

Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Guidelines

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Purpose

The *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) authorizes registered nurses (RNs) who meet certain requirements to prescribe **SCHEDULE 1 DRUGS**¹ and order diagnostic tests. Throughout this document, the phrase “RN prescribing” refers to the authorization of RN prescribing Schedule 1 drugs (except for controlled drugs and substances) and ordering diagnostic tests.

This supplemental guideline document provides

- additional information on the authorization of RN prescribing;
- enhanced information on meeting employer support requirements for RN prescribing authorization;
- assistance to RNs, employers, and other health professionals in understanding the **CLINICAL PRACTICE AREAS** where RN prescribing can occur; and
- guidance on the requirements for follow up when diagnostic tests are used with the RN prescribing process.

This document is a companion document and must be used with the following two documents:

- *Competencies for Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests* (CRNA, 2022a)
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (CRNA, 2022b)

This document is not intended to address the expectations for the authorization of the restricted activity of RNs ordering diagnostic imaging with the use of a **CLINICAL SUPPORT TOOL (CST)** that does not include RN prescribing. The *Restricted Activities Standards* (CRNA, 2022c) outlines the expectations for ordering medical radiography with the use of a CST outside of the authorization of RN prescribing and ordering diagnostic tests.

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

Guidelines for RN Prescribing

Guideline 1: Identified Clinical Practice Areas

RN prescribing will only be authorized in the clinical practice areas identified by the College of Registered Nurses of Alberta (CRNA).

The identified clinical practice area where RN prescribing can occur may be related to the type of care (e.g., wound care), practice setting (e.g., emergency department, home care, supportive living, primary care, ambulatory clinics, occupational health, etc.), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic diseases). The following is a list of identified clinical practice areas for RN prescribing:

- ambulatory clinics
- continuing care
- corrections
- emergency or urgent care
- home care
- occupational health
- primary care
- public health
- sexual assault clinics
- sexual health
- travel health
- workplace health and safety
- wound care

The CRNA will review the identified clinical practice areas on a regular basis to ensure the identified clinical practice areas continue to support improved **CLIENT** health outcomes. RNs and employers can email rnprescribing@nurses.ab.ca to request the CRNA to consider authorizing RN prescribing in new clinical practice areas.

Guideline 2: Client Need

Addressing client health-care needs and improving client health-care outcomes is the goal when incorporating RN prescribing within a clinical practice area.

Incorporating RN prescribing into practice is only done in the best interest of the client. The RN must base the assessment of client need on improving client outcomes, reducing barriers to **EVIDENCE-INFORMED** care, having timely access to care, improved continuity of care, and upholding safe client care.

RN prescribing is not for the convenience of health-care professionals, cost-cutting measures that can result in harm to the client, or the exclusion of other health-care professions required for the safe delivery of client care.

RNs have a professional, legal, and ethical responsibility for client safety and must consider all of the following factors when assessing client need and the intent of RN prescribing:

- stability and predictability of the client's health-care needs
- safe client outcomes and health benefits
- client's ability to access care and assessment of any unnecessary delays in care
- current barriers or gaps in the client's care
- continuity of care for the client
- consequences or potential unexpected outcomes to the client's care
- required consultation with other health professionals

Guideline 3: Employer Support

Employer support for RN prescribing in the identified clinical practice area is required.

Clinical Practice Area Support

RN prescribing can only occur in clinical practice areas where the employer has demonstrated and implemented support; this requires an **EMPLOYEE-EMPLOYER RELATIONSHIP**. **SELF-EMPLOYED** RNs may not have an employee-employer relationship and should call the CRNA before considering applying for RN prescribing.

The RN applying for authorization to prescribe needs their employer to provide the CRNA with

- a satisfactory reference of the RN applying for authorization;
- confirmation that the employer permits an RN to prescribe in the specific clinical practice area;
- confirmation that there are CSTs developed by the **INTERPROFESSIONAL TEAM** for the identified specific clinical practice area; and
- confirmation there is a collaborative practice relationship between the authorized RN and a prescriber that is authorized to autonomously² prescribe medications.

