College of Pharmacists of Manitoba (CPhM)

Fundamentals of Prescribing For Manitoba Pharmacists

Updated July 2026

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, uncomplicated cystitis, and hormonal contraception
- Apply the 5 fundamentals of all prescribing
- Explain safe prescribing practices
- Complete the appropriate documentation for prescribing
- Integrate the process of prescribing for self-limiting conditions, uncomplicated cystitis, and hormonal contraception into your practice
- NOTE: The regulatory amendments for prescribing and administering drugs for hormonal contraception is effective as of **August 4, 2026**

Legislation and Practice Directions

Pharmacists Prescribing

1. Prescribing by Any Licensed Pharmacist

Prescribe a NAPRA Schedule II or III Drug or a Medical Device	Provide a Continued Care 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 Regulation)
Prescribing of a drug for uncomplicated, recurrent cystitis or hormonal contraception

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

1118(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 apthae
- 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/resource-library/?_sft_resource_category=legislation&_sf_s=Schedule%203

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/resource-library/?_sft_resource_category=legislation&_sf_s=Schedule%203

Schedule by Members continued…

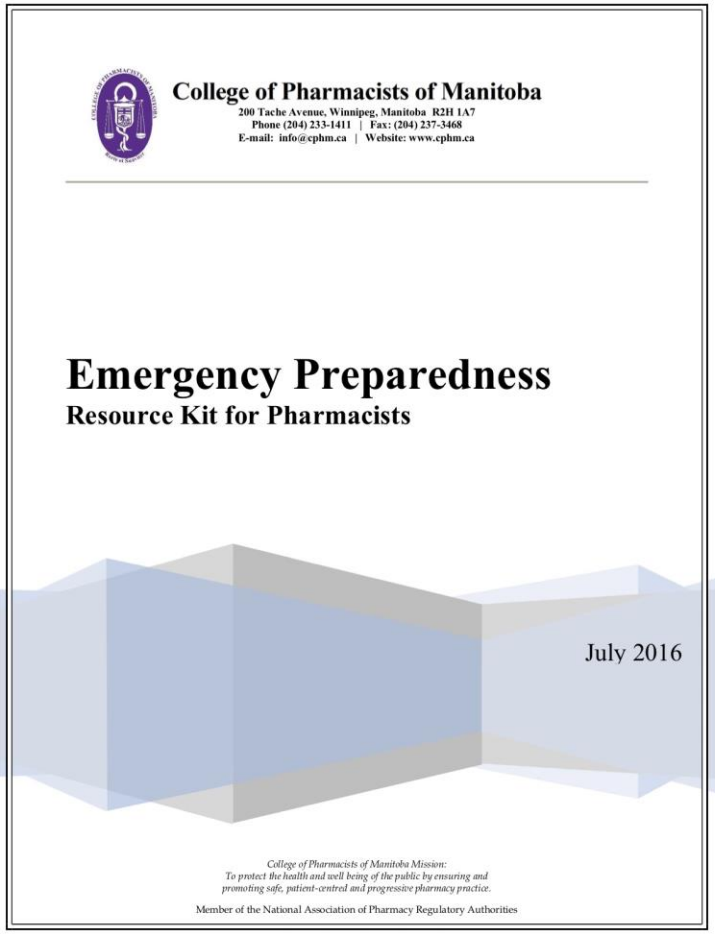
- 118(3) Subject to this Part, a member who is an **extended practice pharmacist** may prescribe a drug listed on Schedule 1 of the NAPRA Manual, within the scope of his or her specialty, in accordance with applicable practice directions.
- 118(4) If the minister gives the council written notice that 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/resource-library/?_sf_s=emergency%20preparedness



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

- Introduced 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

Section 118(6) Subject to this Part, a member who has completed a training program approved by the council may prescribe a **contraceptive drug for conception control** if

a) the drug is specified for conception control in a product monograph authorized by Health Canada; and
b) the drug is administered in one of the following dosage forms:
    i. oral contraceptive,
    ii. transdermal patch,
    iii. vaginal ring,
    iv. product administered by intramuscular, intradermal or subcutaneous injection.

Hormonal Contraception

- Introduced in 2026
- Once the applicable program has been successfully completed and authorization obtained from CPhM, a member can prescribe a drug for hormonal contraception if the drug is:
  - Indicated for conception control in a product monograph authorized by Health Canada, AND
  - An oral contraceptive, transdermal patch, vaginal ring or intramuscular, subcutaneous or intradermal product for injection.
- It excludes:
  - Hormonal intrauterine devices (IUDs),
  - Contraceptive implants, and
  - NAPRA Schedule I) forms of emergency contraception.

