

PRACTICE STANDARD

Certified Registered Nurses: Prescribing

Introduction

The *Certified Registered Nurses: Prescribing* practice standard applies to certified registered nurses who have met the BCCNM prescriber requirements¹ set out in their certification-specific practice standards:

- *Certified Registered Nurses: Remote Practice*
- *Certified Registered Nurses: Reproductive Health* (Contraceptive Management and/or Sexually Transmitted Infections(STI))
- *Certified Registered Nurses: RN First Call*
- *Certified Registered Nurses: Opioid Use Disorder*

The *Certified Registered Nurses: Prescribing* practice standard applies when **prescribing a medication** to be dispensed by a pharmacist for use by a specific person.

In addition to *Certified Registered Nurses: Prescribing* standards, certified registered nurses who prescribe medications also follow all relevant practice standards for registered nurses, including:

- Their certification-specific practice standard (e.g., *Certified Registered Nurses: RN First Call* practice standard), and
- The *Nurses: Medication* practice standard.

The *Registered Nurses: Acting by Giving Client-Specific Orders* practice standard applies when a certified registered nurse gives a **client-specific order** for compounding, dispensing or administering a medication to be acted on by another nurse (RN, LPN or RPN) or other health professional, other than a pharmacist.

Standards

1. Certified registered nurses are accountable and responsible for their prescribing decisions.
2. Certified registered nurses prescribe only those medications as allowed by:
 - a. *The Nurses and Midwives Regulation*,
 - b. Other relevant provincial or federal legislation or regulations,

¹ Prescriber requirements include the successful completion of the BCCNM-recognized course(s) listed in the limits and conditions of their certification-specific practice standard.

- c. BCCNM ethics and practice standards, including any applicable limits and conditions on performing the activity,
 - d. Organizational/employer policies, processes, and restrictions, and
 - e. The nurse's individual **competence**.
3. Before prescribing, certified registered nurses ensure they have the competence to:
 - a. Assess the **client's** health status, including conducting an accurate health history and clinical evaluation,
 - b. Make or confirm a diagnosis of a disease, disorder, or condition that is within the autonomous scope of practice of the nurse's certification program² and the nurse's individual competence, and that can be improved or resolved within the context of the client's overall health status and care needs,
 - c. Prescribe the medication safely, including knowing the medication's therapeutic use, indications, dosages, precautions, contraindications, side effects, adverse effects, potential interactions between the medication and foods/medications/substances, medication forms and routes for administration, and
 - d. Manage, monitor, and evaluate the client's response to the prescribed medication.
4. Certified registered nurses use current evidence to support decision-making when prescribing medications.
5. When prescribing, certified registered nurses:
 - a. Assess the client in person, or, if clinically appropriate, through a virtual health care encounter with a visual assessment. If a visual assessment is not possible, certified registered nurses prescribe without a visual assessment only after determining that it is clinically appropriate and only:
 - i. If the client is known to the nurse, and/or
 - ii. The client is being assessed in person by another health care provider.
 - b. Consider the client's health history related to the condition or health concern such as age, sex, past medical and mental health history, family history, social history, risk factors, and the client's understanding, beliefs, and values,
 - c. Undertake and document an appropriate clinical evaluation such as a physical and mental examination, and/or a review of relevant diagnostic or monitoring tests and/or specialist reports,
 - d. 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,

² BCCNM General Bylaws, Part 7.

- e. Assess the client's known allergies and ensure allergy information is documented,
 - f. Assess for difficulties in the client's ability to pay for and/or access medications, and the potential need to refer the client to available provincial medication access programs,
 - g. Document the medication prescribed to the client and the indication(s) for the medication,
 - h. Establish a plan for reassessment/follow-up with respect to the prescribed medication, either by the certified registered nurse themselves or by another prescriber, and
 - i. Monitor and document the client's response to the medication being prescribed (as applicable).
6. Certified registered nurses complete prescriptions for medications legibly, 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, maximum daily dose, route of administration, duration of medication therapy), and
 - g. Prescriber's name, work address, work telephone number, written/electronic signature, and prescriber number.
7. Certified registered nurses follow organizational/employer policies, processes, and restrictions (including security, privacy, and confidentiality measures) when transmitting a prescription to a pharmacy.
8. Certified registered nurses collaborate, communicate, and/or consult with the client and with other health care professionals when prescribing medications, including:
- a. Consideration of:
 - i. The broader plan of care for the client developed by the health-care team including other prescribers,
 - ii. The plan for reassessment/follow-up with respect to the prescribed medication,
 - iii. When the prescribing decision would benefit from the expertise of other health care professionals, and
 - iv. When the needs of the client exceed the nurse's scope of practice or individual competence,
 - b. Documenting the prescribing decision, plan of care and communication with the health-care team.

9. Certified registered nurses do not provide any person with a blank, signed prescription.
10. Certified registered nurses do not prescribe medications for themselves, or anyone else who is not their client.
11. Certified registered nurses participate in required and relevant provincial and/or national reporting programs.
12. Certified registered nurses who prescribe controlled drugs and substances follow the requirements of the [College of Pharmacists of BC's 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.

Glossary

Client: person receiving health services.

Client-specific order: an instruction or authorization given by a regulated health professional to provide care for a specific client, whether or not the care or service includes a **restricted activity** or a non-restricted activity.

Competence: the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

Medication: refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

Prescribing: the issuance of a prescription for a medication to be dispensed by a pharmacist or pharmacy.

Restricted Activity: an activity that is performed in the course of providing a health service and is prescribed by the regulations under the *Health Professions and Occupations Act* as a restricted activity.

Revision history

| Version # | Approved by board | Bylaw in-force | Description |
|-----------|-------------------|----------------|---------------------|
| 1.0 | March 1, 2026 | April 1, 2026 | Initial publication |

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, B.C.*

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