2017

DISPENSING BY REGISTERED NURSES (RNs) EMPLOYED WITHIN REGIONAL HEALTH AUTHORITIES (RHAs)

Association of
Registered Nurses
of Newfoundland
and Labrador

This Interpretive Document was approved by ARNNL Council in 2017 and replaces Dispensing by Registered Nurses 1999.

This interpretive document describes information related to the **Scope of Practice**[1] and expectations for RNs in Newfoundland and Labrador (NL) who practice with the approval and under the general supervision of a RHA in relation to dispensing. The authority for dispensing by RNs is found in Section 3(2) of the *Pharmacy Act (2012)* which states that: "This Act shall not extend to or interfere with the dispensing of necessary drugs or medicines by registered nurses in the course of duty when practicing with the approval and under the general supervision of a regional health authority" (p. 5).[2]

Dispensing Defined

In NL, the *Pharmacy Act (2012)* identifies dispensing as a practice of pharmacy and defines dispense as **"means to provide a substance or item ordered by prescription but does not include the administration of that substance or item to a person or animal" (p. 4).**

Dispensing a medication to an individual client occurs only once. The repackaging and/or providing of medications to an individual client once they have been originally dispensed from a pharmacy for a particular client for later administration is considered to be supplying a medication and **not** dispensing. For example, it is **not** considered dispensing to:

- fill a mechanical aid or alternative container from the client's own blister pack or prescription bottle to facilitate self-administration, or administration by a caregiver;
- repackage and label drugs from the client's own supplies;
- provide a client medications prepared specifically for the client by a pharmacy; or give a client his/her blister pack or prescription bottle;
- obtain medication(s) from ward stock or a night cupboard that will be administered directly to a client by RNs; or
- obtain medications from ward stock or a night cupboard that are labelled specifically for a particular client.

Although dispensing is mainly a practice of pharmacy, it can be a practice requirement for RNs who, with the approval and under the general supervision of a RHA may need to dispense prescribed medications. Examples of such specific circumstances include, but are not limited to:

- geographical areas of the province with limited or no access to a pharmacy services.
- emergency units where RNs may dispense a portion of prescribed medications for a client when pharmacy services are not available at the time and there is an urgency to dispense a small portion of the prescribed medications (e.g., initiating a course of antibiotic therapy, and controlling the spread of a communicable disease).
- situations where RNs on nursing units may need to dispense from a night cupboard or ward stock, enough prescribed medications to cover a client's unexpected short leave from a health care facility (i.e., the medication has not already been dispensed for this client by pharmacy).
- specific/limited situations as approved and established by the RHA (e.g., medical directives for dispensing oral contraceptives).

[1]Words defined in the glossary are bolded on first appearance in the document. For further information regarding Scope of Practice, consult the *ARNNL (2006) Scope of Nursing Practice* Document.

[2]In relation to dispensing, Nurse Practitioners (NPs) practice in accordance with *The Standards for Nurse Practitioner Practice in Newfoundland and Labrador (2013)*. It is within the scope of practice of Nurse Practitioners in NL to dispense medications. The NP also practices per accepted standards governing dispensing which are found in the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015)*.

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Criteria to be Met/Considered Before RNs Dispense Medication

The decision about whether the RNs scope of practice will include dispensing is a responsibility of the RHA for whom the RNs are employed. The RHA should consider several factors and give written approval/authorization to dispense prior to RNs incorporating this role into practice. The following criteria should be considered before RNs are given the responsibility to dispense:

1. The pharmacy department deems that it is appropriate and necessary for another health care professional to dispense in the particular situation(s) under review;
2. In-house pharmacy services are not available;
3. There is no immediate access to a community pharmacy services; and
4. There is an urgency to dispense the medication.

RHAs must provide RNs with access to appropriate education, supervision, policies and necessary computerized systems to ensure medications are dispensed safely and in accordance with accepted standards. Accepted standards governing dispensing are found in the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015).* In addition, employer policies, procedures and quality assurance mechanisms should be in place to monitor dispensing practices. Policies, procedures, and quality assurance initiatives must be developed and should be in consultation with the pharmacy services within the RHA and in collaboration with nursing services. The RHA should ensure that RNs have access to relevant and current reference material and access whereby a pharmacist/pharmacy service is available for consultation as required.

