Fundamentals of Self-Limiting Conditions
Prescribing for Manitoba Pharmacists

Ronald F. Guse
Registrar
College of Pharmacists of Manitoba (CPhM)
Learning Objectives

- Upon successful completion of this module, the pharmacist will be able to:
  - Describe and apply the applicable sections of legislation, standards of practice, and practice directions related to prescribing the drugs for self-limiting conditions listed in Schedule 3 to the *Pharmaceutical Regulation*
  - Describe fundamentals of all prescribing
  - Explain safe prescribing practices
  - Complete the appropriate prescribing documentation for self-limiting conditions prescribing
  - Integrate the process of prescribing for self-limiting conditions into your practice
Acknowledgements

- Alberta College of Pharmacists
- Dr. Jane Gillis – Pharm.D., Pharmacist Consultant, PANS Pilot
- New Brunswick Pharmaceutical Society
- Ms. Kim McIntosh, B. Sc. Pharm., Assistant Registrar, College of Pharmacists of Manitoba
# Legislative Framework

<table>
<thead>
<tr>
<th>The Pharmaceutical Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation (including Standards of Practice)</td>
</tr>
<tr>
<td>Practice Directions</td>
</tr>
</tbody>
</table>
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.

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.
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.
# Schedule 3
(Subsection 118(2))

**Drugs that a member may prescribe**
*(If training program completed)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prescription Drug Category (ATC — (anatomic therapeutic chemical classification))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atopic dermatitis</td>
<td>D07AA: Corticosteroids, weak (group I)</td>
</tr>
<tr>
<td>Allergic contact dermatitis</td>
<td>D07AB: Corticosteroids, moderately potent (group II)</td>
</tr>
<tr>
<td>Irritant contact dermatitis</td>
<td></td>
</tr>
<tr>
<td>Urticaria</td>
<td></td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>D10AE01: Benzoyl Peroxide</td>
</tr>
<tr>
<td></td>
<td>D10AF01: Clindamycin</td>
</tr>
<tr>
<td>Tinea pedis</td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Candidal stomatitis</td>
<td>A07AA02: Nystatin</td>
</tr>
<tr>
<td>Unspecified haemorrhoids without complication</td>
<td>C05AA: Corticosteroids</td>
</tr>
<tr>
<td>Vasomotor and allergic rhinitis</td>
<td>R01AD: Corticosteroids</td>
</tr>
<tr>
<td></td>
<td>R01AX03: Ipratropium Bromide</td>
</tr>
<tr>
<td>Seborrhoeic dermatitis (excluding pediatric)</td>
<td>D01AE: Other antifungals for topical use</td>
</tr>
<tr>
<td>Recurrent oral aphthae</td>
<td>A01AC: Corticosteroids for local oral treatment</td>
</tr>
<tr>
<td>Vomiting of pregnancy, unspecified</td>
<td>R06AA59: Doxylamine, Combinations</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>N07BA: Drugs used in nicotine dependence</td>
</tr>
</tbody>
</table>
Schedule 3 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.

- 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

- Drugs included for each condition are listed in the modules.
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.

- Must be accordance with Practice Directions (Prescribing, Sale of Schedule 2 Drugs, Sale of Schedule 3 Drugs)
Practice Direction: 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.
Practice Direction: 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 shall only prescribe a drug/medical device for a patient whom they have seen and assessed in person.

- A licensed pharmacist who issues a prescription must reduce the prescription to writing in a clear, concise format that includes all required information.
Practice Direction: Prescribing continued...

- Where the pharmacist performs a physical 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.
Practice Direction: 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.
Practice Direction: 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
    • Treatment goal, diagnosis or clinical indication for issuing the prescription
    • Rationale for the prescribing decision
    • Follow up plan
    • Other health professionals notified
Practice Directions: Sale of Schedule 2 and 3 Drugs

- Review the Practice Directions for more information regarding engaging the patient in dialogue to gather information about 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 Prescribing**
- Private
- Semi-detailed assessment
- OTC, Prescription written, +/- dispensed or referral
- Follow-up
- Documentation

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

Review the Practice Direction: Ensuring Patient Safety (formerly known as Patient Drug Therapy)
Practice Direction: 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.

