Nurse Practitioner Practice Guideline

Treatment Agreements

In November 2012, the *New Classes of Practitioners Regulations* (NCPR) under Canada’s *Controlled Drug and Substances Act* (CDSA) came into force, expanding the prescriptive authority of nurse practitioners (NPs) to include medications that fall under the CDSA.

The *2014 Nurse Practitioner Standards of Practice* have been revised to specifically address the enhanced authority to prescribe controlled substances in Nova Scotia. NPs are required to verify the client’s history of previous CDS prescriptions through the Nova Scotia Prescription Monitoring Program E-access portal prior to providing a CDS prescription, whether care is being provided in the community or hospital-based settings (Standard 9.2). In addition, NPs are required to negotiate, document and communicate a treatment agreement with the client, when indicated, and register the treatment agreement with the Nova Scotia Prescription Monitoring Program (Standard 9.4).

NPs may not prescribe controlled drugs or substances for their clients but they are still required to register with the Nova Scotia Prescription Monitoring Program (NSPMP). This will give NPs access to the E-access portal and enable them to access a complete history of their client’s monitored drug use, a critical part of a comprehensive client assessment.

According to the NP Standards of Practice, a treatment agreement is required when any controlled substance is prescribed even though in Nova Scotia some controlled substances are currently not monitored (e.g., benzodiazepines). The treatment agreements for those controlled substances which are monitored (e.g., opioids, stimulants and methadone) must be registered with the NSPMP and the treatment agreement of non-monitored drugs must be included in the client record for reference by all team members.

The College of Registered Nurses of Nova Scotia recognizes the importance of treatment agreements for safe and effective prescribing of controlled drugs and substances. This guideline provides important information for NPs in the use of treatment agreements in client care.

What is a Treatment Agreement?

A treatment agreement is a tool used to communicate and document a plan of care between provider(s) and client(s); commonly used when the client’s condition is managed with prescribed controlled drugs and substances (CDS). Treatment agreements generate opportunities for open conversations between providers and clients, as well as any other caregivers, to discuss treatment goals, potential risks and benefits of CDS, and expectations of both parties (Cheatle & Savage, 2012; Gourlay, Heit & Almahrezi, 2005; Warner, 2012).

The *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* (NOUGG, 2010) supports the use of treatment agreements, a recommendation endorsed by Gourlay and colleagues (2005) in their universal precautions approach to pain management. To date, the use of treatment agreements has focused primarily on opioids prescribed for community-based clients or for those using methadone in community or outpatient opiate dependence treatment programs but there is increasing recognition of their value for use with other prescribed controlled substances (e.g. benzodiazepines, psychostimulants, etc.).
Why is a Treatment Agreement Needed?

Misuse, abuse and diversion of prescribed controlled drugs and substances is a growing public health and community safety concern provincially, nationally and globally. While all medications carry the potential for inappropriate use, there is an elevated need for vigilance with prescribed controlled drugs and substances because of their psychoactive and addictive properties and the associated incidence of misuse and diversion (Health Canada, 2006; Wang & Christo, 2009). Treatment agreements have been shown to decrease these behaviors when used appropriately by clearly articulating the additional risks associated with controlled substances and their need to be managed differently by providers and clients (Wiedemer, Harden, Arndt, & Gallagher, 2007; Nova Scotia Prescription Monitoring Program, 2014).

Purposes of a Treatment Agreement

The two main purposes for a treatment agreement are (Fishman, et al., 1999, Arnold, et al., 2006):

1. To describe a treatment plan that is openly discussed and mutually agreed upon by the client, any other caregivers involved in their care (if applicable) and the NP managing their care. This treatment agreement promotes adherence to the plan of care and can be considered a form of informed consent.

2. To clearly outline expectations of the client and all healthcare team members involved in that client’s care by creating a documented plan that is readily accessible.

