

Nursing Associate - Introduction to Medicines Management and Pharmacology

UPDATED MAY 21

Part 1 (Year 1)

Resource Module Title	Resource Sub Folder Titles
Consultation, Communication and Clinical Decision Making	• Effective communication • Assessment and Examination • References
Prescribing Safely, Appropriately and Cost Effectively	• Safe Drug Calculations • References
Pharmacology	• Basic Pharmacology – an introduction • Pharmacodynamics • Pharmacokinetics • References • Quiz
Prescribing Governance	• Evidence - Based Practice

Part 2 (Year 2)

Resource Module Title	Resource Sub Folder Titles
Pharmacology	• Pharmacodynamics • Pharmacokinetics • Adverse Drug Reactions • References • Quiz - pharmacology (part 2)
Prescribing Governance	• The Importance of Reporting Errors • Prescription Pad and Data Security • References
Legal and Professional Frameworks for Medicines Management and Non-Medical Prescribing	• Medicines Legislation
Prescribing Professionally	• Patient Confidentiality • Professional Ethics
Public Health	• Your Public Health Role • Smoking Cessation • References • Quiz - Public Health (part 1)

PART 1

PART 1 – CONSULTATION, COMMUNICATION AND CLINICAL DECISION MAKING

Effective Communication

Activity 1:

An observation exercise

When out on placement, try and find the opportunity to observe a consultation in your practice area where the patient is accompanied by their spouse/carer:

- Take note of who responds to the practitioner's questions
- Consider if there could be any difference in the perspective of the patient and carer in relation to the questions asked
- Reflect on what you observed.

Suggested content:

- Communication methods and skills used by the professional
- Thoughts on managing a consultation where a carer is present and the challenges for maintaining a person-centred approach.
- *Why a patient and carer may have different ideas, concerns and expectations
- What they think was good and what could have been done differently. What this means for their own nursing practice.

Activity 2:

Communication style.

Reflect upon your own communication style with patients and consider the following questions:

- Who does most of the talking?
- Are there any elements of your communication skills that could be improved?

Suggested content:

- Exploration of how well they use active listening skills and communication methods. The use of pauses and silence as well as questioning styles.
- Will have considered their own learning and points they will action with application to their own practice

Activity 3:

Watch the video following this section then consider these questions:

- What did you note about the facial expression of the individual?
- Was the body language of the professional following **Egan's SOLER**?
- What did you note about the body language of the patient? Was it open/closed?
- What communication strategies did you notice i.e., open/closed questions, reflecting, summarising?
- What did you note about the pitch and tone of the nurse's voice?
- What did you note about the pitch, tone and pace of the individual's voice?

Suggested content:

- Critical consideration of facial expression and its importance in developing a therapeutic rapport
- Reference to SOLER and an appraisal of the professional's approach to SOLER
- Thoughts about communication strategies used and how well these were employed
- An understanding of the importance of paraverbal communication to the therapeutic relationship and rapport

Assessment and Examination

Activity 1:

Watch the following video excerpt and physically appraise Gerry as he walks to his chair. Then look at his environment.

1. What do you notice?
2. What is your assessment of Gerry's coping?

You might find it useful to use the SOMETEAMS mnemonic when answering these questions.

Suggested content:

- Observations about the environment and some consideration of the importance of these observations to an assessment
- Application of SOME TEAMS to their assessment and observations.

PART 1 – PRESCRIBING SAFELY, APPROPRIATELY AND COST EFFECTIVELY

Safe Drug Calculation

Activity 1:

Access your University's numeracy resources and find additional numeracy quizzes.

SN@P Assessment & Education offers support within the Preparing to Prescribe resource for clinical numeracy competency testing and skill building. If you would like to arrange for a group of your students to have a free trial licence, please email kieran@sn@p-ae.com.

For existing licence holders, the links below provide further information for academic staff with regards to registering students for an account with SN@P:
Our Knowledge Base: <https://snap-ae.com/help/knowledge-base.php>
User Support – please raise a support ticket at <https://snap-ae.com/create-support-ticket.php>
Access is provided by the university providing a spreadsheet including the names and university email addresses of students.