Hormonal Contraception Administration

- Section 110(4) of the Pharmaceutical Regulation states:
  A member may administer a drug that is prescribed for ***contraception*** *using an advanced method described in clause 107(a).*
    - Where 107(a) states that an "advanced method" means any of the following methods for administering a drug: through intradermal, subcutaneous or intramuscular injection.
- This provision is specific to hormonal contraceptives. Currently, pharmacists are not able to administer other drugs or vaccines that a pharmacist has also prescribed.
- For all other drugs and vaccines (outside of Schedule 2 to the Pharmaceutical Regulation), a pharmacist cannot administer a drug or vaccine that has also been prescribed by a pharmacist.

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
- Records and Information (Standard #12)
- Patient Counselling
- Pharmacy Facilities
- Interprofessional Collaborative Care
- Informed Consent

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.
- Council has approved an **exemption** from the in person/face-to-face assessment, if appropriate, for an indefinite amount of time.

Prescribing continued…

- CPhM Council provided an exemption to Section 2.4 of the Prescribing Practice Direction, to permit a pharmacist to conduct a direct patient assessment via telephone, if appropriate.
- Council has extended this exemption indefinitely until the Virtual Care Practice Direction can be implemented or until such a time that the exemption is repealed by Council.
  - Draft Virtual Care Practice Direction went out for consultation in May 2026. Check the CPhM website for updates.
- Virtual care must be used in a supported manner to enhance and complement in-person patient care.
- Professional judgment is required to ensure a phone assessment is indicated and appropriate.

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…

- The pharmacist must not issue a prescription unless they have assessed whether the drug will be safe and effective for the patient.
- 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 retained and 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 and quantity of the medication, if applicable
- Directions for use
- Number of refills, if applicable
- Name of the licensed pharmacist issuing the prescription
- Date of the prescription
- Treatment goal, diagnosis or indication
- Follow-up plan
- Other health professionals notified

Notification of other Health Care Professionals

- Not a requirement for prescribing for self-limiting conditions (but is a requirement for continued care prescriptions)
- Strongly encouraged that the primary care provider be notified if prescribing hormonal contraception, due to its on-going nature and for continuity of care
- May be appropriate and can be determined on a case-by-case basis

Prescribing and Dispensing

The prescribing pharmacist must advise the patient (or agent) that they may choose to have the prescription dispensed at another pharmacy.

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

Prescribing and Dispensing continued…

The prescribing pharmacist must:

- Be satisfied that the patient or their agent has the mental capacity to make an informed decision regarding the prescribing and dispensing process
- Obtain the patient's or agent's informed consent to dispense the drug which they prescribed, and
- Document 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.
- 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.

https://cphm.ca/resource-library/?_sft_resource_category=practice-directions-and-standards&_sf_s=sale

Comparison

OTC Recommendations

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

Self-Limiting Condition/ Uncomplicated Cystitis/ Contraception Prescribing

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

Adapted from “Minor Ailment Services: From Research to Practice” by Jane Gillis

Ensuring Patient Safety Legislation

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 Legislation 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

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 pharmacist 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 pharmacist’s professional practice or competence
- Patient's condition cannot be effectively treated within the practice of pharmacy

Pharmacists must accept responsibility for their activities and, when required, refer patients to other healthcare professionals whose expertise can best address the patient's needs. They must recognize their scope of practice and work within the limits of their competence.

Referring a Patient continued…

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 pharmacist must document and keep all required records according to the legislation and any other applicable practice directions.

It must be 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.

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 continued…

Documentation:

- A licensed pharmacist must document and keep all required records according to the legislation and any other applicable practice directions.
- It must 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 must 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 continued…

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
- 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 continued...

Patient counselling must include:

- Discussion of activities to avoid
- Discussion of storage requirements
- 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
- See PD for more information.

Interprofessional Collaborative Care

Pharmacists 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.

Please see the PD for more information on the pharmacist's responsibilities

Informed Consent

"Informed Consent" is authorization to carry out a medical intervention or service after the patient or their agent is provided the information needed to make an informed decision.

Prior to collecting informed consent, the patient or their agent must be provided with enough information to make an informed decision and ensure they understand the information presented.

