



Registered Nurse (Nurse Practitioner) Controlled Drugs and Substances Practice Guidelines

In November 2012, the *New Classes of Practitioners Regulations (NCPR)* under Canada's *Controlled Drug and Substances Act (CDSA)* was passed. This change at the federal level expands the prescriptive authority of Registered Nurse (Nurse Practitioner)s [RN(NPs)] to include medications, with some exceptions, that fall under the *CDSA*. In accordance with the legislation, the SRNA is responsible for the development, implementation, enforcement, and evaluation of regulations, standards and competencies to guide RN(NP) prescribing under the *NCPR* (2012).

The SRNA Controlled Drugs and Substances Prescribing Guidelines are to be used in conjunction with the NP Competency Frameworks and the current SRNA *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies*. The practice guidelines in this document have been developed for the safe prescribing of medications that fall under the *CDSA* (2012), and outline RN(NP)s' professional and legal obligations. The guidelines are used as regulatory benchmarks against which RN(NP) performance is measured, and supports other legislated programs and policies [e.g. the prescription monitoring program (PRP)] currently in place to provide safe client care.

Registered Nurse (Nurse Practitioner) Prescribing of Controlled Drugs and Substances

RN(NP)s work independently and in collaboration with clients and other health professionals to provide comprehensive health services. The new authority that expands the RN(NP) scope of practice to incorporate prescribing of controlled drugs and substances will facilitate more comprehensive, timely, and holistic care to clients.

Societal issues relating to controlled drugs and substances are complex and varied. The prescribing of controlled drugs and substances carries significant implications for the health and wellbeing of the individual patient, family, community and prescriber. As

RN(NP)s assume this new authority, they will face many challenges when providing care to clients requiring these medications. This will require RN(NP)s to adhere to these additional practice guidelines to provide the extra protection and scrutiny needed to safeguard the RN(NP) and their clients.

1. Legislative and Regulatory Guidelines

RN(NP)s must be knowledgeable of the federal and provincial/territorial legislation and regulations relating to the management of controlled drugs and substances as well as jurisdiction specific policies. The following guidelines apply to prescribing of all controlled drugs and substances.

RN(NP)s:

- 1.1 Prescribe controlled drugs and substances according to the following current regulations and legislation: *CDSA, Food and Drug Regulations, Narcotic Control Regulations, and the Benzodiazepines and Other Targeted Substances Regulations, The RN Act, 1988, current SRNA Bylaws, and SRNA policies.*
- 1.2 Complete prescriptions for controlled drugs and substances according to SRNA Bylaws and as recommended by the Prescription Review Program.
- 1.3 Adhere to record keeping requirements outlined in jurisdictional legislation, regulation and policy.
- 1.4 Adhere to policies regarding safe storage and transportation of controlled drugs and substances if required in their focus of practice.
- 1.5 Document and report adverse events associated with controlled drugs and substances according to federal/provincial/territorial legislation, regulation and policy, and organizational policy (e.g., [Canadian Adverse Drug Reaction Reporting Program](#)).
- 1.6 Complete CDS education and continuing competence requirements as set out by SRNA bylaws, policy and as recommended by the Prescription Review Program.

2. Clinical Guidelines for Prescribing Controlled Drugs and Substances

RN(NP)s are responsible for prescribing controlled drugs and substances in a safe, effective and appropriate manner when assessments, investigations and diagnoses

indicate that this therapy is necessary. In addition, RN(NP)s actively counsel their clients regarding safety of controlled drugs and substances; taking into account their client's personal situation and social determinants of health.

RN(NP)s:

- 2.1 Collaborate with the health care team and other stakeholders in the development and evaluation of controlled drugs and substances prescribing practices within focus of practice; considering their impact at the individual, family, and community level.
- 2.2 Collaborate in the development of safety measures for prescribers and other staff to address increased risks associated with prescribing controlled drugs and substances, including methods to provide for a safe working environment.
- 2.3 Prescribe controlled drugs and substances based on evidence, best practice and current clinical practice guidelines appropriate to the RN(NP)'s focus of practice.
- 2.4 Develop, implement and evaluate strategies to address potential risks, harms and misuse of controlled drugs and substances among vulnerable populations.
- 2.5 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, prescribed pharmaceutical, psychosocial, psychiatric and substance use history, and risk assessment for addictive behaviours.
- 2.6 Develop a holistic and individualized plan of care in conjunction with the client and other health care team members.
- 2.7 Discuss potential non-pharmacological alternatives for symptom management.
- 2.8 Conduct a trial of controlled drugs and substance medication therapy when indicated, with or without adjunctive pharmaceutical therapy.
- 2.9 Negotiate, document, and communicate a treatment agreement (including informed consent) with the client and other designated prescribing providers.
- 2.10 Counsel clients on the prescribed controlled drugs and substances; 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.

- 2.11 Monitor clients' response to all medication therapies after initial trial and on a regular basis using evidence-informed assessment tools.
- 2.12 Revise the plan of care by continuing, adjusting, weaning or discontinuing the prescribed controlled drugs and substances; based on client's therapeutic response, expected treatment outcomes, adherence to treatment plan, aberrant drug behavior, current evidence, and potential for misuse or diversion.
- 2.13 Document details of each client encounter (including response to therapy, changes in pain and function, adherence to treatment agreement, etc.).
- 2.14 Demonstrate a cost effective and efficient approach to the provision of care.

References

Benzodiazepines and Other Targeted Substances Regulations, S.O.R./2000-217.

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