



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs, RPNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



This tool is a resource for RN prescribers and others to assist in their understanding of:

- Professional scope of practice, scope of employment and individual scope of practice of the RN prescriber
- Role of the employer
- Registration requirements
- Continuing competence requirements
- Accountabilities of the RN prescriber related to:
 - Developing the prescribing care plan
 - Writing a prescription
 - Decision making related to the selection of screening and diagnostic tests
 - Documentation

This tool, as with all NSCN tools, is to be used in conjunction with *Standards of Practice for Registered Nurses*, the *Code of Ethics for Registered Nurses and Nurse Practitioners* as well as *Standards of Practice for RN Prescribers*, the *RN Prescriber Competencies* and all applicable practice guidelines and employer policies.

In this tool, the terms RN prescriber and Registered Nurse Authorized to Prescribe (RN-AP) are used interchangeably.

RN Prescriber Scope

PROFESSIONAL SCOPE OF PRACTICE

The [professional scope of practice](#) for RNs and for RNs working in expanded scopes of practice such as RN prescribers, is outlined in the *Nursing Act* (2019). The professional scope of practice encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. The *Nursing Act* gives NSCN the authority to establish [entry-level competencies](#) and [standards of practice](#) for nurses.

Expanded scope of practice is defined in the *Nursing Act* as those services not presently in the scope of practice of a particular designation, but within the scope of practice of the nursing profession, approved by the Board for practice by registrants who have completed education approved for that purpose by the Board.

The Registered Nurse Authorized to Prescribe (RN-AP) is a registered nurse with an expanded scope of practice which enables them to prescribe within their specific area of prescribing competence and practice from drug schedules I, II, III (Drug Schedules Regulations made under Section 81 of the *Pharmacy Act*, 2017) with the exception of controlled drugs and substances, methadone, investigational agents or medical cannabis. The RN-AP has completed additional education and met additional registration requirements.

RN prescribers must have expertise in the [nursing care](#) of the [clients](#) for whom they are authorized to prescribe. Prescriber authorization only applies to specific client health conditions that have been identified and endorsed by the employer¹. RN prescribers may not prescribe for any client or client condition not endorsed by the employer. If the RN prescriber leaves the practice environment that they have been authorized to prescribe in, the authorization to prescribe ceases. The RN prescriber must notify NSCN at registration@nscn.ca that they are no longer practising as an RN prescriber.

SCOPE OF EMPLOYMENT

The scope of employment is the description of the nurse's role defined by the employer through job descriptions, policies, guidelines and context specific education. The employer is required to have [policy](#), resources and processes to support the safe and [competent](#) prescribing practices of the RN prescriber.

¹ Employers define or limit practice settings or contexts (including client health conditions) where RN prescribers may (or may not) prescribe.

INDIVIDUAL SCOPE OF PRACTICE

The *Nursing Act* defines the [individual scope of practice](#) as the services for which a registrant is educated, authorized and competent to perform. The individual scope of practice of an RN prescriber can vary depending on their education, practice experience, [context of practice](#) and continuing education (formal and informal) over the course of their career.

While the individual scope of practice may be narrower than that of the profession, individual RN prescribers have more specialized, in-depth knowledge and [competence](#) in their specific area of practice. The individual scope of practice will evolve over time as the RN prescriber acquires additional [competencies](#), (i.e., knowledge of new medications or diagnostics tests) as well as changes to their context of practice.

RN prescribers are accountable to consult with an appropriate nurse practitioner or physician when the management of the client's condition or prescribing decisions are outside of their individual scope of practice or scope of employment.

DE-PRESCRIBING AND DISCONTINUING MEDICATIONS

De-prescribing is a planned process of decreasing or stopping medications that no longer benefit or may cause harm to a client. De-prescribing requires a full medication review (prescribed, OTC, herbal or other supplements) in context of the client's medical condition and treatment plan. De-prescribing is best managed by the most responsible nurse practitioner or physician. RN prescribers are not authorized to de-prescribe medications. They are however, accountable to refer the client to the appropriate nurse practitioner or physician if there are indications that a medication review with de-prescribing is necessary.

