FNIHB - OR Nursing Policy and Procedure

Section:	**Pharmacy**	Policy Number:	**III - 13**
Subject:	**Prescribing Controlled Substances by Nurse Practitioners**	Issued:	**2017-11-01**
		Revised:	

1. POLICY

1.1 Nurse Practitioners (NP) are authorized to prescribe controlled drug substances (CDS) in Ontario.

1.2 When prescribing CDS, NPs are required to do so in accordance with federal (*Controlled Drugs and Substances Act - S.C. 1996, c.19*) and provincial legislation (*Nursing Act, 1991*).

1.3 Additionally, NPs employed or contracted by First Nation Inuit Health Branch - Ontario Region (FNIHB-OR) are required to prescribe and handle CDS in accordance with the First Nation Inuit Health Branch (FNIHB) *Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities* and *FNIHB-OR Policy II-02 Controlled Substances*.

1.4 In order to prescribe CDS, NPs must be members in good standing and meet all relevant requirements of the College of Nurses of Ontario (CNO).

1.5 As with all medications, NPs must have the knowledge, skills and judgement to safely assess the client, prescribe treatment, and monitor therapy.

1.6 NPs do not directly dispense CDS that they have prescribed. A second Community Health Nurse (CHN) must dispense the medication and sign the CDS registrar.

2. PRINCIPLES

2.1 CDS have therapeutic value; however, they are also associated with significant untoward side effects such as falls, overdose, misuse, dependence and addiction.

2.2 Some client populations such as the elderly, persons living with mental illness, and communities dealing with existing addiction issues have higher rates of adverse effects and risk of harm.

2.3 NPs align their practice with the most current version of key consensus guidelines such as the Canadian Guideline for Opioids for Chronic Pain.

3. DEFINITIONS

Controlled Substance: Any substance, alone or in combination with other active chemicals, listed in Schedules I through V of the *Controlled Drugs and Substances Act*. Controlled Substances include controlled drugs, narcotics, stimulants, and targeted substances e.g. benzodiazepines, and their preparations.

4. PROCEDURE

4.1 When considering prescribing a CDS, NPs first complete and document a thorough health and risk assessment and determine if CDS is the most appropriate treatment. The NP must then maintain regular follow-up with the client, and consistently monitor the therapeutic response during the course of treatment to evaluate treatment outcomes. This includes both short and long term therapies. If the NP is consulting with another care provider such as a CHN and providing orders for CDS, the NP must assure that thorough and complete assessments have been completed and that any assessment questions the NP has are satisfactorily answered prior to providing the order for a CDS.

4.2 **Narcotics (for chronic, non-palliative treatment)**

4.2.1 Conduct initial and on-going assessments – to include pain and functional assessments.

4.2.2 Ensure courses of non-opioid treatments have been optimized. This includes both pharmacological and non-pharmacological therapies such as non-steroidal anti-inflammatories (NSAID), physiotherapy, exercise, behavioural therapy and referral to specialists when appropriate.

4.2.3 Complete an opioid dependence risk tool (*Appendix A*).

4.2.4 Include on the chart a signed Opioid Contract (*Appendix B*).

4.2.5 Prescribe smallest effective dose of the medication.

4.2.6 Adhere to the Non-Insured Health Benefits Policy (NIHB) 30-day maximum dispense policy for all opiates (NIHB, 2014) and the NIHB Policy limiting daily opiate prescriptions to less than 200 morphine equivalents (NIHB. 2017).

4.2.7 Monitor at regular intervals for adherence, efficacy, adverse effects and aberrant drug-related behaviour, which may include monitoring with urine drug screening.

4.2.8 Refer to pain and/or addictions services as needed.

4.3 **Benzodiazepines (excluding for seizure disorder and end of life care)**

4.3.1 Conduct initial and on-going assessments.

4.3.2 Ensure non-benzodiazepine treatments have been considered/trialled.

4.3.3 Prescribe at lowest reasonable dose for short duration – consult current guidelines.

4.3.4 When discontinuing from long-term use, taper gradually – consult current guidelines.

4.4 **Other controlled substances (e.g. stimulants, narcotic for palliative care or acute pain, marijuana, testosterone)**

4.4.1 Conduct initial and on-going assessments.

4.4.2 Consult current guidelines/best practices.

4.4.3 Monitor at regular intervals for adherence, efficacy, adverse effects and aberrant drug-related behaviours for all on-going prescriptions.

