



# Prescribing Medication Guideline

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Effective: February 4, 2026

# Purpose

The purpose of this guideline is to describe the principles of medication prescribing for all College of Registered Nurses of Saskatchewan (CRNS) registrants who have the authority to prescribe as outlined in the CRNS Bylaws and based on initial and ongoing competence.

## Regulatory Authority

[The Registered Nurses Act, 1988](#) (the Act) provides the legislative authority for Registered Nurse (RN) and Nurse Practitioner (NP) practice in Saskatchewan. Section 15 of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide 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 each of those categories.

CRNS Bylaw IX details the privileges and obligations of practicing registrants. Obligations of practicing registrants include adhering to the *CRNS Code of Conduct*, the nursing practice standards and competencies that are incorporated by reference in Bylaws XV and XVI, which set the standards for professional conduct, competency and proficiency of nurses.

The CRNS develops guideline documents to support the professional practice of its registrants in the interest of the public. Although many CRNS RN Practice Standards indicators and Entry-Level Competencies (ELCs) may apply, the following have specific relevance to prescribing medications:

### Standard 1: Professional Responsibility and Accountability

- Being accountable and accepting responsibility for their actions and decisions.
- Recognizing the RN scope of practice and individual competence limitations within the practice setting and seeking guidance, as necessary.

### Standard 2: Knowledge-Based Practice

- Applying knowledge from nursing and other disciplines in decision-making in the best interest of the client.
- Facilitating client engagement in identifying their 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, families 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.
- Developing plans of care using critical inquiry to support professional judgment and reasoned decision-making.
- Anticipating actual and potential health risks and possible unintended outcomes.
- 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 Competency: Advocate

- Supporting and empowering clients in making informed decisions about their health care and respecting their decisions.
- Using knowledge of population health, determinants of health, primary health care and health promotion to achieve health equity.

Additionally, the following Registered Nurse with Additional Authorized Practice [RN(AAP)] Practice Standards have relevance to prescribing medications:

### Standard 1: Professional Responsibility and Accountability

- Diagnosing, treating and prescribing medications and treatments only for the limited common medical disorders contained within the Clinical Decision Tools (CDTs).

### Standard 2: Knowledge-Based Practice

- Engaging in evidence-informed and best practice in prescribing, monitoring and dispensing drugs according to the CDT for a limited common medical disorder.
- Recognizing adverse effects of pharmacological or non-pharmacological treatment and taking appropriate action to manage adverse effects.
- Counseling the client on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up as it relates to the limited common medical disorder.

NP Practice Standards and ELCs that apply to NPs include:

### Standard 1 – Professional Responsibility and Accountability

- The NP prescribes to family members, friends and personal acquaintances only in urgent or emergent situations when no other prescriber is available and does not self-prescribe.

### Entry-Level Competency – Clinician

- Prescribe and counsel clients on pharmacological and non-pharmacological interventions across the lifespan.

## Introduction

In this document, unless specifically identified otherwise, “authorized prescriber” refers to all CRNS registrants who have obtained the requirements to act under their authority to prescribe medications. Authorized prescribers as per CRNS Bylaw XII are RN(AAPs) or NPs.

CRNS registrants, who are authorized prescribers in Saskatchewan, prescribe medications in accordance with all applicable provincial and federal legislation; regulatory standards, competencies, *CRNS Code of Conduct*; legal requirements; provincial and/ or regulations, 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, congruent with current best practice evidence, legal requirements and as guided by employer policy.

## 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.

The Saskatchewan College of Pharmacy Professionals (SCPP) in [The Regulatory Bylaws, 2024](#) defines “practitioner” as a duly qualified medical practitioner, dentist, veterinarian or other health care professional whose profession is prescribed in [The Drug Schedules Regulations, 1997](#) as authorized to issue prescriptions. The professionals prescribed in [The Drug Schedules Regulations, 1997](#) include RNs who are entitled pursuant to [The Registered Nurses Act, 1988](#) to practice in the NP category or in the general category with additional authorized practice.

## Electronic Prescribing

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, in accordance with legislation, the CRNS and employer requirements. Prescribing electronically requires an authorized prescriber to create the prescription in an electronic medical record (EMR) or other stand-alone application and meet all requirements for electronic prescribing defined in the [Pharmaceutical Information Program](#) (PIP). All Saskatchewan pharmacies are equipped to accept electronic prescriptions or a written prescription on a prescription pad but may vary on process for preparing and filling.

