



College of Pharmacists of Manitoba (CPhM)

Fundamentals of Prescribing  
For Manitoba Pharmacists

# Learning Objectives

Upon successful completion of this module, you will be able to:

- Describe and apply the applicable sections of legislation, standards of practice, and practice directions related to prescribing drugs for self-limiting conditions listed in Schedule 3 to the *Pharmaceutical Regulation* and uncomplicated cystitis
- Describe the fundamentals of all prescribing
- Explain safe prescribing practices
- Complete the appropriate documentation for prescribing
- Integrate the process of prescribing for self-limiting conditions and uncomplicated cystitis into your practice

# Acknowledgements

- Alberta College of Pharmacists
- Dr. Jane Gillis – Pharm.D., Pharmacist Consultant, PANS Pilot
- New Brunswick Pharmaceutical Society

# Legislation and Practice Directions

# Pharmacist Prescribing

## 1. Prescribing by Any Licensed Pharmacist

Prescribe a NAPRA Schedule II or III Drug or a Medical Device

Provide a Continued Care Prescription

Adapt a Prescription

Prescribe in a Public Health Emergency

## 2. Pharmacist with Additional Training and Authorization

Prescribing of a drug for a self-limiting condition (Schedule 3 to the Regulations)  
Prescribing of a drug for uncomplicated, recurrent cystitis

## 3. Extended Practice Pharmacist (EPPh) Prescribing

Prescribing of NAPRA Schedule I drugs

# Pharmacists are “Practitioners”

Ministerial Regulations:

- Designated practitioners

3(1) Subject to subsection (2), the following persons are designated as practitioners for the purpose of the definition "practitioner" in section 1 of The Pharmaceutical Act:

- (a) a pharmacist authorized to practice pharmacy in Manitoba or another Canadian province or territory;

3(2) A person is designated under subsection (1) only to the extent that they have authority to prescribe under the enactment that authorizes them to practice.

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=194/2013>

# Prescribing by Members

- 118(1) Subject to this Part, any member may prescribe the following:
  - a) a drug listed on Schedule 2 of the [NAPRA] Manual;
  - b) a drug listed on Schedule 3 of the [NAPRA] Manual;
  - c) a drug not listed in the [NAPRA] Manual if it has been issued a drug identification number or a natural health product number under the *Food and Drugs Act* (Canada);
  - d) a medical device approved by Health Canada, in accordance with applicable practice directions.

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

# Prescribing by Members

- 118(2) Subject to this Part, a member who has completed a training program approved by the council may prescribe a drug included in the category for a condition listed in Schedule 3 to this regulation.

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

# Schedule 3 Prescribing

- Atopic dermatitis
- Allergic contact dermatitis
- Irritant contact dermatitis
- Urticaria
- Acne vulgaris
- Tinea pedis
- Candidal stomatitis
- Hemorrhoids
- Vasomotor rhinitis
- Allergic rhinitis
- Seborrhoeic dermatitis
- Recurrent oral aphthae
- Vomiting of pregnancy
- Smoking cessation\*

\*Separate training and authorization required



# Schedule 3 Prescribing continued...

- For each condition, there is a list of drugs that a member can prescribe once the applicable program has been successfully completed and authorization obtained from CPhM

<https://cphm.ca/wp-content/uploads/Resource-Library/Legislation/Drugs-available-under-Schedule-3-revised-December-2016.pdf>

# Schedule 3 Prescribing continued...

- These drugs are listed by Prescription Drug Category or anatomic therapeutic chemical (ATC) classification system.
  - ATC classification system is controlled by the WHO Collaborating Centre for Drug Statistics Methodology

<https://cphm.ca/wp-content/uploads/Resource-Library/Legislation/Drugs-available-under-Schedule-3-revised-December-2016.pdf>

# Prescribing by Members

- 118(5) Subject to this Part, a member who has completed a training program approved by the council may prescribe a drug for use in the treatment of uncomplicated cystitis if the drug is specified for the treatment of uncomplicated cystitis in a product monograph authorized by Health Canada.

# Uncomplicated Cystitis

- New in 2021
- Uncomplicated urinary tract infections - recurrent, uncomplicated, non-pregnant, and female
- Once the applicable program has been successfully completed and authorization obtained from CPhM, a member can prescribe for uncomplicated cystitis if the drug is specified for the treatment of uncomplicated cystitis in a product monograph authorized by Health Canada.

