



*College of*  
**REGISTERED**  
**PSYCHIATRIC NURSES**  
*of Alberta*

# **STANDARDS**

## **Registered Psychiatric Nurses Standards of Practice Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests**

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Approved by the College of Registered Psychiatric Nurses of Alberta (CRPNA) Provincial Council, January 2022.

Permission to reproduce this document is granted. Please recognize CRPNA.

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College of Registered Psychiatric Nurses of Alberta (CRPNA) would like to acknowledge and thank the College and Association of Registered Nurses of Alberta (CARNA) for their support and allowing the use of their publications to develop very similar work on all documents created by CRPNA for RPN Prescribing and Ordering Diagnostic Tests. All CARNA documents related to RN prescribing and ordering diagnostic tests will be acknowledged and referenced as valuable resources in CRPNA's documents.

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## PRESCRIBING AND ORDERING DIAGNOSTIC TESTS

The Standards of Practice of the College of Registered Psychiatric Nurses of Alberta (CRPNA) are the minimum standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. The CRPNA also provides practice consultation to support the implementation of the Standards of Practice. 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 1.6 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.

*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.*

### PURPOSE

The Registered Psychiatric Nurses Professional Regulation (2021) authorizes registered psychiatric nurses (RPNs) to prescribe Schedule 1 drugs within the meaning of section 31(1)(b) or (c) of the Pharmacy and Drug Act and restricted activities such as ordering diagnostic tests. RPN prescribing authority supports continuity of care, access to care, system efficiency and cost effectiveness. This new opportunity will assist in the development of innovative practice models in a variety of settings and optimizes the scope of practice for RPNs.

The purpose of this document is to identify:

- the College of Registered Psychiatric Nurses of Alberta (CRPNA) requirements for the authorization of an RPN to prescribe and order diagnostic tests; and
- the standards of practice for the RPN authorized to prescribe Schedule 1 and order diagnostic tests.

***Regulated members on the provisional or courtesy register are not eligible to apply for authorization to prescribe schedule 1 drugs and to order diagnostic tests.***

The term “an RPN authorized to prescribe” will be used throughout this standard to mean an RPN has met the CRPNA requirements and is authorized by CRPNA to, *in a specific clinical practice area*:

- prescribe Schedule 1 drugs, except for controlled drugs and substances, and
- order diagnostic tests.

RPNs who prescribe have the necessary knowledge, skill, and support in the work environment to make safe and appropriate prescribing decisions; and

- to determine the client health care needs are stable; and
- to clearly identify the specific medication to be prescribed and the diagnostic tests to be ordered in a clinical support tool prepared by the organization or clinical experts.

There are two accompanying documents, *Competencies for Registered Psychiatric Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests* (CRPNA, 2021), that describe the competencies needed for an RPN prescribing Schedule 1 drugs and the ordering of diagnostic tests, and *Guidelines for Registered Psychiatric Nurses Ordering Schedule 1 Drugs and Ordering Diagnostic Tests*. These are companion documents and must be used with the standard for prescribing Schedule 1 drugs and ordering diagnostic tests.

A specific **clinical practice area** may be related to the type of care (e.g., wound care), practice setting (e.g. emergency department, primary care, occupational health, corrections, home care) specific issue (e.g. sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g. diabetes or other chronic disease management).

The *RPN authorized to prescribe will have a Prescriber ID issued by CRPNA*. Confirmation of prescribing authority can be done through the CRPNA online verification system. The authorized RPN prescriber will have the following information visible on their practice permit:

- Authorized to prescribe Schedule 1 drugs
- Authorized to prescribe at (specific clinical practice area and address).

