

Identify and explain 2-3 items learned about prescriptive authority statues in the state(s) in which you plan to practice. Include at least one citation and reference. (10 points)

Prescriptive authority refers to a nurse practitioner's authority to prescribe medications. Florida statutes require nurse practitioners to designate themselves as controlled substance prescribers on their practitioner profile. In the State of Florida, nurse practitioners must maintain a written collaborative agreement with a practicing physician for prescriptive authority. Nurse practitioners can prescribe schedule III-IV controlled substances. However, when prescribing schedule II controlled substances, NPs are limited to a seven-day supply. (Florida Board of Nursing, 2019)

Reference

Florida Board of Nursing. (2019). *Important legislative update regarding HB 423 - licensing, renewals & information*. Floridasnursing.gov. <https://floridasnursing.gov/new-legislation-impacting-your-profession/>

Identify and explain 2-3 things you learned about the 2022 CDC Clinical Practice Guidelines for the safe prescribing of opioids that you will apply to your practice. Include at least one citation and reference. (10 points)

The 2022 CDC Clinical Practice Guidelines provides recommendations for clinicians in managing the pain of patients, including the prescribing of opioids (Dowell et al., 2022). The clinical guidelines, for instance, provides recommendations on determining whether or not to initiate opioids for pain. I learned that opioid therapy has an important role for acute pain related to severe traumatic injuries, invasive surgeries, and other severe acute pain when NSAIDs and other therapies are contraindicated or likely to be ineffective (Dowell et al., 2022). When prescribing the use of opioids for acute pain, the provider should prescribe immediate-release opioids at the lowest effective dosage and for no longer than the expected duration of pain severe enough to require opioids (Dowell et al., 2022). Acute conditions, such as sprains, muscle strains, kidney stone pain, and surgical dental pain, are best managed with nonopioid medications (Dowell et al., 2022).

The CDC guidelines also discuss tapering opioid medications when patients have received long-term, high-dosage opioid therapy for chronic pain. When deciding if a patient should taper prescribed opioids, the provider must consider whether or not the risks of opioid therapy outweigh the benefits (Dowell et al., 2022). Some situations in which clinicians should consider tapering to a reduced opioid dosage include evidence of opioid misuse, the patient has medical conditions, such as liver disease, sleep apnea, or increased risk of adverse outcomes, or if the patient experiences other side effects that diminish quality of life (Dowell et al., 2022). When tapering opioids, it is important to taper slow enough to minimize symptoms of signs of opioid withdrawal (Dowell et al., 2022).

Reference