

Purpose

This standard applies to nurse practitioners (NP), graduate nurse practitioners (GNP), neonatal nurse practitioners (NNPs) and graduate neonatal nurse practitioners (GNNPs), herein referred to as registrants. This standard establishes the expectations for registrants in all practice settings for safe, appropriate prescribing of drugs and non-pharmacological therapies to assist in the reduction of **PATIENT**¹ harm and negative effects, while working towards achieving best health outcomes (Canada's Drug Agency, 2025). The legislative authority to prescribe drugs and substances arises from various provincial and federal legislation and regulations. NPs must follow all current and relevant legislation and regulations applicable to their practice.

Standards for Prescribing

The criteria describe how registrants must meet each standard and are not listed in order of importance.

STANDARD 1: RESPONSIBLE AND ACCOUNTABLE PRESCRIBING

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

Criteria

The registrant must

- 1.1. adhere to federal and provincial legislation, regulations, and regulatory standards applicable to prescribing drugs and substances relevant to their practice setting;

¹ Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

- 1.2. authorize cannabis for medical purposes for the patient in accordance with the *Cannabis for Medical Purposes: Standards for Nurse Practitioners*;
- 1.3. prescribe within their role and in the best interests of the patient, ensuring
 - a. the patient has access to enough medication until follow-up as appropriate or indicated, and
 - b. an established plan for follow-up to monitor the patient's response to the prescribed drug or substance and inform decisions to continue, adjust, or discontinue the medication based on these findings;
- 1.4. complete a comprehensive health assessment using **EVIDENCE-INFORMED** assessment tools including a **MEDICATION RECONCILIATION** process, capturing conventional and complementary medications, adjunct therapies and non-medical substances;
- 1.5. collaborate with the patient, family/caregivers and other health-care team members as appropriate;
- 1.6. assess if a trial of medication therapy, and/or a treatment agreement/plan with the patient is indicated and utilize the lowest effective dose of a medication required to achieve the expected outcome;
- 1.7. assess for **POLYPHARMACY**;
- 1.8. use validated processes, algorithms or tools to assist with **DEPRESCRIBING**;
- 1.9. monitor and evaluate the patient's response to the therapeutic treatment plan and prescribed therapy while the patient is under their care;
- 1.10. document relevant health history findings, diagnosis or provisional diagnosis, plan of care, prescribed therapies and patient response;
- 1.11. document and communicate patient assessment and prescribing decisions, including medications with rationale, in a clear and timely manner to appropriate care providers and relevant third-party providers, in accordance with the College of Registered Nurses of Alberta (CRNA) standards and practice setting requirements;
- 1.12. have a system in place to review test results, ensure critical diagnostic test results are addressed after regular working hours or during the NP's absence, and inform the patient and/or arrange necessary follow-up care, as appropriate;
- 1.13. demonstrate a cost-effective and efficient approach to prescribing, including participation in **ANTIMICROBIAL STEWARDSHIP**;
- 1.14. only accept drug and product samples according to practice setting requirements and the requirements outlined in the *Food and Drug Regulations* (CRC, c 870);

- 1.15.** ensure that each prescription is accurate, legible and is a **COMPLETE PRESCRIPTION**;
- 1.16.** ensure required drug authorizations have been obtained when necessary; and
- 1.17.** transmit paper and electronic prescriptions only through a secure transmission (see Appendix B for the requirements of a secure prescription).

STANDARD 2: KNOWLEDGE-BASED PRESCRIBING

Nurse practitioners are responsible and accountable for continually acquiring and applying knowledge to provide competent, evidence-informed measures and best practices when prescribing.

Criteria

The registrant must

- 2.1.** make prescribing decisions using evidence-informed guidelines, information and resources appropriate to the area of practice that enhance patient care and the achievement of desired patient outcomes;
- 2.2.** engage in continuing competence education and activities related to prescribing and any other education as required by the CRNA;
- 2.3.** assess, plan, implement and evaluate all aspects of their prescribing practice;
- 2.4.** exercise reasonable judgment and set justifiable priorities in prescribing decisions; and
- 2.5.** provide education and counseling for the patient regarding the prescribed therapy including but not limited to
 - a.** alternative therapies including non-pharmacologic interventions,
 - b.** indications for use and reasons to adhere to the treatment plan,
 - c.** clear instructions on how to use the drug or substance,
 - d.** expected therapeutic effect,
 - e.** management of potential side effects or adverse effects,
 - f.** interactions with food, other medications or substances, and
 - g.** the required monitoring and follow-up.

