



# Nurse Practitioner Controlled Drugs & Substances Prescribing Guideline

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Effective: June 13, 2019

## CRNS's Mandate and Purpose

The College of Registered Nurses of Saskatchewan (CRNS) is a profession-led regulatory body established in 1917 by the provincial legislature. The CRNS is accountable through *The Registered Nurses Act, 1988* for public protection by ensuring members are safe, competent and ethical practitioners.

This guideline complements national nurse regulator commitments to harm reduction and protection of the public in the prescribing of controlled drugs and substances (CDS) (CCNR, 2017). Nurse Practitioners (NP)s are required to practice in accordance with current CRNS bylaws, Council policy, Nurse Practitioner Practice Standards, guidelines and the Code of Ethics as adopted by the College. This guideline provides direction to support safe prescribing of CDS.

**Cannabis for medical purposes** is included within the *Controlled Drugs and Substances Act*; therefore, CRNS considers cannabis for medical purposes under the umbrella of CDS.

## NP Competency and Scope of Practice for Prescribing Controlled Drugs and Substances

The following federal legislation named and authorized 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.

Saskatchewan NPs are authorized in accordance with CRNS bylaws to prescribe drugs listed in Schedules I, II and III of *The Drug Schedules Regulations, 1997*, as amended from time to time. CRNS Council policies and this CDS guideline provide NPs additional direction for prescribing CDS, including medications for Opioid Use Disorder, 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.

The New Classes of Practitioner Regulations precludes NPs from prescribing:

- all other anabolic steroids,
- opium, and
- coca leaves.

## Prescription Review Program

The Prescription Review Program (PRP) is an established educationally-based program that monitors for inappropriate prescribing and general monitoring of all PRP medications prescribed in the province. CRNS Bylaw VI – Categories of Practice, Section 4 – Prescription Review Program defines the panel of monitored CDS and the requirements for NP prescribers.

## 1. Legislation, Regulation and Agency Policy

NPs must be knowledgeable of the federal and provincial legislation and regulations relating to the management of CDS and cannabis. The following guidelines apply to prescribing of all CDS.

NPs are expected to:

- 1.1 Prescribe CDS according to the following current regulations, legislation and regulatory documents: *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*, CRNS bylaws, Council policy and NP practice standards.
- 1.2 Prescribe cannabis for medical purposes according to the following current regulations, legislation and regulatory documents: *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*, CRNS bylaws, Council policy and NP practice standards.
- 1.3 Confirm support or limitation for CDS prescribing in their practice environment, through terms of employment, privileges, job description and/or agency policy.
- 1.4 Complete prescriptions for CDS according to CRNS bylaws and as recommended by the PRP.
- 1.5 Adhere to the requirements of the PRP.
- 1.6 Complete the [Medical Document Authorizing the Use of Cannabis for Medical Purposes](#) according to the requirements of the Cannabis Regulations. The authorizing document is considered a prescription.
- 1.7 Adhere to record keeping requirements outlined in jurisdictional legislation and agency policy.
- 1.8 Adhere to legislation and policies regarding safe storage and transportation of CDS.
- 1.9 Document and report adverse events associated with CDS to [MedEffect Canada](#) according to federal and provincial legislation, regulation and policy, and agency policy.
- 1.10 Adhere to the principles of CRNS Council Policy 2.7 *NP Scope of Practice*.
- 1.11 Maintain competence with CDS prescribing through continuing education that is reflected in CRNS Continuing Competence Program.
- 1.12 Apply for Registrar approval to prescribe for Opioid Use Disorder (OUD) treatment and/or Methadone for Pain Management per Council Policy 2.7 *NP Scope of Practice*.

## 2. Therapeutic Management

NPs are responsible for prescribing CDS in a safe, effective and appropriate manner when assessments, investigations and diagnoses indicate that CDS drug therapy is necessary. In addition, NPs actively counsel clients regarding safety of CDS; considering the client's personal situation and social determinants of health.

NPs are expected to:

- 2.1 Have an established therapeutic relationship with the client or are in a collaborative agreement with another health care provider who has an established therapeutic relationship with the client.
- 2.2 Establish therapeutic, caring and culturally-safe relationships with clients and the health care team and integrate principles of trauma-informed practice care.
- 2.3 Complete a comprehensive assessment of the client's health condition, including the cause and nature of symptoms, pre- and post-intervention assessment of function, comorbid conditions, pharmaceutical and non-pharmaceutical therapies, psychosocial, psychiatric and substance use history and risk assessment for addictive behaviours.
- 2.4 Prescribe CDS according to evidence-based practice and current practice guidelines appropriate to clinical practice. NPs are not obligated to prescribe CDS if they determine it is inappropriate for a client or if they are not familiar with the prescribing indication.
- 2.5 Write prescriptions on a personalized prescription pad or use an electronic prescription that meets the requirements for electronic prescribing defined in the Pharmaceutical Information Program.
- 2.6 Fax or send prescription for CDS electronically to the client's choice of pharmacy. Provider/client negotiation of appropriate pharmacy may be required based on the CDS therapy prescribed and pharmacy accessibility.
- 2.7 Fax the [Medical Document Authorizing the Use of Cannabis for Medical Purposes](#) directly to the client's choice of licensed producer.
- 2.8 Collaborate with the health care team and other stakeholders in the development and evaluation of best practice CDS prescribing to achieve optimal outcomes for the individual, family and community needs.
- 2.9 Collaborate to develop safety measures for prescribers and other staff to address increased risks associated with prescribing CDS, including methods to provide for a safe working environment.
- 2.10 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).
- 2.11 Develop a holistic and individualized plan of care in collaboration with the client and other health care team members.
- 2.12 Discuss potential non-pharmacological alternatives for symptom management.
- 2.13 Conduct a trial of CDS medication therapy when indicated, with or without adjunctive pharmaceutical therapy.
- 2.14 Negotiate, document and communicate a treatment agreement (including informed consent) with the client, pharmacist and other care providers.

- 2.15 Counsel clients on the prescribed CDS; including indications for use, expected therapeutic effect, management of potential adverse effects/withdrawal symptoms, interactions with other medications or substances, precautions specific to the drug or the client, adherence to prescribed regimen, safe handling and storage, and required follow-up.
- 2.16 Monitor client's response to all medication therapies after initial trial and on a regular basis using evidence-informed assessment tools.
- 2.17 Revise the plan of care by continuing, adjusting, tapering or discontinuing the prescribed CDS based on client's therapeutic response, expected treatment outcomes, adherence to treatment plan, aberrant drug behavior, current evidence and potential for misuse or diversion.
- 2.18 Document details of each client encounter including, but not limited to, the client's response to therapy, changes in pain and function and adherence to treatment agreement.
- 2.19 Demonstrate a cost-effective and efficient approach to the provision of care.

## References

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