

## 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

## 322 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
- biotransformation *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
  - concentrations, 231–235
  - doses, 235–239
  - palliative care, 251–253
  - pharmacokinetics, 244–250
  - rates of drug administration, 240–242
  - unit costs of drugs, 243–244
  - units of measurement, 225–230
- Calgary–Cambridge, consultation model, 22
- capability factor, 68, 69–70
- capability/opportunity/motivation (COM-B) model, 68–73, 81
- cardiovascular 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
- cognitive abilities, 69–70
- cohort studies, 175
- collaboration, multidisciplinary context, 11–12, 16
- College of Paramedics, 10
- COM-B *see* capability/opportunity/motivation model
- combination inhalers, 125–126
- Commission on Human Medicines (CHM), 44
- 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
- competencies *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
- dependent prescribing *see* supplementary prescribing
- deprescribing, 109, 185
- dermatological conditions *see* skin conditions

## 324 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
  - nurse prescribing, 168
  - 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 man-
  - ager errors; organisational errors; pharma-
    - cist 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

- formularies, extended, 3–4; *see also* British National Formulary; Nurse Prescribers Formulary
- frequency dosing errors, 286–287, **287**
- 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
- glomerular filtration rate (GFR), 143, **144**
- GRADE (Grading of Recommendations Assessment, Development and Evaluation), 176
- grapefruit juice, 99
- 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

## 326 Index

- 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
- meta-analysis, 175
- metabolism, drug, 88, 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

## 328 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
- ratio 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
- sanctioning/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/type 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

330 Index

vaccinations	volume of distribution (Vd), 97–98
contraindications, 211–212	vulnerability, sociological model, 73
policy, 210–211	
procedures, 211–214	withdrawal reactions, 189
protection for overseas travellers, 214	
schedule, 212–213	Yellow Card scheme, 14, 44, 114–115,
veracity, 58, 60	189–191
volume, units, 225–227	vaccinations, 212