

FAQ

Nurses and Prescribing

What is prescribing?

The basis for prescribing is in both Minnesota nursing and pharmacy law. 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?

Doctors of medicine, osteopathy, and optometry; podiatrists; veterinarians; physician assistants; and advanced practice registered nurses (APRN) are legally authorized prescribers.

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 prescribed 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 standing orders or protocols which result in a prescription?

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

- A **patient-specific protocol** is a protocol or standing order that is a part of a specific client's medical plan of care. An RN or an LPN may carry out the directions of a patient-specific protocol.
- A **condition-specific protocol** differs from the patient-specific protocol in that the law does not require the condition-specific protocol to be written for a specific patient, but rather, for a group of patients whose condition falls within the guideline/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 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 by 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 delegating to others.

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

You may want to view the **Use of a Protocol FAQ** for details regarding the elements of a condition-specific protocol.

Published 1993; Reviewed 2010; Reformatted 2019