Standards

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

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Prescribing Standards for Nurse Practitioners

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, June 2018.

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Purpose

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.

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) states 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, 2018) under the CDSA, nurse practitioners have the legislative authority to prescribe drugs and substances from the following sources:

- The Prescription Drug list (maintained by Health Canada pursuant to section 29[1] of the FDA).
- The 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).
- The 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.

The prescribing of controlled drugs and substances for nurse practitioners includes opiates, benzodiazepines, amphetamines, and other stimulates, barbiturates and other sedative/hypnotics, and selected anabolic steroids.

Nurse practitioners are excluded from prescribing:

- coca leaves and anabolic steroids (except testosterone) (NCPR, 2018), and
- cannabis for medical purposes.

In the prescribing of 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). This includes, but is not limited to, the following CARNA documents:

- Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities (2005)
- Entry-Level Competencies for Nurse Practitioners in Canada (2016)
- Scope of Practice for Nurse Practitioners (2017)
- Medication Guidelines (2015)
- Practice Standards for Regulated Members (2013)
- Complementary and/or Alternative Therapy and Natural Health Products: Standards for Registered Nurses (2011a)

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

The broad scope of nurse practitioner prescribing practice facilitates comprehensive, timely, and holistic care for clients. Nurse practitioners must also provide evidence-informed practice. Based on successful strategies that improve client outcomes,

evidence-informed practice is derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.

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 adhere to 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 ***client***[1];

1.4 only prescribe for clients within the context of a ***therapeutic relationship****;*

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 available, review the ***best possible medication history***;

1.7 document relevant health history findings, diagnosis or provisional diagnosis, plan, and prescribe 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] Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

1.9 consider and discuss potential pharmacological and non-pharmacological therapies, if appropriate;

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 available[2];

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 Health Canada's *Adverse Reaction and Medical Device Problem Reporting* (2017), as appropriate;

1.17 demonstrate a cost effective and efficient approach in prescribing decision-making;

1.18 not accept medication samples[3];

1.19 dispense medication and medication samples as defined by the *Alberta Pharmacy and Drug Act* (2000) and in accordance with CARNA's *Medication Guidelines* (2015);

1.20 ensure that a prescription is legible and includes 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),

[2] 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.

[3] In accordance with the federal *Food and Drugs Act* and *Regulation*, only physicians, dentists, veterinary surgeons, and pharmacists have the authority to accept drug samples. At this time, nurse practitioners do not have this authority. Nurse practitioners can dispense sample drugs, if available in the practice setting, and in accordance with the Alberta College of Pharmacists' (ACP) dispensing standard.

e. quantity of the drug to be dispensed,

f. route of administration (if applicable),

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;

1.21 ensure the following when faxing a prescription:

a. The prescription is sent directly from a secure fax machine to a single pharmacy acceptable to the client.

b. Be able to verify the source of the faxed prescription for the pharmacist.

c. The prescription is only sent to a licensed pharmacy.

d. The prescription is legible and must include all the legal requirements of a complete prescription as outlined in federal legislation plus:

i. the nurse practitioner's address, fax number, and phone number;

ii. the time and date of the fax transmission;

iii. the name and fax number of the pharmacy intended to receive the transmission;

iv. the prescription represents the original of the prescription drug order;

v. the addressee is the only intended recipient and there are no others;

vi. the original prescription will be invalidated and securely filed or details of the original prescription captured in an electronic medical record including the unique triplicate prescription number; and

vii. the original prescription will not be transmitted elsewhere at another time.

e. Fax the top copy of a triplicate prescription so that the triplicate prescription's unique number and the nurse practitioner's triplicate prescription registration number are included with the transmission.

f. Not use pre-printed fax forms that reference a pharmacy, pharmacist, pharmaceutical manufacturer, distributor, agent, or broker;

1.22 when using an online platform to transmit a prescription:

- **a.** use only secure messaging between the electronic health record and the pharmacy system or the provincial health record,
- **b.** use electronic health records which has the ability to audit the transmission of prescriptions,
- **c.** ensure the information is encrypted, and
- **d.** ensure that a privacy impact assessment has addressed the use of electronic prescription transmission;

1.23 when using a computer-generated prescription form:

- **a.** include the handwritten signature of the nurse practitioner, or
- **b.** utilize an electronic signature that is hand-initialed by the nurse practitioner, or
- **c.** utilize a digitally captured signature (the signature is captured with appropriate hardware and/or software for authentication);

1.24 not permit others to generate and/or transmit an electronic prescription utilizing the nurse practitioner's login or electronic signature; and

1.25 when using fax or any electronic means (including but not limited to texting, email, etc.) to transmit prescriptions; comply with privacy legislation and organizational policies.

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 substances[4].

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

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*, and 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;

2.3 participate in the Alberta Triplicate Prescription Program[5] (TPP), as appropriate;

2.4 adhere to record keeping requirements for controlled drugs and substances outlined in provincial legislation, regulation, policy, and 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 CARNA.

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 assessment, investigation, and diagnosis suggest that this therapy is indicated.

Nurse practitioners must:

3.1 implement best practice guidelines appropriate to the area of practice;

[5] 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.

