



STANDARDIZED PROCEDURE FOR CERTIFIED NURSE-MIDWIVES FOR FURNISHING MEDICATIONS

I DEFINITION

The Nursing Practice Act, Business and Professions Code (B&P) Section 2746.51 defines furnishing of drugs and devices by nurse-midwives as: “The act of making a pharmaceutical agent or agents available to the patients in strict accordance with a standardized procedure.”

II BACKGROUND INFORMATION

In order for the nurse-midwife to legally furnish medications, the following must apply:

- A. The nurse-midwife must have a furnishing number as provided by the California Board of Registered Nursing.
- B. In order to furnish controlled substances Schedule II, III, IV, and V, a nurse-midwife must register with the DEA and obtain a DEA registration number. This is in accordance Business and Professions Code, BCP, Nursing Practice Act, Section 2725.1, 2746.1; BCP Pharmacy law, Section 4040, 4060, 4061, 4076, 4170 and 4175; and Health and Safety Code related to nurse midwives, Section 11026, and 11150; effective 1/1/02.
- C. The nurse-midwife **may not** use the DEA number of the supervising physician.
- D. “Drug order” or “orders” means an order for medication or for a drug or device that is dispensed for or for an ultimate user issued by a nurse-midwife as an individual practitioner is treated in the same manner as a prescription of the supervising physician.
- E. All references to “prescription” include “drug orders” issued by a nurse-midwife, **the signature of the nurse-midwife on a drug order shall be deemed to be the signature of the prescriber.** (Refers to Section 1306.03 of Title 21 of the Code of Federal Regulations and the Health and Safety Code.)
- F. The standardized procedure or protocol has been developed through collaboration amongst nursing, the nurse-midwives, physicians, and administration. Schedule II and III controlled substances furnished to patients must be in accord with patient specific protocols approved by the treating physicians and surgeon.
- G. The nurse-midwife and supervising physician have approved the standardized procedure.
- H. The standardized procedure must document the following:
 - 1. Names of the nurse-midwives who can furnish.
 - 2. The drugs and devices which may be ordered.
 - 3. The circumstances under which the drugs and devices can be ordered.

III POLICY

Certified nurse-midwives may write an order for drugs and devices that are specified in approved formularies. Nurse-midwives who have a furnishing number and a DEA registration number may write an order for controlled substances Schedules II, III, IV, and V. Such drugs and devices are furnished incidental to the provision of family planning services, perinatal services, or routine health care provided to essentially healthy persons.

A. Settings

1. Nurse-midwives may only furnish Schedule II controlled substances in a hospital setting. Nurse-midwives may furnish Schedule III, IV, and V controlled substances rendered to essentially healthy persons in the following settings:
 - a. Acute care hospital
 - b. Licensed birth center
 - c. Specialty maternity hospitals
 - d. Clinics
 - e. Physicians/Group practice
 - f. Student Health Center.

B. Supervision

1. Nurse-midwives may furnish drugs or devices under the supervision of the physician(s) (affiliate name) or their designee.
2. For furnishing purposes, no physician shall supervise more than four certified nurse-midwives at one time.
3. The physician supervisor is not required to be physically present at the time of patient examination by the nurse-midwife, but must be available at least by telephone.

C. Limitations

1. Schedule II and III controlled substances or devices furnished to patients must be in accord with patient-specific protocols approved by the treating physician.
2. Schedule II controlled substances may be furnished in the hospital setting, only.
3. A nurse-midwife cannot furnish controlled substances without a furnishing number and DEA number. In the event the nurse-midwife is awaiting furnishing and DEA numbers, all prescriptions will be signed by the supervising physician until the numbers are obtained.
4. Patient education is given regarding the drug or device.
5. The nurse-midwife's name and furnishing and DEA numbers are written on the transmittal order.
6. All general policies regarding review, approval, setting, education, evaluation, supervision and consultation in the associated protocols are in effect.
7. Schedule II and III controlled substances can be given with Patient-specific Protocols (See Appendix A.).

IV PROTOCOL

A. Data Base

1. Patient selected as needed specific drug and/or device therapies as identified according to assessment and individual clinic guidelines.
2. Utilize knowledge of pharmacokinetics and pharmacodynamics to individualize and maximize therapeutic regiment selected.
3. No patient or family contraindications.

B. Action

1. Drugs are ordered on physician's order sheet, discharge order sheet, facility prescription form, or practice prescription form.

