Prescribing Knowledge & Practice Patterns of Advanced Practice Nurses in Ohio

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Background

- Prescribing by APRNs is influenced by their education and knowledge, self efficacy, clinical settings, collaborating partners and costs (Gielen et al, 2014; Hussein & Brow, 2014; Buckley et al, 2013), Dawson & Lighthouse, 2010, Kennedy-Malone, et al, 2008).
- As the number of APRNs have grown, the number of prescriptions being written have grown. Changes in prescriptive authority have occurred and vary across state lines.
- Little is known about APRN prescribing knowledge and practices after these changes occur.

Purpose

Explore the medication knowledge and prescribing practices of APRNs in Ohio

Sample

- Convenient sample
 - 588 APRNs obtained from state of Ohio data base
 - Response rate 10%
- Demographics
 - Majority work full time (80%)
 - Majority prepared at MSN level (90%)
 - Years of experience as APRN

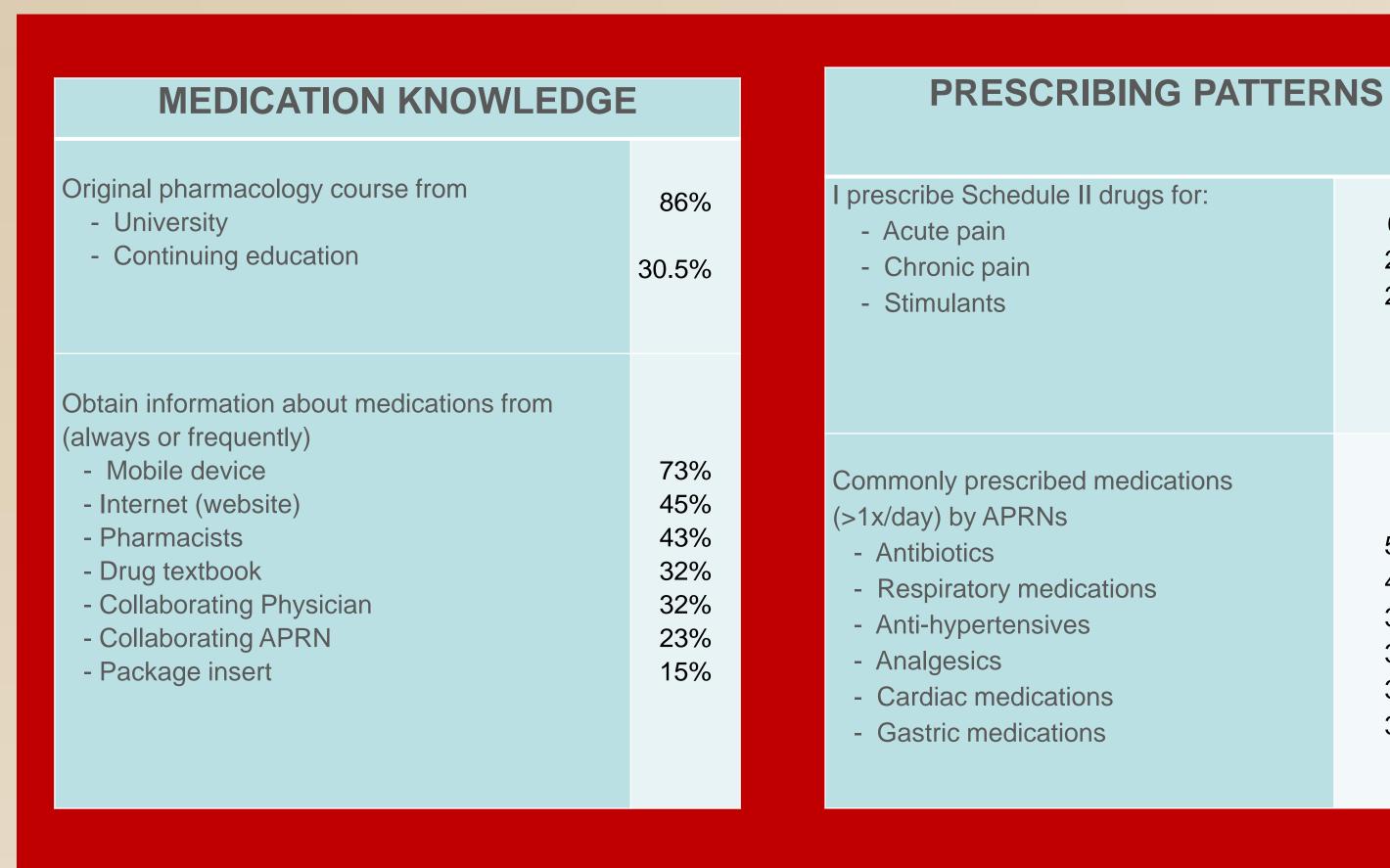
< 5 yrs - 44.7% 6-15 yrs - 34.6% >15 yrs - 21.6%

