

Developing Your Prescribing Protocol

By Anne Hletko, PA-C

One of the most important things about being a PA is developing your Prescribing protocol. There are very few things that are specifically required of PAs by Wisconsin law; as prescribing protocol that is reviewed every year is one of them. This has become more important lately. Country wide, prescribing habits of providers are being scrutinized to make sure that narcotics are not being over prescribed. In Madison, the prescribing habits of PAs at a large health care organization are being scrutinized. I am sure the prescribing protocols of the PAs in that organization will be closely reviewed.

Here are things to consider.

What schedules do you want to prescribe? PAs can prescribe schedule II-VI. We are included in a list of providers in both the state and federal controlled substances act.

How will you arrange the required physician co-signature? This should be clearly outlined. This is the most specifically delineated part of our practice code. The state requires physician co-signature on either the prescription itself, the note in which the prescription was given or some other method of review and co-signature. If the physician and PA work in the same clinic, the co-signature must be done within 72 hours. If the physician and PA work in different sites, the co-signature can be completed with in a week.

Include a provision about refill prescription. A clarification from the Department of Regulation and Licensing states that a refill prescription is not considered a new prescription. Only new prescriptions require co-signature according to this clarification. Therefore, if the protocol says the PA can sign refill prescriptions with out co-signature then no co-signature is required. Include a provision about co-signing refills done by RNs under their protocol.

Do you want any limits placed on your prescribing? In my first job, I didn't want to deal with "drug seekers". So, I limited my prescribing to schedule III-VI. This seemed like a great idea till I needed to prescribe a schedule II in the hospital. Since then, I have not limited myself in that way. A colleague wrote his protocol to say that he could prescribe anything in the "Physician Desk Reference". This worked great until a new drug came out and was not listed in the PDR. He has since changed his protocol.

Which of your supervising physicians should be listed. My recommendation would be: any physician who might supervise you needs to be listed on the protocol.

What about the yearly review of the protocol? You need a pretty foolproof method for review of the protocol. I don't know about you - when it comes to certain administrative things in my practice, I need it to happen automatically or it does not get done. As with

your yearly TB test, with your yearly review, find a way for it to happen easily and automatically.

What is the ideal prescribing protocol? Well that depends on you. My prescribing protocol follows. Keep in mind that my supervising physician and I practice in the same building all the time.

Protocol for Prescriptive Practice for Physician Assistants

The physician assistant will follow the medical standards of evaluation and treatment as defined by his or her educational training, experience and credentialing and may not exceed the scope of practice of the supervising physician.

The physician assistant may dispense, distribute and prescribe medications, including controlled substances (schedule II – VI), in accordance with his or her educational training, experience and credentialing.

These protocol guidelines are subject to individual amendment by the physician assistants' supervising physician in accordance with Chapter Med. 8 of the Wisconsin Administrative Code.

The supervising physician will review any new written prescriptions via the dictated progress note. This will be done within 72 hours. All progress notes must document the strength of the drug and direction for use. Refill medications will not require physician review or cosignature.

The Physician Assistant may co-sign medication changes or medication refills done by a registered nurse under their protocol.

This protocol is subject to review on an annual basis by the physician/PA team. Documentation of this review should be attached to the protocol itself. The protocol must be signed each year.

There are a number of variations on this theme followed throughout the state. I would like to collect a database of prescribing protocols – these will only be used as examples for those trying to develop their own protocol. Please send a copy of your prescribing protocol to: Anne Hletko, 129 N. Western Ave, Neenah, WI 54956