



New Brunswick College of Pharmacists
Ordre des pharmaciens du Nouveau-Brunswick

*To protect and promote the health and well-being of New Brunswickers by regulating pharmacy practice.
Protéger et promouvoir la santé et le bien-être des gens du Nouveau-Brunswick en réglementant l'exercice de la pharmacie.*

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Prescribing for Common Ailments

Part XXI of the Regulations to the
New Brunswick Pharmacy Act, 2014

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To ensure document is current, refer to electronic copy. www.nbpharmacists.ca

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Disclaimer

In the case of any discrepancy between information contained herein and the documents and Regulations of the New Brunswick College of Pharmacists and / or the Standards of Practice, the latter shall prevail.

Learning Objectives

Pharmacists are required to review this document and notify the College before performing activities described in this policy.

Upon reviewing this document, the pharmacist will be able to:

1. Describe and apply the applicable sections of Regulations and Standards of Practice, related to prescribing drugs for the common ailments listed in Appendix 2 of the *Regulations of the New Brunswick College of Pharmacists*.
2. Describe the fundamentals related to all prescribing, as defined in Part XXI of the *Regulations*.
3. Describe the regulatory requirements for prescribing for common ailments.
4. Complete the appropriate documentation when prescribing for common ailments.
5. Integrate the process of prescribing for common ailments into their daily practice.
6. Review and discuss limits to prescribing for common ailments.

Background

Enabling pharmacist prescribing for common ailments helps to improve access to primary health care and reduce the burden of common ailment care on other settings (e.g., emergency departments (EDs), urgent care) by leveraging the education and expertise of pharmacists. This also provides patients the choice of receiving care from community pharmacists as trusted members of the health care team. Pharmacists have long been providing care in the community to manage a variety of conditions. Traditionally, this has involved making non-prescription medication recommendations, facilitating other self-care decisions (e.g., lifestyle changes), and referring patients to other health-care providers when needed. This authority enables the pharmacist to provide more treatment options to manage common ailments, also referred to as common conditions.

What is a common ailment?

Common ailments are health conditions that can be managed with minimal treatment and/or self-care strategies.

Criteria for common ailment conditions

General criteria for what constitutes a common ailment include:

- Can be reliably self-diagnosed by the patient;
- Usually a short-term condition;
- Lab tests are not usually required;
- Low risk of treatment masking underlying conditions;
- Medical and medication histories can reliably differentiate more serious conditions; and
- Only minimal or short-term follow-up is required.

The common ailments and preventable conditions that have been authorized by Council are found in the [Regulations](#). It is imperative that pharmacists are familiar with what conditions are included on the list and confine assessing and prescribing to these conditions only.

The second section of Appendix 2 in the *Regulations* is entitled *Prescribing for Preventable Conditions*, and while it largely refers to provision of vaccines, this section also includes provision of pre-emptive treatment for traveler's diarrhea, and for management of contraception. Expectations for assessment, documentation, monitoring and follow-up is the same as for the conditions included in the *List of Common Ailments*.

Note: Pharmacists may only prescribe vaccines for the six travel-related diseases in the last section Prescribing for Preventable Diseases upon successful completion of a training program in travel medicine approved by Council. Appendix 2 to this document contains considerations for some of the conditions and Appendix 3 to this document contains the definitions for the common ailments.

How is common ailment prescribing different?

When assessing and prescribing for a common ailment, a pharmacist is responsible and accountable for the assessment of patients and for decisions about the clinical management required, including prescribing and follow-up care.

This type of prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring. The prescriber is responsible and accountable for these elements of a patient's care.

Assessing and prescribing for common ailments is different than collaborative prescribing. The latter would be carried out in a multidisciplinary health-care team, either in a hospital or in a community setting, and with one prescriber in the team with delegated authority to another health-care professional. For more information on Collaborative Practice Agreements, consult the New Brunswick College of Pharmacists [website](#).

Prescribing in an emergency

Prescribing in an emergency (see Regulation 21.3(c)) is distinct from a collaborative practice, and from assessing and prescribing for a Common Ailment. Prescribing in an emergency is permitted for those rare circumstances when a patient is in acute and immediate need for a medication, and it is not possible to see another prescriber. This type of patient assessment and subsequent prescribing is not intended to take the place of referral to another prescriber when referral is in the patient's best interest, and when the pharmacist may otherwise be practicing out of scope.

Fundamentals of prescribing

The following elements of prescribing are required:

- a. Individual competence (knowledge and skills);
- b. Adequate information (to make suitable treatment choices);
- c. Patient (or patient's agent) consent;
- d. Approved indication (for treatment selected);
- e. Documentation (of the assessment, treatment prescribed, followup); and
- f. Notification of other health-care professional(s) (if necessary or appropriate).

Prescribing for a common ailment versus recommending an OTC product

The following table illustrates the difference between these two activities:

OTC Recommendation	Prescribing for a common ailment
Public or semi-private locale	Private assessment/counselling area
Brief patient interaction – assessment, treatment options, recommendation	Longer interaction with patient - detailed assessment, discuss treatment options, recommendation
Product (OTC) recommendation, or referral to other health-care professional	Product (OTC/Rx) recommendation, prescription issued and/or dispensed, or referral to other health-care professional
Usually no followup other than perhaps advising patient to return to pharmacist for re-assessment, or see primary caregiver if not getting better within a defined number of days	Follow-up plan required based on treatment goal or expected outcome
Usually no documentation	Detailed documentation required – assessment, diagnosis, treatment options, Rx, referral
Notices to patients' primary care provider not required	Notification to patients' primary care provider may be required
No equipment or space requirement	Private space required for assessment and discussion with patient. May require equipment/supplies, depending on ailment being assessed

Adapted from *Minor Ailment Services: From Research to Practice* by Jane Gillis

Private assessment/counselling area

As per Regulation 14.1(d), pharmacies are required to be equipped with a private consultation area. In order to maintain privacy and confidentiality, a private room (physical space/location) may be used when evaluating the patient's condition, completing a proper assessment and providing counselling. In some instances, conditions may be appropriately assessed in a semi-private area, as long as patients are comfortable.

Competence

Assessing and prescribing for common ailments, like other pharmacist patient care activities, should be undertaken if they possess the necessary competency (knowledge base and skills) to do so. If there are any gaps in competence, continuous educational programs and resources are available (see resources section). Patients and the health-care system will benefit if pharmacists exercise the full extent of their knowledge and skills to ensure appropriate and effective medication therapy. For the pharmacist to be available and accessible to patients for assessment and treatment of common ailments, the pharmacist's role in the distributive aspects of dispensing a prescription may need to be reduced. This can be supported by optimizing the scope of practice of pharmacy technicians.

