

BCCNM LEARNING MODULE — WORKBOOK

# Nurse Practitioner Controlled Drugs and Substances

(CDS) Prescribing



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## Introduction

This workbook offers activities that allow you to apply ideas presented in the Module. It is organized in three sections.

**Part 1** includes **Workbook Activities** that are related to various topic areas. As you work through the module, you will be directed to complete a specific Workbook Activity. This section also includes pages for you to record your reflective thoughts and insights related to your exploration. This information will be useful for you in completing your Professional Growth Plan at the completion of this module.

**Part 2, "Applying My Learning"** includes a case scenario and associated questions. Completing these activities provides an opportunity for you to apply the information that has been offered in the module in the context of this practice based scenario. When you have completed this case, you may wish to compare your responses with those provided in the "Applying my Learning: Perspectives" located in part 3.

**Part 3**, presents **samples responses** to Workbook case scenario in Part 2. These responses provide perspectives of the course writer and others on the case scenario.



# **Part 1**

## **Workbook activities**

## **Workbook Activity #1**

Consider the following questions. Record your responses in the spaces below. These thoughts, ideas, and responses will help you form part of the basis for your professional development plan for CDs prescribing.

This is a good time to review the relevant legislation that you should be aware of in relation to your responsibilities in CDS Prescribing. The BCCNM legislation relevant to nurses practice is a summary of the Controlled Drugs and Substances Act and Food and Drug Act. While reviewing the different legislations below, write down specific items that are relevant to your practice.

### **BCCNM's Legislation Relevant to Nurses Practice**

<https://www.bccnm.ca/Documents/regulation/LegislationRelevantNursesPractice.pdf>

### **Controlled Drug and Substances Act (CDSA)**

<http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

### **Part G Food and Drug Act Regulation link**

<https://laws-lois.justice.gc.ca/eng/acts/F-27/index.html>

## **Workbook Activity #2**

Please review the BC drug schedules regulation below, while reading through keep the posed questions in mind and write down your answers in the space provided.

Review the BC Drug Schedule regulation of the Pharmacy Operations and Drug Scheduling Act

[http://www.bclaws.ca/civix/document/id/complete/statreg/03077\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01)

- 1. What Drug Schedule(s) include(s) controlled drugs and substances?***
  
  
  
  
  
  
  
  
  
  
- 2. What schedule of drugs falls under the Controlled Prescription program and requires a prescription is written on a duplicate prescription form?***
  
  
  
  
  
  
  
  
  
  
- 3. Identify some commonly prescribed control drugs in the BC drug schedule regulation that can be written on a regular, personalized prescription form, and not a CPP duplicate prescription form.***
  
  
  
  
  
  
  
  
  
  
- 4. If you are not sure if a drug is considered a controlled drug under the Controlled Drugs and Substances Act, or if it needs a CPP duplicate prescription form, what resources are available to you to get answers with this?***

## **Workbook Activity #3**

Read the revised Scope of Practice for NPs: <https://www.bccnm.ca/NP/ScopePractice/Pages/Default.aspx>

While you are reviewing this document focus on the questions below and jot down your thoughts in the space provided.

- 1. Why is medication reconciliation and access to PharmaNet important to safe CDS prescribing? (BCCNM NP Prescribing Standard 6 and 7)**
- 2. What are some additional requirements in the NP prescribing standards related to prescribing CDS?**
- 3. What must you consider and document before initiating or continuing the prescribing of CDS? (Refer to NP prescribing Standards)**
- 4. When prescribing CDS, NPs must assess the client in person. Are there any exceptions to this standard?**
- 5. What are your responsibilities related to the security of all your prescription pads? (refer to NP Prescribing Standards Limits and Conditions)**
- 6. You have been approached by a family member. They say they are going on a long vacation and would like to have some Tylenol #3 if needed. They have asked you to prescribe a few. How would you respond and what prescribing standards and limits are most relevant?**

## Workbook Activity #4

Michael's story is told by his mother Ada after his death. Read Michael's Story in the report **First Do No Harm** <http://www.ccsa.ca/Resource%20Library/Canada-Strategy-Prescription-Drug-Misuse-Report-en.pdf> on p. 4. Prior to reading this story you may want to refer the "**Your Prescription: Your Responsibility**" <https://www.cpsbc.ca/for-physicians/college-connector/2014-V02-03/06>, as it provides guidance for practicing pharmacovigilance.

*While reading this story, please consider what contributed to this tragedy and what could have been done to prevent tragedies like this. Write down your ideas in the space provided below.*

CONTRIBUTING VARIABLES	STRATEGIES FOR PREVENTION

## Workbook Activity# 5

The World Health Organization (WHO) defines pharmacovigilance as:

“Pharmacovigilance ” (PV) is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug related problem. Its aims are to enhance patient care and patient safety and to support public health programmes by providing reliable, balanced information for the effective assessment of the benefit-risk profile of medicines and vaccines.

