Mission

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

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INTRODUCTION

Medication administration is an important element of client care. As with any nursing function, medication administration requires knowledge, skill and judgement. This document provides practice standards to support safe, competent and ethical medication administration by registered nurses (RNs). They are intended to complement NANB’s professional *Standards of Practice for Registered Nurses*¹ by providing more specific direction to RNs administering medications. They are not intended to replace practice setting policies or legal advice in relation to specific practice settings.²

Administering a medication is only one component of a comprehensive process that goes beyond the task of giving a medication to a client. RNs must apply their knowledge about the client and the medication throughout the assessment, planning, implementation and evaluation phases of the process.

The standards reflect each phase of the medication administration process and provide indicators that illustrate an RN’s accountabilities and responsibilities. Although presented in a sequence 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.

¹ The primary purpose of standards is to identify the level of performance expected of RNs in their practice, against which actual performance can be measured. All registered nurses are responsible for understanding the *Standards* and applying them to their practice.

² Information specific to the role of nurse practitioners (NPs) in medication delivery is not discussed in this document, except as it relates to RNs accepting orders written by NPs. Authorized medication practices for NPs can be found in the *Nurse Practitioner Core Competencies* (NANB, 2010) and the *Nurse Practitioner: Schedules for Ordering* (NANB, 2013). However, NPs retain their scope of practice as an RN and would be expected to follow these guidelines if administering medications.
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.

Registered nurses:
a) accept orders from authorized prescribers for medications that are within the prescriber’s scope of practice;
b) accept a medication order that includes the order date, client name, medication name, dosage, route, frequency, duration (where applicable), and prescriber’s name, signature, and designation;
c) use the pharmacy dispensing label as an order from an authorized prescriber provided a complete medication history has been completed;
d) withhold the medication and follow-up with the prescriber in a timely manner in the event that a medication order is incomplete, unclear, inappropriate or misunderstood;
e) request written orders when the prescriber is present;
f) accept a verbal order only in emergency situations or where the prescriber cannot document their orders (e.g. in the operating room or during a code);
g) limit the use of telephone orders to situations requiring direction for client care when the prescriber is not present;
h) repeat the verbal and telephone orders in their entirety to confirm accuracy;
i) document 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);
j) accept orders sent via alternate technologies (e.g. fax, email, texting) when privacy and security of personal health information are ensured and supported by agency policy and processes;
k) assess own knowledge, skill and judgement to competently carry out medication administration and intervene during an adverse reaction;
l) educate patients about their medications and verify that informed consent has been obtained;
m) assess 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. (e.g. a PRN medication);
n) review 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;
o) perform all the procedural steps to minimize the chance of error and to clarify individual accountability (See Appendix A: Decision Tree: Deciding about Medication Administration);
p) identify and advocate for systems and resources that support registered nurses in maintaining competency to administer medication and support safe medication administration practice; and
q) ensure appropriate resources are available to monitor and intervene if necessary to manage potential negative outcomes (e.g. when it is necessary to have the prescriber on-site before administration).

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3 Variation in agency policy might omit the requirement for the prescriber’s name.
PLANNING
Registered nurses ensure the accuracy, appropriateness and completeness of a client’s plan of care in regards to medication orders and for communicating concerns about the treatment plan to other members of the health care team.

Registered nurses:
a) transcribe medication orders as written, or validate the accuracy and completeness of the transcription when others have completed transcription paperwork;
b) schedule dosing times for a medication taking into consideration the effect of food intake on medication absorption, contraindicated foods, possible drug interactions, manufacturers recommendations, required interventions (e.g. taking vital signs) and client choice or preference;
c) demonstrate clear, evidence-informed rationale for decisions and take appropriate steps to resolve issues relating to medication administration;
d) advocate for adequate staffing resources and systems that facilitate safe and competent administration; and

e) take appropriate steps to address and resolve disagreements regarding a medication order.

IMPLEMENTATION
Registered nurses prepare, administer and document the provision of medications to clients in a safe, competent and ethical manner.

