



The Registered Nurse Scope of Practice:

**Guidelines for Nurses Prescribing and/or
Distributing Drugs by Transfer of Functions**

**Supplement to: The Registered Nurse
Scope of Practice: Special Nursing
Procedures and Nursing Procedures by
Transfer of Medical Functions, 1993**

Revised May 1999

The Saskatchewan Registered Nurses' Association (SRNA), the College of Physicians and Surgeons of Saskatchewan (COPSS) and the Saskatchewan Pharmaceutical Association (SPhA) recognize and accept as described in this document the expanded role for nurses to include prescribing and/or distributing drugs. It is our belief that this document enhances safety and public access to primary health care.

This document was drafted from *The Registered Nurse Scope of Practice: Guidelines for Nurses Prescribing and/or Distributing Drugs by Transfer of Functions* document. The formulary has been removed and changes regarding formulary development, monitoring longer term patients and clinical protocol guidelines have been added. This document replaces the 1997 document *The Registered Nurse Scope of Practice: Guidelines for Nurses Prescribing and/or Distributing Drugs by Transfer of Functions*.

Saskatchewan Registered Nurses' Association

College of Physicians and Surgeons of Saskatchewan

Saskatchewan Pharmaceutical Association

The Registered Nurse Scope of Practice: Guidelines for Nurses Prescribing and Distributing Drugs by Transfer of Functions

Introduction

Registered nurses have been providing primary health care services, including primary care, safely and effectively for many years in isolated communities of northern Saskatchewan.

The Saskatchewan Registered Nurses' Association (SRNA), in collaboration with the College of Physicians and Surgeons of Saskatchewan (COPSS) and the Saskatchewan Pharmaceutical Association (SPhA), published two documents that recognized and described the expanded role of registered nurses:

Roles and Functions for Registered Nurses -

- (i) *Providing Primary Health Care in Northern Saskatchewan, 1988,* and
- (ii) *Employed by Indian Health Authorities in Northern Saskatchewan, 1990.*

These documents clarified the role and functions of registered nurses providing primary health care in northern communities of Saskatchewan and their relationships with other health care providers.

The SRNA has published these guidelines as a supplement to the SRNA document, *The Registered Nurse Scope of Practice: Special Nursing Procedures and Nursing Procedures by Transfer of Medical Functions, 1993* so that access to such primary health care services as currently provided by nurses in the north would be an option throughout Saskatchewan.

The Scope of Nursing Practice

Prescribing and distributing drugs are functions primarily performed by physicians and pharmacists and outside the usual scope of nursing practice but may be transferred to **specific** nurses in the interests of client care. Working in collaboration with other members of the primary health care team in their community/region, these registered nurses may provide primary health care services, including:

- assessment/diagnosis,
- intervention/treatment/management,
- prescribing of drugs,
- distribution of drugs, and
- referral.

The following criteria **must be met before** a prescribing and distributing drug function can be transferred to nursing:

1. The nurse performs special nursing procedures and nursing procedures by transfer of medical functions following the criteria outlined in the current SRNA document, *The Registered Nurse Scope of Practice: Special Nursing Procedures and Nursing Procedures by Transfer of Medical Functions.*

In addition to the criteria previously mentioned, the following additional criteria must also be met before a nurse can distribute drugs:

- 1) The pharmacy authority in collaboration with nursing administration, and subject to the approval of the governing body, determines that the distributing function can be transferred to a specific nurse.
- 2) There is a written agreement among administration, nursing and pharmacy staffs stating shared responsibility for the transferred function.
- 3) There is provision for written evaluation of the policy for any nursing procedure by transfer of distributing function by the pharmacy, nursing, and administrative personnel at the end of an established period of time.
2. The registered nurse will have sufficient opportunity to perform the function and maintain competence.
3. The nurse is employed by a District Health Board, the federal or provincial government, a physician, a First Nation Health Authority in Saskatchewan, or other agencies involved in the delivery of health care.
4. Employers have a responsibility to establish and maintain the infrastructure (policies, procedures, support personnel, equipment, referral mechanisms and information and communication systems) which is needed for the delivery of primary health care services. Critical elements of the infrastructure include:
 - job descriptions;
 - client drug profile;
 - clinical protocols, which are guidelines, for the management of common conditions and disorders, which include prescribing of medication; and
 - the establishment of multidisciplinary committees to determine and regularly review client records, chart audits, drug utilization reviews, goal/outcome evaluations and drug inventory.
5. Employers must demonstrate that a community's need for drugs cannot be met by conventional pharmacy services.
6. Arrangements for medical support have been made by the employer with one or more physicians. A physician will be available on a 24 hour basis to consult and collaborate with the nurse, either on-site or by telephone.
7. Arrangements for pharmaceutical support have been made by the employer with one or more pharmacists. A pharmacist will be available on a 24 hour basis to consult and collaborate with the nurse, either on-site or by telephone.
8. There is a formalized educational program of theory and practice, such as CNE, Wascana Institute, SIAST; Advanced Graduate Diploma in Community Nursing Practice, Athabasca University; and Outpost Nursing Program, Dalhousie University; or equivalent, resulting in certification of the registered nurse who demonstrates competence in performing the transferred function. Education and clinical practice programs will need to be both comprehensive and flexible.
9. All nurses embarking on prescribing drugs will need to be able to make a careful assessment of the client, including physical assessment, and make careful judgments and decisions based upon that assessment. In prescribing a drug, it will be necessary to consider the client's circumstances, past health/medical history and current and expected future outcomes. A thorough knowledge of the drug to be prescribed, its action, interaction and side effects and frequency of use in a variety of circumstances will be necessary.

