INDEPENDENT PRESCRIBING SCOPE OF PRACTICE FOR A SURGICAL PHARMacist

Section A
Scope of practice statement
I propose to undertake prescribing for inpatients. The focus of my prescribing will be in, but not restricted to, pre- and post-operative patients.

The prescribing is intending to be performed in four distinct situations:

1 Continuation of previous drug therapy initiated by GPs or hospital doctors. This would include writing up medicines that have been omitted unintentionally on admission clerking and rewritten or transcribed drug charts. This can be carried out in all areas and for all drugs included in the BNF apart from cytotoxics.
2 (a) From my personal prescribing formulary, initiating prescriptions according to the BNF, local policies/guidelines or local accepted practice. This would include discontinuation of inappropriate drug therapy. (b) Initiating dose adjustments of drugs which may not have been initiated by me, according to the patient’s renal or liver function and drug therapeutic levels. Changing formulations and/or dose/frequency of drugs which may not have been initiated by me to enable continued administration. This can be carried out in all areas and for all drugs included in the BNF apart from cytotoxics.
3 Prescribing after verbal discussion with consultants and/or specialty registrars. This can be carried out in all areas and all drugs included in the BNF apart from cytotoxics.
4 Prescribing discharge medicines when doctors have confirmed that a patient is clinically stable for discharge. This can be carried out in all areas and all drugs included in the BNF apart from cytotoxics.

Section B
My aim is to provide medical and non-medical treatment to these patients pre- and post-operation, so that optimal management of their pain control, anticoagulation, infections, and bowel movement is achieved. Primary and secondary cardiovascular disease prevention would also be considered according to national and local guidelines. Also, I aim to ensure that pre-existing medication continues to be appropriately managed.

I will only prescribe for patients who have been assessed by doctors beforehand and only after reviewing assessments documented in a patient’s medical record. Before undertaking any prescribing, I will review a patient’s biochemistry and haematology results where relevant.

Section C
Where applicable, I will adhere to national and local guidelines or, where there are no written guidelines, I will follow local practice. These include:

- Guidance on the administration of medicines in the perioperative period
- Minimal invasive surgery protocol for short stay hip and knee replacements
- Guidelines for the management of post-operative nausea and vomiting (adult)
- Adult antimicrobial pocket guide
- Guideline for the use of iodine-based radiological contrast agents and the prevention of contrast-induced nephropathy
- Management of oral anticoagulation during invasive procedures
- Medicines management for bimaxillary osteotomy patients
- Use of proton pump inhibitors in surgery
- Policy for the use of intravenous paracetamol

Section D
Where I have prescribed from my personal formulary or adjusted medication without prior discussion with the clinical team, this will always be documented in the patient’s medical record. Other prescribing which may also need to be explained in more detail for the safety of the patient, governance and/or communication to the wider clinical team, will also be noted in the patient’s record.

Section E
Personal Prescribing formulary (BNF 59)

1.1 Antacids and compound alginates
1.2 Prokinetics
1.3 Antisecretory agents and Mucosal protectants
1.4 Acute diarrhoea
1.6 laxatives
1.9 Drugs affecting intestinal secretions
2.8 Parenteral anticoagulants inc Epoprostenol for Vascular patients only
2.9 Antiplatelet drugs
2.12 Lipid regulating drugs
3.4.1 Antihistamines
4.6 Drugs for nausea
4.7.1 Non opioid analgesics
9.2.1.1 Oral potassium
9.5.4 Zinc
9.6 Vitamins
10.1.1 Non-steroidal anti-inflammatory drugs
11.8.1 Ocular lubricants and tear deficiency
12.3.4 Mouthwash
13.2.1 Emollients
13.10.2 Antifungal topical preparations
Acetylcysteine for renal protection when patients are undergoing contrast containing investigations

Section F
Clinical skills
I will not be expected to take samples from patients. Below are list of investigations which I must be able to interpret or request if necessary.

- Blood tests — urea, electrolytes, creatinine, full blood count, APTR (activated partial thromboplastin time ratio), INR (international normalised ratio), C-reactive protein, liver function tests, glucose, drug levels (eg, vancomycin, gentamicin, ciclosporin).
- Microbiology — swab cultures, sputum cultures, blood cultures, line tip cultures, urine cultures, stools (toxins)

I will not be undertaking any physical examinations, or perform patient observations or clinical examinations. I however will be expected to be able to interpret the following observations/examinations in order to prescribe safely:

- Observations — urine output, temperature, blood pressure, pulse, respiratory rate, gastric aspirates, bowel movements, fluid balance, urinalysis, pain scores.
- Physical examination — Glasgow Coma Scale, chest findings (consolidation, fluid, heart sounds), abdominal findings (distension, tenderness, sounds), circulation (skin perfusion/temperature), skin and mucous membranes, urine (pus, concentration, blood, hydration state).

Section G
Audit plans . . . .
Clinical supervision . . . .
CPD needs and action plan . . . .