Index

References to tables are in bold; figures in italics

abbreviations, prescribing errors, 286, 287–289
ability levels, multidisciplinary context, 10–11
absorption, drug, 88, 89–93, 102–103
bioavailability, 248–250
blood flow, 92
drug interactions, 110–111
first pass metabolism, 92
gastric motility and emptying, 90–91
lipid solubility and ionisation, 90
surface area for, 90
time factors, 92
acne vulgaris, 270, 271
acute kidney injury (AKI), 149–154
monitoring, 154
nephrotoxicity, 152
pre-renal symptoms and treatment, 150–151
stages, 151, 151
types, 150
adherence, 157, 159–161, 182–183
ADME (absorption, distribution, metabolism and excretion), 88, 102–103; see also pharmacokinetics
administer errors, 12
advanced practitioners, 10
adverse drug reactions (ADRs), 112–113, 188–191; see also drug interactions
at-risk patients, 114
avoidable, 182
multiple prescribers, 183
reporting, 114–115, 189–191
type A, 113
type B, 113
vaccinations, 212
agonists, 104, 105, 106
AGREE (Appraisal of Guidelines for Research and Evaluation), 176–177
albumin:creatinine ratio (ACR), 144, 144
allied health professionals (AHPs), 10
consultations, 29
impact of policy changes, 294
prescribing courses, 302
undergraduate courses, 298–301
alternatives to prescribing, 72
amount, units, 229–230
anaemia, chronic kidney disease, 149
analgesia doses, breakthrough, 252–253
angiotensin converting enzyme (ACE) inhibitors, 107
and ARBs, 152
answers to practice questions, 254–260
antagonists, 104, 106–107
antibiotics see antimicrobial agents
antihypertensive medication, 146–148
antimicrobial access, 201–202
antimicrobial resistance (AMR), 202–204, 308
consequences, 204–205
controlling, 205–206, 316
economic costs, 308–309
antimicrobial stewardship (AMS), 309
education and feedback, 207–208
guidelines, 206
infection control, 207–208
information systems, 208–209
optimal prescribing, 310–316
antiplatelet therapy, chronic kidney disease, 149
applied pharmacology, 87–88
adverse drug reactions, 112–115
bioequivalence, 115–116
drug interactions, 108–112
individualising drug therapy, 116–118
pharmacodynamics, 103–108
pharmacokinetic principles, 88–103
appraisals of outcomes, 71
artificial intelligence (AI), 192–194
Index

