SUPPLEMENTARY / INDEPENDENT PRESCRIBERS

NAMED AHP REGISTERED WITH THE HPC - MINIMUM 3 YEARS POST REGISTRATION - PHYSIOTHERAPISTS / PODIATRIST / RADIOGRAPHER.
SUPPLEMENTARY PRESCRIBERS

CHANGE IN LEGISLATION REQUIRED FOR PARAMEDIC PRACTITIONERS
CLINICAL GOVERNANCE

- EMPLOYERS ROLE
- PROFICIENCY STANDARDS
- LIABILITY & INDEMNITY
- RESEARCH & AUDIT
- MONITORING AND SUPPORT OF PRACTITIONER PRESCRIBING
BENEFITS OF INDEPENDENT PRESCRIBING

- Distance from base and replenishing drug stock resolved
- Experienced paramedic practitioner has greater scope
- Increased job satisfaction and responsibility for the individual
- Parity with ENP colleagues
- Faster turnaround of patient consultation
- A one stop service for the patient
- More responsive to patients' needs and care
- Shifting the balance of care
THANK YOU FOR TODAY