

2005

MEDICATION STANDARDS



Association of
Registered Nurses
of Newfoundland
and Labrador



This Interpretive Document was approved by ARNNL Council in 2005.

Preamble

Competent application of knowledge is an expected professional nursing standard (ARNNL, 1995, Standard 2). There has been an identified need, based upon requests to ARNNL from RNs, health care agencies, schools of nursing, and other health related organizations, to clarify the scope of practice and professional responsibilities and accountabilities in regards to medication practices. Identifying the need for a consistent and comprehensive interpretation of nursing related medication practices ARNNL established a working group to develop standards for practice in this area. This document, Medication Standards (2005), reflects an extensive review of: the literature, documents from nursing associations in other jurisdictions, health care agency policies, relevant legislation, and feedback from key stakeholders and practicing nurses from all domains of practice and from all regions of the province. Seventeen standards are presented in a framework that illustrates both RN and health care agencies' roles and responsibilities. Information on client's rights and medication safety is also provided.

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Introduction

Medication administration is an important component of nursing care. Standards describe a desired and achievable level of performance. Medication standards therefore identify the benchmarks for safe and competent nursing practice in this area. The setting where Registered Nurses¹ practice can influence their ability to meet professional standards. Quality professional practice environments (QPPE) are required to facilitate achievement of safe and competent medication practices.

Achieving and maintaining medication standards is a collaborative responsibility:

- Registered Nurses are expected to adhere to the recommended professional standards in this document and to advocate for and participate in activities to create safe medication systems within their practice setting.
- Agencies are expected to create QPPEs by establishing and providing the necessary support and guidance. This is accomplished through leadership, policies and resources, and through the promotion of interdisciplinary communication and collaboration.

Definition

Medication practice is much more than just the technical task of giving a pill or an injection. Competent medication practice requires knowledge, skill, and judgment to assess the appropriateness of the medication for a particular client². It involves having knowledge of the actions, interactions, usual dose, route, and adverse effects of the drug. Assessment data must be incorporated into interdisciplinary care planning and effectively communicated to the health care team, client, and family. Finally, competent medication practice includes preparing the medication correctly, monitoring the client while administering the medication, intervening as necessary, evaluating the effect of the medication on the client's health status and lastly, documenting the process and client outcomes.

Safe competent medication practices requires adherence to the seven rights of medication administration:

- The right medication
 - In the right dose
 - by the right route
 - at the right time
 - To the right client
 - For the right reason
 - With the right documentation
- (RNABC, 2002)



¹ Throughout this document the term nurses will refer to RNs including Nurse Practitioners, graduate nurses and as appropriate, student nurses.

² Client refers to patients, residents, families, substitute decision makers, communities, and populations.

Client's Rights

Registered nurses are expected to involve clients in their care. Nurses have an obligation to assess client's understanding of their medications and help them access the information they need to make informed decisions (e.g., by providing information on the therapeutic effect, adverse-effects and precautions necessary while on the medication).

Informed competent clients have the right to make decisions about accepting or rejecting medications or to self-administer for example, for pain management. Nurses must respect the client's choice (CNA, 2002). All people are assumed to be capable of giving informed consent until proven otherwise. Consent may be implied, such as holding out an arm for an injection, or it may be verbally stated. When a client refuses, the nurse must determine the reasons for refusal, the level of the client's understanding regarding the medication and its effects, the potential consequences, and as appropriate follow-up with the prescriber.

Where appropriate (e.g. in community settings, long term care facilities, ambulatory settings) clients should have the option to self administer medications. See Category 9- Clients Self Administering Medications for more information.

Medication Safety

Medication errors will occur (e.g. an omission, wrong medication, dose, route, time or, wrong client). (CNPS 1996; ISMP—Canada). 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)

Medication errors and near misses need to be investigated by considering the context of the error. A culture of safety must replace the traditional focus of blaming individuals. Questions to explore include: What exactly happened and why? Were there factors that contributed to the error such as staffing problems, limited resources, interruptions, and/or problems with the medication administration system? Is this an isolated incident? Is there a need for education or policy direction? The plan of action will depend upon a thorough assessment of the entire situation.

RN Responsibilities

- Nurses must promote and participate on interdisciplinary teams to identify and address concerns related to safe medication practices.
- Nurses must monitor and treat the client affected by an error or potential error appropriately.
- Nurses must notify the prescriber or designate once a medication error has been identified or is believed to have occurred.
- Nurses must report all errors and potential error situations through the appropriate identified channels within the agency.
- In consultation with the appropriate authorities within the agency, the nurse may also be required to discuss the error with the client and/or family.
- Nurses must advocate for and implement corrective action to prevent future errors. This may include system modifications or individual support.
- Nurses must intervene in situations where others compromise the safety and well being of clients and report unsafe practice to the appropriate authority.