*Please note a Prescriber ID issued by CRPNA is not the same as a Practitioner Identification # issued by the government of Alberta.*

## INTENT OF RPN PRESCRIBING

The role of an RPN authorized prescriber will contribute to a collaborative, interprofessional approach to meeting unmet or unnecessarily delayed health and mental health needs. It is intended to safely address client medication needs and diagnostic needs within a specific clinical setting the employer has determined has a unique client need for **accessibility** to medication and diagnostic tests and where:

- RPNs have the necessary knowledge, skill and clinical support to make safe, ethical and applicable prescribing or ordering decisions;
- Client health and mental health needs are stable based on assessment of acuity and predictability of client condition and health outcomes; and
- The specific medication(s) to be prescribed and the diagnostic test(s) that can be ordered are clearly identified in a clinical support tool.

## ORDERING DIAGNOSTIC TESTS

The RPN engages in evidence-informed psychiatric nursing diagnosing and management, utilizing a clinical support tool and other relevant guidelines and resources. Diagnostic test results support safe, ethical, and appropriate prescribing decisions. The specific diagnostic tests that will be used to determine the medications to be prescribed must be clearly identified in a clinical support tool. Diagnostic tests might be ordered 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 clients for certain conditions.

## REQUIREMENTS FOR RPN AUTHORIZED PRESCRIBERS

An RPN must meet the following pre-requisites to be authorized and maintain authorization to prescribe Schedule 1 drugs and order diagnostic tests, in a specific clinical practice area.

### 1.) Application to the Registrar

- a. An RPN in good standing with no conditions or restrictions on their practice permit on the Registered Psychiatric Nurse General Register must apply to the Registrar for approval to prescribe Schedule 1 drugs and order diagnostic tests in a specific clinical practice area.
- b. Authorization is not transferrable from one clinical practice setting to another. If an RPN changes employment setting, the RPN must reapply to the Registrar for authorization to prescribe Schedule 1 drugs and order diagnostic tests in the new setting.
- c. If additional education or other requirements are deemed necessary by the Registrar these must be met first.
- d. The RPN authorized prescriber is responsible for notifying the Registrar if the location/site of the practice changes even when the clinical practice area remains the same.
- e. An RPN must re-apply to the Registrar for approval for a new clinical practice area. They must meet any additional education or other requirements deemed necessary by the Registrar.

### 2.) Education

- a. An RPN applying to the Registrar for approval to prescribe Schedule 1 drugs and order diagnostic tests must have successfully completed an approved psychiatric nursing program and additional course(s) in nurse prescribing and ordering diagnostic tests.

- b. An RPN authorized to prescribe Schedule 1 drugs and order diagnostic tests must meet any CRPNA Continuing Competence Program requirements for RPN authorized prescribing and ordering.

### **3.) Clinical Practice**

An RPN authorized for approval to prescribe will have provided evidence satisfactory to the Registrar:

- a. That the RPN has had a minimum of 3,000 hours of psychiatric nursing practice; and
- b. That the RPN has had 750 recent practice hours in the clinical practice setting for which they are applying for advanced authorization to prescribe Schedule 1 drugs, and ordering diagnostic tests.

All clinical practice requirements must be met before the RPN applies to the Registrar for prescribing authorization.

### **4.) Clinical Practice Setting Support**

An RPN applying for authorization to prescribe a Schedule 1 drug must submit an employer reference satisfactory to the Registrar. The reference must come from a person who has observed the RPN's practice in, and has managerial or supervisory responsibility for, the specific practice area for which the RPN is applying for authorization.

The reference must provide evidence satisfactory to the Registrar that:

- a. The employer policy permits an RPN to prescribe;
- b. There are clinical support tools for RPN Prescribing Schedule 1 drugs developed by the inter-professional team for the specific clinical practice area; and
- c. There is a collaborative practice relationship with an authorized prescriber, as appropriate to the specific clinical practice area.