2. All orders must be in legible handwriting with a legible signature in accordance with California state law.
 3. Patient name must be clearly identified.
 4. Dosage, strength of drug, quantity to be dispensed, and directions for use must be specified.
 5. Print name and furnishing number, and DEA number as appropriate, and sign orders.
 6. For inpatient orders, flag chart and notify unit personnel.
 7. Provide appropriate educational information to client including (as applicable):
 - a. Directions for taking the drug.
 - b. What to do and whom to contact if side effects occur.
 - c. Common side effects.
 - d. Possible serious or harmful effects of the drug.
- C. Record Keeping
Document in the patient record the name of the drug, dosage, route, and instruction and education given.

V REQUIREMENTS

- A. Training and/or education requirements:
(List affiliate requirements)
- B. Methods for initial and continuing evaluation:
(List affiliate requirements)
- C. Scope of supervision required to perform the functions of this standardized procedure:
(List affiliate requirements)
- D. The nurse-midwife will adhere to the following specific institutional requirements for patient record keeping:
(List affiliate requirements)
- E. In the event of a severe drug reaction, the nurse-midwife must immediately communicate with the patient's supervising physician concerning the patient's condition.

VI DEVELOPMENT AND APPROVAL

- A. This standardized procedure was developed through collaboration of nursing, the nurse-midwives, physicians, and administration.
- B. The Medical Staff Office will maintain a written record of those nurse-midwives authorized to perform the functions of this standardized procedure.
- C. The method and timeline for periodic review of this standardized procedure will be:
(Affiliate's requirement)

VII AUTHORIZED NURSE-MIDWIVES

- A. The following nurse-midwives are authorized to perform this function:
(List authorized nurse-midwives at affiliate)

VIII APPROVED FORMULARY

- A. Authorized nurse-midwives may furnish medications listed in the (affiliate name) approved formulary for (applicable year).
(See Appendix B).

**APPENDIX A
PATIENT SPECIFIC PROTOCOLS**

PROTOCOL 1: Labor Patient

- A. Database
1. Patient is in active labor.
 2. Ineffective non-pharmacologic methods of pain relief.
 3. Patient requests pain medication.
 4. Reassuring fetal status.
 5. Delivery is expected in 2 hours or more.
 6. No patient or family history of contraindications to pain medication.
- B. Action
1. The medications the nurse-midwife can choose from for pain relief in active labor are:
 - a. Nubain 5-10 mg IV every hour
 - b. Stadol 1-2 mg IV or IM every 1-2 hours
 - c. Demerol 25-75 mg IM every 1-2 hours
 - d. Fentanyl 50-100 mg IV every hour
 2. The nurse-midwife will provide the patient with appropriate educational information, including expected action and common side effects.
 3. When ordering medication(s), the nurse-midwife will use the standard physician order forms, clearly labeled with the patient's name and date of birth.
 4. The nurse-midwife must specify the dosage, form, strength, and route of administration in the order.
 5. All orders must be completed in legible handwriting.
 6. The nurse-midwife must include his/her furnishing number after signing the order.
 7. When ordering Schedule II and III drugs, the nurse-midwife must include her/his DEA number.
 8. Standard policy and procedure for verbal orders apply.
 9. The dosage, form, strength, and route of administration must be documented in the patient's permanent record by the person who gave the medication.
 10. Once the pain medication has been given, the patient must be evaluated for level of consciousness, respirations, fetus status, and degree of pain relief.
 11. Medication may be repeated once with physician consultation. [Dependent on affiliate protocol.]

**APPENDIX A
PATIENT SPECIFIC PROTOCOL**

PROTOCOL 3: Perineal Laceration Repair

- A. Database
1. Patient with perineal laceration that requires repair.
 2. Patient is unable to tolerate the pain of the repair under local or epidural (if applicable) anesthesia.
 3. Exam rules out pathology that might be indicative of excessive pain level.
 4. No patient or family history of contraindications to pain medication.
 5. After the nurse-midwife reviews risks and benefits of the medication with the patient, the patient agrees to the plan for narcotic analgesia.
- B. Action

1. The nurse-midwife can choose from the following medications for analgesia for perineal laceration repair:
 - a. Demerol 50 – 100 mg IM or IV
 - b. Fentanyl 50 – 100 mg IV
 - c. Versed
2. When ordering medication(s), the nurse-midwife will use the standard physician order forms, clearly labeled with the patient's name and date of birth.
3. The nurse-midwife will specify the dosage, form, strength, and route of administration in the order.
4. All orders must be completed in legible handwriting.
5. The nurse-midwife must include his/her furnishing number after signing the order.
6. When ordering Schedule II and III drugs, the nurse-midwife must include her/his DEA number.
7. Standard policy and procedure for verbal orders apply.
8. The dosage, form, strength, and route of administration must be documented in the patient's permanent record by the person who administered the medication.
9. Evaluate patient for level of consciousness, respirations, and pain relief.
10. Evaluate patient carefully for increased levels of pain not responding to narcotic analgesia. Obtain a physician consult if necessary.