A friend calls and asks you to prescribe a medication for her. You have this autonomy, but you don’t have your friend’s medical history. You write the prescription anyway.

**Post** an explanation of the ethical and legal implications of the scenario you selected on all stakeholders involved such as the prescriber, pharmacist, patient, and the patient’s family. Describe two strategies that you, as an advanced practice nurse, would use to guide your decision making in this scenario.

( Hi Hellen See below the paper I want you to paraphrase for me. Above is the question and the instruction)

Prescribing medications is one of the main responsibilities of a nurse practitioner. When prescribing drugs during a treatment plan the prescribing practitioner considers many issues in order to achieve the goal of safe, appropriate and effective therapy (Arcangelo and Peterson, 2013). Equally as important as effective prescriptive treatment the nurse practitioner must also consider legal, moral and ethical responsibilities involved.

            In the second scenario a friend calls the nurse practitioner to ask the nurse practitioner to prescribe a medication to her. The nurse practitioner writes the prescription anyway without knowledge of the friend’s medical history. In this case the nurse practitioner has committed moral and legal mistakes that can adversely affect the friends wellbeing. Whenever prescribing medication therapy, the practitioner is responsible to gather data by taking a thorough history and performing a physical examination (Arcangelo and Peterson, 2013). The complex multistep process of medication administration encompasses prescribing, transcribing, dispensing, and administering drugs and monitoring patient response where every step has the potential for an error to occur (Anderson and Townsend, 2010). Without that knowledge the nurse practitioner does not know if the medication is will help with the friend’s condition, interact with the friend’s current medication or have an adverse effect.

 Administration errors account for 26% to 32% of total medication errors (Anderson and Townsend, 2010). The moral dilemma of the nurse practitioner is whether to prescribe the medication for the friend even though the nurse practitioner knows it is wrong. According to the American Nurses Association (ANA) code of ethics (2015) nurses may experience conflict arising from competing loyalties in the workplace, including conflicting expectations from patients, families, physicians, colleagues. Nurses address such conflicts in ways that ensure patient safety and that promote the patients best interest while preserving professional integrity of the nurse. Once the nurse practitioner loses professional integrity, his/her colleagues, supervising physician and patients will question his/her every judgement. The legal implications of this nurse practitioner’s act can lead the nurse practitioner to be reprimanded by the state board of nursing, license suspension or revoked which can end the nurse practitioner’s profession.

            A strategy that I would use as a nurse practitioner is to use rational prescribing. Rational prescribing requires that patients are prescribed medication that is appropriate for their needs, in appropriate doses that meet their individual needs in adequate time and at the lowest cost available (Crigger and Holcomb, 2008). If rational prescribing was used in the second scenario the nurse practitioner would not have prescribed the medication without knowing the needs of the friend. Another strategy is to follow the guidance of the ANA code of ethics. The ANA code of ethics provides guidance during times of ethical dilemma. Even though the ANA code of ethics does not provide instructions on what to do in this situation it provides an ethical guide for nurse to resolve the situation.

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