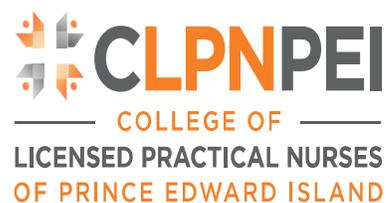


Practice Directive

Caring for Clients Authorized to Use Medical Cannabis

College of Licensed Practical Nurses of Prince
Edward Island

College of Registered Nurses of Prince Edward
Island



October 17, 2018

Introduction

The College of Registered Nurses of Prince Edward Island (CRNPEI) and the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI) are legislated to serve and protect the public interest through the regulation of individual registered nurses (RN), nurse practitioners (NP) and licensed practical nurses (LPN). For the purposes of this document the term nurse(s), will refer to all three designations of nurses in Prince Edward Island.

The Colleges' mandate is to ensure Prince Edward Islanders receive safe, competent, compassionate and ethical care from nurses. One way we strive to meet this mandate is to develop resources about current or emerging nursing trends, so nurses may meet their standards of practice. The use of medical cannabis by clients is one such emerging trend.

Over the last two years, both Colleges' have received calls from nurses with questions about their practice as it relates to caring for clients who are authorized to use medical cannabis. This collaborative practice directive was created to assist nurses to understand their accountabilities and to provide practice guidance, so they may meet their standards of practice and code of ethics when caring for these clients.

These directives do not apply to clients who have been prescribed a synthetic cannabinoid (e.g. nabilone).

What is Medical Cannabis?

The term medical cannabis refers to the use of the whole unprocessed cannabis plant or its basic extracts to treat a disease or symptom (National Institute on Drug Abuse, 2015). Medical cannabis has been reported being used to treat palliative care patients to relieve the symptoms of cancer pain, nausea, insomnia, and to improve appetite. It has also been reported to treat neurological conditions such as multiple sclerosis, motor neuron diseases and spinal cord injury (Gardiner and Ingleton, 2010) and chronic pain and glaucoma (Green & De-Vries, 2010 and Philipsen, Butler, Simon-Waterman & Artis, 2014)

Medical cannabis can be administered using a variety of methods. These include capsules, vaporizing or smoking dried buds, eating extracts or using oral sprays. Patients report a preference for the smoked form although there is little evidence to support that the smoked form is more effective than other forms (Canadian Nurse, 2010).

Adverse side effects of medical cannabis include drowsiness, euphoria or dysphoria, impaired motor coordination, impaired learning and memory, and increased risk of psychosis (Canadian Nurse, 2010; Philipsen, et al, 2014). Smoked medical cannabis can also lead to similar side effects as smoking tobacco (Philipsen, et al, 2014).

For more information on the use, dosing, adverse side effects and drug interactions associated with medical cannabis, view the Health Canada's [Information for Health Care Professionals: Cannabis \(marihuana, marijuana\) and the Cannabinoids](#) (Health

Canada, 2013).

How do clients obtain Medical Cannabis in Prince Edward Island?

The Marihuana for Medical Purposes Regulations (MMPR) (Government of Canada, 2016) came into force in June of 2013. The intention of these regulations was to increase access for Canadians with a medical need, to quality-controlled cannabis grown under secure and sanitary conditions. One result of this legislation has been an increase in the number of clients being cared for in long term care centres, acute care settings and community health care environments using and choosing to continue to use medical cannabis. In August of 2016, the MMPR were revised and replaced with the Access to Cannabis for Medical Purpose Regulations (ACMPR) (Government of Canada, 2017) which will be repealed on October 17, 2018, when the Cannabis Act comes into force.

Under the ACMPR, the client must consult with an authorized healthcare practitioner to obtain a signed medical certificate, similar to, but not a prescription, in order to gain access to medical cannabis. In Prince Edward Island, nurse practitioners and physicians are authorized to issue the medical certificate. Once the medical certificate is obtained and submitted to a licensed commercial producer, the client may access the medical cannabis. Clients who were registered with Health Canada prior to the ACMPR coming into effect do not have to obtain a new medical certificate with these regulations.

Alternatively, under the ACMPR the client can register with Health Canada to produce a limited amount of Cannabis for their own medical purposes. These individuals may not sell, provide or give cannabis to another person. If an individual cannot produce cannabis for themselves, they can designate someone else to produce it for them. The designated individual can produce cannabis only for client(s) who is/are registered with Health Canada and authorized to use medical cannabis. Designated individuals may not sell, provide or give cannabis to any other person. In addition, they may not produce cannabis for more than two people registered with Health Canada, including themselves (Health Canada, 2016).

Standard of Practice and Code of Ethics

The following are core regulatory documents that guide nursing practice in Prince Edward Island:

Standards for Nursing Practice (2016);

Nurse Practitioner Standards for Practice (2012);

Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses (2017);

Standards of Practice for Licensed Practical Nurses in Canada (CCPNR, 2013);

Code of Ethics for Licensed Practical Nurses in Canada (2013).

These statements are the minimal expectation for any nurse in any setting or role (Regulated Health Professions Act, 2013). They serve as a guide to the professional knowledge, skill and judgement needed to practice nursing safely.

