Dietitian Prescribing: More than just supplements

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Overview

- Dietitians as non-medical prescribers – why bother?
- The path to supplementary prescribing
- My journey
- Defining scope of practice
- Dietetic prescribing practice – intestinal failure case example
- Collecting the evidence
- What does the future hold?

Dietitians as Non-Medical prescribers – why??

Actually…….

- Pancreatic Insufficiency
  - PERT & diet
- Cystic Fibrosis
  - PERT
  - Vitamins
- Diabetes
  - Diet
  - Insulin
  - Oral hypoglycaemics
- Renal Disease
  - Diet
  - Phosphate binders
  - Vitamin D
  - IDPN
- Intestinal Failure
  - Medication
  - Parenteral nutrition

Dietitians as non medical prescribers

- Pre 2016 – demonstrating “case of need” and presenting to NHSE, public consultations
- 2016 – Dietitians become legally eligible to train as supplementary prescribers
- 2017 – first UK Dietitian qualifies as SP – Dr Alison Culkin ☺
- 2018 – first UHCW Dietitian qualifies as SP – Dr Nicky Wyer ☺

193 Dietitians with supplementary prescribing annotation on HCHP register 2022

What is supplementary prescribing?

- Unlike our nurse & pharmacy prescribers, Dietitians do not have independent prescribing rights
- Dietitians have to practice within a clinical management plan that is agreed with a medical practitioner and patient
- Scope of practice needs to be clearly defined and a clear plan for monitoring and when to refer back to the medical practitioner

BDA Practice guidance for dietetic supplementary prescribers 2016

My journey

- Dietetic Clinical Lead for Intestinal Failure & Nutrition Support
- 19 years experience (current)
- Making prescribing decisions multiple times per day
- But required to delegate the prescribing responsibility to others…..

Started prescribing May 2019!

Scope of Prescribing Practice

Parenteral Nutrition – Bespoke, MCB, HPN

Parenteral Fluids & Electrolytes

Insulin
Antibiotics

Anti-emetic – cyclizine, ondansetron, metoclopramide

Mouthcare - Nystatin

Anti-secretary – omeprazole, ranitidine, pantoprazole, octreotide etc

Line care – taurolidine, heparin, lidocaine, urokinase

PERT – creon, pancreatin

Anti-motility – loperamide, codeine

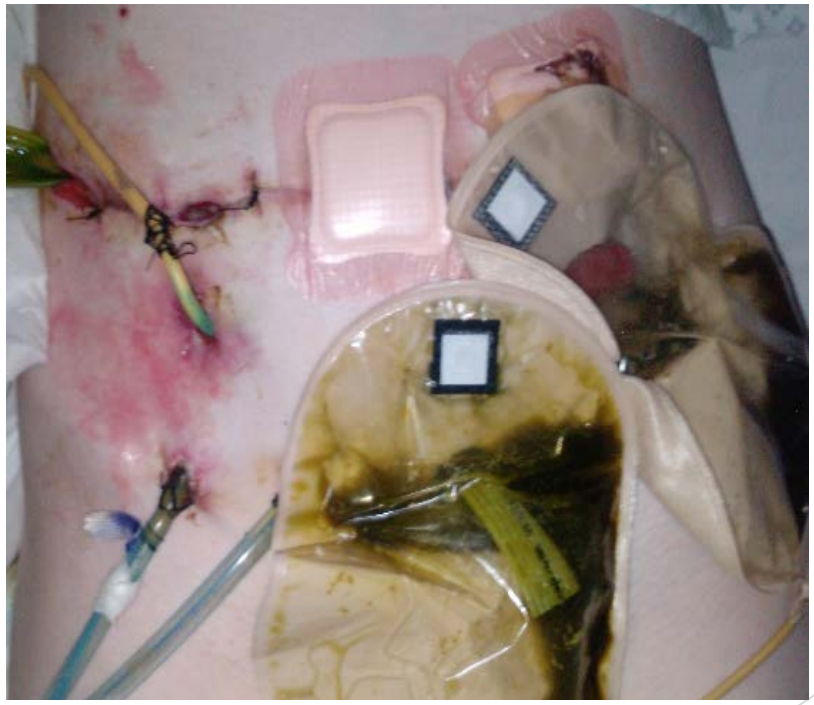
Oral rehydration solution – dioralyte / St Marks