5. RELATED POLICIES

FNIHB-OR Policy: *III-02 Controlled Substances.*

FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities FNIHB (2013).

6. REFERENCES AND FURTHER READING

College of Nurses of Ontario Practice Standard: *Medication* (2017).

College of Nurses of Ontario Practice Standard: *Nurse Practitioner* (2017).

First Nations & Inuit Health Branch: *FNIHB Nursing Station Formulary and Drug Classification System* (2013).

Government of Canada. Controlled Drugs and Substances Act. *S.C. 1996, c. 19* (2017).

National Opioid Use Guideline Group: *Canadian Guideline for Opioids for Chronic Pain* (2017).

Non-Insured Health Benefits. *Change from Opioid Dispensing from 100 to 30 Days.* (2014).

Non-Insured Health Benefits. Opioid dose limit reduction. *NIHB Newsletter* (2017).

Ontario College of Pharmacists. *Prescription Regulation Summary Chart* (2016).

Approved by:		**Effective Date:**
Nov 6/17		
Director of Nursing Ontario Region	**Date:**	
Regional Executive Ontario Region	**Date:** NOV 0 7 2017	

Opioid Risk Tool

nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html

Opioid Risk Tool

Item	Mark each box that applies	Item score if female	Item score if male
1. Family History of Substance Abuse:			
Alcohol	[ ]	1	3
Illegal Drugs	[ ]	2	3
Prescription Drugs	[ ]	4	4
2. Personal History of Substance Abuse:			
Alcohol	[ ]	3	3
Illegal Drugs	[ ]	4	4
Prescription Drugs	[ ]	5	5
3. Age (mark box if 16-45)	[ ]	1	1
4. History of Preadolescent Sexual Abuse	[ ]	3	0
5. Psychological Disease			
Attention Deficit Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	[ ]	2	2
Depression	[ ]	1	1
Total		____	____

Total Score Risk Category:
Low Risk: 0 to 3
Moderate Risk: 4 to 7
High Risk: 8 and above

— Attribution: By Lynn R. Webster, MD; Medical Director of Lifetree Medical, Inc., Salt Lake City, UT 84106

Patient Agreement for Long-term Opioid Therapy

Between Patient_____and _____MD/NP

1. I, _____ agree that _____ will be the only health care provider prescribing OPIOID (also known as NARCOTIC) pain medication for me and that I will obtain all of my prescriptions for opioids at one pharmacy. The exception would be an emergency situation or in the unlikely event that I run out of medication. Should such occasions occur, I will inform my health care provider as soon as possible.

2. I will take the medication at the dose and frequency prescribed by my health care provider. I agree not to increase the dose of opioid without first discussing it with my health care provider. I will not request earlier prescription refills.

3. I will attend all reasonable appointments, treatments and consultations as requested by my health care provider. I agree to other pain consultations/management strategies as necessary.

4. I understand that the common side effects of opioid therapy include nausea, constipation, sweating and itchiness of the skin. Drowsiness may occur when starting opioid therapy or when increasing the dosage. I agree to refrain from driving a motor vehicle or operating dangerous machinery until such drowsiness disappears.

5. I understand that using long-term opioids to treat chronic pain may result in the development of a physical dependence on this medication, and that sudden decreases or discontinuation of the medication will lead to the symptoms of opioid withdrawal. I understand that opioid withdrawal is uncomfortable but not life threatening.

6. I understand that there is a small risk that I may become addicted to the opioids I am being prescribed. As such, my health care provider may require that I have blood, urine or hair testing and/or see a specialist in addiction medicine should a concern about addiction arise.

7. I understand that the use of a mood-modifying substance, such as tranquilizers, sleeping pills, alcohol or illicit drugs (such as cannabis, cocaine, heroin or hallucinogens), can cause adverse effects or interfere with opioid therapy. Therefore I agree to refrain from the use of all of these substances without prior agreement from my health care provider.

8. I understand that I should check with my health care provider or pharmacist before taking other medications including over-the-counter and herbal products.

9. I agree to be responsible for the secure storage of my medication at all times. I agree not to give or sell my prescribed medication to any other person. Depending on the circumstances, lost medication may not be replaced until the next regular renewal date.

10. I consent to open communication between my health care provider and any other health care professionals involved in my pain management, such as pharmacists, physicians, emergency departments, etc.

11. I understand that if I break this agreement, my health care provider reserves the right to stop prescribing opioid medications for me.

Date: _____

_____ (Signature - Patient)

_____ (Signature Health Care Provider)