



KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

**ROLE OF THE ADVANCED PRACTICE REGISTERED NURSE IN THE PRESCRIBING OF
MEDICATIONS TO SELF AND/OR FAMILY**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Opinion: Role of the Advanced Practice Registered Nurse in the Prescribing of Medications to Self and/or Family

Approved Date: 10/2009

Editorial Revision: 1/2011; 5/2012;
6/2015; 5/2018; 6/2019; 12/2020

Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Rationale for Advisory Opinion

Numerous inquiries have been received by the Board office requesting an opinion of the Board regarding the role and scope of practice of the Advanced Practice Registered Nurse in prescribing medications for themselves or family members.

Advisory Opinion

This Advisory Opinion Statement was developed to assist the Advanced Practice Registered Nurse (APRN) in decision-making when prescribing for themselves or for non-patients including immediate family. APRNs often find themselves in situations where they may feel compelled to provide medical aspects of care or prescribe medications for themselves, their family members, or other individuals with whom they have a close personal relationship. A personal, non-professional relationship may potentially risk the APRN's ability to provide good quality care by preventing the recipient of the treatment from developing a relationship with his or her own healthcare provider. Similarly, it can be difficult for the APRN to maintain clinical objectivity when providing medical care for himself or herself, or the person who they may have a personal or emotional relationship.

DEFINITIONS

- Immediate family is defined in 201 KAR 20:057 Scope and standards of practice of advanced practice registered nurses Section 1 (4), as “a spouse, parent, child, sibling, parent-in-law, son-in-law, daughter-in-law, brother in-law, sister in-law, step-parent, step-child, step-sibling, or other relative residing in the same residence as a prescribing practitioner.”
- Treating or Treatment - includes ordering and performing tests, making and communicating a diagnosis, and prescribing medications.
- Minor Condition - is a non-urgent, non-serious condition that requires short-term care of a routine nature. The condition is not likely to lead to a more serious condition and does not require on-going monitoring.
- Emergency - a manifestation where an individual is suffering or is at risk of sustaining serious bodily harm if medical intervention is not provided promptly.

ADVISORY OPINION

Legend or Non-Scheduled Pharmaceuticals, Diagnostics and Therapies:

It is the advisory opinion of the Kentucky Board of Nursing that APRNs, with prescriptive authority, not treat themselves, family members, or other persons in a personal relationship except:

- For a minor condition or an emergency situation and only when another qualified healthcare professional is not readily available.
- If an APRN or family member is enrolled as a patient at the APRN's practice setting.

When an APRN does provide care to family members or to other persons within a personal relationship, the APRN should ensure that the person advises his or her healthcare provider of the treatment received.

Pursuant to 201 KAR 20:057 Section 10 Immediate Family and Self-Prescribing or Administering Medications, (1) An APRN shall not self prescribe or administer controlled substances, (2) An APRN shall not prescribe or administer controlled substances to his or her immediate family except (3) (a) In an emergency situation; (b) for a single episode of an acute illness through one (1) prescribed course of medication; or (c) in an isolated setting, when no other qualified practitioner is available.

Controlled Substances:

Accepted and prevailing standards of care and Kentucky Law KRS 218A.140(3) <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=39528> presuppose a professional relationship between a patient and practitioner when the practitioner is utilizing controlled substances. By definition, a practitioner may never have such a relationship with himself or herself. It is the advisory opinion that an APRN should not self-prescribe nor self-administer controlled substances.

Accepted and prevailing standards of care require that a practitioner maintain detached professional judgment when utilizing controlled substances in the treatment of family members. An APRN should only utilize controlled substances when treating an immediate family member in an emergency situation which should be further documented in the patient's record by their healthcare provider.

201 KAR 20:057 Scope and standards of practice of advanced practice registered nurses Section 9 outlines prescribing standards for controlled substances and includes information on KASPER.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website <https://kbn.ky.gov/practice/Documents/41%20KBN%20Decision-Making%20Model%20for%20Determining%20Scope%20of%20Practice%20for%20RNs-LPNs.pdf>.

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Applicable Statutes From the *Kentucky Nursing Laws*¹

KRS 314.021(2) states:

All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(8) defines "advanced practice registered nursing practice" as:

...The performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses' Association or other

¹ A copy of the *Kentucky Nursing Laws* may be downloaded from the Kentucky Board of Nursing website at <http://kbn.ky.gov>.

nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A... The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 218A.140(3) states:

No person shall knowingly obtain or attempt to obtain a prescription for a controlled substance without having formed a valid practitioner-patient relationship with the practitioner or his or her designee from whom the person seeks to obtain the prescription.