As with all activities, pharmacists are expected to practice within their area of competence, to evaluate each situation and to make a conscious decision whether or not to prescribe. Evaluation of the situation will require many of the same considerations pharmacists are required to make when assessing prescriptions, but there are some additional requirements that are described below.

Consent

General

Consent can be implied or expressed. Expressed consent can either be verbal or written. Consent cannot exist if the patient is not informed of potential risks or side effects to standard treatments, invasive procedures, or alternative treatments.

Informed consent

Informed consent is the process by which a fully informed patient can participate in choices about their health care. It originates from the legal and ethical right that the patient has to direct what happens to their body and from the ethical duty of the pharmacist to involve the patient in their health care.

Informed consent allows the patient to participate in the decisions regarding their health care. For informed consent to be deemed valid, the nature of the treatment must be conveyed, as well as alternatives to the treatment. The associated benefits/risks must be provided, as well. Once these elements have been provided, the patient's understanding must be assessed and finally, the patient must accept the intervention.

It is important to note that for consent to be valid, the patient must be competent (capable of giving consent) or of the age of consent in New Brunswick.

Implied consent

Consent not given by a patient in writing or orally but understood from the circumstances surrounding the procedure or treatment at issue, is known as implied consent.

Consent may be implied when, for instance, a patient presents at the counter requesting treatment for a condition. If the pharmacist asks to take the patient's blood pressure, consent to allow the pharmacist to touch the patient can be implied the moment the patient rolls up his sleeve. If the pharmacist asks for a swab of saliva, consent can be implied the moment the patient opens her mouth. Neither of these represents any risk to the patient, and both are mildly invasive. The consent is only to allow the pharmacist to obtain a reading or test for what is intended. If the pharmacist decides to use the information from the test for another purpose, this will need to be discussed with the patient and consent received for this other purpose.

Implied consent may be indicated through body language or conduct without directly communicating it. It need not necessarily be in the positive form either. The patient may agree or disagree.

Presenting oneself to a pharmacist and engaging in a conversation seeking advice about an ailment implies a certain amount of consent. Accepting the treatment recommended and paying for the product implies consent. But that does not necessarily mean the patient has provided "informed consent" if something considered to be possibly invasive or risky is undertaken or recommended.

Express consent

Express consent is given in writing or orally.

Express (oral or written) consent should be obtained for any treatment that carries material risk. Oral consent is valid; however, written consent may be preferable. If it is only possible to obtain oral consent, it is good practice to make an entry in the patient's profile to confirm advice was given and oral consent obtained.

Express consent takes place when consent is communicated directly through speech or conduct and there is little or no doubt as to the consent given. For example, by directly saying 'yes' or even through nodding, and other direct gestures expressed consent can be communicated to another.

Example: You may ask "Can I take your blood pressure?" If the patient answers "Yes," the patient has given express consent.

If a patient's consent is written, it should include the name of the pharmacist who discussed the proposed treatment with the patient and the date, time and location where the consent form was signed.

Conflict of interest

The act of prescribing and dispensing drugs by pharmacists is similar to other practitioners who prescribe services, then provide them. Examples include physicians, dentists, veterinarians, chiropractors, physical therapists, all of whom assess the patient and recommend the services needed, then, if the patient agrees, provide the services. Additionally, in the case of pharmacists, patients must be provided with the choice to have the medication dispensed at another pharmacy, according to the Regulations.

Further, prescribing should only take place when this is in the patient's best interest. A decision to not prescribe is also a decision and must be documented. The [Code of Ethics](#) for the College outlines the process of Values-Based Decision Making which includes asking oneself if an action will promote and protect the health, wellbeing, safety and interests of the patient. Pharmacists are encouraged to review the Code of Ethics for further detail.

Standards of Practice

Pharmacists are expected to adhere to the [Standards of Practice](#), which were updated and adopted by Council in 2022 (*NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada*). Concerning prescribing for common ailments, the following standards are directly applicable:

Standard 1.1 - Pharmacy professionals continuously assess the patient's unique needs, goals and preferences related to health and well-being.

- Pharmacists assess the patient's health status and unique circumstances, including an assessment of the appropriateness of therapy, to determine and prioritize the patient's medication therapy needs and other health needs (1.1.8)

Standard 1.2 - In collaboration with the patient and their circle of care, pharmacy professionals use their professional judgment to make evidence-informed decisions that are based on the patient's unique needs, goals, and preferences.

- Pharmacy professionals accept and support the patient's right to make informed, autonomous decisions (1.2.2)
- Pharmacy professionals seek to involve the patient, the patient's primary health-care provider, the original prescriber, or anyone else in the circle of care, when it would improve the quality and safety of care (1.2.3)
- Pharmacists determine whether testing and therapy are appropriate for the patient, including non-pharmacological therapy, prescription therapy, non-prescription therapy, and diagnostic and monitoring tests (1.2.4b)
- Pharmacists work with the patient to develop a care plan to address their medication therapy needs and other health needs (1.2.6)

Standard 1.3 - Pharmacy professionals provide care and services that promote optimal outcomes that meet the patient's unique needs, goals, and preferences.

- Pharmacists recommend care by another pharmacy professional, another health professional, or other services in the community when the patient requires care or services beyond what the pharmacy professional is competent or permitted to provide or where the individual might otherwise benefit from such a recommendation (1.3.5)
- Pharmacists ensure that prescriptions are therapeutically and clinically appropriate for the unique needs, goals and preferences of the patient before release (1.3.10)
- Pharmacists appropriately modify, adapt or extend existing medication therapy or prescribe new medications when required to ensure optimal medication therapy, or make such recommendations to another health professional when not authorized to do so independently (1.3.11)
- Pharmacists communicate changes in medication therapy to the patient, their primary healthcare provider, the prescriber, and others in the circle of care when appropriate (1.3.13b)
- Pharmacists provide appropriate and evidence-informed advice and information that is tailored to the patient's individual health needs regarding appropriate therapy and general health and wellness (1.3.14b)

Standard 1.4 - Pharmacy professionals monitor patients and follow up with them to ensure that therapy continues to be optimal.

Pharmacists determine and review monitoring parameters to support a patient's ongoing medication therapy (1.4.3b)

Standard 2.1 - Pharmacy professionals develop and maintain their professional knowledge and skills and practise within their own scope of practice and competence.

- Pharmacy professionals facilitate continuity of care by referring patients or ensuring they receive care from another pharmacy professional, another health professional, or another service when the patient's needs fall outside of their personal level of competence or scope of practice (2.1.1)
- Pharmacy professionals engage in regular self-assessment to inform the development and maintenance of a lifelong learning plan and seek out opportunities to continuously improve their personal practice and maintain up-to-date knowledge and skills (2.1.3)

Standard 3.1 - Pharmacy professionals communicate effectively.

