Index

Page numbers in *italics* refer to figures; those in **boldface**, tables.

abandonment, patient, 97
aberrant drug-related behavior, defined, 71. *See also* concern-raising behavior
abuse, drug. *See also* substance abuse defined, 71
preventing, 96, 97
abusers, drug, 7
recognizing, 96
working with, 121–123
academic detailing laws, in states, 163
accreditation, of APRN programs, 184–185
Accreditation Commission for Midwifery Education (ACME), 184
Accreditation Council for Continuing Medical Education (ACCME), 149–150, 154–155, 187
Accreditation Council for Pharmacy Education, 187
acculturation, 237–238. *See also* cultural competence
addiction defined, 71, 116
use of term, 115
addictive behaviors, assessment of, 95. *See also* concern-raising behavior

Advanced Certified Hospice and Palliative Nurse (ACHPN®), 79
advanced practice registered nurses (APRNs)
autonomous practice of, 7
constraints on, 12
legitimacy of, 6, 11
prescriptive authority for, 3 (*see also* prescriptive authority)
professional development of, 63
professional ethics of, 112
roles of, 11
development, 12, 62–63
prescriber, 14–24 (*see also* prescriber role)
and prescriptive authority, 13–14
adverse effects opioid-related, 82
patient fear of potential, 29
advertising. *See also* detailing;
pharmaceutical industry, promotional activities of
direct-to-consumer (DTC), 8, 28, 153
drug, 145–146
advocacy
community-level, 60
political competence for, 60–61
for prescriptive authority, 59–61