### **5.) Prescriber ID**

An RPN who is authorized to prescribe will have a Prescriber ID issued by CRPNA. CRPNA's online public and employer verification system identifies if an RPN is authorized to prescribe schedule 1 drugs and to order diagnostic tests. An RPN, who is authorized, will have the following information on their practice permit:

- Authorized to prescribe Schedule 1 drugs.
- Authorized to prescribe at (specific clinical practice area or address)

CRPNA will provide electronic notification of the updated list of RPNs with current prescribing authorization to the Alberta College of Pharmacy, and Alberta Blue Cross.

## DECISION-MAKING IN THE INTEREST OF THE PUBLIC

An RPN who has been authorized to prescribe Schedule 1 drugs and order diagnostic tests must document the prescribing decision to inform the other members of the interprofessional health care team about:

- Type and amount of medication prescribed;
- Rational for the prescribing decision; (utilizing the client medication profile, efficiency, safety, acceptability, clinical decision support tools, implication of using medication therapy)
- Date the medication was prescribed;
- Monitoring that has been initiated; and
- Client teaching.(including expected risks and outcomes (client compliance), medication administration instructions -frequency and route.
- Treatment plan sharing with other members of interprofessional health care team including any changes to medication dosage or type that were made, based on client response to the medication.

The prescribing RPN must support the client in making informed decisions and following recommended medication regimes by discussing with the client:

- Rationale for the selection of a particular medication (e.g., utilizing the client medication profile, efficiency, safety, acceptability, clinical decision support tools, etc.)
- Implications of using medication therapy;
- Expected risks and outcomes (e.g., client compliance)
- Client teaching including medication administration instructions (e.g., frequency, route, with or without food, with or without other medications, and what possible side effects to report, and
- Risks and benefits of medication therapy.



## CLINICAL SUPPORT TOOLS

Clinical decision support is clinically relevant information provided or made available as a resource to allow comprehensive clinical decisions and is aimed at providing accurate information at the point of care or decision regarding care to enhance health and health care.

The clinical decision support known as a clinical support tool will guide prescribing decisions and identify parameters for the prescribing of the medication and ordering of diagnostic tests that will occur in a specific clinical practice setting. The clinical support tool will be evidence-based and provide the most up to date information to facilitate appropriate prescribing decisions by the authorized RPN prescriber.

Evidence-based, these tools will be effective for a specific health care need, incorporate the most up to date evidence-based guidelines for a specific diagnosis and demonstrates decision support at the point of care. The clinical support tool should be developed, reviewed, and revised by an interprofessional team of subject matter experts with both content expertise and practice experience in the relevant clinical setting. The specific clinical practice area may endorse clinical guidelines provided by other organizations known for their expertise in the subject area (e.g. Diabetes Canada), these guidelines must be adapted appropriately for the specific clinical practice area. The use of third-party guidelines does not replace the need for a clinical support tool that is specific to the clinical practice area. The clinical support tool must align with the expectations outlined in these standards.

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### ***STANDARD 1: Therapeutic Relationship***

An RPN authorized to prescribe Schedule 1 drugs and order diagnostic tests must first establish a therapeutic relationship with the client that is safe, informed, confidential, and reliable with appropriate boundaries focusing on the well-being of the client.

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#### **Indicators:**

An RPN authorized to prescribe must:

- 1.1 Utilize appropriate knowledge and understanding of the therapeutic relationship in their prescribing practice;
- 1.2 Demonstrate awareness and limits of the RPN's professional role and competencies in prescribing Schedule 1 drugs and ordering of diagnostic tests and refer to an appropriate health care professional;

- 1.3 Utilize effective communication strategies and interpersonal skills when discussing with clients the results of the diagnostic test or any follow up as needed;
- 1.4 Be accountable for any follow up of diagnostic tests as outlined in the clinical support tool; and
- 1.5 Practice according to the Principles of Informed Consent and Confidentiality.

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## ***STANDARD 2: Competent Evidence-Based Practice***

An RPN authorized to prescribe Schedule 1 drugs and order diagnostic tests must be competent to prescribe Schedule 1 drugs and order diagnostic tests.