### World Health Organization Web Site

[https://www.who.int/medicines/areas/quality\\_safety/safety\\_efficacy/pharmvigi/en/](https://www.who.int/medicines/areas/quality_safety/safety_efficacy/pharmvigi/en/)

### BCCNM Scope of Practice for Nurse Practitioners

<https://www.bccnm.ca/NP/ScopePractice/Pages/Default.aspx>

- 1. Take a moment and review the WHO web site and the BCCNM Scope of Practice for Nursing Practitioners to reflect on the key elements associated with pharmacovigilance. Now consider your practice settings and client populations. What are the challenges you have encountered or foresee related to CDS prescribing?*
  
- 2. Reflect on the causes of the vulnerabilities and the safeguards that can be employed to improve safety and prevent harm.*
  
- 3. What are some potential strategies or resources available to you to ensure appropriate pharmacovigilance and mitigate those risks?*



## Workbook Activity #6

Go through the workbook that you have completed. Notice areas where you have further questions, specific interest, or need further development. Notice areas where you have strengths in relation to CDS Prescribing. Pick at least three areas you would like to develop further and create a learning plan for you to meet your own learning needs. You may find the following framework helpful for you to structure your learning plan. A **Professional Development Portfolio** that can be completed electronically is also available on the **BCCNM QA** web page. A link to a pdf of this document is below and make sure you save it to your computer to complete it.

### BCCNM Quality Assurance web page

<https://www.bccnm.ca/NP/QA/Pages/Default.aspx>

### PD Planning

[https://www.bccnm.ca/NP/QA/annual/pd\\_plan/Pages/Default.aspx](https://www.bccnm.ca/NP/QA/annual/pd_plan/Pages/Default.aspx)

## My Plan for Growth

### Goals

- 1.
- 2.
- 3.

### Action Plan

People or places that I can investigate for learning strategies to help me meet my goals for growth are:

- 1.
- 2.
- 3.

## My Plan for Growth

Strategy	Resources I need to implement this strategy	Target completion date	Other thoughts

## **My Thoughts and Notes From Reflection Points**

## Affirmations and Insights



# **Part 2**

## **Applying My Learning**

## Applying My Learning

### ACTIVITY

Work through the following case study and questions about Anna, a nurse practitioner working in primary care clinic. When you're finished, you may wish to compare your responses with those provided in the "Perspectives" section at the end of this Workbook.

### Case Scenario Part 1

#### Case Scenario Part 1

Anna works in a busy primary care clinic, along with another NP and two GPs. She provides care for her own group of clients, covers for colleagues and sees walk-in clients as well. Anna has practised as an NP for 6 months and recently obtained prescribing authority for controlled drugs and substances.

Anna's not familiar with Gerald, her last client of the day, and takes a few minutes to review his chart before seeing him. She notes he has a history of anxiety, hypertension and chronic back pain due to a car accident three years ago. She determines that, after an initial, unsuccessful trial of extended release morphine, his pain has been managed with Fentanyl 50mcg/hr transdermal patch every 72 hours. He's been on this medication for the last two and a half years.

Entering the exam room, Anna introduces herself and listens to Gerald explain the reason for his visit. He reports that he is bothered by increasing anxiety, moodiness and difficulty focusing. His sleep is disturbed and he has reoccurring nightmares. He believes these issues are side effects of his pain medication. He reports that although his pain is mostly under control, rating it 1-2 on a scale of 10, but he expresses that his daily activities are increasingly affected and he needs to do something.

After asking Gerald a few more questions about his medical history, Anna conducts a full assessment, focusing on pain and management of pain medication symptoms.

Anna gathers some assessment tools including the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, Opioid Manager, GAD7, PHQ9 (see the links below).

As she conducts her assessment, she explains each tool's purpose. As she documents her assessment, she describes how the data will inform decisions about managing Gerald's care.

Following the assessment, Gerald asks Anna several questions about his pain management plan and the side effects he is experiencing. Anna is able to answer most but not all of Gerald questions. She explains that she'd like to consult with a GP colleague in order to come up with a plan that would meet Gerald's pain and symptom management needs. Gerald agrees. While Anna waits for her colleague to arrive, she signs into PharmaNet to gather a CDS prescriber history for Gerald.

