

***Practice Standard:***  
**MEDICATION STANDARDS**



**Nurses Association**  
OF NEW BRUNSWICK



## MANDATE

The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy

The Nurses Association of New Brunswick endorses the principles of self-regulation, that is, promoting good practice, preventing poor practice and intervening when practice is unacceptable.

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## Introduction

The Nurses Association of New Brunswick's practice standards apply to all registered nurses regardless of their role or practice area. Nursing practice standards are expectations that contribute to public protection. They inform nurses of their accountability and responsibilities and the public of what to expect of nurses.

Safe, competent and ethical medication practice is an important component of client care. As with any nursing procedure, medication practice requires knowledge, skills and judgement.

Registered nurses need to assess the appropriateness of a medication for a client, manage adverse reactions, understand issues related to consent and make ethical decisions about the use of medications. As well, client care environments need systems and structures that support and facilitate safe medication practice.

Administering a medication is one component of a continual process that goes beyond the task of giving a medication to a client. Nurses must apply their knowledge about the client and the medication when assessing, planning, implementing, and evaluating the process.

## Standards and Indicators

There are four standard statements, each with accompanying indicators that describe a nurse's accountabilities related to medication practice. The standards describe broad principles that guide nursing practice and are listed in a manner that reflects the steps of the nursing process. The standards have been organized for clarity; however, the process is not a linear progression. For example, it is expected that assessment will occur throughout all phases of medication administration and not solely as the first step in the process.



## Standard One: ASSESSMENT

Registered nurses use their knowledge, skills and judgement in the assessment of the client, the medication and the practice supports prior to administering medication.

### THE REGISTERED NURSE MEETS THE STANDARD BY:

1.1 accepting orders from prescribers with ordering authority (for example, physicians, NPs, pharmacists, midwives) for medications that are within the prescriber's scope of practice;

1.2 accepting a medication order that is complete and includes the order date, client name, medication name, dosage, route, frequency, duration, and prescriber's name, signature, and designation;

1.3 using the pharmacy dispensing label as an order from an authorized prescriber provided a complete medication history has been done;

1.4 withholding the medication and following up with the prescriber in a timely manner in the event that a medication order is incomplete, unclear, inappropriate or misunderstood;

1.5 requesting written orders when the prescriber is present;

1.6 accepting a verbal order only in emergency situations or where the prescriber cannot document their orders (for example, in the operating room or during a code);

1.7 recognizing that telephone orders should be limited to situations requiring direction for client care when the prescriber is not present;

1.8 repeating the verbal and telephone orders in their entirety for accuracy;

1.9 documenting verbal and telephone orders as well as the prescriber's name in the client's

record (the registered nurse is not responsible for ensuring that such orders have been signed by the prescriber);

1.10 assessing personal knowledge, skill and judgement to competently carry out medication administration and intervene during an adverse reaction;

1.11 verifying that informed consent has been obtained from the client or client's substitute-decision maker;

1.12 assessing the appropriateness of the prescribed medication for the client based on: age, weight, pathophysiology, laboratory results, vital signs, medication knowledge and client choice or preference, the expected benefits and potential risks/side effects, the possible interaction with other medications, and any foods that are contraindicated and those that decrease absorption, allergies, sensitivities and previous adverse reactions, and the appropriate use of the medication as prescribed for the client in the particular situation. (for example, a PRN medication);

1.13 calculating the amount of medication required if the medication is ordered in one unit and supplied by the pharmacy in another unit;



1.14 reviewing the client's lifestyle/routine with the client to identify and eliminate (if possible) any potential barriers or challenges that may exist for adherence by the client to the medication regimen;

1.15 performing all the procedural steps to minimize the chance of error and to clarify individual accountability (See Appendix B: Decision Tree: Deciding about Medication Administration);

1.16 identifying and advocating for systems and resources that support registered nurses in maintaining competency to administer medication; and

1.1.7 ensuring appropriate resources are available to monitor and intervene if necessary to manage potential negative outcomes (for example, when it is necessary to have the prescriber on-site before administration).



## Standard Two: PLANNING

Registered nurses are accountable for ensuring the accuracy, appropriateness and completeness of a client's plan of care in regards to medication order(s) and for communicating concerns about the treatment plan to other members of the health care team.