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### **Indicators:**

An RPN authorized to prescribe must:

- 2.1 Apply theory/evidenced-based knowledge, skill and critical judgment to prescribe Schedule 1 drugs and ordering diagnostic tests;
- 2.2 Maintain competence in prescribing Schedule 1 drugs and ordering diagnostic tests;
- 2.3 Be competent in the assessment and treatment of the condition and symptoms presented by the client relevant to the specific clinical practice area;
- 2.4 Apply critical judgement in deciding to prescribe and to implement a clinical support tool and in the use of that tool to select medication;
- 2.5 Individually conduct a comprehensive assessment of the client as outlined in the clinical support tool;
- 2.6 Initiate a plan of care including the medication being prescribed and dose, diagnostic tests ordered, medication reconciliation, and monitoring based on knowledge of pharmacotherapeutics, and other relevant factors including, but not limited to:
  - a. Healthcare objectives
  - b. Client-specific factors (e.g., age, gender, culture, existing medical conditions, nutritional factors, concurrent medications, allergies including medication, sensitivities, etc.);



- c. Expected outcomes of the prescribed medication;
  - d. Recommended dosages and any dosage adjustments and dosage forms available;
  - e. Common adverse effects, contraindications (e.g. relative and absolute). Absolute contraindication is a situation which makes a particular treatment or procedure absolutely inadvisable. Relative contraindication means that caution should be used when two drugs or procedures are used together; and
  - f. Medication interactions including prescription, over the counter and complementary or alternative therapies;
- 2.7 Monitor and evaluate the client's response to the prescribed medication;
- 2.8 Use the clinical support tool to prescribe continuing medication management (refills) only if:
- a. the support tool includes continuing medication management (refills);
  - b. there is a collaborative partnership with the physician or nurse practitioner (NP) and there is regular follow up and assessment of the client with the physician or NP;
  - c. the client's health care needs are stable; and
  - d. there is an established medical diagnosis and treatment plan in place;
- 2.9 Clearly document the prescribing decisions made and diagnostic tests ordered using the clinical support tool;
- 2.10 Apply competent knowledge and critical judgement when ordering diagnostic tests that are included in the clinical support tool and in the interpretation of diagnostic test results for their specific clinical area of practice;
- 2.11 Utilize professional judgement to appropriately assess, interpret and apply diagnostic results for the purposes of determining if the use of the clinical support tool is appropriate in the situation;
- 2.12 Use critical clinical judgement to know when to refer the client to the physician, NP, or pharmacist if the medication has not had the intended effect;
- 2.13 Interpret the diagnostic test results, the decision and the rationale for the decision to the client as appropriate;
- 2.14 Document the diagnostic test results, the decision(s) based on the diagnostic results including the rationale, referencing the diagnostic data and any consultation with other health care providers and client teaching; and

- 2.15 Use critical clinical judgement when the diagnostic results are outside the expected or normal range to take appropriate action such as:
- assessing for changes in the client's condition or for other factors that may affect the result;
  - discussing results with client;
  - developing and implementing a plan for ongoing monitoring;
  - consulting with other members of the interprofessional health care team regarding unexpected or unusual results;
  - repeating the diagnostic test if there is an indication that a repeat test will be beneficial;
  - discontinuing the medication; or
  - altering the dose provided this guidance as outlined in the clinical support tool.

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### ***STANDARD 3: Professional Responsibility and Accountability***

An RPN authorized to prescribe Schedule 1 drugs and order diagnostic tests in a specific clinical practice area, is responsible and accountable for their prescribing of medications and ordering of diagnostic tests.