- Pharmacy professionals present medication and related information in a way that the intended recipient understands (e.g., using visuals or demonstrations, as required) (3.1.1)
- Pharmacy professionals demonstrate sensitivity, respect, empathy, and inclusion in all communications and interactions (3.1.2)

Standard 3.2 - Pharmacy professionals work in partnership with patients.

- Pharmacists advise and assist patients to make informed choices and provide informed consent, by identifying the available options for testing and therapy and explaining the benefits and risks of each option (3.2.1)
- Pharmacists recognize and support the right of patients to have health beliefs and practices different from their own (3.2.2)
- Pharmacists advise and assist patients to make informed choices and provide informed consent, by identifying the available options for testing and therapy and explaining the benefits and risks of each option (3.2.4b)
- Pharmacists confirm that the patient understands their health condition, care plan, therapy and required monitoring, and provide additional information or referrals when required (3.2.5b)

Standard 3.3 Pharmacy professionals work in partnership with pharmacy colleagues, other health professionals, and other stakeholders.

- Pharmacy professionals collaborate to ensure appropriate use of healthcare resources and leverage the expertise and availability of other pharmacy professionals and other health professionals (3.3.2)

- Pharmacy professionals appropriately refer, delegate, or assign or accept referrals, delegation, or assignment of tasks in accordance with the relevant laws, regulations, practice environment, policies and other guidelines (3.3.5)

Standard 3.4 - Pharmacy professionals document care, actions and decisions to enable collaboration and continuity of care.

- Pharmacy professionals document in a timely and effective fashion, using recognized formats that are easily understood by pharmacy professionals and other health professionals, including:
 - decisions/recommendations and rationale;
 - interactions with, and care provided to, patients; and
 - interactions with other health professionals.

Standard 3.5 Pharmacy professionals maintain appropriate records to enable collaboration and continuity of care.

- Pharmacy professionals ensure that records of care, actions and decisions are documented in the patient record and indicate the pharmacy professionals involved, the nature of the care/action/decision, the evidence-informed rationale, the time and date, and the location, where appropriate (3.5.1)
- Pharmacy professionals maintain a unique record for each patient to whom care is provided, including patient characteristics, health history, health status, care plans, monitoring parameters, and products, care, and services provided (3.5.2)
- Pharmacy professionals ensure all pharmacy records are accurate, legible, complete, easily accessible, and maintained for the appropriate length of time (3.5.5)

Standard 5.1 Pharmacy professionals practice in compliance with the code of ethics applicable in their jurisdiction and all relevant legislative and regulatory requirements.

- Pharmacy professionals adhere to the code of ethics (5.1.1)
- Pharmacy professionals avoid or manage any real, potential, or perceived conflicts of interest (5.1.4)

Standard 5.2 Pharmacy professionals maintain appropriate professional boundaries.

- Pharmacy professionals do not provide pharmacy care or services for themselves or family members unless it is an emergency or when there is no other pharmacy professional readily available (5.2.3)

Standard 5.3 Pharmacy professionals respect and maintain the confidentiality and privacy of patients.

- Pharmacy professionals provide all care and services in an appropriate setting, minimizing interruptions and maintaining auditory and personal privacy (5.3.2)

Regulations related to common ailments

Authority and responsibility

When prescribing, the pharmacist assumes responsibility for the assessment, prescribing and follow-up, including when to refer a patient for issues outside of their scope or area of competence. A decision to not prescribe or refer based on the assessment, is still a decision and must be documented. When

prescribing, the pharmacist's name will be on the prescription as prescriber. When indicated, the pharmacist will liaise with the patient's other health-care providers.

Common ailments

- 21.8(1) *A pharmacist is authorized to prescribe a drug, treatment or device that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for treatment of a condition, if such a drug, treatment or device is indicated for the treatment of a common ailment on a list approved by Council (Appendix 2), and*
- (a) is prescribed for an intended use that reflects an indication approved by Health Canada; or*
 - (b) is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.*

Medications a pharmacist prescribes must be for indications approved by Health Canada for that drug, or for indications that are based on evidence.

If the indication for use is not Health Canada approved, it must be supported by peer-reviewed literature or be considered best practice. Examples of peer-reviewed literature or best practices include published journals, current clinical practice guidelines or consensus guidelines. Pharmacists should ensure documentation that reflects point (b) has been respected when prescribing for a indication that is not approved by Health Canada.

Knowledge base and skills

- 21.8(2) *A pharmacist may only prescribe a drug, treatment or device pursuant to subsection 21.8(1) if:*
- (a) the indication and treatment is within the pharmacist's scope of practice, knowledge, skills, competencies and experience;*
 - (b) the pharmacist has:*
 - (i) performed an assessment in an environment that is appropriate;*
 - (ii) determined treatment is indicated,*
 - (iii) discussed treatment options with the client, and*
 - (iv) prescribes the most appropriate treatment based on the assessment; and*
 - (c) the drug is appropriate to treat the client's condition.*

The Pharmacy Act and Regulations requires that the pharmacist practice only within their area of competence (knowledge base and skills).

The College does not mandate a formal educational process for common ailments that a pharmacist must undertake, beyond requiring that pharmacists read and understand this document before performing common ailments prescribing. It is the responsibility of the individual pharmacist to ensure that they are prescribing within their own area of competency as stated in regulation 21.8(2)a. Pharmacists will be expected to function within [Standards of Practice](#) and the [Code of Ethics](#) when prescribing for Common Ailments. As part of routine assessments at the pharmacy level, the College will be evaluating processes and documentation of Common Ailments prescribing.

General conditions

21.9 Notwithstanding any other provision of these Regulations, a pharmacist shall not prescribe a drug unless the pharmacist has obtained sufficient information by reviewing the client's medication history and discussing treatment options with the client or, if necessary, and with the clients' consent, obtains pertinent information about the client's care and treatment from family, friends, or caregivers.

A pharmacist shall only prescribe a medication when it is in the patient's best interest having considered the risks and benefits to the patient and other relevant factors specific to the situation.

The pharmacist must have enough information about the specific patient's health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk. The pharmacist may need to seek out the information required from an appropriate source.

After completing an assessment, the pharmacist may determine that based on assessment the condition is not of a minor nature and the patient should be referred to another health-care professional for assessment and treatment. The referral is documented in the patient's profile.