### THE REGISTERED NURSE MEETS THE STANDARD BY:

- 2.1 transcribing medication orders as written, or validating the accuracy and completeness of the transcription when others have completed transcription paperwork;
- 2.2 scheduling dosing times for a medication taking into consideration the effect of food intake on medication absorption, contraindicated foods, possible drug interactions, required interventions ( for example taking vital signs) and client choice or preference;
- 2.3 demonstrating clear, evidence-based rationale for decisions and taking appropriate steps to resolve issues relating to medication administration;
- 2.4 advocating for adequate staffing resources and systems that facilitate safe and competent administration according to standards; and
- 2.5 advocating for systems that provide a mechanism for resolution when there is disagreement between members of the health care team regarding a medication order.



## Standard Three: IMPLEMENTATION

Registered nurses prepare and administer medication(s) to clients in a safe, competent and ethical manner.

### THE REGISTERED NURSE MEETS THE STANDARD BY:

3.1 preparing and administering medication(s) according to evidence-based rationale and practice setting policies;

3.2 obtaining a new supply of medication if there are concerns about the way in which the medications have been maintained;

3.3 applying principles of infection prevention and control when administering medication;

3.4 verifying:

- the right client;
- the right drug;
- the right dosage;
- the right time;
- the right route; and
- the right documentation.

3.5 administering medication in a timely manner considering:

- the client's condition,
- the nature of the medication(s),
- the dosage,
- the route,
- the action; and
- the resources available

3.6 ensuring the client receives appropriate monitoring during and after administering the medication(s) and intervening if necessary; and

3.7 documenting during or after medication administration, in the client's record according to documentation standards and practice setting policies and procedures.



## Standard Four: EVALUATION

Registered nurses evaluate client outcomes following medication administration and take appropriate steps for follow-up.

### THE REGISTERED NURSE MEETS THE STANDARD BY:

- 4.1 recognizing client outcomes following medication administration including effectiveness, side effects, and signs of drug interactions;
- 4.2 following up with the prescriber regarding any concerns or questions about the effectiveness of the medication, side effects and signs of drug interactions;
- 4.3 referring clients to the appropriate care provider for further assessment and follow-up when necessary (for example, when the underlying problem persists and the medication has no effect);
- 4.4 documenting actions or advice given and client outcomes according to documentation standards and practice setting policies;
- 4.5 documenting on the client's plan of care if they are capable of self-administering medications, including the type of assistance they require, if any; and the ongoing nursing assessment of the client's capacity to continue self-administration.



## Glossary and Medication Terms

**ACCOUNTABILITY**—the nurse accepts responsibility for own decisions and behaviors and for the consequences of those decisions.

**ADMINISTER/ADMINISTERING**—the direct application of a drug to the body of a client or research subject by injection, inhalation, ingestion, or any other means (NAPRA, 2007). The practice of administering medication involves providing the client with a drug prescribed and intended for the diagnosis, treatment, or prevention of a medical illness or condition. The following situations are also examples of administration.

- a) Preparing/packaging the leave of absence or pass medication from a drug supply e.g. ward stock.
- b) Filling a mechanical aide (dosette) or an alternative container (such as an envelope) from a ward stock or a unit dose for client self- administration.
- c) Providing sample medication pursuant to a prescriber's order.

**ALLERGY TESTING**—may include a prick, puncture test, intracutaneous injection or inhalation in which a wheal and area erythema is considered a positive test.

**ALLERGY CHALLENGE TESTING**—allergy challenge testing differs from allergy testing (as previously defined). Allergy challenge testing occurs after an individual has had an allergy test with unclear results. It involves exposing a person to a suspected allergen under controlled circumstances (the preferred place is the emergency room of a hospital). This type of test may provoke severe allergic reactions.

**AUTHORIZED PRESCRIBER**—a person lawfully entitled to prescribe treatments or medications.

**CHARTING REQUIREMENTS**—appropriate documentation includes: client name; drug name; drug dose and route; date and time of administration; and signature of the registered nurse who administered the medication. Some organizations may have policies allowing for the use of registered nurses initials when documenting or in the case of electronic health records, allow registered nurses to use individual electronic signatures. In either case, there must be a process in place for identifying the full name and designation of the registered nurse who administers medication.

The documentation of medications administered to clients is an important aspect of the medication administration process and is required in all practice settings. Documentation occurs during or after administering a medication, never before.

**CLIENT**—individuals, families, groups, populations or entire communities who require nursing expertise. The term reflects the range of individuals and/or groups with whom registered nurses may be interacting. In some settings, other terms may be used such as patient or resident.