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#### **Indicators:**

- 3.1 Use critical judgement to decide if the medication(s) and the diagnostic test(s) in the clinical support tool are appropriate for the client in the specific setting and situation;
- 3.2 Use the evidence informed clinical support tool to prescribe the medication(s) and diagnostic test(s);
- 3.3 Complete prescriptions that are legible and include:
  - name and address of client
  - medication name
  - medication strength
  - dosage form
  - route of medication
  - quantity of medication to be dispensed
  - directions for use



- number of refills authorized and interval between refills if applicable
  - prescribers name and specific clinical practice area
  - prescriber's signature (written or secured electronic format)
  - date of prescription
  - therapeutic goal of prescription or indication of use
- 3.4 Advise client about rationale for medication prescribed and any diagnostic test ordered and when they will be contacted about the outcomes of the diagnostic test;
- 3.5 Accept accountability for follow-up of diagnostic test(s) that were ordered, as outlined in the clinical support tool. Procedures must be clearly indicated in the clinical support tool to:
- a. receive and respond to critical diagnostic tests results reported by a laboratory in the RPN's absence;
  - b. have an appropriate health-care professional review diagnostic test results in a timely manner if the RPN authorized to prescribe is not able to personally attend to provide follow-up care;
  - c. provide an after-hours emergency contact; and
  - d. follow-up when diagnostic tests are not received within a reasonable period of time;
- 3.6 Ensure all prescription records are kept secure and adhere to agency policy.
- 3.7 Use critical clinical judgement to know when the clinical support tool is appropriate to be used for a client and when prescribing decisions should be referred to other health care professionals such as the physician or nurse practitioner.
- 3.8 Participate in required and relevant provincial and/or national reporting programs.
- 3.9 Do not prescribe medication for study protocols.
- 3.10 Do not accept medication samples from pharmaceutical companies; and
- 3.11 Collaborate with the physician or NP to determine the frequency of assessments for clients with chronic conditions.

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## ***STANDARD 4: Professional and Ethical Practice***

An RPN authorized to prescribe Schedule 1 drugs and order diagnostic tests must understand, uphold, and incorporate the Code of Ethics for the profession into their prescribing practice.

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### **Indicators:**

- 4.1 Practice with honesty, integrity and respect and prescribe with the best interest of the client and not be influenced by financial support of pharmaceutical companies, companies that manufacture and sell diagnostic tests, or other health care interests.
- 4.2 Apply ethical and legal considerations in maintaining confidentiality in all areas of information collection, use and disclosure when prescribing and ordering diagnostic tests.
- 4.3 Ensure the collection, use, and disclosure of client health information related to prescribing and ordering of diagnostic tests is done in accordance with applicable privacy legislation, regulations and standards, and policy governing RPN practice.
- 4.4 Only prescribe medications or order diagnostic tests for a client with whom they have a therapeutic relationship; and
- 4.5 Only prescribe Schedule 1 drugs and order diagnostic tests for their own family members if the prescribing decision is specific to the clinical practice area where they have been authorized, and
  - a. There is no other authorized prescriber available.
  - b. The situation is an emergency.
  - c. The RPN has taken reasonable steps to transfer the family member's care or there is no reasonable opportunity to transfer care.

## **EPINEPHRINE FOR ANAPHYLAXIS – EXCEPTIONS**

In an emergent life and death situation an RPN can only prescribe epinephrine, a Schedule 1 drug, for anaphylaxis in the absence of CRPNA authorization to prescribe a Schedule 1 drug if a clinical support tool is in place and using the following criteria:

An RPN prescribing and administering epinephrine for anaphylaxis must:

- a. Provide whatever appropriate assistance required to any person with an urgent need for medical care;
- b. Use critical judgement and clinical judgement to determine if the situation is life or death and the RPN cannot get an immediate order to administer epinephrine;
- c. Have the education, knowledge, assessment, and critical judgement skills to intervene in practice situations where epinephrine is required, prescribed, and administered;
- d. Have practice setting employer policy support for the RPN in prescribing and administering epinephrine for anaphylaxis.

