

Standards of Practice for Registered Nurses on the Registered Nurse (Certified Prescriber) Register

Introduction

A registered nurse on the Registered Nurse (Certified Prescriber) Register RN(CP) has identified that they are able to address an unmet need, either population-specific or disease-specific and has successfully completed a course(s) of instruction and clinical competence assessment pertaining to the knowledge, skill and judgment required to meet the unmet need. The authority to prescribe drugs is specifically granted to address an unmet health need within a specific client population and does not transfer with the registered nurse to other client populations with different unmet health needs.

Registered Nurses (Certified Prescribers) are expected to practice in accordance with the *Standards of Practice for Registered Nurses in Manitoba*, the *Code of Ethics for Registered Nurses* and the *Standards of Practice for Registered Nurses on the Registered Nurse (Certified Prescriber) Register*.

The following *Standards of Practice for Registered Nurses on the Registered Nurse (Certified Prescriber) Register* apply to all settings in which a RN(CP) may practice.

Standard I: Specific Knowledge, Skill and Judgment

RN(CP)s have the specific knowledge, skill and judgment needed to address the identified unmet health need as required in the RN(CP) Regulation.

Indicators:

1. Conduct thorough and accurate assessment, history taking, and consultation of individuals within the client population identified as having an unmet health need.
2. Order screening and diagnostic tests specifically related to the identified unmet need and interpret the results of the tests to facilitate good clinical decision making.
3. Apply critical thinking and knowledge of anatomy, physiology, pathophysiology, and pharmacology (including pharmaco-dynamics, pharmacokinetics, pharmaco-therapies) in determining the appropriateness of prescribing the drug(s) related to the identified unmet need within a specific population.
4. Ensure an appropriate plan of care has been developed in consultation with the client, family and other health care professionals as needed, including a plan for follow-up/evaluation when prescribing a drug.
5. Use current evidence to support safe prescribing practice.

Standard II: Consultation and Collaboration

RN(CP)s consult and collaborate with other health care providers as appropriate to ensure that the overall health care needs of the client are met.

Indicators:

6. Establish a consultative/collaborative relationship with the physician, RN(EP)/NP, pharmacist, and other health professionals appropriate to the client population for whom the RN(CP) provides care.
7. Communicate effectively with other health care providers involved in the care of the client, seeking consultation when needed at any point during the provision of care.
8. Understand the role and responsibilities of the RN(CP) within the healthcare team.

Standard III: Prescribing Drugs

RN(CP)s prescribe drugs relevant to the identified unmet need for individuals in a specific population in accordance with the Certified Prescriber Regulation, all other relevant provincial and federal standards and legislation, and recognized best practices.

Indicators:

9. Prescribe only those drugs approved for the RN(CP)s specific client population to address an identified unmet need as set out in the Certified Prescriber Regulation.
10. Complete prescriptions accurately, completely and legibly including the following information:
 - a) date of issue;
 - b) name and address of the person for whom the drug is prescribed;
 - c) the weight of the client if a child or the age of the client if it has a bearing on the dosage of the prescribed drug;
 - d) name, strength and quantity of the prescribed drug;
 - e) directions for use, including the frequency, route of administration, duration of drug therapy, and special instructions;
 - f) directions for number of allowable refills and interval between refills, where applicable. If a prescription includes more than one drug, any drug that may be refilled must be clearly identified with the number of allowable refills for each drug;
 - g) prescriber's name, address, telephone number, fax number;
 - h) the treatment goal and/or diagnosis and/or clinical indication;
 - i) the prescriber's hand signature;
 - j) prescriptions produced by computer must be hand-signed by the RN(CP) or with an electronic signature that is hand-initialed by the RN(CP).
11. Provide educational information to clients about prescription and non-prescription drugs which includes information regarding:
 - a) expected action of the drug;

