

RN and RPN Prescribing Competencies

Prescribing will be a new practice for RNs and RPNs.

Before prescribing any medication, RNs and RPNs must ensure they have the following competencies:

Practice autonomous and evidence-based care

When prescribing medications, RNs and RPNs:

- Are accountable and responsible for their diagnostic and prescribing decisions.
- Should use current evidence to support decision-making.

Recognize relevant regulatory mechanisms

Prescribe only the medications authorized by all of the following¹:

- [The Nurses \(Registered\) and Nurse Practitioners Regulation](#) or the [Nurses \(Registered Psychiatric\) Regulation](#), BC Laws
- Other relevant provincial or federal regulations
- [Scope of Practice for Registered Nurses: Standards, Limits, Conditions](#) or [Scope of Practice for RPNs: Standards, Limits and Conditions](#), BCCNM
- Organizational/employer policies and processes
- The RN's or RPN's individual competence

Perform a comprehensive assessment

- Assess the patient in person, or, if clinically appropriate and within scope, through a virtual health care encounter with a visual assessment.
- Assess the patient's health status, including conducting an accurate health history and clinical evaluation.
- Consider the patient's health history related to the condition or health concern, such as:
 - Age,
 - Sex and gender,
 - Past medical and psychiatric history,
 - Family history,
 - Social history, and
 - The patient's understanding, beliefs, and values.
- Perform an appropriate clinical evaluation.
 - Such as a physical examination or a review of relevant diagnostic tests and specialist reports.

¹ In addition to these regulatory mechanisms, two temporary exceptions allow for RN/RPN prescribing for OUD: 1) Section 56 exemption under the *Controlled Drugs and Substances Act*, 2) Order of the Provincial Health Officer

Diagnose a disease or condition

- Make or confirm a nursing diagnosis of a condition that can be improved or resolved within the context of the patient's overall health status and care needs by prescribing a medication within the RN's or RPN's scope of practice.
 - Registered nurses and registered psychiatric nurses can only make diagnoses of a disease or disorder in specific circumstances.
 - ◆ In the context of OUD care, once the required education and preceptorship is completed, RNs and RPNs can make a diagnosis of OUD.

Prescribe safely and effectively

- Obtain the best possible medication history for the patient, as outlined in the RN or RPN's organizational or employer requirements, including use of:
 - Non-prescription medications.
 - Natural health products.
- Use PharmaNet.
- Review medication history and follow organizational policies and processes for any identified discrepancies that may need to be addressed.
- Assess the patient's known allergies.
- Describe the prescribed medication's therapeutic use, indications, dosages, precautions, contraindications, side effects, adverse effects, potential interactions (between foods, medications, or substances), medication forms, and route of administration.
- Assess medication coverage and refer the patient to available provincial medication access programs, as needed.
 - For example, Plan G PharmaCare coverage.
- Establish a plan for reassessment and/or follow-up with respect to the prescribed medication, either by the RN or RPN themselves or by another prescriber.

Complete prescriptions

Prescriptions must be legible, accurate, and complete. This includes:

- The date the prescription was written.
- Patient information.
 - Name, address (if available), date of birth, and personal health number (required for prescription of controlled substances).
- Medication information.
 - Name, strength, and dose.
 - The quantity prescribed and quantity to be dispensed.
- Dosage instructions.
 - For example, the frequency, maximum daily dose, route of administration, duration of medication therapy.
- Prescriber clinical contact information.
 - Prescriber's name, work address, work telephone number, written/ electronic signature, and prescriber number.

Monitor and follow up

- Provide appropriate monitoring and follow-up care.
 - This includes managing, monitoring, and evaluating patient response to the prescribed medication.

Communicate and collaborate with other health care providers

- Consider the broader plan of care for the patient developed by the health care team, including other prescribers.
- Communicate the plan for reassessment or follow-up with respect to the prescribed medication.
- Collaborate or consult when the prescribing decision would benefit from the expertise of other health care providers.
- Consult or refer when the needs of the patient exceed the RN or RPN's scope of practice or individual competence.

Adhere to prescription safety principles

The following safety principles are to be followed:

- A blank, signed prescription must not be provided to any person.
- Medications should be prescribed in a professional nurse–patient relationship.
 - Medications must not be prescribed by the RN or RPN for anyone who is not their patient, including themselves.
 - See [Boundaries in the Nurse-Client Relationship Practice Standard](#) for [registered nurses](#) or [registered psychiatric nurses](#), BCCNM.
- Registered nurses and registered psychiatric nurses must participate in required and relevant provincial and national reporting programs.

Document care

Accurately document relevant information and any care provided to the patient, including:

- Allergies.
- Clinical evaluation.
- Assessment, treatment plan, medication prescribed to the patient, and the indication(s) for the medication.
- The patient's response to the medication being prescribed during follow up.
- Consultation sought, the plan of care, and communication with the health care team.