



The National Nursing and
Nursing Education Taskforce
N³ET

**NATIONAL NURSE
PRESCRIBING GLOSSARY
(NNPG)**

*Including a taxonomy of contemporary prescribing
and initiating practices by nurses and midwives*

JUNE 2006



Australian Health Ministers' Advisory Council

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Foreword

This **National Nurse Prescribing Glossary** and associated **Nurse Prescribing and Initiating Taxonomy** is the first of its kind for Australia. It is a comprehensive and contemporary picture of nurse prescribing and nurse and midwife initiating practices, captured at a point in time when nurse prescribing is developing nationally. The impact of nurse practitioners (NPs) is clearly evident as a driver for this work. As N3ET began to tease out the many different ways NP are able to practice across Australia we discovered a confusing array of terms used to describe how NPs prescribe. It was also clear that the terms were often used differently by different groups, making it difficult to compare or contrast the practices. Similarly, As work on the glossary began, we identified 16 different words for "medicine" used in key regulatory authority and government nurse policy documents – ample evidence of the need for some national consistency in language.

A more detailed understanding and commonality of prescribing language and models used by nurses and midwives in Australia is important for a number of reasons including:

- The centrality of prescribing to the NP role
- The need for consistent language to effectively compare and evaluate the impact and benefits of the NP role
- Confusion about the prescribing scope or authority of NP in the different settings/jurisdictions,
- The variety of programs to facilitate access to medicines using nursing skills and knowledge and
- Increasing calls for nurses, as well as other health disciplines, to have prescribing authority.

The roles and opportunities for all health professionals to grow and change are continually expanding. There is considerable scope for innovative approaches to improve health care delivery that make better use of nursing and midwifery skills and knowledge. The role and contribution of nurses and midwives in medicines management is an area that will expand. For example, supplementary prescribing may be a model for NP candidates to use. It could allow them to develop their repertoire of prescribing through a relationship with an independent prescriber until they are authorised. Alternatively, supplementary prescribing (or other dependent prescribing models) could be explored for use by registered nurses, as well as other members of the team, working in areas like chronic disease management, mental health or primary care. Further, if international trends are sentinel, independent prescribing may not be limited to NPs in the near future.

Whilst this glossary was developed with nursing and midwifery in mind, I believe it has much to offer other disciplines that may be seeking to have greater prescribing access. A common language and taxonomy across all health professionals would be an effective way to build interdisciplinary values and practice as well as building common understanding between health professionals and the community they service.

Finally, I would like to acknowledge the work of the N³ET Working Group in developing this **National Nurse Prescribing Glossary**. I believe it is an important document and encourage its use and the application of the standard terminology contained in it, by all those developing medicines management policy and procedures.



Belinda Moyes, Chair
National Nursing and Nursing Education Taskforce

June 2006

Introduction

The **National Nurse Prescribing Glossary** (NNPG) contains 18 terms associated with initiating and prescribing of medicines by nurses and midwives. The NNPG has been developed for a range of users including those developing policy relating to medicines practice, regulators, educators and nurses and midwives developing material related to medicines management.

The **National Nurse Prescribing Glossary** is not intended to be a comprehensive glossary of all medicines terminology, but to reflect contemporary practice related to the prescribing of medicines by nurse practitioners (NP), and the initiating of medicines by nurses or midwives.

The NNPG aims to promote agreed understandings, encourage use of shared language and greater understanding between health professionals and consumers/clients. Although developed for nursing and midwifery, the glossary avoids the use of discipline specific language. The NNPG aims to include definitions that are consistent with common usage, have a consumer focus and acknowledge that the boundaries between practices are being blurred and health professionals may share skill sets and activities. Any glossary creates distinctions that may be somewhat artificial in practice. Medicines management is a continuum however the activities have necessarily been presented as distinct steps. Readers of the NNPG are also advised that there will be definitions of some of the glossary's terms within legislation and other instruments, which may be more appropriate to use in a given circumstance.

