RN PRESCRIBING AND ORDERING DIAGNOSTIC TESTS: REQUIREMENTS AND STANDARDS

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RN PRESCRIBING AND ORDERING DIAGNOSTIC TESTS: REQUIREMENTS AND STANDARDS

The Registered Nurses Profession Regulation (20##) authorizes registered nurses (RNs) to prescribe Schedule 1 drugs. RN prescribing authority supports access to care, system efficiency, and cost effectiveness. It optimizes the scope of practice of RNs and provides new opportunities for the development of innovative practice models in a variety of practice settings.

The purpose of this document is to identify:

- College and Association of Registered Nurses of Alberta (C ARNA) requirements for authorization of an RN to prescribe and order diagnostic tests, and
- Standards of practice for an RN authorized to prescribe and order diagnostic tests

Throughout this document the phrase “an RN authorized to prescribe” means an RN has met CARNA requirements and is authorized by CARNA to:

1. prescribe Schedule 1 drugs except for controlled drugs and substances, and
2. order diagnostic tests

The RN only prescribes in a specific clinical practice area as authorized by CARNA. The focus of the clinical practice may be related to the type of care (e.g. wound care), practice setting (e.g. emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g. sexually transmitted infection (STI), sexual assault), or medical diagnostic grouping (e.g. diabetes or other chronic disease management).

The document RN Competencies for Prescribing and Ordering Diagnostic Tests (CARNA, 20##) describe the competencies needed for RN prescribing and the ordering of diagnostic tests. These two documents are companion documents and must be used together.

**INTENT OF RN PRESCRIBING**

RN prescribing is intended to safely address client medication needs within a specific clinical practice area where:

- RNs have the necessary knowledge, skill, and support to make safe and appropriate prescribing decisions
- client health care needs are stable, and
- prescribing decisions are limited and clearly identified in a clinical support tool
RNs are authorized to independently prescribe Schedule 1 drugs appropriate to a specific clinical practice area. Other health care providers such as nurse practitioners or physicians should make prescribing decisions for clients with complex health care needs and co-morbidities.

**ORDERING DIAGNOSTIC TESTS**

Safe and appropriate prescribing decisions are supported by diagnostic test results. These two types of authorizations go hand in hand. Indications when diagnostic tests might be ordered include:

- ensuring the medication and dose ordered are congruent with expected therapeutic responses
- monitoring the response of the client to the medication therapy to ensure optimal outcomes
- monitoring for adverse effects to ensure client safety, and
- for screening purposes

An RN authorized to prescribe will have a PRAC-ID so they are able to order appropriate, relevant blood, fecal and urine diagnostic tests. RNs are authorized to order x-rays but are not authorized to order any form of ionizing radiation in nuclear medicine, radiation therapy, non-ionizing radiation in lithotripsy, or magnetic resonance imaging.
PART A - REQUIREMENTS

In order for an RN to be authorized and maintain authorization to prescribe Schedule 1 drugs and order diagnostic tests, the following requirements must be met:

1. Application to the Registrar
   a. An RN in good standing on the registered nurse register must apply to the Registrar for authority to prescribe Schedule 1 drugs and order diagnostic tests in a specific clinical practice area and geographical location. Regulated members on the provisional or courtesy register and certified graduate nurses are not eligible to apply for authority to prescribe Schedule 1 drugs.
   b. An RN authorized to prescribe must re-apply to the Registrar for approval of prescribing authority if they are moving to a new clinical practice area. They must meet any additional education or other requirements deemed necessary by the Registrar.
   c. An RN authorized to prescribe must notify and/or re-apply to the Registrar if the site/geographical location where the RN practices changes.
   d. An RN authorized to prescribe must maintain eligibility for prescriptive authority through current, continued, regular employment within the clinical practice area.

2. Education
   a. An RN applicant for authority to prescribe must meet the CARNA education requirements approved by Provincial Council.
   b. An RN authorized to prescribe must meet CARNA continuing competence requirements for RN prescribing.

3. Clinical Practice
   a. An RN applicant for authority to prescribe must provide evidence satisfactory to the Registrar of:
      i. minimum 3,000 hours of RN clinical practice
      ii. of those 3,000 hours, 750 hours must be in the clinical practice area where the applicant is requesting prescribing authority

   The clinical practice requirement must be met before a regulated member applies to the CARNA Registrar for prescribing authority.

