

# Cannabis Dosing: Role Of The Nurse by Eloise Theisen MSN, RN AGPCNP-BC

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With 23 [states](#) and the District of Columbia now allowing medical cannabis use, more and more patients are looking to cannabis as a treatment option. The biggest challenge for many of those patients is navigating through the static of dosing, ratios and strains on their own. First time users have little to no idea how much they should be using or even what kind of cannabis is appropriate. Often the information found on the **World Wide Web** only leads to greater confusion. So where do patients go to get the information they need?

In some states where they have dispensaries, patients find themselves looking to the staff for advice and/or guidance. For some patients, dispensaries provide basic information to help with common [ailments](#) such as **pain, sleep, appetite, anxiety and depression**. It is, in my opinion, hit or miss with many of the dispensaries where I live in California. Cannabis is not regulated in the state of California. Dispensaries are not required to have specially trained staff. And the medicine is not required to be tested or labelled with such things as dosing, extraction methods or cannabinoid content. Often time patients do not know what is in their medicine. What is even more frustrating is that patients in the state of California are only required to see a physician once a year for approval to use medical cannabis. Instead of having access to a medical professional to monitor and guide them on their cannabis use, patients are relying on the staff at their local dispensary. This has in turn put huge responsibility on the “budtenders” who often have no medical training. Budtenders find themselves being asked about medication interactions, treatments for complex medical conditions as well as cannabis dosing and ratios. There are some amazing budtenders who are sincerely dedicated to helping patients. Nevertheless, I feel that many of these budtenders are put in situations that are beyond their scope of knowledge.

So where do patients go who need more in-depth care? If they are lucky enough to live in a medical state, they can look for a health care practitioner who specializes in cannabinoid medicine. As of now, cannabis practitioners are few and far between. Nurses stand to fill that gap and cannabis medicine could provide as a valuable career option.

Dispensaries that provide a nurse for consultation, can offer patients a unique opportunity to have their medical history and medications reviewed before making cannabinoid therapeutic recommendations. Additionally, nurses can track data on strains and dosing for common ailments and start to provide standards of care.

For now, the conventional “**start low and slow**” can be applied to cannabis dosing. When working with my adult patients, I often start them at **2.5-5 mg** of THC and/or CBD. Sometimes this is all they need. I encourage all of you who are working directly with cannabis dosing to share your experiences in our forum. We are all learning and the more we share, the more patients will benefit from this medicine.

**Here are just a few articles that summarize and educate about medical cannabis dosing.**

*Mike Sugerman reveals how an unregulated cannabis market can put the consumer at risk in this article. After having his own medical need for cannabis, Mike found a wide and unpredictable range of relief from the different products he consumed. As a result, he decided to have nine different edibles tested, as well as flowers. His findings reveal why cannabis regulation is a necessity.*

<http://sanfrancisco.cbslocal.com/2014/11/17/medicinal-marijuana-pot-weed-legal-medical-dispensary-sugerman-edibles-thc-potency-test-california-high-drugs-cannabis-dea/>



*Dosing cannabis is often overlooked. In this article, a dispensary in NJ, looked at dosing and strains when 1 in 5 patients reportedly did not experience pain relief. Making adjustments to their regimen lead to a 50% increase in pain relief.*

[http://articles.philly.com/2014-05-05/news/49611703\\_1\\_dispensary-patients-compassionate-care-foundation](http://articles.philly.com/2014-05-05/news/49611703_1_dispensary-patients-compassionate-care-foundation)



*Cannabis dosing is an art and a science. Questions come up every day about how much, how often and how long do I need to take this medicine. The answer, spoken like a true nurse, is – It depends. The cannabis plant is biphasic, which means in small amounts it has tremendous therapeutic value and in larger amounts, it can be harmful. For the past 2 and ½ years, I have been working with cancer patients who want to use cannabis as treatment for their disease. Dosing has been a challenge, as have ratios for certain cancers. With little research done in humans, many people are coming up with their own dosing guidelines. While, I don't think that cannabis dosing is a one-size-fits-all, there are definitely some guidelines that are better than others. Mega dosing, in my opinion, can do more harm than good, not to mention it is expensive and comes with intense side effects. The following article features three doctors who agree that less is more and why.*

<http://www.unitedpatientsgroup.com/blog/2015/03/18/doctors-weigh-in-medical-cannabis-dosing-why-less-may-be-more/>



*In this article, the authors examine the medicinal benefits of cannabis. There is some review of dosing and delivery methods for different ailments such as chronic pain, spasticity, nausea and appetite. While the article provides some review of different delivery methods for certain indications, it also points out the need for regulations and standards of care in cannabinoid medicine.*

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358713/>

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