Informed Consent continued

- The pharmacist should confirm the patient's, or their agent's, understanding and respond to any requests for additional information.
- Informed consent can only be collected when it is voluntary, related to the care being offered.
- Consent must be collected explicitly through verbal conversation or in writing, unless otherwise stated.
- A patient or their agent's decision to withhold or withdraw consent must be respected and complied with immediately.

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!

Code of Ethics

- Pharmacists in Manitoba are bound by the CPhM Code of Ethics.
- Foundation of professionalism

Professionalism & Professional Judgment

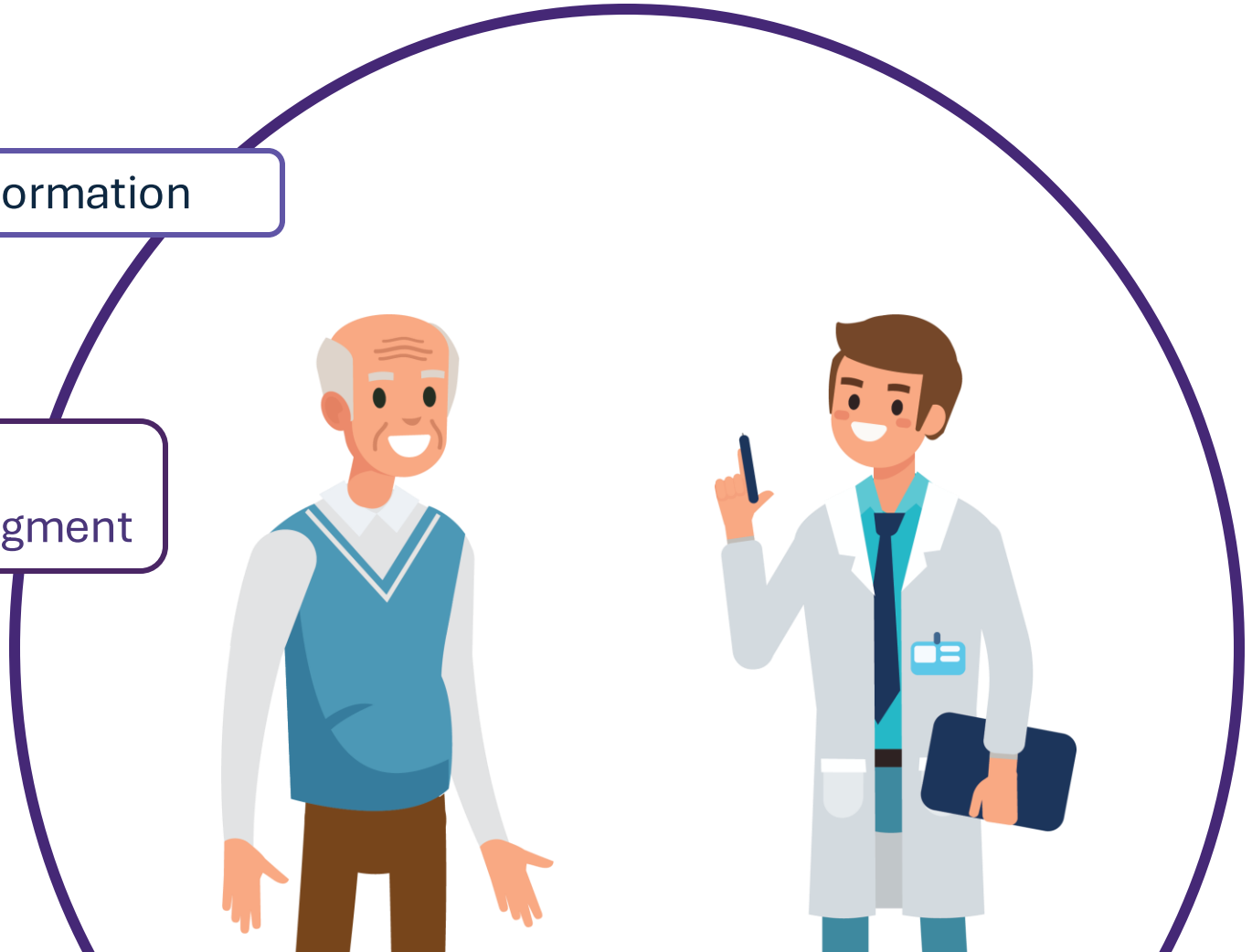
Pharmacists must:

- 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
- Use their professional judgment to evaluate each situation and the available information.