Information that could be provided to students on your library resources pages for students:

Your programme of study may provide you with free access to Sn@p Assessment and Education – a resource for practicing and developing your numeracy skills. Please ask your tutor or Programme Lead who will be able to arrange for your access. Alternatively limited free resources to support your numeracy development are available at www.snap-ae.com.
Login link: www.snap-ae.com
Password reset link: <https://snap-ae.com/forgot-password.php>
Request help from our support team: <https://snap-ae.com/create-support-ticket.php>
Set up an account: <https://snap-ae.com/registration.php>



PART 1 – PHARMACOLOGY

Basic Pharmacology – an Introduction

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Activity 1:

A number of drugs with both Non-Proprietary and Proprietary names are identified above.
Can you give any other examples of drugs which are given both a Non-Proprietary (Generic) name and Proprietary name?

Suggested content:

There is a wealth of examples which students could cite from the BNF. Ensure that the non-proprietary (Generic) drug name, which is given to the pharmaceutical drug or the active chemical is cited in lower case whereas the Trade name (identified by the pharmaceutical company) or Proprietary name starts with a capital letter.

Activity 2:

The table above lists different drugs along with a reason they might be given according to a particular mechanism of drug action.
Can you think of any other examples of drugs for each of the different drug actions?

Students may cite a range of examples from the BNF:

Stimulation: any drug which activates cell surface receptors, by mimicking the naturally-occurring ligand and act as an agonist could be given as examples eg adrenergic agonists (sympathomimetics) eg salbutamol, terbutaline sulfate, adrenaline / ephedrine.

Inhibition: any drug which binds to cell surface receptors, but 'blocks' the receptor site and does not influence cell function. Examples include: adrenergic antagonists eg prazosin. Other examples are anaesthetic agents, sedative drugs and neuromuscular agents

Replacement: any drug which is administered to 'replace' hormones eg Hormone Replacement Therapy for menopause, thyroxine for hypothyroidism thyroxine for hypothyroidism, or neurotransmitters eg. Levodopa for Parkinsons Disease.

Cytotoxic : any drug which directly kills cell population eg antivirals, antibacterials.

Pharmacodynamics

P3 Activity 1:

Before you begin to develop your understanding of the mode of action of drugs, it is important for you to review your understanding of related anatomy and physiology and remind yourself of some key definitions.

As you will see, drugs work in a variety of ways in the body. They may affect the way in which a cell functions, inhibit or activate enzyme systems in the body or directly influence other biological systems.

- Review your knowledge and understanding of the basic human cell. You will need to focus specifically on:
- the structure of the cell membrane (fluid-mosaic model)
- the role of cell surface receptors and ion channels

- the processes of diffusion, facilitated diffusion, osmosis and active transport
- Develop your knowledge of the function of an 'enzyme' and give examples of enzyme reactions in the body

Suggested content:

Fluid Mosaic Model (Singer & Nicholson 1972)

Students need to describe the structure of the Fluid Mosaic Model of the cell membrane proposed by Singer & Nicholson in 1972.

It comprises the following:

1) a bilayer of phospholipids which allows for fluidity and movement

2) Protein molecules: these are either intrinsic (fully embedded in the membrane) or extrinsic (partially embedded).

They act as a) Channel proteins which allows the movement of large molecules or those that are hydrophilic (water-liking) through the membrane b) Transport proteins which act as carrier system.

This process is energy requiring e.g., active transport

3) Cholesterol which provides stability to the membrane

4) Glycolipids & Glycoproteins – act as cell surface receptors e.g., binding sites for hormones

Define: Diffusion: net movement of substances e.g., gases, solutes from a high concentration to a low concentration.

This is a passive process i.e., not requiring energy e.g. movement of oxygen from the alveoli to the capillary network

Facilitated diffusion: as above but requires energy in the form of ATP

Osmosis: the net movement of solvents e.g., water across a selectively permeable membrane from a low concentration solution (i.e., dilute solution with lots of water) to a more concentrated solution (i.e., less water)

Active transport: movement of ions or molecules across a selectively permeable membrane against a concentration gradient i.e., from a low to a high concentration. Because this process is against the concentration gradient it requires energy in the form of ATP. May involve the action of carrier proteins

Enzyme: a protein, biological catalyst which regulates the rate of chemical reactions in the body. They are not changed by the reaction. Enzymes work within specific environmental conditions

e.g., PH, temperature. There are many examples of enzyme reactions in the body e.g., digestive enzymes.

