BACKGROUND

Nurse prescribing of opioids and other PC medications has been rolled out across Uganda and other countries in sub-Saharan Africa, however no full-scale evaluation of the nurse prescribers has been undertaken. In many places, there is a relative lack of doctors on the continent, necessitating task shifting, therefore enabling other appropriately trained specialist health cadres (e.g. nurses) to prescribe opioids. This is particularly important in rural areas where many patients may never see a health care professional.

Uganda is currently the only country where nurses can legally prescribe and is seen as the model country; nurses have been prescribing oral morphine in the country since 2004. Uganda prioritised palliative care under Essential Clinical Services in the National Health Service Strategic Plan (2001–2005). It has made oral morphine freely available to those districts that have specialist palliative care nurses or clinical officers and has promoted morphine use down to the village level. Additionally, it has passed laws to allow nurse prescribing of morphine. Thus it is important to ascertain whether the nurses are prescribing appropriately, that patients' pain is being controlled and to identify any challenges.

METHODOLOGY

An initial proposal was developed collaboratively by APCA, HAU, MPCU, PCAU and MoH with ethical approval being gained from HAUREC and UNCST. The research is being delivered as part of the Uganda PC Nurse Leadership Fellowship programme, with a team of Fellows undertaking the study. Self-administered questions will be administered to trained nurse prescribers and interviewer administered questionnaires will be carried out by researchers to collect data from patients in need of palliative care services. A mixed methods approach is being utilised with 20 nurse prescribers from across the country, which includes:

a) Completion of a nurse demographic and practice questionnaire e.g. number of patients seen, medications prescribed etc.

b) A review of patient documentation – nurses will prospectively complete an assessment form for 20 patients.

c) Longitudinal quantitative data collected from patients using the APCAAfricanPOS.

d) Semi-structured interviews with 10 of the nurses to validate the outcomes data and nurse questionnaire.

AREAS TO BE ADDRESSED

The evaluation of the care being provided is directly linked to review of the curriculum and identification of core competencies for nurse prescribing of oral morphine which form another project within the PC Nurse Leadership Fellowship. It will be important to assess whether the nurses are meeting the core competencies (i.e. that they are fit for practice). For example:

a) Assessment of pain

b) Diagnosis regarding type of pain

c) Decision-making with regards to appropriate treatment for pain

d) Use of the analgesic ladder

e) Use of adjuvant analgesics

f) The prescription

g) Patient/family education

h) Evaluation of treatment and reassessment?

RESULTS AND CONCLUSIONS

The evaluation is still ongoing. Ensuring that nurses are competent and ‘fit for practice’ is an essential component of any task-shifting.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

The findings of this evaluation will feed into the ongoing priorities for palliative care research in the region and other similar studies. Thus, the information will strengthen advocacy efforts; provide opportunities for sharing experiences in order to facilitate quality PC improvement as far as nurse prescribing and patient care is concerned. Hospital managers, government planners, MoH and policy makers of PC services may use the findings for appropriate and effective planning of suitable interventions to promote palliative care.