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Research report

A research report on the prescription rights of Chinese nurses[☆]

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ARTICLE INFO

Article history:

Received 10 October 2014

Received in revised form

15 February 2015

Accepted 20 February 2015

Available online 3 June 2015

Keywords:

The prescription rights of nurses

Grading nursing

Promoting factors

The subject of decision-making

Prescription contents

Prescription forms

Curriculum setting

ABSTRACT

Objective: To explore the feasibility of the nurse's prescription right in China, to develop the requirements for the qualification of the applicant for the prescription right of nurse, and to determine the content of certain prescriptions in the specific circumstances.

Methods: Literature review on the relevant articles/material with the contents of the nurse's right of prescription home and abroad. Semi-structured depth interview method was used to interview 18 experts on whether the nurses can participate in the graded nursing decision and whether nurses with certain ability can make the decision. Using the self-made questionnaire "Nurses involved in graded nursing decision-recognition questionnaire", 553 nurses completed questionnaires on willingness to nurse decision-making grading. Using the analytic hierarchy process, the 23 experts' judgment on the main body of the graded nursing was rated. Using semi-structured depth interview method, 17 experts were interviewed on the graded nursing quality assessment and training outline. The form of expert personal judgment and the "grading nursing qualification experts predict questionnaire" were used as a preliminary designing tool, 32 experts were asked to predict the graded nursing quality. The relatively important factors that might promote implementation of right of Chinese nurse prescribing weights setting were obtained by analytic hierarchy process. Using Delphi method, 2 rounds of consultation to 291 experts/times were performed, and determined its content on the fields of graded nursing decision, nurses' job description, decision making nurse in graded nursing work process and related management system, decision-making main body of clinical nursing, nurse authority of prescription application qualification, clinical nurses, diabetes specialist nurses, tumor specialist nurses, nurses in emergency department, community nurses in certain circumstances writing prescription, and nursing undergraduate added with nurse authority of prescription related courses.

Results: The physician is not considered to be the best decision-making main body of clinical nursing work and graded nursing, nurses can participate in the work of decision-making. The qualification of hierarchical decision-making nurse and nurse prescribing applicants have been determined. The hierarchical nursing decision-making nurses' position description and training outline have been compiled. Experts suggest that clinical nurses with certain qualifications should be given the rights of some prescription form (independent prescription, prescription, prescription protocol extension) to prescribe specific drugs in high fever, hypoglycemia, hypertension, anaphylactic shock and other 11 specific circumstances. The nurses of the diabetes should be given the right of prescribing sulfonylureas, biguanides, glucosidase inhibitor, and protamine zinc insulin, and the right to write the prescription and consultation for part of medical equipment, health education, and four routine tests, which contains blood sugar monitoring, urine glucose monitoring, glycosylated hemoglobin assay, and oral glucose tolerance test. Tumor specialist nurses should be given the right to write the prescription of 7 specific circumstances including blood routine tests, electrocardiogram, blood biochemistry and other 9 laboratory tests, constipation, phlebitis, and cancer pain, and the right of 5 tumor emergency prescription including chemotherapy drug allergy, hemorrhagic shock, acute upper gastrointestinal bleeding. Nurses in emergency department with certain qualification should be given the right to prescribe specific drugs in 15 circumstances which include cardiac arrest, ventricular fibrillation, and acute cardiogenic chest pain.

[☆] This work was supported by the Shanxi Science and Technology Development Fund (No. 2009041063-02).

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Peer review under responsibility of Shanxi Medical Periodical Press.

Community nurses with certain qualification should be given the right to write the prescriptions on 14 contents including disinfection and cleaning, sterile infusion type, and wound care products. Experts suggest that nursing undergraduate education in China should be added with 2 courses which are prescription rights related laws and regulations and nursing intervention, and that pharmacology course should be supplemented with related course in order to adapt to the implementation of nurse prescribing rights.

Conclusions: China's nurses with certain qualification or after special training have the ability to accept and should be given the right of prescriptions in certain circumstance within the scope of their work.