Nationally consistent language about the current prescribing and initiating practices will assist with decisions about the types of services and skills the community needs and how nurses and midwives can better meet the needs of the Australian community. In particular, the development of a common national platform that describes the ways in which prescribing by nurses occurs is critical to future role development of nursing and midwifery. Therefore, the terms in the glossary have been used to develop the **Nurse Prescribing and Initiating Taxonomy** (page 9) that identifies the current prescribing and initiating practices nationally and the common features of each model.

Across Australia, there is confusion about the capacity that NPs (and Midwife Practitioners in NSW) have to prescribe independently and how this differs from the delegated practice of initiating medicines by nurses and midwives under programs such as "standing orders" or nurse/midwife initiated medicines. Understanding the different models of initiating and prescribing and their inherent risks, opportunities and responsibilities are critical. Being an independent prescriber requires legislated authority. For nurses and midwives, independent prescribing requires a level of knowledge and education beyond that which undergraduate preparation covers. In the case of NPs, additional preparation is required to ensure they are adequately prepared to independently prescribe.

Examination of ways to improve access to healthcare and how different health professionals can potentially improve medicines access and management needs to use a risk management approach to ensure safe, quality care in relation to medicines management. This work contributes to that agenda by providing a foundation for the development of prescribing and initiating models in a coherent and nationally consistent manner.

Background

The driver for this work was the foundation work to map the authorisation processes for NP across Australia undertaken by the Taskforce (National Nursing & Nursing Education Taskforce 2005). This work highlighted the absence of a common national language to describe how nurses prescribe, or initiate medicines, across Australia and the difficulties this created when attempting to compare or contrast models when different term were used, or the same term had different meanings.

To promote greater national consistency in this area, the Taskforce convened a working group with representatives from:

- All State and Territory Chief Nursing Officers
- The Society of Hospital Pharmacists Australia (SHPA)
- The Pharmacy Guild of Australia (PGA)
- Australian Nursing and Midwifery Council (ANMC)
- Australian Nurse Practitioner Association (ANPA), and
- Council of Deans of Nursing and Midwifery (CDNM- ANZ)

The membership of the working group is included at the end of this document.

National Nurse Prescribing Glossary

Terms related to medicines management

Administer The act of giving a medication to a patient/client that may include some activity to prepare the medicine to be administrable.

See also: *Prepare*

Dispense To prepare and distribute for administration, medicines to those who are to use them. The dispensing process may include: the (i) assessment of the medicine prescribed in the context of the patient's other medicine, medical history and the results of relevant clinical investigations available to the pharmacist, (ii) selection and supply of the correct medicine, (iii) appropriate labelling and recording, and (iv) counselling of the patient on the medicines(s) including that it is for individual use only.

See also: *Supply*

Adapted from: Pharmaceutical Society of Australia (2003)
Competency Standards for Pharmacists in Australia

Formulary A circumscribed list of the medicines that are normally available at a particular health care location such as a hospital or pharmacy, and that are approved for use in that setting or by a specific prescriber.

See also: *Formulary Prescribing*

Initiate The initiation and administration of a specific medicine in particular circumstances and in a defined environment, according to written instructions or protocols and approved by the relevant institutions with whom ultimate responsibility lies. An agreed protocol may or may not require retrospective signature by an authorised prescriber. Also Known as: Standing Orders

See also: *Protocol, prescribe*

Adapted from: National Health and Medical Research Council (1998).

Medicine Includes prescription and non-prescription medicines, including complementary medicines taken to diagnose, prevent or treat illness or to maintain or promote health. Medicines can be in many forms and may be ingested, injected, inhaled, inserted or applied. *Also Known as: Drug, medication, substances*

Adapted from: National Medicines Policy (2000)

Although a variety of other terms are used, the use of plain English 'medicine' is preferred as it has wider understanding in the community of the full range of substances.

Medicines Management Pathway The cognitive and physical steps involved in the use of medicines with a focus on the consumer. The pathway is applicable to all medicines, independent of the setting, health professional involved and funding source.