Agency Responsibilities

- Agencies must create organizational cultures whereby medication errors are recognized as real risks and implement quality assurance strategies to help identify possible sources of error and facilitate preventive/corrective actions.
- Agencies must have policies regarding medication errors, identifying to whom errors should be reported and what documentation is needed.

Standards

Seventeen categories of medication standards are identified. Each nurse is responsible and accountable to follow the standards presented in each category and to advocate for and participate in agency activities to support safe and competent medication practices. If the quality of the environment challenges the nurse's ability to comply with these standards, or if there is significant concern about client safety, nurses are referred to the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) document *Protocol for Reporting Concerns about the Quality of Patient Care* (1995).

Categories:

1. Decision-Making: Appropriate Health Care Professional or Worker
2. Authorization: Prescription
3. Dispensing Medications
4. Authorization: Source of Order
5. Concern with an Order
6. Transcribing Orders
7. Generic Substitutions and Therapeutic Interchanges
8. Administering Medications
9. Clients Self-Administering Medications
10. Administering Client's Prescribed and Over-The-Counter Medications
11. Narcotics and Controlled Drugs
12. Administering Immunizing Agents, Desensitizing Injections, and Allergy Testing
13. Administering Investigational And Emergency/Special Release Medications
14. Administering Placebos
15. Transporting Medications
16. Disposing of Medications
17. Documentation
18. Disposing of Medications



Category 1: Decision-Making: Appropriate Health Care Professional or Worker

Having the authority, through scope of practice, delegation, or policy to administer medications does not mean it is always appropriate to do so. Clinical judgment 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.

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.

ARNNL does not stipulate any restrictions on the practice of medication administration for graduate nurses or nurses in orientation. The role of graduate nurses and nurses in orientation is determined by agency policy and must be in accordance with an assessment of the client's status and the individual practitioner's education and competency level. The role of student nurses should be identified by the agency in consultation with the applicable school of nursing program.

For information on ARNNL's guidelines on medication administration with Licensed Practical Nurses or support workers, please refer to the following documents:

- *Guidelines for Shared Scope of Practice with Licensed Practical Nurses* (2000).
- *Performance of Nursing Tasks by Home Support Workers in Community Settings* (2003).

RN Standards

- 1.1 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 and ability to monitor and address outcomes, and the availability of necessary supports.
- 1.2 Nurses are expected to advocate for the client's best interests and support coordination and collaboration between health care providers.

Agency Responsibilities

- 1.3 Agencies need to support nursing's leadership role in determining the most appropriate health care provider to administer medications in a given situation.
- 1.4 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.
- 1.5 Agencies need to identify roles and responsibilities of students, graduate nurses, and nurses in orientation.
- 1.6 Agencies need to provide the appropriate orientation and continuing education to ensure that nurses are prepared to safely and competently make medication administration decisions.



Category 2: Authorizations: Prescription

Authority to administer medications can be obtained from a variety of sources. Current provincial legislation identifies physicians, dentists, podiatrists, nurse practitioners and veterinarians as having the authority to prescribe medications (Pharmacy Act, 1994). Prescriptive authority may also be further delineated at the agency level (e.g. medical students, consulting specialists). Nurses in areas of the province that do not have 24 hour medical coverage (e.g. regional nurses) may, if authorized by their employing agency, provide clients with select medications in identified situations. Newfoundland and Labrador Pharmacy Regulations (1998) also identify various schedules of medications that can be obtained without a prescription (e.g. routine immunizations, over-the-counter medications). Medical directives or standing protocols are an additional way of authorizing the administration of select medications (see Category 4: Authorization: Source of Order).

When a prescription is required it must include all relevant client and medication information and be documented on an approved order form. This includes both paper and/or computer formats. Once a medication has been dispensed to a specific client, the dispensing label may also serve as a valid order for the purpose of administration in some settings. Pharmacists may produce reorder lists of prescribed medications clients are currently taking. Once the approved prescriber reviews and signs these lists, they too may be considered valid orders by the agency.

A complete prescription for a medication includes: full name of the client, date, name of the medication, using only approved abbreviations and symbols, the dosage, route and frequency, and in some cases the duration the drug is to be administered (e.g. 7 days). Each prescription must be complete to enable the medication to be administered as intended. Orders such as “medications as at home,” “medications as pre-op,” or “resume medications post discharge” are unacceptable.