3.2 complete a comprehensive assessment of the client's health condition, prior to initiating treatment with controlled drugs and substances;

3.3 conduct a trial of medication therapy when indicated, with or without adjunctive pharmaceutical therapy;

3.4 develop a treatment agreement with the client and other designated prescribing providers, as appropriate;

3.5 document any treatment agreement and progress on the client record;

3.6 educate and counsel clients on the prescribed controlled drugs and substances; including indications for use, expected therapeutic effect, management of potential adverse effects or 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;

3.7 monitor and document client responses to all medication therapies after initial trial and on a regular basis using evidence-informed assessment tools;

3.8 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, as well as client response to therapeutic interventions, outcomes, and potential for misuse or diversion;

3.9 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;

3.10 not self-prescribe controlled drugs and substances, and must not prescribe controlled drugs and substances for a family member or close friend(s), except to intervene in an emergency situation and when there is no other authorized prescriber available; and

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

Management of Opioid Use Disorder

Background

Opioid use disorder is a complex issue with multiple factors (e.g., physiological, psychological and behavioural). It has been described as one of the most challenging forms of addiction facing the Canadian health-care system (Bruneau, et. al., 2018). It is a chronic disease with increased rate of morbidity and mortality (British Columbia Centre on Substance Use [BCCSU], 2017).

Management of opioid use disorder requires a comprehensive approach, incorporating a biopsychosocial model of treatment and support, within a practice setting that provides opportunity for appropriate client monitoring. When managing opioid use disorder, nurse practitioners incorporate comprehensive knowledge of non-pharmacological and pharmacological treatment options, including the prescribing of opioid agonist drugs.

Currently in Canada, several pharmacological treatment options are available for the management of opioid use disorder, including buprenorphine-naloxone (available as Suboxone®), methadone, and slow-release oral morphine (BCCSU, 2017). Options for pharmaceutical management of opioid use disorder continue to evolve as research in this area indicates that alternatives, such as diacetylmorphine (Heroin) or injectable hydromorphone, may be indicated for some individuals (BCCSU, 2017).

Nurse practitioners who implement therapies for opioid use disorder have significant experience in managing opioid use disorders, have completed the appropriate supporting education, and make prescribing decisions based on evidence and best practice.

Standard 4

Nurse practitioners are responsible for prescribing drugs for management of opioid use disorder in a safe, effective, and appropriate manner when assessment, investigation, and diagnosis suggest that this therapy is indicated.

Opioid Agonist Therapy

Nurse practitioners must:

4.1 use evidence-informed clinical practice guidelines for the treatment of opioid use disorder, appropriate to the area of practice, including:

- **a.** *Alberta Methadone Maintenance: Treatment Standards and Guidelines for Dependence* (College of Physicians and Surgeons of Alberta, 2014),
- **b.** *Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline* (Centre for Addiction and Mental Health, 2012),
- **c.** *A Guideline for the Clinical Management of Opioid Use Disorder* (BCCSU, 2017), and
- **d.** other guidelines as recognized by CARNA;

4.2 meet requirements for education and/or preceptorship to prescribe opioid agonist treatment for the category of prescribing applicable to their practice, and:

- **a.** 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
- **b.** submit proof of education or preceptorship to CARNA if requested;

Categories of Prescribing:

Three categories of prescribing of opioid agonist drugs have been described (CPSA, 2017). These categories are initiation, maintenance, and temporary. Requirements for education and/or preceptorship are listed for each category.

INITIATION of opioid agonist therapy in an unstable client:

This category applies to nurse practitioners who prescribe opioid agonist therapy to clients who have symptoms of active opioid use disorder, withdrawal symptoms, have not yet achieved a stable dose of opioid agonist therapy, or have other indicators of instability. These clients have increased risk of complications and treatment must be provided in a practice setting which supports frequent monitoring of treatment response.

4.3 when prescribing opioid agonist therapy for unstable clients:

- **a.** complete a CARNA recognized prescribing course (see Appendix A) in opioid use disorder, and

b. complete a preceptorship of at least four 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 in a clinical situation with a client;

MAINTENANCE of opioid agonist therapy in a stable client:

This category applies to nurse practitioners who prescribe opioid agonist therapy to clients whose opioid withdrawal symptoms have been controlled by a stable opioid agonist dose for at least two months and there are no other indicators of instability.

4.4 when prescribing opioid agonist therapy in stable clients:

a. complete a CARNA recognized prescribing course (see Appendix A) in opioid use disorder, and

b. complete a preceptorship of at least two 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 in a clinical situation with a client;

TEMPORARY prescribing of opioid agonist therapy in specific circumstances:

This category applies to nurse practitioners who prescribe opioid agonist therapy for a client who is admitted to hospital or other healthcare setting with controlled medication dispensing processes (e.g., nursing homes) or for an incarcerated client only for the duration of their admission/incarceration.

Nurse practitioners who prescribe opioid agonist therapy temporarily are permitted to continue to prescribe the same dose of the opioid agonist drug as prior to the hospitalization or incarceration, for the duration of the hospitalization or incarceration, without completion of a prescribing course. Completion of a CARNA recognized course (see Appendix A) in opioid use disorder is recommended.

4.5 when temporarily prescribing opioid agonist therapy:

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.

Methadone for Pain Management

Standard 5

Nurse practitioners are responsible for prescribing methadone for pain management in a safe, effective, and appropriate manner when assessment, investigation, and diagnosis suggest that this therapy is indicated.

Nurse practitioners must:

5.1 use the most current evidence-informed clinical practice guidelines for the management of pain, appropriate to the area of practice (palliative care and/or chronic non-cancer pain);

5.2 have significant experience in a pain management or palliative care setting;

5.3 complete an education program appropriate to the area of practice. For example:

- **a.** Methadone for Pain in Palliative Care online course www.methadone4pain.ca
- **b.** other education as recognized by CARNA; and

5.4 complete the minimum equivalent of one day of preceptorship with a nurse practitioner or physician who is experienced in prescribing methadone for pain management.

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).

Client – 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.

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

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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.

Appendix A: Recognized Courses

- 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
- British Columbia Centre on Substance Use Provincial Opioid Addiction Treatment Support Program, available online at www.bccsu.ca
- Methadone for Pain in Palliative Care available at www.methadone4pain.ca

Please contact CARNA directly to discuss any other course options to determine equivalency.