Approaches to Developing or Revising a Treatment Agreement

The type of treatment agreement developed should reflect the nature of the relationship between the client and the NP prescribing the controlled substance as well as the health condition for which the controlled substance is being prescribed:

- A long term treatment agreement (Appendix A) is intended for use with clients who have an established ongoing relationship with the NP; such as in a community-based primary care clinic settings.

- A short term treatment agreement (Appendix B) is intended for clients being treated in a Collaborative Emergency Center or emergency room setting who may not have an ongoing, established relationship with the NP prescribing the controlled substance. NPs working in community-based settings may also choose to use the short term treatment agreement form for their regular clients who may require only a short course of controlled substance medication (e.g. 7 to 10 days) to treat an acute health issue.

- For clients admitted to settings such as in-patient hospital units, rehabilitation centers or a long- term care facilities, a formal written treatment agreement is not required because the client is not managing their CDS medications independently. Instead, treatment goals, potential risks and benefits of CDS therapy and expectations of all parties are documented on client records. When the client is discharged or leaves the facility temporarily, a formal treatment agreement must be completed by the NP when prescribing and controlled substances are being taken from the facility to the community or are being filled in a community pharmacy.

Once it has been determined that a client requires a controlled substance as part of their care, the NP should keep the following points in mind (adapted from Arnold, Han & Seltzer, 2006; Heit, 2007; NOUGG, 2010):

- Be reasonable and flexible, respecting the client’s cultural beliefs and the impact of pertinent socioeconomic determinants of health;

- Utilize words and tone that are neutral, non-judgmental and supportive, and at a level that the client and their caregivers can understand;
» Integrate knowledge of the client’s history specific to red flag behaviors in developing or revising the treatment agreement (e.g. use of illicit substances, seeking scripts from providers not listed in the treatment agreement, sharing or diverting prescribed controlled substances).

» Negotiate parameters that could lead to a decision to discontinue prescribing controlled substances.

Clients must sign the treatment agreement but if they refuse, the reasons should be explored and documented. In addition, the client must be informed that without a signed treatment agreement, the NP managing their care will not be able to prescribe the controlled substance. At no time should a client be denied care by the NP; however, their care will not include a prescribed controlled substance and the client must be advised that they will need to obtain their controlled substance from another provider.

**Guidelines for NPs Prescribing of Controlled Substances**

These guidelines are intended to support decision making by NPs when developing and/or reviewing a treatment agreement as part of the client’s plan of care. The appendices provide two samples of treatment agreements. NPs can choose to use these agreements as provided, modify or adapt them to meet the needs of their practice setting or collaborative practice team. NPs may also choose to develop their own treatment agreement or use a treatment agreement obtained elsewhere.

1. NPs need to engage all members of the collaborative practice team to develop a common vision for the use of treatment agreements for clients requiring controlled drugs and substances. This includes a plan that supports clear communication and a consistent approach to safe client care.

2. A signed treatment agreement is required for all clients using a prescribed controlled substance in the community, including those being discharged from a facility or when leaving the facility temporarily.

3. All NPs, regardless of their practice setting or patient population, must utilize the NSPMP E-Access Portal to review the client’s history of prescribed controlled substances prior to providing a prescription for any controlled substance. For the client’s history of those controlled substances that are not monitored by NSPMP (e.g., benzodiazepines), the NP should consult with the client’s pharmacist(s).

4. For clients admitted to facilities such as hospitals, long term care or rehabilitation centers, the NSPMP E-Access Portal information is used as part of the initial admission history because controlled substances prescribed in these facilities are not tracked by NSPMP.

5. An addiction risk assessment must be completed on all clients when considering prescribing a controlled substance.

6. All treatment agreements for monitored drugs must be registered with the NSPMP. Treatment agreements developed for monitored drugs can be registered with NSPMP program office by fax.

7. All clients (or their caregiver, if applicable) must receive a copy of the treatment agreement.

8. When a treatment agreement already exists, NPs must be added as a named prescriber before prescribing controlled substances as part of the client’s care.