- b) importance of compliance with prescribed frequency and duration of the drug therapy;
 - c) potential side effects;
 - d) signs and symptoms of potential adverse effects (e.g. allergic reactions) and action to take if they occur;
 - e) potential interactions between the drug and certain foods, other drugs or substances such as herbal and homeopathic remedies;
 - f) specific precautions to take or instructions to follow; and
 - g) recommended follow-up.
12. Prescribe for clients based on assessment obtained through direct client contact.
 13. Establish a working relationship with the pharmacist(s) for purposes of consultation and education of clients.
 14. Monitor and document the client's response to drug therapy. Based on the client's response, the RN(CP) may decide to continue, adjust, or withdraw the drug, or to consult with a physician, RN/NP and/or pharmacist in accordance with the expectations for consultation.
 15. Store blank prescriptions in a secure area that is not accessible to the public. Do not provide any person with a blank, signed prescription.
 16. Do not prescribe for their family members or for themselves.
 17. Transmit a prescription by facsimile (pharmacists cannot accept e-mail prescriptions) to a pharmacy provided that the following requirements are met:
 - a) the prescription must be sent only to the pharmacy of the client's choice with no intervening person having access to the prescription;
 - b) the prescription must be sent directly from the prescriber's office or directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;
 - c) the prescription must include all information listed in Indicator 10, and in addition must include:
 - i. time and date of transmission;
 - ii. name and fax number of the pharmacy intended to receive the transmission; and
 - iii. a signed certification that the prescription represents the original of the prescription drug order, the addressee is the only recipient and there are no others, and the words "This certifies that the above prescription has been transmitted only to the pharmacy indicated."
 - iv. the original prescription must be validated, securely filed, retained for 2 years, be available for inspection, and not transmitted elsewhere at another time.
 18. Transmit all verbal prescriptions (new and refills) directly to the pharmacist.
 19. Monitor adverse drug reactions and report these in accordance with reporting requirements of Health Canada. (see appendix A)
 20. Maintain a record of all prescriptions written including refills.

Standard IV: Responsibility & Accountability

RN(CP)s are responsible and accountable for the provision of safe prescribing practices.

Indicators:

21. Is professionally accountable for prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
22. Only prescribe drugs for clients for whom the RN(CP) has relevant knowledge of the client's health and medical history.
23. Document care provided in an accurate, comprehensive and contemporaneous manner, accessible by all members of the health care team.
24. Maintain professional knowledge and competence in relation to prescribing.
25. Demonstrate understanding that prescriptive authority does not transfer with the registered nurse to other areas of practice, it is specifically granted to address an unmet need within a specific client population.
26. Prescribe only within the RN(CP)s competence. If a client requires care beyond that which can be provided by the RN(CP), the client is referred to the appropriate healthcare provider.
27. Advocate for organizational policy/protocol that supports safe prescribing practices for RN(CP)s.

*Denotes current working title, may be subject to change.

Glossary

Collaboration

Collaboration, the cornerstone of multidisciplinary care, involves working with one or more members of the health care team who each make a unique contribution from within the limits of her or his scope of practice.

Consultation

Consultation is an explicit request by an RN(CP) for another health professional to become involved in the care of a client for which the RN(CP) has primary responsibility at the time of the request. Consultation takes place when the registered nurse reaches the limit of the RN(CP) scope of practice, beyond which she/he cannot provide care independently and additional information and/or assistance is required from a professional with a more extensive knowledge base related to the specific client situation. Consultation can occur in a variety of ways including face to face discussion, by telephone and in writing.

References

College of Nurses of Ontario (2004). Practice Standard - Registered Nurses in the Extended Class.

Nurses Association of New Brunswick (2002). Competencies and Standards of Practice for Nurse Practitioners in Primary Health Care.

Nursing & Midwifery Council (2006). Standards of proficiency for nurse and midwife prescribers.

An Bord Altranais (2007). Practice Standards for Nurses and Midwives with Prescriptive Authority.

Appendix A

Monitoring Adverse Drug Reactions

A serious adverse drug reaction (ADR) is defined as a "noxious and unintended response to a drug that occurs at any dose and that requires inpatient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death." An RN who assesses a serious ADR, or is notified of a serious ADR in a client to whom she/he prescribed medications, is required to report it to the Adverse Drug Reaction Reporting Centre of Health Canada within 48 hours:

National ADR Reporting Unit
Adverse Reaction and Medication Error
Assessment Division
Bureau of Licensed Product Assessment
Therapeutic Products Programme
AL 0201C2
Ottawa ON K1A 1B9
Tel: (613) 957-0337
Fax: (613) 957-0335
E-mail: cadrmp@hc-sc.gc.ca