Facility:

Effective date: *Date of the signature indicating the adoption of the collective prescription or date subsequent to the signing determined by the institution.*

Date of last review (if applicable):

Scheduled date of next review: *Maximum validity period is 36 months.*

Reference to a protocol (if applicable): *Enter the number of the internal protocol or of the INESSS protocol, with the web link.*

CLINICAL situation OR TARGET POPULATION

* People diagnosed with hypertension.

Indications

* People aged 18 years or older treated pharmacologically for hypertension

**AND**

* Whose individual prescription for their antihypertensive medication:
  + expired within the past 6 months

OR

* + does not include the medication adjustment and will expire within 3 months.

POINT OF SERVICE

*Indicate the* ***sector(s)*** *(e.g., obstetrics or home care) or the* ***setting(s) affiliated with an institution*** *(e.g., CLSC, CHSLD or hospital) or the* ***non-institutional setting(s)*** *(FMG, private clinic or community pharmacy).*

* Xxxx
* Xxxx

AUTHORIZED Health professionAL(s) oR OTHER AUTHORIZED person(S)

*Enter the name of the authorized professional or other person authorized to use the collective prescription for the performance of a professional activity. Certain qualifications or training may be required.*

*Example: Nurse clinicians who have had the “x” training available on the digital learning environment (DLE) website.*

* Xxxx
* Xxxx

PROFESSIONAL ActivitY OR ACTIVITIES CONCERNED

*The collective prescription must stipulate the activity or activities reserved for the authorized persons concerned by the prescription. A list of the activities that can be performed under a collective prescription is available on the Collège des médecins du Québec’s website (*[*Tableau des professionnels et intervenants pouvant répondre à une OC*](https://cms.cmq.org/files/documents/Pratiquer-medecine/activites-partageables/liste-act-reservees-avec-sans-ordonnance.pdf)*).*

*Example: Initiating diagnostic and therapeutic measures in accordance with a prescription.*

* Xxxx
* Xxxx

contrAindications

* Same contraindications as those specified for the application of National Medical Protocol [No. 628002](https://www.inesss.qc.ca/fileadmin/doc/INESSS/Ordonnances_collectives/Diabete/INESSS_Protocole-ajustement-antidiabetiques.pdf), namely:
* Pregnancy or breastfeeding
* Systolic blood pressure ≥ 180 mm Hg OR diastolic blood pressure ≥ 110 mm Hg
* Worsening health requiring a medical evaluation within 72 hours.

MEDICAL PROTOCOL

Refer to the Institut national d'excellence en santé et en services sociaux National Medical Protocol [No. 628002](https://www.inesss.qc.ca/fileadmin/doc/INESSS/Ordonnances_collectives/Diabete/INESSS_Protocole-ajustement-antidiabetiques.pdf) published on its website at the time of application of this prescription.

Limits or situationS WHERE A consultation IS MANDATORY

* A request for laboratory tests in the context of Québec national medical protocol [No. 628002](https://www.inesss.qc.ca/fileadmin/doc/INESSS/Ordonnances_collectives/Diabete/INESSS_Protocole-ajustement-antidiabetiques.pdf).

mode OF communication

*If applicable, plan the preferred mode of communication between the health professional (physician or SNP) and the authorized professional or the authorized person referred to in the CP for information considered essential.*

reference tools and sources

*The main reference items used, namely, protocols, guidelines and reference documents that were used to develop this collective prescription, are to be mentioned in this section.*

Identification of prescribing professioNAL

*The collective prescription must specify the names of all the prescribing professionals, that is, those who participate in the collective prescription, their telephone numbers and their license numbers.*

* Xxxx

identification OF RESPONDING PROFESSIONAL

This section should help the authorized professional or the other authorized person who uses the collective prescription to identify the responding professional(s) or to provide a mechanism of identifying them.

Example: The on-duty physician or SNP at the FMG’s walk-in clinic.

* Xxxx

IMPLEMENTATION process

1. **DEVELOPMENT OF CURRENT VERSION**

*Identification of the physician(s), the SNP and the collaborators involved. It is important to identify, when first starting to develop the CP, all the professionals who will participate in it.*

1. **VALIDATION OF CURRENT VERSION**

*Identification of those responsible with regard to their reserved professional activities.*

1. **APPROVAL OF CURRENT VERSION WITHIN THE INSTITUTION**

*Via the signature of the representative of the Council of Physicians, Dentists and Pharmacists (CPDP) when a physician acts as the prescriber and responding professional.*

*Via the signature of the Director of Nursing (DN), if the SNP is the prescriber and responding professional*.

***!*** *The CP must be signed by the CPDP representative and the DN when it involves both parties.*

**Representative of the Council of Physicians, Dentists and Pharmacists (CPDP)**

Last name: First name:

Signature: Date:

**Director of Nursing (DN)**

Last name: First name:

Signature: Date:

1. **APPROVAL OF CURRENT VERSION OUTSIDE THE INSTITUTION**

*Via the signature of each of the prescribing professionals for whose patients the collective prescription can be initiated.*

|  |  |  |  |
| --- | --- | --- | --- |
| Last name and first name | License No. | Signature | Telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |