

# Prescriptive Authority FAQ for Washington CRNAs

This FAQ (Frequently Asked Questions) is maintained by WANA. If you have comments or a question that is not answered here please send it to

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DISCLAIMER: Please remember, these answers were assembled by CRNAs, not attorneys. If you are involved in legal proceedings, consult your attorney.

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## Introduction

Washington surely leads the nation in the ability of ARNPs and CRNAs to practice independently. This distinction often leads to some confusion about the requirements for Washington CRNAs to have prescriptive authority and DEA registration in order to practice. This FAQ attempts to dispel some of the misconceptions regarding our practice and to direct the reader to the appropriate resources for policy development for their facilities.

Much of this confusion stems from definitions. Many people, physicians and hospital administrators included, do not understand the laws and regulations affecting selecting, ordering, administering, dispensing, and prescribing legend drugs and controlled substances. Each of these terms has a specific meaning in the law, and thus one must have a clear understanding of what it is one wishes to do with a medication before consulting the laws. Please review these definitions before consulting the questions, they will help you tremendously in figuring out where you are.

In addition, it is important to remember that both State and Federal laws and regulations impact our practice. In cases where one or the other is more restrictive, that law or regulation will apply.

## Definitions

Note: In an attempt to improve understanding, these definitions are adapted from the source documents referenced in the FAQ. If more precise definitions are required, please consult the source documents:

[Washington law](#)

[DEA Regulations](#)

**Administer:** Directly apply or inject the medication to the body of a patient.

Example: The CRNA *administers* 100 mg of propofol to the patient by IV injection.

**Controlled Substances:** means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or board rules.

**Dispense:** To deliver a controlled substance or legend drug to an ultimate user by the lawful order of an appropriately licensed practitioner.

Example: A pharmacist *dispenses* 20 oxycodone tablets to a patient based upon a prescription written by a physician or a CRNA with prescriptive authority and DEA registration.

**Legend Drugs:** All drugs requiring a prescription from a licensed individual before they can be sold to an individual. Controlled substances are a subset of legend drugs.

**Order:** the process of directing licensed individuals to directly administer a drug to a patient, under instructions of the CRNA.

Example: The CRNA in PACU writes an *order* on the patient's chart for the patient to receive 25 ucg of fentanyl q 20 minutes PRN pain.

**Prescription:** An order for medication which is to be dispensed to the ultimate user. This does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription – see the definition for “order” above).

**Prescribe:** Based upon the definition above, to prescribe is to write an order for a medication that will be dispensed to the patient.

**Select:** the decision-making process of choosing a drug, dosage, route, and time of administration

Example: The CRNA, based upon the surgical procedure and the patient’s health status, *selects* sevoflurane as the inhalational agent for the anesthetic.

## Questions and Answers

### ***Do CRNAs need Prescriptive Authority to practice in Washington State?***

No. According to the Revised Code of Washington (RCW) 18.79.240(1)(r), available at: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.240>, CRNAs, even those without specific prescriptive authority, are allowed to select, order, or administer (as opposed to “prescribe”, which is given a strict definition as writing prescriptions for patients to have filled by their pharmacist) legend drugs and controlled substances based on facility-specific protocols.

Below is the text of the regulation:

*RCW 18.79.240  
Construction.*

*(1) In the context of the definition of registered nursing practice and advanced registered nursing practice, this chapter shall not be construed as:*

