Running Head: Safe P	Prescribing
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Name:
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1

Due Date:

Safe Prescribing 2

In the medical field, medication errors are continually present in secondary as well as primary care. Safe prescribing is described as the procedure through which appropriate medicines are recommended with regards to the specific patient's condition and lessens the risk of undue harm from it (Avery, Rodgers, Franklin, Elliott, Howard, Slight, & Sheikh, 2014). With regards to the case of Lori who is an FNP-BC, they have already identified a mentor who will act as a fresh applicant. In Maryland, it is a requirement that one names a mentor who is a Licensed Maryland Physician (Thurman, 2015). Lori will need to work with the mentor for around eighteen months where this period will start with the initial day that the nurse practitioner submits the application the Board of Nursing. With regards to prescriptive authority, Maryland allows nurse practitioners to work with a physician through a collaborative agreement although the law still permits nurse practitioners to work independently.

In Maryland, there is a program named Prescription Drug Monitoring Program (PDMP) which was established to oversee safe prescribing practices. The PDMP program was designed to support healthcare givers as well as their patients with regards to the safe and efficient utilization of prescription drugs (Perrone, & Nelson, 2012). The PDMP gathers and safely stores information on drugs that have controlled substances plus are prescribed to patients in Maryland. Those dispensing drugs comprising pharmacies as well as healthcare practitioners have an obligation to electronically report information that is stored in the PDMP database. In his position at the Primary Care Clinic, Lori will have access to prescription data where the only information accessed is for the patients that they are taking care of. Through this prescriptive information, Lori will be able to improve their capability to manage the benefits as well as the risks of controlled substance medications and classify possibly harmful drug interactions.

Safe Prescribing 3

Additionally, looking at the role that the mentor has on assisting Lori to upgrade her skills the specific setting will truly be helpful in her future practice.

Safe Prescribing 4

## References

- Avery, A. J., Rodgers, S., Franklin, B. D., Elliott, R. A., Howard, R., Slight, S. P., ... & Sheikh, A. (2014). Research into practice: safe prescribing. *Br J Gen Pract*, *64*(622), 259-261.
- Perrone, J., & Nelson, L. S. (2012). Medication reconciliation for controlled substances—an "ideal" prescription-drug monitoring program. *New England Journal of Medicine*, 366(25), 2341-2343.
- Platman, S., Allen, T. E., Bailey, S., Kwak, C., & Johnson, S. (2013). Physician health programs: the Maryland experience. *Journal of addiction medicine*, 7(6), 435-438.
- Thurman, P. (2015). Clinical Nurse Specialist Regulation The Maryland Experience. *AACN* advanced critical care, 26(1), 58-76.