



COLLEGE & ASSOCIATION
OF REGISTERED NURSES
OF ALBERTA

Prescribing and Distributing Guidelines for Nurse Practitioners

March 2004

Approved by the Alberta Association of Registered Nurses (AARN) in March 2004 for use when regulations for registered nurses were proclaimed under the *Health Professions Act* (HPA). Proclamation occurred on November 30, 2005 and the AARN became the College and Association of Registered Nurses of Alberta (CARNA).

Permission to reproduce this document is granted; please recognize CARNA.

College and Association of Registered Nurses of Alberta
11620 – 168 Street
Edmonton, AB T5M 4A6

Phone: (780) 451-0043 or 1-800-252-9392 (Canada-wide)
Fax: (780) 452-3276
E-mail: carna@nurses.ab.ca
Website: www.nurses.ab.ca

PRESCRIBING AND DISTRIBUTING GUIDELINES FOR NURSE PRACTITIONERS

INTRODUCTION

This document provides the context and parameters within which registered nurses practising as nurse practitioners (NPs) prescribe, distribute and monitor medications.

A nurse practitioner is a registered nurse whose practice is focused on providing services to manage the health needs of individuals, families, groups and communities. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice, and is a role that complements, rather than replaces, other health-care providers. Nurse practitioners have the potential to contribute significantly to new models of health care based on the principles of primary health care (PHC). Nurse practitioners integrate into their practice, elements such as diagnosing and treating health problems, and prescribing drugs. Nurse practitioners work autonomously, from initiating the care process to collaborating with other health-care professionals. Nurse practitioners practise in a variety of community acute care and long-term care settings. These include, but are not limited to, community health centers, nursing outposts, specialty units and clinics, emergency departments and long-term care facilities (CNA, 2002).

Nurse practitioner roles require further regulation (beyond registered nursing practice) for the safety of the public, because nurse practitioner roles require greater breadth, depth and complexity of application of nursing knowledge, skills, attitudes and judgment, and the performance of additional activities that are not considered part of the scope of practice of registered nurses. The College and Association of Registered Nurses of Alberta (CARNA) regulations under the *Health Professions Act* (HPA) (2000) identify the:

- requirements to be designated as a NP
- restricted activities a NP and NP student are authorized to perform that are additional to those authorized for registered nurses
- renewal requirements

Under HPA, 'nurse practitioner' and the initials 'NP' is a protected title. The regulations specific to nurse practitioners are in Appendix A.

A registered nurse who practises as a nurse practitioner defines the specific area of practice and the client population for whom they are competent to provide health services. The client population may consist of individuals, families, communities and/or other identified groups. The individual practitioner is responsible and accountable for providing only those services in which they are competent, and for referring clients to other appropriate health-care services and providers as indicated by client needs. It is essential that the nurse practitioner seeks, and has access to, continuing education specific to the prescribing and distributing of drugs.

PRESCRIBING GUIDELINES

Prescribing procedures and activities carried out by registered nurses practising as nurse practitioners (RN-NP) are subject to agency policy and all relevant professional legislation, regulations, standards and guidelines, including the CARNA documents *Nurse Practitioner (NP) Competencies* (2005) and *Health Professions Act: Standards for*

Registered Nurses in the Performance of Restricted Activities (2005). It is essential that facility requirements be identified in policy and that those diagnostic groups and cases which are beyond the scope of the facility or the individual practitioner be designated for referral to the appropriate service providers and agencies.

1. Nurse Practitioners will:

- 1.1 utilize non-pharmacological and pharmacological approaches to manage those diseases, disorders and conditions within the scope of practice, clinical practice setting and competencies of the individual nurse practitioner.
- 1.2 select drug therapy based on knowledge of pharmacotherapy and consideration of factors including, but not limited to:
 - a) expected action/therapeutic outcomes of the prescribed drug
 - b) recommended dosage and dosage adjustment for specific clients or client populations
 - c) common adverse effects
 - d) client's health-care objectives
 - e) client-specific factors such as age, gender, culture, existing medical conditions, dietary restrictions, concurrent medications, drug allergies or sensitivities
 - f) contraindications (relative and absolute)
 - g) common and brand names
 - h) drug interactions (e.g., prescription, over-the-counter, complementary therapy)
 - i) dosage forms available and
 - j) cost effectiveness
- 1.3 ensure that drug therapy is based on evidence-based clinical practice, considering, but not limited to:
 - a) best practice guidelines
 - b) monitoring guidelines
 - c) clinical practice guidelines
 - d) current guidelines for drug prescriptions in Alberta and
 - e) regional, provincial, national and international guidelines
- 1.4 access, utilize and contribute to the client's complete drug profile.
- 1.5 administer controlled and narcotic drugs as defined by federal legislation only in consultation with a physician or other practitioner legally authorized to prescribe these medications.
- 1.6 apply health principles related to prescribing and supporting clients in following recommended therapeutic regimes, by discussing with the client or client's agent such factors as:
 - a) the rationale for the selection of a particular drug (e.g., client drug profile, efficacy, safety, acceptability, etc.)
 - b) implications of using drug therapy
 - c) expected risks and outcomes (e.g., knowledge related to client compliance)
 - d) administration instructions such as with/without food, with other drugs and substances (e.g., intravenous or oral route, etc.)