**CLIENT SELF ADMINISTRATION**—to develop or maintain an optimal level of functioning and independence, clients may administer their medications themselves at home and in some organizations. Clients may require some assistance, such as: reminders when to take the medication,



help opening containers, or help in filling dosettes. The registered nurse should ensure medications are stored securely and ensure the client is able to take prescribed medications in the correct route, dose and time. Organizations should have an appropriate policy in place to support self administration of medication by clients.

**COMPOUNDING MEDICATIONS**—the preparation, mixing, assembling, packaging, and labeling of a drug or device pursuant to, or in anticipation of, a medication order (NAPRA, 2007).

Compounding medications refers to the mixing of two (2) or more ingredients of which at least one (1) is a drug. There are examples in nursing practice where registered nurses engage in compounding such as: mixing Lidocaine and Maalox for pain relief, crushing medications for clients and mixing them with applesauce or pudding; and mixing two types of insulin for administration.

The mixing of pharmaceutical products of all dosage forms, (liquid, solid, parenteral and topical), often affects the storage requirements, stability and thus the efficacy of the medication. Consultation with a pharmacist and/or published reference(s) is required if the registered nurse has not prepared the compound in the past, or if the compound will be stored beyond 24 hours. To ensure compound medications are not given past the allowable time, the registered nurse should clearly label the prepared medication with the date, time and their initials. Prior to giving the medication, the time of preparation should be checked.

**CONTINUING COMPETENCE**—the ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgement and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs (NANB, 2005).

**CONTROLLED SUBSTANCES**—the Office of Controlled Substances (OCS), Health Canada, regulates the distribution of controlled substances in Canada including those used by health care facilities. The governing federal legislation includes: the *Controlled Drugs and Substances Act*; narcotic control regulations; Part G (controlled drugs) of the Food and Drug Regulations, benzodiazepines and other targeted substances regulations.

Methadone is a synthetic opiate that is considered a controlled substance under the Act and should be treated in the same manner. Further information on methadone can be obtained from Health Canada. <http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index-eng.php>

The Institute for Safe Medication Practices (ISMP) recommends that all healthcare organizations develop a policy and maintain a count of controlled substances. Inventory counts are necessary to maintain an accurate inventory and effectively identify missing medications quickly. Two persons, one of whom should be a registered nurse, must be present during counts at the end of each shift, one coming on duty and one leaving. Whenever partial contents of a dosage of a controlled substance are used, or when an ampoule, or vial becomes damaged the destruction and disposal of the unused medication must be witnessed and documented by two persons, the designated person administering the medication and one other regulated health care professional who has the authority to administer medications.

**DIRECTIVE**—a written order from an authorized prescriber for a procedure, treatment, intervention or drug for a number of clients when specific conditions are met. There are a number of specific components required in a directive including:



- the name and description of the procedure/treatment/intervention/drug being ordered;
- specific client clinical conditions and situational circumstances that must be met before the procedure(s) can be implemented;
- clear identification of the contraindications for implementing the directive;
- the name and signature of the authorized prescriber approving, and taking responsibility for, the directive; and
- the date and signature of the administrative authority approving the directive.

The degree to which client conditions and situational circumstances are specified will depend on the client population, the nature of the orders involved and the expertise of the health care professionals implementing the directive.

**DRUG**—any substance or mixture of substances manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings, and restoring, correcting or modifying organic functions in human beings (New Brunswick Pharmaceutical Society, 2008a).

**ELECTRONIC MEDICATION ORDER**—a medication order received electronically. An electronic medication order must contain the same elements as a written order. Agencies that use computerized ordering systems must have a system in place that allows each order to be identifiable.

**EMERGENCY RELEASE MEDICATIONS**—emergency release medications refer to drugs that are not on an organization’s formulary or approved for general use. They require a medication order and special authorization prior to administration. Prior to administering the drug, the prescriber must provide the registered nurse with a drug monograph/information sheet. The registered nurse is not accountable for any outcomes produced by the medication. The nurse is accountable for correctly administering the medication, to intervene and withhold the medication if severe side effects occur, and to notify the prescriber.

**FAX ORDERS**—orders received via fax are considered copies of the original order and are deemed acceptable for communicating and transmitting orders. When it is possible, faxes should be used in lieu of telephone orders (New Brunswick Pharmaceutical Society, 2008b).

