

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION**

WHPS Procedure Summary 9.01: Medication Management

Nurses may have co-morbid medical conditions or be undergoing Medication Assisted Treatment. WHPS does not determine if mind-mood altering or potentially addictive medication treatment is necessary. This is a decision between the nurse and prescribing professional who is aware of the nurse's WHPS participation and diagnosis. However, WHPS has a duty to reasonably assure that nurses on long-term, mind-mood altering or potentially addictive medication treatment are safe to practice. WHPS does this by encouraging alternative methods of medical management, and referring to specialists in the fields of addiction and pain management. Nurses are to notify any and all health care providers of their substance use disorder history and participation in WHPS prior to receiving any prescriptions. Nurses should identify one primary prescriber, one pharmacy and one dentist for regular visits, if possible.

SUMMARY

1. Prescription Reporting

- A. The nurse will immediately require the prescriber to complete and submit the WHPS Prescription Information Letter and Form to include:
- WHPS disclosure letter
 - Diagnosis and medication regimen, justification of need for narcotic analgesics, multiple medications
 - Appointment frequency
 - Nurse compliance and response to prescription medication.
 - Work restrictions (if any)
 - Safety to practice while taking medications as prescribed
 - A copy of the nurse's Prescription Monitoring Program (PMP) report
- B. For long-term therapies (>3 months) the nurse will require the prescriber to submit quarterly (every 3 months) Prescription Information Forms.
- C. The Case Manager will review all prescription submissions for approval or follow-up as necessary with the nurse and prescriber.
- D. All positive drug screens will be reviewed in comparison to the nurse's approved prescription list. If appropriate documentation is not in place, the use of a prescribed medication may be considered unauthorized substance use.

Nurses will be given two (2) business days to provide a valid prescription report and may be required to cease practice until received.

2. Referrals

- A. A medication management referral is required for all long-term (>3 months) narcotic analgesic treatment, and other medications (e.g. benzodiazepines, sedative/hypnotics) as determined by the case manager.
- B. WHPS will notify the nurse that a medication management evaluation is required, and the nurse may be asked to cease practice until a negative drug screen or the results of the evaluation are received and reviewed.
- C. For evaluations requiring addiction medication expertise WHPS will provide an addictions specialist referral.
- D. The nurse will schedule the initial appointment within 30 days and notify WHPS of the location, appointment date, evaluator, and FAX number.
- E. The nurse must sign any necessary releases of information to allow communication between WHPS and the nurse's medical providers.
- F. The evaluation must address appropriateness, rationale, and ongoing need for prescriptions and recommendations for alternatives (if available), assessment of cognition, problem solving, memory, and judgment. Fitness for duty while nurse is taking prescriptions as ordered must also be addressed. Nurses will be asked to cease practice if safety to practice is a current concern.

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Process Chart

All mind-mood altering-potentially addictive prescription and over-the-counter medications are required to be reported on the WHPS Prescription Information Form. (See the WHPS Client Handbook for a list of reportable medications)