Registered nurses:
a) prepare and administer medications according to evidence-informed rationale and practice setting policies;
b) only administer medications that were prepared by the RN herself. In limited situations (e.g. cardiac arrest, mass immunization) when supported by agency policy an exception can be permissible;
c) obtain a new supply of medication if there are concerns about the way in which the medications have been maintained;
d) calculate the amount of medication required to ensure the appropriate dose;
e) apply principles of infection prevention and control when administering medication;
f) verify the 5 Rights:
   - the right client
   - the right drug
   - the right dosage
   - the right time
   - the right route

g) prepare medications as close as possible to the time they are scheduled to be administered;
h) administer medication in a timely manner considering:
   - the client’s condition
   - the nature of the medications
   - the dosage
   - the route
   - the action
   - the resources available
i) ensure the client receives appropriate monitoring during and after administering the medications and intervene if necessary; and

j) document medication administration (during or immediately after) in the client’s record according to documentation standards and practice setting policies and procedures.

4 Lists of “rights” exist in various lengths in the literature, however, these are the common elements.
EVALUATION
Registered nurses evaluate client outcomes following medication administration and take appropriate steps for follow-up.

Registered nurses:

a) monitor client outcomes following medication administration including effectiveness, side effects, and signs of drug interactions;

b) follow up with the prescriber regarding any concerns or questions about the effectiveness of the medication, side effects and signs of drug interactions;

c) refer 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);

d) document actions or advice given and client outcomes according to documentation standards and practice setting policies; and

e) document 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.
**Authorized Prescriber:** a person lawfully entitled to prescribe treatments or medications. In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists and midwives.

**Compounding Medications:** to prepare components into a drug product (NBPS, 2012). Examples of compounding include: mixing a drug when a required dosage is not available commercially; changing the form of a drug from pill to liquid; or, removing a non-essential ingredient from a drug to which a client is allergic. Compounding is not within the scope of nursing practice.

It is not considered compounding when registered nurses crush medications to administer via a nasogastric tube. Similarly, it is not considered compounding when registered nurses reconstitute medications for parenteral administration or mix two different types of insulin in the same syringe.

**Controlled Substances:** any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction.

Controlled substances range from illegal street drugs to prescription medications (Health Canada, 2012).

The Office of Controlled Substances of Health Canada regulates the distribution of controlled substances in Canada, including those substances used by individuals and health care facilities for legitimate scientific or health reasons. The governing federal legislation includes the *Controlled Drugs and Substances Act*, the *Narcotic Control Regulations*, Part G (Controlled Drugs) of the *Food and Drug Regulations and Benzodiazepines and Other Targeted Substances Regulations*.

**Directive:** a written order from an authorized prescriber for a procedure, treatment 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 or 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;
- 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.

**Dispensing:** the interpretation, and clarification of a prescriber’s order and the assembly and preparation of the order for delivery to the client (NBPS, 2012). Dispensing is not within the scope of RN practice.

The repackaging or providing of medications to clients after they were dispensed by a pharmacy should not be confused with dispensing. RNs can:

- prepare/package leave of absence or pass medication from a drug supply (for example, ward stock);
- fill a mechanical aide (dosette) or an alternative container (such as an envelope) from a ward stock or a unit dose for client self-administration;
- provide clients with medications obtained from a ward stock or ‘night cupboard’.

**Medication Order:** a direction provided by an authorized prescriber for a specific medication to be administered to a specific client.

A complete order includes:

- client’s full name
- date of the order
- name of the medication (preferably generic) and the strength, quantity and concentration where applicable.
- the dosage with instructions for use by the client, including frequency, interval or maximum daily dose and, in some cases, the duration the drug is to be administered.
• the route of administration
• the prescriber’s name*, signature and professional designation

Orders such as “provide medications as at home”, “resume medications as pre-op”, or “resume medications post-discharge”, are not considered acceptable as they are incomplete and can lead to errors.

**Over-the-Counter (OTC) Drugs:** medications that can be purchased, without a prescription, in local pharmacies and other retail stores.

The National Association of Pharmacy Regulators (NAPRA) categorizes OTCs as follows:

• Schedule II drugs, which are kept in an area of a pharmacy where there is no public access and no opportunity for client self-selection;
• Schedule III drugs, which are found in the self-selection professional products area of a pharmacy;
• Unscheduled drugs, which can be sold in any retail outlet by non-pharmacists.

**Samples:** medications supplied by pharmaceutical companies to authorized healthcare providers (usually physicians) free of charge. According to the *Food and Drugs Act* (1985, 14s.s.2), drug samples can be distributed to physicians, pharmacists, dental surgeons, and veterinarians.

RNs may provide sample medications to clients pursuant to an authorized prescriber’s order.