RN Responsibilities

- 2.1 Nurses must be aware of who has the authority to prescribe, and what medications require prescriptions in their area of practice.
- 2.2 Nurses must verify that prescriptions are written by authorized practitioners, the order is complete, and is documented in the appropriate format.
- 2.3 Nurses who administer medications that do not require a prescription are accountable to follow agency policy and adhere to applicable medical directives, standing protocols or clinical practice guidelines.

Agency Responsibilities

- 2.4 Agencies need to identify who has the authority may be administered without a prescription, and where and how medication orders are to be recorded.
- 2.5 Agencies need to develop protocols to guide nursing practice in areas where a prescription is not required.



Category 3: Dispensing Medications

The *Newfoundland Pharmaceutical Association Act* (1994) identifies dispensing as a practice of pharmacy. They define dispensing as “the provision of a substance or item ordered by prescribing but does not include the administration of that substance or item to a person”. The Act further describes the practice of pharmacy to include: “subdividing or breaking up a manufacturer’s original package of a drug for the purpose of re-packaging the drug in larger or smaller quantities for re-distribution or retail sale”. Routine dispensing of medications is not within the general scope of nursing practice. However, physicians and pharmacists can delegate the act of dispensing to nurses.

There is considerable overlap between the activities related to dispensing a drug and activities related to administering a drug. Dispensing a drug to an individual occurs only once. The repackaging or providing of medications to a client once they have been originally dispensed from a pharmacy are considered to be supplying a medication for administration not dispensing. Therefore it is not considering 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;
- give a client medications prepared by a pharmacy; or give a client his/her blister pack or prescription bottle,
- obtain medications from ward stock or a night cupboard.

There are three common situations where RN’s may be delegated the responsibility and required to dispense medications in the best interest of client care. In emergency settings, the nurse may dispense a portion of a prescribed medication for a client when the community pharmacist and the hospital pharmacist are not available and, there is an urgent need for the client to start treatment.

The second situation is unique to nurses working in communities with no access to a community pharmacist. Nurses in these situations are often required to dispense all prescribed and over the counter medications on a routine basis. In such communities, the RN may be the only health care provider available to assume the responsibility for dispensing on an ongoing basis.

The third situation may occur in settings where nurses, working in consultation with a physician, may through regulation, delegation, medical directives, or standing protocols, dispense particular medications for example, oral contraceptives and vaccinations.

Further information on dispensing is outlined in the ARNNL document *Dispensing by Registered Nurses* (1999).

RN Standards

- 3.1 Nurses must adhere to agency policies for dispensing medications.
- 3.2 Nurses must identify any areas of concern and advocate for quality safe dispensing practices.

Agency Responsibilities

- 3.3 Agencies need to establish policies defining criteria to be met for nurses to be eligible to dispense medications, as well as processes for follow-up and documentation.
- 3.4 Organizations that support dispensing of medications by nurses need to establish a process whereby a pharmacist is available for consultation as required.



Category 4: Authorization: Source of Order

Most medications are prescribed as “direct orders”, that is, the medications are ordered for a specific client. The prescriber is expected to document his or her own orders. In select situations verbal orders, telephone orders, medical directives and/or standing protocols may be necessary to facilitate accessible, timely, and efficient client medication practices.

Verbal and Telephone Orders

Verbal orders are those given when the prescriber is present. They are acceptable only in emergent or urgent situations or when the prescriber is consulted away from the client care area. Telephone orders should be limited to those situations where, in the nurses’ professional judgment, direction for client care is required and the prescriber is not present.

The prescriber is accountable for signing his or her verbal or telephone orders. Nurses are not professionally responsible for ensuring such orders are co-signed. Nurses are accountable for recording information received verbally or by telephone accurately, and for assessing the appropriateness of the medication for the client. Verbal and telephone orders should be read back to the prescriber to confirm accuracy of documentation. It may also be prudent practice to have a second professional verify verbal and telephone medication orders and/or receive electronic confirmation of the order (e.g. facsimile). The process used to verify verbal and telephone orders should be based upon the RN’s assessment of the situation and in accordance with applicable agency policy. If a nurse has a question or concern about a particular order, he or she is accountable for consulting with the prescriber before administering the medication (see Category 5: Concern with an Order).

RN Standards

- 4.1 Nurses must use professional judgment and adhere to agency policies when accepting verbal and telephone orders.

