



FAQ: Nurses and Prescribing

WHAT IS PRESCRIBING?

The basis for prescribing is in both Minnesota nursing and pharmacy laws. The Nurse Practice Act provides that prescribing includes generating a prescription for the preparation of, use of, or manner of using a drug.

WHO MAY PRESCRIBE?

Legally authorized prescribers are defined as doctors of medicine, osteopathy, dentistry, and optometry; podiatrist; veterinarian; physician assistant; and advanced practice registered nurse (APRN).

MAY A NURSE WHO IS NOT AN APRN PRESCRIBE?

No. Licensed practical nurses (LPNs) and registered nurses (RNs) may not prescribe and may not:

- Write the drug, dosage and directions for use on a prescription form that has been pre-signed by an authorized prescriber;
- Sign or stamp an authorized prescriber's name on a prescription form followed by the nurse's signature or initials; or
- Call a prescription, including a prescription to refill/extend a prescription, to a pharmacy that has not originated with an authorized prescriber for a specific patient or client.

MAY A NURSE, WHO IS NOT AN APRN, RENEW A PRESCRIPTION WITHOUT CONSULTING THE PRESCRIBER?

No. Renewing/refilling/extending a prescription/order is considered originating a prescription.

MAY A NURSE IMPLEMENT CONDITION SPECIFIC PROTOCOLS WHICH RESULT IN A PRESCRIPTION?

Yes. However, because a medication order may be "patient-specific" or "condition-specific," it is necessary to differentiate between the two before proceeding.

A **patient-specific order** is an order that is a part of a specific patient's medical plan of care. An RN or an LPN may carry out the directions of a patient-specific order.

A **condition-specific protocol** differs from a patient-specific order in that it is not intended for a specific, identified patient but applies to all patients meeting the criteria of the protocol.

RNs may implement a condition-specific protocol. The authorized prescriber delegates to the RN to determine if a particular patient fits the identified criteria established for the patient group and whether the predetermined prescription originated by the authorized prescriber should be implemented.

LPNs may only implement a condition-specific protocol that results in the administration of a vaccine. The protocol must be developed by an authorized prescriber and must include the characteristics of the patient who may receive the vaccine and contraindications for implementation, including patients or populations of patients for whom the vaccine must not be administered and the conditions under which the vaccine must not be administered.

MAY AN LPN RECEIVE, TRANSCRIBE, AND TRANSMIT VERBAL AND TELEPHONE PRESCRIPTION ORDERS?

Receiving telephone and verbal prescription orders, transcribing, and transmitting prescription orders are activities often performed by nurses and appropriately included in many organizations in the responsibilities of LPNs.

- LPNs have the skill and knowledge to receive a prescription order and transcribe it accurately for other nurses to implement or transmit it to a pharmacist to dispense.
- Performing the activity of transcription is NOT considered to be delegating to others.

The content of this document is based on the following Minnesota Statutes:

Minn. Stat. § 148.171, subd 16

Minn. Stat. § 148.235

Minn. Stat. § 151.01, subd. 16 and 23

Minn. Stat. § 151.37, subd. 2(a)

Please view the **Use of a Protocol FAQ** for details regarding the elements of a condition-specific protocol.