**IMMUNIZING AGENTS**—the skill required to administer immunizing agents is the same as other injections. Registered nurses administering an immunizing agent must be competent to recognize and intervene in the event of complications, such as anaphylactic shock. A directive or client specific medication order is required to administer any immunizing agent and any medication to treat any adverse reactions caused by an immunizing agent.

It is the registered nurses responsibility to ensure that a medication has been prepared and stored in the proper way prior to administration.

**INFORMED CLIENT CONSENT**—informed and competent clients have the right to make decisions about accepting or refusing a medication or to self-administer medications. Registered nurses must respect client choice (Canadian Nurses Association, 2008). Informed consent can be recorded formally such as on a consent form when a client is participating in a clinical trial. However, in a clinical



practice setting consent is often implied such as having the client hold out an arm for an injection or it may be stated verbally. Employers should develop policy and procedures based on best practice guidelines for obtaining informed consent from the client.

**INVESTIGATIONAL MEDICATIONS**—is a medication that has been approved for human trials. It requires a medication order for use and informed client consent which is obtained by the prescriber. Prior to administering the drug the prescriber must provide the registered nurse with a drug monograph/information sheet. The registered nurse is not accountable for any outcomes produced by the medication, but he/she is accountable for correctly administering the medication and is required to intervene and hold the medication if severe side effects occur and to notify the prescriber.

**MEDICATIONS BROUGHT FROM HOME**—in some settings, such as geriatric daycare centers and children’s camps, clients bring their prescribed medications, over the counter (OTC) medications and natural remedies from home for registered nurses to administer. Based on the registered nurses professional judgement of the client’s competency and situation the registered nurse may administer the medications, provided they are in their original container with an affixed medication order label from a pharmacy and have been identified by a pharmacy. The registered nurse should not administer the medications differently than what is written on the medication order label if requested to do so by the client or client’s family member. The registered nurse needs to confer with the prescriber in cases where the medication order does not match what the client or family member is requesting.

**MEDICATION DISPOSAL**—there are instances where a registered nurse may be involved in the disposal of medications such as when medications become outdated, are no longer required by a client or have become contaminated. Agency policies should identify who is authorized to dispose of medications and outline criteria for appropriate storage, safe handling and disposal.

**MEDICATIONS INVOLVING RECONSTITUTION**—registered nurses may find themselves in the situation that requires them to reconstitute a medication. In all such cases aseptic technique should be followed and the procedure followed as identified by the pharmaceutical company. Once reconstituted the stability and efficacy of a medication can vary according to how it is prepared and subsequently stored. It is the registered nurses responsibility to ensure that a medication has been prepared and stored in the proper way prior to administration. To ensure reconstituted medications are not given past the allowed time, registered nurses should clearly label prepared medication with the date, time and their initials. Prior to giving the medication the time of preparation should be checked.

**MEDICATION ORDERS**—nurses can accept medication orders from regulated members of health professions authorized to prescribe medications.

Every medication order should include;

- a) **Full name of the client:** it is essential to identify the client on the written order so that the medication is not delivered to the wrong person accidentally;
- b) **Date;** and
- c) **Name of the medication:** the medication order should be by a generic name when possible to aide in drug identification. There are over 600 pairs of sound-alike and look-alike drug names.



Mix-ups may result in serious consequences. Similarities may exist between two trade names, two generic names or between brand and generic names.

- d) **The dosage:** the dosage of a drug should be based on the patient's gender, age, renal and hepatic function, body size and state of health. When specifying the dosage, the prescriber must clearly indicate the strength of the drug.
- e) **Frequency:** refers to how often a drug is to be given.
- f) **The duration the drug is to be administered:** the duration of therapy can either be indicated by the total quantity of drug to be dispensed (e.g., 30 tablets) or by a period of time (i.e., days, weeks or months).
- g) **The prescriber's name, signature and professional designation.**

**ORDER**—a prescription for a procedure, treatment, drug or intervention. It can apply to an individual client by means of a direct order or to more than one individual by means of a directive.

**PLACEBOS**—administering placebos to clients without their knowledge and informed consent is inappropriate and unacceptable. Placebos may be administered when one is prescribed with client consent, because the client experiences a placebo effect, and/or as part of a double-blind research study in which the client has been informed, as part of the consent process that they may receive a placebo.