Pharmacokinetics

P4 Activity 1:

For oral administration explore what is understood by:

- Enteric coated tablet
- Slow-release tablet

Discuss why drugs are prescribed in this way.

Suggested content:

Enteric coated tablets have an acid resistant coating often made of waxes, polymers or fatty acids. It protects the drug against the acidic properties of the stomach but dissolves readily in the more alkaline conditions of the intestine. By preventing the drug from dissolving in the stomach it may protect the stomach from the irritants of the drug itself. For example, aspirin which causes stomach irritation.

Enteric coating may also be used to prevent acid activated medication being stimulated in the mouth or oesophagus.

For example omeprazole is a proton pump inhibitor that is activated in acidic conditions.

Slow-release tablets: these are designed to release a consistent amount of medication over a prolonged period of time so the individual can medicate less often.

They can help with compliance, reduce side effects and help sustain blood plasma levels, particularly for drugs with short half-life's.

If slow-release tablets are crushed or split there is a danger that they may release the dose all at once.

P5 Activity 2:

Think of examples of drugs which can be administered by subcutaneous injection. Consider the sites of the body commonly used and think about the advantages and disadvantages for each site.

Suggested content:

Examples of drugs administered vis subcutaneous injection are insulin and heparin.

Insulin is delivered by subcutaneous injection as it is almost completely destroyed by the gastro-intestinal system and heparin can cause haematomas if delivered intramuscularly.

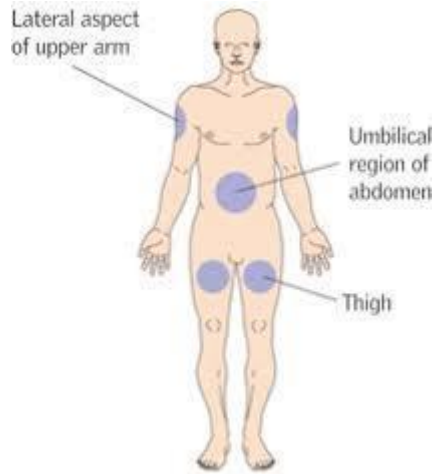
Drugs administered in the subcutaneous route are delivered into the fatty or subcutaneous tissue just below the skin.

There are fewer blood vessels in the fatty tissue (as compared to muscle) therefore the drug is released more slowly and is therefore longer lasting.

There are several sites for subcutaneous injections but the most common are the stomach, the upper outer aspect of the arm (top of the arm) and the upper anterior surface of the thigh.

The abdomen is often reported as being the less painful site, however it may be easier for an individual who is self-administering medication to inject into the upper thigh.

Heparin is most commonly delivered in the stomach. This area has more fatty tissue and less muscular activity so therefore decreases the risk of haematoma.



P6 Activity 3:

Activity 3:

Review the different drug administration routes. For each route:

- Make note of why drugs might be given that way
- Give some examples
- Consider the advantages and disadvantages.

Suggested content:

Examples of drugs administered via various routes are as follows:

Oral - Wide range of medications are taken orally such as antibacterial drugs, antiviral drugs, analgesics, corticosteroids etc.

Buccal-sublingual – rescue medications such as midazolam to stop seizures, anti-angina medication such as GTN medication that is needed to act quickly in a potential medical emergency

Intra-muscular route – vaccines, opioid analgesics such as pethidine,

Intravenous route – a wide variety of drugs are available in intravenous form; they are much smaller in dose than oral doses due to the 100% bio-availability.

Topical – local anaesthetic creams/gels eg lidocaine, emollients for eczema, topical steroid cream such as hydrocortisone

Inhalation – medications administered via inhalers/nebulisers for example, salbutamol, ipratropium bromide

Intra Osseous (a route that's not included on the table above) – used in emergency situations, often when venous access is difficult to access due to peripheral shut down in clinical shock. Medications and fluids can be administered via this route.

Intrathecal (a route not on the list above)- injection into the spinal canal, some chemotherapy drugs are administered this way such as methotrexate

Trans – dermal – these are medicines that are applied to the skin but have a systemic effect rather than a local effect for example, such as nicotine patches.

PART 1 - PRESCRIBING GOVERNANCE

Evidence Based Practice

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Activity 1:

Identifying information sources

Look for an opportunity during a practice placement to take time to access the sources of information below and try and identify what information is available to the nurses who prescribe.

