

Prescribing as a CSP

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Session Aim



To give you an insight into when and how CSPs prescribe

- Background
 - The role of a CSP
 - Good clinical decision making
- Example prescribing scenarios
 1. Airway
 2. Breathing
 3. Sepsis
 4. Disability

Role of a Clinical Site Practitioner

Clinical
Emergencies

Deteriorating
Patients

Clinical
Support

Education/
Role Model

Out Of
Hours

Hospital @
Night

Major
Incidents

Site

Good Clinical Decision Making

- History
- Examination
- Logical conclusions - further data required
- Proactive plans / prescriptions

Example 1: Airway

- Patient with acute stridor +/- work of breathing
- Stridor is noisy respiration produced by turbulent airflow through narrowed airways
- Stridor may indicate potential life threatening condition

Example 1: Airway

- Infants and small children are more susceptible to airway obstruction
 - Small airways
 - Prone to occlusion from secretions
 - Susceptible to oedema
 - Symptomatic stridor

Example 1: Airway

- **H**istory
- **E**xamination - may be just limited to inspection
- **L**ogical conclusions -
- **P**rescribing options
 - Treatment is oxygen, steroids and nebulised adrenaline – 0.5mg/kg to max of 5mg
 - Cardiovascular side effects are rare

Example 2: Breathing

- Patient with increased work of breathing / increased oxygen requirements
 - increased respiratory rate
 - retractions
 - use of accessory muscles
 - abnormal breath sounds
- Common paediatric emergency – children can deteriorate quickly and can have little respiratory reserve at times of stress
- Need for prompt recognition of red flags and early intervention

Example 2: Breathing

- **H**istory - differential diagnosis, tempo of progression
- **E**xamination - associated symptoms
- **L**ogical conclusion
- **P**rescribing options
 - Oxygen, nebulisers, bronchodilators, +/- furosemide
 - Physiotherapy

Example 3: Sepsis

- Patient 'unwell', hypotensive or febrile
- Suspect sepsis
 - Sepsis = toxic response to infection
- Recognition of deteriorating patients is time critical
- Sepsis 6 guidelines and assessment tools

Example 3: Sepsis

- History
- Examination
- Logical conclusion
 - Data collection – BC, lactate & UO
- Prescribing options
 - Administer oxygen, fluid & antibiotics
 - Choice depends on local policy, consider age, history, comorbidities and local resistance patterns
 - Prescribers responsibility
 - Goal = 1 hour but only 27% of patients receive abs within an hour
 - Mortality ^ 7.6 % hourly, at 3hr mark goes from 6% to 20%

Example 3: Sepsis

- Alteplase
 - Long term definitive access
 - Line sepsis
 - Educational role

Example 4: Disability

- Patients who are seizing
- APLS guidelines
- Potential consequences of administering Anti-Epileptic Drugs



Q&A