When providing care to clients who are using or are interested in using medical cannabis, nurses are accountable to follow their standards of practice, specifically relating to:

- Respecting client diversity;
- Respecting a client’s right to informed consent;
- Optimizing the client’s role in decision-making and the care process;
- Advocating for and following appropriate organizational policy.

	REGISTERED NURSES	LICENSED PRACTICAL NURSES
APPLICABLE STANDARD	<p>Standard 1: Code of Ethics</p> <p>CNA Code of Ethics (2017)</p>	<p>Standard 3: Service to the Public and Self-Regulation</p> <p>Principle 1: Responsibility to the Public</p> <p>Principle 2: Responsibility to Clients</p>
WHAT IT SAYS	<p>Nurses recognize, respect and promote a person’s right to be informed and make decisions (1.3)</p> <p>Each RN and NP respects and promotes clients’ rights to informed decision- making and informed consent.</p> <p>RNs and NPs have a legal and ethical responsibility to respect a client’s informed choice, which includes choices related to lifestyle and treatment.</p>	<p>LPNs respect the right and responsibility of clients to be informed and make decisions about their health care (2.1).</p> <p>LPNs respect and support client choices (2.1.1).</p> <p>LPNs respect the rights of all individuals regardless of their diverse values, beliefs and cultures (1.6).</p> <p>LPNs provide care to each client recognizing their individuality and their right to choice (2.6).</p> <p>LPNs engage clients in a therapeutic nurse-client relationship as active partners for mutual planning of and decisions about their care (3.1).</p>

WHY IT IS RELEVANT	The nurse’s role is to ensure clients have the information they require to make informed decisions about their health. Nurses accomplish this by presenting information in an unbiased and factual manner, ensuring all questions are answered and referring clients to other appropriate sources as necessary.
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	REGISTERED NURSES	LICENSED PRACTICAL NURSES
APPLICABLE STANDARD	<p>Standard 3: Competent Application of Knowledge</p> <p>Standard 4: Responsibility and Accountability</p>	Standard 2: Knowledge-Based Practice
WHAT IT SAYS	<p>Nurses use comprehensive assessment, critical inquiry, technology, and research to provide competent nursing services relevant to the area of practice (3.1);</p> <p>Each nurse has the current knowledge, skill and judgement needed to practice in her or his setting (4.3).</p>	<p>LPNs possess current knowledge to support critical thinking and professional judgement (2.1);</p> <p>Apply knowledge from nursing theory and science, other disciplines, evidence to inform decision-making and LPN practice (2.2).</p>
WHY IT IS RELEVANT	<p>Each nurse is accountable to know the process by which clients are authorized to use medical cannabis, indications for use, routes of administration, adverse effects, dosing and contraindications. Nurses should be aware of any new research or evidence relating to medical cannabis and advocate for appropriate policies.</p> <p>All nurses should advocate for continued research to establish a base of evidence for practice related to medical cannabis. The NP and RN (including the RN manager or educator) is accountable to integrate research into practice. All nurses are accountable to evolve their practice based on evidence.</p>	

	REGISTERED NURSES	LICENSED PRACTICAL NURSES
APPLICABLE STANDARD	Standard 4: Responsibility and Accountability	Standard 3: Service to the Public and Self-Regulation Principle 2: Responsibility to Clients
WHAT IT SAYS	Each nurse practices in accordance with the RHPA and its Regulations (4.2) and responds to and reports situations which may be adverse for clients and/or health care providers, including incompetence, misconduct and incapacity of registered nurses and or health care providers (4.8).	LPNs demonstrate an understanding of self-regulation by following the standards of practice, the code of ethics and other regulatory requirements (3.6). LPNs report to appropriate authorities and take other action(s) in a timely manner to ensure a client’s safety and quality of care when unethical or incompetent care is suspected (2.5).
WHY IT IS RELEVANT	The nurse is obligated to report if they become aware a client has obtained medical cannabis using channels other than the ACMPR, if a physician or nurse practitioner has not followed appropriate policy, or of any other unlawful activity. The duty to report may be a simple discussion with the client or physician/nurse practitioner to seek clarity or it could mean reporting the issues to the manager or regulatory body.	

Ethical Dilemmas

Nurses caring for clients authorized to use medical cannabis may experience an ethical dilemma. An ethical dilemma occurs when there are equally compelling reasons for different courses of action (CNA, 2017). With regards to medical cannabis, a nurse may see negative side effects that may be harmful to clients, but also see positive effects such as pain control and increased appetite. There may also be internal conflicts related to perceptions of the recreational use of cannabis or limited organizational policy or practice to guide decision-making.

When there is a conflict between client and provider values or opinions about treatment options, nurses must apply principles from their respective ethical codes,

such as the Code of Ethics for Registered Nurses (CNA, 2017) or the Code of Ethics for Licensed Practical Nurses in Canada (CCPNR, 2013) in framing their discussions with their clients. Both the Code of Ethics for Registered Nurses and the Code of Ethics for Licensed Practical Nurses in Canada have decision making models/frameworks which can assist you with addressing an ethical dilemma.