9. If a controlled substance is added, changed or discontinued, the NP must amend the treatment agreement.

10. In emergency departments or urgent care settings (e.g. Collaborative Emergency Centers or walk-in clinics), NPs should carefully consider prescribing or refilling prescriptions for controlled substance, especially if the client is unknown to them. When an NP deems it is appropriate to prescribe a controlled substance, a short term treatment agreement should be used (see Appendix B). It is important for the NP to consider the following:

   a. Prescribe only a sufficient amount of medication to last until the client can contact their primary provider and inform the client that this is a one-time only prescription

   b. Avoid providing replacement prescriptions when a client reports their prescription or medication was lost or stolen
c. Complete a treatment agreement to document the discussion with the client and provide a copy to the client for themselves and, where applicable, their primary provider
d. Register the treatment agreement with NSPMP.
e. In the case of an orphan patient, the NP may need to consider entering into a more formal provider relationship with the client at which time a long term treatment agreement may be warranted.

11. For clients admitted to hospitals, long term care facilities or rehabilitation facilities, treatment goals, potential risks and benefits of CDS therapy and expectations of all parties are documented on the client record. When the client is discharged or leaves the facility temporarily, a short term treatment agreement must be completed and registered with NSPMP, given to the client and sent to the client’s primary provider as applicable.

Prescribing controlled substances is just one aspect of the broad and holistic spectrum of care that NPs provide and the same diligence to critical thinking and use of evidence in the decision making process applies to these medications as to all other pharmaceutical and non-pharmaceutical management.

References


Appendix A

Sample – Long Term Treatment Agreement

_________________________(Client’s name) have been prescribed the controlled substance(s) named below for the management of ______________________(diagnosis or condition).

Controlled Substance Medication: ___________________________ Date Prescribed: __________________
Controlled Substance Medication: ___________________________ Date Prescribed: __________________

A consistent approach to your care using controlled substances is important. I __________________ (primary provider) will be the primary person to prescribe your controlled substances. In the event that I am not available, one of the other providers named on this agreement will manage your prescription for controlled substance in my absence.

A. For the Provider(s) Prescribing the Controlled Substance:

<table>
<thead>
<tr>
<th>Provider(s) Initials</th>
<th>All providers named agree to the following:</th>
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<tbody>
<tr>
<td></td>
<td>You will be assessed and prescribed the most appropriate controlled substance as well as other supportive therapies to manage your diagnosis or condition.</td>
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<td></td>
<td>Your progress will be followed on a regular basis and adjustments will be made to the plan of care, when necessary.</td>
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<td></td>
<td>You will be given information and education, and your questions will be answered about the safe use and management of your prescribed controlled substance and other supportive therapies.</td>
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<td></td>
<td>You will be prescribed the dose and amount of controlled substance to appropriately manage your diagnosis or condition (both the initial dose and any changes to the dose that may be necessary).</td>
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<td>Refills for your prescribed controlled substance will be provided when there is evidence that you are taking the medication as prescribed.</td>
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<td>Requests for changes to the prescribed controlled substance will be based on a thorough assessment and review of the effectiveness of the therapy.</td>
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<td>Other (if applicable):</td>
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B. For the Client/Caregiver (if applicable):

I ____________________ (client name) understand that I am receiving ____________________(name of controlled substance(s)) from ____________________ (provider name) for management of ____________________ (diagnosis/condition).