21.10 A pharmacist may only prescribe a drug, treatment or device pursuant to the authority conferred by these regulations if:

- (a) the pharmacist reasonably believes that the prescription decision of the pharmacist has been consented to, in accordance with the following:*
 - (i) there is an established pharmacist-client relationship,*
 - (ii) in the context of services provided within a health care institution, the pharmacist reasonably believes the prescription decision of the pharmacist has been consented to in accordance with the bylaws or policies of the institution regarding consent, or*
 - (iii) in the context of a practice outside of a health care institution, the pharmacist reasonably believes, following communication with the client, that the prescription decision of the pharmacist has been consented to:*
 - (A) by the client, if the pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision, or*
 - (B) by the client's parent or legal guardian, if the pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision; and*
- (b) the pharmacist has successfully completed any training requirements determined by Council, and has available any required reference resources (print or electronic).*

Under the provincial [Medical Consent of Minors Act](#), individuals who are 16 years of age or older can consent to health care services as if the individual had reached the age of majority. Individuals younger than 16 years of age would require consent from a parent or legal guardian.

In the case of a guardian presenting with a child and asking if the pharmacist can make a recommendation, a formal assessment and prescribing cannot take place without the express consent from the parent or legal guardian of a minor. In this case, an OTC recommendation can be made, the same as current practice, or the child can be referred to another health-care provider.

Consent can be explained to the patient by telling them that by indicating consent, they are acknowledging that treatment was received, that treatment options were outlined, and that the pharmacist has consent to inform the patient's other health-care professional(s). If consent is obtained verbally from the patient, this should be documented.

Assessment Requirements

21.11 Pharmacists may not delegate any authority granted under this section.

21.12(1) A pharmacist who undertakes prescribing for a condition listed in Appendix 2 shall assess the client in person at the time of prescribing.

Note that pharmacists may not delegate their authority to another person to assess and prescribe; however, they may have another person assist them in the process by gathering patient information such as demographics, medication history, etc. The pharmacist is still responsible for ensuring the information gathered is correct as that information is used for the patient assessment.

For the pharmacist to complete an assessment and prescribe, the pharmacist must:

- see the patient personally at the time of prescribing and have, or develop, a professional relationship, or
- have seen the patient personally in the past and developed a professional relationship over a period of time;
- be aware of their limits of professional competence; and
- work within the legal, ethical and professional framework for independent prescribing.

When a pharmacist assesses a patient, the pharmacist must consider all appropriate information previously described, and must also consider the following:

- Physical parameters;
- laboratory data (where applicable);
- diagnostic and other relevant information; and
- the date, extent and results of the most recent assessment of the condition by another health-care professional.

21.12(2) Notwithstanding subsection 21.12(1), the pharmacist can use their professional judgment and choose to undertake prescribing for a condition listed in Appendix 2 when all of the following circumstances exist:

- (a) the pharmacist has seen the client personally in the past and has an established professional relationship with the client;*
- (b) the pharmacist has previously seen and assessed the client for the condition or the pharmacist has knowledge of the assessment of the client's condition by another health-care professional (who is legally authorized to diagnose and prescribe and has seen the client) and the assessment remains current;*
- (c) the pharmacist has sufficient knowledge of the client's condition and current clinical status relevant to the prescribing decision; and*
- (d) the pharmacist communicates with the client or their agent at the time of prescribing.*

With respect to whether prescribing for a common ailment could occur virtually, this type of assessment may be appropriate as outlined in Regulation 21.12(2). If the pharmacist knows the patient and have seen them before, can see from their electronic record that this condition has been assessed before, and can determine with the patient that the situation at hand is similar to what has happened before, then it may be appropriate. Adequate documentation of the assessment, a clear plan for monitoring and follow-up, and notification of the patient's primary caregiver, must still be undertaken (if clinically significant). Pharmacists are expected to follow the [Virtual Pharmacy Practice Policy](#).

Pharmacists may prescribe for patients who are not previously known to you in accordance with the Standards of Practice and Regulations. For example, the pharmacist would be required to perform an assessment, documenting medical history and current medications before prescribing. Pharmacists are still required to perform follow-up and inform the patient's primary prescriber when the order the pharmacist is prescribing is clinically significant in accordance with regulation 21.15. Thus, any contact information for the patient and their health-care professional should be obtained.

Criteria for prescribing

21.13 (1) A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:

- (a) The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:
 - (i) the client's symptoms,*
 - (ii) co-existent disease states and chronic conditions,*
 - (iii) the client's allergies and other contraindications and precautions,*
 - (iv) other medications the client may be taking,*
 - (v) the clients' gender, age, weight and height (where applicable),*
 - (vi) pregnancy and lactation status, if applicable, and*
 - (vii) any other inquiries reasonably necessary in the circumstances;**
- (b) the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;*
- (c) the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;*
- (d) the pharmacist has determined that a prescription is reasonably necessary to treat the client; and*
- (e) the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.*

21.13 (2) If the pharmacist identifies that the condition being assessed is outside his or her scope of practice, the pharmacist shall refer the client to an appropriate health care practitioner, and shall record the assessment and the referral in the client's profile.

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

- (a) the client's name and address;*
- (b) the circumstances under which the drug was prescribed;*

- (c) *the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;*
- (d) *a summary of the pharmacist’s assessment of the client;*
- (e) *the date of the prescription;*
- (f) *the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;*
- (g) *the directions for use;*
- (h) *the number of refills available to the client;*
- (i) *the name, address, and telephone number of the pharmacist issuing the prescription;*
- (j) *and a follow-up plan that is sufficiently detailed to monitor the client’s progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and*
- (k) *any other advice or treatment recommended to the client.*

Note: The patient may have their prescriptions filled at the pharmacy of their choice regardless of who the prescriber is. Refer to Regulations 17.3(1) and 17.28(1). The pharmacist does not need to document which pharmacy the patient chooses to take their prescription for filling.

Follow-up

When developing a follow-up plan, the time frames for patient follow-up vary from patient to patient given the results of their assessment and the common ailment being treated. Knowledge of the condition treated, the length of treatment, and the expected time for resolution of symptoms, will determine the appropriate time frame for monitoring and follow-up. This information should be shared with the patient when the prescription is given, such that the patient or agent has an expectation for follow up.

Pharmacists are also required to record any additional advice or non-prescription treatments given or recommended to the patient.

Documentation

Pharmacists are required to document their assessment of the patient’s ailment. Each pharmacist and pharmacy operation must work to ensure there is adequate documentation that is comprehensive, easily accessible and secure.

The pharmacist also documents the treatment prescribed along with other advice and recommendations made to the patient in the patient profile.

As these records are patient specific and record clinical information and decisions, they fall under the same retention requirements as prescriptions, that is, for 15 years. If documents are scanned electronically, the paper copies need to be retained for two years, and the electronic files, for 15 years.