Stowasser, Allinson et al. 2004

Prepare The act or process of preparing a medicine. Preparation may include activity related to dispensing that is done by pharmacists as well as activity associated with administration of medicine by a health professional.

See also: *Dispense*

Prescribe	The provision usually in writing by an authorised prescriber, after clinical assessment of a specified patient/client, of instructions for the dispensing or administration of medicine for that specified patient/client. Legal authority to prescribe is required.
See also: <i>Independent prescribing authority, dependant prescribing authority</i>	Adapted from: National Health and Medical Research Council (1998).

Protocol	Written instructions developed by a multidisciplinary team for the initiation or administration of a specific medicine in particular circumstances in a defined environment and approved by the relevant institutions with whom ultimate responsibility lies; an agreed protocol may not require retrospective signature by an authorised prescriber. <i>Also Known as: Clinical Practice Guidelines, Health Management Protocols, Prescribing protocols</i>
See also: <i>Initiate</i>	Adapted from: National Health and Medical Research Council (1998). Review of Services Offered By Midwives, NH&MRC.

Quality Use of Medicines (QUM)	The judicious selection of management options, appropriate choice of medicines where a medicine is considered necessary, and the safe and effective use of those medicines.
	Commonwealth Department of Health and Ageing (2002). The National Strategy for Quality Use of Medicines. Canberra.

Supply	The act of providing medicines to a patient/client or third party for the use by the patient/client only.
See also: <i>Dispense</i>	National Health and Medical Research Council (1998). Review of Services Offered By Midwives, NH&MRC.

Terms related to 'prescribing' models

Dependent prescribing authority	Dependent prescribing occurs where there is delegation of authority from an independent prescriber and involves restrictions on prescribing activities, via protocols or formularies, which describe or demarcate the scope of the prescriptive authority.
See Also: <i>Independent prescribing authority, initiate</i>	

Formulary prescribing	A form of prescribing that refers to the development of an agreed list of medicines that may be prescribed by an individual or group of prescribers. The particular details of the medicines "formulation" are generally included. The inclusion of other details such as dosage, indications, special precautions vary.
See Also: <i>Formulary</i>	

Initiating by formulary	Refers to the development of an agreed list of medicines that may be initiated by an individual or group of health care providers. The particular details of the medicines "formulation" are generally included. The inclusion of other details such as dosage, indications, special precautions vary.
See also: <i>Initiate, Initiate by Protocol</i>	The formulary and the group(s) of staff that may initiate by formulary are approved by the relevant institutions, with whom ultimate responsibility lies. An agreed protocol may, or may not require retrospective signature by an authorised prescriber.

Independent Prescribing

See Also: *Dependent prescribing authority*

Applies to a prescriber who is legally permitted and qualified to prescribe and take the responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required. An independent prescriber is also accountable for his or her own prescribing decisions. *Also known as Open Prescribing.*

National Prescribing Centre NHS 2004

Initiating by protocol

See also: *Initiate, Initiate by Formulary*

Involves the use of agreed protocols that include medicines that may be **initiated** by an individual or group of health care providers. The protocols and the group(s) of staff that may initiate medicines by protocol are approved by the relevant institutions, with whom ultimate responsibility lies. An agreed protocol may, or may not, require retrospective signature by an authorised prescriber. *Also Known as: Standing Orders, Nurse Initiated Medicines*

Protocol prescribing

See also: *Formulary prescribing*

A form of prescribing that involves the use of agreed protocols to guide the pharmacological management and treatment of a condition, disease or injury based on the evidence for improving health outcomes. *Also Known as: Clinical Practice Guideline, Health Management Protocols, Prescribing Protocols*

Supplementary prescribing

A voluntary partnership between the independent prescriber and a supplementary prescriber to implement an agreed patient specific clinical management plan with the patient's agreement. The supplementary prescriber is undertaking a dependant prescribing function.

Adapted from Bessell, Marriott et al. (2005) – Improving Australians Access to Prescription Medicines: Development of Pharmacy Practice Models.