Agency Responsibilities

- 4.2 Agencies need to determine the parameters for accepting, recording, and co-signing of verbal and telephone orders.
- 4.3 Agencies need to establish appropriate supports to facilitate accurate methods for communicating medication orders (e.g. fax machines, second person to listen)

Medical Directives and Standing Protocols

Medical directives are pre-approved evidence based protocols applicable to a range of clients who meet identified criteria. Medical directives must be developed collaboratively and be pre-approved by the appropriate medical and nursing authority within the applicable agency, and supported in nursing policy. Medical directives must be reviewed on a regular basis to ensure that they continue to reflect best practice knowledge. The nurse must use his/her professional judgment to determine when to implement a medical directive. Directives do not usually require client specific authorization by an approved prescriber. A copy of the directive must be readily available; it may or may not be placed upon the client’s record. However, a record of all client-specific care, including assessments, interventions, and evaluations must be recorded on the client’s health record. Examples include immunization schedules and triage related interventions in emergency departments.



Standing protocols are pre-approved order sheets identifying best practices to direct the care of clients with specific health care needs. The appropriate medical and nursing authority within the applicable agency must support all standing protocols. The nurse using his/her clinical judgement based on client specific data is expected to implement standing protocols as directed. A copy of the order must be addressed with the client's name and identifying information and placed on the client's health record. Before it is deemed valid the standing order form must be either signed by the prescriber or authorized for implementation by the prescriber on the appropriate medical order form in the client's health record. Examples include protocols for IV heparin administration, pain management, and bladder and bowel care.

Both directives and protocols must identify the specific medication(s), condition(s), and circumstance(s) that must exist before the medication can be administered. Medications that may be described in nursing care plans or identified in procedures or policies, cannot be interpreted as a prescription. For example, a policy addressing care of the client with constipation, or a woman in labor, may list as an example only the potential value of using a specific laxative or uterine stimulating drug.

RN Standards

4.4 Nurses must adhere to applicable agency policies concerning medical directives and standing protocols.

4.5 Nurses must use clinical judgment when implementing medical directives and standing protocols.

Agency Responsibilities

4.6 Agencies need to facilitate collaboration amongst health professionals to determine which circumstances are acceptable for the use of medical directives and standing protocols.

4.7 Agencies need to articulate in policy acceptable medical directives and standing protocols.

4.8 Agencies need to offer or provide nurses with relevant education on the use of directives and protocols.

4.9 Agencies need to have the relevant documentation readily accessible within the applicable area of practice (e.g. research evidence) to assist nurses' ability to make clinical decisions regarding the implementation of medical directives and standing protocols.



Category 5: Concern with an Order

Client - Specific Order

There are times when the nurse may question a specific order. An order may be unclear or there may be concerns about the use of a particular drug. All orders that are unclear must be clarified before the nurse administers the medication. Examples of concerns may include; drugs which are prescribed for alternative indications (e.g. off label use), dosages exceeding recommended ranges, medications which are part of an investigational or research study (see Category 13), and/or medications ordered by routes not approved for that specific medication e.g. intravenous versus subcutaneous. In these situations consultation and communication with all relevant team members is required. Nurses have a primary responsibility to the client and must advocate on the client's behalf.

Nurses are to practice safely and within their own level of competency. It is important to review all available information including: 1) drug textbooks and/or product monographs, 2) research, 3) agency policies, and 4) expert opinion. If after reviewing relevant information, a nurse determines that he/she does not have the necessary competency to safely administer the medication, he/she cannot be coerced to do so.

RN Standards

- 5.1 Nurses are accountable and responsible to seek necessary clarification from the prescriber when he/she has a concern with a medication order.
- 5.2 Nurses are expected to use professional judgment - reflecting on the safety and well-being of the client, relevant evidence appropriate to the practice setting, and agency policy.
- 5.3 Nurses must have or obtain the necessary knowledge and skill to safely administer all required medications, monitor client status, and address outcomes.
- 5.4 If the nurses' questions/concerns are not addressed to his/her satisfaction they are expected to:
 - Discuss the issue with the appropriate nursing authority in the agency in a timely manner.
 - Document the concern and the steps taken that directly relate to client care in the client's record and, when appropriate, document information that is not related to client care on designated forms (e.g. occurrence reports, professional practice forms).
 - Where appropriate, implement the ARNNL *Protocol for Reporting Concerns about the Quality of Patient Care* (1995).