Association of the British Pharmaceutical Industry (ABPI), 60–61
asthma, 122–123, 129
  additional therapies, 126–127
  inhalers, 127–128
  management, 123
  medications, 124–127
  monitoring, 129
  pregnancy and breastfeeding, 128
  resources, 130
  young children, 128–129
back-up prescriptions, 311
behaviour models, 66–67
  capability/opportunity/motivation, 67–68
  marketing, 67–68
  prescribing, 67, 81–83
beneficence, 57–58, 60
bias, 176
  assessing guidelines, 176–177
  research process, 180–181
  vs. trustworthiness, 177–180
bioavailability, drugs, 89, 248–250
bioequivalence, 115–116
biologic therapies, for asthma, 127
biomedical model, health and illness, 66
biopsychosocial model, health and illness, 66
biosimilars, 116
bior transformation see metabolism, drug
blood flow
  drug absorption, 92
  drug distribution, 93
  kidney, 152
blood pressure, antihypertensive medication, 146–148
BNF see British National Formulary
Bolam v Friern Hospital Management Committee (1957), 40–41
Bolitho v City and Hackney HA (1997), 42
bone mineral density, chronic kidney disease, 149
brand names, drugs, 287–289
breakthrough analgesia, dosage, 252–253
breastfeeding, asthma medications, 128
British Guideline on the Management of Asthma (BTS/SIGN, 2019), 123
British National Formulary (BNF), 87, 91
  chronic kidney disease, 145
  drug dosing and interactions, 191
  drug interactions, 108, 110
  notifiable diseases, 210
  skin conditions, 263–264
  use of abbreviations, 287
BUMPS (best use of medicines in pregnancy), 128
Byrne and Long, consultation model, 19–20
calculation skills, 224–225
cerebrovascular disease (CVD) renal impairment, 148–149
START criteria, 186–187
Cardozo judgment, informed consent, 45
care systems, integration, 8
carrier mechanisms, 107–108
case reports, 176
case–control studies, 175
checkpoints, consultation, 21
children
  antibiotics education, 207
  asthma medications, 128–129
  dose calculations, 235–236
  type 1 diabetes, 133
  type 2 diabetes, 137–138
  vaccinations, 210–211
  vulnerability, 73
chiropodists, 4, 294
chronic kidney disease (CKD), 142–145
  affects on medicines, 145–146
  antihypertensive medication, 146–148
  classification, 144
  glomerular filtration rate, 143, 144
  hypertension, 146–148
  lifestyle and diet advice, 144–145
  risk factors, 143
civil law, 38
CKD–EPI (Chronic Kidney Disease Epidemiology Collaboration) formula, 143–144
clinical decision support tools, 192–194
clinical governance, multidisciplinary context, 11–13
clinical management plans (CMPs)
dependent prescribing, 4–5
supplementary prescribing, 10–11, 15–16, 263–264
clinical reasoning, 29, 173–176
clinical service manager errors, 12–13
Code of Practice for the Pharmaceutical Industry (ABPI), 60–61
codes of conduct, 59–61
common law, 39
Common-Sense Model of Self-Regulation (CSM), 76–77
communicable diseases, 210
communication skills, 23–24, 80, 167–168, 169;
see also concordance
community nurse prescribing, 1–2, 11
capabilities see skills
Competency Framework for All Prescribers (RPS), xiii, 18, 31–32, 163, 184, 292–293
dermatology, 264, 266–267
pharmacists, 298
Competency Framework for Designated Prescribing Practitioners (RPS), 293
compliance, 156–157, 159–161
computerised systems errors, 282–283
concentrations, calculations, 231–235
practice examples, 235
concordance, 156–158, 169–170
antimicrobial prescribing, 313
current practice, 166–168
effective interventions, 159–162
prescribing problems, 158–159
skills, 162–166, 164–165
skin conditions, 266, 272
confidentiality, 24, 59, 60
consent, 44–47
informed, 51–52, 55–56, 58, 60
vaccinations, 211
consultation models, 19

Byrne and Long, 19–20
Calgary–Cambridge, 22
Neighbour, 21
Pendleton et al., 20–21
Stott and Davies, 20
consultation skills, 18, 32, 84
allied health professionals, 29
clinical reasoning, 29
communication, 23–24
consultation models, 19
diagnoses, 27–28
influences on prescribing, 30–31
motivational interviewing, 82–83
nurses, 26–27
patient’s health beliefs, 24–26
pharmacists, 28
prescribing framework, 31–32
Consumer Protection Act (1987), 43–44
contraindications, vaccines, 211–212
controlled drugs (CDs), 4, 10–11, 289–290
corticosteroids, for asthma, 126–127
cosmetic skin care, 264
costs of drugs, 37, 181–182, 201
asthma, 122
calculations, 243–244
prescribing decisions, 72–73
COVID-19 pandemic, 271
vaccinations, 213–214
criminal law, 38
cross-sectional studies, 176
Crown report (1989), 14
Cumberlege report, 1
cytochrome P450 (CYP450) isoenzymes, 99–100
DAFNE (Dose Adjustment For Normal Eating), 136
decision making, 29
antimicrobial prescribing, 315–316
influences on prescribing, 30–31
pharmaceutical issues, 279
polypharmacy, 278–279
prescribing errors, 277–278
principles of good prescribing, 30–31
delayed prescriptions, 311
deontological ethics, 52–53
deprescribing see supplementary prescribing
dermatological conditions see skin conditions
Index

