COLLEGE OF DIETITIANS OF ALBERTA

Guidelines for Prescribing and Recommending in Dietetic Practice

Introduction

Registered Dietitians (RDs) routinely make nutrition and nutrition related recommendations for the treatment, disease prevention, health and/or wellness of their patients/clients. Vitamins, minerals, and medical nutritional products are often part of an RD's recommendation. Sometimes natural health products or drugs are part of the RD's recommendations. But when does a recommendation for a product's use become a "prescription" in practice?

There are certain circumstances when it is clear that a Registered Dietitian is prescribing, and this is when an RD is authorized to perform the following restricted activities. According to the regulations, RDs prescribe under the following circumstance:

> 10(1)(c) "to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act* for the purpose of providing nutrition support."
>
> 10(1)(d) "to prescribe parenteral nutrition if the regulated member is providing, nutrition support and the member is authorized to prescribe a schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*."

And

> 10(1)(e) "to prescribe and administer oral diagnostic imaging contrast agents if in the provision of medical nutrition therapy a regulated member performs a video fluoroscopic swallowing study or assists with the study."

When prescribing Parenteral Nutrition and related Schedule I drugs, RDs must be aware of the drug schedules, and be aware of which vitamins, minerals and medications relevant to practice require prescribing authority, an/or restricted activity authorization.

Are Vitamins and Minerals Drugs?

Alberta's drug schedules are aligned with and change according to the national drug scheduling model developed by National Association of Pharmacy Regulatory Authorities (NAPRA). NAPRA updates its listing/scheduling from time to time and it is important for RDs to keep themselves up to date.

> **Schedule I** drugs *require a prescription* for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner. E.g. Sulfonylureas; Vitamin A in per unit oral dosages greater than 10,000IU.

Schedule II drugs require professional intervention from the pharmacist at the point of sale and possible referral to a practitioner. While *a prescription is not required, the drugs are available only from the pharmacist* and must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection (behind the counter). E.g. Insulin; oral iron in per unit dosages greater than 30mg.

Schedule III drugs are *available without a prescription* and are to be sold from the self-selection area of the pharmacy which is operated under the direct supervision of the pharmacist (over the counter).

Unscheduled drugs can be sold without professional supervision, because adequate information is available for the client to make a safe and effective choice. E.g. most multi-vitamin/mineral preparations.

Which Schedule a particular vitamin or minerals falls upon depends on the dose or formulation/method of delivery. Many vitamin and mineral products are not classified as drugs. Some vitamins and minerals are only considered scheduled drugs above a certain dose. For example, iron is considered a Schedule II drug in per-pill doses over 30mg; vitamin D is a Schedule I drug in per-pill doses over 2500 IU.

Parenteral vitamins are Schedule I drugs and are usually provided as a mixture of vitamins. Vitamins pose particular pharmacological problems when given intravenously, since some may adhere to the tubing and/or be degraded by light. Also, stability in regard to admixture and ''ingredients'' may have an effect (ESPEN). RDs working with parenteral vitamins (as part of parenteral nutrition prescription) must be authorized by the College to do so. As a regulated health professional with restricted activity authorization, RDs recommend, initiate, or adapt parenteral nutrition solutions / prescriptions and related Schedule 1 drugs. This means that all aspects of PN may be managed by the prescribing RD. Although practice across the province varies, the College supports authorized RDs to work to their full scope as the parenteral nutrition expert on the interprofessional health care team, including writing orders.

Consult the NAPRA website

To determine if a particular product is listed under one of the NAPRA drug schedules, consult NAPRA's data base. In most cases when a brand name product (e.g. Materna) is not listed in the database, it means that it is unscheduled or not considered a drug. However, NAPRA does not list private label products (like Exact, Compliments, Life Brand, etc.) so it may be unclear whether a product is a scheduled drug. To determine if a private label product is a scheduled drug, compare the content with a brand name product, or contact a Pharmacist for consultation.

Prescribing vs Recommending Vitamins and Minerals

As noted above, RDs may prescribe Schedule I drugs (including parenteral vitamins/minerals) according to the Regulations in Alberta, and must be authorized by the College of Dietitians of Alberta to do so. Prescribing in this context refers to *orders which authorize the dispensing of a drug that requires a prescription*. An RD who recommends an oral vitamin or mineral and specific dose is not prescribing unless the recommendation includes a dosage form making it Schedule I (e.g. see Vitamin A above; see *Recommending Vitamin D Supplementation and RD Practice*). Depending on the practice setting, there may be some limitations or variation on how RDs implement such recommendations.

