SASKATCHEWAN RN ASSOCIATION

guideline

Guideline for Prescribing Medication

Effective: November 3, 2020

SASKATCHEWAN
RN
ASSOCIATION

Guideline for Prescribing Medication

Effective: November 3, 2020

Purpose

The purpose of this guideline is to describe the principles of medication prescribing for all SRNA members who have the authority to prescribe as outlined in the SRNA bylaws and based on initial and ongoing development of competence.

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for registered nurse practice in Saskatchewan. Section 15(2) of the Act enables the SRNA to create bylaws that:

- prescribe the powers and procedures of the council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice and the rights and privileges of those categories.

SRNA Bylaw IV details the privileges and obligations of practicing members. Obligations of practicing members include adhering to the code of ethics, and the nursing practice standards and competencies that are incorporated by reference in Bylaw XV and set the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan.

The SRNA develops guideline documents to support the professional practice of its members in the interest of the public. Although many practice standards indicators and competencies may apply, the following have particular relevance to prescribing medications:

- Standard 1: Professional Responsibility and Accountability
  - Being accountable and accepting responsibility for own actions and decisions
  - Recognizing individual competence limitations within the practice setting and seeking guidance as necessary
- Standard 2: Knowledge-Based Practice
  - Applying a knowledge base from nursing and other disciplines in decision-making in the best interest of the client
  - Facilitating client engagement in identifying health needs, strengths, capacities and goals
  - Proactively seeking new information and knowledge, employing a critical inquiry process and utilizing best practice in the provision of registered nursing care
  - Evaluating the effectiveness of nursing interventions at the point of care to modify and individualize client care
- Standard 3: Ethical practice
  - Practicing a holistic client/family-centred approach ensuring culturally-safe client care

- Standard 4: Service to the Public
  - Listening respectfully to the expressed needs of clients, family and others
  - Providing and supporting leadership in nursing for optimal coordination and provision of care
- Entry-level Competency - Clinician
  - Analyzing and interpreting data obtained in client assessment to inform ongoing decision-making about client health status
  - Anticipating actual and potential health risks and possible unintended outcomes
  - Developing plans of care using critical inquiry to support professional judgment and reasoned decision-making
  - Applying knowledge of pharmacology and principles of safe medication practice
  - Using strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self and others
- Entry-level Competencies: Advocate
  - Supports and empowers clients in making informed decisions about their health care, and respects their decisions
  - Uses knowledge of population health, determinants of health, primary health care and health promotion to achieve health equity

Introduction

From this point forward in the document, unless specifically identified otherwise, "authorized prescriber" refers to all SRNA members who have obtained the requirements to act under their authority to prescribe medications.

SRNA members who are authorized prescribers in Saskatchewan prescribe medications in accordance with all applicable provincial and federal legislation and regulations; regulatory standards, competencies and the *Code of Ethics for Registered Nurses*; legal requirements; and as guided by employer policy. Authorized prescribers are required to have the necessary knowledge, skill and judgment required to safely prescribe within their scope of practice and specific areas of clinical practice. Medication prescribing should be in the best interest of the client and congruent with current best practice evidence.

Prescriptions for Medication

In the context of this document, prescribing means to provide a prescription. This definition aligns with the *Pharmacy and Pharmacy Disciplines Act, 2015* which states that a prescription means an authorization or order given by a practitioner directing that a stated amount of any drug or mixture of drugs specified in it be dispensed for the person named in the authorization.

A prescription may be authorized in writing on a prescription pad, client record or electronically through an electronic medical record or by electronic submission. Electronic prescribing refers to the secure electronic creation and transmission of a prescription between an authorized prescriber and the client's pharmacy of choice. Electronic medication orders should only be sent via a secure network that is in accordance with legislation, SRNA and employer requirements. Prescribing electronically requires an authorized prescriber to create the prescription in an electronic medical record (EMR) or other stand-alone application. Electronic prescriptions meet all the requirements for electronic prescribing defined in the Pharmaceutical Information Program (PIP). Once the prescription is securely transferred electronically as data within the system, the pharmacist can view it. Generally, the prescription is not automatically filled, but requires action by the client to request that the prescription is prepared and dispensed. All Saskatchewan pharmacies are equipped to accept electronic prescriptions or a written prescription on a prescription pad.

