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Regulatory Requirements for Safe Non-Opioid and Opioid Prescribing

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Regulatory Requirements for Safe Non-Opioid and Opioid Prescribing

Owing to the necessity for an APRN to be knowledgeable about their respective state regulatory laws as it relates to prescribing of scheduled as well as non-scheduled medication across the lifespan, this paper reviews California State regulations for APRN prescribers. Also, it reviews the CDC Interactive Training Series for Healthcare Providers in Module 1 and Module 4. The paper equally, achieves its objective by summarizing the agency/agencies that oversee or regulate APRN prescribing in California State. Again, it summarizes the educational requirements in the same state, differentiates California State's regulations and neighboring state(s) and creates an outline of actions necessary for recommending in California State. Lastly, it summarizes controlled substances regulations in state of California together with the procedure for getting your DEA registration. At the end of the paper it will be now clear to know what it entails as far as the requirements for safe non-opioid and opioid prescribing in the great State of California is concerned.

Summary of Agencies Regulating APRN Prescribing

It is only when qualifying the California State program by a board meeting will a nurse becomes an advanced practitioner. Moreover, it is equally accepted when a nurse's certification is done through a known as well as authenticated organization (NursingLicensure.org, n.d.). As a result, the following agencies oversee the aforementioned aspects which include American Association of nurse practitioners, National Certification Corporation for the neonatal, obstetric nursing specialties, gynecologic as well as pediatric nursing certification board among others.

AANP is a national nurse practitioner community, collectively the community works advance nurse practitioner practice as well as improve patient care. The agency facilitates the large body of all nurse practitioners to advance health care quality through edification, practice,

leadership, research as well as education. Collectively, these components entail AANP's primary mission. Inquest to enable you to focus on your patients, AANP supports nurse practitioners in all aspects rather than areas of practice. This is what underpins the practice aspect of the agency. Consequently, the agency fights to do away with barriers as well as secure full and direct access to nurse practitioners' services. The latter aspect reinforces the advocacy aspect of AANP. Lastly, AANP education element keeps a nurse practitioner on the leading edge of patient-centered health care.

Correspondingly, AACC as an agency is devoted to perpetuating efforts aimed at promoting positive cultures in workplace, support resilience of clinicians as well as prevent burnout (NursingLicensure.org, n.d.). The agency fully understands that by examining all workplace aspects that result in burnout, the crisis of burnout can be ironed out. This knowledge has thus informed their long-term move of endeavoring to establish healthy environments for clinical work, interprofessional teamwork, as well as education and study on the effect of these settings on wellbeing of clinicians and associated areas.

Summary of Educational Requirements for Prescribing As an APRN

Specialized NP education is required to become an APRN. Thus, the nursing program education for all APRNs ought to entail knowledge in the following very essential spheres: pharmacology, clinical management, and drug therapy (thriveap.com, 2017). The training prerequisite is vital for endorsing APRN authority. Four-year certification or high instruction from a certified organization or confirmation from an endorsed education program ought to be acknowledged. M.Sc. in the nursing area is the base rules for turning into the NP. Also, for turning into an APRN, specific NP training is compulsory. "For APRNs, the nursing program instruction must incorporate the accompanying, for example, information on pharmacology,

clinical administration, and medication treatment is fundamental”. Nevertheless, six months of physician-supervised experience, as well as prescribe schedule II-controlled substances along with physical assessment and diagnosis, is required.

APRN is a clinical practice for years. It includes twenty-four contact hours (12 hr. in pharmacy therapeutics and 12 hr. in clinical management). An advanced practice nursing refresher program is also applied in some state law (thriveap.com, 2017).

Besides, any nurse who has attained a master’s degree in the nursing profession qualifies as an Advanced Practice Registered Nurse (APRN). Correspondingly, certified nurse midwives, practitioners in nursing, specialists in clinical nursing as well as certified registered nurse anesthetists are some of myriad specialization within the broader category of APRN. All advanced practice nurses in California are encompassed in the jurisdiction of the California Board of Registered Nursing (BRN). It also necessitates a practitioner to be approved as listed nurture for him or her to be certified as an advanced practice nurse (thriveap.com, 2017). The following advanced specialty fields of graduate-level are recognized by the BRN board which include Psychiatric, ³ Nurse Anesthetist, Nurse-Midwife, Clinical Nurse Specialist and Nurse Practitioner. Nurses yet to have RN licensing from California state and who are groped as out of state nurses are required to submit endorsement RN application. This clique of nurses may however apply for temporary certification as a nurse practitioner.

