

FOR REGISTERED NURSES AND REGISTERED PSYCHIATRIC NURSES

RN and RPN prescribing for opioid use disorder – consulting and referring

RN and RPN responsibilities and accountabilities when consulting with or referring to other health professionals when prescribing for opioid use disorder (OUD)

Does consulting with another health professional change or affect a nurse's accountability and responsibility when prescribing for opioid use disorder (OUD)?

No, consulting with another health care professional does not change or affect the nurse's accountability or responsibility for their prescribing or care decisions. Nurse prescribing is an activity performed within autonomous scope of practice ([RN](#), [RPN](#)). Nurses are solely accountable and responsible for all their decisions and activities related to prescribing.

Prescribing requires professional judgment and competence. The prescribing nurse may wish to consult with a more experienced or knowledgeable health professional for information or expert opinion to assist their understanding of the client's broader plan of care, support their decision-making to meet client needs, and/or as required by organizational policies or processes. The complexity of the client's care needs determines the extent of consultation required.

The information a nurse receives through consulting with another health professional is one way they can inform their own decision making. A nurse cannot use consultation as a method for bridging a lack of individual competence. A nurse either has or does not have the individual competence to carry out the prescribing activity.

The nurse utilizes the information or expert opinion gathered from the other health professional during the consultation as part of the overall evidence when deciding whether to make a prescribing decision or to refer the client to another health professional. If the RN/RPN elects to continue to provide care and prescribe medication for the client, they are accountable and responsible for their decision-making and the care they provide, including meeting BCCNM standards of practice.

If the RN/RPN refers the client to another health professional, the health professional who accepts the referral assumes accountability and responsibility for their decision-making and the care they provide to the client. This transfer of care from the RN/RPN prescriber to the other health professional may be temporary or permanent. The RN/RPN prescriber making the referral confirms and communicates clearly with the other health professional and with the client the level of ongoing involvement the nurse and the other health professional will have with the client.

If a nurse consults with a physician or a nurse practitioner about their prescribing decision for a client with opioid use disorder (OUD) and subsequently changes their prescribing decision based on the consultation:

- **Is the nurse still acting within their autonomous scope of practice?**
- **Does this change the nurse’s responsibilities and accountabilities in any way?**
- **Who is accountable if there is an adverse event?**

When the nurse consults with another health professional about their prescribing decision and subsequently changes their prescribing decision following this consultation, the nurse is still acting solely within their autonomous scope of practice.

While consulting with other health professionals can support the nurse in their decision-making process, it does not change or reduce a nurse’s accountability or responsibility when prescribing for OUD. The nurse seeking consultation, not the consulting health professional, has sole responsibility and accountability for their decisions about the client’s care, unless a decision is made to refer and transfer the care of the client to another health professional.

The health professional with whom the nurse consults is responsible and accountable for the information or expert opinion they provide when consulting on a treatment plan for a client. This consultation is documented in the client’s health record. Nurses and nurse practitioners responding to a consultation are responsible and accountable for following BCCNM standards of practice, including for NPs the [Consultation and Referral Standards](#) as well as organizational/employer policies and processes relevant to providing a consultation.

Nurses who prescribe are accountable and responsible for their own individual practice, including when an adverse event occurs. If an adverse event related to the nurse’s prescribing does occur, the nurse follows organizational or employer policies and processes related to responding to and reporting adverse events.

Responsibilities and accountabilities when RN/RPN prescribers care for clients in a team model with a physician or nurse practitioner

What is a nurse's responsibility and accountability when prescribing for the treatment of OUD when they are working within a team model and are not the primary OAT provider?

Does the physician/nurse practitioner (aka the primary OAT provider) have responsibility or accountability related to prescriptions that the nurse also issues to the client?

In a team-based setting, it may be appropriate for an RN or RPN to provide some components of the client's care, including prescribing medication. Nurses are responsible and accountable for their own clinical decision-making and practice whether they are working independently, as part of a collaborative care team, or in a preceptorship experience.