As an undergraduate student nurse, your University may have subscribed you (free) to an OpenAthens account in order to get access to a wide range of resources.

Find out what you have available to you. You can also access via NICE journals and databases here.

Try and find time to explore the resources available via:

- Local staff intranet (to read policy and guidelines within your practice placement)
- University library resources

To help you with specific conditions, start with a basic search at the following links:

- NICE Evidence Search.
- Clinical Knowledge Summaries.

You may find it useful to start to develop a portfolio of resources that you are able to build on throughout your training ready for your entry onto the NMC nursing register.

This is something you can carry on and develop throughout your career ready for the time when you too are ready to start prescribing and would support NMC revalidation.

This may also serve as a useful aide that could potentially be used by your patients too. It would improve person centre care, patient education and empowerment along with supporting personal NMC revalidation.

When undertaking this activity, consider which sources:

- Give patients the best general information on conditions or treatment.
- Give a nurse or you (in a future role as a prescriber) more specific and reliable clinical information about best practice.

Whilst on placement try to develop your skills in talking to patients about their condition and treatment. Ask how their condition and treatment affects their daily life. Try to practice talking to staff about clinical information and obtain their feedback.

*Links: <https://www.nice.org.uk/About/What-we-do/Evidence-Services/journals-and-databases> <https://www.evidence.nhs.uk/> <https://cks.nice.org.uk/#?char=A>

Activity 2:

Reviewing the evidence

Using one of the sources that you identified in activity 1, choose a study that interests you or you feel is appropriate to your current (or past) practice placement area.

Use the questions above to review the article and decide if it provides evidence that you could apply to your practice or practice placement area.

SIGN – the Scottish Intercollegiate Guidelines Network – has a checklist of reviewing evidence.

<https://www.sign.ac.uk/what-we-do/methodology/checklists/>

Reflect if the article you have chosen meets the SIGN requirements.

PART 2

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PART 2 – PHARMACOLOGY

Pharmacodynamics

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Activity 2:

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Activity 3:

Review the different drug administration routes.

For each route:

- make notes on why drugs might be given that way
- give some examples
- consider the advantages and disadvantages.

The following table will help you get started.

Adverse Drug Reactions

Activity 1:

Adverse Drug Reactions

Think about clinical experience or personal experience and consider the following:

- Have you seen an individual present with adverse drug reaction?
- What were the signs and symptoms displayed or described by the person experiencing the drug reaction?
- What actions were taken by health professionals following the adverse drug reaction?
- What steps should be taken following drug reactions (consider assessment of the patient, current and future health of the patient and documentation)?

Student should consider any possible drug reactions they have seen in their clinical practice.

Symptoms could be mild and include rashes, vomiting, headaches (ranging in intensity), itchiness, nausea, diarrhoea, dizziness to more severe symptoms such as blistering of the skin, gastro-intestinal bleeding, difficulty breathing and anaphylaxis.

Actions taken by professionals could include ensuring that the patient safety in the first instance.

Consider positioning of the patient, possible administration of oxygen if required, suctioning equipment maybe required, monitoring of vital signs such as pulse, respiratory rate, blood pressure, temperature, monitor conscious levels if needed and GCS depending on nature of reaction.

Inform medical staff of drug reaction and work together to ensure the safety and well-being of the patient.

Manage any side effects and symptoms.

Following a drug reaction: it should be documented in their health records to prevent future administration.

Patient should be educated and informed of the concerns around future administration of the medication.

Yellow card scheme should be completed and the MHRA informed of the drug reaction as part of pharmacovigilance.

PART 2 – PRESCRIBING GOVERNANCE

The Importance of Reporting Errors

Activity 1:

Learning from the past

Medication errors happen for many reasons and it is important to be aware of past incidents.