designated prescribing practitioners (DPPs), 293
prescribing courses, 302
diabetes, 132
classification and pathophysiology, 133–135
insulin treatment, 136–138
monitoring, 139–140
non-insulin treatment, 138–139
prescribing courses, 302
prevalence and cost, 132–133
treatment guidelines, 135–136
diagnoses, 27–28
use of microbial cultures, 312–313
diagnostic reasoning, 29
dietitians
supplementary prescribing, 294
undergraduate courses, 301
diffusion, passive, 89
disease–illness model, 24–25
distribution, drug, 88, 89, 93, 102–103
barriers, 96–97
blood flow, 93
drug interactions, 111
protein binding, 93–96
volume, 97–98
documentation, antimicrobial prescribing, 313–314
dose calculations, 235–236
body surface area, 238–239
body weight, 236–238
practice examples, 239
dose response, 104–105, 106
dose units, 284, 285
dosing errors, 285
drug absorption see absorption
drug costs see costs of drugs
drug distribution see distribution
drug excretion see excretion
drug interactions, 108, 110; see also adverse drug reactions
at-risk patients, 109–110
pharmacodynamics, 112
pharmacokinetics, 110–111
drug metabolism see metabolism
drugs; see also medication; pharmaceutical industry; prescribing
administration rate calculation, 240–242
administration rates, 240
dosing and interactions, 191
name errors, 287–289
renal impairment, 148–149
unit costs calculations, 243–244
duty of care/fidelity, 39–43, 59, 60
eczema, 267, 268
education see training
elderly patients, drug interactions, 109
Electronic Medicines Compendium (EMC), 191
electronic patient records (EPRs), 37
Elicit–Provide–Elicit (EPE) technique, 82–83
enterohepatic cycling, 101, 102
enzyme systems, 107
errors see administer errors; clinical service manager errors; organisational errors; pharmacist errors; prescribing errors
erythropoiesis stimulating agent (ESA), 149
estimation of glomerular filtration rate (eGFR), 143
ethical issues, 50, 64
codes of conduct, 59–61
deontological ethics, 52–53
paternalism, 51–52
pharmaceutical companies, 59–61
principles-based approach, 55–59
research ethics, 63–64
subjective ethics, 51
utilitarian ethics, 53–55
evidence-based care, 42–43
evidence-based prescribing, 172–173, 196
adherence, 182–183
adverse drug reactions, 188–191
avoiding bias, 176–181
clinical reasoning, 173–176
costs, 181–182
iatrogenic issues, 182
information sources, 191–192
new scientific developments, 192–196
polypharmacy, 183–188
resources, 199
excretion, drug, 88, 100, 102–103
drug interactions, 111
enterohepatic cycling, 101
half-life and steady state, 102
lactation, 101–102
renal excretion, 100–101
fidelity see duty of care/fidelity
first pass metabolism, 92
Index

324

formularies, extended, 3–4; see also British National Formulary; Nurse Prescribers Formulary
frequency dosing errors, 286–287, 288

gastric motility and emptying, 90–91
General Pharmaceutical Council standards, 43, 45
general practice/practitioners (GPs), 18
healthcare professionals as patients, 77
medical records, retention, 38
nurses, 26
quality outcomes framework, 129
gifts from pharmaceutical companies, 61–63

GFR (glomerular filtration rate), 143, 144
GRADE (Grading of Recommendations Assessment, Development and Evaluation), 176

Green Book see vaccinations
guidelines
antimicrobial stewardship, 206
concordance, 157
diabetes, 137, 168
NICE, 13, 182–183
quality assessment, 176–177
treatment, 191–192

half-life, drugs, 102, 103, 245, 248
Health and Care Professions Council (HCPC) code, 45
health belief model, 25–26, 161–162
healthcare/protection see public health perspectives
Health Protection (Notification) Regulations (2010), 210
healthcare professionals; see also general practice/practitioners; nurses/nursing
concordance, 166–167
independent prescribing, 3–4
as patients, 77
role changes, 8
healthcare services, increased demand, 292
healthcare students, 303
high blood pressure see hypertension
high-risk medicines, 278
Hippocratic Oath, 59–60
hospitality, from pharmaceutical companies, 61–63
hyperglycaemia see diabetes
hypertension

chronic kidney disease, 146–148
medication, 146–148
hypoglycaemia, result of insulin therapy, 137
iatrogenic issues, 182
illness perceptions, 76–77
immunisations see vaccinations
immunity, 210–211
independent prescribing, 109
allied health professionals, 29, 294
cardiovascular disease, 186–187
diagnosis, 27–28
entry requirements, prescribing courses, 305
healthcare professionals, 3–4
pharmacists, 293–294
teamwork, 15
Yellow Card scheme, 190–191
individualising drug therapy, 116–118, 117, 194–195
infection prevention and control, 207–208
information sharing, 14–15
information sources, 191–192
informed consent see consent
inhaled glucocorticoids (ICS), 125
inhalers, asthma, 127–128
insulin treatment, 136–138; see also diabetes
integration, care systems, 8
ion channels, 107
ionisation, 90
judge-made law, 39
justice, 58, 60