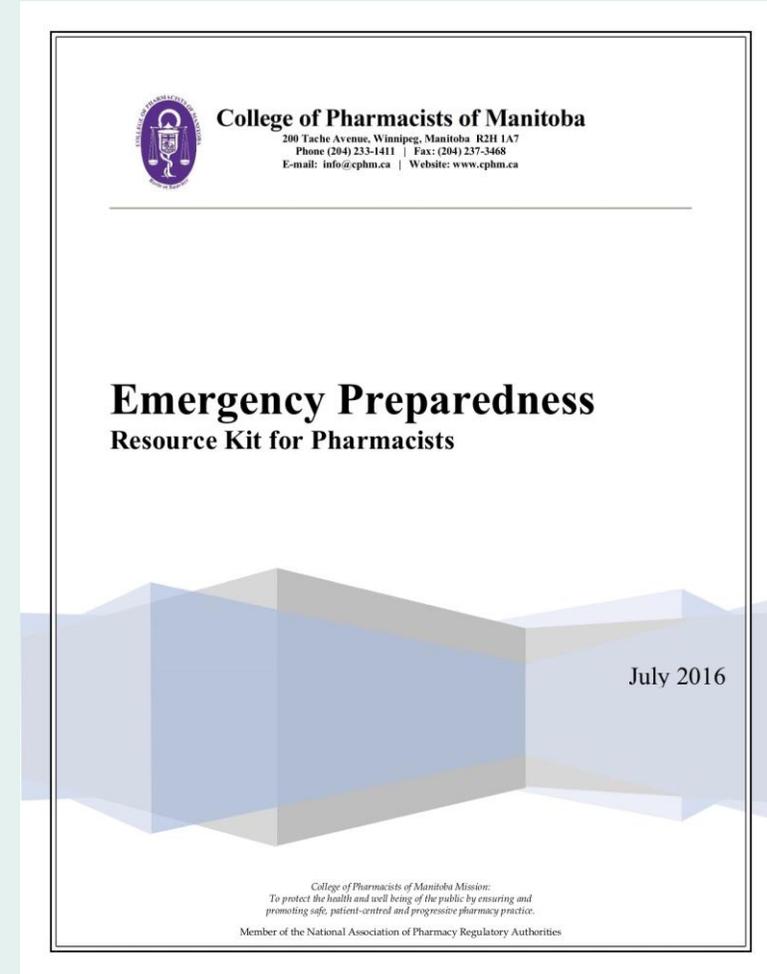
# Prescribing by Members continued...

- 118(3) Subject to this Part, a member who is an extended practice pharmacist may prescribe a drug listed on Schedule 1 of the NAPRA Manual, within the scope of his or her specialty, in accordance with applicable practice directions.
- 118(4) If the minister gives the council written notice that a public health emergency exists in all or part of the province, which necessitates that members be able to prescribe a drug or drugs not referred to in subsection (1), the council may approve members to prescribe those drugs, under any conditions the council considers appropriate, until the state of emergency ends.

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

# Public Health Emergencies

Emergency Preparedness:  
Resource Kit for Pharmacists  
<https://cphm.ca/wp-content/uploads/Resource-Library/Guidelines/Emergency-Preparedness.pdf>



# Applicable Practice Directions and Standards

- Prescribing
- Prescribing and Dispensing (Standard #4)
- Sale of Schedule 2 Drugs
- Sale of Schedule 3 Drugs
- Ensuring Patient Safety
- Referring a Patient (Standard #2)
- Records and Information (Standard #12)
- Patient Counselling
- Pharmacy Facilities (Standard #15)
- Collaborative Care (Standard #3)

[https://cphm.ca/resource-library/?\\_sft\\_resource\\_category=practice-directions-and-standards](https://cphm.ca/resource-library/?_sft_resource_category=practice-directions-and-standards)

# Prescribing

- A licensed pharmacist shall only prescribe a medication when it is in the patient's best interest having considered the risks and benefits to the patient and other relevant factors specific to the situation.
- A licensed pharmacist shall not prescribe a medication unless the intended use:
  - is an indication approved for use by Health Canada, and is considered to be best practice or accepted clinical practice in peer-reviewed clinical literature, or
  - is part of an approved research protocol

# Prescribing continued...

- A licensed pharmacist shall only prescribe a drug or medical device for which they have the knowledge, skill, and judgment with regard to the drug/medical device and the condition for which it is prescribed.
- A licensed pharmacist who issues a prescription must reduce the prescription to writing in a clear, concise format that includes all required information.