The employer and the RN authorized to prescribe, share the responsibility of the ongoing evaluation of RN prescribing in the specific clinical practice area. This evaluation includes the review, development, and improvement of RN prescribing practice such as, but not limited to, quality improvement and risk management practices, prescribing audit tracking systems, CSTs, and organizational policies which support safe RN prescribing practices.

Clinical Support Tool

RNs seeking authorization to prescribe must provide the CRNA the established CST specific to the clinical practice area. The CST must clearly guide both prescribing decisions and any ordering of diagnostic tests.

The CST should be developed, reviewed, supported, and regularly revised by an interprofessional team of subject matter experts, with both content expertise and practice experience in the relevant clinical practice area. The CST must be evidence-informed and based on best practices. The CST must align with the expectations outlined in the *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (CRNA, 2022a).

² Physicians, nurse practitioners, and dentists are examples of prescribers who are authorized to autonomously prescribe medications within their regulations.

Guideline 4: Ordering Diagnostic Tests

RNs with the authorization to prescribe, only order the diagnostic tests that are clearly identified in the CST.

Diagnostic test results can support safe and appropriate RN prescribing decisions. See Appendix A for a list of common diagnostic and medical radiography tests that can be included in a CST. An RN might order diagnostic tests to

- ensure the medication and dose ordered are congruent with expected therapeutic responses;
- monitor the response of the client to the medication therapy to ensure optimal outcomes;
- monitor for adverse effects to ensure client safety; or
- screen the client for certain conditions.

RNs are not authorized to order any form of ionizing radiation in nuclear medicine or radiation therapy, non-ionizing radiation in lithotripsy or magnetic resonance imaging, or tests requiring radiopharmaceuticals or imaging contrast.

If the CST includes ordering diagnostic tests, the RN authorized to prescribe and order diagnostic tests will have to apply for a practitioner identification number (PRAC ID) through Alberta Health. Please contact the CRNA for further information on the need for a PRAC ID at rnprescribing@nurses.ab.ca.

When ordering diagnostic tests, the CST must align with the College of Physicians and Surgeons of Alberta's *Standards of Practice: Continuity of Care* (CPSA, 2022b). The review, follow-up, process, and documentation of the diagnostic test(s) must include

- a process to ensure that the diagnostic test was not already ordered or done to avoid duplication;
- a process to ensure accurate client contact information and an alternative contact method are obtained;
- who is responsible for receiving and reviewing the test results in a timely manner;
- who will interpret the results;
- the arrangement in place for receiving and responding to critical diagnostic test results reported after regular working hours or in the RNs absence including
 - ensuring that the laboratory or imaging facility is able to reach the RN or designate,
 - the after-hours emergency number that will be provided, and
 - clearly identifying on the test requisition when the results are expected to fall in the critical range;

- who will be communicating the test result and any follow-up care with the client;
- who will be providing the follow-up care;
- what additional health-care professional review is required and any required communication between health-care providers;
- who will follow-up when diagnostic tests results are not received within a period of time equal with the urgency of the investigation; and
- how the RN will refer clients for any needed follow up or treatment.

There must be clear responsibility identified in the CST for the follow-up of diagnostic tests and the CRNA requires the CST to outline the relationship between the RN role and any other health-care professional involved to ensure the seamless provision and continuity of client care. Good communication between health-care professionals and the client is vital to continuity of care and quality client care (CPSA, 2022a).

Glossary

CLIENT(S) – Refers to patients, residents, families, groups, communities, and populations.

CLINICAL PRACTICE AREA – The clinical area where an RN who is authorized to prescribe and to order diagnostic tests, practices.

CLINICAL SUPPORT TOOL – An evidence-informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic test and ordering of medical radiography.