- e) risks and benefits of drug therapy
 - f) cost of therapy and
 - g) evaluation of the effectiveness of recommended therapeutic regimes (e.g., clients demonstrate when and how to take drug and what to report regarding possible side-effects)
- 1.7 maintain complete and accurate records of drug prescription, monitoring and distribution.
 - 1.8 participate in the Canadian Adverse Drug Reaction Reporting program.
2. Prescribing will be consistent with the health legislation, professional legislation and the applicable standards and guidelines set provincially and nationally for the protection of the public.
 3. It is advisable that interdisciplinary collaboration occur in the practice setting to determine and regularly review local guidelines for drug prescription, distribution, administration, monitoring and record keeping and to ensure consistency with provincial prescribing and distributing guidelines.

DISTRIBUTING GUIDELINES

These distributing guidelines will be more pertinent to the nurse practitioner providing primary health-care services in remote communities, where a pharmacist may not be available.

1. Distribution of drugs to a client may occur in one of two ways:
 - a) a client prescription is filled in a pharmacy or
 - b) when a pharmacy cannot be accessed by the client, or special circumstances exist, the drug (full prescription) is given to the client from stock in the practice setting
2. Narcotics and controlled drugs require a prescription from a physician or other practitioner legally authorized to prescribe, or authorization by a consulting physician as defined by federal legislation.
3. The drug will be acquired, stored, distributed and disposed of in accordance with legislation, regulations and provincial, regional and local standards and guidelines.
4. The nurse practitioner will prepare the prescription accurately.
5. The nurse practitioner will adhere to the following guidelines:
 - 5.1 Assure that the transaction is recorded, either on the original prescription or on a suitable prescription record each time a prescription is distributed. The record will include:
 - a) the unique prescription number
 - b) the date distributed
 - c) the name and strength of the drug
 - d) the name of the manufacturer or the brand name of the drug distributed or drug identification number
 - e) the quantity distributed
 - f) if an order is given verbally, the signature of the nurse practitioner who wrote the verbal order
 - g) the signature of the nurse practitioner distributing the drug
 - h) the signed, written confirmation of an order given verbally will be obtained at the earliest opportunity

- i) the name of the prescriber
- 5.2 Ensure that client and prescription information is recorded and filed systematically and accurately. Prescription records will be kept for two years after the last refill.
- 5.3 Assure that the prescription label indicates:
 - a) the client's name
 - b) a unique prescription number
 - c) a description of the drug by indicating either
 - brand name and strength, or generic name and strength, and the name of the manufacturer
 - drug identification number or
 - appropriate description for drugs used in official scientific investigations
 - d) the direction for use
 - e) the quantity distributed
 - f) the expiry date, when applicable
 - g) the name and initials of the prescriber
 - h) the date dispensed or refilled
 - i) number of refills remaining
 - j) the initials of the nurse practitioner distributing the prescription and
 - k) the name, address and telephone number from where the drug is distributed
- 5.4 When it is not practical to affix the prescription label to the product package, the prescription label shall be affixed to the outer container and another label should be attached to the product package containing at a minimum the following information, whenever possible:
 - the prescription number
 - the client's name and
 - the drug name and strength
- 5.5 Assure that the label can be easily read by the client or client's agent.
- 5.6 Assure that appropriate special circumstances labels (e.g., shake well) are affixed.
- 5.7 Do not use a previously distributed drug owing to inherent danger.
- 5.8 Be responsible for handing the drug directly to the client or client's agent.
- 5.9 Initiate client education:
 - a) enter into direct dialogue with the client regarding the prescriptions(s). Such dialogue will include, but not necessarily be limited to, a confirmation of:
 - identity of the client
 - identity of the drug(s) being distributed
 - dosage regime and instructions required to achieve the intended therapeutic response, side effects and benefits, and storage requirements
 - b) if the prescribed medication is being released to a person acting as the client's agent for delivery off premises, the nurse practitioner will:
 - confirm that the person is an agent for the client
 - provide the agent with the information, if the nurse practitioner is satisfied that it is in the client's best interest to do so and

- where possible, communicate verbally by telephone with the client
 - c) supplement verbal counselling with written medication counselling information when appropriate
 - d) assess and determine the level of the client's understanding in order to facilitate effective communication and use any reasonable means in complying with the intent of (a)
- 5.10 Monitor and document the client's response to drug therapy. Monitoring includes effectiveness, compliance and untoward effects such as adverse drug reactions, side effects, and drug/drug and drug/food interactions. Based on the outcome of the monitoring process, the drug may be continued, adjusted or withdrawn.
- 5.11 The nurse practitioner will establish and/or participate in a drug error management program (guidelines available from the College of Pharmacists).

