

P015

P015 -Dietitian supplementary prescribing – experience of prescribing phosphate binders and alfacalcidol for haemodialysis patients

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Introduction

The renal dietitians in our unit take a leading role in managing haemodialysis patients' bone biochemistry and since 2006 have used a locally agreed protocol, together with patient group directions (PGD), to adjust phosphate binders and alfacalcidol. This approach is associated with significant improvements in both treatment quality¹ and patient's bone biochemistry profile². PGDs have been found to have limitations and in reality, doctors are regularly asked to prescribe these medications. Following a change in legislation in 2016, dietitians can now undertake supplementary prescribing. As part of a quality improvement initiative, dietitian prescribing was implemented and the results of this intervention evaluated.

Method

Training in supplementary prescribing was completed, and in April 2018 the lead dietitian began prescribing phosphate binding medication and alfacalcidol to haemodialysis patients. Prior to prescribing, agreement was given by the patient's renal consultant, patient consent obtained and a clinical management plan (CMP) completed. A retrospective review was later carried out to evaluate the number of dietetic prescriptions generated, products prescribed, length of time taken to initiate changes, and improvement in at least one marker of bone biochemistry within one month.

Results

From April to December 2018, the dietitian generated a total of 34 prescriptions (27 new and 7 adjustments). Of the prescriptions written or amended, 85% were for phosphate binders and 15% for alfacalcidol. 97% of patients were able to commence their new prescription within 5 days of dietetic consultation. One month following prescribing intervention, an improvement in at least one bone biochemistry marker was noted in 76% of cases.

Discussion

Dietitian prescribing has freed up medical time and enabled patients to receive timely, appropriate prescriptions that are tailored to eating patterns and dietary phosphate intake. Compared to working under a PGD, supplementary prescribing provides a safer mechanism for administering drugs and adjusting doses for the patient, dietitian, and independent prescriber, as medication are supplied and adjusted following a streamlined prescribing process. There is a clear rationale for supplementary prescribing to be undertaken by dietitians working with dialysis patients. This group of patients have a chronic health condition and a clear diagnosis has been made by an independent prescriber. Patients are managed closely with a renal consultant making a supplementary prescribing agreement easy to instigate. This process is currently restricted to patients under the care of the prescribing dietitian, therefore for it to be fully implemented in our unit, all renal dietitians require training. Supplementary prescribing also has limitations, most significantly being the requirement for a CMP to be discussed and generated for each patient, and that any change in consultant or dietitian care requires a new CMP to be completed. However, despite these limitations, experiences so far suggest that dietitian prescribing is beneficial to the patient and the NHS.