The use of electronic prescribing has been integral in reducing medication errors attributed to misinterpretation of handwriting (e.g. drug, dosage, etc.). When implemented correctly, it has also been shown to minimize the risk of privacy breaches or prescription fraud because the prescription is submitted through the system as data. It also can minimize the risk that confidential personal health information is being sent to an incorrect facsimile number. Regardless of the manner of prescription transmission, patient privacy and confidentiality is essential to the process.

Authorized prescribers implement strategies that promote medication safety and that minimize the risk of medication misuse and drug diversion. Actions include storing blank prescription pads in a secure area that is not accessible to the public, and effectively preventing unauthorized access to a blank or signed written or electronic prescription by any person.

An authorized prescriber may communicate a verbal prescription directly to a pharmacist in circumstances where a written prescription is not feasible and/or when consultation with the pharmacist necessitates a modification to the prescription.

The use of abbreviations can present risks to client safety by increasing the risk of errors when prescriptions are written or read. In order to minimize risk, authorized prescribers utilize a minimum of abbreviations and only utilize those approved by their employers.

A completed prescription includes the following:

- prescriber name and signature;
- the date of issue;
- the client's name;
- the client's address (if available);
- the full name of the medication using TALLman lettering as appropriate;
- the diagnosis, indication or therapeutic goal of the medication;
- the medication concentration, where appropriate;
- the medication strength, where appropriate;
- the dosage;
- the amount prescribed or the duration of treatment;
- the administration route;
- explicit instructions for client usage of the medication; and,
- the number of refills where refills are authorized, including refill interval if applicable.

Prior to releasing a written or electronic prescription, the authorized prescriber completes a final check to ensure that the medication order is clear, complete and appropriate.

The authorized prescriber provides educational information to the client regarding prescription and nonprescription drugs including, but not limited to:

- the reason the medication has been ordered and how it works;
- probability of effectiveness if taken as prescribed;
- the risks of not taking the medication as prescribed;
- potential side effects and the actions to take should they occur;
- signs and symptoms of potential adverse effects (e.g., allergic reaction), and when and how to seek medical attention;
- potential interactions between the drug and certain foods, other drugs or substances;
- specific precautions to take or instructions to follow; and,
- the recommended follow-up, where appropriate.

Authorized prescribers who have the required knowledge, skill and judgment and the required authority may safely prescribe specific medications within their specific areas of clinical practice.

Authorized prescribers shall not prescribe medications for oneself or become involved in self-care.

NPs Prescribing Controlled Drugs and Substances

Saskatchewan NPs are authorized in accordance with SRNA bylaws to prescribe drugs listed in Schedules I, II and III of The Drug Schedules Regulations, 1997, as amended from time to time. SRNA Council policies and this guideline provide NPs additional direction for applying NP practice standards to prescribe controlled drugs and substances (CDS), including medications for Opioid Use Disorder (OUD), methadone for pain management and cannabis for medical purposes.

NPs in Saskatchewan are authorized to prescribe, with no restriction of route:

- narcotics;
- controlled drugs;
- benzodiazepines;
- cannabis;
- other targeted substances; and,
- testosterone.

This section of the guideline is consistent with national nurse regulator commitments to harm reduction and protection of the public in the prescribing of CDS (CCRNR, 2017). NPs are required to practice in accordance with current SRNA bylaws, Council policy, Nurse Practitioner Practice Standards, guidelines and the Code of Ethics for Registered Nurses as adopted by the Association. This information provides direction to support safe prescribing of CDS.

The following federal legislation names and authorizes NPs to prescribe CDS and cannabis for medical purposes:

- *Controlled Drugs and Substances Act,*
- *New Classes of Practitioners Regulations, and*
- *Cannabis Act and Cannabis Regulations*

The New Classes of Practitioner Regulations precludes NPs from prescribing all other anabolic steroids, opium and coca leaves.

NPs prescribe CDS according to all pertinent regulations, legislation and regulatory documents including, but not limited to: the *Controlled Drugs and Substances Act*, New Classes of Practitioners Regulations, Food and Drug Regulations, Narcotic Control Regulations, Benzodiazepines and Other Targeted Substances Regulations, *The Registered Nurses Act, 1988*, SRNA bylaws, Council policy and NP practice standards. The PIP should be consulted prior to completing a prescription for any CDS or medications listed on the Prescription Review Program (PRP).

NPs prescribe cannabis for medical purposes according to all pertinent regulations, legislation and regulatory documents including the *Controlled Drugs and Substances Act*, Cannabis Act, Cannabis Regulations, New Classes of Practitioners Regulations, Food and Drug Regulations and Narcotic Controls Regulations, *The Registered Nurses Act, 1988*, SRNA bylaws, Council policy and NP practice standards. NPs complete the Health Canada Medical Document Authorizing the Use of Cannabis for Medical Purposes according to the requirements of the Cannabis Regulations and may send it electronically to the client's choice of licensed producer.