# Prescribing continued...

- A licensed pharmacist shall only prescribe a drug/medical device for a patient whom they have seen and assessed in person or via face-to-face communication (telehealth/videoconferencing), except in the case of:
  - An EPPh practicing in a collaborative team setting, where an in-person assessment has been completed by another regulated healthcare provider team member for the same indication within a reasonable timeframe
  - Appropriate in-person follow up with a regulated healthcare provider has been arranged when appropriate.

# Prescribing continued...

\*COVID-19 Exemption from in-person/face-to-face patient assessment

- March 2020 to the end of Sept 2022
- Permits a pharmacist to conduct a direct patient assessment via telephone, if appropriate.
- May be re-assessed upon expiry
  - Check [www.cphm.ca](http://www.cphm.ca) for further updates

# Prescribing continued...

- Where the pharmacist performs an assessment that requires the use of medical equipment the pharmacist shall ensure that the equipment is in good working order.
- A licensed pharmacist who issues a prescription shall conduct a patient assessment which includes but is not limited to the following:
  - demographic information, signs and symptoms, laboratory or other test results, medical history, allergies, current medications, extent and results of previous treatment, pregnancy and lactation status (if applicable) and patient preferences.

# Prescribing continued...

- A licensed pharmacist shall issue a prescription only after presenting the patient with the therapeutic alternatives and providing the patient with adequate information so that the patient can make an informed decision.
- All documentation must be readily accessible and open to regulatory review.

# Prescribing continued...

Documentation: A licensed pharmacist who issues a prescription must make and retain a record of:

- Name and address of the patient
- Date of birth of the patient
- Name of the drug/device prescribed
- Strength, if applicable, and quantity of the medication
- Directions for use
- Number of refills
- Name of the licensed pharmacist issuing the prescription
- Date of the prescription

# Prescribing continued...

Documentation: A licensed pharmacist who issues a prescription must make and retain a record of:

- Treatment goal, diagnosis or clinical indication for issuing the prescription
- Rationale for the prescribing decision
- Follow up plan
- Other health professionals notified

# Prescribing and Dispensing

- A member who prescribes a drug must provide a written prescription to the patient and advise the patient that he or she may choose to have the prescription dispensed at another pharmacy or by the prescribing member.

# Prescribing and Dispensing

- Potential safety issue
  - The second check of a prescriber's prescription by a pharmacist is absent when one pharmacist does both activities.
  - Recommend that a second trained person confirms accuracy of the dispensed drug
- A licensed pharmacist shall dispense a drug that he/she prescribed based upon the licensed pharmacist's own assessment if they believe that not doing so would compromise the patient's health.

# Prescribing and Dispensing continued...

A licensed pharmacist must not dispense a drug that he/she prescribed based upon the licensed pharmacist's own assessment of the patient unless that licensed pharmacist:

- Has advised the patient or their agent that he/she may choose to have the prescription dispensed by another licensed pharmacy

# Prescribing and Dispensing continued...

A licensed pharmacist must not dispense a drug that he/she prescribed based upon the licensed pharmacist's own assessment of the patient unless that licensed pharmacist:

- Has provided the patient or their agent with enough information to enable him/her to participate in making an informed decision about the prescribing and dispensing process including the benefits of having another licensed pharmacist or health care professional review the appropriateness of the prescription.

# Prescribing and Dispensing continued...

A licensed pharmacist must not dispense a drug that he/she prescribed based upon the licensed pharmacist's own assessment of the patient unless that licensed pharmacist:

- Is satisfied that the patient or their agent has the mental capacity to make an informed decision regarding the prescribing and dispensing process described above.

# Prescribing and Dispensing continued...

A licensed pharmacist must not dispense a drug that he/she prescribed based upon the licensed pharmacist's own assessment of the patient unless that licensed pharmacist:

- Obtains the patient's or agent's informed consent to dispense the drug which he/she prescribed, and
- Documents the patient's or agent's consent with the dispensing process.

# Prescribing and Dispensing continued...

- A licensed pharmacist shall not refuse to prescribe a drug because the patient or the patient's agent refuses to have the prescription filled by the licensed pharmacist or another licensed pharmacist in the same practice site.

# Prescribing and Dispensing continued...

- Documentation
  - The licensed pharmacist must document and keep record of the consent to dispense including the name of the person consenting and the date the consent was obtained.
  - If the person consenting is not the patient, then the relationship to the patient shall be recorded.
- All documentation must be readily accessible and open to regulatory review.