4. Practice Setting Support
   a. An RN applicant for authority to prescribe must submit a positive employer reference satisfactory to the Registrar. The reference must come from a person who has observed the applicant’s practice and has managerial or administrative/supervisory responsibility for the practice area where the RN prescribing will take place.
b. An RN applicant for authority to prescribe must provide evidence of:
   i. employer policy that permits RN prescribing
   ii. clinical support tools developed by the interprofessional team for the specific practice setting, and
   iii. a collaborative practice relationship with either an NP or a physician as appropriate to the setting

A number of different evidence informed clinical support tools may be used to guide prescribing decision-making such as protocols, algorithms, and clinical practice guidelines. The clinical support tools used must guide prescribing decisions and identify parameters around which prescribing and the ordering of diagnostic tests will occur. The conditions and symptoms to be treated should be outlined, limitations for prescribing identified, and criteria for referral to a NP or physician included. The tool should be regularly reviewed and revised based on current best practice by the interprofessional team.

For further information on the application process to be an RN authorized to prescribe, please contact the registration department at registration@nurses.ab.ca.
PART B - STANDARDS

These standards identify the expectations for RN members of CARNA who are authorized to prescribe Schedule 1 drugs. The indicators illustrate how the standards must be met and all indicators must be met in order to achieve the standard. The indicators are not written in order of importance.

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

An RN authorized to prescribe is responsible and accountable for the prescribing of medication in their specific clinical practice area.

CRITERIA

An RN authorized to prescribe must:

1.1 complete prescriptions that are legible and include the following elements:
   a. name and address of the client
   b. medication name
   c. medication strength, if applicable
   d. dosage form, if applicable
   e. route of administration
   f. quantity of medication to be dispensed
   g. directions for use
   h. number of refills authorized and interval between each refill, if applicable
   i. prescriber’s name and phone number
   j. prescriber’s signature, either written or in a secure electronic format
   k. date of the prescription and
   l. indication for use/therapeutic goal

1.2 select the medication therapy based on best practice and the evidence informed clinical support tool

1.3 ensure all prescription records are kept secure

1.4 be accountable for prescribing decisions and determine when the clinical support tool is appropriate to be used for a client and when prescribing decisions should be made by other health care providers
1.5 indicate to clients when and if they will contact the client about the results of the diagnostic test

1.6 be accountable for follow-up of diagnostic test results with the following in place:
   a. a plan if the RN prescriber is not able to personally attend to the follow-up of diagnostic tests
   b. process to ensure appropriate follow-up of critical results for ordered diagnostic tests
   c. after hours emergency contact, and
   d. follow-up to determine the status of a diagnostic test when diagnostic tests are not received within a reasonable period of time

1.7 participate in required and relevant provincial and/or national reporting programs, such as but not limited to, the Canadian Adverse Drug Reaction Reporting Program

1.8 facilitate periodic assessment of clients with chronic conditions by the physician or nurse practitioner

1.9 not prescribe medications for study protocols

**STANDARD 2: KNOWLEDGE BASED PRACTICE**

An RN authorized to prescribe must be competent to prescribe Schedule 1 drugs and order diagnostic tests.

**CRITERIA**

An RN authorized to prescribe must:

2.1 continually acquire and apply knowledge and skill in prescribing Schedule 1 drugs and ordering diagnostic tests

2.2 personally conduct a comprehensive assessment of the client as outlined in the clinical support tool

2.3 be competent in the assessment and treatment of the condition and symptoms relevant to the specific clinical practice area

2.4 develop an appropriate care plan for the client that includes medications prescribed, ordering of diagnostic tests, medication reconciliation and monitoring

2.5 select the medication therapy based on knowledge of pharmacotherapeutics and consideration of factors including, but not limited to:
   a. client health-care objectives
b. client-specific factors such as age, gender, culture, existing medical conditions, dietary restrictions, concurrent medications, medication allergies, or sensitivities

c. expected action/therapeutic outcomes of the prescribed medication

d. recommended dosage and dosage adjustment for specific clients or client populations

e. common adverse effects

f. contraindications (relative and absolute)

g. generic and trade names

h. medication interactions (e.g., prescription, over-the-counter, complementary therapy)

i. dosage forms available

j. cost effectiveness, and

k. supplements and alternative/complementary therapies the client may be using

2.6 monitor and evaluate the client response to the prescribed medication

2.7 prescribe continuing therapeutic management (i.e. refills) only if the following are in place:

a. the continuing therapeutic management is included in the clinical support tool and/or agency policy

b. there is a collaborative relationship with an NP or physician and there is regular assessment by the NP or physician

c. the health care needs of the client are stable, and

d. there is an established diagnosis and treatment plan

2.8 clearly document the prescribing decision including:

a. type and amount of the medication prescribed

b. indication for the prescribing decision

c. goal of the prescribed therapy

d. date the medication was prescribed

e. instructions given to the client, and

f. any follow up required

2.9 be competent in the ordering of diagnostic tests and interpretation of diagnostic test data for their specific clinical area of practice