Discontinuing a medication is the process of stopping a singular medication that may no longer be a benefit to a client. Unlike de-prescribing, which is based on a full medication review in context of the client's overall issues, the decision to discontinue a medication is based on an assessment of the client and the specific issue the medication was intended to address. RN Prescribers may discontinue a medication or device which they have ordered. They may only discontinue medications or devices ordered by another prescriber following consultation and collaboration with that individual.

RN Prescribing - A Shared Accountability

ROLE OF THE EMPLOYER

Employers must identify and endorse (through an appropriate policy or similar authorizing mechanism) the specific types of client health conditions for which the RN prescriber will prescribe. Additionally, the employer policy should indicate the contexts and parameters in which the prescriber may, or may not prescribe.

Employers have a [responsibility](#) to provide and implement essential practice supports to enable safe and competent prescribing practice. This includes developing evidenced-informed organizational policies, decision support tools and processes to enable the RN prescriber access to the health care team for [consultation](#) and [collaboration](#). Employers are also accountable to create and maintain practice environments that support the RN prescriber to provide safe, competent, and ethical health care.

ROLE OF NSCN

To maintain its commitment to the public for safe and competent RN prescribers, NSCN is responsible to:

- develop the standards and competencies for RN prescribers
- develop resources to support RN prescribers in their prescribing practice.
- license nurses and authorize RN prescribers
- take action when an RN prescriber does not provide safe and appropriate care.

Registration & Licensure

EDUCATION REQUIREMENTS

Individuals must complete RN prescribing education to become an [authorized prescriber](#).

REGISTRATION

Once an RN has completed the required prescribing education, they may apply to NSCN to receive the authorization to prescribe.

IDENTIFIER

RNs authorized to prescribe use the identifier “RN-AP”. (Registered Nurse Authorized to Prescribe). They should sign their documentation with “RN-AP” when working within an RN Prescriber context and “RN” within other professional contexts in which they are not employed as an RN-AP.

ANNUAL RENEWAL

To renew the prescriber authorization, the RN must have practiced at least 600 hours (currency of practice) as an RN prescriber or completed an RN prescribing education program in the past two licensure years.

RNs who have not maintained currency of RN prescriber practice (not practised as a RN prescriber for 2 or more licensure years) must submit an application to NSCN. The application is reviewed to determine what, if any, additional requirements must be met before the authorization to prescribe is approved.

LEAVING PRACTICE SETTING

If an RN prescriber leaves the practice environment that they have been authorized to prescribe in, their authorization to prescribe ceases. The RN prescriber must notify NSCN at registration@nscn.ca that they are no longer practising as an RN prescriber.

If they move to a new practice setting and the employer wants to support the RN to prescribe in that setting they will need to complete a new [Application for the Authorization to Prescribe](#).

Continuing Competence Requirements

The [Continuing Competence Program \(CCP\)](#) is a regulatory program that supports nurses to determine their learning needs, explore their [accountability](#) as self-regulated professionals and develop a learning plan to facilitate their ongoing continuing competence. All nurses, including RN prescribers must meet the annual continuing competence requirements (self-reflection, self-assessment, and the development of a learning plan). RN prescribers should consider focusing some part of their annual learning plan on RN prescribing.

Context of the Practice Environment

To be an RN prescriber, the nurse must have clinical expertise in caring for clients with health conditions for which they will prescribe. The RN and their employer are best positioned to determine the type of health conditions most appropriately served by an RN prescriber, and the practice settings in which this will occur.

AUTHORIZING MECHANISM

The client health conditions and practice settings should be clearly identified in an organizational [authorizing mechanism](#), such as a policy, guideline, or procedure document. Consideration should be given not only to the types of health conditions and practice contexts where an RN prescriber may prescribe, but also to the health conditions, contexts, and other circumstances where they may not.