© 2012 John Wiley & Sons, Ltd. Published 2012 by John Wiley & Sons, Ltd.
African Americans
    BiDil® for, 235
    health beliefs among, 233
    hypertension in, 234–235
    and perceived racial discrimination, 236
Agency for Healthcare Research and Quality (AHRQ)
    Effective Healthcare Program, 164–165
Agency Medical Directors Group (AMDG), Washington state, guidelines of, 84, 86, 89
Alabama
    advanced practice in, 19–20
    prescriptive authority in, 44, 45, 175
allergy, patient claims of, 117
alternative treatments, 246–248
American Academy of Pain Management (AAPM), Credentialed Pain Practitioner program of, 78–79
American Academy of Pain Medicine, 72
American Association of Colleges of Nursing, 186
American Geriatrics Society (AGS), Panel on Pharmacological Management of Persistent Pain in Older Persons of, 83
American Medical Association (AMA), opposition to APRN prescriptive authority of, 181. See also organized medicine
American Nurses Association (ANA)
    code of ethics, 112–113
    standard of care regarding prescribing, 185, 223
American Nurses Credentialing Center (ANCC), 155, 186, 187
American Pain Society, 72
American Recovery and Reinvestment Act (2009), 22
American Society of Addiction Medicine, 72
American Society of Pain Management Nursing (ASPMN), 79
    ethical code of, 113
    Pain Management Nursing Certification offered by, 78
antibiotics, inappropriate request for, 134
antibiotic use, 240
antidepressant medication therapy, 131, 233
APRN Consensus Model, national adoption of, 195. See also Consensus Model
assertive behavior, as patient ploy, 118
assessment, 76, 77, 83
    of 5 A’s of pain medicine, 77, 93
    lab testing in, 87
    of the patient, 86–87
    tools for, 83
assimilation, 238. See also cultural competence
attention deficit hyperactivity disorder (ADHD), 31, 117
attitudes, and prescriptive authority, 52
auditors, government, APRN cases involving, 202, 207–209
autonomy, professional, 54
    for APRNs, 13
    creating, 64
Beers criteria, 26–27
behaviors, difficult patient, 107.
    See also concern-raising behavior; difficult situations
benzodiazepines
    and initiation of COT, 81
    withdrawal from, 122
BiDil® (isosorbide-hydralyzine), 235
biological variation, and ethnopharmacology, 232–236
Boards of Nursing, 9, 201
and actions against APRNs
for altering records to correct prescribing error, 204–205
for failing to monitor effect of medications, 203
for prescribing for self or family, 203–204
for prescribing inconsistent with stand of care, 202–203
for prescribing outside legal authority, 204
formularies adopted by, 191
and licensing laws, 182–183
websites for, 226
botanica, in Boston, 247, 248
brand name drugs, street value of, 117
breakthrough pain, in COT, 82
California
APRN prescriptive authority in, 44
NP designation in, 194
Canadian Pain Society, 81
cardiocvascular disease (CVD), prevalence of, 230
carisoprodol (Soma®), 70
case examples
miscommunication, 119
negligence, 110
patient-centered care, 137
Center for Evidence Based Policy, 164
Certificate to Prescribe (CTP), Ohio, 45
certification, national examinations for, 185–186. See also specific certifications
certified nurse-midwives (CNMs), 11
and Consensus Model, 176
licensed as NPs, 177
certified registered nurse anesthetists (CRNAs), 11
and Consensus Model, 176
drugs used by, 31–32
prescriptive authority of, 42, 178
change, commitment to, 55
chemical coper, 75–76
chemical coping, defined, 71
choice triad, 136–138
chronic opioid therapy (COT)
clinical guidelines for, 81–83, 98
consultation in, 98
distinguishing abuser from undermedicated patient in, 94–96
initiation and titration of, 81
maximum therapeutic dose in, 92
monitoring patients on, 82, 93–94
and patient expectations, 92
and positive drug screens, 87
clinical nurse specialists (CNSs), 11
and Consensus Model, 176
and prescriptive authority, 42
clinics, prescribing policies of, 47–48
Cochrane Library, 165
code, PhRMA, 147–150
codeine
category for, 70
in UDT, 88
Code of Ethics for Nurses, ANA, 112–113
cognitive behavioral therapy (CBT), for somatoform disorders, 131
collaboration
interprofessional, 179, 181
skills, 135
Commission on Collegiate Nursing Education (CCNE), 184
communication
across cultures, 240
and client satisfaction, 137
culturually competent, 245
miscommunication, 119
underlying principles for, 56
communication problems, in healthcare, 138
competence
concept of, 110
prescribing, 52
complementary and alternative medicine (CAM), 247
complementary treatments, 246–248
Comprehensive Drug Abuse Prevention and Control Act (1970), 74
corner-raising behavior, 128
deception, 124
diversion, 124–125
identifying, 115–118
use of term, 115
confidentiality, patient, 127
countertransference
defined, 108
lack of awareness of, 110
and loss of boundaries, 109
manifestation of, 111
by nurses, 108–109
cultural competence, 229
and assimilation, 238
and biological variation, 236
communication in, 240–245
and family dynamics, 239–240
and health disparities, 230
immigration and, 237–238
and perceived discrimination, 236
in prescribing medications, 9
Index