The [RN](#) and [RPN Prescribing](#) standards outline the requirements for prescribing medications, including within a team model:

Registered nurses and registered psychiatric nurses collaborate, communicate, and/or consult with the client and with other health care professionals when prescribing medications, including:

- Consideration of the broader plan of care for the client developed by the health care team including other prescribers,
- The plan for reassessment/follow-up with respect to the prescribed medication,
- When the prescribing decision would benefit from the expertise of other health care professionals,
- When the needs of the client exceed the nurse's scope of practice or individual competence, and
- Documenting the plan of care and communication with the health care team to meet the client's needs.

It is important that the final plan of care clearly outlines both the RN/RPN prescriber's and other health professional's responsibilities and accountabilities in relation to that client's care and that the client knows who is providing their care.

Responsibilities and accountabilities of health professionals who accept consultations or referrals from RNs or RPNs who are prescribers for OUD

Scenario: A nurse practitioner (NP) has been asked by an RN or RPN, who has been treating a client for OUD, to assume care of that client for a condition that is outside the RN or RPN's scope of practice. Is the NP now responsible and accountable to assume the total care of this client, including their substance use care?

To best meet client needs it may be appropriate for an RN or RPN to transfer certain or all components of the client's care to another health professional, such as an NP. It is important that the final plan of care outlines both RN/RPN prescriber *and* other health professional responsibilities and accountabilities in relation to that client's care, and that the client knows who is providing their care. This decision is best made in collaboration with the client.

When receiving a consultation or referral request from other health care professionals, NPs follow organizational/employer policies and processes relevant to providing consultations or referrals and are responsible and accountable for following BCCNM [Consultation and Referral Standards](#):

- a) confirm the reason for and level of urgency of the request
- b) confirm the level of involvement requested
- c) ensure that they have access to relevant client health information
- d) notify the health care professional if they are unable to provide a consultation or receive a referral
- e) confirm their ongoing level of involvement with the client
- f) document the request for and outcome of the consultation or referral.

Responsibilities and accountabilities of physicians or nurse practitioners who are preceptors for RNs or RPNs who prescribe for OUD

Does a physician or NP preceptor have any responsibility or accountability for prescribing decisions and actions by an RN/RPN prescriber once their preceptorship has ended?

Individual health professionals are responsible and accountable for their own practice. When acting as a preceptor, i.e. for an RN/RPN learning to prescribe for OUD, in addition to meeting their own standards of practice when caring for clients, the health professional follows organization/employer processes and guidelines for role, responsibility, and accountability.

Once the preceptorship has ended, the RN/RPN prescriber is solely accountable and responsible for their own practice. RNs and RPNs must meet their standards of practice outlining their accountability and responsibility when acting within their *autonomous scope of practice* ([RN](#) [RPN](#)) and *prescribing medications* ([RN](#), [RPN](#)).

The question of liability when adverse events occur

At times, RNs/RPNs may consult with a physician or NP about their prescribing decisions for opioid use disorder (OUD). Within a team model, nurses may also prescribe opioid agonist therapy (OAT) if a client’s primary OAT provider is unavailable. In situations like this, who is liable if an adverse event occurs related to the nurse’s prescription?

Nurses must meet their professional and ethical obligations as set out in their standards of practice. This includes taking responsibility and accountability for their own clinical decision-making and practice, whether they are working independently or as part of a collaborative care team.

“Am I liable if...” is dependent on the context and individual circumstances. Good resources to answer questions about liability are risk managers, within the employment setting, and the Canadian Nurses Protective Society. All practising registered nurses, registered psychiatric nurses, and nurse practitioners in British Columbia are required to hold professional liability protection, which is provided by the [Canadian Nurses Protective Society](#) (CNPS). CNPS provides confidential legal advice to nurses that is specific to the context of the individual nurse’s practice and situation. Nurses are encouraged to contact CNPS directly with their questions about liability.

In addition, nurses and nurse practitioners employed by any BC Health Authority are automatically provided with professional liability coverage by the [Health Care Protection Program](#) while working within the scope of employment with the health care agency.

Questions?

Contact BCCNM Practice Support practice@bccnm.ca

Copyright © British Columbia College of Nurses and Midwives/June 2021

900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

Pub. No. 905