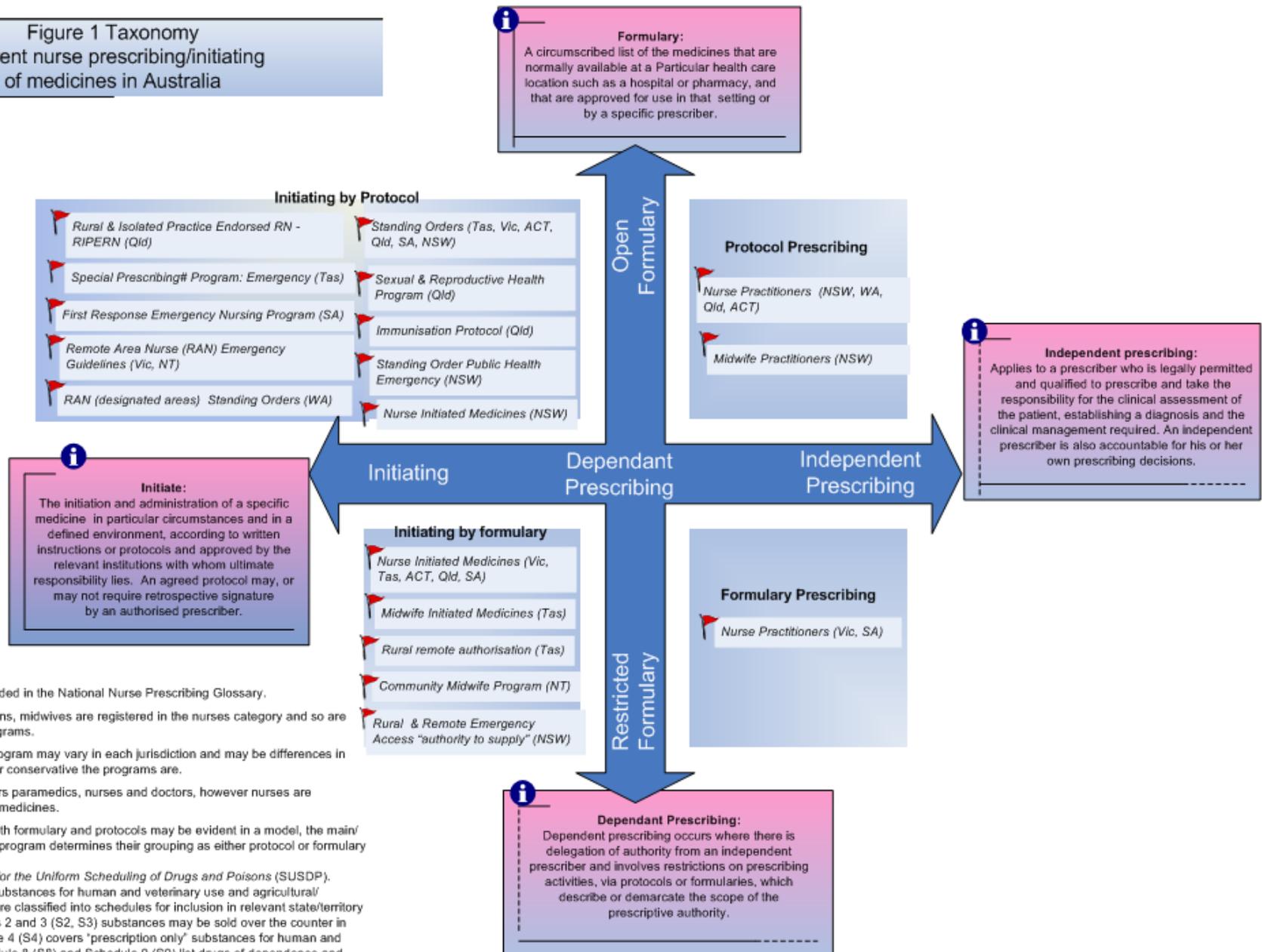
National Nurse Prescribing and Initiating Taxonomy

The Nurse Prescribing and Initiating Taxonomy (Figure 1) builds upon work done by N³ET in 2005 that examined nurse practitioner prescribing in Australia. The taxonomy has also been informed by the work undertaken in relation to pharmacist prescribing internationally (Emmertson, L., J. Marriott, et al. 2005).