GLOSSARY

agent	one who acts on behalf of a client
distributing	to provide drugs to a client in a controlled manner
prescribing	a verbal or written direction to provide the person therein named a stated amount of drug specified in the direction

REFERENCES

Canadian Nurses Association. (2002). *The nurse practitioner*. Ottawa, 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. (2005). *Nurse practitioner (NP) competencies*. Edmonton, AB: Author

Health Professions Act, R.S.A. 2000, c. H-7.

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

APPENDIX A

REGULATIONS SPECIFIC TO NURSE PRACTITIONERS

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

Definitions

1 In this Regulation,p

- (j) “nurse practitioner register” means the nurse practitioner category of the regulated members register;

Register categories

2 The regulated members register established by the Council under section 33(1)(a) of the Act has the following categories:

- (b) nurse practitioner register;

REGISTRATION

Nurse Practitioner register

4(1) An applicant for registration as a regulated member on the nurse practitioner register must

- (a) have successfully completed a baccalaureate degree in nursing satisfactory to the Registration Committee,
- (b) have completed 4500 hours of registered nursing practice satisfactory to the Registration Committee,
- (c) have successfully completed a nurse practitioner education program approved by the Council,
- (d) be registered on the registered nurse register, and
- (e) have passed any examination respecting nurse practitioner practice approved by the Council.

(2) Despite subsection (1), an applicant who does not meet the requirements of subsection (1)(a) or (c) or subsection (1)(a) and (c) may be registered as a regulated member on the nurse practitioner register if the applicant

- (a) provides evidence satisfactory to the Registration Committee that the applicant has education and experience that is substantially equivalent to the requirements of subsection (1)(a) or (c) or subsection (1)(a) and (c),
- (b) has, in the opinion of the Registration Committee, sufficient knowledge, skill and experience to practise as a nurse practitioner, and
- (c) has met the requirements of subsection (1)(b), (d) and (e).

(3) In determining whether or not an applicant's qualifications are substantially equivalent under subsection (2) and whether the applicant has sufficient knowledge, skill and experience, the Registrar may require the applicant to undergo examinations, testing and assessment activities to assist with the determination.

(4) The Registrar may direct the applicant to undergo any education or training activities the Registrar may consider necessary in order for the applicant to be registered on the nurse practitioner register.

(5) The Council may limit the number of times that an applicant may attempt to pass a nurse practitioner exam approved by the Council under subsection (1)(e).

Courtesy Registration

7(1) A registered nurse or nurse practitioner in good standing in another jurisdiction recognized by the Council who requires registration in Alberta on a temporary basis for a specified purpose approved by the Registrar and who satisfies the Registrar of having competence to provide the services related to the specified purpose is eligible for registration on the courtesy register.

TITLES AND ABBREVIATIONS

Authorization to use titles, etc.

14(4) A regulated member registered on the nurse practitioner register may use the title nurse practitioner and the initials NP.

RESTRICTED ACTIVITIES

Authorized restricted activities

15(5) A regulated member on the nurse practitioner register may, within the practice of registered nursing, perform the restricted activities listed in subsection (1) and the following additional restricted activities when practising as a nurse practitioner:

- (a) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*;
- (b) to prescribe parenteral nutrition;
- (c) to prescribe blood products;
- (d) to order and apply any form of ionizing radiation in medical radiography;
- (e) to order any form of ionizing radiation in nuclear medicine;
- (f) to order non-ionizing radiation in magnetic resonance imaging;
- (g) to order or apply non-ionizing radiation in ultrasound imaging, including any application of ultrasound to a

fetus;

- (h) to prescribe diagnostic imaging contrast agents;
- (i) to prescribe radiopharmaceuticals, radiolabelled substances, radioactive gases and radioaerosols.

Students

17(4) A regulated member who is on the registered nurse register and is enrolled in a nurse practitioner education program approved by the Council is permitted to perform the restricted activities referred to in section 15(5) as part of the clinical practicum of the nurse practitioner education program if the regulated member is under the supervision of a regulated member who is authorized to perform those restricted activities.

(5) A student in a nurse practitioner education program outside Alberta is permitted to perform the restricted activities set out in section 15(5) in a clinical practicum in Alberta, if the student

- (a) is registered on the registered nurse register,
- (b) has visiting student status in a nurse practitioner education program approved by the Council, and
- (c) is supervised by a regulated member authorized to perform those restricted activities.

PRACTICE PERMIT

Renewal requirements

21(3) A regulated member who is a nurse practitioner must, in addition to the requirements of subsection (1), provide evidence satisfactory to the Registrar of 600 hours of nurse practitioner practice within the previous 2 membership years.

(4) Despite subsection (3), a nurse practitioner who does not meet the requirements of subsection (3) may instead meet any other requirements, as determined by the Registration Committee.