College of Registered Nurses of Alberta

Draft Standards

CONSULTATION DRAFT

DRAFT Prescribing Standards for Nurse Practitioners

DATE

Approved by the College of Registered Nurses of Alberta (CRNA) Council, DATE.

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Purpose

These *Prescribing Standards for Nurse Practitioners* are developed and approved as outlined in Section 133 of the *Health Professions Act* (HPA, 2000).

This document outlines expectations for safe nurse practitioner (NP) prescribing including

- professional responsibilities and accountabilities;
- restrictions to prescribing;
- legal obligations; and
- requirements for managing **OPIOID USE DISORDER**[1] (OUD).

NPs are health-care professionals with additional graduate education and clinical practice experience. Educated in both nursing theory and advanced skills, NPs possess the knowledge and competence to independently diagnose, order and interpret diagnostic tests, prescribe pharmacological and non-pharmacological treatments, and perform both invasive and non-invasive procedures integral to the clinical management of clients. The broad scope of NP prescribing practice facilitates comprehensive, timely, and holistic care for **CLIENTS**.

In Alberta, NPs have the authority to prescribe Schedule 1 drugs as defined in the *Pharmacy and Drug Act* (2000), and other substances listed in the *Scheduled Drugs Regulation* (2007). Further, the CRNA began authorizing NPs to prescribe controlled drugs and substances in 2014 following the approval of the *Prescribing Standards for Nurse Practitioners*. The legislative authority to prescribe drugs and substances arises from various provincial and federal legislation and regulations. NPs must follow all current and relevant legislation and regulations applicable to their practice.

Standards for Prescribing

These standards for prescribing for NPs identify the minimum expectations of NP **REGISTRANTS** of the CRNA. The criteria describe how NP registrants must meet each standard and are not listed in order of importance.

[1] Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

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Standard 1: Responsible and Accountable Prescribing

Nurse practitioners are responsible and accountable for prescribing appropriate pharmacological and non-pharmacological therapy safely and competently.

Criteria

The nurse practitioner must

1.1 adhere to federal and provincial legislation, and standards of practice applicable to prescribing drugs and substances relevant to their practice;

1.2 authorize cannabis for medical purposes for the client in accordance with the *Cannabis for Medical Purposes: Standards for Nurse Practitioners* (CRNA, 2022a);

1.3 prescribe within their role in their client's care and in the best interests of the client, ensuring:

- **a.** the client has access to enough medication until they are seen in follow-up, and
- **b.** the NP communicates with the client how they may contact the NP should they have questions;

1.4 complete a comprehensive health assessment using **EVIDENCE-INFORMED** assessment tools including a **MEDICATION RECONCILIATION** process, capturing conventional and complementary medications, adjunct therapies, and non-medical substances;

1.5 develop a holistic and individualized plan of care in collaboration with the client, and depending on the clients' needs and preferences, their **ESSENTIAL CARE PARTNERS**, and other health-care team members;

1.6 assess if the holistic and individualized plan of care should include conducting a trial of medication therapy, developing a treatment agreement/plan with the client, and utilizing the lowest effective dose;

1.7 assess for **PROBLEMATIC POLYPHARMACY** and use validated processes, algorithms, or tools to assist with **DEPRESCRIBING**;

1.8 consider the potential pharmacological and non-pharmacological therapies, including potential side effects and complications, and discuss with the client;

1.9 monitor and evaluate the client response to the therapeutic treatment plan and prescribed therapy while the client is under their care;

1.10 document relevant health history findings, diagnosis or provisional diagnosis, plan of care, prescribed therapies, and client response;

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1.11 provide appropriate, clear, and timely communication of client medications and therapy plans at transfers of care;

1.12 communicate timely and effectively changes to the client's medications with members of the health-care team;

1.13 have a system in place to review test results, respond to critical diagnostic test results after regular working hours or in the absence of the NP, and inform the client and/or arrange for any necessary follow-up care, as appropriate;

1.14 evaluate information obtained from pharmaceutical representatives;

1.15 recognize, act on, and report **MEDICATION INCIDENTS**, **CLOSE CALLS**, or **ADVERSE REACTIONS** through the appropriate administrative method as soon as possible;

1.16 report serious adverse drug reactions and medical device incidents according to employer requirements and as mandated of hospitals by the *Protecting Canadians from Unsafe Drugs Act* (2014);

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

1.18 only accept drug and product samples according to employer requirements, and the requirements outlined in the *Food and Drug Regulations* (CRC, c 870);

1.19 ensure that each prescription is accurate, legible, and is a **COMPLETE PRESCRIPTION**; and

1.20 transmit paper and electronic prescriptions only through a secure transmission (see Appendix B for the requirements of a secure prescription).