By making this agreement, I agree to the following:

<table>
<thead>
<tr>
<th>Client/Caregiver Initials</th>
<th>Client/caregivers (if applicable) agree to the following:</th>
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<tr>
<td></td>
<td>I will receive prescriptions for my controlled substance only from my primary provider (or any alternate providers named on this agreement).</td>
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<td></td>
<td>I will inform my primary provider if I have requested and/or received a prescription for my controlled substance from another provider that is not listed in this agreement (e.g. an emergency situation).</td>
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<td>I will take my medication as prescribed. I will not change or increase the dose of my medication, take the medication more often or in a different way than prescribed without discussing it with my primary provider (or their alternate).</td>
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<td>If my prescription runs out early for any reason, I understand that I may have to wait until the next prescription is due.</td>
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<td></td>
<td>I will not give or sell my medication to anyone else, including family members.</td>
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<td></td>
<td>I will not accept any controlled substance from anyone other than those providers named on this agreement.</td>
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<td></td>
<td>I will not use over-the-counter medications containing a controlled substance, such as 222’s or Tylenol® No. 1.</td>
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<td>I will check with my primary provider or pharmacist before taking other medications including over-the-counter and herbal products.</td>
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<td></td>
<td>I will avoid tranquilizers, sleeping pills, alcohol or illicit drugs (such as marijuana, cocaine, heroin or hallucinogens) as they can interfere with the actions of my prescribed controlled substance.</td>
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<td>I will keep all agreed appointments, treatments and consultations with my primary provider or other healthcare team members involved in my care.</td>
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<td>I will bring all medications to every appointment with my provider. I am aware that my provider may do a random count of my controlled substances.</td>
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<td>I will avoid driving a motor vehicle or operating dangerous machinery until I know that I am not experiencing any side effects from my controlled substance (e.g. nausea, drowsiness, etc.).</td>
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<td>I understand that some controlled substances can cause physical dependence, and decreasing or stopping the medication may lead to symptoms of withdrawal.</td>
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<td>I may be required to provide a random urine sample to monitor my medication use.</td>
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<td>I understand that my primary provider may communicate with other healthcare providers to manage my condition.</td>
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</tbody>
</table>
Client/Caregiver Initials | Client/caregivers (if applicable) agree to the following:
--- | ---
 | I will store my medication in a secure location in my home and will not leave the medication in my vehicle or other open areas where others can access it.
 | I will return any unused controlled substance to my pharmacy for disposal when it is no longer needed for managing my condition.
 | Other:

I will fill my prescriptions at the pharmacy noted below:

[Signature]

I understand that if I do not follow this agreement, my primary provider (or their alternate) may choose to stop writing controlled substance prescriptions for me.

Patient Signature: ____________________________ Patient’s Health Card Number: ____________________________
Caregiver Name (Print): ____________________________ Signature: ____________________________

Primary Provider (Print): ____________________________ Signature: ____________________________
Alternate Provider (Print): ____________________________ Signature: ____________________________
Alternate Provider (Print): ____________________________ Signature: ____________________________
Alternate Provider (Print): ____________________________ Signature: ____________________________

Date Agreement Established: ____________________________
Date Reviewed / Initials: ____________________________
Date Reviewed / Initials: ____________________________
Appendix B

Sample – Short Term Treatment Agreement

For the Provider(s) Prescribing the Controlled Substance Medication:

I am prescribing a controlled substance medication to _______________ (Client name) for the management of _______________ (Diagnosis or condition).

Name of controlled substance medication: ________________________________

Dose, frequency, duration and quantity: ________________________________

I have discussed the actions and side effects of the medication being prescribed and answered all questions. I have provided ___ copy(ies) of this agreement to _______________ (Client name); one for their own use and a copy for their primary provider.

For the Client/Caregiver Receiving the Controlled Substance Medication (if applicable):

I ___________________________ (Client name) understand that I am receiving ____________________________ (Name of controlled substance) from ___________________________ (Name of primary provider) for management of ___________________________ (Diagnosis/condition).

I agree to take this medication as prescribed. I will not give, share or sell this medication to anyone, including family members. I will store this medication in a secure location. I will arrange to see my primary provider to discuss the reason I was given this prescription for a controlled substance and to obtain any refills or changes to the dose of the medication.

Provider Signature: ___________________________ Date: ___________________________

Client/Caregiver Signature: ___________________________

Patient’s Health Card Number: ___________________________