

**Mississippi Board of Nursing, Mississippi Alternative to Discipline (MAP)
Prescription Information Letter**

Dear Healthcare Provider:

The nurse who is submitting this form is enrolled in the Compliance Program with the Mississippi Board of Nursing. The Compliance Program monitors nurses with substance use disorders. In order to retain his/her license, the nurse has been placed under an order by the Board to participate in the Compliance Program to ensure abstinence and the ability to practice safely. All prescribed mind–mood altering and potentially addictive medications must be reported to the Compliance Program, by the prescriber using the provided form, immediately and at least every 3 months.

Compliance identifies mind-mood altering or potentially addictive medications as:

- All medications on the U.S. DEA schedule.
- Some medications not listed on the U.S. DEA schedule such as Atropine, Benadryl, Dextromethorphan and all alcohol containing preparations.
- Mental health medications such as antidepressants and antianxiety medications.

Nurses in the Compliance program possess a higher risk of relapse from both prescription and some over-the-counter medications. Therefore, Compliance also requires a health care provider’s recommendation for the use of mind-mood altering and potentially addictive over-the-counter medications such as antihistamines, antitussive/expectorants, and weight loss medications.

Alternatives to the use of mind-mood altering and potentially addictive medications should always be considered. A good resource for persons in recovery is the Talbott Medication Guide <http://www.talbotcampus.com/index.php/medication-guide/>

Compliance cannot provide treatment recommendations; however, we may require the nurse to receive additional consultation from a mental health, addictions, and/or pain management specialist. Please contact Compliance at any time with questions, comments, or concerns regarding prescription medication procedures including requirements for third party consultation.

Compliance requests that you:

1. Review the nurse’s Mississippi Prescription Monitoring Program (PMP) report before you prescribe any new or existing medications and FAX/email a copy along with the Prescription Information Form.
2. Adhere to the opioid prescribing practices contained in the Interagency Guideline on Prescribing Opioids for Pain.

Health Practitioner Signature	Date
-------------------------------	------

Agency/Practice	Telephone/Fax
-----------------	---------------

Please sign, fax or email the Prescription Monitoring Program report and the Prescription Information Form to the Compliance Division fax (601) 957-6301, or email to vrucker@msbn.ms.gov or mwynn@msbn.ms.gov

Facility/Name of Practice: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Fax _____

Signature: _____ Date: _____