



St Christophers Hospice
Independent Nurse Prescribing – appendix 1 to NMP policy
Intention to Prescribe – Scope of Practice Statement

Name of Independent Prescriber.....Job Title/Role.....

Please complete form electronically then print off to sign

Disease area you intend to prescribed for	Drugs you are intending to prescribe and reference source to be used	Evidence of competence to work in this area	Recent CPD supporting prescribing in this area (include dates)	Please state guidelines (national or local) or attach protocols to be worked to
Example <i>Wound management</i> <i>Skin conditions - cellulitis</i>	<i>Flucloxacillin</i> <i>BNF chapter 5.1.1.2</i>	<ul style="list-style-type: none"> • <i>Accredited wound management course</i> • <i>Evidence of recent practice in this area</i> 	<ul style="list-style-type: none"> • <i>Annual SCH wound management Study day</i> • <i>NMP forums</i> 	<i>SCH woundcare protocols</i> <i>SCH antibiotic policy</i>
Palliative care	Drugs listed on the blue pages of the SW London Cancer Network Adult Palliative Care Guidance 2006 with the following exceptions, which will only be prescribed following discussion with a medical consultant. <ul style="list-style-type: none"> • Bupivacaine • low molecular weight heparins, • bisphosphonates 			

	(oral and injectable), <ul style="list-style-type: none"> • ketamine, • nabilone, • mirtazepine, • octreotide, • pregabalin. 			
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What plans are in place to audit your prescribing?				
Have you discussed your prescribing role as part of your clinical supervision in the past?	yes		no	
If yes, give a brief description				
If no, how do you plan to address this?				
What CPD needs have you identified relating to the area you are prescribing in?				
How do you plan to address these needs?				

I agree to undertake Continuous Professional Development to maintain my prescribing competence in the therapeutic areas detailed above and to:

- Attend local PCT Independent/Supplementary Prescribers Support group – at least twice a year
- Attend the NMP group at SCH
- Attend the MMG at SCH
- Register with the National Prescribing Centre's network for new prescribers and access NMP resources via their website

My intended scope of practice has been agreed with my line manager

Independent prescriber's signature..... date.....

Line manager name.....signature..... date.....

Review date.....

(after 6 months initially, every 12 months thereafter)

signed off by the Non Medical Prescribing Lead for SCH ?

Name.....signature.....date.....

One copy of completed form to be retained by

- Independent prescriber
- Personnel
- NMP lead