

Standards



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Prescribing Standards for Nurse Practitioners (NPs)

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, June 2017.

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Introduction

These standards provide direction specific to the authorization of nurse practitioners to prescribe Schedule 1 drugs. Expectations for safe prescribing are described, and nurse practitioner professional and legal obligations are outlined.

These standards do not include authorization for the prescribing of methadone, for management of pain or opioid use disorder, and/or prescribing of marijuana for medical purposes. The prescribing of methadone, and/or marijuana for medical purposes requires further authorization and there will be specific prescribing requirements in addition to these standards and are therefore not within the nurse practitioner scope of practice at this time.

Nurse practitioners in Alberta have the authority to prescribe drugs and substances. This authority arises from the interplay between various provincial and federal statutes. Paragraph 15 (5)(a) of the *Registered Nurses Profession Regulation* (2005) under the *Health Professions Act* (HPA) (2000) provides that nurse practitioners may prescribe a Schedule 1 drug as defined by the *Alberta Pharmacy and Drug Act* (PDA) (2000).

Schedule 1 of the PDA (2000) includes those drugs and substances regulated federally by the *Controlled Drugs and Substances Act* (CDSA) (1996) and the *Food and Drugs Act* (FDA) (1985), and other drugs and substances designated as a Schedule 1 drug or substance pursuant to the PDA. By virtue of these statutes, including the *New Classes of Practitioners Regulations* (NCPR) (2012) under the CDSA, nurse practitioners have the legislative authority to prescribe drugs and substances from the following sources:

- Prescription Drug list (maintained by Health Canada pursuant to section 29.[1] of the FDA).
- Schedule to Part G of the *Food and Drug Regulations* (a regulation made pursuant to the FDA), except item 1 of Part III but including sub item (40).
- Schedule to the *Narcotic Control Regulations* (a regulation made pursuant to the CDSA), except sub items 1(1) and 2(1).
- Schedule 1 to the *Benzodiazepines and Other Targeted Substance Regulations* (a regulation made pursuant to the CDSA).
- Other substances listed as Schedule 1 drugs in the *Scheduled Drugs Regulation* under the PDA.

This authority expands the nurse practitioner's scope of practice by adding the prescribing of controlled drugs and substances that will facilitate more comprehensive, timely, and holistic care for clients.

The prescribing of controlled drugs and substances for nurse practitioners includes opiates, benzodiazepines, amphetamines and other stimulants, barbiturates and other sedative/hypnotics, and selected anabolic steroids; excluded is the prescribing of heroin, cannabis, coca leaves and anabolic steroids (except testosterone), (NCPR, 2012).

In the prescribing of all drugs and substances nurse practitioners are required to comply with all federal and provincial legislation and regulation, as well as the professional standards set by the College and Association of Registered Nurses of Alberta (CARNA). Nurse practitioners should also consider best practice guidelines when determining the appropriate standard of care. This includes, but is not limited to, the CARNA documents:

- *Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities* (2005),
- *Nurse Practitioner (NP) Competencies* (2011),
- *Medication Guidelines* (2014),
- *Practice Standards for Regulated Members* (2013), and
- *Complementary and/or Alternative Therapy and Natural Health Products: Standards for Registered Nurses* (2011a).

The *Prescribing Standards for Nurse Practitioners* has been developed in consultation with nurse practitioners in all streams of practice, government, the Canadian Nurses Protective Society, other regulatory stakeholders, educators and employers.

The standards are used as a regulatory benchmark against which a nurse practitioner's performance is measured, and supports provincial programs (e.g. Triplicate Prescription Program) currently in place to provide safe client care. The prescribing standards have been developed pursuant to the *Health Professions Act*, section 3(1)(c), and noncompliance with the standard may be the basis for a complaint and disciplinary action by CARNA under the HPA.

General Prescribing Standards and Monitoring of the Therapeutic Treatment Plan

Standard 1

Nurse practitioners are responsible and accountable for prescribing appropriate pharmacological and non-pharmacological therapy.

