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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~~In particular, nurse practitioners have the authority to prescribe Schedule I, IA, and II drugs, subject to the standards, limits and conditions set by BCCNM~~ and substances.[1]

~~This~~For greater certainty, this practice standard applies when nurse practitioners are initiating, continuing, or discontinuing the prescribing of a ~~drug or substance~~a prescription.~~ or Continuation prescribing includes re-ordering amaking adjustments to the drug therapy, ongoing assessment and monitoring, and consulting with and/or referring clients to other health care professionals as needed.~~

~~Nurse practitioners are authorized to compound, administer, and dispense all drugs that they have the authority to prescribe. For drugs that nurse practitioners do not have the authority to prescribe, they are authorized to compound, dispense or administer them with a client-specific order from a regulated health professional who is authorized to prescribe the drug in British Columbia.~~

~~AUTHORIZING MEDICAL CANNABIS~~

~~Under section 272 of the *Cannabis Regulations*, a nurse practitioner may authorize medical cannabis for a client if it is required for the condition for which the client is receiving treatment. Nurse practitioners may provide a medical document or, if practising in a hospital, issue a written order for medical cannabis, in accordance with the requirements of Part 14 of the *Cannabis Regulations*. This practice standard applies to the authorization of medical cannabis. Nurse practitioners who plan to authorize medical cannabis first familiarize themselves with the *Cannabis Act* and *Cannabis Regulations* (in particular, Part 14), review the~~

[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).

~~information about cannabis that is available from the Canadian Nurses' Protective Society (CNPS), and review and comply with their organization's policies about medical cannabis.~~

Standards

1. ~~Nurse practitioners prescribe drugs within nurse practitioners' scope of practice, relevant legislation and their individual competence.~~
2. Nurse practitioners are accountable and responsible for their prescribing and ordering decisions.
3. 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.
4. Nurse practitioners use current evidence to support decision-making when prescribing or ordering drugs and substances.
5. Nurse practitioners apply relevant guidelines[2] when prescribing or ordering drugs and substances.
6. Nurse practitioners prescribe or order drugs and substances:
    a. in a manner that promotes client and public safety, and
    b. using a culturally safe, anti-discriminatory, anti-racist, and inclusive approach that respects each client's unique circumstances, values, and health goals.
7. When prescribing or ordering drugs and substances, nurse practitioners:
    a. Consider the client's health history, care goals, and other relevant factors ~~(e.g. age, sex, gender, past medical and mental health history, lifestyle, risks factors and the client's perspective on their health),~~
    b. Undertake and document an appropriate clinical evaluation, ~~(e.g. physical examination, mental health examination, review of relevant tests, imaging and specialist reports),~~
    c. Obtain and review the best possible medication history ~~for the client~~ using PharmaNet and/or other sources ~~(including any traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications),~~ and ~~take action to~~ address ~~any~~discrepancies,
    d. Ask about and document ~~the client's~~ drug allergies ~~and ensure drug allergy information is~~ accurately and appropriately ~~documented,~~
    e. Document the drugs or substances prescribed or ordered and the indication(s),
    ~~f. Document the drugs or substances prescribed to or ordered for the client and the indication(s) for the drugs or substances,~~

[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.

g. Establish a plan for reassessment/follow-up, ~~and~~

h. Monitor and document the client's response, including documenting and reporting any adverse reactions as appropriate, and

~~i. Monitor and document the client's response to the drugs or substances prescribed or ordered (as appropriate), including documenting and reporting any adverse reactions, and~~

j. Provide ~~the client with~~ information to support informed decision making, including:

~~i. Nurse practitioners undertake medication reconciliation to ensure accurate and comprehensive medication information is communicated consistently across health care transitions.~~

~~ii. When prescribing, nurse practitioners provide information to clients about:~~

iii. The purpose and expected action of the drug or substance,

iv. The duration of the ~~drug~~ therapy,

v. Specific precautions or instructions for the drug or substance,

vi. Potential side effects, interactions, ~~and~~adverse effects, and ~~what~~action ~~to~~ to ~~do~~take if they occur, and

~~vii. Potential interactions between the drug and certain foods, other drugs, or substances, and~~

viii. Recommended follow-up.

8. 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.

