SASKATCHEWAN RN ASSOCIATION

Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

RN(NP) Practice Assessment
Initiating Prescriber for Opioid Use Disorder (OUD) and/or Methadone for Pain Management

Reference Documents
Current SRNA *Registered Nurse (Nurse Practitioner) Practice Standards, Council Policy 3.19 - RN(NP) Prescribing Drug Therapeutics for OUD,* and *Council Policy 3.20 - RN(NP) Prescribing Methadone for Pain Management.*

First Name ________________________ Middle Initial ____ Last Name_________________________

Date of Birth (DD/MMM/YYYY) ______________________ RN(NP) Licence # _________________

Primary Practice for this Application: ____

I am requesting Initiating prescribing approval for:
OUD ____ Methadone for Pain _____ Both ____

All sections require a response unless otherwise stated. Send completed form to regulation@srna.org as part of your application for Initiating drug therapeutics for OUD and/or methadone for pain management.

Standard 1 - Professional Responsibility and Accountability
1.1 Identify your plan to participate in continuing education opportunities.

Standard 2 - Knowledge-based Practice
2.1 Describe the competencies you have developed to support clinical judgement and reasoning to be an initiating prescriber of therapeutics for OUD and/or methadone for pain management for this client population.

SASKATCHEWAN RN ASSOCIATION

Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

2.2 List the current best practice evidence you use to support your clinical decisions.
2.3 Describe the multidisciplinary team that you will work with.

Standard 3 - Ethical Practice
3.1 What strategies will you implement to incorporate culturally appropriate and trauma informed care into your practice?
3.2 What strategies will you implement to prevent prescription fraud or diversion?

Standard 4 – Service to the Public		
	YES	**NO**
4.1 Do you have employer support to prescribe?	☐	☐
4.2 Does your organization have policies to support best practice and standards of care?	☐	☐
4.3 Will your clients have access to after hours care and continuity of care through the multidisciplinary team? If no, explain:	☐	☐

SASKATCHEWAN RN ASSOCIATION
Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

4.4 How will you prioritize prescribing for clients at most risk or special situations?

Standard 5 – Self-Regulation

5.1 Explain how becoming an Initiating Prescriber for OUD and/or methadone for pain management in this practice setting meets *Council Policy 3.21 Common Medical Disorders*.

Standard 6 – Therapeutic Management

	YES	NO
6.1 Will you utilize standardized documentation for all client encounters? If no, explain:	☐	☐

6.2 What information will you require when accepting a referral?

6.3 What strategies will you implement to ensure you collect the best possible client health information and medication history?

6.4 What diagnostic and laboratory testing strategies will you incorporate to inform safe prescribing?

SASKATCHEWAN RN ASSOCIATION
Saskatchewan Registered Nurses Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

6.5 Describe plan for direct and/or indirect mentorship you have arranged with the established OUD and/or Methadone Initiating Prescriber.
6.6 What practice challenges do you anticipate?

Email completed form to regulation@srna.org

I certify that the information I have provided on this form is true and correct and acknowledge that my application for prescribing drug therapeutics for OUD and/or methadone for pain management may be refused or my approval could be suspended if I have provided any inaccurate information.

Signature: ______________________________ Date: ______________________