If nurses are morally opposed to medical cannabis as a treatment, they may have difficulty in providing this treatment to clients. If the nurse can anticipate a conflict with their conscience (conscientious objection) they have an obligation to inform their manager as soon as possible. The nurse has the right to follow their conscience in these situations; however, if the treatment plan is in keeping with professional practice, the nurse must care for the client until an appropriate alternative arrangement can be made to meet the client's needs.

Administration of Medical Cannabis

Section 56 class exemption of the Controlled Drugs and Substances Act (CDSA) authorizes hospital¹ employees (including nurses) to directly administer medical cannabis to clients with authorization to use it. The definition of a hospital according to the Narcotic Control Regulations, includes licensed nursing homes and residential or long-term care facilities.

At this time, the Section 56 exemption of the CDSA does not apply to those nurses working in home care settings. Therefore, nurses working in home care **do not have authorization to directly administer medical cannabis to clients**. They are however, authorized to assist a client who has been authorized to use medical cannabis. Assisting in the administration process includes:

- Prepare the medical cannabis for the client to self-administer. This may include measuring the medication and/or mixing with food or juice for ingestion
- Be present during the self-administration of the medical cannabis.

Nurses working in home care should refrain from activities that may be viewed as the actual administration of the medical cannabis, such as placing oral medical cannabis in the client's mouth or holding the inhaled medical cannabis to the client's mouth.

There must be employer policies which provide specific guidance to nurses relating to the administration or assistance of the administration of medical cannabis.

Administration of Medical Cannabis produced by Client/designate

The nurse may be requested to administer or assist with administration of cannabis that has been produced by the client or a designate. The nurse must consider the risks

¹ Section 2(1) of the Narcotics Control Regulations defines hospital as a facility (a) that is licensed, approved or designated by a province in accordance with the laws of the province to provide care or treatment to persons or animals suffering from any form of disease or illness, or (b) that is owned or operated by the Government of Canada or the government of a province and that provides health services.

associated with administering this type of cannabis. These risks may include lack of information about delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) levels, potential contamination of the cannabis with another substance and contamination from unsanitary production. The nurse and the employer should consider the risks and benefits of administering this type of cannabis which could include consulting with their risk management teams

There must be employer policies which provide specific guidance to nurses relating to the administration or assistance of the administration of medical cannabis which is produced by the client/designate.

Nurses are expected to have the necessary knowledge, skill and judgment (competence) to be able to directly administer or assist with the administration of medical cannabis. This includes the following:

- Assessing the appropriateness of the medical cannabis for clients;
- Directly administering or assisting with the administration of the medical cannabis correctly;
- Evaluating the effectiveness of the medical cannabis;
- Identifying and managing adverse reactions;
- Accurately documenting outcomes;
- Supporting clients to manage their own health;
- Storing, transporting and disposing of medical cannabis properly;
- Being aware of the employer policy.

Self-Administration of Medical Cannabis

When the client wishes to self-administer medical cannabis, including preparing and storing their own medical cannabis, the nurse must assess the client's capacity (e.g., judgment, memory, understanding, functional ability) and collaborate with the client (and family, if required) to establish and document a plan for self-administration. This plan should include the provision of all relevant knowledge (e.g., dose, frequency and route, expected outcomes, potential adverse effects, and ways to monitor the expected and unexpected effects of the medical cannabis).

Clients should be assessed regularly for their capacity to self-administer medical cannabis or other medications. As with all assessments, these must be documented appropriately according to agency policy. If the client cannot participate in the administration, the responsibility may be assumed by a family member. A nurse may be expected to assist the family member. For example, the nurse may prepare the medical cannabis and pass it to the family member for administration.

Nurses should be familiar with agency policies (e.g. restrictions on practice, and documentation) related to self-administration of any medication including medical cannabis.

Organizational Policy and Procedure

The responsibility for caring for the client authorized to use medical cannabis is a shared responsibility between nurses and physicians. The employer is responsible to develop and implement policies based on best evidence to support nurses to meet their standards of practice and the requirements of section 56 exemption of the CDSA.

The Colleges recommend that employers develop and maintain policies including, but not limited to:

- Medical cannabis - Authorized users and source of the medical cannabis;
- Administration and assistance with administration of cannabis - Identify the groups of care providers authorized to administer and/or provide assistance with administration;
- Use of patient's own medication - Narcotic or controlled medications;
- Storage and disposal of medical cannabis;²
- Managing clients who choose to smoke medical cannabis.

Conclusion

Nurses providing care to clients who are, or are interested in, using medical cannabis must have knowledge of the treatment, respect client diversity and their right to informed decision-making, and ensure there is appropriate organizational policy. This practice directive, in addition to consultation and support from the Colleges, can help nurses meet their standards of practice and provide safe, competent, ethical and compassionate nursing care to Prince Edward Islanders. If you have additional questions, please call the CRNPEI at (902) 368-3764 or toll free at 1-844-843-3933 or the CLPNPEI at (902) 566-1512.

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<https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/controlled-substances/compliance-monitoring/compliance-monitoring-controlled-substances/unserviceable-stock.html>

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