



College of
Registered Nurses
of Manitoba

Practice Direction: RN(NP) Authorization of Medical Cannabis

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registered nurses (RNs).

The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the College of Registered Nurses General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registered nurse (nurse practitioner)s in Manitoba to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable to explain why you did or did not meet these expectations.

The policies of employers do not relieve individual RN(NP)s of accountability for their own actions or the primary obligation to meet practice directions. An employer's policies should not require an RN(NP) to practise in a manner that violates practice directions.

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Purpose

To set practice expectations for RN(NP)s to authorize cannabis for medical purposes.

Introduction

Federal government regulations provide a mechanism for RN(NP)s to authorize clients to access cannabis for medical purposes.

Cannabis differs from other prescribed products because longstanding restrictions on cannabis research has limited evidence-based data. Health Canada has not reviewed data on its safety or effectiveness and has not approved it for therapeutic use to the extent required by the Food and Drug Regulations for marketed drugs in Canada .

Clinical evidence demonstrates the efficacy of cannabis for certain therapeutic applications, such as (but not limited to) chemotherapy-induced nausea/vomiting and advanced cancer-related pain, chronic pain (for adults), multiple sclerosis spasticity symptoms, or treatment of intractable seizures in certain syndromes. Evidence still needs to emerge with respect to the various strains and preparations of cannabis, dosage, tolerability, safety and efficacy of cannabis as compared to standard medications. Future research can support more scientific evidence to determine well-founded dosages, delivery routes, and indications for the use of cannabis and cannabis products.

With societal and media attention turning towards cannabis, some clients will seek cannabis for conditions that may or may not have proven research or therapeutic benefits. They can be seeking improved symptomatology, better health outcomes or increased quality of life where other treatment options have not succeeded. This creates client care situations where it is essential to acquire and apply up-to-date knowledge of cannabis as a therapeutic modality in the context of practice expectations for safe, effective client-centered care.

When working with clients to determine a plan of care, RN(NP)s must apply critical inquiry and evidence-informed processes within the existing evidence for the use of medical

cannabis, balanced against real and potential harms.

Definitions

Cannabis: a plant that contains a variety of cannabinoids, terpenes and other components that may have psychoactive and medicinal properties. Cannabis can be used by smoking, vaporization, within food, or as an extract.

Cannabis products: preparations of the cannabis plant that contains cannabinoids such as tetrahydrocannabinol and/or cannabidiol in varying amounts.

Medical Cannabis: Cannabis products, as defined above, that are authorized by an authorized health care practitioner for use as part of a client's treatment plan.

Practice Expectations

RN(NP)s must practice in a manner consistent with provincial and federal legislation, Code of Ethics and CRNM practice directions *Practice Expectations for RN(NP)s* and *Practice Expectations for RNs* including:

- Professional Practice
- Professional Communication
- Ethical Practice
- Client-Centered Practice
- Collaborative Care
- Follow-up to diagnosis and test results
- Practice Environment
- Client Records
- Use of Knowledge, Skill and Judgment
- Consultation and Collaboration
- Prescribing Drugs and Devices
- Ordering Screening and Diagnostic Tests

In addition, RN(NP)s must meet the following practice expectations when working with clients who may require authorization for medical cannabis:

Synthesize knowledge in client care when considering cannabis as a treatment option

The RN(NP) must:

1. Practice within the limits of current legislation, including but not limited to Access to Cannabis for Medical Purposes Regulations (SOR/2016-230).
2. Acquire and apply knowledge of the endocannabinoid system, pharmacology and pharmacokinetics of cannabis and cannabinoids and any related products, including potential cannabis interactions with other drugs/substances.
3. Accurately appraise current evidence of cannabis and cannabinoids pharmacology and use as a therapeutic agent.
4. When considering whether to authorize medical cannabis for any client, evaluate the risks of cannabis use, particularly with clients of childbearing age or certain developmental stages.

Authorize medical cannabis only within the context of client-centred care

The RN(NP) must:

5. Before authorization of cannabis products, optimize other available treatment options with the client, including non-pharmacological treatment modalities.
6. Assess client including but not limited to:
 - a. Client's previous use of cannabis;
 - b. Client's knowledge, values and preferences related to cannabis use;
 - c. Current and past medications utilizing the Drug Program Information Network (DPIN). If DPIN access is unavailable, consult with a pharmacist to obtain DPIN;
 - d. Risk for cannabis misuse, abuse, or diversion, using appropriate screening tools.

7. Demonstrate skill in developing therapeutic goals with clients for use of medical cannabis.
8. Collaborate with other health care providers on the client's health care team to facilitate client's receipt of information regarding medical cannabis including but not limited to:
 - a. Scientific evidence (or lack of) for cannabis use for the client's condition;
 - b. Risks of cannabis use, specific to client's current condition, medications and life stage;
 - c. Variable effects of medical cannabis;
 - d. Variations in cannabis product standardization, dependant on the source of cannabis;
 - e. Principles of dose titration;
 - f. Safety considerations for use and storage of cannabis;
 - g. Requirements for ongoing medical evaluation and treatment monitoring; and
 - h. Discontinuation of medical cannabis authorization when harms outweigh benefits.
9. Authorize medical cannabis only for clients who the RN(NP) has relevant knowledge of the client's health and substance use history, medication reconciliation and goals of care based on assessment obtained through direct client contact.
10. Only start cannabis as a therapeutic trial for a period of not more than three months with ongoing monitoring of the client's response to cannabis therapy.
11. Complete authorization accurately, completely and legibly including any required information as per current legislation. E.g., Section 8 of the Access to Cannabis for Medical Purposes Regulations.

12. Decide to continue, adjust or withdraw authorization for medical cannabis based on the client's response to therapy. If therapeutic goals are not met or the harms outweigh the benefits, then discontinue medical cannabis.
13. Document client's response to cannabis therapy, including a record of all re-authorizations.

Maintain Safety in authorizing medical cannabis

The RN(NP) must:

14. Not provide any person with a blank, signed cannabis authorization form.
15. Not authorize medical cannabis for oneself or family members.

References

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