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Standard 2: Knowledge-Based Prescribing

Nurse practitioners are responsible and accountable for continually acquiring and applying knowledge to provide competent, evidence-informed measures and best practices when prescribing.

Criteria

The nurse practitioner must

2.1 make prescribing decisions using evidence-informed guidelines, information, and resources appropriate to the area of practice that enhance client care and the achievement of desired client outcomes;

2.2 engage in continuing competence education and activities related to prescribing and any other education as required by the CRNA;

2.3 assess, plan, implement, and evaluate all aspects of their prescribing practice;

2.4 exercise reasonable judgment and set justifiable priorities in prescribing decisions;

2.5 document timely and accurate client assessments and prescribing decisions;

2.6 provide education and counseling for the client regarding the prescribed therapy including but not limited to

- **a.** indications for use,
- **b.** expected therapeutic effect,
- **c.** management of potential side effects or adverse effects,
- **d.** interactions with other medications or substances, and
- **e.** the required monitoring and follow-up;

2.7 participate in **QUALITY IMPROVEMENT** activities related to prescribing as appropriate; and

2.8 participate in **ANTIMICROBIAL STEWARDSHIP**.

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Standard 3: Ethical Prescribing

Nurse practitioners ensure ethical and safe client care when prescribing.

Criteria

The nurse practitioner must

3.1 prescribe in the best interests of the client within a **THERAPEUTIC RELATIONSHIP**;

3.2 only prescribe for an immediate family member or friend in an **URGENT OR EMERGENT CIRCUMSTANCE** when there is no other authorized prescriber available at the time;

3.3 never self-prescribe;

3.4 identify and address any conflicts of interest and ensure their prescribing practice does not give preference to a specific pharmacy, pharmacist, distributor, agent, or broker for personal or financial gain; and

3.5 comply with privacy legislation, employer requirements, and ensure all documents regarding prescriptions are secure.

Standard 4: Controlled Drugs and Substances

Nurse practitioners are responsible and accountable for prescribing controlled drugs and substances in a safe, effective, and appropriate manner when assessment, investigation, and diagnosis suggest that this therapy is indicated.

Criteria

The nurse practitioner must

4.1 prescribe only the controlled drugs and substances identified in the *New Classes of Practitioners Regulations* (SOR/2012-230);

4.2 adhere to federal and provincial legislation and comply with any exclusions to prescribing;

4.3 register as a prescriber with the **TRACKED PRESCRIPTION PROGRAM (TPP) ALBERTA** to prescribe any **TYPE 1** medications monitored by the program and ensure that all prescriptions comply with TPP Alberta requirements (TPP Alberta, 2023);

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4.4 implement best practice guidelines for prescribing controlled drugs and substances appropriate to the area of practice;

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

4.6 use evidence-informed tools to assess the risk of addiction to drugs and substances that are addiction-prone;

4.7 conduct a trial of medication therapy when indicated;

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

4.9 educate and counsel the client on the prescribed controlled drugs and substances as outlined in criterion 2.6 including adherence to the prescribed regimen, and safe handling and storage;

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

4.11 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;

4.12 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 interested parties; and

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

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Standard 5: Management of Opioid Use Disorder

Nurse practitioners are responsible and accountable for prescribing and monitoring drugs for the management of opioid use disorder in a safe, effective, and competent manner when assessment and diagnosis indicate this therapy.

Note: This standard does not apply to buprenorphine/naloxone (Suboxone®)[2]. According to TPP Alberta, buprenorphine/naloxone is considered a **TYPE 2** medication. Completion of an online buprenorphine/naloxone prescribing course is strongly encouraged.

Criteria

The nurse practitioner must

5.1 prescribe opioid agonist therapy (OAT) in accordance with recognized, evidence-based guidelines, and best practices for OUD treatment;

5.2 meet requirements for education and/or preceptorship to prescribe OAT 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 and/or preceptorship to the CRNA if requested; and

5.3 follow the requirements for prescribing **DESIGNATED NARCOTIC DRUGS** as outlined in the *Mental Health Services Protection Regulation* (2021).