2.10 use professional judgment to appropriately assess, interpret, and apply diagnostic data

2.11 refer the client to an NP, physician or pharmacist as appropriate for further prescribing decisions when a medication has not had the intended effect, unless the tool being used to guide prescribing decisions anticipates and addresses this issue
2.12 take appropriate action if the result of a diagnostic test they have ordered is outside the expected or normal range. Appropriate action when a diagnostic test result is outside the expected or normal range may include but is not limited to:

a. assessing for changes in the client condition or factors that may affect the result
b. discussing the results with the client and/or other members of the client’s health care team
c. developing and implementing a plan for ongoing monitoring
d. consulting with other members of the health care team regarding unexpected or unusual results
e. repeating the diagnostic test if there is an indication that a repeat test will yield a different result
f. discontinuing the medication, and
g. altering the dose provided this guidance is provided in the clinical support tool

2.13 document the following when making decisions based on diagnostic test results:

a. the decision and the rationale for the decision in the record of care
b. reference to the diagnostic data, and the decision in any communications with other members of the client’s health care team, and
c. any consultation with other providers related to the decision

2.14 explain the interpretation of the data, the decision, and the rationale for the decision to the client as appropriate

**STANDARD 3 ETHICAL PRACTICE**

An RN authorized to prescribe must comply with the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2008) in prescribing decisions and the ordering of diagnostic tests.

**CRITERIA**

An RN authorized to prescribe must:

3.1 prescribe in the best interest of the client and not be influenced by factors such as financial support by pharmaceutical companies or other health care interests

3.2 respect the client’s right to confidentiality by ensuring they collect, use, and disclose prescribing and diagnostic data only when it is pertinent to the care they are providing
3.3 ensure that the collection, use and disclosure of client health information is done in accordance with applicable privacy legislation, regulations, and standards governing RN practice

3.4 only prescribe medications or order tests for those with whom they have a therapeutic relationship

3.5 only prescribe and order diagnostic tests for family members if:
   a. there is no other prescriber available
   b. it is an emergency, and
   c. the prescribing decision is within the clinical practice area for which CARNA has authorized the RN to prescribe

**STANDARD 4 SERVICE TO THE PUBLIC**

An RN authorized to prescribe and order diagnostic tests ensures that decisions are in the best interests of the public.

**CRITERIA**

An RN authorized to prescribe must:

4.1 communicate the prescribing decision to other members of the health care team whose care of the client might be impacted. The communication must include:
   a. type and amount of the medication prescribed
   b. rationale for the prescribing decision
   c. date the medication was prescribed
   d. monitoring that has been initiated, and
   e. any instructions given to the client

4.2 support clients to make informed decisions and follow recommended therapeutic regimes by discussing with the client or client’s agent such factors as:
   a. rationale for the selection of a particular medication (e.g., client medication profile, efficacy, safety, acceptability, etc.)
   b. implications of using medication therapy
   c. expected risks and outcomes (e.g., knowledge related to client compliance)
   d. administration instructions such as with/without food, with other medications and substances
   e. risks and benefits of medication therapy
f. medication coverage and cost of therapy, and
g. evaluation of the effectiveness of recommended therapeutic regimes (e.g., clients demonstrate knowledge of when and how to take the medication and what to report regarding possible side-effects)

**STANDARD 5 SELF-REGULATION**

An RN authorized to prescribe and order diagnostic tests must meet the requirements established by CARNA related to self-regulation of their practice that includes prescribing authority.

**CRITERIA**

An RN authorized to prescribe must:

5.1 meet the specific continuing competence requirements set by the Continuing Competence Committee

5.2 only order diagnostic tests for those clients where they:
- a. have personally performed a comprehensive health assessment
- b. are appropriate for the client condition, and
- c. are identified in the clinical support tool for their client population
EXCEPTIONS TO THE REQUIREMENTS

In the following circumstances and in accordance with the standards, RNs can prescribe Schedule 1 drugs (with the exception of narcotics and controlled substances) without applying to the Registrar for authorization or meeting the education, clinical practice, or practice setting support requirements:

1. Epinephrine can be prescribed and administered for anaphylaxis by all RNs. In circumstances where the RN prescribes and administers epinephrine:
   a. there must be a clinical support tool to guide decision-making, and
   b. the nurse prescribing and administering epinephrine must have the education, knowledge, assessment, and critical judgment skills to intervene in practice situations where epinephrine is required