Practice settings should develop policies that address the procurement, storage, access, distribution and proper disposal of sample medications.

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

**Verbal Order:** 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.
FREQUENTLY ASKED QUESTIONS

What is the RN’s role in work settings where multiple providers have a role in medication administration?

Having the authority, through scope of practice and 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.

RN Responsibilities
Decisions regarding the most appropriate health care provider to administer medications must reflect:
- the RN’s appraisal and analysis of the setting;
- stability of client’s condition;
- predictability and complexity of care;
- provider competence;
- ability to monitor and address outcomes;
- the availability of necessary supports.

Employer’s Responsibilities
Agencies should:
- provide the appropriate orientation and continuing education to ensure that registered nurses are prepared to safely and competently make medication administration decisions;
- support nursing’s leadership role in determining the most appropriate health care provider to administer medications in a given situation;
- have polices in place to identify roles and responsibilities when a number of different professionals are involved in medication administration.

How can RNs help develop practice environments that support safe medication administration?

Registered nurses and employers have a shared responsibility to create safe practice environments. Quality practice settings include appropriate staffing compliment, appropriate medication distribution systems, and environments to facilitate safe, effective and ethical care.

Adverse drug events (ADE) or injuries caused by drug therapy are a frequent and serious problem in healthcare settings. 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).

Strategies that support safe medication administration include:
- policies and procedures that:
  - identify any agency specific restrictions or limitations related to the administration of medications;
  - address the management of adverse effects or emergency situations arising from the administration of a medication.
- incorporation of recommendations from the Institute for Safe Medication Practices Canada (ISMP) and the Canadian Patient Safety Institute (CPSI) such as conducting medication reconciliation at key transfer points across the care continuum and eliminating the use of dangerous abbreviations and dose designations.
- formal communication mechanisms for reporting all errors and near misses and processes to analyze and report on trends and issues identified.
What are the safety considerations RNs need to understand regarding wireless technology (e.g. texting)?

The use of wireless technology to increase timely communication between healthcare providers although beneficial at first glance poses significant risk. Ontario’s Commissioner of Information and Privacy has studied this issue and points out that “unauthorized access or disclosure of personal data can occur though loss or theft of a mobile communication device or through unauthorized interception during the wireless transmission of personal data. Without appropriate safeguards, storing personal data on a mobile computing device and transmitting it wirelessly can be like using an open filing cabinet in a waiting room.”

The use of this technology in health care settings must be planned and supported by agency policy and based on a privacy impact and threat risk assessment. In order to ensure that personal health information is sufficiently protected security features such as data encryption, password enforcement and device wiping need to be incorporated into an agency’s wireless system. Consideration also must be given to how any information received via text and used to make a decision about patient care (e.g. a medical order) is incorporated into the medical record.

Can RNs recommend and/or administer Over-the-Counter (OTC) Medications?

Because of the complexity of client care and of the involvement of many health care providers, most settings (i.e.; hospitals, nursing homes, community nursing, and public health) have policies in place requiring a prescription from an authorized prescriber before RNs can recommend or administer OTC medications. However, in some settings (e.g. children’s camps) clients bring their OTC medications from home for RNs to administer or there may be OTC stock available for RNs to select from. When supported by employer policy an RN may administer or recommend OTC medications without an order provided they are in their original container.

The safe administration / recommendation of OTCs requires that registered nurses:
- are knowledgeable about the actions of the specified medications, and possible interactions with a client’s current medications and diet;
- assess the client’s condition before recommending or administering the medication;
- explain the therapeutic effects and potential risks and side effects of the medication to the client;
- document the client assessment and any action or advice provided;
- refer the client to the appropriate care provider for further assistance when required (e.g., when a client assessment indicates that the OTC medication is not appropriate for the client’s needs or when the OTC medication is not effective).

In order to determine if a certain medication is an OTC medication consult the following link: www.napra.ca/pages/Schedules/Search.aspx

Can RNs administer medications brought from home?

In some settings (e.g. geriatric daycare centers) clients bring their prescribed medications 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. 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

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order does not match what the client or family member is requesting. Agency policies should be developed to provide direction and guidance for this practice.