# Sale of Schedule 2 and 3 Drugs

- Review these Practice Directions for more information regarding engaging the patient in dialogue to gather information about the condition or symptoms to be treated in the sale (distribution) of NAPRA Manual schedule 2 and 3 medications.

# Comparison

## OTC Recommendation

- Semi private
- Quick assessment
- OTC Product recommendation or referral
- No (minimal) follow up
- No (minimal) documentation

## Self-Limiting Conditions or Uncomplicated Cystitis Prescribing

- Private
- Semi-detailed assessment
- OTC, Prescription written, +/- dispensed or referral
- Follow-up
- Documentation

# Ensuring Patient Safety

83 Subject to any practice directions, a member must review each prescription and the patient's record and take appropriate action if necessary with respect to

- a) appropriateness of drug therapy;
- b) drug interactions;
- c) allergies, adverse drug reactions and intolerances;
- d) therapeutic duplication;
- e) correct dosage, route, frequency and duration of administration and dosage form;

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

# Ensuring Patient Safety continued...

- f) contraindicated drugs;
- g) any other error in the prescription or potential drug therapy problem not mentioned in clauses (a) to (f);
- h) a drug prescribed by a practitioner outside his or her authorized scope of practice; or
- i) a drug that has not been prescribed consistent with standards of care and patient safety.

<https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

# Ensuring Patient Safety continued...

- When gathering information relating to the patient and the drug therapy, a licensed pharmacist consider the following:
  - condition or symptom(s) to be treated;
  - any previous history of complaint given;
  - the length of present symptoms;
  - current and relevant information regarding disease state(s), allergies and/or sensitivities;
  - current medication use; and/or
  - other medications or therapies previously tried.

# Referring a Patient

- A member must refer the patient to another appropriately qualified regulated health professional when
  - Care or treatment required by the patient is beyond the scope of the member's professional practice or competence;
  - Patient's condition cannot be effectively treated within the practice of pharmacy;
  - Patient's condition has not adequately or appropriately responded to drug therapy or other therapy provided by the pharmacist.
- The pharmacist shall verbally inform the patient or caregiver of the pharmacist's recommendation to refer them.

# Referring a Patient

- If the patient does not want to be referred, the pharmacist must discuss the implications of this on the patient's care and
  - Must continue to provide care within any limits imposed by the patient's decision
  - Must not practice beyond his or her competence or scope of practice or provide care that the pharmacist does not believe is in the best interest of the patient
  - Should document the patient's reason for referral (if indicated by patient), pharmacist's justification for referral, and any steps taken by the pharmacist to ensure the patient is educated on the matter

# Records and Information

- A member and an owner must create, maintain and retain records as required under the Act and this regulation and in a form and manner that allows them to be accessed as promptly as needed in order to provide patient care and to otherwise comply with the requirements of the Act, this regulation, The Personal Health Information Act and any other law.

# Retention of Records

- 79(1) The records required by this Part may be recorded and retained either electronically or in written form, except that
  - a) if a record requires a signature, it must be an original or electronic signature; and
  - b) if a record requires initials, the initials must be original or electronic initials.
- 79(2) A member or owner must retain the [following records] for at least five years.

# Records and Information

- Documentation:
  - A licensed pharmacist shall document and keep all required records according to the legislation and any other applicable practice directions.
  - All documentation shall be in a clear, concise and easy to read format that facilitates sharing, ease of use and retrieval of information.
  - All records maintained by the pharmacy shall be current and accurate with respect to the pharmacist's or pharmacy's activities.
  - In hospital practice, documentation unique to the pharmacy standards shall be maintained; however, information already appearing in the patient's chart need not be duplicated.

# Patient Counselling

Patient counselling must:

- Focus the dialogue on the particular patient's condition and needs
- Assess the patient's level of understanding
- Endeavour to respond to the patient at the appropriate level

# Patient Counselling

Patient counselling must include:

- Confirming patient identity
- Identifying name, strength, and purpose of dispensed drug
- Provide directions for use of the drug including frequency, duration, and route

# Patient Counselling

Patient counselling must include:

- Identify importance of adherence and procedure for missed doses
- Discuss common adverse effects, drug and food interactions, and contraindications, including their avoidance and the actions required if they occur

# Patient Counselling

Patient counselling must include:

- Discussion of activities to avoid
- Discussion of storage requirements

# Patient Counselling

Patient counselling must include:

- Prescription refill information
- Information regarding how to monitor response to therapy
- Information regarding expected therapeutic outcomes
- Information regarding when to seek medical attention
- Other information unique to the specific drug or specific patient

# Pharmacy Facilities

- The Premises, with the exception of the Dispensary shall, with the exception of hospital practice, have a patient counselling and consultation area suitable to the College of Pharmacists of Manitoba, which shall:
  - Contain no items for sale other than the articles needed for counselling sessions
  - Provide a setting for confidential discussion between the patient and the pharmacist.