Initiating OAT

5.4 when initiating OAT, meet the following criteria:

- **a.** have completed an appropriate OAT prescribing course (options are outlined in Appendix A)
- **b.** retain proof of having successfully completed the education for OAT and submit to the CRNA, if requested

[2] NPs prescribing buprenorphine/naloxone must meet the criteria outlined in standards 1-4 but are not required to meet the criteria outlined in this standard (Management of Opioid Use Disorder).

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c. have evidence of experiential training, supervision, mentorship, or completion of a preceptorship-based course to support the acquisition of knowledge, skills, and judgement to perform OAT prescribing competently and proficiently

d. develop ongoing collaborative relationships with nurse practitioners and/or physicians experienced in the treatment of OUD and who are familiar with OAT, including developing awareness of available OUD and OAT resources for ongoing continuing competence

e. ensure another qualified prescriber approved to maintain OAT is available for continuity of care and shared management, as required

f. only initiate OAT when access to medical laboratory services, pharmacy services, ability to refer or consult with other interprofessional health disciplines, and other appropriate OAT resources and support are available to the client;

Maintaining OAT

5.5 when maintaining OAT, meet the following criteria:

a. have completed an appropriate OAT prescribing course (options are outlined in Appendix A)

b. retain proof of having successfully completed the education for OAT and submit to the CRNA, if requested

c. have evidence of experiential training, supervision, mentorship, or completion of a preceptorship-based course to support the acquisition of knowledge, skills, and judgement to perform OAT maintenance competently and proficiently

d. collaborate with the initiating prescriber or appropriate delegate, and other regulated health-care professionals involved in the client's care

e. only maintain OAT when access to medical laboratory services, pharmacy services, ability to refer or consult with other interprofessional health disciplines, and other appropriate OAT resources and support are available to the client;

Temporary Prescribing of OAT

5.6 when prescribing OAT for a client who is temporarily under their care, ensure that

a. the OAT dosage is maintained, if clinically appropriate, for the duration of their admission or incarceration,

b. timely and clear communication is maintained with the client's current OAT prescriber or collaborative team regarding dosage changes or additional medications that may interact with OAT, and

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c. there is a transitional care treatment plan developed for discharge; and

Injectable OAT

5.7 when prescribing injectable OAT, ensure that

a. injectable OAT is prescribed only in specialized areas for the treatment of OUD according to employer requirements, and

b. the expectations outlined for the categories of initiating, maintaining, or temporary prescribing of OAT are followed.

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Glossary

ADVERSE REACTION – "A noxious and unintended response to a drug which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic drug" (*Food and Drug Regulations*, CRC, c 870).

ANTIMICROBIAL STEWARDSHIP – "An interdisciplinary activity that promotes appropriate selection, dosing, route, and duration of antimicrobial therapy to

- optimize patient clinical outcomes;
- minimize antibiotic adverse effects/toxicity;
- reduce the selection of certain pathogenic organisms (e.g., Clostridium difficile); and
- reduce or stabilize antimicrobial resistance" (Hoang & Saxinger, 2013).

CLIENT(S) – The term client(s) can refer to patients, residents, families, groups, communities, and population.

CLOSE CALL(S) – Also known as near miss; an event, situation, or incident that took place but caught before reaching the client (Institute for Safe Medication Practices [ISMP], 2021).

COMPLETE PRESCRIPTION – Includes the following:

- name and another unique identifier specific to the client
- date of issue
- drug name, dose, form, and quantity prescribed
- directions for use
- indication for use*
- number of refills authorized and interval between each refill (if applicable)
- prescriber's printed name as represented in the CRNA registry, professional designation, location where they are prescribing and phone number
- prescriber's signature (handwritten or digitally captured) and registration number
- leave no blank spaces (including electronic prescriptions)

*Including the drug indication as part of a complete prescription helps the health-care team to assess the safety and efficacy of the medication for the reason it was prescribed (Kron et al., 2018).

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DEPRESCRIBING – “Is the planned and supervised process of dose reduction or stopping of medication that might be causing harm, or no longer be of benefit” (Bruyère, n.d.).

DESIGNATED NARCOTIC DRUG – “Means any full agonist opioid drug with the exception of methadone or slow release oral morphine” (*Mental Health Services Protection Regulation*, Alta Reg 114/2021).

ESSENTIAL CARE PARTNERS – Provide physical, psychological and emotional support, as deemed important by the client. This can include support in decision making, care coordination and continuity of care. Essential care partners are identified by the client and can include family members, close friends, caregivers, or any person identified by the client (Canadian Foundation for Healthcare Improvement, & Canadian Patient Safety Institute, 2020).