## GLOSSARY

<b><i>Accessibility</i></b>	Health services are obtained in the most suitable setting in a reasonable time and distance (Health Quality Council of Alberta, 2005).
<b><i>Accountability</i></b>	The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).
<b><i>Acuity</i></b>	The degree of severity of a client's condition and/or situation (CRNBC, 2011).
<b><i>Approved Psychiatric Nursing Program</i></b>	A psychiatric nursing education program approved by the CRPNA Council, as requested by the Registrar, in accordance with RPN prescribing and ordering of diagnostic test standards and criteria.
<b><i>Client</i></b>	In this document client refers to the individual, groups, and communities, who are the recipient(s) of psychiatric nursing services.
<b><i>Clinical Practice Area</i></b>	The clinical area where an RPN who is authorized to prescribe Schedule 1 drugs 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).
<b><i>Clinical Support Tool</i></b>	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.
<b><i>Collaborate</i></b>	(or collaboration) Client care involving joint communication and decision-making processes among the client, the RPN, and other members of an interprofessional health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care.





<b><i>Competence</i></b>	The knowledge, skills, judgements, attitudes, and values required for successful functioning as a Registered Psychiatric Nurse.
<b><i>Consultation</i></b>	Conferring with, seeking information, advice, or direction.
<b><i>Predictability</i></b>	Degree to which outcomes can “reasonably be expected to follow an anticipated path with respect to timing and nature” (College of Nurses of Ontario, 2009).
<b><i>Recent</i></b>	Current practice hours or latest practice hours in a specific clinical setting.
<b><i>Schedule 1 drug</i></b>	Drugs that require a prescription from an authorized prescriber (Pharmacy Drug Act, 2000).
<b><i>Stable</i></b>	Not changing or fluctuating (CARNA, CLPNA, CRPNA, 2010).
<b><i>Standard</i></b>	An authoritative statement that describes the required behavior of every psychiatric nurse and is used to evaluate individual performance.
<b><i>Therapeutic Relationship</i></b>	An interpersonal process that is purposeful, goal directed and focused on achieving outcomes in the best interest of the client.

## REFERENCES

- College of Registered Psychiatric Nurses of Alberta. *Code of Ethics and Standards of Practice*. (2013) AB: Author
- College of Registered Psychiatric Nurses of Alberta. (2021) *Registered Psychiatric Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests A Guide for Practice* AB: Author
- College of Registered Psychiatric Nurses of Alberta. (2021) *RPN Competencies for Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests* AB: Author
- Brunt, B. A. (2005). Critical thinking in nursing: An integral review. *The Journal of Continuing Education in Nursing*. 36(2), 60-67.
- Canadian Health Services Research Foundation. (2005). How CHSRF defines evidence. *Links*, 8(3), 7.
- Canadian Nurses Association. (2000). *A National Framework for Continuing Competence Programs for Registered Nurses*. Ottawa, ON: Author.
- Canadian Nurses Association. (2007, February). Understanding self-regulation. *Nursing Now: Issues and Trends in Canadian Nursing*. 21, 1-5.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- Canadian Nurses Association. (2010, January). Ethics, relationships, and quality practice environments. *Ethics in practice for registered nurses*. 1-16.
- College and Association of Registered Nurses of Alberta. *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests*. Edmonton, AB: April 2019
- College of Ellis, J.R., & Hartley, C.L. (2009). *Managing and Coordinating Nursing Care* (5<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Frank, J. R., & Brien, S. (Eds.). (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions* (1<sup>st</sup> rev. ed.). Ottawa, ON: Canadian Patient Safety Institute
- Health Professions Act, R.S.A. 2000, c. H-7
- Registered Psychiatric Nurses Profession Regulation, Alta. Reg. 231/2005 with amendments up to and including Alta. Reg. 107/2021
- Registered Nurses Profession Regulation, Alta. Reg. 232/2005.
- World Health Organization. (2011). *Patient safety curriculum guide: Multi-professional edition*. Geneva: Author.

