

GUIDELINES

A Guide for Practice: Registered Psychiatric Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests

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PURPOSE OF THIS GUIDE TO PRACTICE

This guide to practice is a supplemental document to the Standard for Registered Psychiatric Nurses (RPN) Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests, and the Competencies for Registered Psychiatric Nurses Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests. This supplemental guide provides additional information on the authorization of the RPN to prescribe Schedule 1 drugs and enhanced information on meeting employer support requirements for RPN prescribing authorization. The guide will also provide assistance to RPNs, employers, and other health professionals in understanding the clinical practice areas in which the CRPNA believes it may be appropriate for RPNs to be authorized to prescribe Schedule 1 drugs and guidance on the requirements for follow up when diagnostic tests are ordered to support the RPN prescribing process.

This document is not intended to address the expectations for the authorization of the restricted activity of RPNs ordering diagnostic imaging with the use of a clinical support tool that does not include RPN prescribing. The Restricted Activities Standards, Standard 1, Criteria outlines the expectations for ordering medical radiography with the use of a clinical support tool outside of authorization of RPN prescribing and ordering diagnostic tests.

GUIDELINES FOR RPN PRESCRIBING SCHEDULE 1 DRUGS AND ORDERING

GUIDELINE 1: Identified Clinical Practice Area

RPN prescribing will only be authorized in clinical practice areas identified by CRPNA as appropriate for RPNs to prescribe Schedule 1 drugs and order diagnostic tests.

- The identified clinical practice areas in which RPNs may be authorized to prescribe may be related to the type of care (e.g., wound care), practice setting (e.g., mental health clinics, community mental health, brain injury units, community detox, etc.) or a specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or chronic diseases). The following is a list of identified clinical practice areas identified by the CRPNA in which RPNs may be authorized to prescribe Schedule 1 drugs:
- Mental health clinical
- Community mental health
- Psychogeriatric
- Emergency or urgent care, community detox



- Corrections
- Ambulatory clinics
- Continuing care
- Sexual assault clinics
- Sexual health
- Home care
- Occupational health
- Primary care
- Travel health
- Workplace health and safety
- Chronic disease management

CRPNA will review the identified clinical practice areas on a regular basis to ensure that the RPN prescribing of Schedule 1 drugs in those clinical practice areas continues to support improved client health outcomes. RPNs and employers can contact CRPNA via email at crpna@crpna.ab.ca to request CRPNA to consider identifying additional clinical practice areas in which RPNs may be authorized to prescribe Schedule 1 drugs

GUIDELINE 2: Client Need

The goal for incorporating RPN prescribing within a clinical practice area is to help address client healthcare needs and improving client health care outcomes

It is within the best interests of the client that RPN prescribing of Schedule 1 drugs should be incorporated into practice. The RPN must base the assessment of client need on improving client outcomes, reducing barriers to evidence-informed care, having timely access to care, improved continuity of care, and upholding safe client care.

The CRPNA does not endorse RPN prescribing of Schedule 1 drugs for the purposes of convenience, cost-cutting measures that have the potential to result in harm to the client, or the exclusion of other health-care professions required for the safe delivery of client care.

The RPN has a professional, legal, and ethical responsibility for client safety and must consider all of the following when assessing client need and the reason for RPN prescribing:

- Continuity of care for the client
- Safe client outcomes and health benefits



- Stability and predictability of the client's health-care needs
- Client's ability to access care and assessment of any unnecessary delays in care
- Current barriers or gaps in the client's care
- Consequences or potential unexpected outcomes to the client's care
- Required consultation with other health professionals.

GUIDELINE 3: Employer Support

Employer support is required before the CRPNA will authorize an RPN to prescribe Schedule 1 drugs or order diagnostic tests in a specific clinical practice area

CRPNA will only authorize an RPN to prescribe Schedule 1 drugs in a specific clinical practice area if:

- The RPN has met the additional prescribing educational course requirements approved by Council, there is an already ***existing employer/employee relationship***, and the employer has demonstrated and implemented support for RPN prescribing in that clinical site.
- ***Self-employed RPNs*** who do not have an employee-employer relationship should call CRPNA before considering applying to CRPNA for authorization to prescribe Schedule 1 drugs and order diagnostic tests.
- The employer who wishes to enable RPNs to prescribe Schedule 1 drugs in specific clinical practice areas must provide CRPNA with the following:
 - a reference for the RPN applying for authorization satisfactory to the Registrar;
 - identification of the clinical practice area in which RPN authorization to prescribe Schedule 1 drugs is being sought;
 - confirmation that the employer will permit the RPN to prescribe Schedule 1 drugs and order diagnostic tests in the specific clinical practice area;
 - confirmation that there are Clinical Support Tools (CSTs) developed by the interprofessional team or clinical experts for the identified specific clinical practice area and
 - confirmation there is a collaborative practice relationship between the authorized RPN and a regulated health professional who has autonomous authority under the *Health Professions Act* to prescribe a Schedule 1 drug such as a physician, nurse practitioner or dentist.

CLINICAL SUPPORT TOOL (CST)

The clinical support tool (CST) should be developed, reviewed, supported and regularly revised by an interprofessional team of subject matter experts, with both content expertise and practice experience in the relevant clinical practice area. The CST must be evidence-informed and based on current best practice. The CST must align with the expectations outlined in the Registered Psychiatric Nurse Standards of Practice Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests 2021, including the requirement that RPNs requesting prescribing authorization must have their employer provide CRPNA with the established CST specific to the clinical practice area and this CST must clearly guide both prescribing decisions and any ordering of diagnostic tests.

There is a joint responsibility between the employer and the RPN who is authorized to prescribe in a specific clinical practice area for the ongoing evaluation of the RPN prescribing. This evaluation should include the review, development, and improvement of RPN prescribing. This review could include but is not limited to quality improvement and risk management practices, prescribing audit tracking systems, CSTs, and organizational policies that support safe, competent, and ethical prescribing practices.

GUIDELINE 4: Ordering Diagnostic Tests

Only the diagnostic tests that are clearly identified in the CST in a specific clinical practice area can be ordered by the RPN authorized to prescribe Schedule 1 drugs or order diagnostic tests.

Diagnostic test results can support safe and appropriate RPN prescribing decisions. See Appendix A for a list of common diagnostic and medical radiography tests that can be included in a CST. An RPN might order diagnostic tests to:

- ensure the medication and dose ordered are congruent with expected therapeutic responses;
- monitor the response of the client to the medication therapy to ensure optimal outcomes;
- monitor for adverse effects to ensure client safety; or screen the client for certain conditions

RPNs are not authorized to order any form of ionizing radiation in nuclear medicine or radiation therapy, non-ionizing radiation in lithotripsy or magnetic resonance imaging, or tests requiring radiopharmaceuticals or imaging contrast.

If the CST includes ordering diagnostic tests, the RPN authorized to prescribe, and order diagnostic tests will have to apply for a practitioner identification number (PRAC ID) through Alberta Health. Please contact CRPNA for further information on the need for a PRAC ID at crpna@crpna.ab.ca.

When ordering diagnostic tests, the CST must be in alignment with the College of Physicians and Surgeons of Alberta's *Continuity of Care* standard of practice (CPSA, 2015). The review, follow-up, process, and documentation of the diagnostic test(s) must include:

- a process to ensure that the diagnostic test was not already ordered or done to avoid duplication;
- a process to ensure accurate client contact information and an alternative contact method are obtained,
- who is responsible for receiving and reviewing the test results in a timely manner,
- who will be interpreting the results;
- what arrangement is in place for receiving and responding to critical diagnostic test results reported after regular working hours or in the RPN's absence including:
 - ensuring that the laboratory or imaging facility is able to reach the RPN or designate,
 - the after-hours emergency number that will be provided, and
 - clearly identifying on the test requisition when the results are expected to fall in the critical range;
- who will be communicating the test result and any follow-up care with the client;
- who will be providing the follow-up care;
- what additional health-care professional review is required and any required communication between healthcare providers;
- who will follow-up when diagnostic tests results are not received within a period of time equal with the urgency of the investigation; and
- how the RPN will refer clients for any needed follow up or treatment.

There must be a clear responsibility for the follow-up of diagnostic tests and CRPNA requires the CST to outline the relationship between the RPN role and any other healthcare professional involved to ensure the seamless provision and continuity of client care. Good communication between health-care professionals and the client is vital to continuity of care and quality client care (CPSA, 2019).