Nurse practitioners must:

- 1.1 understand the restrictions and requirements applicable to their practice as set out in these standards;
- 1.2 be accountable for their prescribing decisions;
- 1.3 prescribe in the best interest of the client¹;
- 1.4 only prescribe for clients with whom they have a ***therapeutic relationship***²;
- 1.5 use evidence-informed best practice guidelines and resources when prescribing for clients;
- 1.6 complete a relevant health assessment including a current medication history and where possible, review the ***best possible medication history*** (BPMH);
- 1.7 document relevant health history findings, diagnosis/provisional diagnosis, plan, and prescribed therapies, as appropriate given the client's presentation and substance prescribed;
- 1.8 develop a holistic and individualized plan of care in ***collaboration*** with the client and other health care team members;
- 1.9 consider and discuss potential pharmacological and non-pharmacological therapies, if appropriate;

¹ In this document client refers to the individual, 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.

² Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

- 1.10 not self-prescribe, prescribe for a family member, or close friend(s) except to intervene in an **emergency situation** or when there is no other authorized prescriber available³;
- 1.11 provide education and counseling for the client regarding the drug therapy;
- 1.12 monitor, document and evaluate the client response to the prescribed drug therapy as appropriate, given the client's presentation and substance prescribed;
- 1.13 ensure all documents for prescriptions are kept secure;
- 1.14 participate as required, in provincial drug error management programs;
- 1.15 independently verify information obtained from pharmaceutical representatives;
- 1.16 participate in the Canadian Adverse Drug Reaction Reporting Program, as appropriate;
- 1.17 demonstrate a cost effective and efficient approach in prescribing decision-making;
- 1.18 not accept medication samples⁴;
- 1.19 dispense medication and/or medication samples as defined by the *Alberta Pharmacy and Drug Act* (2000) and in accordance with CARNA's *Medication Guidelines* (2014);
- 1.20 ensure that a prescription is legible and include the following legal requirements of a complete prescription:
 - a. name and address of the client,
 - b. date of issue,
 - c. name of drug or ingredient(s) and strength, if applicable,
 - d. dosage form, if applicable,
 - e. quantity of the drug to be dispensed,
 - f. route of administration, if applicable,
 - g. directions for use,

³ Except for minor conditions, in an emergency and when another prescriber is not readily available, such as in a secluded or remote location. Controlled drugs and substances referenced in Standard #3.

⁴ *The Food and Drugs Act* restricts the distribution of samples to specific health professions (physicians, dentists, pharmacists & veterinarians). It excludes nurse practitioners. Therefore, nurse practitioners **must not accept** drug samples.

Controlled Drugs and Substances: Legislation and Regulations

Standard 2

Nurse practitioners must be knowledgeable about and adhere to the federal and provincial legislation that is applicable to controlled drugs and substances⁵.

Nurse practitioners must:

- 2.1 prescribe controlled drugs and substances in accordance with the *Controlled Drugs and Substance Act* (1996), *Food and Drugs Act* (1985), *Food and Drug Regulations*, *Narcotic Control Regulations*, the *Benzodiazepines and Other Targeted Substances Regulations* (2000) and applicable provincial legislation, regulations and regulatory standards and policies;
- 2.2 complete a prescription for controlled drugs and substances according to relevant provincial legislation, and standards;
- 2.3 participate in the Alberta Triplicate Prescription Program⁶ (TPP), as appropriate;
- 2.4 adhere to record keeping requirements for controlled drugs and substances outlined in provincial legislation, regulation and policy, including TPP as appropriate;
- 2.5 conform to safe storage, transportation, monitoring, disposal and wastage practices of controlled drugs and substances;
- 2.6 document and report **adverse events** associated with controlled drugs and substances according to federal/provincial legislation, regulation and policy; and
- 2.7 complete controlled drugs and substances education, jurisprudence, and continuing competence requirements as required by the College and Association of Registered Nurses of Alberta.

⁵ Controlled drugs and substances include opiates, benzodiazepines, amphetamines and other stimulants, barbiturates and other sedative/hypnotics, and selected anabolic steroids.

⁶ In Alberta, the Triplicate Prescription Program (TPP) requires that certain controlled drugs and substances can only be prescribed utilizing prescription pads provided through the TPP. When providing a prescription for these drugs, nurse practitioners must only use the triplicate prescriptions as provided by the TPP.

Controlled Drugs and Substances: Prescribing

Standard 3

Nurse Practitioners are responsible for prescribing controlled drugs and substances in a safe, effective and appropriate manner when assessments, investigations and diagnosis indicate that this therapy is necessary.