2. Lidocaine jelly can be prescribed and administered by all RNs. In circumstances where the RN prescribes and administers lidocaine jelly there must be:
   a. a clinical support tool or procedure specific to the setting that includes the administration of lidocaine jelly as a part of an intervention or procedure
   b. policy in the setting that supports RNs in the prescribing and administration of lidocaine jelly as part of an intervention or procedure
**CONTROLLED DRUGS AND SUBSTANCES ACT – EXEMPTION 56**

RNs provide primary health care services in remote and/or isolated communities. Under the *Controlled Drugs and Substances Act* (CDSA) (1996), which is federal legislation, RNs can only conduct activities with controlled drugs and substances when they are working in a hospital setting and pursuant to an order from an authorized prescriber. As some health facilities in remote or isolated communities do not meet the definition of a hospital, RNs working in these facilities require further authorization under CDSA. This is provided for with Exemption 56 under the CDSA.

Exemption 56 under the CDSA provides registered nurses with the authority to possess, provide, administer, transport, send, and deliver controlled substances in the course of providing primary health care services to clients in health facilities located in a remote or isolated community subject to the terms and conditions of the exemption. In order to exercise this authority RNs must:

- be employed in a remote or isolated community that meets the definitions in accordance with the CDSA
- meet the definitions, terms and conditions of the exemption – see appendix A
- have employer policy that is specific to and supports the enactment of this exemption, and
- have additional education and competencies to enact the exemption

**CONCLUSION**

Application of the standards contained in this document ensures that the expanded scope of RN practice is approached with due attention to client safety and professional accountability.
GLOSSARY OF TERMS

ACCOUNTABILITY: The obligation to answer for the professional, ethical and legal responsibilities of one’s activities and duties (Ellis & Hartley, 2009).

CLIENT: The individual, family, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. In some clinical settings, the client may be referred to as a patient or resident (College of Registered Nurses of British Columbia, 2012; Registered Nurses Act. S.N.S. 2006, c. 21, s. 2(c)).

CLINICAL PRACTICE AREA: The clinical area where an RN authorized to prescribe practices. The focus of the clinical practice may be related to the type of care (e.g. wound care), practice setting (e.g. emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g. sexually transmitted infection (STI), sexual assault) or medical diagnostic grouping (e.g. diabetes or other chronic disease management).

CLINICAL SUPPORT TOOL: a tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic tests. The tool may be a protocol, algorithm or clinical practice guideline.

COLLABORATE: client care involving joint communication and decision-making processes among the client, the nurse and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (Carna, 2011).

CONSULTATION: Conferring with, seeking information, advice or direction from.

SCHEDULE 1 DRUG: Drugs that require a prescription from an authorized prescriber. The medication 1 drug scheduling categories are outlined by the Alberta Pharmacy and Drug Act (2000). They are aligned with the national drug scheduling model developed by the National Association of Pharmacy Regulatory Authorities (NAPRA).

STANDARD: An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance (Carna, 2011).
REFERENCES


*Controlled Drug and Substances Act, S.C. (1996), c. 19*


*Narcotic Control Regulations, C.R.C., c. 1041.*


*Registered Nurses Act. S.N.S. 2006, c. 21, s. 2(c).*

*Registered Nurses Profession Regulation, Alta. Reg. 232/20#.*
APPENDIX A: SECTION 56 CLASS EXEMPTION FOR REGISTERED NURSES DELIVERING PRIMARY HEALTH CARE AT A HEALTH FACILITY IN A REMOTE AND/OR ISOLATED COMMUNITY

Pursuant to section 56 of the Controlled Drugs and Substances Act (CDSA), registered nurses delivering primary health care at a health facility in a remote and/or isolated community are exempted for medical purposes from the application of the following provisions of the CDSA and its regulations:

Subsection 4(1) of the CDSA with respect to any substance listed in Schedule I, II, or III of the CDSA;

- Subsections 5(1) and 5(2) of the CDSA with respect to any substance listed in Schedule I, II, III, or IV of the CDSA;
- Subsection 8(1) and section 69 of the Narcotic Control Regulations (NCR) with respect to any narcotic listed in the schedule to the NCR;
- Subsection 2(1) of the Benzodiazepines and Other Targeted Substances Regulations (BOTSR) with respect to any targeted substance listed in the schedules to the BOTSR; and
- Section G.02.001 and G.06.002 of Part G of the Food and Drug Regulations (Part GFDR) with respect to any controlled drug listed in the schedule to Part G-FDR.