1. *Which Controlled Drugs and Substance Standards, Limits and Conditions provide direction and support for Anna in this situation? Briefly explain how.*

2. *Consider the situation from the perspective of a nurse practitioner working in an NP only clinic. What resources would be available to support Anna's practice?*

## **Tools:**

### **Canadian guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain**

[http://nationalpaincentre.mcmaster.ca/documents/opioid\\_guideline\\_part\\_a\\_v4\\_5.pdf](http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_a_v4_5.pdf)

### **Opioid manager**

[http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid\\_manager\\_download.html?appSession=430378086733936](http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_download.html?appSession=430378086733936)

### **Generalized anxiety Disorder 7-item (GAD-7) scale**

<http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf>

### **Patient Health Questionnaire (PHQ-9)**

<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

## Case Scenario Part 2

Gerald is focused on his increasing anxiety and very determined to get a medication. During the discussion of possible options to manage his anxiety, Anna brings up other options, such as an anxiety management support group. Gerald doesn't seem interested in participating in a support group, stating he has tried them before. He also wonders that as his anxiety is most likely related to fentanyl use, "how would medicating and talking about it be in any way helpful to him."

Gerald suggests to Anna that she prescribe Xanax or something similar for his anxiety. He states that these medications have been very helpful in decreasing his anxiety levels in the past.

- 1. Which Controlled Drugs and Substance Standards, Limits and Conditions provide direction and support for Anna in this situation? Briefly explain how.***

- 2. If you were Anna, how would you respond to Gerald's request?***





# **Part 3**

## **Workbook Case Perspectives**

## Workbook Case Perspectives

This section presents samples responses to Workbook case scenario in Part 2. These responses provide perspectives of the course writer and others on the case scenario.

### Case Scenario Part 1

#### Question #1

There are a number of contextual factors that are influencing Anna's decision in this case. Here are some to consider when you answer this question. You may have other ideas as well.

NP Prescribing Standard 1 – Nurse practitioners prescribe drugs within nurse practitioners' scope of practice, relevant legislation and individual competence.

NP Prescribing Standard 2- Nurse practitioners are solely accountable for their prescribing decisions including when responding to requests for continuation of prescriptions ordered by another prescriber. Anna consults with one of her colleagues to ensure continuity and best outcomes for her "new" client. Anna is aware that Nurse practitioners prescribing controlled drugs and substances for the management of chronic pain requires additional education in prescribing for this context of pain.

NP Prescribing Standard 6 – Considers the client's health history (Anna conducts a thorough assessment prior to making a decision about CDS prescribing). Anna accesses PharmaNet data to review the client's medication profile.

#### Question #2

### Rapid Access for Consultative Expertise (RACE) Program and Line

### The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non Cancer Pain

<https://healthsci.mcmaster.ca/npc>

### BCCSU Clinical Guideleines

<https://www.bccsu.ca/clinical-care-guidance/>

The Center for Addiction and Mental Health provides several resources that may help you get more familiar with mental health and addictions. See more at <http://www.camh.ca/en/hospital/Pages/Home.aspx>

As recommended in the module it is important for NPs who are introducing the prescribing of CDS into their practice to initiate and maintain an on-going mentoring relationship with other practitioner(s) experienced in prescribing CDS.

The College of Pharmacists of BC has developed a number of resources that are useful in understanding the legislation and requirements when prescribing CDS. These resources should be used in conjunction with BCNM resources and can be accessed on the CPBC website <http://www.bcpharmacists.org/>

### Question #3

You may find it helpful to identify resource gaps and strengths in your practice setting as this may help you create your professional development plan.

### Case Scenario Part 2

#### Question #1

Same as above (Part 1)

NP Prescribing Standards 4 & 5 — Nurse practitioners use current evidence to support decision-making when prescribing. Nurse practitioners apply relevant guidelines when prescribing.

#### Question #2

You have probably considered the following:

- This is a complex case with many variables. Consider best practice guidelines and include the client in the development of his care plan.
- Nurse practitioners engage in evidence-informed prescribing and consider best practice guidelines and other relevant resources when prescribing for clients, including complementary or alternative health therapies.
- Collaborate with other practitioner(s) experienced in prescribing CDS and refer to other resources such as The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non Cancer Pain. <http://nationalpaincentre.mcmaster.ca>
- Consider contraindications and potential drug interactions in particular with the ongoing use of psychotropic, sedating, or narcotic medication. Avoid co-prescribing whenever possible.
- Use additional tools to have a full perspective of the client's current see examples below.

### Canadian guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

[http://nationalpaincentre.mcmaster.ca/documents/opioid\\_guideline\\_part\\_a\\_v4\\_5.pdf](http://nationalpaincentre.mcmaster.ca/documents/opioid_guideline_part_a_v4_5.pdf)

### Opioid manager

[http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid\\_manager\\_download.html?appSession=430378086733936](http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_download.html?appSession=430378086733936)

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- Additionally you may wish to consider online resources such as Pain BC. This site offers several resources for health care providers as well as people living with chronic pain.

<https://www.painbc.ca/health-professionals>