~~i. Date of transmission, the name and fax number of the pharmacy intended to receive the transmission, and the practitioner's fax number if the prescription is being faxed[3], and~~

~~[3] Effective April 17, 2023, when a verbal or faxed CPP prescription is issued to a pharmacy, a faxed copy of the CPP form is now acceptable. A hard copy of the original CPP prescription form no longer needs to be sent to the pharmacy. Prescriptions for long-term care and extended care licenced facility patients do not require the use of controlled prescription forms and may be faxed to the authorized community pharmacy.~~

~~j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaption would be clinically inappropriate.~~

9. When notified of a pharmacist-initiated prescription adaption, nurse practitioners document the adaption in the client record.

~~10. Nurse practitioners report adverse drug reactions to the Canada Vigilance Program.~~

11. ~~Nurse practitioners prescribe controlled drugs and substances in accordance with the.~~Nurse practitioners prescribe controlled drugs and substances in accordance with the Controlled Prescription Program.

12. When prescribing controlled drugs and substances, nurse practitioners~~meet the Prescribing Drugs standards and also:~~

    a. Assess the client in person, or by virtual visual assessment if clinically appropriate, except in cases where~~the client is~~:

        i. The client is known to the nurse practitioner or the clinic/practice setting~~, and/or~~

        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~~,and~~ duration,~~for which the drug is being prescribed, the goals of~~ treatment goals, and ~~the~~ rationale, ~~for the drug's use over alternatives (~~if applicable,

    d. Prescribe the lowest possible dose and the minimum quantity to be dispensed,

    e. Understand and limit high-risk opioid prescribing practices ~~(e.g., co-prescribing opioid and sedative-hypnotic drugs) and limit these prescribing practices~~ whenever possible in collaboration with the client,~~KnowKnow the risks of co-prescribing opioid and sedative-hypnotic drugs (e.g. benzodiazepines) and limit co-prescribing whenever possible; document the rationale and the follow-up plan if co-prescribing is necessary,~~

    f. Advise clients about the side effects and risks of controlled drugs and substances as applicable~~(e.g. physical tolerance, psychological dependence, addiction, diversion),~~

    g. Implement evidence-informed strategies for minimizing risk, and~~(e.g. treatment agreements, pill counts, urine drug screens, client education about safe storage and disposal), and~~

    h. Regularly reassess clients on long-term treatment of controlled drug and substances to determine if treatment is still appropriate.

    ~~i. Follow the requirements of the British Columbia Controlled Prescription Program including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.~~

~~13.~~ When authorizing medical cannabis, nurse practitioners~~nurse practitioners meet the Prescribing Drugs standards and also:~~

~~a. Review the client's medication profile and history through PharmaNet and other sources,~~

~~b. Document their review of the client's PharmaNet medication profile,~~

c. Document the indication and duration for which medical cannabis is being authorized, the goals of treatment, and the rationale for its use over alternatives,

d. Advise clients about the side effects and risks of medical cannabis,

e. Complete medical documents or written orders for cannabis in accordance with the requirements set out in the *Cannabis Regulations*,[4] and

f. Retain any copy of the medical document for cannabis in the client health record.

~~14. Before changing to non-practising or inactive registration with BCCNM (and therefore relinquishing prescribing authority), nurse practitioners take steps to ensure prescription refills and part-fills are managed for clients.~~

~~15. Nurse practitioners prescribing opioid agonist treatment and/or prescribed alternatives apply knowledge about:~~

~~a. Substance use disorders including opioid use disorder,~~

~~b. Treatment strategies for opioid use disorder (e.g. opioid agonist treatment, psychosocial treatment interventions), and~~

~~c. Harm reduction strategies for substance use and opioid use disorder.~~

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 ~~and~~ or substances for themselves or a family member except for a minor/episodic condition and only when there is no other prescriber available.	
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).

