

Oklahoma Board of Nursing  
2501 N. Lincoln Blvd., Ste. 207  
Oklahoma City, OK 73105  
(405) 962-1800

Discussion Guidelines for Advanced Practice Registered Nurses When Prescribing Opioids

- I. Introduction/Purpose: To provide practice guidelines for the Advanced Practice Registered Nurse (APRN) regarding requirements for a discussion of risks when prescribing opioids. In compliance with the *Oklahoma Nurse Practice Act* and the *Oklahoma Uniform Controlled Dangerous Substances Act*, the APRN shall discuss with the patient or the parent/guardian of the patient if the patient is under eighteen years of age and is not an emancipated minor, the risks associated with the drugs being prescribed.
  - A. In accordance with the *Oklahoma Nursing Practice Act*, specifically 59 O.S. §§ 567.3a(6)(7)(8), Advanced Practice Registered Nurse (APRN) (Certified Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife) shall be eligible, in accordance with the scope of practice, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction by a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.
  - B. In accordance with the *Oklahoma Board of Nursing Rules*, specifically OAC 485:10-16-5(c), The Advanced Practice Registered Nurse (Certified Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife) with prescriptive authority who prescribes Schedule III-IV drugs will comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances. No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the Advanced Practice Registered Nurse with prescriptive authority. **Note:** Effective November 1, 2018, the new *Oklahoma Uniform Controlled Dangerous Substances Act* laws are more restrictive. Therefore, if prescribing an Opioid, the APRN must comply with 63 O.S. § 2-309I.
  - C. In accordance with the *Oklahoma Uniform Controlled Dangerous Substances Act*, specifically 63 O.S. § 2-312.C, An advanced practice registered nurse who is recognized to prescribe by the Oklahoma Board of Nursing as an advanced registered nurse practitioner, clinical nurse specialist or certified nurse-midwife, who is subject to the medical direction by a supervising physician and who has complied with the registration requirements of the *Oklahoma Uniform Controlled Dangerous Substances Act*, in good faith and in the course of professional practice only, may prescribe and administer **Schedule III, IV, and V** controlled dangerous substances.

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- D. In accordance with the *Oklahoma Uniform Controlled Dangerous Substances Act*, specifically 63 O.S. § 2-309I, a practitioner, which includes APRNs, shall not issue an initial prescription for an opioid drug in a quantity exceeding a **seven-day** supply for treatment of acute pain for an adult patient, or a seven-day supply for treatment of acute pain for a patient under the age of eighteen years old. Any prescription for acute pain shall be for the lowest effective dose of immediate-release opioid.
- II. Discussion requirements between APRN and patient or parent/guardian in compliance with the *Uniform Controlled and Dangerous Substance Act*:
- A. Prior to issuing a prescription for any opioid drug, all medical risks associated with opioids shall be discussed and documented in the patient’s record. This discussion shall include:
1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;
  2. The reasons why the prescription is necessary;
  3. Alternative treatment options that may be available; and
  4. Risks associated with the use of the opioids being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the opioids, and that the risks of taking more opioids than prescribed or mixing sedative, benzodiazepines or alcohol with opioids can result in fatal respiratory depression.
- B. The practitioner shall include a note in the medical record of the patient that the patient or the parent/guardian of the patient, as applicable, has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available.
- III. Exceptions: The *Uniform Controlled and Dangerous Substance Act* does contain exception language for patients in active treatment for cancer, receiving hospice care or palliative care, or who are residents of a long-term care facility, or receiving medications for treatment of substance abuse or opioid dependence. The APRN prescriber should review the link provided below.

The *Oklahoma Uniform Controlled Dangerous Substances Act*, specifically 63 O.S. § 2-309I can be reviewed at:  
<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=482877>

- IV. Application of additional statutes:
- A. Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD): May provide licensing boards with unsolicited notification of an APRN if a patient receives one (1) or more prescriptions in quantities or frequency inconsistent with accepted standards of safe practice. [63 O.S. § 2-309D(M)]

- B. Prescription Monitoring Program (PMP): PMP must be checked at the initial prescription of a narcotic and then at least every 180 days. Documentation of the PMP check must be included in the patient medical record. [63 O.S. § 2-309D.G.]

Additional resources to reduce opioid overdose can be located on the Oklahoma Board of Nursing website at <http://www.oklahoma.gov/nursing/opioids.html>

V. **Regulatory Authority:**

59 O.S. §§ 567.3a.5, 6, 7, 8, 11, 12 and 59 O.S. §567.4a.1 and OAC 485:10-16-6