Find out more about past incidents of medication error and make a list of their causes - use the links below to help you but please be encouraged to explore more for your own study:

- [Learning from patient safety incidents](#)
- [List of Error-Prone Abbreviations](#)
- [The Report of the Short Life Working Group on reducing medication-related harm](#)
- [Pharmaceutical Journal - Peppermint water case](#)

Activity 2:

Reporting Errors

Spend some time reading the following documents to learn more about good systems for error reporting:

- [Department of Health \(2000\) An Organisation with a Memory](#)
- [National Patient Safety Agency \(2010\) Reducing harm from omitted and delayed medicines in hospital](#)
- [Audit Commission \(2001\) A spoonful of sugar: medicines management in NHS hospitals](#)
- [Royal Pharmaceutical Society \(2016\) Professional standards for the reporting, learning, sharing, taking action and review of incidents](#)

Identify the systems for reporting medication errors within a chosen practice placement. Do they reflect the four features of effective reporting systems (as identified above)?

Prescription Pad and Data Security

Activity 1:

Consider the following scenario:

You are on placement in a GP Practice, your mentor, Staff Nurse Evans, is an experienced Practice Nurse. A patient's son, Mr J, makes an appointment to meet with Nurse Evans to discuss his 65 year old mother, Silvia, who is a retired architect. Silvia is an intelligent, independent and capable lady who Nurse Evans has been treating for hypertension.

When Mr J arrives, he tells you, that during recent regular family visits, he has noticed that Silvia is not caring for herself and does not seem to be eating. Over the past few weeks, she has flooded the bathroom, failed to keep social appointments and mislaid keys. You note his concerns in the patient's record. Mr J states that he is telling you this in confidence because is concerned about his mother's physical and mental state.

In addition, because of the delicacy of the information, he does not want his mother to know that he has passed on his observations to you.

1. How should Nurse Evans respond to Mr J?
2. Consider that shortly afterwards Silvia applies to access her health records. How should Nurse Evans respond to the patient?

Mr J should be advised to discuss his concerns with his mum, Silvia, to gain consent to ask for help on her behalf. If she refuses and there are still concerns, then the local safeguarding pathway should be followed. Access to a patient's own notes should be followed along with local policies.

Legal and Professional Frameworks for Medicines Management and Non-Medical Prescribing (Year 2)

Medicines Legislation

Activity 1:

Access the The Human Medicines (amendment) Regulations 2019 guidance on 'Widening the availability of Naloxone'
Why do you think the Human Medicines Regulations amendments have allowed the expansion of prescribing and administering naloxone beyond the normal legislative routes for certain services and/or service users?
Now access the naloxone policies within your local Trusts (community and hospital) and find out the mechanisms for prescribing and administering of Naloxone. Can you elicit the differences in the prescribing and administration guidance of naloxone within your own Trust compared to those services mentioned within the amendments?

Prescribing Professionally

Patient Confidentiality

Activity 1:

Confidentiality

Take some time to review the information in the following documents before going further:

- Department of Health (2003) NHS Confidentiality: Code of Practice. Available online.
- Department of Health (2010) Confidentiality: NHS Code of Practice Supplementary Guidance: Public Interest Disclosures. Available online.
- The Human Rights Act 1998.

*Links: <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice-supplementary-guidance-public-interest-disclosures>
<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Activity 2:

Disclosure

Familiarise yourself with the disclosure information in the Confidentiality: NHS Code of Practice document together with the Disclosure Models in Annex B.

Now identify policies and procedures within your placement area/organisation for the sharing of, and response to requests for, information. Ensure that you are familiar with these, and note any points which you need to consider as you develop your practice

* Link: <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

Prompt:

Confidentiality is linked with sharing and storing information.

Why is confidentiality important?

Legal and professional duty, develop trust and promote professionalism.

When can confidentiality be breached?

Safeguarding concerns for self or others- terrorism threat ie prevent-

Policy linked in practice likely to include; information sharing policy, whistleblowing policy, record keeping policy, freedom of information request policy and requesting medical records/ notes policy

Further to this activity, ask at your placement, of examples of disclosure of information.

Professional Ethics

Activity 1:

Informed Consent

Watch the following video and consider whether or not informed consent has been gained.

Activity 2:

Applying ethics to prescribing practice

Consider the dilemma below to help you reflect on potential ethical problems.

1. As a directorate manager in control of the drugs budget you have £X to spend on cancer treatment this year. You have the option of two treatments at different rates of effectiveness and at two different prices. Give reasoned arguments for your choice.
2. Imagine one of the patients was a member of your family and state what your decision would be in that eventuality and why.