Recommending other drugs

The College acknowledges that many RDs have practice specific expertise concerning other scheduled drugs, such as pancreatic enzyme (e.g. Pancrelipase) dosing. At this time the ability for the RD to "prescribe" pancreatic enzymes is not in legislation, however an RD with this expertise can recommend and work with the interprofessional team in the appropriate dosing and prescribing.

This practice can be applied to other scheduled drugs that are relevant to nutrition care planning. If the drug impacts or is impacted by the nutrition care plan, it is reasonable that an RD would have the knowledge to recommend, and/or to collaborate with prescribing members of the interprofessional team, in dosing, and timing/frequency of dosing of relevant medications. The application of medication knowledge, skill and collaboration within the team does not constitute prescribing in legislation, however it is appropriate to apply and utilize as part of nutrition care planning.

Dispensing and Selling Vitamins and Minerals or other Scheduled Drugs

Dietitians do not dispense or sell drugs per se, however under the interpretation of Schedule 7.1 of the *Government Organizations Act*, the definition of sell includes "distributing and giving away without expectation or hope of compensation or reward".

According to the regulations, Dietitians may distribute drug/vitamin/mineral samples according to the following restricted activity:

> 10(1)(g) "to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmaceutical*

Profession Act and pursuant to a prescription, if required by the *Pharmaceutical Profession Act*."

When drugs are prescribed by a physician, and samples are available, RDs may be authorized by the College to provide drugs samples to patients that are related to the nutrition care plan of the patient. An example is insulin or pancreatic enzymes. Clients are placing their trust in RDs that recommendations and samples provided are required, are evidence-based, and are safe.

Please note that having this particular restricted activity does not equate to "prescribing" for the drug in question. An authorized prescriber (usually the physician) prescribes the medication, and the RD provides the sample along with appropriate education/counseling.

RDs in private practice cannot distribute drug samples unless they are part of an interprofessional clinic including a physician or pharmacist who can receive and manage drug samples in the clinic. Drug samples must be stored appropriately and securely, and there must be clear records in place tracking the origin and distribution trail.

What is not considered a "drug"?

Sometimes it is not clear that RDs can recommend and implement many aspects of nutritional care in the practice setting. The following are not drugs, and a "prescription" is not required:

1. Food or drinks
2. Natural health products (with a few exceptions, e.g. pseudoephedrine or ephedrine)
3. Schedule U substances (e.g. most low dose vitamins and minerals)

For example, recommending, planning, or implementing a diet order, enteral nutrition, oral nutritional supplements or low dose oral vitamin/mineral or multivitamin preparation is well within the RD practice statement, and does not require a prescription in Alberta. Authorization by the College to perform these tasks is not required. The College does note, however, that practice varies by setting, and sometimes the performance of these tasks may be limited by the employer.

Providing a sample of an oral or enteral nutrition supplement falls within RD practice, does not require authorization by the College, and does not require a prescription as they are not considered drugs.

RDs providing samples of any type of product, however, need to consider real or perceived conflicts of interest, and therefore need to mitigate those risks.

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What about Administering drugs?

The only circumstance where RDs are authorized to "administer" in legislation is the following:

> 10(1)(e) "to prescribe and administer oral diagnostic imaging contrast agents if in the provision of medical nutrition therapy a regulated member performs a video fluoroscopic swallowing study or assists with the study."

This authorization is for those RDs working in dysphagia management who participate in the videofluoroscopic assessment of swallowing function.

Dietitians can recommend a videofluoroscopic evaluation of a patient's swallow, they can make recommendations during / observe the swallow study, they can make recommendations regarding diet texture following the study, and they can implement those diet modifications without having the restricted activity to prescribe and/or administer barium.

It is important for RDs to understand the regulations, understand under which circumstances they may perform restricted activities, understand drug Schedules, and understand their own individual competence and individual scope of practice within the legislation and regulations for RDs in Alberta. In most cases, RDs can make drug and vitamin/mineral preparation recommendations without prescribing authority, however it is important for RDs to know when dosages affect the need for a prescription.

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