Kant, Immanuel, 53
KDIGO (Kidney Disease, Improving Global Outcomes), 144; see also renal impairment

lactation, 97, 101–102
lasting powers of attorney (LPAs), 44
lay belief system, 75–76
legal aspects, 37, 47–48
consent, 44–47
Consumer Protection Act 1987, 43–44
England and Wales legal system, 38–39
negligence, 39–43
prescribing figures and costs, 37
record keeping, 38
legislation changes see policy changes
legitimising/sanctioning, sociological model, 74
leukotriene receptor antagonists, 126
ligand–receptor complex, 104
ligands, 104
lipid solubility, 90
locus of control theory, 25
long-acting beta-2 agonists (LABAs), 125
maintenance and reliever therapy (MART), asthma, 125–126
mass, units, 227–229
McLennan v Newcastle Health Authority (1992), 47
media influences, 75
medical records, retention, 38
medicalisation, 74
medication; see also drugs
asthma, 124–127
polypharmacy, 277
topical, 265–267
Medicinal Products: Prescription by Nurses etc. Act (1992), 1–2
Medicines and Healthcare products Regulatory Agency (MHRA), 44, 114–115; see also Yellow Card scheme
Medicines Partnership (2003), 163
Medicines Partnership (2007), 163, 164–165
Mental Capacity Act (2005), 44, 52
metabolism, drug, 68, 98, 102–103
cytochrome P450 isoenzymes, 99–100
drug interactions, 111
phase 1, 98–99
phase 2, 99
Mid Staffordshire Enquiry, 12
moles (amount units), 229–230
monitoring
acute kidney injury, 154
asthma, 129
diabetes, 139–140
medicines, 14
Montgomery v Lanarkshire Health Board (2015), 46–47
morphine, oral/injection, 253
motivation factor, 68, 70–72
motivational interviewing, 81–83
multidisciplinary teamwork, 8–11, 16
antimicrobial stewardship, 207–208
clinical governance, 11–13
information sharing, 14–15
medicines optimisation, 13–14
supplementary prescribing, 15–16
multi-morbidity, 184–185, 188
multiple medicines, 12
narrative-based medicine, 24
National Institute of Health and Care Excellence (NICE), guidelines, 13, 182–183
National Reporting and Learning System (NRLS), 115
Necessities–Concerns Framework (NCF), 78
negligence, 39–43
Neighbour, consultation model, 21
Neighbourhood Nursing: A Focus for Care (report), 1
nephrotoxicity, 152–154
NMC see Nursing and Midwifery Council
non-maleficence, 57, 60
non-medical prescribers (NMPs), 5–6, 293, 302–303, 316
duty of care, 39–43
independent prescribing, 3–4
influences on prescribing, 30–31
overview, 1–3
supplementary prescribing, 4–5
training, 5
non-steroidal anti-inflammatory drugs (NSAIDs), 152, 186
notifiable diseases, 210
numbers needed to harm (NNH), 180
numbers needed to treat (NNT), 180
Nurse Prescribers Formulary (NPF), 1–2, 293
nurses/nursing
asthma management, 123
communication skills, 167–168, 169
consultations, 26–27
Cumberlege report, 1
dermatology, 263, 272
diagnoses, 27–28
impact of policy changes, 293
infection prevention and control, 209
prescribers vs. non-prescribers, 26
prescribing, 1–3, 72–73, 165
prescribing courses, 5, 301
undergraduate courses, 295
Nursing and Midwifery Council (NMC), 2
code, 43, 45, 60, 64
OARS (open-ended questions, affirmation, reflective listening, summaries), 81–83
observational studies, 175
occupational therapists, 294
opportunity factor, 68, 72–73
optometrists, 4
organisational errors, 13
orthoptists, 294
outcomes, appraisals, 71
overseas travel, vaccinations, 214

