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PRACTICE STANDARD

Nurse Practitioners: Prescribing and Ordering Drugs and Substances

Introduction

Nurse practitioners prescribe and order drugs and substances in accordance with relevant federal and provincial legislation and the BCCNM Standards of Practice. These standards, limits, and conditions set the requirements that NPs must meet when **prescribing** and **ordering** drugs and substances.[1]

For greater certainty, this practice standard applies when nurse practitioners are initiating, continuing, or discontinuing the prescribing of a prescription or order.

Standards

1. Nurse practitioners are accountable and responsible for their prescribing and ordering decisions.
2. Before prescribing or ordering a drug or substance, nurse practitioners ensure their competence to:
    a. Establish or confirm a diagnosis for the client,
    b. Manage the treatment and care of the client, and
    c. Monitor and manage the client's response to the drug or substance.
3. Nurse practitioners use current evidence to support decision-making when prescribing or ordering drugs and substances.
4. Nurse practitioners apply relevant guidelines[2] when prescribing or ordering drugs and substances.
5. Nurse practitioners prescribe or order drugs and substances:
    a. in a manner that promotes client and public safety, and

[1] This practice standard also applies when nurse practitioners authorize medical cannabis (either by providing a medical document or, while working in a hospital, by issuing a written order) or when they prescribe a drug or substance for the purpose of medical assistance in dying (MAiD).

[2] Guidelines may include those from the government of BC, BC Cancer, BC Centre for Excellence in HIV/AIDS, BC Centre on Substance Use, Perinatal Services BC, BC Centre for Disease Control, and others.

b. using a culturally safe, anti-discriminatory, anti-racist, and inclusive approach that respects each client's unique circumstances, values, and health goals.

6. When prescribing or ordering drugs and substances, nurse practitioners:
    a. Consider the client's health history, care goals, and other relevant factors,
    b. Undertake and document an appropriate clinical evaluation,
    c. Obtain and review the best possible medication history using PharmaNet and/or other sources and address discrepancies,
    d. Ask about and document drug allergies accurately and appropriately,
    e. Document the drugs or substances prescribed or ordered and the indication(s),
    f. Establish a plan for reassessment/follow-up,
    g. Monitor and document the client's response, including documenting and reporting any adverse reactions as appropriate, and
    h. Provide information to support informed decision making, including:
        i. The purpose and expected action of the drug or substance,
        ii. The duration of the therapy,
        iii. Specific precautions or instructions for the drug or substance,
        iv. Potential side effects, interactions, adverse effects (e.g. allergic reactions), and what to do if they occur, and
        v. Recommended follow-up.
7. Nurse practitioners complete prescriptions accurately and completely, including:
    a. The date the prescription was written,
    b. Client name, address (if available) and date of birth,
    c. Client weight (if required),
    d. The name of the drug or ingredients, strength if applicable, and dose,
    e. The quantity prescribed and quantity to be dispensed,
    f. Dosage instructions (e.g. the frequency or interval, maximum daily dose, route of administration, duration of drug therapy),
    g. Refill authorization if applicable, including number of refills and interval between refills, and
    h. Prescriber's name, address, telephone number, written (not stamped) or electronic signature, and prescriber number.
8. When notified of a pharmacist-initiated prescription adaption, nurse practitioners document the adaption in the client record.
9. Nurse practitioners prescribe controlled drugs and substances in accordance with the Controlled Prescription Program.

10. When prescribing controlled drugs and substances, nurse practitioners:
    a. Assess the client in person, or by virtual visual assessment if clinically appropriate, except in cases where:
        i. The client is known to the nurse practitioner or the clinic/practice setting,
        ii. The client is being assessed in person by another health care provider, and/or
        iii. An in-person or visual virtual care assessment is not feasible before prescribing, and the nurse practitioner determines and documents that the risk of delaying care is greater than the risk of proceeding without that assessment,
    b. Document their review of the client's PharmaNet medication profile,
    c. Document the indication, duration, treatment goals, and rationale, if applicable,
    d. Prescribe the lowest possible dose and the minimum quantity to be dispensed,
    e. Understand and limit high-risk opioid prescribing practices whenever possible in collaboration with the client,
    f. Advise clients about the side effects and risks of controlled drugs and substances as applicable,
    g. Implement evidence-informed strategies for minimizing risk, and
    h. Regularly reassess clients on long-term treatment of controlled drug and substances to determine if treatment is still appropriate.
11. When authorizing medical cannabis, nurse practitioners:
    a. Document the indication and duration for which medical cannabis is being authorized, the goals of treatment, and the rationale for its use over alternatives,
    b. Advise clients about the side effects and risks of medical cannabis,
    c. Complete medical documents or written orders for cannabis in accordance with the requirements set out in the *Cannabis Regulations*,[3] and
    d. Retain any copy of the medical document for cannabis in the client health record.