**PRESCRIBER**—means a regulated health care professional who is authorized to prescribe drugs or devices.

**PRN MEDICATIONS**—PRN medications are medications that are prescribed for use as needed. The order for a PRN medication includes the frequency and the purpose, such as hs PRN for sleep, or q 4 h PRN for pain. Registered nurses must have current knowledge on the use and action of PRNs as well as the competence to assess the need for the PRN and whether to administer it to a client. Prior to administration of a PRN the registered nurse should complete an assessment of the client's need. PRNs are not intended to take the place of scheduled medications. Should a client require medication on a consistent basis the registered nurse should discuss other options with the prescriber. PRNs should only be used for the reason they were ordered for. For instance an order of Gravol for nausea should not be used to help a client sleep. Once given the registered nurse should document the effect of the PRN on the client.

**RANGE DOSAGE**—range dosage refer to medication orders in which the dose, frequency or route is prescribed in a range. Range doses are used in situations in which the need for the amount of a medication varies from day to day or within the same day. Range doses give registered nurses the flexibility to administer the dose that best suits the assessment of the client's need.

**TELEPHONE ORDERS**—telephone orders are received via the telephone and should be limited to situations requiring direction for direct care when the prescriber is not present.

**TRANSPORTATION OF MEDICATIONS**—there are instances where a registered nurse may be involved in the transportation of medications. Organization policies should identify whether the registered nurse is authorized to transport and outline criteria for appropriate storage, safe handling and disposal of medications.



VERBAL ORDERS—verbal orders are received through face to face interaction when the prescriber is present. Verbal orders should only be accepted in emergency situations or where the prescriber cannot document their orders such as in the operating room or during a code.

## Quality Work Environments and Enhancing Client Safety

Registered nurses and employers have a shared responsibility to create safe practice environments. Quality practice settings include appropriate staff, appropriate medication systems, and environments to facilitate safe, effective and ethical care. The following section provides information and resources to help registered nurses and employers work together to prevent and resolve medication issues.

### Safe medication practices

To support safe medication practice, systems need to be in place to track, address and learn from any medication errors that occur in the practice environment.

Registered nurses and health care agencies must work together to identify system and individual risk factors, initiate proactive measures to decrease error situations, report all errors and near misses, and intervene to minimize the potential for client health to be compromised as a result of medication errors (National Steering Committee on Patient Safety, 2002). Adverse drug events (ADE) or injuries caused by drug therapy are a frequent and serious problem in healthcare settings. Monitoring, preventing and treating ADEs are an important patient safety function. ADEs can lead to death, and/or prolonged treatment.

Organizations should have medication procedures and policies established. The Institute for Safe Medication Practices Canada (ISMP) and the Canadian Patient Safety Institute (CPSI) recommend that certain abbreviations, symbols and dosage designations be eliminated to enhance the safety of Canadian patients. A partial listing can be found in ISMP's July 16, 2006 safety bulletin volume 6, issue 4 entitled *Eliminate Use of Dangerous Abbreviations, Symbols and Dose Designations*. Organizations may find other abbreviations, symbols and dosage designation that have caused errors in their organization and include them as well.

### Independent Double-Check

An independent double-check is a process that ensures a second health care provider conducts a verification, either in the presence or absence of the first health care provider. For example, a registered nurse may use this process to verify a dosage calculation. The most critical aspect is to ensure that the first health care provider does not communicate what they expect the second practitioner to find; this would reduce the visibility of the mistake. In cases where there is no established policy by the employer, it is the registered nurses' responsibility to evaluate and decide whether to ask a colleague to double check a medication.



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## Additional Resources

- Canadian Council on Health Services Accreditation (CCHSA). <http://www.cchsa.ca/default.aspx?group=9&section=PatientSafetyGoals>
- Canadian Nurses Protective Society (2007). *Medication Errors 5 (2)*. Vol. 5, No. 2, December 2007; Revision of December 1996 Ottawa: Author
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# Appendix A: Decision Making—Appropriate Health Care Professional or Worker

## Background

Having the authority, through scope of practice, or policy to administer medications does not mean it is always appropriate to do so. Clinical judgement is always required. The entire context of the situation and the competency of the individual practitioner must be considered when assuming or assigning this responsibility.

Registered nurses are expected to collaborate and communicate with other members of the health care team when planning for, implementing, and evaluating medication practices. When more than one health care provider is involved with prescribing and/or administering medications for a client, effective communication (verbal and written) between all parties is extremely important to ensure continuity of treatment and care.

## RN Responsibilities

Decisions regarding the most appropriate health care provider to administer medications must reflect:

- the nurse's appraisal and analysis of the setting;
- client stability;
- predictability and complexity of care;
- provider competence;
- ability to monitor and address outcomes; and
- the availability of necessary supports.