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

3. Informed decision

2. Adequate information

4. Approved indications

1. Individual requisite knowledge, skill and judgment



5. Documentation and notification of other healthcare professionals

Documentation

A licensed pharmacist who issues a prescription must make and retaina 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 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...

- Collaborative Prescribing - Consulting and collaborating withother health care professionals and referring as appropriate
- 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

The following posters were created to help improve communication between health care providers by eliminating the use of specified dangerous abbreviations, symbols and dose designations to reduce patient harm



Rx Patient Safety is in Your Hand!

Clear, complete prescriptions decrease medication errors.

*Sample taken from WRHA hospital prescriptions
Tylenol #2, 1-2 tablets po q3h prn

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Manitoba Institute for Patient Safety

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 WRHA hospital prescriptions.

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Patient Safety is in YOUR Hand!

Spell it out DAILY!



Use DAILY to avoid confusion.

Abbreviations q.d., o.d., q1d can be misinterpreted resulting in medication errors.



Daily or four times daily?

*Samples taken from WRHA hospital prescriptions.

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Patient Safety is in YOUR Hand!

abbrv med nms on rx's

RI MS Pb JC PJ

Use complete GENERIC medication names.

Clear, complete prescriptions decrease medication errors.

*Examples taken from WRHA hospital prescriptions.
Regular insulin, morphine sulfate, phenobarbital, Tylenol, Phenergan

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Patient Safety is in YOUR Hand!

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 1 mg PO/SL prn

For sleep? seizures? anxiety?

*Example taken from WRHA hospital prescriptions

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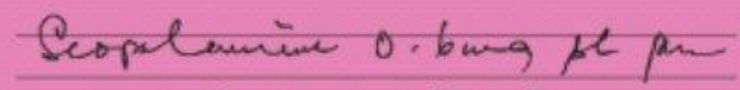
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SUBSTITUTING sc, sq, and sl for SUBCUTANEOUS or SUBLINGUAL

Leads to confusion and medication errors.



Subcutaneous or sublingual?

Clear, complete prescriptions decrease medication errors.

*Example taken from WRHA hospital prescriptions.

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Patient Safety is in YOUR Hand!

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.

1 mg or 10 mg?

Example taken from WRHA hospital prescriptions.

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Patient Safety is in YOUR Hand!

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/m²**

Clindamycin 320mg iv q6h*
(=40mg/kg/day)

Clear, complete prescriptions decrease medication errors.

