Position Statement

Prescriptions for APRNs with Prescriptive Authority

Formulated: July 2003
Revised: September 2011
Reviewed: March 2015

The Purpose of this position is to address inquiries regarding the status of telephone, electronic, and written prescriptions from Advanced Practice Registered Nurses (APRNs) with prescriptive authority.

The South Carolina Pharmacy Act permits a registered pharmacist to accept a telephone, electronic, or faxed prescriptions from an APRN. APRNs have the option of utilizing the telephone for issuing a prescription or for authorizing a refill. It is recommended that the APRN communicate directly with the pharmacist when transmitting a prescription drug order. The prescribing APRN may authorize a licensed nurse to transmit a prescription drug order via telephone or facsimile provided the identity of the licensed nurse is included.

APRNs are not required to retain copies of prescriptions. All telephoned, written, verbal and electronic prescriptions must be documented in the patient’s medical record, to include the name of the medication, dosage, quantity, directions for use and the number of refills.

Policy and Procedure #66 from the Board of Pharmacy allows the use of electronic signatures. APRNs may use electronic signatures for legend non-controlled medications.

Prescriptions received by a pharmacist from a patient must have (a) an original signature of a practitioner or (b) electronic signature and be printed on paper that supplies security features preventing duplication or modification.

Electronic signatures are only permissible on prescriptions sent directly from a practitioner to a pharmacy via electronic transfer and cannot be modified in any way. Electronic prescriptions must designate the individual APRN prescriber name, credential, prescribing number and practice location recognizing some electronic systems do not transmit the additional physician’s name and prescribing number.

Rubber stamps are not acceptable.

Prescriptions must designate the APRN as the prescriber, rather than as a verbal or telephone order from the physician. Exception: APRNs write Schedule II medication as a verbal or telephone order from the physician.
E-prescribing: A prescriber’s ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care is an important element in improving the quality of patient care. The inclusion of electronic prescribing in the Medicare Modernization Act (MMA) of 2003 gave a momentum to the movement, and the July 2006 Institute of Medicine report on the role of e-prescribing in reducing medication errors received widespread publicity. Adopting the standards to facilitate e-prescribing is one of the key actions in the government’s plan to expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States.