Nurse practitioners must:

- 3.1** complete a comprehensive assessment of the client's health condition, prior to initiating treatment with controlled drugs and substances;
- 3.2** conduct a trial of medication therapy when indicated, with or without adjunctive pharmaceutical therapy;
- 3.3** develop a treatment agreement with the client and other designated prescribing providers, as appropriate;
- 3.4** document any treatment agreement and progress on the client record;
- 3.5** educate and counsel clients on the prescribed controlled drugs and substances; including indications for use, expected therapeutic effect, management of potential adverse effects/withdrawal symptoms, interactions with other medications or substances, precautions specific to the drug or the client, adherence to prescribed regimen, safe handling and storage, and required follow-up;
- 3.6** monitor and document client responses to all medication therapies after initial trial and on a regular basis using evidence-informed assessment tools;
- 3.7** assess for signs and symptoms of dependence and revise the plan of care based on current evidence-informed practice related to controlled drugs and substances, and client response to therapeutic interventions, outcomes and potential for misuse or diversion;
- 3.8** evaluate effectiveness of established controlled drugs and substances prescribing practices and processes for their impact at the individual, family, and community level in collaboration with the health care team and other stakeholders;
- 3.9** not self-prescribe controlled drugs and substances and must not prescribe controlled drugs and substances for a family member, or close friends except to intervene in an emergency situation and when there is no other authorized prescriber available; and

- 3.10** develop, implement and evaluate, as appropriate, strategies to address potential risks of harm to coworkers and clients arising from the loss, theft or misuse of controlled drugs and substances;

Controlled Drugs and Substances: Management of Opioid Use Disorder

Opioid use disorder is a complex issue with multiple factors (e.g. physiological, psychological, and behavioural). Management of opioid use disorder requires a comprehensive approach, incorporating a biopsychosocial model of treatment and support. Nurse practitioners have a role in the management of opioid use disorder, including prescribing of opioid agonist drugs. The prescribing of methadone requires special authorization and there will be further prescribing requirements in addition to these standards. The following standard is specific to the prescribing of buprenorphine-naloxone (Suboxone®).

Standard 4

Nurse Practitioners who prescribe opioid agonist drugs for management of opioid use disorder are responsible for doing so in a safe, effective and appropriate manner when assessments, investigations and diagnosis suggest that this therapy is indicated.

When prescribing Suboxone® for management of opioid use disorder, nurse practitioners must:

- 4.1** participate in the Alberta Triplicate Prescription Program (TPP);
- 4.2** apply evidence informed clinical practice guidelines for the treatment of opioid use disorder:
 - *Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline* (Centre for Addiction and Mental Health, 2012)
 - *A Guideline for the Clinical Management of Opioid Use Disorder* (British Columbia Centre on Substance Use, 2017)
- 4.3** meet requirements for education and/or preceptorship for the category of prescribing of Suboxone® applicable to their practice.

Three categories of prescribing of opioid agonist drugs have been described (College of Physicians and Surgeons of Alberta, 2017). These include initiation, maintenance and temporary.

4.3.1 INITIATION of Suboxone® in an unstable client:

This category applies to nurse practitioners who prescribe Suboxone® to clients who have symptoms of active opioid use disorder, withdrawal symptoms, have not yet achieved a stable dose of Suboxone®, or have other indicators of instability. In order to prescribe Suboxone® for these clients, nurse practitioners must:

- a.** complete an approved Suboxone® prescribing course* in opioid use disorder, and
- b.** complete a preceptorship of at least 4 half days with a nurse practitioner or physician experienced in the treatment of opioid use disorder. The intent of this preceptorship is to provide the opportunity to consolidate knowledge, skills and judgement specific to management of opioid use disorder.

4.3.2 MAINTENANCE of Suboxone® in a stable client:

This category applies to nurse practitioners who prescribe Suboxone® to clients whose opioid withdrawal symptoms have been controlled by a stable Suboxone® dose for at least 2 months and there are no other indicators of instability. To prescribe a stable dose of Suboxone®, nurse practitioners must:

- a.** complete an approved Suboxone® prescribing course* in opioid use disorder, and
- b.** complete a preceptorship of at least 2 half days with a nurse practitioner or physician experienced in the treatment of opioid use disorder. The intent of this preceptorship is to provide the opportunity to consolidate knowledge, skills and judgement specific to management of opioid use disorder.