- Review the Practice Direction for more information
Standards of Practice

• Part 7 of the *Pharmaceutical Regulation*

• The following Standards of Practice apply to prescribing for self-limiting conditions:
  • Referring a patient
  • Collaborative care
  • Prescribing and dispensing drugs
  • Records and information
Standard #2 Referring a Patient

- A member must refer the patient to another appropriately qualified regulated health professional when
  a) the care or treatment required by the patient is beyond the scope of the member’s professional practice or competence;
  b) the patient's condition cannot be effectively treated within the practice of pharmacy; or
  c) the patient's condition has not adequately or appropriately responded to drug therapy or other therapy provided by the member.

- Practice Direction will be created in 2Q2014
Standard #3 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
  a) treat the other provider with respect;
  b) recognize the skills, knowledge, competencies and roles of the other provider, and communicate effectively and appropriately with them; and
  c) explain to the patient the member's role and responsibility.

- Practice Direction will be created in 2Q2014
Standard #4 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.

- 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

- Review Practice Direction: Prescribing and Dispensing
Practice Direction: Prescribing and Dispensing

• 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 a written prescription.
  • Has advised the patient or their agent that he/she may choose to have the prescription dispensed by another licensed pharmacy.
Practice Direction:
Prescribing and Dispensing continued…

- 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.
- 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.
- 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.
Practice Direction: 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.

- 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.
Practice Direction: 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.
Standard #12 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.

- Review Practice Direction: [Documentation and Records](#)
Regulation: 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.
Practice Direction: Documentation and Records

- 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.

- Review the Practice Direction for more information
Confidentiality

• Foundational standard
  • Underlies all documentation and communication with or about a patient
  • Pharmacists are trustees under the *Personal Health Information Act* (or are employed by a trustee and must comply)
Fundamentals of Prescribing
Fundamental checklist of all Prescribing

- Professionalism
- Individual competence
- Requisite information
- Consent
- Approved indications
- Documentation
- Notification of other health care professionals (if necessary or appropriate)
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
Competence

- Pharmacists must limit prescribing to their area of competence and must have requisite knowledge, skill, and judgment with regard to the condition being treated, treatment alternatives, and the drug or medical device being prescribed before issuing a prescription.

- Authorization ≠ Obligation
  - Pharmacists should never feel obligated to act (prescribe) simply because they are authorized to do so, or pressured to do so.
Requisite Information

- 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.

- Prescribing requires obtaining information about the specific patient’s health status to ensure:
  - the effectiveness of the drug therapy
  - the patient will not have increased risk

- Seek out required information from an appropriate source.
Caution:
Patient’s informed decision is required before undertaking prescribing activity.

Caution:
Patient’s informed consent is required before undertaking prescribing and dispensing activity.
What is involved with insuring an informed decision/consent?

- Concept based on two distinct components:
  - Patients’ rights to determine what happens to their bodies
  - Health professionals’ inherent duty to provide patients with enough information to make an informed decision

- Informed consent must be obtained from the patient for a pharmacist to dispense a drug that he/she has prescribed (which is a higher level of agreement):
  - Consent must be voluntary
  - Patient must have the capacity to consent
  - Patient must be properly informed
What is informed decision/consent? continued…

- This includes requisite information about:
  - Nature of the treatment
  - Anticipated effect
  - Significant risks involved
  - Available therapeutic alternatives
- If the pharmacist is unable to confirm the patient understands, the patient can be referred to another health care provider.
Approved Indications

• 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
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 (spoken, written)
  - Drug and Care
Thought:

- Right drug, right dose, right patient

- Prescribe drugs relevant to the scope of practice and area of knowledge

- Applies knowledge of pharmacology and best practice standards in selecting and monitoring drug therapy
Thought continued…

- Applies knowledge of contraindications, drug/food interactions, side effects and concurrent conditions and diseases

- Consults and/or collaborates with other health care professionals as appropriate

- Consults 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 http://www.mbips.ca/wp/

• **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.

• **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
Patient Safety is in Your Hand!