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

Prescribing		
		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).~~Nurse practitioners who prescribe blood and blood products must meet the standards, limits and conditions set out in *NP: Advanced Procedures and Activities* practice standard.~~
7.	Medical aesthetics	~~NPs~~ Nurse practitioners~~See the limits and conditions for medical aesthetics set out in *NP: Advanced Procedures and Activities* practice standard.~~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[5]	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	~~Before prescribing controlled drugs and substances, nurse practitioners must register for PharmaNet access appropriate to the practice sites~~

[5] ~~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).~~

Prescribing		
		~~where they will be prescribing controlled drugs and substances (e.g. Community Health Practice Access to PharmaNet).~~ a) Nurse practitioners who prescribe or order controlled drugs and substances must successfully complete **additional education** if they have not already obtained competence through their NP entry-level education program.~~one of the following courses:~~ ~~b) University of Ottawa: Prescribing Narcotics and Controlled Substances~~ ~~c) Athabasca University: Prescribing Controlled Drugs~~ ~~d) Saskatchewan Polytechnic: Controlled Drugs and Substances Act (CDSA) Module for Nurse Practitioners~~ ~~e) University of Toronto: Controlled Drugs and Substances Essential Management and Prescribing Practices~~ ~~f) Nurse practitioners who prescribe controlled drugs and substances must complete BCCNM's Controlled Drugs and Substances (CDS) Prescribing Module.~~ ~~g) Nurse practitioners who prescribe controlled drugs and substances must meet the BCCNM Competencies for NP Prescribing of Controlled Drugs and Substances for the context or contexts in which they are prescribing.~~ ~~**Note**: See prescribing limits 1, 2, 3 and 4 above.~~
~~10.1~~	~~Chronic non-cancer pain[6]~~	~~In addition to meeting the requirements in 10a-d, nurse practitioners who prescribe controlled drugs and substances for chronic non-cancer pain must complete **additional education**.~~
10.2	Methadone for analgesia	a) ~~In addition to meeting the requirements in 10a-d,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)~~, and A preceptorship with an experienced methadone for analgesia prescriber~~
10.3	~~Prescribing for opioid opioid use disorder~~ Substance use	~~In addition to meeting the requirements in 10a-d, nurse)~~ a) Nurse practitioners who prescribe or order opioid agonist treatment for opioid use disorder ~~nist treatment for opioid use disorder and/or pharmaceutical~~

~~[6] Chronic non-cancer pain is pain with a duration of three months or longer that is not associated with a diagnosis of cancer (National Pain Centre, 2017).~~

Prescribing		
	disorder~~/ prescribed alternatives~~	~~alternatives for safer supply must meet the standards, limits and conditions set out in *NP: Prescribing for Opioid Use Disorder and/or Prescribed Alternatives* practice standard.a) opioid agonist treatment for opioid use disorder Nurse practitioners who prescribe opioid agonist treatment for opioid use disorder and/or prescribed alternatives must:~~ must: i. Meet the education requirements established ~~of~~by the British Columbia Centre on Substance Use for the medication being prescribed; and ii. Complete a preceptorship that meets the requirements established by ~~of~~ the British Columbia Centre on Substance Use for the medication being prescribed; b) Nurse practitioners who prescribe ~~Nurse practitioners who prescribe opioid agonist treatment for opioid use disorder must apply the clinical practice guidelines for the treatment of opioid use disorder established by the British Columbia Centre on Substance Use.~~or order prescribed alternatives must: i. Follow ~~clinical protocols as per~~ 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 ~~; and ii. Participate in evaluation and monitoring of prescribed alternatives for safer supply as per the Ministry of Health Access to Prescribed Alternatives in British Columbia policy.~~
10.4	Medical Assistance in Dying	a) Nurse ~~In addition to meeting the requirements in 10a–d, 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.
~~10.5~~	~~Coca leaves~~	~~Nurse practitioners **do not** prescribe coca leaves as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b).~~
~~10.6~~	~~Opium~~	~~Nurse practitioners **do not** prescribe opium as per the federal *New Classes of Practitioner Regulations* Section 4(2)(b).~~

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).

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 ~~that is~~ authorized by a medical document or written order ~~issued~~ under Part 14 of the *Cannabis Regulations*. It does not include prescription drugs containing cannabis~~, which are listed in in Schedule I of the *Drug Schedules Regulation* and are regulated under Part 8 of the *Cannabis Regulations*.~~

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

~~**Restricted activities:** higher risk clinical activities that must not be performed by any person in the course of providing health services, except members of a regulated profession that have been granted specific legislative authority to do so, based on their education and competencies.~~

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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