Each State and Territory Chief Nurse provided information on the current prescribing and initiating programs/policies. The programs/policies were then mapped against the National Nurse Prescribing Glossary definitions.

The common features of each model have been identified and are detailed in Tables 1 and 2.

Figure 1 Taxonomy
Current nurse prescribing/initiating
of medicines in Australia



Notes:

- i** Refers to terms included in the National Nurse Prescribing Glossary.
- (1) In some jurisdictions, midwives are registered in the nurses category and so are included in these programs.
- (2) Actual name of program may vary in each jurisdiction and may be differences in terms of how liberal or conservative the programs are.
- # This program covers paramedics, nurses and doctors, however nurses are restricted to initiating medicines.
- Whilst elements of both formulary and protocols may be evident in a model, the main/ central feature of the program determines their grouping as either protocol or formulary based.
- S refers to *Standard for the Uniform Scheduling of Drugs and Poisons* (SUSDP). Under this process, substances for human and veterinary use and agricultural/ domestic chemicals are classified into schedules for inclusion in relevant state/territory legislation. Schedules 2 and 3 (S2, S3) substances may be sold over the counter in pharmacies; Schedule 4 (S4) covers "prescription only" substances for human and veterinary use. Schedule 8 (S8) and Schedule 9 (S9) list drugs of dependence and abuse respectively. Other veterinary, agricultural and domestic chemicals are listed in Schedules 5, 6 or 7. If a substance is not scheduled, it may be on open sale.

Initiating Models across Australia

A range of programs enable nurses (including enrolled nurses) and midwives to **initiate** medicines in each State and Territory. However, at present, only nurse practitioners (and midwife practitioners in NSW) are authorised to independently **prescribe** medicines. No Australian examples of dependant prescribing were identified at the present time. Dependent prescribing models have been introduced for nurses and pharmacists overseas including the supplementary prescribing program in the UK. Table 1 shows the initiating models with current examples of State and territory programs that facilitate the initiation of medicines by nurses and/or midwives.

Table 1 Initiating

INITIATING MODELS									
INITIATING BY FORMULARY	Refers to the development of an agreed list of medicines that may be initiated by an individual or group of health care providers. The particular details of the medicines "formulation" are generally included. The inclusion of other details such as dosage, indications, special precautions vary. The formulary and the group(s) of staff that may initiate by formulary are approved by the relevant institutions, with whom ultimate responsibility lies. An agreed protocol may, or may not require retrospective signature by an authorised prescriber.								
Examples	Common Characteristics	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<i>Nurse Initiated Medicines (1)</i>	<ul style="list-style-type: none"> Extends to RNs, midwives and sometimes ENs Limited formulary, generally S2 or S3 medicines Focus is minor symptom management, wellness Limited number of doses Covered by institutional policy 	✓			✓	✓	✓	✓	
<i>Midwife Initiated Medicines*</i>	As above but for midwives						✓		
<i>Rural & Remote Emergency Access "authority to supply" (NSW)</i>	<ul style="list-style-type: none"> Extends to RNs Formulary limited to S2, S3 or S4 medicines in a rural remote organisations formulary. Individuals who are accredited by organisation can supply medicines (in original pack) on the telephone authorisation of a medical officer, when a medical officer and pharmacy services unavailable. Covered by institutional policy 		✓						
INITIATING BY PROTOCOL	Involves the use of agreed protocols that include medicines that may be initiated by an individual or group of health care providers. The protocols and the group(s) of staff that may initiate medicines by protocol are approved by the relevant institutions, with whom ultimate responsibility lies. An agreed protocol may, or may not, require retrospective signature by an authorised prescriber.								
<i>Emergency/ Rural Access (2)</i>	<ul style="list-style-type: none"> Extends to RNs and Midwives Authorisation by regulatory authority and/or government and generally includes specific education modules. Authorisation may be of individual practitioner, the setting or both Restricted to rural & remote settings Focus on facilitating emergency/urgent type care State-wide protocols Limited number of doses 			✓	✓	✓	✓	✓	✓
<i>Standing Orders</i>	<ul style="list-style-type: none"> Extends to RNs and Midwives Institutional based authorisation, usually related to a setting, rather than individual practitioner Focus on facilitating emergency/urgent type care in institutional settings Institutional or employer based protocols Protocols may incorporate initiating of S4 (and S8 in some cases) medicines for specific clinical situations and settings 	✓	✓		✓	✓	✓	✓	
<i>Nurse Initiated Medicines (NSW)</i>	<ul style="list-style-type: none"> Extends to RNs Formulary limited to S2 or S3 medicines Focus is minor symptom management, wellness Protocols required for each medication Limited number of doses Covered by institutional policy 		✓						