In Appendix 4, several sample forms are available which can be used as templates and adapted to a pharmacy’s particular needs. These include forms for a prescription blank, obtaining patient consent, patient assessment, follow-up or monitoring, and notification of other health-care professionals.

Obtaining the information outlined in these forms, and documenting the assessment of the patient, meets the requirements found in the Regulations.

Notification to other health professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant.

Pharmacists are to communicate changes in medication therapy to the patient, their primary healthcare provider, the prescriber, and others in the circle of care when appropriate. The pharmacist is to identify which changes are clinically significant and may collaborate with other prescribers to determine a common understanding. It is advisable that the patient is informed that the information will be shared to facilitate continuity of care.

Although no time limit has been set, the physician or other primary care provider should preferably be notified by the next business day. If the notification is communicated verbally, this must be documented.

Notifying other health-care providers is not meant to place any responsibility with respect to follow up or review of the intervention, but rather for continuity of care.

Prescribing restrictions

21.16 A pharmacist may not prescribe for:

- (a) Themselves;*
- (b) for any person with whom there is a close personal or emotional relationship; or*
- (c) in contravention of federal legislation, including the Narcotic Control Act and its Regulations, the Controlled Drugs and Substances Act and its Regulations or any successor act or regulation.*

Prescribing for self or others with close relationships may introduce unintentional bias and conflict of interest. To maintain objectivity, prescribing in these circumstances is not permitted.

Prescription information

21.17 A pharmacist who writes (on paper or electronically) a prescription for a client shall ensure the following information is present on the prescription:

- (a) client's name and address;*
- (b) diagnosis or expected outcome(s) of the treatment prescribed;*
- (c) date of the prescription;*
- (d) name of the drug/treatment prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;*
- (e) directions for use;*
- (f) number of refills available to the client;*

- (g) name, address, and telephone number of the pharmacist issuing the prescription; and*
- (h) pharmacist's signature and registration number*

Pharmacists must also document the assessment, prescribing decision and the follow-up plan in the patient's record. See Regulation 21.14 for the information to be recorded.

Abbreviations or ambiguous names should be avoided when writing a prescription. The Institute for Safe Medication Practices publishes a [List of Error-Prone Abbreviations](#) that should be avoided. Include assessment findings, expected outcome or treatment goal on the prescription.

The College does not mandate limits on quantities when pharmacists prescribe, either for common ailments or for other types of pharmacists' prescribing. Pharmacists should, based on the assessment of the patient, the condition being treated, and the treatment chosen, choose the appropriate length of therapy. Monitoring and follow-up should be timed accordingly.

While some jurisdictions, such as Saskatchewan, have created detailed algorithms to be used in prescribing for common ailments, the College does not publish clinical algorithms. This type of information can change as new treatment guidelines are developed, and new products become available. As with any patient care activity, pharmacists are expected to self-assess their competence and remain current.

Prescribing and dispensing by the same pharmacist

Initial access prescribing by pharmacists brings with it the concern that if the same pharmacist prescribes and dispenses a drug, one of the usual "checks" in the system does not occur. When one health professional prescribes and a second dispenses, the second provides a review of the appropriateness of the drug therapy.

The patient is advised they may have the prescription filled at that pharmacy (if that pharmacy offers prescription service), or they may take the prescription to another pharmacy of their choosing, as stated in regulations 17.3(1) and 17.28(1). If the patient chooses to go to another pharmacy, the pharmacist will prepare a prescription and give to the patient.

If the patient would like to have the prescription filled at the same pharmacy, efforts should be made where possible to have an additional clinical check and independent double-check for accuracy.

College guidelines of specific common ailments

New Brunswick pharmacists may prescribe a drug, treatment or device for the treatment of a condition listed in Appendix 2 of the Regulations. Regulations 21.8(1) and 21.8(2) describe this authority in more detail. When searching the College online [Directory of Pharmacy Professionals](#), authorization for Common Ailments is indicated next to the pharmacy professional's name and registration number.

- [Guidance: Assessing and Prescribing for Contraception Management](#)
- [Guidance: Assessing and Prescribing for Lyme Disease Prophylaxis](#)

- [Guidance: Assessing and Prescribing for Treatment of Herpes Zoster \(Shingles\)](#)

Practice resources

The following references may be useful for assessing and treating common ailments:

1. Ontario College of Pharmacists Infographic: Treating Minor Ailments: An overview for pharmacists. <https://www.ocpinfo.com/wp-content/uploads/2022/12/treating-minor-ailments-infographic.pdf>
2. Ontario College of Pharmacists, Assessment and Prescribing for Uncomplicated Urinary Tract Infection (Cystitis), <https://www.ocpinfo.com/wp-content/uploads/2022/12/assessment-prescribing-algorithm-urinary-tract-infection-english.pdf> (English) and <https://www.ocpinfo.com/wp-content/uploads/2022/12/assessment-prescribing-algorithm-tick-bites-french.pdf> (French)
3. CPS, Canadian Pharmacists Association, <https://cps.pharmacists.ca/login>
4. medSask Minor Ailment and Self-Care Guidelines, University of Saskatchewan. <https://medsask.usask.ca/professional-practice/minor-ailment-guidelines.php>
5. *Patient Assessment in Pharmacy Practice*, 2nd Ed., Jones, RM & Rospond, RM, Published by Lippincott, Williams and Wilkins
6. Community Pharmacy Minor Ailments Service, Northern Ireland Health & Social Care Board. <https://hscbusiness.hscni.net/pdf/MA%20Service%20Spec%20Jan19%20FINAL.pdf>
7. Minor Ailments Service Poster, Northern Ireland Department of Health. <https://hscbusiness.hscni.net/pdf/Minor%20ailments%20flyer%20Jan19.pdf>
8. RxFiles, University of Saskatchewan. <https://www.rxfiles.ca/rxfiles/>

Continuing education programs:

1. University of Saskatchewan Minor Ailment Online Courses. <https://pharmacy-nutrition.usask.ca/cpdpp/continuing-education-/Online%20Courses.php>
2. Dalhousie University Continuing Pharmacy Education. <https://www.dal.ca/faculty/health/cpe/programs.html>
3. Canadian Council on Continuing Education in Pharmacy Learning Activity Search Tool. https://www.ccecp.ca/learning_activities/advance_search.html

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Appendix 1: Considerations

Notes for urinary tract infection (uncomplicated)

As listed in Appendix 2 of the Regulations, pharmacists may prescribe for uncomplicated urinary tract infections. The resources listed below provide further guidance on the difference between uncomplicated and complicated urinary tract infections.