*...*

*(r) Prohibiting advanced registered nurse practitioners, approved by the commission as certified registered nurse anesthetists from selecting, ordering, or administering controlled substances as defined in Schedules II through IV of the Uniform Controlled Substances Act, chapter 69.50 RCW, consistent with their commission-recognized scope of practice; subject to facility-specific protocols, and subject to a request for certified registered nurse anesthetist anesthesia services issued by a physician licensed under chapter 18.71 RCW, an osteopathic physician and surgeon licensed under chapter 18.57 RCW, a dentist licensed under chapter 18.32 RCW, or a podiatric physician and surgeon licensed under chapter 18.22 RCW; the authority to select, order, or administer Schedule II through IV controlled substances being limited to those drugs that are to be directly administered to patients who require anesthesia for diagnostic, operative, obstetrical, or therapeutic procedures in a hospital, clinic, ambulatory surgical facility, or the office of a practitioner licensed under chapter 18.71, 18.22, 18.36, 18.36A, 18.57, 18.57A, or 18.32 RCW; "select" meaning the decision-making process of choosing a drug, dosage, route, and time of administration; and "order" meaning the process of directing licensed individuals pursuant to their statutory authority to directly administer a drug or to dispense, deliver, or distribute a drug for the purpose of direct administration to a patient, under instructions of the certified registered nurse anesthetist. "Protocol" means a statement regarding practice and documentation concerning such items as categories of patients, categories of medications, or categories of procedures rather than detailed case-specific formulas for the practice of nurse anesthesia;*

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## ***Do CRNAs need a DEA number to prescribe scheduled drugs in Washington State?***

Yes. According to WAC 246-840-420, “Any ARNP with prescriptive authority who prescribes controlled substances must be registered with the drug enforcement administration.”

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## ***Can CRNAs without prescriptive authority write prescriptions for patients to take home with them?***

No. That falls under the definition of prescribing, and thus is outside of the “select, order, and administer” provisions that allow CRNAs to practice in a healthcare facility.

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## ***How can a CRNA obtain prescriptive authority?***

According to [WAC 246-840-410](#), CRNAs must complete 30 hours of CE in pharmacotherapeutics related to anesthesia practice within the past two years or have graduated within the past two years from a nurse anesthesia program. Then they can apply via the [Nursing Care Quality Assurance Commission](#).

In addition, “Applicants who hold prescriptive authority from another state at the time of application may request an exemption to subsection (1)(b) and (2)(c) of this section if he or she provides evidence of at least two hundred fifty hours of independent advanced registered nurse practice with prescriptive authority in his or her scope of practice within the two years prior to application for prescriptive authority.”

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## ***How can a CRNA obtain a DEA number?***

CRNAs in Washington State who have received a prescriptive authority endorsement on their ARNP license can obtain a DEA number by going to: <http://www.deadiversion.usdoj.gov/drugreg/index.html> and applying for a “mid-level practitioner” registration. The cost is currently (December 2010) \$731 for a three-year registration.

## ***Where can I find the Statutes (Revised Code of Washington, or RCWs) describing CRNA practice?***

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79>

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## ***Where can I find the Regulations (Washington Administrative Code, or WACs) describing CRNA practice?***

The Regulations are found under Chapter 246-840 WAC Practical and Registered Nursing:  
<http://apps.leg.wa.gov/wac/default.aspx?cite=246-840>

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## ***Where on the Internet can I find the Washington Nursing Quality Care Commission?***

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>

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## ***In order for CRNAs to select, order, and administer medications in Washington State, their facility - whether it is a hospital, ASC, or physician office - must have a protocol in place to cover their practice. Do you have an example of such a protocol?***

Click here to download a Word® document containing an example protocol that you can modify to apply to your facility: (Deb – put link to “CRNA Control Subs Protocol.docx” here)

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## ***What must a CRNA do to maintain their prescriptive authority?***

To renew their prescriptive authority license, according to [WAC 246-840-450](#), CRNAs must meet the [requirements of renewal for their ARNP license](#) and declare that they have completed 15 hours of pharmacotherapeutics, in addition to the 30 hours of general CE required by their ARNP licensure.

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## ***Can a CRNA without prescriptive authority write pre-operative and post-operative orders for their patients?***

Yes. Under the DEA, “mid-level providers” are able to select, order, and administer scheduled medications within the walls of their credentialing facility. Similarly, Washington allows such practice under statute RCW 18.79.240, quoted above.

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## ***Where can I find a good resource on DEA Registration?***

The DEA provides a “Practitioner’s Manual” on its website:  
<http://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>

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***Where can I obtain the 30 CEU in pharmacology that I need to obtain my initial prescriptive authority licensure?***

One of our members has used this company and recommends it:

<http://www.quantumunitsed.com/>

Please let us know if you find others.

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