STANDARD 3: ETHICAL PRESCRIBING

Nurse practitioners ensure ethical and safe patient care when prescribing.

Criteria

The registrant must

- 3.1. prescribe in the best interests of the patient within a **THERAPEUTIC RELATIONSHIP**;
- 3.2. only prescribe for an immediate family member or friend in an **URGENT OR EMERGENT CIRCUMSTANCE** when there is no other authorized prescriber available at the time;
- 3.3. never self-prescribe;
- 3.4. identify and address any conflicts of interest and ensure their prescribing practice does not give preference to a specific pharmacy, pharmacy proprietor or pharmacy team member, distributor, agent, or broker for personal or financial gain; and
- 3.5. comply with privacy legislation, practice setting requirements, and ensure all documents regarding prescriptions are secure.

STANDARD 4: CONTROLLED DRUGS AND SUBSTANCES

Nurse practitioners are responsible and accountable for prescribing controlled drugs and substances in a safe, effective and appropriate manner when assessment, investigation and diagnosis suggest that this therapy is indicated.

Criteria

The registrant must

- 4.1. register as a prescriber with the **TRACKED PRESCRIPTION PROGRAM (TPP) ALBERTA** to prescribe any **TYPE 1** medications monitored by the program and ensure that all prescriptions comply with TPP Alberta requirements (TPP Alberta, 2024);
- 4.2. implement best practice guidelines for prescribing controlled drugs and substances appropriate to the area of practice;
- 4.3. complete a comprehensive assessment of the patient's health condition, prior to initiating treatment with controlled drugs and substances;
- 4.4. use evidence-informed tools to assess the risk of addiction to drugs and substances that are addiction-prone;
- 4.5. conduct a trial of medication therapy when indicated;

- 4.6. develop and document a treatment agreement with the patient and other designated prescribing providers, as appropriate;
- 4.7. educate and counsel the patient on the prescribed controlled drugs and substances as outlined in criterion 2.5, including adherence to the prescribed regimen, and safe handling and storage;
- 4.8. monitor and document patient responses to medication therapies and assess for dependency, misuse and/or diversion after initial trial and on a regular basis using evidence-informed assessment tools adjusting plan of care accordingly;
- 4.9. develop, implement and evaluate strategies to address potential risks of harm arising from the loss, theft, or misuse of controlled drugs and substances as appropriate; and
- 4.10. when tapering or discontinuing a controlled drug or substance, consider patient well-being and safety. Use evidenced-informed resources to guide the decision-making process and explain the rationale to the patient along with mitigating strategies for withdrawal symptoms. Document the decision-making process and patient discussions within the patient record.

STANDARD 5: MANAGEMENT OF OPIOID USE DISORDER

Nurse practitioners are responsible and accountable for prescribing and monitoring drugs for the management of **OPIOID USE DISORDER (OUD)** in a safe, effective and competent manner when assessment and diagnosis indicate this therapy.

Criteria

The registrant must

- 5.1. understand this standard does not apply to buprenorphine/naloxone (Suboxone®)². According to TPP Alberta, buprenorphine/naloxone is considered a **TYPE 2** medication. Completion of an online buprenorphine/naloxone prescribing course is strongly encouraged.
- 5.2. prescribe opioid agonist therapy (OAT) in accordance with evidence-informed guidelines and best practices for OUD treatment, the *Mental Health Services Protection Regulation* (Alta Reg 114/2021) and *Community Protection and Opioid Stewardship Standards* (Government of Alberta, 2022);
- 5.3. understand and comply with the requirement that the use of full-agonist opioid drugs (such as hydromorphone, fentanyl, and diacetylmorphine) for the treatment of OUD is strictly prohibited outside of licensed Narcotic Transition Service facilities;

² Registrants prescribing buprenorphine/naloxone must meet the criteria outlined in standards 1-4 but are not required to meet the criteria outlined in this standard (Management of Opioid Use Disorder).

- a.** methadone and slow-release oral morphine are permitted for OUD treatment in all clinical settings, and full-agonist use for acute/chronic pain or palliative care remains unaffected.