It is recommended that NPs confirm the level of support or limitation for CDS prescribing in their practice environment, through exploring the terms of employment, job description and/or employer policy.

NPs develop, implement and evaluate strategies to address potential risks, harms and misuse of CDS among vulnerable populations including, but not limited to, harm reduction strategies (e.g. take-home naloxone kits). A discussion regarding potential non-pharmacological alternatives for symptom management may be beneficial as one component of the holistic and individualized plan of care.

NPs with the required skills, competencies and judgment can become authorized prescribers of drug therapeutics for OUD and methadone for pain management. This enables NPs to improve access to required services within Saskatchewan. After completing a thorough assessment and developing a treatment plan with the client, providing counselling and teaching is an important role for NPs. This includes discussing expected therapeutic effect, management of potential adverse effects/ withdrawal symptoms, interactions with other medications or substances, precautions specific to the client, adherence to the prescribed regiment, safe handling and storage, and when and how to manage required follow-up.

At times, individual client patterns of behaviour and care needs may make it necessary to develop a treatment agreement with a client being prescribed CDS. In these instances, the NP negotiates, documents and communicates a treatment agreement with the client, pharmacist and other health care providers who are involved in this aspect of the client's care plan.

Prescription Review Program (PRP)

The PRP is an established educationally-based program that monitors for inappropriate prescribing and general monitoring of all PRP medications prescribed by authorized prescribers within the province. According to SRNA bylaws, prescriptions for drugs covered by the PRP are issued according to the policies and procedures agreed to by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the SRNA and the Saskatchewan College of Pharmacy Professionals. Authorized prescribers know the contents of the list of medications contained within the PRP and adhere to requirements.

Dispensing

At times, some SRNA authorized prescribers may be required to both prescribe and dispense the same medication. In the context of this document, SRNA considers dispensing to mean providing one or more medication doses to a client to be taken at a later time. The SRNA acknowledges that dispensing medications is within the scope of practice of a pharmacist and ideally this should always be the first option attempted. However, when no pharmacist is available to meet the client's immediate needs the authorized prescriber may be required to dispense medications. The authorized prescriber must fully understand which medications are within their scope of practice to safely dispense and should follow best practice when handling and dispensing medications. Currently in Saskatchewan, NPs licensed with the SRNA are the only practitioners who can dispense opioids.

The Registered Nurses Act, 1988 Section 24(3) enables RN prescribing and dispensing in accordance with the bylaws. The SRNA accepts the definition statement of the National Association of Pharmacy Regulatory Authorities (NAPRA), where dispensing means, with respect to a drug, any one or more of the following:

- Evaluating a prescription for a drug;
- Assessing the patient and the patient's health history and medication record;
- Packaging and labelling of a drug; and,
- Providing a drug to or for a person pursuant to a prescription.

For the sake of clarity, the following situations would not be considered dispensing.

- Repackaging or providing medications to clients that have already been dispensed by a pharmacy, such as but not limited to:
  - repackaging and labelling drugs from a client's own supply;
  - providing clients with medications from ward stock or "night cupboard"after these medications were dispensed by pharmacy;
  - packaging leave of absence or pass medications from the unit drug supply;
  - providing medications to the client upon discharge to facilitate continuity of care when they are unable to get required medications from their community pharmacy in a timely manner; and
  - providing clients with their own prescription bottles or single or multi-dose blister packs when they leave a facility.

When dispensing medications, the authorized prescriber will record on an individual prescription profile and/or client record each time a drug is dispensed. The profile will include:

- client name, address, phone number, date of birth, gender and when available, allergies and idiosyncratic responses and personal health number;
- date dispensed;
- full name using TALLman lettering if appropriate, strength or medication concentration, dosage of drug, and quantity dispensed;
- expiry date, when applicable;
- duration of therapy;
- directions to client;
- the location from which the drug is distributed, including name, address and phone number; and,
- name and signature of the authorized prescriber dispensing the drug.

When dispensing treatment sized quantities of medication, the authorized prescriber will meet the following prescription labelling requirements:

- client's name
- prescriber's name
- prescriber's number
- date dispensed
- name of the drug in the prescription, as follows:
  - generic name followed by the strength and name, or accepted abbreviation of the manufacturer; or,
  - generic name followed by the strength and trade name; or,
  - trade name followed by the strength; or,
  - in situations where the trade name uniquely identifies the strengths of more than one drug in a fixed-ratio combination product, the trade name.