The use of electronic prescribing where or when available 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. Regardless of the manner of prescription transmission, patient privacy and confidentiality are essential to the process.

## Considerations for Prescribing

- Authorized prescribers implement strategies that promote medication safety and 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.
- An authorized prescriber may communicate a verbal prescription to an RN when a new medication or change in dosage is required and a written prescription is not feasible.
- The use of abbreviations may present risks to client safety by increasing the risk of errors when prescriptions are written or read. To minimize risk, authorized prescribers utilize a minimum of abbreviations and only utilize those approved by their employers. Some common erroneous abbreviations can be accessed [here](#).
- Authorized prescribers must have the required knowledge, skill, judgment, and the required authority to safely prescribe medications.
- Authorized prescribers shall not prescribe medications for oneself.
- Authorized prescribers shall avoid prescribing for family or friends except in urgent situations when no other prescriber is available, including a virtual care provider.
- Prior to releasing a written or electronic prescription, the authorized prescriber completes a final check to ensure that the medication order is clear, complete, appropriate and PIP is up to date.

## Prescription Requirements

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.

## Client Education

The authorized prescriber provides educational information to the client regarding prescription and non-prescription medications 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.

## RN(AAP) Prescribing

Bylaw XII, Section 2 states that an RN(AAP) may, subject to conditions or restrictions imposed on their license, perform in accordance with standards and competencies adopted by the college, prescribe and/or dispense drugs by using the process in the CDTs and in accordance with provincial and federal legislation:

- (i) drugs listed in schedules I, II and III as amended from time to time;
- (ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time; and,
- (iii) drugs and Natural Health Products that may be sold without a prescription.

RN(AAP)s are not authorized to prescribe medications to:

- treat conditions not included in the CDTs or
- prescribe a medication contained in the CDTs for an unrelated purpose.

## NPs Prescribing Controlled Drugs and Substances

NPs in Saskatchewan are authorized through legislation to prescribe drugs listed in Schedules I, II and III (with a few exceptions), including controlled drugs and substances (CDS), as outlined in *The Drug Schedules Regulations, 1997*, as amended from time to time. This is regulated by the CRNS Bylaws and guided by policies that ensure safe prescribing practices in line with the [Controlled Drugs and Substances Act \(CDSA\)](#).

For more information, please see [Prescribing Controlled Drugs & Substances \(CDS\) for Nurse Practitioners](#) document.

The [CRNS Bylaws](#) and [Council Policy 2.7](#) contain requirements for NPs prescribing Opioid Use Disorder (OUD). The current CRNS Bylaws XII Section 3 describes prescribing for OUD. There are separate processes for applying for maintenance and initiating prescribing. For more information, please visit the CRNS website under [Prescribing](#). See also additional resources:

- [CPSS Opioid Agonist Therapy Resources](#)
- [Sask Health Authority Opioid Stewardship Program](#)

# Prescription Review Program

The [Saskatchewan Prescription Review Program \(PRP\)](#) supports safe CDS prescribing for all NPs. The Prescription Review Program is a prescription monitoring program that identifies possible unsafe prescribing and monitors the use of all PRP medications in the province. The provincially designated panel of prescription drugs, also known as PRP medications, can be found within the College of Physicians and Surgeons of Saskatchewan (CPSS) [Regulatory Bylaw 18.1](#), that is amended from time to time. The PRP applies to all dosage forms of the drugs listed in the panel of monitored drugs. [CRNS Bylaw XII](#)– Categories of Practice, Section 4 – Prescription Review Program defines the panel of monitored CDS and the requirements for NP prescribers.

## Dispensing

At times, some CRNS authorized prescribers may be required to both prescribe and dispense the same medication. In this document’s context, CRNS considers dispensing to mean providing one or more medication dose(s) to a client to be taken later. The CRNS acknowledges that dispensing medications is within the scope of practice of a pharmacist and ideally this should always be the first option. However, when no pharmacist is available to meet the client’s immediate needs, the authorized prescriber may be required to dispense medication. 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. In Saskatchewan, NPs licensed with the CRNS are the only nursing professionals who are authorized to dispense opioids in Saskatchewan.

*The Registered Nurses Act, 1988* Section 15(2) enables RN prescribing and dispensing in accordance with CRNS Bylaw XII. The CRNS 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 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 of the drug using TALLman lettering if appropriate, strength or 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 of facility, 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; and,
- 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,
- European Standard, or
- 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. When all other options have been explored and no other viable option is available, the authorized prescriber may dispense medications to 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. Guidance on establishing and maintaining professional boundaries is included in the [Professional Boundary Considerations for Nurse-Client Relationships](#) resource.