Agency Responsibilities

- 5.5 Agencies need to establish processes to collaboratively address concerns that may arise about medication practices. (e.g. pharmacy and nursing advisory committee, medical advisory committee).
- 5.6 Agencies need to communicate information and decisions generated on medication practices amongst all relevant health professionals.



Drug Category

Nurses are prepared to competently administer medications by a variety of routes and for a variety of therapeutic reasons. However, the appropriateness of nurses administering certain categories or classifications of medications should be a collaborative decision between the nurse, other relevant health care professionals, and employers. Decisions about administering certain categories of medications such as conscious sedation and/or drugs that are considered biohazardous e.g. chemotherapy, need to be approved within the practice setting and supported with appropriate theoretical and practical education.

RN Standards

- 5.7 Nurses must be competent to provide the necessary care and to monitor and address all client outcomes pertinent to medications administered within their area of practice.
- 5.8 Nurses must have the necessary knowledge and resources to safely prepare and administer biohazardous materials.

Agency Responsibilities

- 5.9 Agencies need to have guidelines and /or policies that reflect safe practice and client's best interests, by identifying the practice settings where it is appropriate for nurses to administer select categories of medications.
- 5.10 Agencies need to provide nurses with the necessary education and support required to competently administer all medications required within their practice setting.

Category 6: Transcribing Orders

Transcribing refers to the process whereby medication orders are transferred from an order sheet to an administration record, for the purposes of directing administration of the medication by a professional. Transcribing medication orders is a basic skill and considered part of the competency for nurses to administer medications. If other individuals do the “paper work” involved in transcribing orders, nurses are accountable for assessing the appropriateness of the medication for the client and for validating the accuracy and completeness of transcription before administration. When transcribing orders nurses must use professional judgment when scheduling administration times to maximize therapeutic effect, support client choice and the particular situation, and comply with agency policy. Electronic based order entry systems have been shown to decrease errors in transcription (Canadian Society of Hospital Pharmacists, 2003).

RN Standards

- 6.1 Nurses must be aware of and adhere to the approved practices and policies related to transcription within their area of practice such as, appropriate times for medications to be administered (e.g. daily, QID,), stop dates (e.g. antibiotic or narcotic orders), and cosigning requirements (e.g. verbal orders).
- 6.2 Nurses must transcribe and validate medication orders in keeping with professional judgment and the practices outlined in agency policy.
- 6.3 Nurses must seek clarification as identified in Category 5 if there is a concern with an order.

Agency Responsibilities

- 6.4 Agencies need to establish policies and procedures that identify who does the “paper work” of transcribing orders and how orders are to be processed.
- 6.5 Agencies need to identify approved transcription parameters within their site (e.g. medication abbreviations, stop dates).



Category 7: Generic Preparations and Therapeutic Interchanges

Medications prescribed using generic rather than trade names have been shown to increase the accuracy of dispensing and administering medications (ISMP-Canada). Therapeutic interchanges are defined as the substitution of equally effective medications, for example, substitution within a class of medications such as antibiotics or proton pump inhibitors. The use of therapeutic interchanges may be implemented to support best practices and improve cost effectiveness. A formulary lists the drugs which have been agreed upon for administration in a particular setting, including approved agency interchanges.

RN Standards

- 7.1 Nurses must be familiar with both the trade and generic names of medications used in their practice setting.
- 7.2 Nurses must transcribe prescriptions as they are written and not substitute generic names or therapeutic interchanges unless authorized by the agency.
- 7.3 Nurses must verify that the prescription is valid in the agency i.e. the drug is available and/or the interchange is approved.
- 7.4 Nurses must document on the medication administration record the medication that was administered.

Agency Responsibilities

- 7.5 Agencies need to develop policies and procedures about the use of generic versus trade names and therapeutic interchanges.
- 7.6 Agencies need to have current reference material readily available e.g. formulary, drug handbooks, and research evidence to support interchanges.
- 7.7 Agencies need to have policies that identify who can authorize changes, and processes in place for approving changes and informing nursing staff of approved changes.

Category 8: Administering Medications

The act of administering a medication is a continuous process. It is more than just the task of giving a medication to a client. To decrease the chance of error and ensure clear lines of accountability, it is important that the same nurse carry out all the steps of administration. Double-checking or having a second nurse validate an order, calculation, preparation and/or administration of medications such as insulin or heparin is a prudent but optional professional practice (ISMP-Canada, 2005). On an individual basis, according to agency policy (e.g. narcotics), or for high risk medications (e.g. IV bolus, potent medications or for medications with similar names or dosages), a nurse may be required to double-check medications (National Patient Safety Institute, 2002).

