



**ADVISORY OPINION #60**

**FORMULATED:** November 2012

**REVISED:**

**REVIEWED:** December 2024, March 2021, November 2018, March 2015

**QUESTION:** May an Advance Practice Registered Nurse (APRN) with prescriptive authority prescribe medications for members of his or her immediate family?

In as much as the Nurse Practice Act, S.C. Code Ann. §40-33-5, et seq., does not specifically address this issue, the State Board of Nursing for South Carolina must refer to the law governing the prescription of medications by physicians for guidance. S.C. Code Ann. § 40-47-113 sets forth the requirement of an established physician-patient relationship as a prerequisite to prescribing drugs, in relevant part, as follows:

- (A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience and that the licensee:
- (1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;
  - (2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and
  - 3) ensure the availability of the licensee or coverage for the patient for appropriate follow-up care.
- (B) Notwithstanding subsection (A), a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse pursuant to a collaborative practice agreement, a physician assistant, or other physician extender authorized by law and supervised by the physician, continuing medication on a short-term basis for a new patient before the patient's first appointment, or prescribing for a patient for whom the licensee has established a provider-patient relationship solely via telemedicine so long as the licensee complies with Section 40-47-37 of this act.

- (C) Prescribing drugs to individuals the licensee has never personally examined based solely on answers to a set of questions is unprofessional.

The State of South Carolina Board of Medical Examiners (BME) previously issued an advisory opinion regarding whether a physician should prescribe for a family member. The BME's advisory opinion states:

While the State Board of Nursing for South Carolina recognizes that in certain instances a physician may need to prescribe medications for family members, the Board recognizes that such treatment may provide less than optimal care for a family member. Treatment of the immediate family members should be reserved for minor illnesses, temporary or emergency situations. Appropriate consultations should be obtained for the management of major or extended periods of illness.

State law requires the presence of a valid physician/patient relationship before any controlled substance can be prescribed. This relationship should include knowledge of the medical condition and an assessment of the benefit-risk ratio of the use of such substance. A practitioner cannot usually acquire a valid physician/patient relationship with himself or herself nor with a member of his or her immediate family for the purpose of prescribing controlled substances, due to the loss of objectivity in making the proper medical decisions.

The Board feels that prescribing controlled substances for family members is outside the scope of good medical practice in South Carolina except for a bona fide emergency situation where the health and safety of an individual may be at great detriment. A practitioner may prescribe limited amounts of controlled substances until such time as another objective practitioner can be contacted.

Appropriate records should be maintained for written prescriptions and/or administration of any Schedule II, III, IV, or V controlled substance.

The State Board of Nursing for South Carolina concludes that it is outside the scope of good nursing practice for an APRN to prescribe medications for his or her family members except for a bona fide emergency situation where the health and safety of an individual may be at great detriment. Under no circumstances should an APRN prescribe medications for anyone outside his or her approved practice agreement or prescribe a quantity of any medication in excess of that required for a "bridge" until the family member may seek treatment from an objective care provider. For purposes of this Advisory Opinion, the Board of Nursing defines a "bridge prescription" as a one-time prescription not to exceed a ten (10) day quantity.

A licensee's prescriptive authority may be terminated by the State Board of Nursing for South Carolina if the licensee prescribes outside the scope of the approved practice agreement, violates a provision of Section 40-33-110 or violates any state or federal law or regulations applicable to prescriptions, pursuant to S.C. Code Ann. §40-33-34(G).

*This statement is an advisory opinion of the State Board of Nursing for South Carolina as to what constitutes competent and safe Advanced Practice Registered Nurse practice.*