1. Urinary Tract Infection, *Compendium of Therapeutics for Minor Ailments*.
<https://www.myrxtx.ca/>
2. Cystitis- Acute, Uncomplicated, medSask Minor Ailment and Self-Care Guidelines.
<https://medsask.usask.ca/professional-practice/restricted-guidelines/urinary-tract-infection-cystitis---acute,-uncomplicated.php>

Notes for Malaria prophylaxis

Malaria prescribing should involve mosquito avoidance measures, and chemoprophylaxis considering these variables: health of the patient, specific malaria map itinerary, duration of trip, drug resistance at destination, type of travel and when to seek medical attention up to one year post travel.

Notes for Traveler's Diarrhea

Travelers diarrhea prescribing should encompass prevention strategies and treatment based on factors such as patient health history, destination risk, severity of diarrhea and when to start antibiotic treatment, antibiotic resistance at destination and when to refer.

Relevant resources:

<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/malaria>

<https://wwwnc.cdc.gov/travel/yellowbook/2020/preparing-international-travelers/travelers-diarrhea#table211>

Limits on prescribing

The following general limits are appropriate and serve as a guideline of what pharmacists may prescribe:

- For ailments involving inflammatory processes (e.g., urticaria or allergic rhinitis), the use of topical and intranasal steroids is reasonable and appropriate. The use of oral steroids (e.g., prednisone) would not be appropriate. The patient should be referred to their physician if the ailment is that severe.
- For dysmenorrhea, NSAIDs are appropriate, but oral contraceptives are not.
- For bacterial infections ailments (e.g., impetigo) topical treatment is appropriate but oral antibiotics would not.

With regard to upper respiratory infections, note that sore throat does not include “strep throat” which should be referred to a physician for assessment, tests and antibiotic therapy as this condition is not included in the list of common ailments that pharmacists may prescribe for.

Appendix 2: Common Ailment Definitions

Allergic Rhinitis – More commonly referred to as hay fever, allergic rhinitis is an inflammation of the nasal passages caused by allergic reaction to airborne substances. Treatment may include antihistamines (systemic, ophthalmic, intranasal), decongestants (systemic, topical), intranasal corticosteroids, mast cell stabilizers, intranasal anticholinergics.

Calluses and Corns –

Callus – Thickening of the outer skin layer (stratum corneum) as a result of pressure or friction. The soles of the feet and hands are common locations for callus formation.

Corn – Thickening of the outer skin layer (stratum corneum) caused by friction and pressure with a central core that can cause pain.

Conjunctivitis - The inflammation of the conjunctiva of one or both eyes. In most cases, conjunctivitis is a self-limiting condition with or without treatment. Complications are very rare, in the absence of corneal involvement. Causes of conjunctivitis may be infectious (bacterial, viral or fungal) or non-infectious (allergic, dry eye, contact lenses, chemical exposure, reaction to ophthalmic medications, trauma).

Contact Allergic Dermatitis – Irritant contact dermatitis (A) is an inflammatory skin condition with an acute reaction that can present as redness, scaling, swelling, vesicles, or bullae. A stinging, sore, or burning sensation is a more dominant symptom compared to pruritis. The papules may progress to vesicles and bullae. Common irritants include soap, detergents, skin-cleaning products, and acids. Allergic contact dermatitis (B) is an inflammatory skin condition that can present as redness, itching, dryness, scaling and possibly the formation of vesicles, blisters, or swelling. Common contact allergens include nickel, latex, poison ivy, and poison oak. Chronic contact dermatitis can present as dry, pruritic, thickened, and pigmented skin.

Dandruff – A mild form of seborrheic dermatitis that presents as an excessive amount of scaly material composed of dead, keratinized epithelium that is shed from the scalp.

Dysmenorrhea - Cyclical, lower abdominal or pelvic pain, which may also radiate to the back and thighs, occurring before and/or during menstruation, and can be primary or secondary. In secondary dysmenorrhea, an underlying pelvic pathology is present.

Dyspepsia – Characterized by predominant epigastric (upper abdomen) pain that is present for one month or longer. Other symptoms may include early satiety, postprandial fullness, heartburn, bloating, nausea, or vomiting.

Emergency Contraception – Used in the prevention of pregnancy following unprotected sex, which includes the absence of, failure of, or non-adherence to contraception.

Fungal Infections of the Skin – Fungal infection of the epidermis.

Gastro-esophageal Reflux Disease – The most common presentation of GERD is troublesome or frequent acid regurgitation (acid or bile that rises to the back of the throat) and heartburn (a burning feeling in the stomach or lower chest rising up to the neck). GERD is also associated with epigastric pain and nausea. Dysphagia (difficulty swallowing) or odynophagia (pain with swallowing) would warrant further evaluation. Extra-esophageal or atypical manifestations of GERD are also possible and include cough, sore throat, chest pain, hoarseness, shortness of breath and wheezing.

Hemorrhoids – Hemorrhoidal cushions in the anal canal that become enlarged, thrombosed, prolapsed or bleed. With hemorrhoids (also called piles), the following symptoms may occur during or just after a bowel movement: burning or itching, pain, swelling, and rectal bleeding that is bright red in colour. Hemorrhoids can be divided into two kinds, internal and external. Internal hemorrhoids are located above the dentate line of the anal canal. External hemorrhoids are located below the dentate line of the anal canal. Both types of hemorrhoids may be present at the same time.

Herpes Simplex – Infection with the herpes simplex virus can lead to herpes labialis (also called cold sores). Herpes labialis is characterized by a unilateral lesion on the border of the lip that is comprised of vesicles. Redness also occurs at the site of the lesion. In the two to 24 hours prior to the visual appearance of the lesion, individuals may experience an itching, burning, or tingling sensation which is referred to as the prodrome.

Herpes Zoster (shingles) – Reactivation of dormant varicella zoster virus that presents as a painful, unilateral, blistering rash that does not cross the midline of the body. The rash begins as macules or papules and progresses into vesicles that rupture and form a crust.

Impetigo - A superficial bacterial infection of the skin, most commonly caused by *Staphylococcus aureus* although Streptococci have also been implicated. It is a common infection in infants and young children, often occurring around the nose, mouth, or the extremities. The presentation of non-bullous impetigo

consists of papules that progress to vesicles with surrounding redness. The vesicles are filled with fluid and when they burst, a honey-coloured crust forms on the skin.

Mild Acne – An inflammatory disease of the sebaceous glands and hair follicles of the skin that is marked by the eruption of comedones, and some papules or pustules on the face.

Mild Headache – Tension type headache is the most common type of headache. Tension type headaches have a bilateral presentation and are described as a dull ache with a pressing or tightening sensation across the forehead.

Migraine is a pulsating and throbbing headache. It may be present with or without aura (visual disturbances, sensory, motor or language alterations). It is typically unilateral, affecting one side of the head, although it can be bilateral. Migraine can be accompanied by any or all of nausea, vomiting, photophobia (sensitivity to light) or phonophobia (sensitivity to sound).