Registered nurses are expected to advocate for the client's best interests and support coordination and collaboration between health care providers.

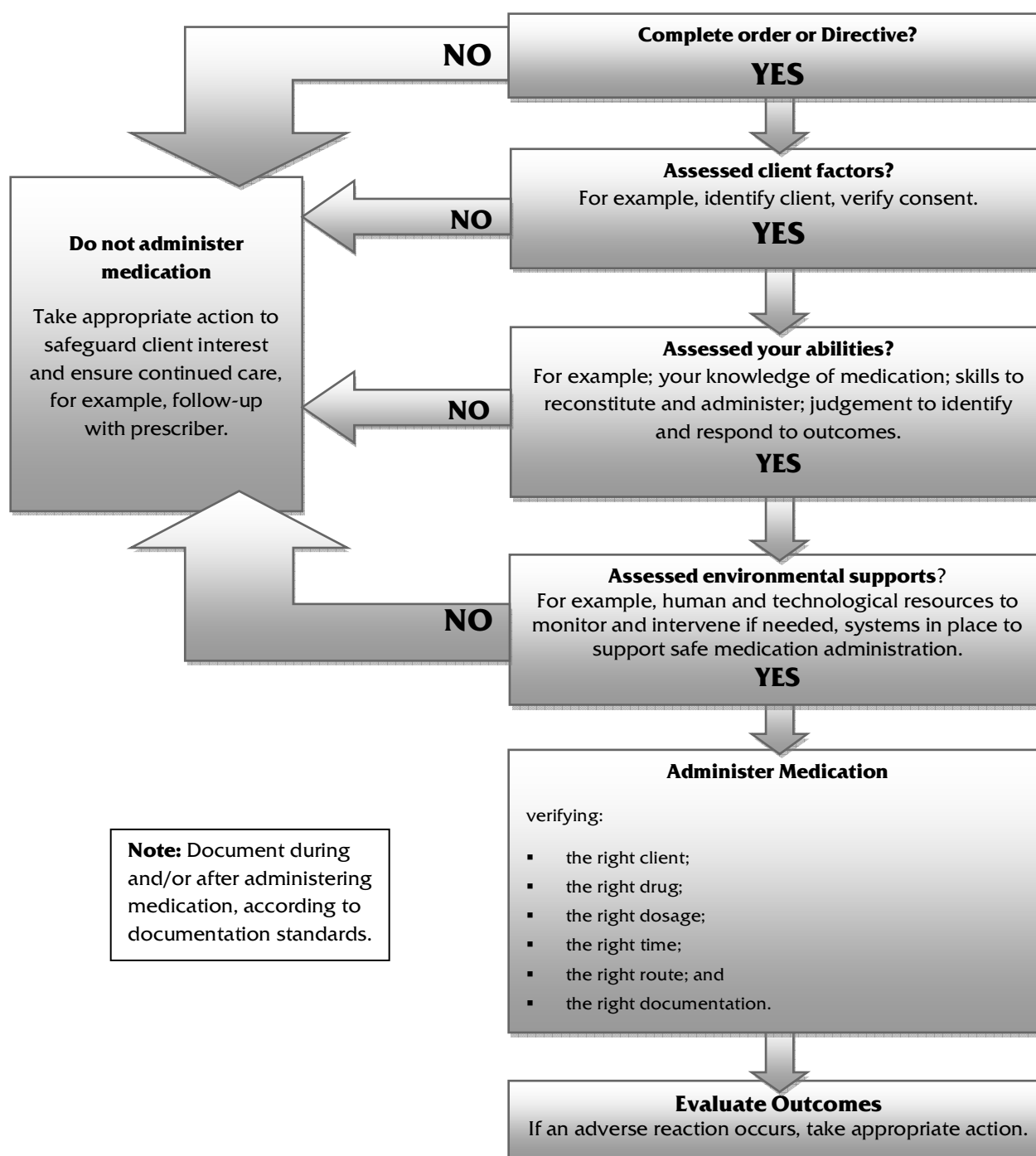
## Employer Responsibilities

Agencies need to provide the appropriate orientation and continuing education to ensure that registered nurses are prepared to safely and competently make medication administration decisions. Agencies need to support nursing's leadership role in determining the most appropriate health care provider to administer medications in a given situation. Agencies need to have policies and guidelines in place to identify roles and responsibilities when a number of different professionals are involved in medication administration. In addition, agencies need to identify roles and responsibilities of students, LPNs and registered nurses in orientation.