# Collaborative Care

- A member must work collaboratively with other health care professionals and others who provide care to the patient, as circumstances require, in order to provide integrated care and avoid duplication of services.
- When a member and one or more other persons are providing care to a patient, the member must
  - treat the other provider with respect;
  - recognize the skills, knowledge, competencies and roles of the other provider, and communicate effectively and appropriately with them; and
  - explain to the patient the member's role and responsibility.

# Confidentiality

- Foundational standard
- Underlies all documentation and communication with or about a patient
- Pharmacists are trustees (or are employed by a trustee) under the Personal Health Information Act and must comply

# Fundamentals of Prescribing

# Fundamentals of Prescribing

1. Individual requisite knowledge, skill and judgment



“ Remember,  
authorization  
should NEVER be  
interpreted as  
obligation! ”



# Professionalism

- Pharmacists must:
  - Establish a professional relationship with the patient for the purpose of optimizing the patient's health and drug therapy
  - Maintain professional independence, refrain from prescribing for themselves or family members, and
  - Work collaboratively with other health professionals to serve the best interest of the client

# Fundamentals of Prescribing

2. Adequate information

1. Individual requisite knowledge, skill and judgment



# Fundamentals of Prescribing

3. Informed decision

2. Adequate information

1. Individual requisite knowledge, skill and judgment



# Fundamentals of Prescribing

3. Informed decision

2. Adequate information

4. Approved indications

1. Individual requisite knowledge, skill and judgment



# Fundamentals of Prescribing

1. Individual requisite knowledge, skill and judgment

2. Adequate information

3. Informed decision

4. Approved indications

5. Documentation and notification of other healthcare professionals



# Documentation

- A licensed pharmacist who issues a prescription must make and retain a prescribing record of:
  - Name and address of the patient
  - Date of birth of the patient
  - Name of the drug/device prescribed
  - Strength, if applicable, and quantity of the medication
  - Directions for use
  - Number of refills
  - Name of the licensed pharmacist issuing the prescription
  - Date of the prescription
  - Treatment goal, diagnosis or clinical indication for issuing the prescription
  - Rationale for the prescribing decision
  - Follow up plan
  - Other health professionals notified

# Value of Documentation

- Contributes to continuity of care
- Organizes and accurately describes the patient's needs, the pharmacist's actions and patient outcomes
- Records critical thinking, problem-solving skills and judgment used
- Describes events or discussions you have had with your patients and their caregivers
- Helps the pharmacist and other members of the pharmacy team provide better patient care

# Aligning Documentation with Patient Care

- Document immediately after the activity
- Include all significant information
- Include all information deemed necessary to support the identification of drug-related problems, recommendations and decisions
- Write/data enter clearly, logically and precisely
- Keep all documentation legible and non-erasable

# Prescription Documentation

- Prescription format
  - Written or typed (electronic)
  - Clear, concise, easy-to-read format
  - Signed
  - Must contain all required information

# Practically Perfect Prescribing: Three Components

Thought

Word

Drug and Patient Care

# Thought

- Right drug, right dose, right patient
- Prescribing drugs relevant to the scope of practice and area of knowledge

# Thought continued...

- Applying knowledge of pharmacology and best practice standards in selecting and monitoring drug therapy
- Applying knowledge of contraindications, drug/food interactions, side effects and concurrent conditions and diseases.

# Thought continued...

- Consulting and collaborating with other health care professionals and referring as appropriate (“collaborative prescribing”)
- Consulting with the patient

# Word

- Completes prescribing record and the prescriptions accurately, completely and legibly including all the required information.
- The patient cannot be required to have the prescription filled at a particular pharmacy.
- Must not prescribe for family members or for themselves.