Range doses refer to medication prescriptions in which the dose, frequency or route is prescribed in a range and may be optional (i.e. PRN) such as sliding scale insulin or select pain medications. Nurses have the educational preparation to make client specific range related medication decisions. Medications should not be prepared in advance, left unattended in a insecure place or removed from packages prior to administration.



RN Standards

- 8.1 Nurses must verify that all orders are correct in accordance with the approved process within their agency.
- 8.2 Nurses must assess the appropriateness of the medication as prescribed for the client in that particular situation, for example:
 - client allergies or sensitivities, age, weight, diagnosis, knowledge and attitude about the medications;
 - medication's expected benefits;
 - medication's risks and adverse effects;
 - possible interaction with other medications.
- 8.3 Nurses must follow up with the authorized prescriber if there is a concern with an order.
- 8.4 Nurses must teach clients about their medications and involve them in decision-making.
- 8.5 Nurses must prepare and administer the medication according to the medication system being used and the seven rights of medication administration (the right medication, in the right dose, by the right route, at the right time, to the right client, for the right reason, with the right documentation).
- 8.6 Nurses must monitor the client for effects and/or adverse effects. and appropriately intervene/follow-up as necessary.
- 8.7 Nurses must document medications after they are administered, held, or refused. If double-checking is accepted practice, confirmation of what was checked must be documented.
- 8.8 Nurses must document the actual dose administered in accordance with agency policy.
- 8.9 Nurses must evaluate and document client outcomes and related follow-up actions.

Agency Responsibilities

- 8.10 Agencies need to develop policies and procedures to direct relevant medication administration practices.
- 8.11 Agencies need to provide the necessary reference materials to ensure that nurses have current information about medications to make informed decisions.
- 8.12 Agencies need to have the necessary structures and processes in place to support safe and competent medication administration. This includes but is not limited to: handling and disposal of biohazardous materials (see Category 16), adequate equipment and supplies, educational material, and adequate numbers of appropriately prepared staff.

Category 9: Clients Self-Administering Medications

To recognize client's rights and to develop or maintain client's optimal level of functioning and independence, clients and/or families should be supported to self-administer medications in the home and as appropriate, in approved units or settings. Clients who are determined to be capable of self-administering their medications may be totally independent or may require some education and assistance. This could involve reminders to take medications, help in opening containers or filling mechanical aids, or preparing/preloading or mixing medications. It may also mean leaving medications with competent client/family members to self administer at a pre-determined time e.g. with their meal.



RN Standards

- 9.1 Nurses must adhere to agency policy and in the absence of policy, as appropriate, nurses should advocate for clarification on the practice of client self administration.
- 9.2 Nurses must assess the client/family member's ability to assume and maintain responsibility for self- administration.
- 9.3 Nurses must inform the client/family of the importance of keeping medications for self administration in a secure place.
- 9.4 Nurses must provide information to the client/family regarding safe administration including scheduling, dosage, route, potential adverse effects, and instructions for addressing adverse effects and communicating with the relevant health care professional.
- 9.5 Nurses must document instructions and all relevant client information on the appropriate record.

Agency Responsibilities

- 9.6 Agencies need to have policies regarding the practice of clients self-administering medications which includes documentation requirements.
- 9.7 Agencies need to identify any restrictions they may place on this practice e.g. narcotics, settings.

Category 10: Administering Client's Prescribed and Over-The-Counter Medications

In some settings, such as ambulatory care centers , camps and/or other short term services such as respite care, clients may bring in prescribed and/or over-the counter medications from home for nurses to administer. Where possible competent clients should be supported to self-administer these medications. Based on the nurses' professional judgment of the client's competence and current situation, nurses may administer these medications providing that the medications are in their original container i.e. with an affixed prescription label (not in an envelope or mechanical aid for self-administration). If there is a discrepancy between the dispensing label and the client/ family member directions for administration the nurse needs to use their professional judgment and follow-up with the prescriber as required. The nurse must document the discrepancy and the rationale for following the chosen directions.

In institutional care settings, (e.g. newly admitted or long term care residents) the nurse will require verification through an approved order or agency protocol, to administer the client's own medications. Pharmacy should be consulted if there is a concern regarding the identification of a medication.

RN Standards

- 10.1 Nurses must adhere to agency policy and in the absence of policy, advocate for clarification on the practice of administering over the counter and client's own medications.