and religious beliefs, 238–239
strategies for prescribing with, 249–250
Culturally and Linguistically Appropriate Services (CLAS), National Standards on, 240, 241–245
culture
defined, 230
and prescription medications, 246–248, 248
curanderos (folk healers), 248
Current Opioid Misuse Measure (COMM), 81
deaths, related to prescription drug abuse, 75
Decade of Pain Control and Research, 73–74
decision making
between prescribers and patients, 24
refusing provider’s recommendations, 135–138
shared, 27–28
demanding behavior, as patient ploy, 118
dependence
physical, 72, 116
psychological, 73
use of term, 115
detailing, pharmaceutical, 146–150
costs of, 147
effectiveness of, 147
diabetes, prevalence of, 230
Diagnosis, Intractability, Risk Efficacy (DIRE) scale, 81
difficult situations, 138
countertransference in, 108–112
dealing with, 96–98, 120–121
decision not to accept treatment, 135–138
ethical considerations in, 112–113
examples of, 106
patients with somatoform disorders, 129–132
research in, 107
responding to request for inappropriate treatment, 133–135
strategies for, 7–8, 108
suspected substance abuse, 113–128
“dine and dash” programs, 148
direct-to-consumer (DTC) marketing, 156–158
disabilities, prescribing for people with, 246
disagreements, handling, 108
disciplinary action
fear of, 63
related to controlled substances, 127
discrimination, perceived, 236
“disease awareness campaigns,” 159
“disease mongering,” 158–159
disease prevention, 3
dispensing
authority for, 192, 193
defined, 191
distance learning programs, 186
District of Columbia academic detailing programs in, 163
prescriber requirements in, 217
prescriptive authority in, 45
diversion, drug
defined, 71
prevention of, 124–125, 215
diversity, cultural, 230
diverter, professional, 96
document, failure to, 204, 206
documentation
lack of, 202, 208
in prescribing role, 27, 126, 226
drama, as patient ploy, 120
driving, and COT, 82
drug abuse
with prescription drugs, 74–75
recognizing, 96
risk of, 75, 75, 78
signs of, 87
Drug Abuse Warning Network (DAWN), 74

261
drug addiction, behaviors related to, 95
drug category, biases about, 53
Drug Effectiveness Review Project (DERP), 163, 164
Drug Enforcement Administration (DEA), 9, 70, 74, 202
actions against APRNs of, 207
and inappropriate prescribing, 214
“Mid-Level Provider” category of, 178
registration, 40, 176, 179, 207, 209
drug response, ethnicity and, 233
drugs, legend, 175. See also medications
drug-seeking behavior, clues for detecting, 117
“drug seeking,” use of term, 114–115

education. See also patient education
cross-cultural, 236
culturally appropriate, 249
and evidence-based prescribing, 162–163
in LACE model, 186–187
and prescriptive authority, 52
Effective Healthcare Program, of AHRQ, 164–165
Eisenhower administration, 74
empacho (GI illness), 238
Epocrates, 203
errors, prevention of, 227
ethical code
of ANA, 112–113
of ASPMN, 113
ethics
of gifting strategy to prescribers, 147
of pharmaceutical promotional activities, 165
of refusing care, 107

ethnicity
calendar of, 231–232
defined, 232
and health disparities, 230
and psychopharmacology, 234
ethnopharmacology, 9, 229, 232–236
European Medicines Agency, 70
 evidence-based practice, 6, 134
benzodiazepine withdrawal in, 122
prescribing medication in, 126
and prescribing role, 18
and rational prescribing, 26
exit strategy, for CS therapy, 94
expectations
of difficult patients, 106
between prescribers and patients, 24
expertise, development of prescribing, 17
expertise, lack of with difficult clinical situations, 108
and prescriptive authority, 52