Laxatives – sodium picosulphate, lactulose, suppositories

Vitamins – oral / IM / IV

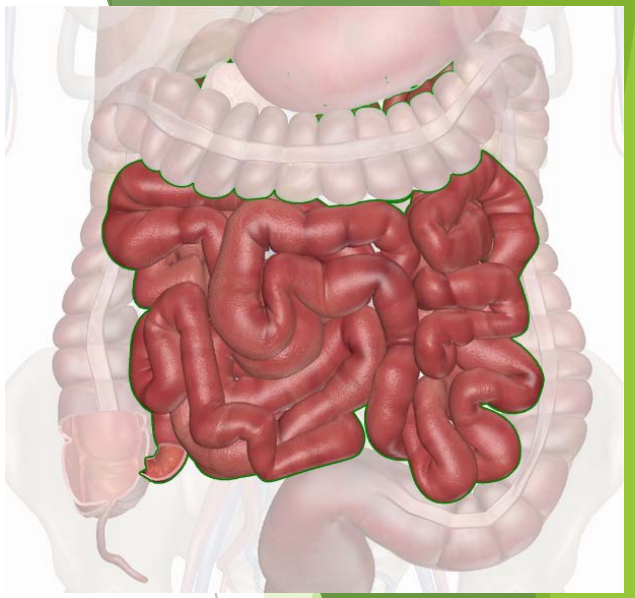
Intestinal Failure

Intestinal failure results from “obstruction, dysmotility, surgical resection, congenital defect or disease-associated loss of absorption and is characterised by the inability to maintain protein-energy, fluid, electrolyte or micronutrient balance”



O'Keefe, S. J. D., Buchman, A. L., Fishbein, T. M., Jeejeebhoy, K. N., Jeppesen, P. B., and Shaffer, J. (2006) 'Short Bowel Syndrome and Intestinal Failure: Consensus Definitions and Overview'. *Clinical Gastroenterology and Hepatology 4 (1), 6-10*

Intestinal Failure



- Mr X
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- Follow up in nutrition clinic, frequent adjustments to nutrition & medication required in order to keep stable and prevent re-admission to hospital

Average length of small bowel: 600cm (260 – 800cm)

What has been **left** after surgery?
>100cm = usually oral nutrition/medication ORS may be required
<100cm jejunum = long term parenteral fluids/electrolytes
<75cm jejunum = long term parenteral nutrition/ fluids/ electrolytes

This is a guide. The ***quality*** of the remaining bowel is paramount

Medications

- Bespoke parenteral nutrition regimen
- High dose loperamide
- Codeine phosphate
- Omeprazole
- Dioralyte – double strength
- Insulin

British Intestinal Failure Alliance (BIFA) Position Statement

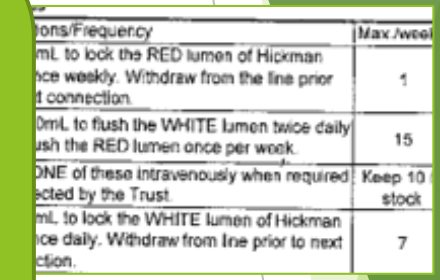
The use of high dose loperamide in patients with intestinal failure

Authors: Jeremy Nightingale, Uchu Meade and the BIFA committee

23rd April 2018

Typical bespoke PN bag formulation

Consider the number of prescribing decisions



- 14 different components in this bag
- 2 different bags per week
- Line care – locks and flushes

Prior to Dietitian prescribing

- On occasions where there was no prescriber on the nutrition team ward round the prescribing responsibility would be delegated to the ward junior doctors

- For outpatient clinic prescribing – either delegated to the GP, a hospital junior doctor or be delayed until a nutrition team prescriber available

Prior to Dietitian prescribing

- On occasions w ward round the prescribin r doctors
  - Lack the kn ure
  - Mistakes, in
- For outpatient bital junior doctor or be d
  - Lack knowledge and experience of intestinal failure
  - Off licence dosage for intestinal failure
  - Prescriptions not issued at all, wrong dosage, wrong preparation

All affect patient nutritional care, health & well being and their experience of healthcare services

Dietitian prescribing

- Complex bespoke home parenteral nutrition regimens and ongoing adjustments
- Medication regimen in addition to nutrition to manage intestinal failure
- Accountability – decision maker prescribing
- Competence in nutrition, intestinal failure and medication – advanced dietetic practice
- But currently limited to prescribing within clinical management plan with support from medical independent prescriber

Culkin A. What are Dietitians prescribing? An evaluation of the prescribing practice of a nutrition support dietitian. 2022. *J Prescrib Pract*, 4:266-271.