Agency Responsibilities

- 10.3 Agencies need to have policies regarding use of, storage, and documentation of medications brought from home or in transfer from another agency.
- 10.4 Agencies need to seek input from appropriate health professionals when developing policies and practices regarding clients own medications.



Category 11: Narcotics and Controlled Drugs

The federal *Controlled Drug and Substances Act* (1996) outlines the requirements for safe handling and administration of narcotics and controlled substances. The Act delegates the authority for establishing agency policies to pharmacy. Pharmacy, in consultation with other stakeholders including nursing, is responsible to identify specific agency policies. The Act does not mandate that a Registered Nurse must be the professional who is responsible to perform all aspects of narcotic management, such as counting narcotics, cosigning (e.g. for wastage), and handling of keys to storage cupboards. As appropriate, in keeping with agency policy and appropriate education, other health care workers (e.g. LPN's and ward clerks) may be assigned select duties.

RN Standards

11.1 Nurses must adhere to agency policies and procedures regarding care of, administration and disposal of narcotics and controlled drugs.

Agency Responsibilities

11.2 Agencies need to establish policies and procedures which identify appropriate processes for receiving, storing, dispensing, administering, and disposing of narcotics and controlled drugs.

Category 12: Administering Immunizing Agents, Desensitizing Injections, and Allergy Testing

The competence required to administer immunizing agents, allergy tests or desensitizing injections is the same as that required to administer other medications (see Category 8). However, administration of these medications may involve a higher risk of sudden, severe adverse effects (e.g. anaphylactic shock). To administer these agents, an individual prescription or a medical directive/standing protocol is required or, the drug must be listed as a Schedule II product in the Pharmacy Regulations (1998).

Nurses administering these agents must be competent to recognize and intervene in the event of complications (e.g. difficulty breathing). Authority to intervene (e.g. give epinephrine) and directions for appropriate follow-up, including reporting processes, must be pre-determined. Completion of a occurrence report such as the Vaccine Associated Adverse Effects form may be required.

Clients who are identified during screening to be at a high risk of developing adverse effects or complications, should be referred for administration in a setting with access to appropriate supports and resources.



RN Standards

- 12.1 Nurses must have the necessary educational preparation and agency authorization to administer immunizations, allergy tests or desensitizing agents, and to monitor and intervene appropriately if an adverse event occurs.
- 12.2 Nurses must be aware of and adhere to required agency, provincial, and national administrative and surveillance policies and documentation guidelines.

Agency Responsibilities

- 12.3 Agencies need to have policies relating to immunizations, allergy testing and desensitizing agents to ensure appropriate mechanisms and resources are available for nurses to practice according to standards.
- 12.4 Agencies need to have processes in place to report, record, and act on adverse effects.

Category 13: Administering Investigational and Special Release Medications

Physicians are required to prescribe the use of all investigational or special release medications. An investigational drug is a therapeutic agent, which has been approved for human clinical trials by the agency. This may include drugs or chemicals used in a therapeutic manner that have not been approved for use in Canada, in an untried therapeutic manner to treat an entirely different disease, or where a new drug is introduced as a trial. Nurses may be involved in the administration of investigational medications in two ways. The nurse may be employed as a research coordinator or, as a care provider, expected to administer the medication to a client. The investigator/physician must obtain informed consent from the client/participant. The coordinator is expected to provide education to the client/participant and relevant nursing staff with regard to proper administration and possible adverse events.

As a care provider, the nurse administering investigational drugs must have the necessary information to safely administer these medications. The nurse is accountable for correctly administering the medication. The nurse is not accountable for any outcomes that the investigational medications themselves may produce.

Special release medication are medications that are approved for use for the particular client and for the therapeutic manner and diagnoses whereby it is prescribed, however the drug is not on the agency formulary, or approved for general use, thus requiring special authorization.

RN Standards

- 13.1 Nurses must have the necessary educational preparation and agency authorization to administer investigational and special release medications and to monitor and intervene appropriately as required.

Agency Responsibilities

- 13.2 Agencies need to have policies on investigational or special release medications that outline:
- responsibility of investigators, physicians and research coordinators;
 - accessing, labeling, storing and disposing practices;
 - agency approval process (to guide when, where, and how nurses are to obtain these medications);
 - roles and responsibilities of nursing staff; and
 - documentation and client consent.



Category 14: Administering Placebos

Administering placebos to clients without their knowledge and consent is inappropriate and unethical. As with any care, clients have a right to be informed and give consent. (CNA, 2002 Code of Ethics). Placebos may be ethically acceptable in two instances: when the individual experiences a “placebo effect” even when he or she knows the medication is a placebo, or as part of a double-blind research study in which the client has been informed, as part of the consent process, that he or she may receive a placebo.