factitious disorder, 130
family, prescribing for one’s own, 203–204, 221
family dynamics, cultural aspects of, 239–240
Federation of State Medical Boards, 84
Florida, prescriptive authority in, 45, 175, 178
folk healers, 247
Food and Drug Administration (FDA)
and drug advertising, 157–158
and DTC marketing, 156
forgery, preventing, 96, 97
formularies
for APRNs, 191
medications limited in, 17
personal, 22
in Ohio, 45
state, 222
gender, and interaction style, 107
generic drugs, complaints of allergies to, 117
genetics, and biological variances, 231
Georgia
prescriber requirements in, 217
prescriptive authority in, 42, 43–44, 51
“Get Smart: Know When Antibiotics Work” program, 134
ghostwriting, in pharmaceutical marketing, 159–160
ginko biloba, interaction of medications with, 247
guilt, engendered by patient, 118
habituation, defined, 72
healthcare systems, prescription policies of, 47–48
health information technology, 22
Health Insurance Portability and Accountability Act (HIPPA), 128
health promotion, 3
Health Resources and Services Administration (HRSA), 120
hearing impairments, 246
herbs, interaction of medications with, 247
holistic care, concepts of, 138
homelessness, and medication use, 250
home remedies, 246
Hospice and Palliative Nurses Association, certification offered by, 79
hospice programs, Schedule II narcotics in, 212–213
hospitals, prescription policies of, 47–48
Human Genome Project, 231
human variation, 231
hypertension, 232
among African Americans, 233–235
prevalence of, 230
Idaho, prescriptive authority in, 13–14, 177
Illinois
prescriber requirements in, 217
prescriptive authority in, 42, 43–44
immigrants, health-seeking activities of, 237
immunizations, childhood, 240
inappropriate treatment, responding to request for, 133–135
Independent Drug Information Service (iDiS), 164
independent medical education (IME), 149
information, access to complete and accurate, 50–51
informed consent with controlled substances, 127
and opioid management, 81
process of, 28
Institute of Medicine (IOM)
on ghostwriting, 160
reports on CE of, 154, 157
insurance companies, medications limited by, 17. See also formularies
interpreters, 240, 243–244
guidelines for, 244
and LEP patients, 243, 245
intimidation, by patients, 126
intuition basis for, 116
use of, 116
isosorbide-hydralyzine (BiDil®), 235
Joint Commission, on pain management, 73
Joint Practice Agreement (JPA), in Washington State, 5–6, 49
Kansas, physician collaboration law in, 220
Kentucky, prescriptive authority in, 45–46
kidney disease, 232
knowledge, lack of, as barrier to prescriptive authority, 54
lab testing, in pain assessment, 87–89
LACE model
  accreditation in, 184–185
  certification in, 185–186
  education in, 186–187
  licensing, 182–184
lactating women, effects of drugs in, 32
lactose intolerance, 232
law
  actions against APRNs
    involving Boards of Nursing, 202–205
    involving DEA, 207
    involving government auditors, 207–208
    involving malpractice attorneys, 205–207
  and APRN prescriptive authority, 8
  and APRN role, 201–202
  and clinical standards, 208–209
federal prescribing laws
  controlled substance prescriptions, 209–210
  for delivery outside U.S., 213
  for disposal of CSs, 216
  prescribing off-label, 217
  for prescription pads, 216–217
  record-keeping requirements, 215–216
  requirements of prescribers, 209–210
  restrictions on amounts prescribed, 210
  for Schedule III-V substances, 213
  schedule II substances, 210–213
  licensing, 182, 183, 184
  restrictive prescribing, 181
state prescribing laws
  formularies, 222
  on length of time for prescriptions, 221