## APPENDIX B: Decision Tree—Deciding About Medication Administration

Use this tool to help you determine whether or not to administer a medication. Be sure to consider all of the components of medication administration in this document.



**Note:** Document during and/or after administering medication, according to documentation standards.



## Appendix C: Management of Marihuana

**Management of Marihuana:** the marihuana medical access regulations by the federal government allows for reasonable access to a legal source of marihuana for medical purposes. Marihuana is classified as a narcotic and a registered nurse may administer this drug to a client if the client has a valid **authorization to possess**.

Detailed information can be obtained from the **Marihuana Medical Access Regulations** on the Government of Canada web site at <http://canadagazette.gc.ca/partII/2001/20010704/html/sor227-e.html>.



## Appendix D: Medication Supply Systems

Medication supply systems support the safe storage and access to medications by using appropriate delivery, storage, drug packaging and technological systems. Commonly seen medication systems include unit dose systems, pill-pak, multi-dose packages and the stock system.

### A) Unit Dose System

Medication is dispensed by a pharmacy in a single unit package that is ready to administer to the patient. The registered nurse uses the information from a client's Medication Administration Record (MAR) to select the appropriate medication and dosage. The dosage units are usually dispensed for a 24-hour period. Medications shall be poured at the time of administration.

### B) Pill-Pak (Bubble or Blister Pack)

The registered nurse uses the information on the MAR to select the client's correct dose of medication. When using the pill-pak system, the pharmacist dispenses the required medication within one 'blister'. Medications shall be poured at the time of administration.

### C) Multi-dose Package System

The pharmacist dispenses all the client's medications for a particular dosage time (e.g., 0800) in one sealed package. The package is labeled with all the medications in the package. The package is generally similar in appearance to a unit dose package system. The difference is that a number of different medications are included together in the same package, rather than being packaged and labeled individually. The pharmacist determines when this approach is the appropriate mode for medication administration. Medications which are likely to be withheld (e.g., PRN or because of the client's condition) are not included within the multi-dose package, but are packaged separately (in a unit-dose or blister pack). The implementation of any multi-dose package system must meet all of the following conditions:

Each multi-dose package identifies the:

- client's name;
- prescriber's name;
- name and strength of each medication in the package as identified in the medication order and the MAR; and
- medication administration times.

A written description (e.g., a red, scored round tablet) optimally, a color photograph of each medication prescribed is included on each client Medication Profile, or is readily available. There are color photographs of most medication order drugs in the CPS (Compendium of Pharmaceuticals and Specialties). If the pharmacy that services the healthcare organization does not have the computer



capabilities required for this, a binder containing an individually packaged and labeled example of every medication administered on the unit is required.

**The ability of the registered nurse to quickly and correctly identify a specific medication among the several medications contained in a multi-dose package is essential.**

When a medication is discontinued the registered nurse must notify the pharmacy. Based on this consultation, the drug may be removed from the prepackaged system. At the earliest possible time, the multi-dose packaging should be correctly repackaged by the pharmacist. In the event that the pharmacy cannot be contacted, the registered nurse may remove the discontinued drug(s) from the package provided the specific drug(s) can be identified. At the earliest possible time the registered nurse must follow-up with the pharmacist who originally dispensed the multi-dose pack to have the drugs repackaged correctly.

The use of multi-dose package systems is **not** appropriate in:

- Agencies where client-specific Medication Profiles and Medication Administration records (MAR) are not available.
- Care settings or environments where the range and type of medications administered to a client population is extensive or changes frequently, and where the range or dose is frequently altered.

## D) Stock System

In a stock system, the registered nurse uses the information on the MAR to select the appropriate medication and dosage from medication containers stored on the unit. The registered nurse is responsible for placing the correct medication with the client's name and the name of the medication, required dose and frequency of administration. In these instances, the registered nurse may need to pre-pour medications but must do so only for one medication pass at a time.



