

Implementation of a protocol which results in a prescription: What should a nurse consider?

Pharmacy and nursing law permit an authorized prescriber to “predetermine” a prescription under certain conditions. The responsibility and accountability of the registered nurse is to make the same considerations when implementing a condition-specific protocol/standing order as the nurse would make when determining whether to accept any delegated medical function. The following information developed in conjunction with the Boards of Pharmacy and Medical Practice may be helpful as a nurse considers accepting delegation to implement protocols which result in the generation of predetermined prescriptions.

Some factors to consider include:

1. Is the protocol specific to a condition?
2. Does the nurse have the requisite skill and knowledge to carry out the delegation safely and competently, that is, the knowledge, skills and abilities with regard to the patient condition?
3. Does the protocol have clear and specific guidelines to ensure the nurse is practicing within the scope of the practice of nursing and the nurse’s level of educational preparation?
4. Does the protocol contain all components required of a prescription as defined by pharmacy law?
5. Are the expected outcomes clearly communicated between the delegator and the delegatee?
6. What feedback and evaluation will the nurse provide to the prescriber regarding application of the protocol?
7. How will the nurse document the application of the protocol?
8. What alternative steps will the nurse take if the protocol is not applicable or the nurse has concerns regarding the patient’s care? Is an authorized prescriber available for consultation?

A protocol should identify the:

1. Patient or population for whom the predetermined prescription may be implemented;
2. Name and signature of the prescriber who initiated the prescription and the date it was written;
3. Name, dosage, quantity, route of administration and directions for use of the drug or therapeutic device prescribed;
4. Cautions and/or contradictions for implementation of the prescription;
5. Specific time periods during which the predetermined prescriptions may be implemented; and
6. Circumstances under which a prescription may be filled or refilled.

Finally, the protocol should include the:

1. Analytical framework for the assessment and treatment of patients to whom the protocol may be applied; and
2. Symptom-based guidelines which must be used to determine if a particular patient fits the criteria for use of the protocol.

If the nurse uses a prescription form to transmit the order to the pharmacy, the Board suggests the nurse indicate the name of the authorized prescriber who developed the protocol, the name of the nurse who is implementing the protocol, indicate the prescription is generated per protocol, and identify the protocol in some manner.

The content of this document is based on Minnesota Statutes sections 148.171, subdivision 16; 148.235, subdivisions 8 and 9; 151.01, subdivisions 16 and 23; and 151.37, subdivision 2(a).

Developed 2004; Reviewed 2010