Definitions
In respect of this exemption and unless otherwise defined below, the terms used in this exemption have the same meaning as those provided in the CDSA and its regulations.

Client-specific medication means a medication package containing a substance listed in Schedule I, II, III, or IV of the CDSA, dispensed by a pharmacist pursuant to a prescription, for a specific client.

Controlled substance means any substance listed in Schedule I, II, III, or IV of the CDSA.

Destroy means to alter or denature a controlled substance to such an extent that its consumption is rendered impossible or improbable.

Health care service provider means the government of Canada, provincial or territorial government or First Nation band council or First Nation health authority who delivers health care services and employs registered nurses to provide health care services at a health facility in a remote and/or isolated community.

Health facility means a facility where primary health care services are delivered and managed in remote and/or isolated communities.

Hospital means a facility that is licensed, approved or designated by a province or territory under the laws of a province or territory to provide health care or treatment to persons, or is owned or operated by the government of Canada or of a province or territory and that provides health services.
Inspector means a person who is designated as an inspector under section 30 of the Controlled Drugs and Substances Act.

Minister means the federal Minister of Health.

Practitioner means a person who is registered and entitled under the laws of a province/territory to practise in that province/territory the profession of medicine or dentistry and includes any class of persons designated as a practitioner under the New Classes of Practitioners Regulations.

Registered nurse means a person who is licensed by a regulatory body for the practice of nursing in a province/territory, and who is employed or contracted by a health care service provider to deliver primary health care services while working at a health facility located in a remote and/or isolated community.

Remote and/or isolated community means any community with relatively limited transportation links (due to distance or weather) to a hospital and where a practitioner is generally not present for the delivery of primary health care services.

Supplier means either a licensed dealer who is authorized under the Controlled Drugs and Substances Act and its regulations to sell/provide controlled substances or a hospital that meets the conditions of the Section 56 Class Exemption for the Person in Charge of a Hospital who Supplies Controlled Substances to a Health Facility in a Remote and/or Isolated Community.

Unserviceable means expired, contaminated, damaged, or otherwise unusable.

This exemption provides registered nurses with the authority to possess, provide, administer, transport, send and deliver controlled substances in the course of providing primary health care services to patients in health facilities located in a remote and/or isolated community, subject to the terms and conditions of this exemption.

This exemption is only applicable if the following conditions are met. Registered nurses must;

1. Provide and administer controlled substances, subject to the following conditions:
   a) the person is a patient under the professional treatment of a registered nurse;
   b) the controlled substance is required for the condition for which the person is receiving treatment;
   c) the registered nurse obtains an order/prescription signed and dated by a practitioner unless otherwise stipulated in the policies or procedures;
   d) follow the policies and procedures of the health care service provider for the handling of medications that contain controlled substances at the health facility;
2. Return to the supplier for destruction, or destroy on-site any unserviceable controlled substances;

3. Record all transactions involving the provision, administration, destruction and loss/theft of controlled substances as follows:
   a) the brand or specified name of the controlled substance;
   b) the quantity and, if applicable, the strength per unit of the controlled substance;
   c) the particulars of the transaction of the controlled substance;
   d) the date of the transaction with the controlled substance;
   e) the name of the person who was provided or administered the controlled substance;
   f) the name of the person who prescribed the controlled substance; and
   g) the name of the person who conducted the transaction with the controlled substance;

4. Only order and receive controlled substances stock from a supplier and record all transactions involving the order, receipt or return of controlled substances as follows:
   a) the brand or specified name of the controlled substance;
   b) the quantity and, if applicable, the strength per unit of the controlled substance;
   c) the date of the order, receipt or return of the controlled substance;
   d) the name and address of the supplier from where the controlled substance was received/returned;
   e) the name of the person who ordered, received or returned the controlled substance;

5. Retain records related to controlled substances for a period of at least two (2) years from the date the record was made;

6. Provide records with respect to activities conducted with controlled substances at a health facility to the Minister as required;

7. Take necessary steps to protect controlled substances against loss or theft in a health facility and during transportation to and from these health facilities, including the use of a chain of signature system that records signatures, full names and dates of receipt for each shipment;

8. Transfer the controlled substances in the event of a closure of a health facility to a supplier and keep a record of the transfer;

9. Restrict access to any location where controlled substances are stored (e.g., cupboard, cabinet, refrigerator, crash cart, etc.) to only personnel authorized by the registered nurse; and
10. Immediately report any loss or theft of client-specific medication to the pharmacist that dispensed it, and report any loss or theft of other controlled substances to the Office of Controlled Substances, within Health Canada, within 10 days of its discovery.

Health Canada, October 1, 2013