**Why is pre-pouring considered unsafe practice?**

Pre-pouring of medications (i.e. one RN preparing a medication and not administering it immediately or having another RN administer it) is unsafe – the practice increases the risk of errors and confuses the line of accountability for the preparation of the medication. To promote best practice, registered nurses prepare medications as close as possible to the time that they are to be administered and only administer medications they have prepared themselves.

In some situations an exception to this best practice may be acceptable. For example, in light of a client’s urgent need for life-saving medications in a cardiac arrest, one RN could prepare and label medications while another RN or authorized health professional could administer them. Another example is the practice of pre-drawing syringes during a mass immunization campaign. This is considered an efficient manner in which to administer a single vaccine to a large number of people. However, it is recommended to limit the practice of pre-drawing syringes to mass immunization campaigns.

**What is the Special Access Program (SAP)?**

The SAP allows prescribers to request access to drugs that are unavailable for sale in Canada. It is limited to clients with serious or life-threatening conditions on a compassionate or emergency basis when conventional therapies have failed, are unsuitable, or are unavailable.

The SAP is supported by sections C.08.010 and C.08.011 of the *Food and Drug Regulations*. Most drugs accessed through this program treat clients with life-threatening diseases or serious conditions such as intractable depression, epilepsy, transplant rejection, hemophilia and other blood disorders, terminal cancer, and AIDS. The SAP can also respond to specific health crises, such as an outbreak of a communicable disease, by providing access to non-marketed drugs.

When an RN is required to administer a drug accessed through the SAP, the prescriber must provide a drug monograph/information sheet. The RN is not accountable for any outcomes produced by the medication but is accountable to correctly administer the medication, to intervene and hold the medication if severe side effects occur and to notify the prescriber.

**What does the RN need to consider in order to provide medications in a timely manner?**

Strict rules requiring RNs to administer medications within a specified time (e.g. America’s Centers for Medicare & Medicaid Services “30-minute” rule) are problematic and have led RNs to take shortcuts and commit errors in order to comply with the rule. The ISMP has developed *Acute Care Guidelines for Timely Administration of Scheduled Medications* which point out that “a one-size-fits-all, inflexible requirement to administer all scheduled medications within 30 minutes of the scheduled time is a precarious mandate given that relatively few medications truly require exact timing of doses”.6

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The ISMP has published the following recommendations:

<table>
<thead>
<tr>
<th>Type of Scheduled Medication</th>
<th>Goals for Timely Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time-Critical Scheduled Medications</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital-defined time-critical medications*</td>
<td>Administer at the exact time indicated when necessary (e.g. rapid-acting insulin), otherwise within 30 minutes before or after the scheduled time.</td>
</tr>
</tbody>
</table>
  *Limited number of drugs, where delayed or early administration of more than the 30 minutes may cause harm or sub-therapeutic effect. Includes but not limited to: Medications with a dosing schedule more frequent than every 4 hours. |
| **Non-Time-Critical Scheduled Medications** | |
| Daily, weekly, monthly medications | Within 2 hours before or after the scheduled time |
| Medications prescribed more frequently than daily, but no more frequently than every 4 hours | Within 1 hour before or after the scheduled time |

**Can an RN administer investigational medications?**

An investigational medication is a medication that has been approved for human trials. It requires a medication order for use and an informed client consent which is obtained by the prescriber. The prescriber must provide the RN with a drug monograph/information sheet prior to the commencement of drug administration. The RN is not accountable for any outcomes produced by the medication, but is accountable to correctly administer the medication, to intervene and hold the medication if severe side effects occur and to notify the prescriber.

**Do RNs require additional skills to administer an immunizing agent?**

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 medical directive or client specific medication order is required to administer an immunizing agent and medication/s required to treat adverse reactions caused by an immunizing agent.

**Can an RN administer a placebo?**

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.

**What is the role of the RN caring for patients prescribed medical marihuana?**

Please see an updated response in the FAQs for RNs on the NANB website.
What should an RN do in the case of a disagreement with a medication order?

According to Rozovsky (2007), “when a patient is being cared for by a number of individuals whether they are of the same discipline or not, there will occasionally be disagreements in decisions that are made”. When faced with concerns regarding a medication order, the RN should:

- consult with colleagues, experts, etc., to verify their concerns;
- discuss the concern with the involved health care provider;
- if concerns not resolved discuss with manager to gain support or clarify concerns;
- follow agency policy to discuss disagreement with identified higher authority if concerns remain unresolved;
- inform the health care provider of decision not to implement the order if this is the outcome;
- document concerns and the steps taken to resolve the issue.