Mild to Moderate Eczema – Eczema is a noncontagious inflammation of the skin, characterized chiefly by itching. The presentation also includes redness, excoriations, formation of vesicles, and crusts that form due to the rupturing of vesicles. Chronic presentation can include thickened skin, scales, and pigmentation changes in the skin.

Mild Urticaria (including bites and stings) – Urticaria (also known as hives) due to insect bites and stings is an immune-mediated skin condition characterized by the formation of itchy red or skin-coloured patches that are well-circumscribed and raised. When the lesion is pressed, the central part turns white.

Minor Joint Pain (arthralgia) - Pain in a joint or joints.

Minor Muscle Pain (myalgia) – Pain or tenderness in a muscle or a group of muscles, usually diffuse and non-specific.

Minor Sleep Disorders - A disturbance of the normal sleep pattern.

Nausea - A feeling of sickness in the stomach characterized by an urge to vomit.

Nicotine dependence - Involves a variety of physical, psychological and behavioural factors. Nicotine acts as a stimulant, increasing alertness and sense of well-being as well as heart rate and blood pressure.

Due to rapid delivery to the mesolimbic pleasure-reward system in the brain, nicotine is highly addictive. With continued use, chemical and biologic changes occur in the brain and tolerance develops very quickly. Nicotine addiction is characterized by cravings for continued smoking, a tendency to increase usage, and profound physical and psychological symptoms elicited by withdrawal.

Non-infectious Diarrhea - Excessive and frequent evacuation of watery feces, usually indicating gastrointestinal distress or disorder.

Oral Fungal Infection (thrush) - A contagious fungal infection caused by *Candida albicans*, that occurs most often in infants and children. Thrush is characterized by small white- or cream-coloured plaques or patches on the mouth, throat, tongue, palate, or lips. Infants may also experience fussiness and have less of an appetite or loss of appetite.

Oral Ulcers (aphthous ulcer) – Minor oral aphthous ulcers (also called canker sores) present as painful, round or oval, white- or cream-coloured ulcers with a surrounding border that is red and raised. Canker sores have a diameter of 1 centimetre or less. There may only be a single ulcer present or up to five ulcers. The ulcers are located on the palate, floor of mouth, inside of cheeks, inside of lips, or on the side of the tongue.

Threadworms and Pinworms

Threadworms - small threadlike worm, *Strongyloides*, infesting human intestines and rectum, especially in children.

Pinworms - a parasitic nematode worm, *Enterobius vermicularis*, enters the body via the fecal-oral route. The larvae hatch in the colon and then migrate to the anus when mature. The infection can be associated with itching of the perianal or perineal area that worsens at night.

Upper respiratory tract conditions – Cough, nasal congestion and discharge, sore throat, fever, and malaise due to conditions that affect the upper respiratory tract.

Urinary Tract Infection (uncomplicated) - The presence of micro-organisms (for example, bacteria) in the lower urinary tract, not extending beyond the bladder. The infection has an acute onset with rapid progression of symptoms which may include some or all the following - dysuria (painful, burning sensation while urinating), urgency (sensation of need to urinate often), increased frequency of passing urine, sensation of incomplete bladder emptying, mild hematuria (blood in the urine), lower abdominal

pain or cramping, malodorous or cloudy urine. The following are **not** symptoms of an uncomplicated UTI: fever, chills, nausea or vomiting, flank or back pain.

Vaginal Candidiasis – Vaginal candidiasis (also called a yeast infection) is a vaginal infection caused by a fungus of the genus *Candida*, most commonly *C. albicans*. Symptoms include vulva or vaginal pruritis, stinging or burning, and thick and white discharge that resembles cottage cheese.

Warts (excluding facial and genital) - A hard rough lump growing on the skin, caused by infection with certain viruses and occurring typically on the hands or feet.

Xerophthalmia (dry eyes) - Extreme dryness and thickening of the conjunctiva, often resulting from a deficiency of tears, and vitamin A.

Appendix 3: Documentation

For each encounter with a client where the pharmacist assesses and prescribes, the following documentation must be recorded:

- Client demographics (name, address, age, etc.)
- Criteria for prescribing - assessment details and findings (Regulation 21.13(1)a)
- Record of prescribing, including assessment details and findings (Regulations 21.13(1)a, 21.14)
- Prescription information (Regulation 21.17)
- Notification to other health professionals where appropriate (Regulation 21.15)

It is also recommended that client consent details be documented.

Relevant excerpts from the Regulations related to documentation are included below.

Criteria for prescribing

21.13 *A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:*

- (a) the pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:*
 - (i) the client's symptoms;*
 - (ii) co-existent disease states and chronic conditions;*
 - (iii) the client's allergies and other contraindications and precautions;*
 - (iv) other medications the client may be taking;*
 - (v) the clients' gender, age, weight and height (where applicable);*
 - (vi) pregnancy and lactation status, if applicable; and*
 - (vii) any other inquiries reasonably necessary in the circumstances.*
- (b) the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;*
- (c) the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;*
- (d) the pharmacist has determined that a prescription is reasonably necessary to treat the client; and*
- (e) the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.*

21.13(2) *If the pharmacist identifies that the condition being assessed is outside his or her scope of practice, the pharmacist shall refer the client to an appropriate health care practitioner, and shall record the assessment and the referral in the client's profile.*

Record of prescribing

- 21.14 A pharmacist who issues a prescription must make and retain a record of:
- (a) the client's name and address;
 - (b) the circumstances under which the drug was prescribed;
 - (c) the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;
 - (d) a summary of the pharmacist's assessment of the client;
 - (e) the date of the prescription;
 - (f) the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;
 - (g) the directions for use;
 - (h) the number of refills available to the client;
 - (i) the name, address, and telephone number of the pharmacist issuing the prescription; and
 - (j) a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable.
 - (k) Any other advice or treatment recommended to the client.

Notification to other health professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant.

An overview of which components are found within each of the sample documents has been provided:

Sample Form A includes all five components.

Sample Forms B, C, and D when used together include all five components.

Sample Form E is the patient or agent consent form (component 1) on its own.

Sample Form F is the prescription blank form (component 5) on its own.

Sample Form G is the patient assessment form (component 2) on its own.

Sample Form H is the monitoring or follow-up form (component 3) on its own.

Sample Form I is the notification of health care provider(s) form (component 4) on its own.

The intent in supplying different versions of forms is to allow each practitioner to choose a template that works best in each individual's practice. What is important is capturing the information found in either the all-in-one, the three documents, or the five single documents, when performing the required documentation for prescribing for common ailments. You may wish to modify these forms to best fit your practice.