PACE (partnership, acceptance, compassion, evoking discussion), 81–83
palliative care calculations
breakthrough analgesia, 252–253
morphine, oral/injection, 253
practice examples, 253–254
syringe pumps, 251–252

paramedics
independent prescribing, 4, 294
undergraduate courses, 300
partnership approach see concordance
passive diffusion, 89
paternalism, 51–52
patient-centred approaches, 22, 162
patient group directions (PGDs), 3
patient health beliefs, 24–26, 161–162
patient influences
healthcare professionals as patients, 77
lay belief system, 75–76
patient adherence, 78
patient pressure, 78
shared decision making, 78–80
patient involvement, 10, 15
patient–prescriber relationship, 21
patients at risk, adverse drug reactions, 109–110, 114
pattern recognition, clinical reasoning, 29
Pendleton et al., consultation model, 20–21
percentage concentrations, 233, 234
Perceptions and Practicalities Approach (PAPA), 78
permissions, multidisciplinary context, 10–11
personalised drugs, 116–118, 117, 194–195
pharmaceutical industry
code of practice, 61–63
relationship with prescribers, 61–63
research ethics, 63–64
pharmacists/pharmacy

asthma management, 123
concordance, 168
consultations, 28
errors, 12
impact of policy changes, 293–294
independent prescribing, 4
influences on prescribers, 67
prescribing courses, 302
RPS Foundation Pharmacist Framework, 298
support to prescribers, 9–10
undergraduate courses, 295–298
pharmacodynamics, 103–104
carrier mechanisms, 107–108
dose response, agonists and antagonists, 104–107
drug interactions, 112
enzyme systems, 107
ion channels, 107
receptors, 104
pharmacogenomics, 194
pharmacokinetics; see also absorption;
distribution; excretion; metabolism
ADME, 88, 102–103
drug interactions, 110–111
routes of administration, 88–89
pharmacokinetics calculations, 244–245
bioavailability, 248–250
half-life, 245–248
practice examples, 250–251
pharmacology, applied see applied pharmacology
pharmacotherapy see drugs
phase 1 metabolism, 98–99
phase 2 metabolism, 99
physiotherapists/physiotherapy
independent prescribing, 4, 294
undergraduate courses, 301
PICOT (population, intervention, comparison, outcome, time) framework, 176
plasma binding, 93–96
plasma concentrations, 245, 248
podiatrists/podiatry
independent prescribing, 4, 294
undergraduate courses, 299–300
policy changes
allied health professionals, 294
impact on nurses, 293
impact on pharmacists, 293–294
impact on undergraduate programmes, 295–301
Index