Professional Expectations for Dispensing

RNs practice in accordance with the ARNNL (2013) *Standards of Practice for Registered Nurses*. In addition, in relation to dispensing RNs must be knowledgeable and practice as per accepted standards governing dispensing that are found in the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015).* Select sections of the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015)* that are directly applicable to RN practice of dispensing are identified in this document **as examples but are not all inclusive. RNs and their employers are referred to those Standards in its entirety for more detailed information on additional dispensing requirements.**

In reviewing employer policy and practices related to dispensing, RNs are expected to contribute to the ongoing development of policies, programs, and practices. RNs adhere to relevant employer policies for dispensing medications and identify any areas of concern and advocate for quality safe dispensing practices and systems consistent with the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015).*

Partial Filling of the Prescription or Inpatient Leave of Absence

It is the responsibility of the RHA to ensure policies/procedures are developed collaboratively with Pharmacy Department to govern the **partial filling** of a prescription by the RN and the preparation of drugs to cover a patient's leave of absence. These policies should ensure dispensing remains the primary responsibility of pharmacy services and should address all aspects of documentation and/or communication required between the dispensing RN and the Pharmacy Department. (These RHA

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policies should also identify any areas where exceptions occur to the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015)* for example, the use of properly labeled envelops to hold a 24-hour portion of a prescription rather than the use of a child resistant container as required). Where a child resistant container is not utilized, a notation to that effect should be documented in the client's record. When such small amounts of a medication are dispensed, the following information must be clearly visible:

- the hospital's name;
- client's name (first and last name);
- dispensing date;
- brand name of the drug, or generic name of the drug and name of manufacturer;
- quantity and strength of the drug;
- directions to the client;
- identification of practitioner prescribing the medication (full name or first initial and last name); and
- the initials of the RN dispensing the prescription.

It is important to note that providing a client with a small supply of medications from the night cupboard which have been previously dispensed for that particular client by a pharmacist in a child proof container, a blister package or a vial with proper labelling for the individual client does not constitute dispensing. This is an accepted practice. When RNs supply patients with such dispensed medication, attention must still be given to ensuring labels are properly completed prior to giving to the client.

When Dispensing is a Routine Part of the RN's Scope of Practice in Geographical Areas with No or Limited Access to Pharmacy Services: (New Prescriptions/ Refills)

In keeping with the *Newfoundland and Labrador Pharmacy Board Standards of Pharmacy Operation Community Pharmacy (June, 2015)* the employer policy/programs must support processes such that the RN can meet the following:

(RNs and their employers are referred to those Standards in its entirety for more detailed information on additional dispensing requirements).

1. Before a **prescription** is dispensed, it is the RN's responsibility to review the patient profile and patient medication profile and to take appropriate action, where applicable, with respect to:
   i) appropriateness of drug therapy;
   ii) drug interactions;
   iii) allergies, intolerances or adverse drug reactions;
   iv) therapeutic duplication;
   v) correct dosage, route, frequency and duration of administration and dosage form;
   vi) contraindicated drugs;
   vii) patient adherence issues; and
   viii) any other potential drug-related problems.

2. Prior to preparing any prescription for dispensing, the RN is responsible for ensuring that the prescription is authentic and clear with regards to the following:
   i) when the prescription was written;
   ii) the intended patient;
   iii) the name, strength, and dosage form of the medication to be dispensed;
   iv) the quantity of medication to be dispensed;

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v) the dosage instructions including the frequency, interval, or maximum daily dose;
vi) any refill or part fill authorization, where applicable; and
vii) the identity and eligibility of the prescriber.

3. Prescriptions may not be filled beyond one year from the date on which the prescription was originally written.

4. If the prescription is received verbally from the prescriber, the information noted in 2 must be recorded in an accessible and auditable manner and the RN must sign, initial or otherwise identify him or herself on the prescription.

5. If the prescription is written for a narcotic or controlled drug that is subject to the Government of Newfoundland and Labrador's Tamper Resistant Prescription Drug Pad Program, the RN must ensure that all requirements of the program are met.

6. A patient profile must be prepared and maintained for each patient to whom a prescription is dispensed. The profile must include the following patient information:
   i) full name;
   ii) medical care plan (MCP) number;
   iii) mailing and/or street address;
   iv) home and/or cell phone number, when available;
   v) date of birth;
   vi) gender; and
   vii) documentation of any notable clinical conditions, allergies, intolerances or adverse drug reactions.

   The profile may also include other relevant information such as:
   i) clinical observation (height, weight, blood glucose, blood pressure, etc.);
   ii) lifestyle status (smoking status, alcohol and/or caffeine intake, etc.);
   iii) use of known over-the-counter medications, clinical evaluation packages, or special access medication; and
   iv) any other relevant clinical notes.

7. Patient Medication Profile:
   For each prescription that is dispensed, the following information must be documented and maintained:
   i) date prescription was written;
   ii) date of dispense;
   iii) prescription number;
   iv) **for single-entity products**:
      - **the Drug Identification Number**;
      - the strength and generic name of the drug; and
      - the brand name or the manufacturer of the product;
   v) **for multiple-entity products**:
      - the Drug Identification Number;
      - the brand name and strength of the drug (if applicable); or
      - all active ingredients and their strengths; and
      - the manufacturer of the product;
   vi) for compounded preparations, all active ingredients and relative strengths;
   vii) dosage form dispensed;

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viii) quantity of medication dispensed;
ix) intended duration of therapy, expressed in days;
x) date of the last fill and/or number of days since last fill (if applicable);
xi) original quantity of medication or number of refills authorized;
xii) directions to patient;
xiii) the full name and identification number of the prescriber; and
xiv) any special instructions from the prescriber to the RN.