A service evaluation of prescribing by a nutrition team dietitian with supplementary prescribing rights

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The **aim** of this service evaluation was to evaluate the type and frequency of prescribing

Method & Results

- Data collected from: medical records, drug cardex, IV fluid prescription charts, inpatient PN prescription charts, HPN prescriptions
- 76 patients, all had CMP
- Type & frequency of prescribing
- Incidence of adverse events
- Inpatient activity 96.7%

Type of prescription	Number n748 (%)
Inpatient PN & line care - Multi chamber PN with additions - Bespoke PN - Multi chamber PN without additions - Taurolock	 455 (60.8%) 176 (23.5%) 11 (1.5%) 3 (0.4%)
HPN (PN and or line care)	27 (3.7%)
Vitamins - Intravenous (pabrinex, cernevit, additrace) - Intramuscular (ergocalciferol) - Oral / Enteral (forceval, colecalciferol)	 62 (8.6%) 1 (0.1%) 3 (0.4%)
Fluids / Electrolytes - Intravenous 1000ml 0.9% NaCl - Intravenous phosphate polyfusor - Oral dioralyte	 2 (0.3%) 2 (0.3%) 2 (0.3%)
Anti-motility / Anti-secretory - Loperamide - Omeprazole	 3 (0.4%) 1 (0.1%)

Daily inpatient parenteral nutrition prescription

UHCW PARENTERAL NUTRITION (PN) PRESCRIPTION PROFORMA

University Hospitals Coventry and Warwickshire NHS
NHS Trust

Affix Patient Label

Patient Name: DOB:

Hospital Number: NHS Number:

Ward:

ALLERGIES OR INTOLERANCE
(Include date of reaction, medicine/allergen, reaction type, time of onset and signature, stamp and date)

Refeeding Risk: Low ☐ Medium ☐ High ☐ *(See overleaf*

Venous Access

Single Lumen Hickman	☐
Double Lumen Hickman	☐
Multi-Lumen CVC	☐
Single Lumen PICC	☐
Double Lumen PICC	☐

Date Inserted:.....
Date changed:.....

DATE	DAY of PN	REGIME	RATE (mls/hr)	DURATION (hours)	TOTAL VOL. (mls)	PRESCRIBER (Name, sign, bleep)	TPN HUNG BY (sign AND stamp) Given By	Checked	TIME HUNG

NB (1) PN SHOULD ONLY BE GIVEN VIA A DEDICATED LUMEN ON A CVC LINE OR VIA A DEDICATED HICKMAN LINE
(2) THIS LUMEN SHOULD ONLY BE USED FOR PN AND NOT BE USED FOR ADMINISTRATION OF DRUGS/IV FLUIDS/VENOUS ACCESS
(3) PN SHOULD ONLY BE HUNG BY APPROPRIATELY TRAINED QUALIFIED NURSING STAFF USING STANDARD ASEPTIC TECHNIQUE

Is it worth it?

- Prescribing has had a big impact at UHCW!
- Requirement to prescribe PN daily for inpatients results in large demand for prescribing and opportunity for nutrition team dietitians to prescribe regularly.
- Prescribing now by HCP with expert knowledge of nutrition and IF rather than delegating to junior doctors
- But….creation of CMP and obtaining signatures, adds a significant administrative burden to BOTH dietitian and medical consultant, restrictive, issues with DMP being available
- Cross cover not yet available across the week

Nicola Ruddock & Sharon Rees. What is the value of supplementary prescribing in the 2020s? A dietitian's perspective. *J Prescr Pract*, 2022, 4(5)

What is the future for Dietitian prescribing?

How can we move things forward?

- The goal is for independent prescribing rights
- But we need to prove our worth

- Contribute to evidence base – collect data
- Do something with data
- Take part in research
- Network & share experiences

PRESCRIBING NOW

Thank you for listening ☺