Sample Form A: Common Ailments: Patient Assessment

Consent – Express (Patient/Agent signature)		Verbal consent	
Patient Name	Medicare #	Telephone	
Address	DOB	Male	Female
Medical History		Height and/or Weight	
		Pregnant	Lactating
Current Medications		Drug Allergies	
Consultation: Complaint/Symptoms		Duration of Symptoms	
Review and Rationale (SOAP notes, for example)			

Sample Form B: Patient Consent

I confirm I have received this assessment Yes ____

I confirm that the pharmacist has discussed treatment options with me Yes ____

I permit the pharmacist to inform my physician of this treatment when required Yes ____

Patient (____) or Patient Agent (relationship to patient _____)

Signature _____ Date _____

Prescription Blank

Date	Patient Address DOB:	Weight:
Prescription Details Drug: Sig: Mitte: Refill x		Diagnosis or Expected Outcome
Pharmacist Signature		Pharmacy Address
Pharmacist Name and Registration Number		Pharmacist Phone

Sample Form C: Common Ailments Patient Assessment

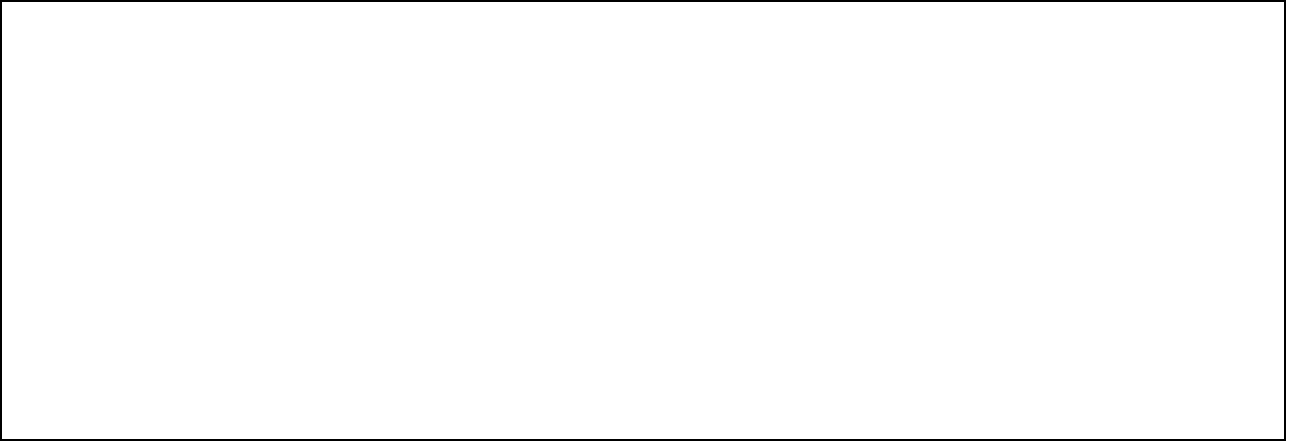
Patient Name	Medicare #	Telephone	
Address	DOB	Male	Female
Medical History		Ht. and/or Wt.	
		Pregnant	Lactating
Current Medications	Drug Allergies		
Complaint/Symptoms		Duration of Symptoms	
Review and Rationale (SOAP notes, for example)			
<p>Prescription Issued</p> <p>Medication & Strength: Quantity:</p> <p>Directions for Use: Refills:</p>			

Information for Patient				
Non-pharmacologic measures:				
Counselling:		Expected Pharmacist Follow-up:		
Pharmacist	Pharmacy Name & Address	Phone	Fax	Date

Sample Form D: Common Ailments Follow-up and Notification

Pharmacy Name and Address		Pharmacy Phone	Date
		Pharmacy Fax	
Patient Name		Date of Birth	Medicare number
Prescription details			Prescription date
			Prescription number
Therapeutic Goal(s)	Follow-up Actions	Follow-up date	Results
Name of Health Care Provider notified: by phone__ by fax__			Notification date
Pharmacist Name		Signature	

Notes:



Sample Form E: Patient Consent

I confirm I have received this assessment Yes _____

I confirm that the pharmacist has discussed treatment options with me Yes _____

I permit the pharmacist to inform my physician of this treatment when required Yes ____

Patient (____) or Patient Agent (relationship to patient _____)

Signature _____ Date _____

Sample Form F: Prescription Blank

Date	Patient Address DOB: Weight:	
Prescription Details Drug: Sig: Mitte: Refill x		Assessment findings or Expected Outcome
Pharmacist Signature & Registration Number		Pharmacist Address
Pharmacist Name		Pharmacist Phone

Sample Form G: Common Ailments Patient Assessment

Patient Name		Medicare #	Telephone	
Address		DOB	Male	Female
Medical History			Ht. and/or Wt.	
			Pregnant	Lactating
Current Medications		Drug Allergies		
Complaint/Symptoms			Duration of Symptoms	
Review and Rationale (SOAP notes, for example)				
<p>Prescription Issued</p> <p>Medication & Strength: _____ Quantity: _____</p> <p>Directions for Use: _____ Refills: _____</p>				
<p>Information for Patient</p> <p>Non-pharmacologic measures:</p> <p>Counselling: _____ Expected Pharmacist Follow-up: _____</p>				

Pharmacist	Pharmacy Name & Address	Phone	Fax	Date

Sample Form H: Common Ailments Follow-up and Monitoring

Patient Name:		Date of Birth	
		Medicare #	
Prescription Date		Prescription number	
Prescription Details			
Monitoring Results			
Therapeutic Goal	Follow-up Actions	Date of Follow-up	Results
Health Care Professional Notified			
By fax:	By phone:	Other:	
Pharmacist Name:	Phone:	Fax:	
Pharmacy Name and Address			

Sample Form I: Common Ailments Health Care Provider Notification

Fax ___ Phone ___ Other ___

Health Care Professional notified: _____

Notification Date: _____

<p>Client Name and address:</p> <p>Medicare:</p> <p>DOB:</p>	<p>Allergies and Sensitivities:</p> <hr/> <p>Concurrent medications:</p>
<p>Symptoms:</p>	
<p>Client Assessment (Condition(s) treated)</p>	
<p><u>Treatment initiated</u></p> <p>Prescription date:</p> <p>Prescription details:</p> <p>Prescription rationale:</p> <p>Patient communication/instructions:</p>	
<p><u>Plan for Monitoring and Follow-up:</u></p> <p>Therapeutic Goal(s):</p> <p>Monitoring Process:</p> <p>Date for Follow-up:</p> <p>Pharmacist responsible for Follow-up:</p>	
<p>Pharmacist:</p>	<p>Date / time</p>

Pharmacy name:	
Contact information:	