Each record must also contain documentation of:
i) any interactions that were detected, how they were addressed, and who addressed them;
ii) the identity of all staff members involved in the dispensing and checking processes; and
iii) the name of the RN who delivered patient counselling and the date and time the counselling was given.

8. All medications dispensed pursuant to a prescription must be labelled with the following:
   i) clinic name, phone number, and street address of the clinic where dispensing occurs) (if available, or, if not, a way of uniquely identifying the location);
   ii) patient's first and last name;
   iii) prescriber's full name, or first initial and last name;
   iv) for single-entity products:
      - the strength and generic name of the drug and either: the brand name; the manufacture; or the Drug Identification Number;
   v) for multiple-entity products:
      - the brand name and strength (if applicable), or all active ingredients and their strengths, and either: the manufacturer; or the Drug Identification Number;
   vi) for compounded preparation, all active ingredients and relative strengths;
   vii) quantity of medication dispensed;
   viii) dosage form dispensed;
   ix) directions for use;
   x) local prescription number and **DIS prescription number**;
   xi) date of dispense;
   xii) quantity of medication remaining or number of refills remaining;
   xiii) expiry date of prescription (one year from the date the prescription was written);
   xiv) the initials of the RN responsible for the prescription; and
   xv) appropriate **auxiliary labels** as indicated.

9. Where a drug container size is too small to accommodate a full label, a trimmed prescription label must be affixed to the small container. This label must include, **at a minimum**, the:
   i) prescription number;
   ii) dispensing date;
   iii) full name of the patient; and
   iv) name of the drug; and

   the complete prescription label must be affixed to a larger container and the patient counselled to keep the small container insider the large container.

10. All medications must be dispensed in child-resistant containers unless:

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i) the prescriber, the patient or the patient's representative directs otherwise;
ii) in the professional judgment of the registered nurse, it is not advisable to use the child-resistant package; or
iii) a child resistant container is not suitable because of the physical nature of the drug; the manufacturer's packaging is designed to improve patient compliance; or the patient has requested the use of special customized compliance packaging for their prescriptions.

Where a child resistant container is not utilized, a notation to that effect must be documented on the patient medication profile.

11. RNs must ensure a final check is performed to ensure that each step in the dispensing process has been completed properly by verifying that:
    i) the drug, dosage form, strength, manufacturer and quantity dispensed are correct according to the prescription; and
    ii) the prescription label is accurate according to the prescription and contains the information required under these Standards and under federal and provincial legislation.

12. RNs shall promote the safe and effective use of medication by educating and counselling patients about their drug therapy on the original filling of each prescription, while also giving the patient the opportunity to ask questions. Such counselling shall include, but not necessarily be limited to:
    i) confirming the identity of the patient;
    ii) the identity and strength of the medication;
    iii) the purpose and/or intended results of the medication;
    iv) directions for use of the medication including frequency, duration and route of therapy;
    v) storage requirements;
    vi) common adverse effects, potential drug or food interactions, and contraindications that may be encountered including their avoidance and/or action if they occur;
    vii) monitoring parameters including expected outcomes, and when to follow up with the prescriber; and
    viii) any other information relevant to the particular medication and/or patient.

All patient counselling must be documented.

Consultation

RNs who work outside an RHA (e.g., self-employed) should connect with ARNNL practice consultants regarding dispensing. ARNNL is available to assist RNs related to the scope of practice and expectations for RNs in relation to dispensing.

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Glossary

Auxiliary labels: a label added on to a dispensed medication in addition to the usual prescription label. These labels are intended to provide supplementary information regarding safe administration, use, and storage of the medication (for example, “Take With Food” or “Keep Refrigerated”).

Child resistant container: packages that incorporate re-closable child-resistant features that restrict children's ability to gain access to the contents of the package.

Drug Identification Number - (DIN): is the 8 digit number located on the label of prescription and over-the-counter drug products that have been evaluated by the Therapeutic Products Directorate (TPD) and approved for sale in Canada.

DIS number: a sequential number assigned by the drug information system (Pharmacy Network) that is used to uniquely identify each prescription.

Multiple entity products: a product with more than one active ingredient.

Partial fill of a prescription: a dispensed quantity of medication which is less than the total amount prescribed.

Prescription: an instruction, directing that a drug be dispensed to or for a person or animal, given orally, in writing or by an electronic means approved by the board by a person authorized to do so by an Act of the province or by a prescriber referred to in section 26 of the *NL Pharmacy Act*.

Prescription number: a sequential number assigned by the pharmacy that is used to uniquely identify each prescription.

Scope of Practice: the range of roles, functions, responsibilities, and activities which registered nurses are educated, competent and authorized to perform.

Single entity products: a product with only one active ingredient.

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