RN PRESCRIBERS SUPPORT ACCESS TO THE HEALTH SYSTEM

The role of the RN Prescriber is to support client’s access to the health system. It is vitally important that

prescribers and employers understand the RN Prescriber is not intended to replace, or substitute an existing care provider, be the most responsible care provider, or practice independently or autonomously without access to a NP or physician collaborator. It is also important that RN prescribers and employers understand that RN prescribing does not fall under the Treat and Release Policy. Finally, employers and RN prescribers should recognize that the scope of practice for the RN prescriber is limited to the **specific** health conditions identified by the employer authorizing mechanism. For example, a prescriber may be authorized to prescribe for **clients** presenting to an ED or clinic with a **Health Condition A**, but cannot be authorized to prescribe for any client presenting to the ED or clinic.

SELF-EMPLOYED NURSES

The authorization to prescribe may only be enabled in a practice setting by employer or organization authorizing mechanisms or policy. As such, self-employed nurses may not be authorized to prescribe in their self-employed practice.

Accountabilities

RN prescribers are accountable to prescribe medications, devices, and order screening and diagnostic tests safely, competently, compassionately and ethically. This section further explains the accountabilities of the RN prescriber in relation to:

- Developing the prescribing care plan
- Writing a prescription
- Decision making related to the selection of screening and diagnostic tests
- Documentation

PRESCRIBING CARE PLAN

RNs are accountable to ensure that each client has a documented care plan that appropriately identifies priority problems, targets outcomes and specifies nursing interventions.

One component of the care plan is the prescribing plan. This is developed in collaboration with the client for the purposes of providing consistent prescribing care and achieving client-centered goals. The prescribing plan is a map for care and demonstrates the RN prescriber's accountability in client care.

When developing a prescribing care plan, the RN prescriber must select the medication therapy or device based on their knowledge of physiology, pathophysiology and pharmacotherapeutics and must consider factors including but not limited to:

- client health care objectives
- client-specific factors such as age, gender, financial barriers, available insurance coverage, culture, existing medical conditions, dietary restrictions, concurrent medications, allergies or sensitivities
- expected action or therapeutic outcomes of the prescribed medication or device
- dosage forms available
- recommended dosage and dosage adjustment for specific clients or client populations
- generic and trade names
- common side effects and adverse reactions
- contraindications (relative and absolute)
- medication interactions (i.e., prescription, over-the-counter, complementary therapy)
- cost effectiveness
- supplements and natural health products and complementary interventions the client may be using
- medication reconciliation information

- diagnostic tests required for monitoring of the medication effect
- pharmacogenetics
- antibiograms

CLIENT EDUCATION

RN prescribers are accountable to educate clients about the prescribing plan. Ensuring client-centered care means that the client has an understanding of their health and the indications for the medications/devices prescribed to them. The RN prescriber must educate the client about the appropriate use of prescription and non-prescription medication and devices and the required follow up. This education should include:

- reason the medication or device has been prescribed
- importance of adherence with prescribed frequency and duration of the medication therapy
- potential side effects
- signs and symptoms of potential adverse effects (i.e. allergic reactions) and action to take if they occur
- potential interactions between the medication and certain foods, other medications or substances such as natural health products and complementary interventions
- specific precautions to take or instructions to follow
- risks of changing the dose or stopping the medication or device without consultation with the prescriber and recommended follow-up
- who to contact for follow up should it be necessary

WRITING A PRESCRIPTION

The RN prescriber is accountable to complete the prescription legibly to ensure the prescription can be processed and there is no break in the continuity of care for the client. A pharmacist or certified dispenser is responsible for ensuring that a prescription is authentic. It is recommended that the prescription should include the following elements:

- name and address of the client
- diagnosis
- medication or device name
- medication strength, if applicable
- client weight, if applicable
- mg/kg/day calculation as applicable (pediatric)
- dosage form, if applicable
- route of administration
- indications for use/therapeutic goal
- quantity of medication to be dispensed
- directions for use
- number of refills authorized and interval between each refill, if applicable
- prescriber's name, prescriber/registration number and phone number
- prescriber's signature, either written or in a secure electronic format
- date of the prescription

In addition to ensuring the prescription has all the required information, the RN prescriber is also accountable to use best evidence and follow employer policy when transmitting prescriptions to the pharmacist by phone, facsimile and other electronic means.

The RN prescriber is accountable to ensure that blank prescription pads are securely stored, and to never provide any person with a blank signed prescription.

SCREENING AND DIAGNOSTIC TESTS

The authorization to prescribe includes the authority to order screening and diagnostics tests as required for the development of the prescribing plan. For example, it is appropriate for an RN prescriber to order a urine for culture and sensitivity when a client presents with symptoms indicating a possible urinary tract infection (UTI).

RN prescribers are not authorized to prescribe screening and diagnostic tests outside the prescribing plan. For example, RN prescribers cannot order an x-ray of the foot for a client with a UTI.

When an RN prescriber orders a screening or diagnostic test, they are accountable to:

- confirm the diagnosis of an episodic illness or injury as indicated by the client’s history and physical findings
- rule out a potential diagnosis that, if present, would require consultation with a nurse practitioner or physician for treatment
- assess and monitor ongoing conditions of clients with chronic illnesses
- initiate, maintain adjust or appropriately discontinue medication or device

The RN prescriber must evaluate and follow up on the results of screening and diagnostic tests in a reasonable time. The RN prescriber must work with their employer to ensure there is a process to:

- a. follow-up of all results for diagnostic tests
- b. collaborate with an appropriate care provider when unable to follow-up on the results of diagnostic tests
- c. collaborate with an appropriate care provider when a result of a diagnostic test is unexpected or outside the expected or normal range
- d. follow-up when diagnostic tests results are not received within a reasonable period of time

DOCUMENTATION

Nursing [documentation](#) is a vital component of safe, ethical and effective nursing practice, regardless of the context of practice. The accountability to document nursing care related to prescribing decisions rests with the RN prescriber. The RN prescriber is accountable to ensure that documentation is reflective of the prescribing decisions and the care they have provided to the client.

The RN prescriber must document the following information for any prescribing decisions:

- type and amount of the medication prescribed
- frequency, route, and duration of the prescription
- indication for the prescribing decision
- goal of the prescribed therapy
- date the medication was prescribed
- medication refills when required
- instructions given to the client
- any follow up required, integrating results of screening and diagnostic tests

In addition, the accountability to document nursing care related to ordering screening or diagnostic test and the actions taken based on those test results rests with the RN prescriber.

The RN prescriber must also document the following information based on results of screening and diagnostic tests:

- the decision and rationale
- reference to the diagnostic data

- decision in any communications with other members of the client’s health care team
- any consultation with other providers related to the decision
- any required follow-up

Key Points

- RN prescribers are RNs who have additional education and practice requirements that authorizes them to prescribe medication and order diagnostic tests for clients with specific health conditions as identified by the employer.
- The employer has a vital role in selecting the client health conditions and providing the necessary supports for the RN prescriber.
- There are additional annual registration requirements that the RN prescriber must meet.
- RN prescribers have specific accountabilities related to developing the prescribing plan, writing the prescription, selecting lab and diagnostics tests and documentation.
- RN prescribers may only prescribe for clients with identified health conditions within contexts and/or parameters endorsed by the employer.

Suggested Reading

- [Standards of Practice for RN Prescribers](#)
- [Medication Guidelines for Nurses](#)
- [RN Prescriber Competencies](#)
- [Documentation Guidelines for Nurses](#)