## **PRESCRIBING**

## Intent

To advise Registrants who prescribe prescribed substances, listed on Table 3 of the <u>General Regulation</u>, as part of their naturopathic practice, of the requirements to perform the procedure safely, ethically and competently.

### **Definitions**

Prescribed Substance: For the purpose of this standard, is anything listed in Table 3 (Appendix I) of the *General Regulation*.

## STANDARD 1

The Registrant who prescribes prescribed substances within the context of their naturopathic practice has acquired and maintains the knowledge, skill and judgment necessary to perform the procedure safely, ethically, and competently.

A Registrant demonstrates the standard by:

- meeting the College's requirements for prescribing the prescribed substances in Table 3 of the <u>General Regulation</u> through successful completion of the College approved prescribing and therapeutics course and examination,
- maintaining competency for performing the procedure by engaging in continuing education and/or incorporating prescribing as a part of their practice, and
- ensuring that they are appropriately trained and competent in relevant emergency procedures.

## STANDARD 2

The Registrant minimizes the risk to the patient, self and others that are associated with the prescribing of the prescribed substances included in Table 3 of the <u>General Regulation</u>, before, during and after the procedure

A Registrant demonstrates the standard by:

- only prescribing within the context of a naturopathic doctor-patient relationship,
- taking a thorough patient history, including laboratory and diagnostic testing as appropriate before prescribing a prescribed substance,
- considering the patient's condition, the risks and benefits and any other relevant circumstances specific to the patient before prescribing a prescribed substance,
- assessing for contraindications, including current medications and natural health products before prescribing a prescribed substance,
- complying with any limitation and acting in accordance with the route of administration and dosage specifications included in Table 3 of the <u>General Regulation</u>,
- prescribing a prescribed substance for a therapeutic purpose when it is clinically indicated,
- obtaining and documenting informed consent,
- informing the patient that they have a choice of where they can purchase the prescribed substance,
- providing the prescription in writing,
- providing a verbal prescription in emergency situations only, and documenting the verbal order in the patient record as soon as possible,
- ensuring documentation in the patient record in accordance with the Standard of Practice: Record Keeping, and
- monitoring, documenting and adjusting the prescription based on the patient's response to the prescribed substance.

The Registrant communicates with other health care professionals, as applicable, regarding the prescribing of the prescribed substances included in Table 3 of the <u>General Regulation</u>.

A Registrant demonstrates the standard by:

- notifying the patient's other primary health care provider(s), if any, of the details of the prescription, with the patient's consent,
- informing the initiating health care professional of changes to a prescription they wrote, if the
  prescribed substance is listed in Table 3 of the <u>General Regulation</u>, with the patient's
  consent, and
- never discontinuing or adjusting the dosage of a prescribed substance that is not listed on Table 3 of the <u>General Regulation</u>.

### STANDARD 4

The Registrant ensures that all required information is included on a prescription.

A Registrant demonstrates the standard by:

Including the following information on the prescription:

- · date of prescription,
- patient's name and address,
- prescribed substance's name, strength, quantity to be dispensed and number of refills,
- directions for use including the administration route, frequency, dose, duration, and any special instructions (e.g. away from food, with meals),
- number of allowable refills, and
- prescriber's name, address, telephone number, signature, and College registration number.

# **APPENDIX I**

TABLE 3
DRUGS THAT MAY BE PRESCRIBED

Drug Limitations, routes of administration, dosages	
Adenosine triphosphate	Only if prescribed for intravenous injection to be administered by the member in his or her office to the patient.
Calcium Chloride	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Calcium Gluconate	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Colchicine	Must not be prescribed unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Dextrose Injection	May only be prescribed when in concentrated solutions for intravenous injection to be administered by the member to the patient.
Digitalis Purpurea and its glycosides	Only if prescribed in conjunction with monitoring of patient's serum levels by member.
Estrogen (bioidentical)	Only if prescribed in topical or suppository form.
Folic Acid	Only if prescribed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if prescribed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided.  May be prescribed as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if prescribed for the treatment of primary or secondary levocarnitine deficiency.
Nitroglycerin	Administered to a patient by the member in his or her office only in emergency circumstances and only for angina pectoris. Dosage: 1 to 2 metered doses (0.4 or 0.8 mg nitroglycerin) administered on or under the tongue, without inhaling. The mouth must be closed immediately after each dose (up to 3 doses in total, at least 5 minutes apart). A sublingual tablet may be used (0.3 or 0.6 mg for initial dose). Maximum dose of 1.8 mg.
Pancreatin	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.

Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Must not be prescribed unless, 1. the drug is botanical pilocarpus, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never prescribed to treat a patient with glaucoma.
Must not be prescribed unless, 1. the drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never prescribed to treat a patient with rheumatoid arthritis.
Only if prescribed in a topical or suppository form.
No limitation, etc., specified.
No limitation, etc., specified.
Only if prescribed in oral dosage form containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Only if prescribed in oral dosage form containing more than 2,500 International Units of Vitamin D per dosage form or where the largest recommended daily dosage shown on the label would result in the daily intake by that patient of more than 2,500 International Units of Vitamin D.
Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg. $$
Must not be prescribed unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.