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1. Research Background

Since the implementation of the Reform and Open-door policy, nursing in China has made great progress in education, practice, management and scientific research. Currently, the nursing field is becoming more and more important in the prevention and treatment of diseases, in health care, in rehabilitation and in other fields. Nursing is involved in the various health requirements of people, including the areas of physiology, psychology, society, mental health, the environment, and others. The role of nurses has expanded correspondingly from practitioners to educators, counselors and advocates for a healthy life. With the expansion of the nurses' role, the limited rights of nurses apparently has constrained the development of nursing careers. An occupation will become stable only if it gains an exclusive power to determine its correct occupational content and effective methods. Nursing is an independent subject and should own its independent scientific fields and working methods.¹ It should have a certain degree of autonomy and independence in its scope of work. Nursing personnel can form professional organizations to adjust and control the career practices in the field.² Nursing is closely related to the social, legal, environmental and individual education background^{3,4}; giving prescription rights to nurses is a way of broadening the nurses' professional autonomy and accountability.

Nurses having the right to prescribe means that nurses have the right to make judgments and decisions according to the patients' psychology, diet, medication, nursing level and the development of disease. This concept is put forward along with the development of community care.⁵ The contents of Nursing Prescription include a series of nursing problems such as psychological education, psychological consultation and solution, diet therapy, medication guidance, medication precautions, disease prevention, occurrence, development, treatment and outcome, prognosis and more related to various disorders; it also contains the nursing levels, certain conventional drugs usage, emergency medicine, etc.⁶

In most hospitals, the nursing grade is based on the nurses' or the nursing department's recommendation or by registered nurses performing nursing assessments on the patients' living ability and observation of the disease.⁷ It is reported that the nursing grade ratings in Japan are classified as class 1, 2, 3 or 4 based on a patient's ability to provide daily self-care. Meanwhile, relative to the level of observation needed for the patients' condition, three grades, i.e., grades A, B and C, were defined. Combinations of the two aspects are divided into 12 levels, such as A1, B2 and so on.⁸ In addition, graded nursing in German hospitals is divided into basic graded nursing and specialist graded nursing. Basic graded nursing is rated as three levels from A1 to A3 by senior nursing staff according to the patient's ability to perform activities of daily living (ADL). Specialist graded nursing is separated into three levels, S1, S2, and S3.⁹ The specialist graded nursing was classified by physicians based on

observation of the patients' condition, monitoring of vital signs and the demand for therapeutic nursing practices, such as catheter care. German endowment institutions classify nursing into different levels based on the body system of elderly functional status, daily life self-caring ability and socializing ability; each level of nursing has the same basic nursing content, including primary care, mental health nursing, exercise and recovery.¹⁰

In many countries, nurses are graded into different levels. Nurses at different levels should perform nursing activities within the prescribed scope of practice. Some countries grant a range of prescription rights to some of the nurses, thereby broadening the nurses' scope of practice. Nurses can enjoy professional autonomy, and nursing as a discipline has developed significantly. Advanced nursing practitioners with a range of prescription rights are very common internationally, particularly in the United States, the Netherlands, the UK, Sweden, Denmark and in some other developed countries. At the same time, the prescription rights of nurses is strictly stipulated, however, its function is played to be good.¹¹

The UK gives prescription rights to nurses in community practice (including qualified district nurses and qualified health care visitor) and nurse practitioners, and the prescription form is divided into independent prescription, dependent prescription and supplementary prescription. The prescriptions are specific by different nurses according to concrete rules and requirements, including drugs, devices and accessories.¹² The United States gives prescription rights to advanced practice nurses (APNs) or advanced practice registered nurses (APRNs), including clinical nurse specialists (CNSs), nurse practitioners (NPs), certified nurse midwives (CNMs), and nurse anesthetists (NAs).¹³ Through an agreement signed by doctors, the nurses prescribe drugs, equipment, materials, laboratory sheets, etc. within the stipulated scope in their places of practice; nursing committees in 51 states of the USA have detailed regulations for specific nurse prescriptions.¹⁴

Sweden grants prescription rights to qualified district nurses upon graduation.¹⁵ The Drug Administration lists 230 drugs, and nurses can prescribe medication for patients with 60 indications (the table is revised annually). To guarantee safety, the government has promulgated a series of laws about indications of drug use. For some patients with indications, district nurses cannot issue an initial prescription, but patients can still use prescriptions following the physicians' advice.¹⁶

In Europe and North America, the prescription rights of nurses have experienced a long and tortuous history. Nurse's qualifications to prescribe medicines and the allowable medicines to be prescribed vary from country to country. Similarly, these countries have established laws and regulations to grant prescription rights to nurses. Nurses with certain qualifications are allowed to have prescription rights after passing training tests. Drugs and circumstances are strictly limited by countries for nurses exercising their prescription rights.¹⁶

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