Instance of Applicant from Overseas

According to section 1413 of California Code of Regulation, it asserts that the Board of Registered Nursing may pose a request to the applicant from oversea to take an examination of English comprehension (TOEFL) in the case there is a reasonable doubt of the aptitude of the applicant to comprehend English as a language. Moreover, if the applicants completed their

foremost program in nursing where the instruction language used was not English, Board of Registered Nursing is also compelled to request TOEFL from the applicants.

Across Washington DC as well as the entirety of fifty states in USA, nurse practitioners can prescribe medication. conscious of this fact, the extent of independence with which they can prescribe these drugs, medical devices counting crutches otherwise medical services tend to vary by state NP practice authority.

California is one of the largest states in US, so is Florida and Texas. Here, most of the nurse practitioners do operate under restricted conditions of practice. And for them to prescribe any medication, they ought to have an agreement with a collaborating physician. Things are different in other states including Oregon, Wyoming, and Colorado in which NPs has been granted full authority of practice (thriveap.com, 2017). Nurse practitioners operating within these areas are autonomous to prescribe medications. Their independence encompass profoundly regulated substances under Schedule II to V, void of supervision from a physician. Conversely, states such as New York and Vermont have a probation period under supervision and recently licensed nurse practitioners ought to have a collaborating agreement with a doctor. Then, the practitioner progressively turns out to be more independent in his capability to recommend drugs after classically 1-3 years of gaining practice.

Differences in Regulations in California and Neighboring State

California's nurture rehearsing goes through a few extra circles that are needed to hop off to turn into a nurse practitioner. Just enrolled nurture practitioner is permitted to amplify their practices, while some are not allowed to endorse schedule II control substances (Association, 2017).

California	Prescriptive authority	Calls for supervision of a surgeon or physician
	Board of Nursing	California Board of Nursing
	Practice Art	CA Nursing Practice Art
	Details and resources	Prescribing medication calls for a “furnishing number
State of Alaska	Prescriptive authority	Full mandate with licensure
	Board of Nursing	Well known nursing AK Board
	Practice Art	AK Nursing as well as statutes (article 4)
	Details and resources	Different application in prescribing schedule 2-5

		regulated substances
State of Alabama	Prescriptive authority	Collaborating practice coming from the authority of a physician
	Board of Nursing	Nursing Board (AL)
	Practice Art	Nursing Board (AL)
	Details and resources	Prescriptive authority is controlled by Nursing Board (AL) medical examiners

Outline of the Actions Necessary To Prescribe

Rehearsing as a nurture professional is a troublesome errand among other wide range of various states. Among every one of them, California attendants rehearsing goes through a few extra loops that are needed to bounce off to turn into a NP (learnhowtobecome.org, 2018). Just enrolled NP are permitted to amplify their practices, though others are not allowed to endorse schedule II control substances. To accomplish the maximum capacity to recommend as APRN, at that point the accompanying activities are needed in meeting prerequisites for the leading group of California.

If an NP settles in California and needs to enroll for an advanced nursing practice license, applying for furnishing number for license is mandatory to become an NP prescriber. It is important to have DEA number for getting the license for controlled substances prescribing. Within 3 hours continuing education (CE) should be undertaken in requirement by California Board of Nursing. Later after going through schedule II prescribing education, an applicant will have to request the board of nursing. Specifically, this is to inform them to start printing one's certificate. Notably, prescribing in California only applies to nurse jobs together with caring for patients (learnhowtobecome.org, 2018).

Summary of Controlled Substances Regulations and Process for Getting DEA

The year 1970 marked a time when the controlled substance Act took effect. The application of this act aimed at regulating the production as well as general distribution of medicine accompanying "hallucinogens, depressants, narcotics, and stimulants. Penalties about attempting drug crimes vary on the usage of drugs referring to a schedule. The application for DEA registration for nurse practicing requires a DEA number, which helps to access schedule II-controlled substances prescription (findlaw.com, 2019).

Controlled substance Act recognizes the five categories or classifications that ought to be strictly regulated. These are Schedule I which entails the following substances - ecstasy, heroin together with LSD; Schedule II entailing use of cocaine together with methamphetamine. Similarly, Schedule III involves ketamine, testosterone and anabolic steroids. Last but not least, Schedule IV has to do with Xanax, Valium and Ambien. Finally, Schedule V consists of cough suppressants together with Lyrica.

