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1. Nurse led care- definitions

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Dear Editor,

In recent weeks there has been a range of divided opinions in relation to nurse led initiatives [1, 2]. But, such roles prefixed with "nurse led" [3-6] or involving specialist nurse-led home based interventions have become established in certain areas of clinical practice. These have been about improving service delivery and patient experience.

It is perhaps useful to define the terms 'Nurse-led,' which is principally about task or role substitution, in which well defined protocols drive the delivery of high quality patient care. For example, we have nurse-led extubation and nurse-led weaning practices, which are about the substitution of former medical tasks to nurses. Nurse-led cardioversion and thrombolysis may be regarded as an intermediate level of medical substitution. The work of nurses is still driven by protocols but the concept of "nurse led" is not exclusive of medical staff being present or participating as appropriate. In this model, a nurse is responsible for the overall co-ordination, management and continuity of care for a specific episode of treatment or intervention. By contrast, in 'nurse- initiated' roles, the nurse will perform clinical assessments, review other data and is authorised to prescribe thrombolytic therapy according to defined protocols or standing order without referring to medical staff. It may be viewed as higher level of substitution but, the role still operates within medical parameters and guidelines.

History teaches us a lot. There was a time when junior doctors were required to remain in a coronary care unit and observe cardiac monitors in case a patient suffered from lethal arrhythmias. In due course they were removed because this was ineffective use of their skills and presumably once you saw a few patients in ventricular fibrillation you knew what to look for. Being involved in regular weekly sessions of elective cardioversions may amount to the same feeling for junior doctors.


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