## Drug Samples

According to the [Food and Drugs Regulations](#), NPs, as of July 1, 2020, are enabled to independently accept and/or dispense certain drug samples in alignment with Bill C-4 (the *Canada-United States-Mexico Agreement Implementation Act*). 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) to enable the distribution of drugs as samples in accordance with the regulations.

Corresponding amendments were made to the *Food and Drug Regulations* (FDR), 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. With these changes, distribution of sample drugs to clients, fall within the NP scope of practice.

NPs can generally receive and dispense:

- samples of drugs within the NPs prescribing authority that can be obtained in accordance with the process set out in the FDR section [C.01.048](#) with the exception of:
  - a *narcotic* as defined in the [Narcotic Control Regulations](#);
  - a *controlled drug* as defined in FDR section [G.01.001](#);
  - a *prescription drug* as defined in subsection 1(2) of the [Cannabis Regulations](#) (i.e., a prescription drug containing cannabis for which a DIN has been assigned).
- Natural health products specifically authorized under the *Food and Drugs Regulations* – see [List A: List of Certain Natural Health Products for Distribution as Samples](#).
- Non-prescription drugs specifically authorized under the *Food and Drugs Regulations* – see [List D: List of Certain Non-prescription Drugs for Distribution as Samples](#).

NPs intending to dispense non-prescription drugs and natural health products should be familiar with the substances contained in Lists A and D, referenced above, that can also be obtained and dispensed as samples. 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 further understanding of Health Canada's role in regulating drugs and drug samples in Canada see the [Guidance Document on the Distribution of Drugs as Samples-Summary-Canada.ca](#)

For more information, contact a CRNS Practice and Education Nursing Advisor by email at [practiceadvice@crns.ca](mailto:practiceadvice@crns.ca) or by phone at 1.800.667.9945.

## References

- College of Registered Nurses of Saskatchewan (2025). *CRNS Bylaws 2025*. Regina, SK: Author.
- College of Registered Nurses of Saskatchewan. (2026). *CRNS Code of Conduct*. Retrieved from <https://www.crns.ca/wp-content/uploads/2026/01/CRNS-Code-of-Conduct.pdf>
- College of Registered Nurses of Saskatchewan (2025) *Prescribing Controlled Drugs & Substances (CDS) for Nurse Practitioners*. Regina, SK: Author.
- College of Registered Nurses of Saskatchewan (2024). *Registered Nurse Entry-Level Competencies*. Regina, SK: Author.
- College of Registered Nurses of Saskatchewan (2024). *Registered Nurse Practice Standards*. Regina, SK: Author.
- eHealth Saskatchewan. (2013). *Clinician's Guide to ePrescribing in PIP*. Retrieved from <https://www.ehealthsask.ca/services/pip/Documents/Resources/PIPclinicianGuidetoeprescribing.pdf>
- Government of Canada. (2018). *Cannabis Act*. Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/c-24.5/>
- Government of Canada. (2018). *Cannabis Regulations*. Retrieved from <https://laws-lois.justice.gc.ca/eng/regulations/sor-2018-144/page-1.html>
- Government of Canada. (2012). *New Classes of Practitioners Regulations*. Retrieved from <https://laws-lois.justice.gc.ca/eng/regulations/sor-2012-230/page-1.html>
- Government of Canada. (1996). *Controlled Drugs and Substances Act*. Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/c-38.8/>
- Government of Canada. (1985). *Food and Drug Act*. Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/F-27/page-1.html>
- Government of Saskatchewan. (1997). *The Drug Schedules Regulation, 1997*. Retrieved from <https://publications.saskatchewan.ca/#/products/1379>
- Government of Saskatchewan. (1996). *Saskatchewan Pharmacy and Pharmacy Disciplines Act*. Retrieved from <https://publications.saskatchewan.ca/#/products/806>
- Government of Saskatchewan. (1988). *The Registered Nurses Act*. Retrieved from <https://publications.saskatchewan.ca/#/products/815>
- National Association of Pharmacy Regulatory Authorities (NAPRA). *Drug Schedules Overview*. Retrieved from <https://napra.ca/national-drug-schedules>
- Saskatchewan College of Pharmacy Professionals (2024). *The Regulatory Bylaws*. Regina, SK: Author.

