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Feedback from: European Federation of Nurses Associations - EFN

Feedback reference

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Submitted by

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User type

Non-governmental organisation (NGO)

Organisation

European Federation of Nurses Associations - EFN

Organisation size

Micro (1 to 9 employees)

Transparency register number87872442953-08 (<http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=87872442953-08&locale=en>)**Country of origin**

Belgium

Initiative[Antimicrobial resistance – recommendation for greater action \(/info/law/better-regulation/have-your-say/initiatives/13322-Antimicrobial-resistance-recommendation-for-greater-action_en\)](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13322-Antimicrobial-resistance-recommendation-for-greater-action_en)

As nurses have closer and more frequent contact with patients and carers and undertake the role of care coordinator, they are ideally placed to lead antimicrobial resistance reduction and antimicrobial stewardship (AS) programmes. Nurses' impact on AMR is immediately visible in their role as link nurses and advanced practice nurses (APN), that let them acquire a better overview of all the treatments of the patient, which is of special importance in elderly care, when patients are often prescribed too many different medications. As nurses are getting more active in medication prescribing, they can influence clinical decision making related to medication compliance, monitoring prescription decisions, reducing prescribing errors and most importantly taking up medication reconciliation actions.

Antimicrobial prescribing and management choices involve a multidimensional decision-making process based on a fundamental understanding of the key principles of microbiology and the ramifications of inappropriate antibiotic use. Nurse involvement in antibiotic ward rounds could strengthen of teamwork of nurses, physicians and pharmacists, and foster dialogue on the antimicrobial treatment, indication, and duration, thus further enhancing the multidisciplinary management of antimicrobial stewardship programmes to reinforce best practice.

For nurses to truly impact on AMR and HCAs through increasing their profile in antimicrobial stewardship, barriers and facilitators to adopting this enhanced role must be contextualised in the implementation of any initiative. The importance of recognising the role nurses play in combatting antibiotic resistance through traditional roles as well as advancing roles such as nurse prescribing is crucial, together with acknowledging the importance of a team approach to address antimicrobial resistance and promoting the prudent use of antibiotics. Link Nurses and Infection Prevention and Control (IPC) Nurses are a key nursing workforce combatting AMR. However, as new and more complex cases of AMR occur, there will be greater demand for IPC nurses to tackle and control these new bacteria, and to stop the spread of infection. Similarly with AMR, the more complex the HCAI, the more IPC nurse time could be needed to monitor and prevent the acquisition and spread of infection throughout the organisation and to other settings. Factors that could influence demand for IPC nurses especially relate to the services provision incorporated in AMR Strategies developed by EU Member States, resulting in a greater need for IPC nurses to implement the agreed actions. Most strategies build on the proactive approach of IPC teams to slow the development and spread of AMR. This includes moves to: improve knowledge and understanding of AMR; conserve and steward the effectiveness of existing treatments; and stimulate the development of new antibiotics, diagnostics and novel therapies.

The main objective of the nurse Prescribing is to improve patient and drug safety and to make prescribing and dispensing of medicines easier and more efficient, slowing down the rise in demand for physicians. EFN developed EU guidelines on eHealth Services in nursing and social care with specific attention to e-prescribing. A wide range of evidence is available on the content, planning and delivery of nurse prescribing education, which must be considered by the EU and Member States when combatting AMR. EFN members show clear evidence for the benefits that nurse prescribing can bring for patients, nurses, the wider health service and other health care professionals. The benefits attributed to patients include timely treatment, reduced waiting times and continuity of care with patients generally being in favour of nurse prescribing. There is also evidence for nurse prescribing leading to improved nurse-patient relationships, longer consultations, improved quality of care and increased patient choice.

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