When a prescribing and/or distributing drug function has been transferred to and accepted by nursing, the nurse is responsible and accountable for competent performance. **Individual registered nurses should not perform these functions if they do not feel competent.**

The College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Pharmaceutical Association, and the Saskatchewan Registered Nurses' Association should be contacted for assistance.

Guidelines for Prescribing and Distributing Drugs

All Registered Nurses accepting the transfer that permits them to prescribe and/or distribute drugs must ensure they have knowledge and skills in assessment/diagnosis, intervention/treatment /management, drug therapy and referral functions. This includes a knowledge of the effects of the drug, contraindications, interactions, side-effects of treatment and the appropriate action to be taken in relation to such side-effects. While these areas are addressed in basic nursing education programs, it is acknowledged that further education will be necessary to ensure that nurses have the skills and knowledge which will enable them to practice competently.

Prescribing Drugs

1. Registered nurses will:
 - 1.1 Utilize non-pharmacological and pharmacological approaches to meet client needs.
 - 1.2 Prescribe drugs to treat those conditions which they can identify and manage. When nurses accept this responsibility, an agreed treatment protocol/guideline is developed and set down in writing.
 - 1.3 Ensure that drug therapy is based on commonly accepted clinical practice. When selecting the drug of choice, the nurse should determine:
 - Is this the right drug for this client at this time?
 - What are the side effects and interactions of this drug with other drugs?
 - Has this drug been used by this client before?
 - Did it work?
 - Is there an alternative?
 - Is this prescription a reasonable and sensible use of resources?
 - 1.4 Maintain and use the client's drug profile, including any allergies.
 - 1.5 In the case when the physician stabilizes the client's condition (for example hypertension), the physician and nurse establish a monitoring plan in which the nurse is monitoring the client, the nurse may renew prescriptions for up to one year as long as the client's condition remains stable.
 - 1.6 Discuss with the client the:
 - rationale for the selection of a particular drug,
 - implications of using the drug,
 - anticipated risks, and
 - expected outcomes.
 - 1.7 Monitor and document the client's response to drug therapy. Monitoring includes:
 - effectiveness,

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- compliance,
 - untoward effects such as adverse drug reactions and side effects, and
 - drug/drug and drug/food interactions.

Based on the outcome of the monitoring process, the drug may be continued, changed, adjusted, or discontinued.

2. Nurses prescribe using clinical protocols that reflect the area of clinical practice for which they take prime responsibility. A specific formulary can be derived from the protocols.

Distributing Drugs

For the purpose of this document, distributing means to provide drugs to a client in a controlled manner. The drug is given to the client by the nurse from a stock held by the nurse's employer. The drug stock is determined by the treatment protocol/guideline and the specific drug formulary.

The registered nurse will:

1. Ensure that the transaction(s) is accessible and recorded on an individual prescription profile each time a drug is distributed. The profile will include the:
 - a) client's name;
 - b) date distributed;
 - c) name of the manufacturer and the generic name of the drug distributed;
 - d) strength of drug;
 - e) quantity distributed; and
 - f) signature of the nurse distributing the drug.
2. Ensure that the prescription label indicates the:
 - a) client's name;
 - b) generic name and strength, and the name of the manufacturer;
 - c) direction for use;
 - d) quantity distributed;
 - e) expiry date, when applicable;
 - f) date distributed;
 - g) initials of the nurse distributing the drug; and
 - h) the location from which the drug is distributed, including:
 - name,
 - address, and
 - telephone number.
3. Ensure that the label can be easily read by the client or client's guardian.
4. Ensure that appropriate special circumstances/auxiliary labels (e.g., shake well) are affixed.
5. Be responsible for handing the drug directly to the client or client's guardian.
6. Initiate client education regarding the drug, including but not necessarily limited to:
 - identity and purpose of the drug(s) being distributed,
 - dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side effects, and storage requirements, and
 - written medication information.
7. Assess the level of the client's understanding.

Glossary

In order to facilitate the understanding of the terms used in this document, the following definitions were assumed by the Nursing Practice Committee:

Client: The individual, family, group and/or community to whom nursing activities are directed.

Collaboration: A process which involves two or more health care professionals working together, in each other's presence when necessary, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.

Distributing: To provide drugs to a client in a controlled manner.

Multidisciplinary: A variety of health workers who work as a team in planning and coordinating services to meet community and client needs.

Routinely: Habitual; regular; not special; ordinary.

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