Refer also to Taxonomy Notes (Page 9)

Prescribing Models across Australia

Table 2 shows the prescribing models and current examples of State and Territory programs that facilitate the **prescribing** of medicines by nurses and/or midwives.

Formulary Prescribing and Protocol Prescribing may contain elements of both models. In this taxonomy, the central or key aspect that enables the prescribing is used to categorise the model. For example, nurse practitioner prescribing:

- In Victoria, NPs practice Formulary prescribing. Whilst protocols are developed for review by the regulatory authority as part of the initial NPs authorisation process, ongoing prescribing is enabled through the authority of a formulary for a given category of NPs that is published as a schedule to the drugs and poisons legislation.
- In NSW, NPs practice Protocol Prescribing. There is a legislated provision in both the professional regulation and drugs legislation for the approval of guidelines (by the Director General) that allow NPs to prescribe.

Table 2 – Prescribing

PRESCRIBING MODELS										
FORMULARY PRESCRIBING	A form of prescribing that refers to the development of an agreed list of medicines that may be prescribed by an individual or group of prescribers. The particular details of the medicines "formulation" are generally included. The inclusion of other details such as dosage, indications, special precautions vary.									
Examples	Common Characteristics	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	
<i>Nurse Practitioners (1)</i> VIC & SA	<ul style="list-style-type: none"> ▪ NPs only ▪ Approved Formulary for individual NP or group of NPs ▪ Licensing/endorsement by regulatory authority required ▪ State-wide authority 					✓		✓		
PROTOCOL PRESCRIBING	A form of prescribing that involves the use of agreed protocols to guide the pharmacological management and treatment of a condition, disease or injury based on the evidence for improving health outcomes.									
<i>Nurse Practitioners (1)</i> ACT, NSW, QLD, WA	<ul style="list-style-type: none"> ▪ NPs only ▪ Protocols for individual NP or group of NPs approved by employer and/or government ▪ Licensing/endorsement by regulatory authority required ▪ State-wide authority 	✓	✓		✓				✓	
<i>Midwife Practitioners</i> NSW Only,	<ul style="list-style-type: none"> ▪ MPs only (restricted to NSW) ▪ Protocols for individual NP or group of NPs approved by employer and/or government ▪ Licensing/endorsement by regulatory authority required ▪ State-wide authority 		✓							

Refer also to Taxonomy Notes (Page 9)

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Other Glossary Resources

- National Prescribing Centre NHS (2004). **Glossary of Prescribing Terms.**
Available through National Prescribing Centre (www.npc.co.uk)
This Glossary contains over 100 terms. While a number are specific to the United Kingdom, there are numerous terms relate to pharmacy practice and research terms.
- Safety and Quality Council. Shared Meanings. **Definitions for Safety and Quality Terms.**
Available through former Safety and Quality Council website
<http://www.safetyandquality.org/index.cfm?page=Action&anc=Definitions%20of%20Safety%20and%20Quality%20in%20Health%20Care#64T>.
Alternatively you can be redirected through the new Australian Commission on Safety & Quality in Health Care. This glossary contains a number of terms related to safety that can apply to medicines management

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