Limits and conditions

Prescribing
1. Nurse practitioners do not prescribe controlled drugs and substances or authorize medical cannabis for themselves, a **family member**, or anyone else who is not a client the nurse practitioner is treating in their professional capacity. 2. Nurse practitioners do not prescribe or order non-controlled drugs or substances for themselves or a family member except for a minor/episodic condition and only when there is no other prescriber available.

[3] Requirements for completing a medical document or written order for cannabis are set out in sections 273 and 274 of the *Cannabis Regulations*.

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3. Nurse practitioners do not provide any person with a blank, signed prescription. 4. Nurse practitioners do not provide any person with a blank, signed medical document for cannabis.		
5.	Antiretroviral therapy for the prophylaxis or treatment of HIV infection	a) Nurse practitioners who prescribe or order antiretroviral therapy for the prophylaxis or treatment of HIV infection must meet the education requirements of the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE). b) Nurse practitioners apply the clinical practice guidelines of the BC-CfE when prescribing or ordering antiretroviral therapy for the prophylaxis or treatment of HIV infection.
6.	Blood and blood products	a) Nurse practitioners order blood and blood products in accordance with evidence-based guidelines and recommendations (e.g., BC Communicable Disease Control Manual, Provincial Blood Coordinating Office Recommendations). b) Nurse practitioners who order blood and blood products for transfusion must successfully complete additional education (e.g., Transfusion Camp for Nurse Practitioners).
7.	Medical aesthetics	Nurse practitioners complete additional education before prescribing or ordering drugs or substances for the purpose of medical aesthetics. (See *NP: Advanced Procedures and Activities* practice standard for further guidance.)
8.	Cancer drug treatment	a) Nurse practitioners who prescribe or order cancer drug treatment must meet the education requirements of BC Cancer. b) Nurse practitioners apply the clinical practice guidelines of BC Cancer when prescribing or ordering cancer drug treatment.
9.	General anesthetics	a) Nurse practitioners do not prescribe or order general anesthetics for the purpose of inducing general anesthesia. b) Nurse practitioners who prescribe general anesthetics for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in the *NP: Medical Assistance in Dying* practice standard.
10.	Controlled drugs and substances	a) Nurse practitioners who prescribe or order controlled drugs and substances must successfully complete **additional education** if they

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		have not already obtained competence through their NP entry-level education program.
10.2	Methadone for analgesia	a) Nurse practitioners who prescribe or order methadone for analgesia must complete **additional education** (e.g., Methadone for Pain in Palliative Care course offered by the Canadian Virtual Hospice).
10.3	Substance use disorder	a) Nurse practitioners who prescribe or order opioid agonist treatment for opioid use disorder must: i. Meet the education requirements established by the British Columbia Centre on Substance Use for the medication being prescribed; and ii. Complete a preceptorship that meets the requirements established by the British Columbia Centre on Substance Use for the medication being prescribed; b) Nurse practitioners who prescribe or order prescribed alternatives must: i. Follow the Ministry of Health Access to Prescribed Alternatives in British Columbia policy; and ii. Follow the clinical guidance of the British Columbia Centre on Substance Use.
10.4	Medical Assistance in Dying	a) Nurse practitioners who prescribe drugs or substances for the purpose of medical assistance in dying must meet the standards, limits and conditions set out in *NP: Medical Assistance in Dying* practice standard.

Glossary

Additional education: structured education (e.g. workshop, course, program of study) designed so that nurse practitioners can attain the competencies required to carry out a specific activity as part of nurse practitioner practice. Additional education builds on the entry-level competencies of nurse practitioners, identifies the competencies expected of learners on completion of the education, includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The term does not refer to a course or program approved by BCCNM for BCCNM certified practice.

Cancer drug treatment: treatment using drugs which inhibit or prevent the proliferation of cancers, including chemotherapy, hormonal therapy, immunotherapy, targeted therapy and others (BC Cancer). Agency

Client: individual receiving nursing care or services from a nurse.

Competence: integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

Family member: a spouse, child, parent, or sibling (HPOA).

Medical cannabis: cannabis authorized by a medical document or written order under Part 14 of the *Cannabis Regulations*. It does not include prescription drugs containing cannabis.

Prescribed alternatives: regulated, pharmaceutical-grade medications of known quality and dosage prescribed to people at high risk of harm from the unregulated drug supply.

Prescribe: issue a prescription for a drug to be dispensed by a pharmacist or pharmacy.

Order: an instruction or authorization to compound, dispense or administer a drug or substance to a specific client.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication
2.0	[Date]	[Date]	[Description]

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act.*

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