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.

MEDICATION INCIDENT(S) – “Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use” (ISMP, n.d.-a).

MEDICATION RECONCILIATION – The systematic and comprehensive review of all the medications a client is taking (best possible medication history) (ISMP, n.d.-b).

OPIOID USE DISORDER – Opioid use disorder is often a chronic, relapsing condition associated with increased morbidity and death; however, with appropriate treatment and follow-up, individuals can reach sustained long-term remission (Bruneau et al., 2018).

PROBLEMATIC POLYPHARMACY – The term problematic polypharmacy describes circumstances when

- multiple medications are prescribed or used inappropriately;
- medication use is not based on evidence of efficacy for the condition or for the individual for whom they are prescribed;
- the intended benefit of medication is not realized; and/or
- the risk of harm from a drug, or combinations of drugs, outweighs the benefits or is likely to result in unwanted drug interactions.

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QUALITY IMPROVEMENT – A continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies, and reflection to see what further improvements can be made. Quality improvement activities require health professionals to collect and analyze data generated by the processes of health care (World Health Organization, 2011).

REGISTRANT – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

THERAPEUTIC RELATIONSHIP – A relationship established and maintained with a client by the nurse through the use of professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client's health outcomes.

TRACKED PRESCRIPTION PROGRAM (TPP) ALBERTA – Formerly named the Triplicate Prescription Program, the Tracked Prescription Program (TPP) Alberta is the provincial prescribing program that uses data to optimize safe client care through monitoring the use of prescription drugs prone to misuse (TPP Alberta, 2023).

TYPE 1 – "A TPP medication that requires a prescriber to register with TPP Alberta and use a TPP Alberta secure prescription form when prescribing these drugs" (TPP Alberta, 2023).

TYPE 2 – "A TPP medication that is monitored electronically but does not require a prescriber to register or use a secure prescription form" (TPP Alberta, 2023).

URGENT OR EMERGENT CIRCUMSTANCE – A situation when direction is required to provide appropriate client care where, if not obtained, delay in treatment would place a client at risk of serious harm.

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Appendix A: Opioid Agonist Therapy Prescribing Courses

This additional education builds on entry-level competencies, identifies the competencies expected, includes both theory and application to practice, and includes an evaluation of learners' competencies on completion of the education.

The following education options are evidence-informed and recognized either provincially or nationally. NPs must complete education to prescribe opioid agonist therapy (OAT). Options for education include the following:

- The Alberta Opioid Dependency Treatment (ODT) Virtual Training Program which is available through the Alberta Health Services website.
- The British Columbia Centre on Substance Use (BCCSU) Provincial Opioid Addiction Treatment Support Program.
- The Centre for Addiction and Mental Health (CAMH) Opioid Use Disorder Treatment (OUDT) Course.

Please contact the CRNA with any questions related to OAT prescribing courses.

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Appendix B: Secure Prescription Transmission

SECURE TRANSMISSION is a process where client confidentiality, authenticity, validity, and security of the prescription are maintained.

When using a secure FAX to transmit a prescription, ensure all of the following:

- comply with privacy legislation, the CRNA *Privacy and Management of Health Information Standards* (2022b) and employer requirements
- a privacy impact assessment has addressed the use of fax prescription transmission (e.g., traditional fax or electronic transmission)
- verify the prescription conveys the intended information
- the fax is secure to protect client confidentiality and prevent diversion
- transmission of the fax can only be received by the intended licensed pharmacy
- the fax transmission includes all of the following:
  - the NP's address, fax number, and phone number
  - the time and date of the fax transmission
  - the name and fax number of the pharmacy intended to receive the transmission
  - the original prescription, which will be invalidated and securely filed if not documented in an electronic medical record (EMR), to prevent transmission elsewhere at another time
- must also comply with TPP Alberta faxing requirements (TPP Alberta, 2023) when transmitting the TPP secure form
- the fax does not use pre-printed fax forms that reference a pharmacy, pharmacist, pharmaceutical manufacturer, distributor, agent, or broker

When using a secure ONLINE platform to transmit a prescription, ensure all the following:

- comply with privacy legislation, CRNA *Privacy and Management of Health Information Standards* (2022b) and employer requirements
- a privacy impact assessment has addressed the use of electronic prescription transmission
- use only secure fax methods between the EMR and the pharmacy system or the provincial health record
- use EMRs that have the ability to audit the transmission of prescriptions

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- the information is encrypted

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