Further detail can be found on the NANB website under FAQ’s for RNs & NPs.

What legislation has an impact on a RN's administration of medication?

Prescribing, compounding, dispensing and administering medications are activities that present a significant potential risk to the public and are, therefore, reserved for specified health professionals only. Both federal and provincial legislation define the roles of health team members in delivering medications.

As members of an interprofessional collaborative team, registered nurses must be aware and understand the implications of relevant federal and provincial legislation, as well as the roles and responsibilities of each team member involved in the delivery of medications to clients.

The following section provides highlights of federal and provincial legislation that has an impact on the practice of RNs in relation to medication administration.

Federal Legislation

Food and Drug Act

The Food and Drug Act (R.S., 1985, c. F-27) governs the sale and distribution of drugs in Canada. This legislation focuses on protecting the public from unsafe drugs and addresses false, misleading or deceptive labeling of drugs. For example, it states that no person shall distribute or cause to be distributed any drug as a sample except physicians, dentists, veterinary surgeons or pharmacists under prescribed conditions. The act also defines prescription drugs and non-prescription drugs.

Controlled Drugs and Substances Act

The Controlled Drugs and Substances Act (1996, c. 19), along with the Narcotic Control Regulations, Part G of the Food and Drug Regulations, and the Benzodiazepines and Other Targeted Substances Regulations, governs the production, distribution, importing, exporting, sale, and use of narcotics, and controlled and targeted drugs, for medical and scientific purposes in Canada. This legislation defines who is authorized to be in possession of these drugs/substances and governs specific activities of pharmacists, other practitioners, and hospitals related to these drugs/substances as they can alter mental processes and harm the health of clients and/or society when diverted or misused (e.g., narcotics such as morphine; controlled drugs such as amphetamines; and benzodiazepines such as lorazepam). Among the directions noted in this legislation, is the requirement for pharmacists and other practitioners, as well as licensed organizations (e.g., public and private hospitals and long-term care facilities) to maintain records detailing a count of narcotics, controlled drugs and medication wastage.
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](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index-eng.php).

In their practice settings, registered nurses are legally authorized to be in possession of narcotics/controlled substances when ordered to administer them by an authorized prescriber or when acting as the official custodian of narcotics/controlled substances for an agency. When registered nurses are performing either of these roles, they must comply with federal regulations (i.e., follow agency policy that reflects the legislation in receiving, administering, disposing, or counting narcotics and controlled substances).

**Provincial Legislation**

**Pharmacy Act**
The New Brunswick Pharmacy Act (2010) outlines the practice of pharmacy in New Brunswick by ensuring “that for the safety of the public all persons engaged in the sale or dispensing of drugs and medicines within the Province should be acquainted with their properties and uses and possess a competent practical knowledge of pharmacy, and that the profession of pharmacy is practised by its members in accordance with acceptable standards”.

**Nurses Act**
The Nurses Act authorizes NPs to prescribe medications. It does not speak directly to specific interventions that RNs perform but instead defines nursing broadly as “the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof.”

**Regional Health Authorities (RHA) Act**
Although the RHA Act does not specifically refer to the role of registered nurses in medication administration, it states that the RHA shall ensure that:

1. health services are delivered through its employees and staff or through agreements with the government or other persons;
2. health services delivered by employees and staff or through agreements under paragraph (a) are delivered in accordance with the provincial standards established by the Minister for those services.
REFERENCES


ADDITIONAL RESOURCES

Canadian Nurses Protective Society. www.cnps.ca

Canadian Patient Safety Institute (CPSI) www.patientsafetyinstitute.ca


Safer Healthcare NOW! (SHN) www.saferhealthcarenow.ca
Appendix A: 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 phases of medication administration in this document.

Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care, for example, follow-up with prescriber.

Complete order or Directive?

YES

Assessed client factors?
For example, client condition, verify consent.

YES

Assessed your abilities?
For example, your knowledge of medication, skills, to reconstitute and administer, judgement to identify and respond to outcomes.

YES

Assessed environmental supports?
For example, human and technological resources to monitor and intervene if needed, systems in place to support safe medication administration.

YES

Administer Medication
verifying:
- the right client,
- the right drug,
- the right dosage,
- the right time
- the right route,

Evaluate Outcomes
If an adverse reaction occurs, take appropriate action.

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