Clear, complete prescriptions decrease medication errors.
<table>
<thead>
<tr>
<th>Abbreviation Group</th>
<th>Error Number</th>
<th>Error %</th>
</tr>
</thead>
<tbody>
<tr>
<td>QD = once daily</td>
<td>7,827</td>
<td>43.1%</td>
</tr>
<tr>
<td>U = units</td>
<td>2,378</td>
<td>13.1%</td>
</tr>
<tr>
<td>cc = mL</td>
<td>2,281</td>
<td>12.6%</td>
</tr>
<tr>
<td>MSO4, MS = morphine sulfate</td>
<td>1,768</td>
<td>9.7%</td>
</tr>
<tr>
<td>decimal error (i.e., X.0 mg or .X mg)</td>
<td>666</td>
<td>3.7%</td>
</tr>
<tr>
<td>HS = at bedtime</td>
<td>541</td>
<td>3%</td>
</tr>
<tr>
<td>MgSO4, Mag, Mg = magnesium sulfate</td>
<td>459</td>
<td>2.5%</td>
</tr>
<tr>
<td>sc or sq = subcutaneous</td>
<td>375</td>
<td>2.1%</td>
</tr>
<tr>
<td>QOD = every other day</td>
<td>305</td>
<td>1.7%</td>
</tr>
<tr>
<td>1/2</td>
<td>277</td>
<td>1.5%</td>
</tr>
<tr>
<td>x d (i.e., x 3 d; days or doses?)</td>
<td>216</td>
<td>1.2%</td>
</tr>
<tr>
<td>QID = four times daily</td>
<td>211</td>
<td>1.2%</td>
</tr>
<tr>
<td>d/c or dc (discharge or discontinue?)</td>
<td>200</td>
<td>1.1%</td>
</tr>
<tr>
<td>BID = twice daily</td>
<td>180</td>
<td>1%</td>
</tr>
<tr>
<td>Drug name (i.e., HCTZ, T3, ARA-C)</td>
<td>153</td>
<td>0.8%</td>
</tr>
<tr>
<td>μg = mcg</td>
<td>84</td>
<td>0.5%</td>
</tr>
<tr>
<td>&lt; or &gt;</td>
<td>84</td>
<td>0.5%</td>
</tr>
<tr>
<td>TID = three times daily</td>
<td>78</td>
<td>0.4%</td>
</tr>
<tr>
<td>Stem (i.e., “nitro,” “IV vanc”)</td>
<td>29</td>
<td>0.2%</td>
</tr>
<tr>
<td>IU = international units</td>
<td>24</td>
<td>0.1%</td>
</tr>
<tr>
<td>os, od, ou = left eye, right eye, or both eyes</td>
<td>16</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

* Based on percentage of 18,153 reports.
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.

500 U or 5000?
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?

*Examples taken from HRAA hospital prescriptions.*
Patient Safety is in YOUR Hand!

No abbreviations on prescriptions.

Use complete GENERIC medication names.

Clear, complete prescriptions decrease medication errors.

Examples taken from Winnipeg Hospital prescriptions:
- Regular insulin, morphine sulfate, phenobarbital, Tylenol, Phenexion
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.

*Example from HRAA hospital prescriptions.

For sleep? seizures? anxiety?
Patient Safety is in YOUR Hand!

SUBSTITUTING sc, sq, and sl for SUBCUTANEOUS or SUBLINGUAL

Leads to confusion and medication errors.

Scopalamine 0.6mg pt pm

Subcutaneous or sublingual?

Clear, complete prescriptions decrease medication errors.

*Example taken from HPA's hospital prescriptions.
Patient Safety is in YOUR Hand!

Lead, Don’t Follow

.2 mg 2.0 mg

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.

Example taken from WRHA hospital prescriptions.

1 mg or 10 mg?
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 q 6h
(=40mg/kg/day)

Clear, complete prescriptions decrease medication errors.

*A clear and complete example taken from WCHA hospital prescriptions.
Professional Judgment

- Pharmacists must use your 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 for Self-Limiting Conditions
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 pediatric); 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 self-limiting conditions? continued…

- **For smoking cessation**
  - Practicing member must view this presentation and successfully complete one of the following programs:
    - CATALYST (all 5 modules)
    - PACT (Level 1 and PACT Pharmacy Specialty Module)
    - QUIT
    - TEACH (3 day course)
  - Fill out the appropriate application form and submit documentation to the CPhM for authorization
Reminder

- The successful completion of the appropriate self-limiting conditions training program(s) does not automatically grant pharmacists authorization to prescribe drugs for schedule 3 conditions.
- Pharmacists must apply for authorization from the College of Pharmacists in Manitoba in order to prescribe drugs for the conditions under Schedule 3 to the *Pharmaceutical Regulation*.
- Please go to the College of Pharmacists of Manitoba website [www.cphm.ca](http://www.cphm.ca) for an application and more information.
Checkbox for Prescribing for Self-Limiting Conditions

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

- Alberta College of Pharmacists, Orientation to Practice Framework Presentation, March 21, 2007
- The College of Pharmacists of Manitoba, website and associated documents
Questions?

Please contact:
College of Pharmacists of Manitoba
200 Taché Avenue
Winnipeg, MB  R2H 1A7

Email: info@cphm.ca
Phone: 204-233-1411