4.3.3 TEMPORARY prescribing of Suboxone®:

This category applies to nurse practitioners who prescribe Suboxone® for clients who are admitted to hospitals or other healthcare settings with controlled medication dispensing processes (e.g. nursing homes) or for incarcerated clients for the duration of their admission/incarceration only.

Nurse practitioners who prescribe Suboxone® temporarily, are permitted to prescribe the same Suboxone® dose for the duration of the hospitalization or incarceration, without completion of a Suboxone® prescribing course. Completion of an approved Suboxone® course* in opioid use disorder is recommended. A nurse practitioner who temporarily prescribes Suboxone® must:

- a. have a collaborative relationship with a nurse practitioner or physician experienced in the treatment of opioid use disorder who agrees to act as a resource, and
 - b. consult with this nurse practitioner or physician for any dose changes.
- 4.4** retain original or official certificates as a record of having successfully completed the education requirement applicable to the category of prescribing appropriate to their practice; and
- 4.5** submit proof of education or preceptorship to CARNA if requested.

*Approved courses include:

- Centre for Addiction and Mental Health's (CAMH) Buprenorphine-Assisted Opioid Dependence Treatment Core Course, available at www.camh.ca;
- Suboxone® Training Program available at www.suboxonecme.ca; or
- British Columbia Centre for Substance Abuse Provincial Opioid Addiction Treatment Program, available online www.bccsu.ca July, 2107.

Please contact CARNA directly to discuss any other equivalent course options.

Glossary

Adverse Event – An event that results in unintended harm to a client, and is related to the care and/or service provided rather than to the client's underlying condition (CARNA, 2011b).

Collaboration – Client care involving joint communication and decision-making processes among the client, nurse practitioner 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, 2011b).

Emergency Situation – Sudden onset of severe or urgent symptoms that require immediate attention such that a delay in treatment would place an individual at risk of serious harm (College of Registered Nurses of Nova Scotia, 2012).

Best Possible Medication History – Is a history created using 1) a systematic process of interviewing the patient/family; and 2) a review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed). Complete documentation includes drug name, dosage, route and frequency. The BPMH is more comprehensive than a routine primary medication history which is often a quick preliminary medication history which may not include multiple sources of information (Institute for Safe Medication Practices, 2014).

Therapeutic Relationship – Planned, goal-directed, interpersonal processes occurring between nurses and clients that are established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being (CARNA, 2013).

References

- Alberta Pharmacy & Drug Act*, R.S.A. 2000, c. P-13.
- Benzodiazepines and Other Targeted Substances Regulations*, S.O.R./2000-217.
- British Columbia Centre on Substance Use. (2017). *A guideline for the clinical management of opioid use disorder*. Vancouver, BC: Author.
- Centre for Addiction and Mental Health. (2012). *Buprenorphine/naloxone for opioid dependence: Clinical practice guideline*. Toronto, ON: Author.
- College and Association of Registered Nurses of Alberta. (2005). *Health professions act: Standards for registered nurses in the performance of restricted activities*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2011a). *Complementary and/or alternative therapy and natural health products: Standards for registered nurses*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2011b). *Nurse practitioner (NP) competencies*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2013). *Practice standards for regulated members*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2014). *Medication guidelines*. Edmonton, AB: Author.
- College of Physician and Surgeons of Alberta. (2017). *Suboxone® prescribing*. Edmonton, AB: Author.
- College of Registered Nurses of Nova Scotia. (2012). *Nurse practitioner standards of practice*. Halifax, NS: Author.
- Controlled Drugs and Substances Act*, S.C. 1996, c. 19.
- Food and Drug Act*, R.S.C. 1985, c. F-27.
- Food and Drug Regulations*, C.R.C., c. 870.
- Health Professions Act*, R.S.A 2000, c. H-7.

Institute for Safe Medication Practices. (2014). *Medication reconciliation (MedRec)*. Retrieved from <http://www.ismp-canada.org/medrec/>.

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

New Classes of Practitioners Regulations, S.O.R./2012-230.

Registered Nurses Profession Regulation, Alta. Reg. 232/2005.