EMPLOYEE – A person hired into a contract as an employee and agrees, for a limited or indeterminate period, to undertake work for the employer. The person carries out the services of the work in exchange for remuneration and the work is carried out according to the direction and control of the employer. The terms of the contract are binding and enforceable (Government of Canada, 2020).

EMPLOYEE-EMPLOYER RELATIONSHIP – “The payer is considered an employer and the worker an employee” (Canada Revenue Agency, 2021).

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

INTERPROFESSIONAL TEAM – Health-care providers from different professional backgrounds who provide comprehensive, high-quality care for clients within the clinical practice area where RN prescribing occurs.

SCHEDULE 1 DRUGS – Means Schedule 1 drug within the meaning of Part 4 of the *Pharmacy and Drug Act* (2000).

SELF-EMPLOYED – Under a contract for service, a person, contractor or service provider makes a commitment to another person, the client, to carry out material or intellectual work or to provide a service for a price or fee. The self-employed worker is free to choose the means of performing the contract with no relationship of subordination existing with the client in respect of such performance (Government of Canada, 2020).

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- Canada Revenue Agency. (2021). *Employee or self-employed?* <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4110/employee-self-employed.html>
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- Government of Canada. (2020). *Determining the employer/employee relationship – IPG-069.* <https://www.canada.ca/en/employment-social-development/programs/laws-regulations/labour/interpretations-policies/employer-employee.html>
- Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60.*
- Pharmacy and Drug Act, RSA 2000, c P-13.*

Appendix A: CRNA List of Identified Diagnostic Tests That May Be Included in a Clinical Support Tool

- Electrocardiogram
- Ultrasound

Common Laboratory Tests

- Blood
- Urine
- Stool
- Sputum
- Swabs
- Semen

Common Medical Radiography Tests

(Taken from the Alberta Health Care Insurance Plan Schedule of Medical Benefits)

Head

X1	Skull
X2	Skull (Including stereos)
X4	Facial bones
X5	Mandible
X6	Nasal bones

X6A	Adenoids or nasopharynx
X7	Mastoids
X8	Sinuses – paranasal
X9	Temporo-mandibular joints
X10	Sella turcia
X12	Orbit – for foreign body
X13	Orbit – for foreign body localization
X13A	Optic foramina
X17	Tooth (single)
X18	Teeth (half set)
X19	Teeth (complete)

Chest

X20	Chest – single view
X21	Chest – multiple views
X21A	Thoracic inlet views
X22	Ribs



X26A	Mammoductography
X27	Mammography (both breasts)
X27C	Screening mammography (age 40 to 49 years inclusive)
X27D	Screening mammography (age 50 to 74 years inclusive)
X27E	Screening mammography (age 75 years and over)
X28	Sternum and/or sterno-clavicular joint

Upper Extremity

X29	Finger
X30	Hand
X31	Wrist or carpal bone (or wrist and hand)
X32	Radius and ulna
X33	Elbow
X34	Humerus
X35	Clavicle
X36	Shoulder girdle
X36A	Scapula



Lower Extremity

X38	Toe
X39	Foot
X40	Ankle
X41	Os Calcis
X42	Tibia and fibula
X43	Knee

Skyline or Tunnel View of Knee

X45	Femur or thigh
X46	Femur, including hip and knee
X47	Hip
X51	Pelvis
X52	Pelvis and one hip
X53	Pelvis and both hips
X54	Sacro-iliac joints

Spine

X55	Spine, one area
X56	Spine, one area – with obliques
X57	Two areas
X57A	Two areas (of the spine) with obliques of each area
X58E	More than two areas (of the spine) with obliques of each area
X58	Complete spine

Genito Urinary

X68	Kidney, ureters, bladder (K.U.B)
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Gastrointestinal Tract

X98	Abdomen – single view
X99	Abdomen – multiple views
X100	Abdomen for obstruction or perforation