# Drug and Care: Focus on Patient Safety

- Review the Manitoba Institute for Patient Safety website <https://mips.ca>
- **It's Safe to Ask** encourages patients and families to request the information they need in order to become active participants in their care. It includes easy-to-read materials for patients, as well as information kits for healthcare providers and organizations.

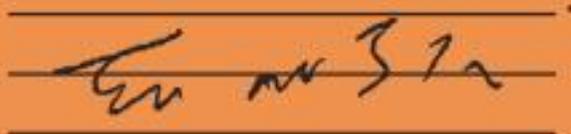
# Drug and Care: Focus on Patient Safety

- Review the Manitoba Institute for Patient Safety website  
<https://mips.ca>
- **Patient Safety is in YOUR Hand!** Improves patient safety and reduce harm to patients from medication errors, Improves communication between health care providers and eliminates the use specified dangerous abbreviations, symbols and dose designations



# Rx Patient Safety is in Your Hand!

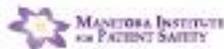
**Clear, complete prescriptions  
decrease medication errors.**



*[Handwritten signature]*  
Tylenol #3 1-2 tablets po q2h prn

\*Example taken from IRSAA hospital prescriptions.  
Tylenol #3, 1-2 tablets po q2h prn

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**Table 2. Frequency of Selected Abbreviations  
Associated with Errors\***

| <b>Abbreviation Group</b>                              | <b>Error<br/>Number</b> | <b>Error %</b> |
|--|-------------------------|----------------|
| QD = once daily  | 7,827                   | 43.1%          |
| U = units  | 2,378                   | 13.1%          |
| cc = mL  | 2,281                   | 12.6%          |
| M <sub>4</sub> SO <sub>4</sub> , MS = morphine sulfate | 1,768                   | 9.7%           |
| decimal error (i.e., X.0 mg or .X mg)                  | 666                     | 3.7%           |
| HS = at bedtime  | 541                     | 3%             |
| MgSO <sub>4</sub> , Mag, Mg = magnesium sulfate        | 459                     | 2.5%           |
| sc or sq = subcutaneous                                | 375                     | 2.1%           |
| QOD = every other day                                  | 305                     | 1.7%           |
| 1/2  | 277                     | 1.5%           |
| x d (i.e., x 3 d; days or doses?)                      | 216                     | 1.2%           |
| QID = four times daily                                 | 211                     | 1.2%           |
| d/c or dc (discharge or discontinue?)                  | 200                     | 1.1%           |
| BID = twice daily                                      | 180                     | 1%             |
| Drug name (i.e., HCTZ, T3, ARA-C)                      | 153                     | 0.8%           |
| µg = mcg   | 84                      | 0.5%           |
| < or >   | 84                      | 0.5%           |
| TID = three times daily                                | 78                      | 0.4%           |
| Stem (i.e., "nitro," "IV vanc")                        | 29                      | 0.2%           |
| IU = international units                               | 24                      | 0.1%           |
| os, od, ou = left eye, right eye,<br>or both eyes      | 16                      | 0.1%           |

\* Based on percentage of 18,153 reports.

Patient Safety is in YOUR Hand!

# When U order units, don't abbreviate!



Use **'Units'**  
to prevent medication errors.

Handwritten U's can be misread  
as a zero, a four, or cc's, leading to overdoses.

*Heparin 5000 SC BID*  
500 U or 5000?

\*Example taken from WRIIA hospital prescriptions.

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Winnipeg Regional  
Health Authority  
Come to Health

Winnipeg Regional Health  
Authority  
Always up with care

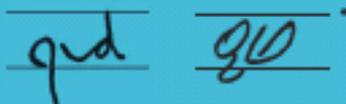
Patient Safety is in YOUR Hand!

# Spell it out DAILY!



Use **DAILY** to avoid confusion.

Abbreviations q.d., o.d., q 1d can be misinterpreted resulting in medication errors.



Daily or four times daily?

\*Samples taken from IRBA hospital prescriptions.

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Health Authority  
Come for health

Winnipeg Regional  
Health Authority  
Join us in  
improving  
patient safety

Patient Safety is in YOUR Hand!

# abbrev med nms on rx's

*RI MS Pb JL pz*

Use complete **GENERIC**  
medication names.

Clear, complete prescriptions  
decrease medication errors.

\*Examples taken from HRAA hospital prescriptions.  
Regular insulin, morphine sulfate, phenobarbital, Tylenol, Phenygan

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# Put the Reason Next to the order

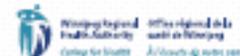
The indication for prescribing  
on a PRN (give as needed) order  
assists all health care professionals  
in administering and monitoring  
the intended therapy.

