

Prescribing Epinephrine for Cardiac Arrest – Exception to RN Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Practice Advice for Registered Nurses

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Purpose

This practice advice provides guidance to registered nurses (RNs) herein referred to as registrants. Prescribing epinephrine for cardiac arrest is an exception to the [RN Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards](#). The purpose of this document is to provide information and guidance for registrants who may need to prescribe and administer epinephrine for cardiac arrest when a physician or nurse practitioner (NP) is not immediately available.

While the review of the RN prescribing standards is ongoing, the College of Registered Nurses of Alberta (CRNA) registrants are not prohibited from prescribing epinephrine for cardiac arrest situations, as described in the document *Prescribing Epinephrine for Cardiac Arrest - Exception to RN Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests Requirements and Standards: Practice Advice for Registered Nurses*.

This practice advice is a living document and is subject to periodic updates to remain current.

Specific Circumstance and Criteria

In the following specific circumstance and in accordance with the criteria outlined below, RNs can prescribe and administer epinephrine, a Schedule 1 drug, for cardiac arrest when a physician or NP is not immediately available, using an appropriate clinical support tool, without applying to the registrar to be authorized to prescribe a Schedule 1 drug.

An RN prescribing and administering epinephrine for cardiac arrest must

1. use critical judgment to determine if epinephrine, as outlined in the clinical support tool, is appropriate for the client;

2. have the education, knowledge, assessment and critical judgment skills in practice situations where epinephrine for cardiac arrest is used, such as
 - a. current advanced cardiovascular life support (ACLS) or
 - b. pediatric advanced life support (PALS) or
 - c. certification obtained from an employer approved emergency cardiac management education;
3. adhere to employer requirements for prescribing and administering epinephrine for cardiac arrest; and
4. use an **EVIDENCED-INFORMED** clinical support tool in the practice setting to guide decisions related to prescribing and administering of epinephrine for cardiac arrest.

Clinical Support Tool

The RN must confirm the existence of an established clinical support tool in the specific clinical practice area to prescribe and administer epinephrine for cardiac arrest. The clinical support tool must guide the prescribing decision.

The clinical support tool should be developed, reviewed and revised by an interprofessional team of subject matter experts, with both content expertise and practice experience in the relevant clinical practice area.

The clinical support tool must

- be evidence-informed and guided by best practices; and
- align with the expectations outlined in the [Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards](#) for the development of a clinical support tool and must contain the elements outlined in the checklist found in Appendix A.

The specific clinical practice area may endorse clinical guidelines provided by other organizations known for their expertise in the subject area of cardiac arrest. The use of third-party guidelines does not replace the need for a clinical support tool that is specific to the clinical practice area.

Related Documents

[Code of Ethics for Registered Nurses](#)

[Documentation Standards](#)

[Practice Standards for Registrants](#)

[Restricted Activities Standards](#)

[Medication Management Standards](#)

[Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests:
Requirements and Standards](#)

Glossary

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.

External Resources

[Health Professions Act](#)

[Health Professions Restricted Activity Regulation](#)