GLOSSARY

<i>Client</i>	In this document client refers to the individual, groups and community, who are the recipient(s) of psychiatric nursing services.
<i>Clinical Practice Area</i>	The clinical area where an RPN who is authorized to prescribe and to order diagnostic tests, practices. The focus of the clinical practice may be related to the type of care (e.g., wound care), practice setting (e.g., mental health clinics, community mental health, corrections, brain injury units), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic disease management).
<i>Clinical Support Tool</i>	An evidence-informed tool developed by the interdisciplinary team and used by the practice setting to guide decisions related to prescribing Schedule 1 drugs and ordering of diagnostic tests. The clinical support tool may be in the form of a protocol, algorithm, or clinical practice guideline.
<i>Employee</i>	A person hired into a contract as an employee and agrees, for a limited or indeterminate period, to undertake work for the employer. The person carries out the service of work in exchange for remuneration and the work is carried out according to the direction and control of the employer. The terms of the contract are binding and enforceable (The Canadian Payroll Association, 2014).
<i>Employee-Employer Relationship</i>	The payer is considered an employer and the worker an employee (Canada Revenue Agency, 2019).
<i>Evidence-Informed</i>	Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data (Canadian Health Services Research Foundation, 2005).



Inter-Professional Team

Health-care providers from different professional backgrounds who provide comprehensive, high-quality care for clients within the clinical practice area where RPN prescribing occurs.

Schedule 1 Drugs

Drugs set out in Schedule I of the National Association of Pharmacy Regulatory Authorities Drug Schedules published by the National Association of Pharmacy Regulatory Authorities (Scheduled Drugs Regulation, 2007).

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APPENDIX A

APPENDIX A: CRPNA LIST OF IDENTIFIED DIAGNOSTIC TESTS THAT MAY BE INCLUDED IN A CLINICAL SUPPORT TOOL

- Electrocardiogram
- Ultrasound

Common Laboratory Tests:

- Blood
- Urine
- Stool
- Sputum
- Swabs
- Semen

Common Medical Radiography Tests (taken from the Alberta Health Care Insurance Plan Schedule of Medical Benefits)

Head

- X1 Skull
- X2 Skull (Including stereos)
- X4 Facial bones
- X5 Mandible
- X6 Nasal bones
- X6A Adenoids or nasopharynx
- X7 Mastoids
- X8 Sinuses - paranasal
- X9 Temporo-mandibular joints
- X10 Sella turcia
- X12 Orbit -for foreign body
- X13 Orbit - for foreign body localization
- X13A Optic foramina
- X17 Tooth (single)
- X18 Teeth (half set)
- X19 Teeth (complete)



Chest

- X20 Chest - single view
- X21 Chest - multiple views
- X21A Thoracic inlet views
- X22 Ribs
- X26A Mammoductography
- X27 Mammography (both breasts)
- X27C Screening mammography (age 40 to 49 years inclusive)
- X27D Screening mammography (age 50 to 74 years inclusive)
- X27E Screening mammography (age 75 years and over)
- X28 Sternum and/or sterno-clavicular joint

Upper Extremity

- X29 Finger
- X30 Hand
- X31 Wrist or carpal bone (or wrist and hand)
- X32 Radius and ulna
- X33 Elbow
- X34 Humerus
- X35 Clavicle
- X36 Shoulder girdle
- X36A Scapula

Lower Extremity

- X38 Toe
- X39 Foot
- X40 Ankle
- X41 Os Calcis
- X42 Tibia and fibula
- X43 Knee

Skyline or Tunnel View of Knee

- X45 Femur or thigh
- X46 Femur, including hip and knee
- X47 Hip
- X51 Pelvis



- X52 Pelvis and one hip
- X53 Pelvis and both hips
- X54 Sacro-iliac joints

Spine

- X55 Spine, one area
- X56 Spine, one area - with obliques
- X57 Two areas
- X57A Two areas (of the spine) with obliques of each area
- X58E More than two areas (of the spine) with obliques of each area
- X58 Complete spine

Genito Urinary

- X68 Kidney, ureters, bladder (K.U.B)

Gastrointestinal Tract

- X98 Abdomen - single view
- X99 Abdomen - multiple views
- X100 Abdomen for obstruction or perforation