NANB

Fact Sheet: Legal Considerations When Prescribing Controlled Drugs

The <u>Controlled Drugs and Substances Act</u> along with the <u>Standards for the Practice of Primary Health Care</u> <u>Nurse Practitioners</u> define the scope of nurse practitioner (NP) authority to prescribe controlled drugs. The federal legislation excludes NPs from being able to prescribe opium, coca leaves and anabolic steroids, other than testosterone. The Nurses Association of New Brunswick (NANB) excludes NPs from ordering heroin.

With such broad prescribing authority for NPs in New Brunswick, this fact sheet is meant to serve as a reminder of key points to consider when prescribing, especially when prescribing controlled drugs.

- NPs need to meet the educational and practice requirements as outlined by the regulatory body (NANB) when prescribing. NP Standard indicator 3.4 states the NP "prescribes drugs, including controlled drugs and substances, based on a knowledge of pharmacological and physiological principles, and in accordance with the NANB NP Schedules for Ordering, provincial legislation and federal legislation" (NANB, 2018, p. 8).
- 2. NPs are required to practice according to employer policy. NP Standard indicator 1.2. states the NP "practises in accordance with current federal and provincial legislation, professional and ethical standards, and policy relevant to NP practice" (NANB, 2018, p. 6).
- 3. NPs should be involved with medication reconciliation as they are a member of the care team.
- 4. NPs are expected to assess and identify client misuse of controlled drugs by: evaluating the effectiveness of the treatment plan; assessing for signs of substance misuse, including the concept of the patient having more than one prescriber (doctor/NP shopping); and looking for any signs of drug diversion. NP standard indictor 2.2 states the NP "systematically collects, documents and critically analyzes health data by performing a holistic health assessment using multiple tools and sources of data, including:
 - the cause and nature of symptoms,
 - history of comorbid conditions,
 - substance use and prescribed pharmaceuticals (utilizing a prescription drug monitoring program to evaluate a patient's medication history, when available),
 - psychosocial and psychiatric health,
 - risk assessment for misusing substances (ex: addictive behaviours and/or drug diversion), and
 - pre- and post-intervention assessments" (NANB, 2018, p. 7).
- 5. NPs in NB are authorized to prescribe methadone. Methadone prescribing is considered a postentry level competency and as such NPS who engage in this practice are accountable to attain and maintain the necessary knowledge and skill to practice competently, safely and ethically. For further information, please refer to the <u>Fact Sheet: Nurse Practitioners (NPs) Prescribing</u> <u>Methadone.</u>

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- 6. In part 14, section 272 of the federal <u>Cannabis Regulations</u>, NPs may authorize medical cannabis to an individual who is under their professional treatment and if cannabis is required for the condition for which the individual is receiving treatment. Things for the NP to consider are captured in the document <u>Guidelines for Nurse Practitioners Authorizing Medical Cannabis</u>, but here are some additional considerations:
 - Does the client have a primary healthcare provider and if yes, why did their PHC not authorize the cannabis?
 - Does the NP know enough about the client's health status and treatment history to determine whether cannabis is required for their condition?
 - Does the client understand the risks and benefits of proceeding with cannabis for medical purposes to treat their condition?
 - Is the care being provided remotely and if yes, does the NP have the ability to consider and manage any risks associated with providing an assessment and treatment virtually or via telehealth, (including addressing client complaints)?
- 7. NPs are not expected to put their lives in danger or harms way, if being threatened or harmed by a drug-seeking individual. However, NPs cannot abandon patients and must attempt to help them find an alternate care provider. Please refer to the answers provided in the NANB FAQ for NPs on terminating a NP-Client relationship and the Canadian Nurses Protective Society (CNPS) <u>Ask a Lawyer: Ending the NP-Client Relationship</u>, for further guidance.
- Documentation should occur as close to the time of the event as possible by a person who has the duty to document – and the knowledge to document. NPs are expected to meet the <u>Standards</u> <u>for Documentation</u> and NP Standard indicators pertaining to documentation, such as:
 - 1.10 the NP "documents clinical data, assessment findings, diagnoses, plan of care, therapeutic intervention (including consent), client's response and clinical rationale in a timely and accurate manner in the client's permanent health record";
 - 1.11 the NP "documents and reports adverse events associated with pharmacological and nonpharmacological interventions, (including controlled drugs and substances) according to federal/provincial/territorial legislation, regulation and policy, and organizational policy";
 - 2.6 the NP "documents all diagnostic tests ordered and/or discontinued on the client's permanent health record, including any follow-up required as a result of the test"
 - 3.10 the NP "obtains and documents informed consent from the client prior to performing procedures"; and
 - 3.15 the NP "documents interventions and client's response, in the client's permanent health record" (NANB, 2018, 6-9).
- 9. The CNPS is the liability provider for NANB members and they have a <u>NP Corner</u>. The NP Corner provides legal resources and risk management information such as timely and relevant articles, webinars and information to help NPs provide high quality professional care to their patients.

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For more information on prescribing controlled drugs, or to contact one of our consultants, please send emails to <u>practiceconsultation@nanb.nb.ca</u> or call (506)458-8731, Toll-free 1-800-442-4417.

References

Government of Canada. (2018). *Cannabis Regulations SOR/2018-144*. Retrieved from: <u>https://laws-lois.justice.gc.ca/eng/regulations/SOR-2018-144/FullText.html</u>

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Nurses Association of New Brunswick. (2020). *Standards for Documentation*. Fredericton: Author.

Nurses Association of New Brunswick. (2018). *Standards for the Practice of Primary Healthcare Nurse Practitioners*. Fredericton: Author.