  and physician involvement, 220
  for prescribing for family, 221
  for prescribing for self, 221
  for prescription forms, 220
  requirements for prescribers, 217–220
  and standard of care, 223–226
legend drugs, 70, 175
legislation, controlled substance act in Utah, 189–190
legislative activities
  and APRN advocacy, 59–60
  and prescriptive authority, 55–58
legislators
  education of, 56, 57
  influencing, 57
  relationships with, 56
liability, physician concern about, 50
licensure, accreditation, certification, and education (LACE), 176
lifelong learning, 22
limited English proficiency (LEP), 240, 241, 245
literacy
  and communicating with APRN, 245
  of patients, 240
lobbying, effective, 56
low-density lipoprotein (LDL) cholesterol, prevalence of, 230
mail order, and APRN prescribing, 194
malingering, defined, 130
malojo (evil eye), 249
malpractice attorneys, 9
  and actions against APRNs, 205–207
  for prescribing without legal authority, 206
for withholding appropriate monitoring, 206–207
authority of, 201
marketing, pharmaceutical, 8
direct marketing activities
continuing education, 152–155
detailing, 146–150
direct to prescriber marketing, 146
DTC marketing, 156–158
samples, 150–152
focus on physicians of, 161
historical context for, 145–146
indirect marketing activities
evidence-based prescribing, 162–165
ghostwriting, 159–160
medicalization of normal experience, 158–159
promotion of medications, 160–162
and lack of regulatory constraints, 162
Maryland, prescriptive authority in, 178
media, emerging, drug advertising in, 158
Medical Boards, and licensing laws, 183
medicalization, in pharmaceutical marketing, 158–159
Medicare and Medicaid Electronic Health Record Incentive Program, 22
The Medical Letter/The Prescriber Letter, 165
medical marijuana laws, 47
Medicare, restrictions on APRNs, 41
medication agreements, 128
medication fact sheet, 29
medication management and ethnicity, 233
reducing errors in, 22
medications. See also samples claims related to, 224–225, 225
failure to monitor, 203
and family dynamics, 239–240
ideal, 29
increased demand for prescriptive, 3
intersection of complementary therapies with, 246, 247
“off label,” 28
patient’s ability to manage, 25
patients’ decision to take, 135
promoting use of, 250
and religious beliefs, 238–239
mental health therapy, resistance to, 131
Merck, 157, 159–160
methadone, 72, 74, 88, 94
in COT, 82
and federal law, 41
Michigan, prescribing as a delegated act, 51, 183–184
midwives. See certified nurse-midwives
Minnesota, academic detailing programs in, 163
miscommunication, case example of, 119. See also communication
misprescribers, classification of, 122, 123
misuse of medication, defined, 72
monitoring in COT, 82, 93–94
PMPs, 120
withholding appropriate, 206–207
mood disorders, and COT, 94–95
narcotics. See also chronic opioid therapy
defined, 72
inappropriate prescription of, 53
use of term, 73
withdrawal from, 122
National Institute on Drug Abuse (NIDA), 113–114
National League for Nursing Accreditation Commission, 184
National Organization of Nurse Practitioner Faculties (NONPF), 184
National Pain Care Policy Act (2009), 73
National Plan and Provider Enumeration System, 181
National Provider Identifier (NPI), 181
National Standards on Culturally and Linguistically Appropriate Services, 240, 241–243
Native Americans, and perceived racial discrimination, 236
Navajo native healers, 247–248
negligence, case examples of, 110
negotiation skills, 134
networking, 58
New Mexico
medical marijuana, 47
prescriptive authority, 177–178
Nixon administration, 74
nonsteroidal anti-inflammatory drugs (NSAIDs), in elderly, 83