Activity 3:

Considering ethical dilemmas

Consider the following two questions:

1. Consider yourself in the future working in the role of community nurse prescriber, e.g. a Health visitor. A family who you know struggles with service engagement, have an outbreak of head lice amongst the children. Consider the dilemma of writing a prescription or asking the parent to purchase their medication over the counter. What considerations would influence your decision?
2. What professional advice would you give to a colleague who was considering prescribing holiday vaccinations for themselves and their family?

PART 2 – PUBLIC HEALTH

Your Public Health Role

Activity 1:
Determinants of Health

- 1) The World Health Organisation (2020) emphasise the impact that certain factors have on 'determining health'. Use this link to explore the determinants of health.
- 2) Now consider the various health determinants which may affect the individuals you may meet as a student nurse in the course of your practice.

* Link: <https://www.who.int/teams/environment-climate-change-and-health/air-quality-and-health/hia-tools-and-methods/using-evidence-within-hia>

Activity 2:
The Public Health Framework

Access the 2019-2022 framework. Look at each domain and:

Identify which indicators relate to your area of practice
Identify ways in which a non-medical prescriber could impact upon these

*Link: <https://www.gov.uk/government/consultations/public-health-outcomes-framework-proposed-changes-2019-to-2020>

Activity 3:
Public Health Target Areas

Which of the target areas that you have identified could be addressed within your nursing practice?
Which strategies within nursing practice could enable student and registered nurses to influence local and national targets with specific regard to the non-medical prescribing role?

Activity 4:
Watch the video following this text.

Bobby has attended for a health check with his dad. After examining the patient, the registered nurse will need to negotiate a contract with the patient to ensure concordance with any treatment that she proposes. With this in mind, she is aware that there are wider family and lifestyle issues that need to be addressed to help the patient back to good health and well-being.

As a health professional, this nurse is well positioned to identify and develop initiatives that can have a major impact on public health issues and tackle some of the causes of avoidable illness, such as poor diet and lack of exercise.

The patient has a history of constipation and the nurse has arranged to review his diet.

Setting a review date with the patient is important as this enables the patient's condition to be evaluated and progressed. Information leaflets and referral support agencies may also improve patient concordance with the treatment. However, when giving patients information to promote better health, it is important to consider any special requirements they may have in understanding the material.

Activity 5:
Reflection on Addressing Public Health Issues

Think about the following potential public health issues and consider if or how you would address them with your mentor:

A mother attends clinic with her son who is asthmatic. The mother smells strongly of cigarettes.

A diabetic patient attends for his review. His son is on holiday from school, so he has brought him along. You notice that the patient's son, who is eating a bag of crisps, appears very overweight.

Your patient makes a few comments, in a joking manner, that her husband keeps forgetting things.

Activity 6:
MECC

Have a look at the resources available at the MECC website and consider how the Non-Medical Prescriber can incorporate MECC into their practice. The MECC pocket handbook is a useful resource.

*Link: <https://www.makeeverycontactcount.co.uk/>

Smoking Cessation

Activity 1:

Resources for Smoking Cessation

Access smokefree.gov and NHS stop-smoking services to identify the range of resources available to you in supporting patients to stop smoking.

Prompt:

Students can explore and discuss:

- 10 health benefits/10 myths
- Stopping smoking in pregnancy
- Immediate steps someone can take to quit smoking

Activity 2:

Supporting Smoking Cessation

Watch the video following this text featuring a patient suffering from both schizophrenia and respiratory problems.

Because of Gerry's current situation, the non-medical prescriber judges that it may not be appropriate to address any health education issues at this point. However, he is aware that he does need to discuss them with his patient at a future date. Consider the questions below, in relation to the patient with schizophrenia and a chest infection.

1. What are the key health education issues for this patient (when well) and what strategies would you use to motivate him and support a lifestyle change?
2. What effects do you think that smoking has on this patient and what benefits would he gain from stopping smoking?
3. What information would the non-medical prescriber need to acquire from a consultation with him in order to prescribe?
4. What supporting advice would you give the patient?

You may find the following documents and websites useful for this exercise:

- Healthy Lives, Healthy People:
- A Tobacco Control Plan for England
- Beyond Smoking Kills
- ASH
- NICE

*Links: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf
<http://www.ash.org.uk/beyondsmokingkills> <http://www.ash.org.uk/> <https://www.nice.org.uk/>