How increased nurse prescribing can improve stoma care practice

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Stoma care nurse specialists have a comprehensive knowledge of the range and use of stoma-related products, yet few are actually nurse prescribers. This article looks at why stoma care nurse specialists should consider becoming nurse prescribers and also examines ways to assist prescribing decisions.

Nurse prescribing was first suggested by Cumberlege (Department of Health and Social Security, 1986) in a review of community nursing. It is now almost five years since the first nurse prescribers started prescribing. Stoma appliances and accessory products have always been on the Nurse Prescribers’ Formulary (NPF), which is a supplement of the British National Formulary.

Role of the stoma care specialist nurse

It is recommended that all stoma care nurse specialists become prescribers (World Council of Entero stomal Therapists (WCET), 2003). The move is a way of improving patient care and stoma care nurse specialists should consider its benefits (Box 1). Another rapidly expanding area are nurse-led clinics. Nurse prescribers will enhance the role of these clinics. Supplementary prescribing will enable stoma care nurse specialists to implement management plans and provide complete care packages. Stoma care nurse specialists are in an ideal position to become prescribers. Some issues to consider include:

Competence

● Do you have the skills and knowledge to prescribe and the necessary qualifications to undertake the task?
● Where do you obtain this training?
● What are the resource implications of doing the training?
● Do you need to do a cost-benefit analysis?

Accountability

● Will there be increased pressure on you to prescribe from a particular manufacturer?
● Is there an issue with you working in a post that has financial support from a company?

Budgets

Most stoma care nurse specialists are employed by hospital trusts. The prescribing budgets, however, are with GP practices in the primary care trusts. There is an issue here as to how a prescription pad can be given to those nurses not directly employed in PCPs.

There are also issues for stoma care nurse specialists who do not prescribe. As there is a bewildering array of appliances to choose from in the British National Formulary (Readding, 2002), are nurses sure the prescribers have the knowledge to issue the most beneficial, cost-effective prescriptions? The Crown Report (DoH 1999) states that all legally authorised prescribers should take personal responsibility for updating their knowledge related to prescribing. Stoma care nurse specialists who do not prescribe should ensure that they are aware where nurse prescribers are obtaining their new knowledge from. For example, is it solely sourced from company personnel? Also is the PCT using a local formulary for the stoma patients? If it is, has the stoma care nurse specialist been involved in the decision-making process?

Prescribing decisions

An assessment of the patient should be undertaken, including a full history (Boxes 2–3). The prescription decision will be made on the assessment findings and in

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**Box 1. The Benefits of Nurse Prescribing**

- Greater patient satisfaction
- Reduced anxiety for patient and carer
- Cost-effective prescribing
- Best use of resources
- Quality care and prescribing
- Greater nurse autonomy
The first thing to consider is the type of stoma. The output from a colostomy is determined by the position it holds in the colon, for example the nearer the sigmoid colon the firmer the output:

- Colostomy: formed or semi-formed stool – would have a closed pouch;
- Colostomy: loose to semi-formed stool – may have a drainable pouch;
- Ileostomy: output usually 500–700ml in 24 hours, and the consistency of ‘toothpaste’ – drainable pouch required;
- Urostomy: output is urine (this will contain particles of mucus if constructed from ileum) and will require a pouch with a tap for ease of drainage. Those patients who have a urostomy will usually also require a night drainage system.

The specialist nurse also needs to ascertain whether the patient requires a one or two-piece pouching system and should consider:

- Patient preference;
- Lifestyle issues;
- Body image issues;
- Manual dexterity, eyesight and cognitive function;
- What you as the prescriber wish to achieve, and which is the most appropriate product for that purpose.

The prescriber should also consider any problems that may arise (Box 4).

**Which product?**

There are a variety of companies producing stoma products. Evidence for which pouch is best in a given situation is mainly anecdotal rather than evidence based. Nurses also need to determine whether the patients require an accessory product. There are many products available such as pastes, seals, skin barriers and deodorant sprays.

**Drug therapy prescribing**

Prescribing for a patient with a stoma calls for special care (Mehta et al, 2003). Independent nurse prescribers who are able to prescribe from the extended nurse formulary need to consider:

**Box 3. Elements of full stoma history**

- Date and type of surgery
- Stoma type
- Stoma output
- Present stoma pouching system
- Any stoma-related problems
- Stoma-related allergies
- Lifestyle factors that influence the stoma and its care
- Watch the pouch change technique

**Box 4. Common stoma-related problems**

- Skin problems
- Parastomal hernia
- Stomal prolapse
- Urinary tract infection (urostomists)
- Constipation
- Diarrhoea
- Bleeding
- Odour
- Body image
- Leakage
- Lifestyle

- The effect the drug will have on the stoma output;
- Whether this will be significant enough to require an alteration in the pouch type, for example a colostomy patient with a closed pouch who is taking laxatives may need to have a drainable pouch for a period of time.

**Writing stoma product prescriptions**

Points to remember when writing prescriptions:

- Name of manufacturer and product;
- Product code and size;
- Boxes of stoma products cannot be split so your prescribing needs to be in the right multiples. Box sizes vary, for example flanges may be in 5s or 10s, whereas pouches may be 10s, or 30s;
- Have all the items required been included, and do they all correspond, for example matching size flange and pouches; is the night drainage bag compatible with the urostomy pouch?
- When a repeat prescription is issued, it is important to check if the patient actually requires all of the items.

As part of the health promotion element of nurse prescribing the nurse should be instructing the patient not only in the use of the pouch, but also when and how to order the products. This needs to include the safe storage of the pouches and making sure the patient knows not to stockpile. Some items, such as filler paste, may only be needed in the short term but are often ordered repeatedly without review.

**Conclusion**

Prescribing for stoma care is a complex issue and the nurse must have broad knowledge of the assessment processes, stoma products and their usage. There needs to be an investment of time for all parties concerned. Stoma care nurses need to undertake prescribers’ training and/or impart their knowledge to others.

Nurse prescribers need to give time not only to learning the prescribing skills for patients with a stoma, but also to the full assessment process and prescribing.

**References**


**Keywords** ■ Management ■ Stoma ■ Nurse prescribing