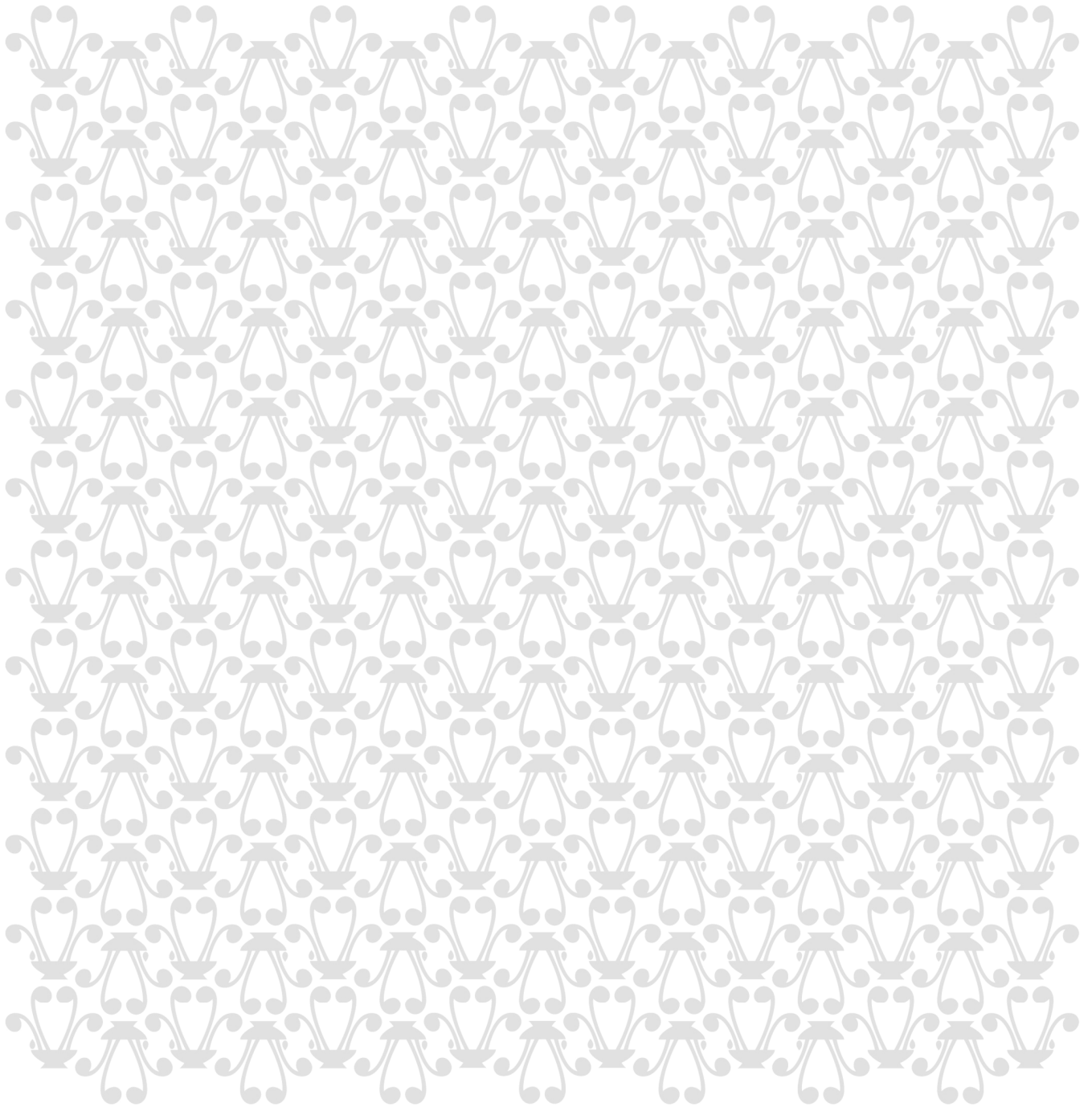
## SETTING UP AND MAINTAINING A MEDICATION SYSTEM

The pharmacist in consultation with the registered nurse is the most appropriate person to set up and maintain a medication system. However, in some practice settings (e.g., occupational health services, home care, camp settings, correctional services, clinics), a pharmacist may not be available and a registered nurse performs this function. The registered nurse may require additional education and knowledge to competently carry out this function.

Responsibilities of the registered nurse include:

- Assessing the clients being served, the care providers responsible for administering the medications, and the physical environment to determine the supply of medications, access, storage and equipment needed.
- Consulting with an authorized prescriber as needed.
- Limiting both the selection and supply of medications.
- Ensuring that the inventory reflects the shelf life of the medications, given the setting.
- Storing the medications in a secure, locked area and secure and control the supply of narcotics and other controlled drugs in a separate locked area.





**Nurses Association**  
OF NEW BRUNSWICK