*lorazepam 1mg q/sl prn*

For sleep? seizures? anxiety?

\*Example taken from WRIA hospital prescriptions.

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# SUBSTITUTING sc, sq, and sl for SUBCUTANEOUS or SUBLINGUAL

**Leads to confusion  
and medication errors.**

*Scopolamine 0.6mg sl po\**

Subcutaneous or sublingual?

Clear, complete prescriptions  
decrease medication errors.

\*Sample taken from HRAA hospital prescriptions.

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# Lead, Don't Follow



## ALWAYS

use a leading zero for doses less than one, e.g. **0.2 mg**

## NEVER

use a trailing zero for doses that are a whole number, e.g. **2 mg**

Missed decimal points  
lead to medication errors.

*Concordia Long IPD Day*  
1 mg or 10 mg?

\*Example taken from WRAA hospital prescriptions.

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# It's worth the WEIGHT!



Medication orders for pediatric patients  
who weigh 50 kg or less  
must include the dosage by weight in

- mg/kg/day or
- mg/kg/dose or
- mg/m<sup>2</sup>

Clindamycin 320mg iv q 6h\*  
(= 40mg/kg/day)

Clear, complete prescriptions  
decrease medication errors.

\*A clear and complete example  
taken from NRSR hospital prescriptions.

# Professional Judgment

- Pharmacists must use their professional judgment to evaluate each situation and the available information
- Neither the Regulations nor the Practice Directions dictate (with the exception of continued care prescriptions) how many doses or days of therapy the pharmacist can prescribe

# Notification of other Health Care Professionals

- Not a requirement for prescribing for self-limiting conditions (is a requirement for continued care prescriptions)
- May be appropriate and can be determined on a case by case basis

# Process of Prescribing

# Checkbox for Prescribing

- Identify patient's needs
- Explain the process
- Obtain consent

# Checkbox for Prescribing

- Identify patient's needs
- Explain the process
- Obtain consent
- Establish the confidential environment
- Conduct an appropriate detailed assessment

# Checkbox for Prescribing

- Identify patient's needs
- Explain the process
- Obtain consent
- Establish the confidential environment
- Conduct an appropriate detailed assessment
- Recommendation
  - Write the prescription or refer
  - Joint decision making

# Checkbox for Prescribing

- Establish monitoring parameters and plan
- Notify primary care provider (if appropriate)

# Checkbox for Prescribing

- Establish monitoring parameters and plan
- Notify primary care provider (if appropriate)
- Complete follow-up
- Document and maintain documentation

# How do I obtain authorization to prescribe for self-limiting conditions?

- For atopic dermatitis, allergic contact dermatitis, irritant contact dermatitis, urticaria; acne vulgaris; tinea pedis; candidal stomatitis; unspecified haemorrhoids without complication; vasomotor and allergic rhinitis; seborrhoeic dermatitis (excluding paediatric); recurrent oral aphthae; and vomiting of pregnancy, unspecified:
  - Practicing member must complete the independent study readings, view this presentation, and successfully complete the evaluative assessment
  - Fill out the appropriate application form and submit documentation to the CPhM for authorization

# How do I obtain authorization to prescribe for smoking cessation?

- Practicing member must view this presentation and successfully complete one of the approved programs as listed on the College website
- Fill out the appropriate application form and submit documentation to the CPhM for authorization

# How do I obtain authorization to prescribe for uncomplicated cystitis?

- Practicing member must complete the independent study and view this presentation
- Fill out the appropriate application form and submit to CPhM for authorization

# Reminder

- The successful completion of the appropriate uncomplicated cystitis and/or self-limiting conditions training program(s) does not automatically grant pharmacists authorization to prescribe for these conditions.
- Pharmacists must apply for authorization from the College of Pharmacists in Manitoba
- Please go to the College of Pharmacists of Manitoba website [www.cphm.ca](http://www.cphm.ca) for an application and more information.

# References

- Alberta College of Pharmacists, Orientation to Practice Framework Presentation, March 21, 2007
- The College of Pharmacists of Manitoba, website and associated documents
- New Brunswick Pharmaceutical Society Pharmacist Prescribing Interpretation Document DRAFT, July 22, 2008
- Gillis, Jane. Minor Ailment Services: From Research to Practice, Nov. 1, 2013



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Questions?