North Carolina, prescriptive authority in, 177–178
nurse anesthetists. See certified registered nurse anesthetists (CRNAs)
Nurse Practice Act (NPA), APRN defined by, 56
nurse practitioners (NPs), 11
and Consensus Model, 176
geriatric, 31
physicians’ views of, 20
prescription designation of, 194
role of, 12
and scope of practice, 62
and state governments, 42
Nurses Credentialing Center (ANCC), certification offered by, 79
Nurses Service Organization (NSO), claims related to medication study of, 224–225, 225
“off label,” 28
prescribing, 217
Ohio
certificate to prescribe (CTP), 45
prescriber requirements in, 217
prescribing for self or family in, 221, 223
prescribing law in, 222–223
prescriptive authority in, 45, 46
opiates, defined, 72
opioid abuse, characteristics of requests in presenting complaints for, 117
Opioid Agreement, 89
level of care stratification, based on risk for misuse of CSs, 77–79
“opioidphobia,” 94
Opioid Risk Tool (ORT), 81
opioids. See also chronic opioid therapy
defined, 72
in elderly, 83
high-dose, 82
oral prescription, 74
use of term, 73
Opioid Treatment Programs (OTPs), 41
Oregon
dispensing law of, 192, 193
formulary requirement of, 191
prescriptive authority in, 46, 178
Schedule II prescriptions in, 211
Oregon Evidence Based Practice Center, 164
organized medicine
APRN practice limited by, 192, 194
opposition to APRN prescription authority of, 181
and physician supervision of APRNs, 49
oxycodone, in urine drug testing, 88
pain
assessment of, 77
chronic, 53
plan of care for, 86–89
as 5th vital sign, 84
Pain Assessment and
Documentation Tool
(PADT), 81
pain control, decade of, 73–74
pain management
drugs prescribed in, 32
follow-up visits in, 215
specialty, 78
Pain Management Nursing
Certification, offered by
ACHPN and ANCC, 79
Pain Management Nursing
Certification, offered by
ASPMN, 78
pain medicine. See also chronic
opioid therapy; narcotics;
opioids
case example, 79
“5 A’s of,” 77
universal precautions in, 76
pain specialist
consultation with, 98
referral to, 98, 214–215
palliative care, drugs prescribed in,
32
paterna (lay midwife), 248
patient, use of term, 106
patient-centered care, 137, 138
patient education
culturally appropriate, 249
in prescribing role, 27–28
patient interactions
countertransference in, 110
stressful, 105 (See also difficult
situations)
Patient Protection and Affordable
Care Act (2010)
and opportunities for APRNs, 33
“Sunshine Provisions” of, 161
Patient Review and Coordination
program, of Washington
State, 23
patients. See also difficult situations
as active participants, 156
in adversarial roles, 30
high-risk, 82
“inherited,” 96–97
strategies for working with, 30
transient, 119
pattern recognition, 116
pediatric nurse practitioners
(PNPs), 310
peer review, 20
Pennsylvania, prescriptive
authority in, 218–219
persuasion, as patient ploy, 120
pharmaceutical industry. See also
marketing, pharmaceutical
drug promotion of, 8
gifts from, 29–30
promotional activities of, 165
CMEs, 149–150
entertainment and recreation, 149
grant-making functions, 149
informational presentations,
148
meals, 149, 150
promotional activities to APRNs of, 8
promotional materials provided by, 148
Pharmaceutical Research and
Manufacturers of America
(PhRMA), 147–150, 157
pharmacists, professional
relationships with, 21
pharmacodynamics, 232
pharmacokinetics, 232
pharmacological management,
collaborative approaches to, 21
pharmacology courses, 4
pharmacy, patient use of only one, 23
PhRMA (trade group), 147–150,
157
physical dependence, on
controlled substances, 72,
73, 115, 118, 119
physical examination, in pain
assessment, 86–87
physician assistants (PAs), 13, 50