polypharmacy, 109, 158, 183–188, 277, 278–279
postgraduate prescribing students, 304
practice questions, answers, 254–260
precision medicine, 194–196
predatory journals, 192
pregnancy, 97
asthma, 128
diabetes, 135
pre-renal acute kidney injury, 150–151
prescriber–patient relationship, 21
prescribing alternatives, 72
prescribing competency framework, RPS, 264, 266–267
prescribing courses
allied health professionals, 302
entry requirements, 305
nurses, 301
pharmacists, 302
prescribing errors, 12, 276–277, 289–290
abbreviations, 283–285, 287–289
computerised systems, 282–283
decision making, 277–279
incorrect frequencies, 286–287
prescription writing, 279–282
prescribing figures and costs, 37
prescribing frameworks, 31–32
prescribing non-compliance, 158–159
prescribing principles, 30–31
prescription writing
communication failures, 279
confusable drug names, 280–281, 281
legibility, 281
standards, 281
transcription errors, 279–280
prescription-only medicines (POMs), 3–4
Primary Care Dermatology
Society, 273
principles-based approach, ethics, 55–59
privacy, 24, 58–59
protein binding, 93, 96
psoriasis, 265, 267–268
topical medications, 269
treatments, 269, 270
psychological and sociological perspectives, 66, 83–84
behaviour models, 66–73
communication skills, 80
improving behaviour, 81–83
patient influences, 75–80
socio-cultural influences, 72–75
public health perspective, 200–201, 214
antimicrobials, 201–209
notifiable diseases, 210
societal impacts, 201
vaccinations, 210–214
quality outcomes framework (QOF), 129
questions, practice, 254–260
radiographers/radiography
independent prescribing, 4, 294
undergraduate courses, 300
randomised controlled trial, 175
eratio concentrations, 234–235
receptors, 104, 105
record keeping, 14–15, 38
remote consultations/prescribing, 271–272
renal excretion, 100–101
renal impairment, 142, 154; see also acute kidney injury; chronic kidney disease
hypertension, 146–148
impact on medicines, 145–146
monitoring, 154
pharmacotherapy, 148–149
STOPP criteria, 185–186
reporting, adverse drug reactions, 14, 44, 114–115, 189–191
research based care, 42
respect, core value, 11
respect for autonomy, 55–56, 60
responsibilities, professional, 184
retention, medical records, 38
reviewing, antimicrobial prescribing, 315
risk assessments, polypharmacy, 278–279
Royal Pharmaceutical Society (RPS); see also Competency Framework for all Prescribers
code of ethics, 60–61
competencies, 224
concordance, 157
medicines optimisation principles, 13
RULE (resist, understand, listen, empower), 81–83
safe medicines practice, 13
dsanctioning/legitimising, sociological model, 74
SARS-CoV-2, see COVID-19 pandemic
Scholendorff v Society of New York Hospital (1914), 45
self-medication, dangers, 190, 202
self-reflection, 84
sepsis, 312
shared decision making, 78–80
sharing, core value, 11
short-acting beta-2 agonists (SABAs), 124
sick role, sociological model, 73
Sidaway v Bethlem Royal Hospital Governors (1984), 46
skills
  communication, 23–24, 80, 167–168, 169
  concordance, 162–166, 164–165
  consultation, 18
  skin conditions, 263
  skin conditions, 263–264, 265, 272–273
  acne vulgaris, 270–271
  eczema, 267
  future developments, 271–272
  psoriasis, 267–270
  skin care, 264–267
  social prescribing, 75
  societal impacts, 201
  sociological influences, prescribing, 72–75; see also psychological and sociological perspectives
speech/language therapists, independent prescribing, 294
START (Screening Tool to Alert to Right Treatment), 185–188
Start Smart Then Focus (SSTF) framework, 310–312
statins, 149
statute law, 39
steady state, drug excretion, 102, 103
Stemming the Tide of Antibiotic Resistance study, 80
Stockley’s Drug Interactions, 108
STOPP (Screening Tool of Older Persons’ Prescriptions), 185–188, 278–279
Stott and Davies, consultation model, 20–21
stratified medicine, 194
subjective ethics, 51
summaries of product characteristics (SPCs), 87–88
drug interactions, 108
vaccinations, 212
supplementary prescribing, 4–5, 11, 263–264; see also independent prescribing
allied health professionals, 294
diagnoses, 27
public health perspective, 200–201
teamwork, 15–16
syringe pumps, 251–252
systematic reviews, 174–175
team liability, 42
teamwork, 8, 9–11, 15–16; see also multidisciplinary teamwork
therapeutic index, 94
thiazide diuretics, 153
topical medications, 265–267
eczema, 267
psoriasis, 269
training, 292, 304
consultation skills, 19
courses, 295–301
healthcare professionals, 3
healthcare students, 303–304
impact of changes, 294–295
improving prescribing behaviour, 81
independent prescribing, 5
key policy changes, 292–294
lifelong, 43
nurses, 1–2
postgraduate prescribing students, 304
prescribing courses, 296–297
supplementary prescribing, 5
undergraduates, 295–301, 303
treatment failures, antimicrobial resistance, 205
trustworthiness, research, 177–180
type 1 diabetes (T1DM), 133, 134
type 2 diabetes (T2DM), 133, 135
type A adverse drug reactions, 113, 188–189
type B adverse drug reactions, 113, 189
type C/D type E adverse drug reactions, 189
undergraduate courses
  allied health professionals, 298–301
  impact of policy changes, 303
  nursing, 295
  pharmacy, 295–298
  prescribing courses, 303
units of measurement, 225
amount, 229–230
mass, 227–229
practice examples, 230–231
volume, 225–227
utilitarian ethics, 53–55
<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Volume of Distribution (Vd)</th>
<th>97–98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraindications, 211–212</td>
<td>Vulnerability, Sociological Model</td>
<td>73</td>
</tr>
<tr>
<td>Policy, 210–211</td>
<td>Withdrawal Reactions</td>
<td>189</td>
</tr>
<tr>
<td>Procedures, 211–214</td>
<td>Yellow Card Scheme</td>
<td>14, 44, 114–115, 189–191</td>
</tr>
<tr>
<td>Protection for Overseas Travellers, 214</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule, 212–213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veracity, 58, 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volume, Units, 225–227</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccinations, 212</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>