Controlled substances acts are established to govern distribution, use as well as sale having capability in committing drug abuse. Besides, there exist various restrictions about

selling, labeling as well as advertising such kind of drugs (findlaw.com, 2019). Researcher, clinic license, registration, approvals of protocol trials, manufacturers' registrations together with licenses, the administration entailing approval as well as registration of clinical centers, policies and keeping records, procedures as well as practitioners licensing are normally accomplished. Additionally, penalties for indulging in drug crimes vary on drug usage depending on schedule in which a specific drug falls. Normally, heavier existing criminal fines are meant for schedule I drug usage.

Applying for DEA registration is accomplished in getting legal NP prescribing for California. Hence, a nurse getting the DEA number is important, as mandated to get schedule II-controlled substances prescription. Notably, the moment DEA is taken into place active prescription is essential for a person aiming to practice. Fortunately, the moment DEA has processed a nurse is good to operate at the same time can prescribe to the maximum.

Summary of the Main Concepts for CDC Module 1 and 4

Opioid overdose is one of the greatest health challenges facing USA today. Opioid addiction can be stopped by balancing the need to manage chronic pain of patients with the duty to curb dangerous prescribing purposes. Although opioids had for long been used to manage chronic pain, a nurse practitioner should consider safer ways of managing pain such as exercise and cognitive behavioral therapy (cdc.gov, n.d.). We need a guideline for prescribing opioids to improve ² communication between patients and providers regarding the benefits as well as risks of opioid therapy for chronic pain, enhance treatment, and lower the dangers related to long term therapy of opioid which includes overdose and opioid utilization disorder. This guideline is not aimed to be used for patients who are in end of life care, palliative care or active treatment of cancer.

Some of the primary recommendations in the CDC guideline for prescribing opioids are: clinicians need to determine treatment objectives with all patients before commencing opioid therapy for chronic pain. Also, they should give regard to how treatment will be halted if the risks are not outweighed by benefits (cdc.gov, n.d.). At the start of ⁴opioid therapy, clinicians need to ⁴prescribe immediate-release opioids rather than extended-release opioids. Whenever possible, ⁶clinicians should avoid concurrently prescribing benzodiazepines and opioid pain medication. Lastly, when it comes to patients exhibiting opioid utilization disorder, clinicians should endeavor to arrange or give evidence-based medication.

A myriad of benefits underpins the implementation of the CDC recommendations for prescribing opioids. First, they help clinicians prescribe no more than required opioids when opioids are required for acute pain. The recommendations inform clinicians' knowledge database by reminding them that they need not prescribe ER/LA opioids for chronic pain. Consequently, they help clinicians to evaluate risk factors associated with opioid harms. Lastly, they inform clinicians on when to arrange treatment for opioid utilization disorder where applicable.

The three essential components for ensuring safety of patients are patient education, UDT and PDMP. PDMPs improve patient safety by helping in providing timely and updated data, recognize harmful medication combinations, and identify more than one prescriber (cdc.gov, n.d.). As a practitioner, you should refrain from dismissing patients from care when you find concerning information in the PDMP. Instead, You ought to affirm the patient knows about extra solutions. Additionally, you ought to examine wellbeing worries with the patient, for example, expanded danger for respiratory despondency and overdose. You can utilize the chance to give conceivably lifesaving data and mediations.

**Plan For Implementing Safe Prescribing Practices As An APRN In Line With California
State Regulations and the CDC Opioid Guidelines**

For me to implement safe prescribing practices as an APRN under California state's regulations, I would first register as an NP to maximize my practices. Since am new in California, I would also apply for an advanced nursing practice license as well as fill furnishing number application. To get the license for prescribing controlled substances I will also acquire DEA (drug enforcement administration) number. Consequently, I will undertake schedule II prescribing education later to apply to the board of nursing. After getting the approval for prescribing in California I will apply for jobs at the same time care for patients. Nonetheless, I will consider CDC recommendations under the guideline for prescribing opioids to enhance my commutation with patients when it comes to the benefits as well as risks of opioid therapy for chronic pain treatment, enhance treatment of my patients, and in all practices aimed at lowering the risks related to long term therapy of opioid which based on my education is likely to include overdose as well opioid utilization disorder.

Moreover, I will consider the fact that not always has opioids been effective to manage chronic pain, thus based on CDC recommendations and as an advanced nurse practitioner, I would constantly consider safer ways of managing pain such as exercise and cognitive behavioral therapy. Finally, to guarantee the safety of all my patients, I will patient education, UDT and PDMP elements. For instance, I shall refrain from dismissing patients from care when I find concerning information in the PDMP. In its place, I will ensure the patient knows about extra solutions. This will help in establishing good relationship between me and my patients which is usually the priority of any participant in the healthcare sector.

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