and APRN prescription authority, 49–50

as barrier to prescribing in Washington state, 24

focus of pharmaceutical marketing on, 161

knowledge of NP practice of, 20

professional relationships with, 19–20

Physicians Drug Reference, 203

Plan B contraception, 48

plan of care, for management of patients with chronic pain, 86

policymakers, education of, 56, 57

political competence

barriers to, 61

developing, 60

polypharmacy, 28

poultices, 249

poverty, and medication use, 250

Practicing Clinicians Exchange, 161

practitioner-patient relationship, prescribing role in, 126


pregnancy, opioids in, 82

pregnant women, effects of drugs on, 32

The Prescriber Letter, 165

prescribers, and federal law, 209

prescribing

effect of pharmaceutical promotions on, 160–162

electronic, 44, 182, 186, 224, 225

evidence-based, 162–165

rational, 24–26, 26, 27, 30

for self and family members, 221, 222

standard of care for, 225–226

prescribing role

barriers to, 4–5, 24

CSs in, 70

cultural competence in, 249–250

framework for

knowledge of disease, 25–29

knowledge of patient, 25

maintaining trust relationship with patient, 29–30

patient education in, 27–28

rational prescribing, 24–25, 26, 26–27

shared decision making in, 28

and free drug samples, 151

future of, 33

in practitioner-patient relationship, 126

self-imposed limitations in, 179

special considerations for, 30–31, 32–33

new specialties, 31

in retail health clinics, 32

specific populations, 31–32

in VA system, 32

strategies for success in, 22–24

transitioning to, 14–18, 23, 24

prescription drug abuse, 74–75

Prescription Drug Marketing Act (PDMA) (1987), 190

prescription forms

non-pharmacological treatment written on, 125

NP designation on, 194

and state law, 220

tamper-resistant, 124

prescription monitoring programs (PMPs), 120

prescriptions, and DTC advertising, 156–157

prescriptive authority, APRN, 3

autonomous, 39–40, 176–177

and collaboration, 179, 181

and consensus model for APRN regulation, 182–187

NPI registration, 181–182

practice barriers to, 178–179

regulatory requirements, 187–188

barriers to

fear of disciplinary actions, 126

implications of, 63
Index

strategies for, 54–61
in Washington state, 24
and comprehensive quality care, 9
defined, 14
development of, 13–14
external barriers to
accessing information, 50–51
elimination of, 54–61
facility policies and limitations, 47–48
national laws and policies, 40–41
pharmacies, 48–49
protocols for prescribing, 50
required physician involvement, 49–50
state laws and rules, 41–47
history of, 4–6
internal barriers to, 51–55, 61–63
limitations to, 188–190
co-signatures, 194
designation of responsible prescriber, 194
dispensing, 191–192, 193
facility policies, 47–48
formularies, 191
mail order, 194
for medication samples, 190–191
quantity limitations, 192
regulation of, 175–176
renewal requirements for, 187
and responsibility, 18
in Washington state, 5–6
prescriptive medications, increased demand for, 3
primary care, prescribing CSs in, 78
professional development plan for, 22
prescribing expertise in, 16
professional groups, 55
professional organizations, 55, 59, 60
professional relationships contentious, 19
importance of, 18
with pharmacists, 21
with physicians, 19–20
pseudoaddiction, defined, 72, 116
psychiatric illness,
pharmacological management of, 98
psychological dependence, 73
psychological symptoms, feigning, 117
psychopathology, 75
psychotherapeutic co-interventions, with COT, 82
psychotropic drugs, 234
quality care
and cultural competence, 250
provided by APRNs, 12–13
and use of samples, 151
quality of life, patient’s
impact of pharmaceutical CE programs on, 154
role of medication in, 227
quantity of medications, limitations on, 192
race
concept of, 231–232
ethnicity and, 232
and health disparities, 230
rational prescribing
basis of, 24–26
four “rights” of, 26, 26–27
“standing one’s ground” with, 30
strategies for improving, 27
recommendations, provider, decisions not to accept, 135–138
record-keeping, federal
requirements for, 215–216.
See also documentation
recreational stimulant abuse, 118
referral, in pain management, 78
reflective practice
antecedents of, 112
defined, 111
reforms, health care
   National Pain Care Policy Act, 73
   role of APRNs in, 5
regulation. See also law
   and APRN advocacy, 59–60
   APRN prescribing, 177–178
   and APRN prescriptive authority, 8, 58–59
religious beliefs, and medication, 238–239
remedies
   home, 246
   interaction of medications with, 247
representatives, pharmaceutical, 147, 148. See also advertising; detailing
risk-benefit analysis, by patient, 135
risk characteristics, of drug abuse, 75, 75