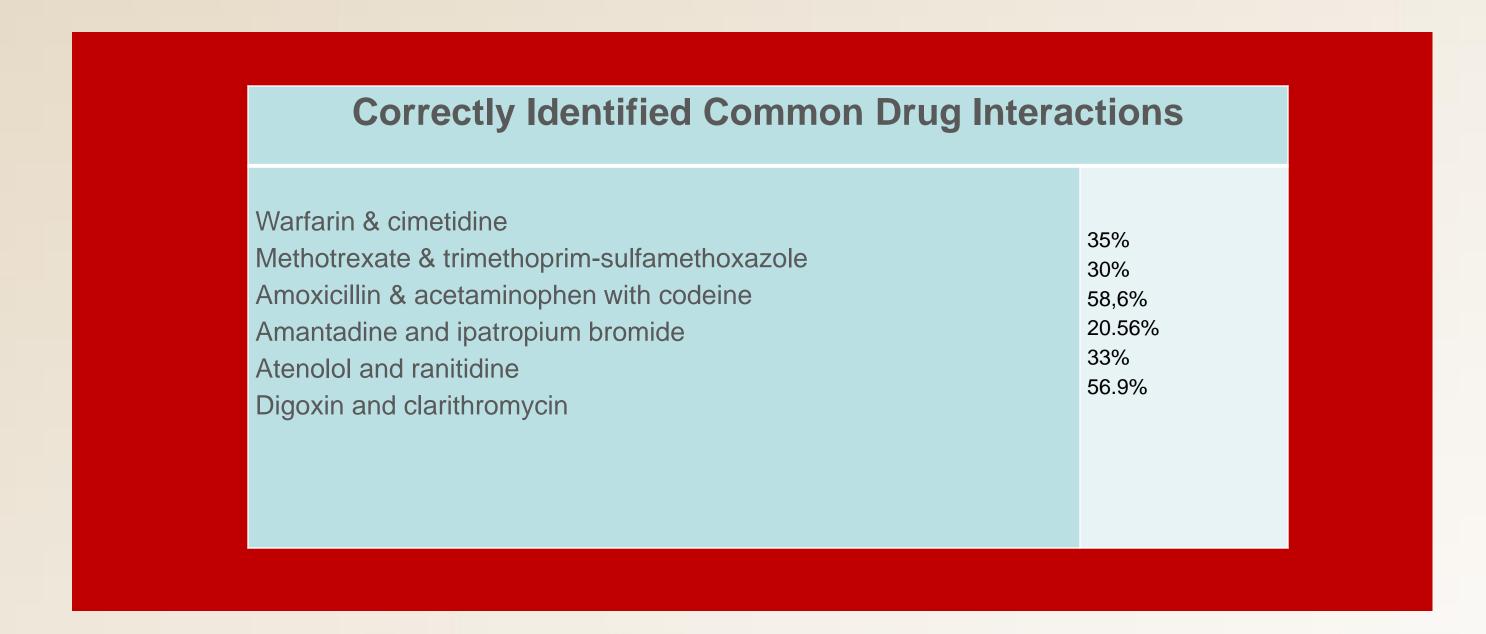
- Place of employment
 - Primary care setting 36.3%
 - Acute care setting 36.7% (ER/hospital)
- Population Served
 - Adult/geriatrics 38.5%
 Family 37.4%
 Child/Adolescent 18.9%
 Mental Health 5.7%
- Prescribing practices
 - Currently prescribe medications 96.8%
 Prescribe Schedule II drugs 75%