5.4. meet requirements for education and/or preceptorship to prescribe OAT for the category of prescribing listed below applicable to their practice;

INITIATING OAT

5.5. when initiating OAT, meet the following criteria:

- a.** successfully complete the education and experiential training to competently prescribe OAT and be able to provide proof of the same if requested by the CRNA. (options are outlined in Appendix A),
- b.** have evidence of experiential training, supervision, mentorship, or completion of a preceptorship-based course to support the acquisition of knowledge, skills and judgement to perform OAT prescribing competently and proficiently,
- c.** develop ongoing collaborative relationships with experienced prescribers in the treatment of OUD and who are familiar with OAT. Ensure another qualified prescriber approved to maintain OAT is available for continuity of care and shared management as required,
- d.** only initiate OAT when access to medical laboratory services, pharmacy services, ability to refer or consult with other interprofessional health disciplines, and other appropriate OAT resources and support are available to the patient, and
- e.** collaborate with other health-care providers and members of the patient's interdisciplinary care team as necessary;

MAINTAINING OAT

5.6. when maintaining OAT, meet the following criteria:

- a.** successfully complete the education and experiential training to competently prescribe OAT and be able to provide proof of the same if requested by the CRNA,
- b.** have evidence of experiential training, supervision, mentorship, or completion of a preceptorship-based course to support the acquisition of knowledge, skills and judgement to perform OAT maintenance competently and proficiently,
- c.** collaborate with the initiating prescriber or appropriate delegate, and other regulated health-care professionals involved in the patient's care, and

- d. only maintain OAT when access to medical laboratory services, pharmacy services, ability to refer or consult with other interprofessional health disciplines, and other appropriate OAT resources and support are available to the patient;

TEMPORARY PRESCRIBING OF OAT

5.7. when prescribing OAT for a patient who is temporarily under their care, ensure that:

- a. the OAT dosage is maintained, if clinically appropriate, for the duration of their admission or incarceration,
- b. timely and clear communication is maintained with the patient's current OAT prescriber or collaborative team regarding dosage changes or additional medications that may interact with OAT, and
- c. there is a transitional care treatment plan developed for discharge; and

INJECTABLE OAT

5.8. when prescribing injectable OAT, ensure that:

- a. injectable OAT is prescribed in alignment with the *Mental Health Services Protection Regulation* (Alta Reg 114/2021) and *Community Protection and Opioid Stewardship Standards* (Government of Alberta, 2022),
- b. according to employer requirements, and
- c. the expectations outlined for the categories of initiating, maintaining, or temporary prescribing of OAT are followed.

Glossary

ANTIMICROBIAL STEWARDSHIP – “An interdisciplinary activity that promotes appropriate selection, dosing, route, and duration of antimicrobial therapy to

- optimize patient clinical outcomes;
- minimize antibiotic adverse effects/toxicity;
- reduce the selection of certain pathogenic organisms (e.g., *Clostridium difficile*); and
- reduce or stabilize antimicrobial resistance” (Hoang & Saxinger, 2013).

COMPLETE PRESCRIPTION – Includes the following:

- name and another unique identifier specific to the patient

- date of issue
- drug name, dose, form, and quantity prescribed
- directions for use
- indication for use*
- number of refills authorized and interval between each refill (if applicable)
- prescriber's printed name as represented in the CRNA registry, professional designation, location where they are prescribing and phone number
- prescriber's signature (handwritten or digitally captured) and registration number
- leave no blank spaces (including electronic prescriptions)

*Including the drug indication as part of a complete prescription helps the health-care team to assess the safety and efficacy of the medication for the reason it was prescribed (Kron et al., 2018).

DEPRESCRIBING – “Is the planned and supervised process of dose reduction or stopping of medication that might be causing harm or no longer be of benefit” (Bruyère Research Institute, n.d.).

EVIDENCE-INFORMED – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and patient experiences and perspectives.

MEDICATION RECONCILIATION – Health-care providers collaborate with patients and families to ensure accurate medication information is consistently communicated during care transitions, involving a thorough review of all medications to support informed prescribing decisions (Canadian Patient Safety Institute & Institute for Safe Medication Practices Canada, 2017).

