

Information for Pharmacists and other Healthcare Professionals

I. ADAPTING Initial Prescriptions

Is pharmacist prescribing through adapting initial prescriptions within the pharmacists' scope of practice?

Yes. Pharmacists' scope of practice has been expanded to include restricted practices not previously considered part of a pharmacists' role. One such practice that is now under the purview of a pharmacist is prescribing a Schedule 1 drug or a blood product for the purpose of adapting an **existing, initial** prescription. There are 3 ways in which a new prescription may be adapted:

1. Altering the dosage, formulation or regimen of a Schedule 1 drug;
2. Substituting another drug for a prescribed Schedule 1 drug if the substituted drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed drug;
3. Renewing a prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care.

How am I assured the pharmacist has the competency to adapt prescriptions?

All pharmacists registered in Alberta are required to maintain a high standard of competency and commit to lifelong learning through ongoing continuing education. In addition to these standards, Pharmacy Services has implemented a structured clinical orientation program and clinical expectations that form the basis of ensuring all pharmacists are adequately prepared for the unique areas of practice knowledge that they are exposed to in the provision of patient care. Like any regulated health care professional, it is the responsibility of the pharmacist to practice only within their scope of professional competence.

What are some examples of prescriptions that the pharmacist can adapt?

A pharmacist has the ability to make changes to patients' therapies, such as altering an initial dosage regimen for organ dysfunction, independently. Additionally, if a patient's medication is going to be discontinued through the automatic stop process, a pharmacist is able to determine if the medication should be continued until the care team is able to reassess the order. A pharmacist working as part of a care team and having an established relationship with the patient and the care team, is in an ideal environment to make needed assessments to adapt prescriptions as needed to optimize patient care. Examples include adapting the initial dose of a patient's blood pressure or seizure medication based on the patient's admission history and Netcare records and adapting the initial frequency of an antimicrobial based on the indication for therapy and patient's renal function.

Can a pharmacist adapt prescriptions when working from the main pharmacy (rather than on the patient care unit)?

A pharmacist working in a centralized dispensary practice lacks the patient relationship and detailed understanding of their treatment plans to make independent therapeutic changes to a patient's regimen. However, even within this practice setting, when assessing new prescriptions, a pharmacist in the dispensary is able to determine if a regimen requires changes due to impaired organ dysfunction when this data is available through electronic data access (e.g., Netcare). The pharmacist in these situations must also ensure the validity of the data before making changes in therapy based on these values. Additionally, if a patient's medication is going to be discontinued through the automatic stop process, a pharmacist in the dispensary is able to determine if the medication should be continued until the care team can reassess this order.

Can a pharmacist adapt a prescription for a controlled substance?

No. A pharmacist can only adapt prescriptions for Schedule 1 drugs, not controlled substances.

How will I know the pharmacist has adapted the prescription?

When adaptations to a prescription are made within the centralized dispensary, proper communication of this needs to happen via the approved mode of communication of order changes for the site or zone i.e. through the computer order entry system, Sunrise Clinical Manager, in Calgary zone or through medication clarification notice at paper-based sites, which need to be placed with the patient care orders in the chart. The note will clearly indicate the pharmacist has adapted the prescription as well as include information that outlines the reason for the adaptation of the original order.

Pharmacists making adaptations in a decentralized practice will write and sign or enter the new prescription in the patient care orders and document the assessment, rationale, and plan for this patient in the appropriate section of the patient chart (e.g., progress notes for most inpatient charts).

Does a physician or nurse practitioner need to cosign the written adaptation made by a pharmacist?

No. The medication order clarification notice will be signed by the pharmacist and no co-signature is necessary prior to carrying out the order. For adaptations made on the patient care order form, the order will be written and signed by the pharmacist (i.e., no co-signature is required).

Who is the Most Responsible Practitioner?

AHS Medical Bylaws state that each patient has a Most Responsible Practitioner (MRP). Practically speaking this most often means the attending or admitting physician. In these Bylaws, the MRP retains overall responsibility for care and other practitioners collaborate with the MRP. This does NOT mean you must ask the MRP for approval to prescribe or order laboratory tests. However, as per the Standards of Practice for Pharmacists and Pharmacy Technicians, pharmacists are required to collaborate with other team members when providing care. Practically speaking this means documentation and/or discussion with the MRP.

How are pharmacists consulted into the care of a patient?

In the AHS Medical Bylaws, there are rules outlining how consulting Practitioners are to be engaged. If a pharmacist is consulted to care for a patient, it must happen in a similar manner to other Practitioners with a clear indication of whether the request is to simply provide suggestions or to directly write orders. As well, it is important to note that under the Health Professions Act, prescribing is not allowed to be delegated from one professional to another. Consider the following examples:

- *“Pharmacist to suggest vancomycin dosing and monitoring”*. In this example the pharmacist has been consulted to merely suggest dosing and monitoring, and should not assume responsibility for ordering laboratory tests or vancomycin dosing. A pharmacist would NOT require additional prescribing authorization or a PRAC ID in this situation.
- *“Pharmacist to order and monitor vancomycin”*. In this example, the pharmacist has been consulted to both order vancomycin (initially, and dose adjustments) as well as any of the necessary laboratory monitoring related to vancomycin. As this situation describes ongoing dosage adjustment (i.e. not simply adapting a new prescription), a pharmacist requires additional prescribing authorization to order initial and adjust subsequent doses of vancomycin as well as a PRAC ID to or any necessary laboratory monitoring.

Can a pharmacist adapt orders written for patients in “closed” units?

“Closed” units (specialty care areas within an acute care setting which are considered restricted in terms of any prescriber being authorized to prescribe for the patients receiving care there) would also be closed to pharmacists, who are not a part of the care team, prescribing in those areas.

Can a nurse accept a pharmacist verbal order to adapt a prescription?

While written or prescriber-entered orders are the preferred method of communication, verbal orders are permitted for all prescribers. Like medical staff and Nurse Practitioner prescribers, pharmacist prescribers must countersign or validate the order within 24 hours in acute care environments. The order provided verbally can be carried out immediately.

II. ADDITIONAL Prescribing Authority

In addition to the scenarios outlined above, pharmacists in Alberta may apply for Additional Prescribing Authority (APA). Pharmacists with this authorization will prescribe independently as part of the collaborative, ongoing care of their patients.

The process to gain APA is rigorous and set by the Alberta College of Pharmacists. When a pharmacist in AHS acquires this additional authorization, the team and patient care units they work with will be notified in advance of their use of this patient care tool.

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