The authorized prescriber's directions must be clearly stated on all prescription labels, so it is clearly understood by the client or client's guardian/caregiver:

- direction for use;
- quantity dispensed;
- the expiry date when applicable;
- initials of the authorized prescriber dispensing the drug, and the location from which the drug is dispensed, including name, address and telephone number; and,
- special circumstances/auxiliary labels (e.g., shake well) or warning stickers (i.e., Class A opioids).

The authorized prescriber who dispenses a drug shall package the drug in a safety closure container that is certified and designated by one of:

The Canadian Standards Association, the European Standard, or the Code of Federal Regulations (United States), as defined in The Food and Drug Regulations C.01.001 (2) (b), except when:

- the prescriber, the client, or their responsible agent directs otherwise; or,
- in the professional judgment of the authorized prescriber it is advisable not to use a safety closure container in the specific context of care; or,
- a safety closure container is not suitable because of the physical nature of the medication.

Authorized prescribers shall not dispense medications for oneself or become involved in self-care. When all other options have been explored and no other viable option is available, the authorized prescriber may dispense medications for a family member, friend or peer provided the client/provider relationship is established. All attempts to explore other options and reasons for dispensing in this situation should be fully documented.

When the authorized prescriber is both prescribing and dispensing the same medication to a client, client education should be initiated as previously discussed in the section on prescribing.

Drug Samples

According to the Food and Drugs Regulations, NPs are currently enabled to independently accept and/or dispense certain drug samples. On March 13, 2020, Bill C-4 (the *Canada–United States–Mexico Agreement Implementation Act*) received Royal Assent and came into effect July 1, 2020. The Canada-United States-Mexico Agreement (CUSMA) included regulatory commitments specific to products recognized as being at the interface of cosmetics and drugs. Among other things, the Act amends section 14 of the *Food and Drugs Act* (i.e., the prohibition on the distribution of drugs as samples).

Corresponding amendments were made to the Food and Drug Regulations (FDRs), including amendments to section C.01.048, to permit the distribution of drugs as samples to a "practitioner". "Practitioner" is now defined in the FDRs, referring to a person who is entitled under the laws of a province or territory to treat patients with a prescription drug; therefore includes NPs as a "practitioner" to whom drug samples may be distributed. These changes permit distribution of drugs as samples to clients, as a matter falling within the NP's scope of practice. Other practitioners with prescribing authority under provincial and territorial law but who could not (prior to these amendments being made) receive samples of prescription drugs and nonprescription drugs include chiropodists (podiatrists), optometrists, naturopaths and midwives.

NPs intending to dispense drug samples are expected to fully understand the specific nonprescription drugs and natural health products that can be distributed as samples directly to consumers. There is a requirement for NPs to document this aspect of care on the patient's record to ensure clear communication exists for continuity of care.

For more information or clarity about SRNA members prescribing medications, contact a practice advisor at 1-800-667-9945 or practiceadvice@srna.org.

References

Canadian Council of Registered Nurse Regulators (CCRNR). (2017). *The role of the nursing regulator in safe controlled drugs and substance prescribing and harm reduction: Guidance for regulators of registered nurses and nurse practitioners*. Retrieved from http://www.ccrnr.ca/assets/ccrnr-guidance-for-regulators--safe-opioid-prescribing-2017---report.pdf

Government of Canada. *Food and Drug Regulations*, R.S.C., 1985, c. F-27.

Government of Saskatchewan. *Saskatchewan Pharmacy and Pharmacy Disciplines Act*, (1996). Retrieved from https://www.saskpharm.ca/document/3530/The_Pharmacy_and_Pharmacy_Disciplines_Act.pdf

National Association of Pharmacy Regulatory Authorities (NAPRA). *Drug Schedules Overview*. Retrieved from https://napra.ca/national-drug-schedules

Saskatchewan Registered Nurses Association (2019). *Registered Nurse Practice Standards*. Regina, SK: Author.

Saskatchewan Registered Nurses Association (2019). *Registered Nurse Entry-Level Competencies*. Regina, SK: Author.

Guideline

2066 Retallack Street Regina, SK. S4T 7X5
Phone: (306) 359-4200 (Regina)
Toll Free: 1-800-667-9945
Fax: (306) 359-0257