risk exposure, and DTC advertising, 157
rofecoxib (Vioxx®), 151, 157, 159–160
role acquisition, 15
role socialization, 15
role transitions, for APRNs, 7
   and changing constraints, 17
   factors influencing, 15
   professional relationships in, 18–22
   and responsibility, 18
   stages of, 15–16, 16
safety, drug, 151, 157. See also law; regulation
St. John’s wort, interaction of medications with, 247
“salesmen” and sales representatives, pharmaceutical, 147. See also advertising; detailing
samples, medication and APRN prescriptive authority, 190–191
in pharmaceutical marketing, 150–152
   recipients of, 152
   safety profile of, 151
Schedule I substances, 70
Schedule II substances, 70, 210–213
Schedule III substances, 70, 213
Schedule IV substances, 70, 213
Schedule V substances, 70, 213
   in Washington state, 5
schizophrenia, 234
scope of practice
   for APRNs, 12
   preparation for changes in, 61, 62
Screener and Opioid Assessment for Persons with Pain (SOAPP), 81
screening, for patient diversion, 125
SCRIPT analysis, 225–226
self, prescribing for, 203, 221
self-reflection, in difficult situations, 111
side effects, patient fear of potential, 29
sobador (folk healer), 248
somatoform, use of term, 129
somatoform disorders
   diagnosing, 129–130
   etiological origins of, 129
   managing, 130–132
   patients with, 129–132
   specialist support, in prescribing CSs, 78
speech disability, 246
standard of care
   defined, 205
   for prescribing, 225–226
   prescribing inconsistent with, 202
state governments. See also specific states
   administrative procedures acts of, 59
   and licensing laws, 183
   prescriber requirements of, 217
and prescriptive authority, 14, 41–47
and restrictive practice laws, 20
statins, variations on responses to, 235
stress
    physical reactions to, 109
    and somatoform disorders, 130
students, APRN, 4, 15
Suboxone® (buprenorphine HCl/naloxone HCl dehydrate), 41
substance abuse, of prescription medications
    definitions in, 114–115, 116
    diversion and deception, 124
    identifying concern-raising behaviors in, 115–119
    and legal issues, 126–128
    patient ploys, 118–120
    problem of, 113–114
    strategies for dealing with, 120–121
    strategies to prevent diversion, 124–126
    working with substance abusers, 121–123
Substance Abuse and Mental Health Services Administration, 114
substance abusers, identification of, 7
substance use, 72, 75
Subutex® (buprenorphine), 41
suicide, threats of, 118
susto (fright sickness), 249
sympathy, engendered by patient, 118
Take Care Clinic, 22
tapentadol (Nucynta®), 71
Tennessee, prescribing law in, 223–224
Texas, pharmacists filling prescriptions from out-of-state APRNs, 46–47
thalassemia, 232
therapeutic trial, for COT, 92–93
time management, efficient, 22
tolerance
    defined, 72, 116
    use of term, 115
traditional healthcare treatments, 246–248
tramadol (Ultram®), 71
transition, preparation for, 62.
    See also role transitions
Ultram® (tramadol), 71
United Healthcare EverCare, NPs employed by, 18
universal precautions
    case example for, 79
    defined, 77
    and levels of care, 77–81
    in pain medicine, 76, 98
urine drug test (UDT)
    comprehensive, 88
    interpretation of, 88, 89
    in long-term CS therapy, 93
    primary, 87–88
    purpose of, 87
    routine, 87
U.S. Department of Defense, clinical guidelines of, 83–84
Utah
    controlled substance act in, 189–190
    COT guidelines of, 92
    prescriptive authority in, 44, 45, 178
valerian, interaction of medications with, 247
values, and prescriptive authority, 52
Vermont
    academic detailing programs in, 163
    prescriptive authority in, 51
Veterans Administration (VA)
    clinical guidelines of, 83–84
    credentialing of APRNs, 188
    prescribing role in, 32
    and prescriptive authority, 47
Vioxx® (rofecoxib), 151, 157, 159–160
Virginia
  joint jurisdiction in, 180
  licensure and prescriptive authority in, 179, 180
visual impairments, 246
warfarin (Coumadin®), varying responses to, 236
warning signs, with concern-raising behaviors, 116
War on Drugs, 74
Washington State
  Agency Medical Directors Group (AMDG) of, 84
  APRN prescribing in, 5–6
  autonomous prescribing in, 177
  Nursing Care Quality Assurance Commission of, 53
prescriptive authority in, 46, 47, 49, 127, 177
  Schedule II prescriptions in, 211
Washington State Medicaid program, 23
Washington State Nurse Practice Act, 20
Wisconsin, prescriptive authority in, 46
Wisconsin, University of, CME program at, 15
withdrawal, from narcotics, 122
women, access to power of, 55
work safety, in COT, 82
World Health Organization (WHO), 26
Wyeth, 160
yerbero (herbalist), 248