OPIOID USE DISORDER – Opioid use disorder is often a chronic, relapsing condition associated with increased morbidity and death; however, with appropriate treatment and follow up, individuals can reach sustained long-term remission (Bruneau et al., 2018).

PATIENT(S) – The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

POLYPHARMACY – The term polypharmacy describes circumstances when multiple medications are prescribed. This may be appropriate or inappropriate as determined by the health conditions of the individual patient. Inappropriate polypharmacy is patient specific and may include the following clinical contexts:

- medications are used inappropriately;
- the intended benefit of medication is not realized; and/or
- the risk of harm from a drug, or combinations of drugs, outweighs the benefits or is likely to result in unwanted drug interactions.

(Masnoon et al., 2017)

THERAPEUTIC RELATIONSHIP – A relationship established and maintained with a patient by the registrant, through the use of professional knowledge, skills and attitudes, in order to provide professional services expected to contribute to the patient's health outcomes.

TRACKED PRESCRIPTION PROGRAM (TPP) ALBERTA – Formerly named the Triplicate Prescription Program, TPP Alberta is the provincial prescribing program that uses data to optimize safe patient care through monitoring the use of prescription drugs prone to misuse (TPP Alberta, 2024).

TYPE 1 – A Tracked Prescription Program (TPP) medication that “requires a prescriber to register with TPP Alberta and use a TPP Alberta secure prescription form when prescribing these drugs” (TPP Alberta, 2024).

TYPE 2 – A Tracked Prescription Program (TPP) medication that is “monitored electronically but does not require a prescriber to register with the Program or use a TPP Alberta secure prescription form” (TPP Alberta, 2024).

URGENT OR EMERGENT CIRCUMSTANCE – A situation when direction is required to provide appropriate patient care where, if not obtained, a delay in treatment would place a patient at risk of serious harm.

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Appendix A: Opioid Agonist Therapy Prescribing Courses

This additional education builds on entry-level competencies, identifies the competencies expected, includes both theory and application to practice, and includes an evaluation of learners' competencies on completion of the education.

The following education options are evidence-informed and recognized either provincially or nationally. Registrants must complete education to prescribe opioid agonist therapy (OAT). Options for education include the following:

- The [Alberta Opioid Dependency Treatment \(ODT\) Virtual Training Program](#) (Alberta Health Services, n.d.) which is available through the Alberta Health Services website.
- The British Columbia Centre on Substance Use (BCCSU) [Provincial Opioid Addiction Treatment Support Program](#) (n.d.).
- The Centre for Addiction and Mental Health (CAMH) [Opioid Use Disorder Treatment \(OUDT\) Course](#) (n.d.).

Please contact the CRNA with any questions related to OAT prescribing courses.

Appendix B: Secure Prescription Transmission

SECURE TRANSMISSION is a process where patient confidentiality, authenticity, validity and security of the prescription are maintained.

When using a secure FAX to transmit a prescription, ensure all of the following:

- comply with privacy legislation, the CRNA *Privacy and Management of Health Information Standards* and employer requirements
- a privacy impact assessment has addressed the use of fax prescription transmission (e.g., traditional fax or electronic transmission)
- verify the prescription conveys the intended information
- the fax is secure to protect patient confidentiality and prevent diversion
- transmission of the fax can only be received by the intended licensed pharmacy
- the fax transmission includes all of the following:
 - the registrant's address, fax number, and phone number
 - the time and date of the fax transmission
 - the name and fax number of the pharmacy intended to receive the transmission
 - the original prescription, which will be invalidated and securely filed if not documented in an electronic medical record (EMR), to prevent transmission elsewhere at another time
- must also comply with TPP Alberta faxing requirements (TPP Alberta, 2024) when transmitting the TPP secure form
- the fax does not use pre-printed fax forms that reference a pharmacy, pharmacist, pharmaceutical manufacturer, distributor, agent or broker

When using a secure ONLINE platform to transmit a prescription, ensure all the following:

- comply with privacy legislation, the CRNA *Privacy and Management of Health Information Standards* and employer requirements
- a privacy impact assessment has addressed the use of electronic prescription transmission
- use only secure fax methods between the EMR and the pharmacy system or the provincial health record

- use EMRs that have the ability to audit the transmission of prescriptions
- the information is encrypted