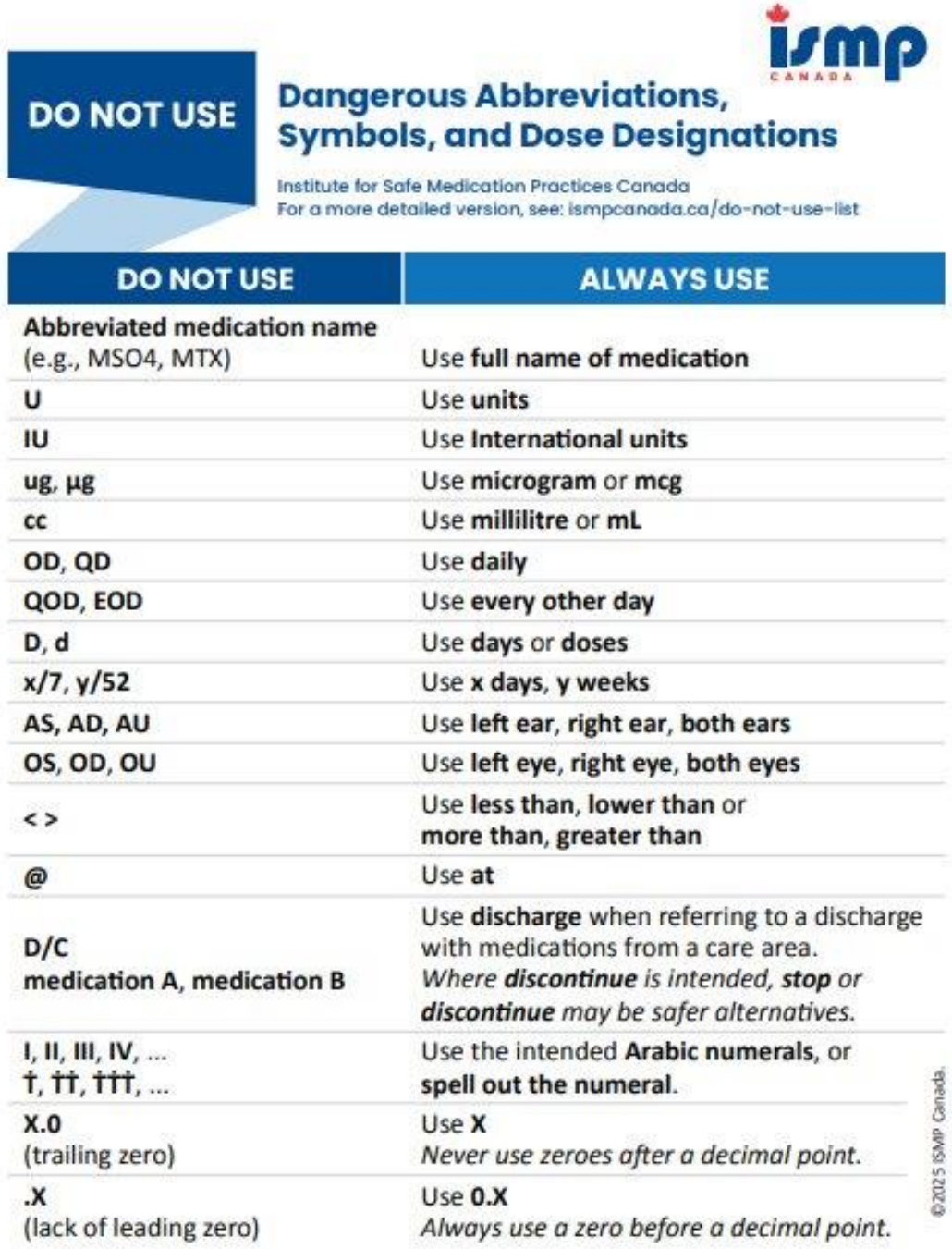
*A clear and complete example taken from WRHA hospital prescriptions.

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Manitoba Institute for Patient Safety

ISMP Do Not Use List 2025 Update

https://ismpcanada.ca/resource/do-not-use-list/



DO NOT USE

Dangerous Abbreviations, Symbols, and Dose Designations

Institute for Safe Medication Practices Canada
For a more detailed version, see: ismpcanada.ca/do-not-use-list

DO NOT USE	ALWAYS USE
Abbreviated medication name (e.g., MSO4, MTX)	Use **full name of medication**
U	Use **units**
IU	Use **International units**
ug, µg	Use **microgram** or **mcg**
cc	Use **millilitre** or **mL**
OD, QD	Use **daily**
QOD, EOD	Use **every other day**
D, d	Use **days** or **doses**
x/7, y/52	Use **x days, y weeks**
AS, AD, AU	Use **left ear, right ear, both ears**
OS, OD, OU	Use **left eye, right eye, both eyes**
< >	Use **less than, lower than** or **more than, greater than**
@	Use **at**
D/C **medication A, medication B**	Use **discharge** when referring to a discharge with medications from a care area. *Where **discontinue** is intended, **stop** or **discontinue** may be safer alternatives.*
I, II, III, IV, ... **†, ††, †††, ...**	Use the intended **Arabic numerals**, or **spell out the numeral.**
X.0 (trailing zero)	Use **X** *Never use zeroes after a decimal point.*
.X (lack of leading zero)	Use **0.X** *Always use a zero before a decimal point.*

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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

Authorization to Prescribe for Conditions that Require Additional Training

- **Pharmacists must apply for authorization from CPhM.**
- The successful completion of the appropriate training program(s) does not automatically grant pharmacists authorization to prescribe for these conditions.
- Practicing members must complete the required training, including viewing this presentation, and receive a statement of completion.
- Please go to the College of Pharmacists of Manitoba website www.cphm.ca for more information on authorization and how to apply.

Acknowledgements

- Alberta College of Pharmacy, Orientation to Practice Framework Presentation, March 21, 2007

- New Brunswick Pharmaceutical Society Pharmacist Prescribing Interpretation Document DRAFT, July 22, 2008

- Gillis, Jane. Minor Ailment Services: From Research to Practice, Nov. 1, 2013

Questions?

College of Pharmacists of Manitoba
info@cphm.ca
204-233-1411