Instruments

- Descriptive Survey using Surveymonkey©
 Demographics
 Practice patterns & medication knowledge
- IRB approval obtained

Results





Practice Implications

- The majority of APRN respondents indicate they currently prescribe medications, and the majority also prescribe Schedule II drugs.
- Respondents indicate the original knowledge of Advanced Pharmacology came from a University course.
- Respondents primarily use a mobile device to obtain additional medication prescribing knowledge, with fewer utilizing the package insert or other team members
- Respondents most commonly prescribe Schedule II medications for acute pain.
- Antibiotics continue to be the most commonly prescribed medication by APRNs.

Discussion

- APRNs consider prescribing medications to be an important component of practice.
- Future education of Advanced Pharmacology for APRNs may emphasize use of healthcare team members, such as pharmacists as valuable resources. The importance of package inserts may also need additional attention. Emphasis on common drug interactions remains important.
- Future research will focus on:

Practitioners, 6(2), 115-122.

- best practices for Advanced Pharmacology initial education and continuing education
- knowledge acquisition of new medications available and adoption into practice

References

Buckley, T., Cashin, A., Stuart, M., Browne, G., & Dunn, S.(2013). Nurse practitioner prescribing practices, The most frequently prescribed medications. *Journal of Clinical Nursing*, 22(13-14), 2053-2063.

Crigger, N. & Holcomb, L. (2008). Improving nurse practitioner practice through rational prescribing. *The Journal for Nurse Practitioners*, 4(2), 120-125.

Dawson, L. & Lighthouse, S. (2010). Assessment of self-efficacy for cultural competence in prescribing. *The Journal for Nurse Practitioners*, *6*(1), 44-48.

Franklin, G., Fulton-Kehoe, D., Turner, J. Sullivan, M. & Wickizer, T. (2013). Changes in opioid prescribing for chronic pain in Washington State. *Journal of the American Board of Family Medicine*, *26*(4),394-400.

Gielen, S., Dekker, J., Francke, A., Mistiaen, P. & Kroezen, M. (2014). The effects of nurse prescribing: A systematic review. *International Journal of Nursing Studies*, *51*(7), 1048-1061.

the American Academy of Nurse Practitioners, 17(12), 506-511.

methods. Research in Social and Administrative Pharmacy, 10(6), 853-866.

Goolsby, M. (2005). 2004 AANP national nurse practitioner sample survey, Part II: Nurse practitioner prescribing. Journal of

Hussein, M. & Brown, L. (2014). Exploring the variation in state-level prescription utilization using a triangulation of analytic

Kennedy-Malone, L. Fleming, E. & Penny J. (2008). Prescribing patterns of gerontological nurse practitioners in the United

States. Journal of the American Academy of Nurse Practitioners, 20(1), 28-34.

Klein, T. & Kaplan, L. (2010). Prescribing competencies for advanced practice Registered Nurses. The Journal for Nurse

Ko, Yu, Malone, D., Skrepnek, G., Armstrong, E., Murphy, J., Abarca, J., Rehfeld, R., Reel, S. & Woosley, R. (2008). Prescribers' knowledge of and sources of information for potential drug-drug interactions. *Drug Safety, 31*(6), 525-536.

Ladd, E. (2005). The use of antibiotics for viral upper respiratory tract infections: An analysis of nurse practitioner and physician prescribing practices in ambulatory care, 1997-2001. *Journal of the American Academy of Nurse Practitioners, 17*(10), 416-424.

82(10), 1538-1542.

Munroe, D., Pohl, J. Gardner, H. & Bell, R. (1982). Prescribing patterns of nurse practitioners. American Journal of Nursing,

Murphy, A., Martin-Misener, R., Cooke, C. & Sketris, I. (2009). Administrative claims data analysis of nurse practitioner prescribing for older adults. *Journal of Advanced Nursing*, 65(10), 2077-2087.

Nardi, D., & Diallo, R. (2014). Global trends and issues in APN practice: Engage in the change. *Journal of Professional Nursing*, 30(3), 228-232.

Scudder, L. (2006). Prescribing patterns of nurse practitioners. *The Journal for Nurse Practitioners*, 2(2), 98-106.