RN Standards

14.1 Nurses must ensure that clients are informed and have consented before administering any placebo.

Agency Responsibilities

14.2 Agencies need to have policies to identify protocols for the use of placebos.

Category 15: Transporting Medications

There are instances when a nurse is expected to assist clients to get their medications from a pharmacy, take unused medications back to the pharmacy for disposal, or to carry medications for administration during client transfer e.g. medevac. Being in possession of, or transporting a client’s medications, including narcotics and controlled drugs, is not illegal. It is not considered “trafficking” as long the nurse is viewed as an agent of the client. Storage of medications for transport, e.g. narcotics or sharps, must be in compliance with appropriate policies and safety regulations. If questioned by public authorities, the nurse would be required to validate his/her professional status and contact information i.e. agency affiliation. The nurse will also be required to justify the need to transport the medications as a component of a nurse-client relationship through appropriate documentation such as the client’s prescription and/or agency protocol.

RN Standards

15.1 Nurses must be aware of and adhere to the approved policies and procedures for transporting and storing of medications. This includes both health care agency policy and the applicable transport agency policy e.g. commercial airlines.

15.2 Nurses must comply with all documentation requirements.

Agency Responsibilities

15.3 Agencies need to have policies directing the practice of transporting medications and/or carrying medications for administration during client transports.

15.4 Agencies need to have policies directing nursing documentation related to transporting and storage of medications outside of the health care agency.



Category 16: Disposing of Medications

Medications that are outdated, no longer needed by clients, or contaminated require disposal. Currently there is no consensus on the proper way to dispose of medications. There are two commonly supported practices. Where available, unused, partial, open or contaminated medications should be returned to a pharmacy or, they should be disposed of within a sharps container. Because of environmental concerns, flushing unneeded medications down the toilet or drain is controversial, and thus strongly discouraged. Disposal of biohazardous materials such as chemotherapy agents must be in accordance with approved agency policies. Practices for disposing of narcotics and controlled substances must be in accordance with approved agency interpretations of the *Controlled Drug and Substances Act (1996)*.

RN Standards

- 16.1 Nurses must dispose of medications, sharps, and biohazardous materials in accordance with agency policy.
- 16.2 Where appropriate nurses must instruct clients about safe disposal of medications.

Agency Responsibilities

- 16.3 Agencies need to establish policies and procedures for safe disposal of unused, contaminated, expired or biohazardous medications.
- 16.4 Agencies need to provide required education to ensure that nurses are aware of approved disposal practices.

Category 17: Documentation

Registered Nurses are accountable for maintaining timely and accurate records of all medications they administer and related client care and outcomes (ARNNL, 1995 Standards for Practice). Recording medications on the approved agency form or format (e.g. electronic chart) should be done as soon as possible after medications have been administered. Appropriate documentation includes: client name, drug name, date and time of administration, dose, route and/or site as appropriate, and the signature of the nurse who administered the medication. If the approved agency process for recording medication administration uses initials or involves an electronic mark, there must be a standard method for identifying the full name of the nurse who gave the medication, on all applicable client records.

The nurse must also document all relevant information about the act of administration and the client's therapeutic response to medications including client questions, teaching or supervision, desired or adverse outcomes, and communication with other members of the health care team. Client self administration, refusal and any resulting education and follow-up must also be documented.

Medication documentation by exception or documenting medications administered by others is not acceptable practice. Nurses should record only medications that they have administered. Exceptions include emergency situations such as a cardiac arrest or other agency approved situations where the nurse witnesses the administration of the medication.

Documentation must comply with pertinent legislation, regulations, agency policies, and professional guidelines and standards. For example narcotics must be documented in keeping with the *Narcotic Control Regulations*, and Insulin Dosage Adjustment must be in accordance with applicable ARNNL guidelines and agency policies.



RN Standards

- 17.1 Nurses must adhere to the professional documentation standards outlined in this document, agency policies, and relevant legislation and regulations.

Agency Responsibilities

- 17.2 Agencies need to articulate documentation expectations for medication practices, and support effective communication between all relevant professionals and departments.

Summary

The promotion of safe, evidence-based medication practices is a responsibility that is shared among nurses, physicians, pharmacists, agencies, and clients. The nurse is responsible and accountable to implement safe, competent and ethical medication practices according to the standards described in this document. Health care agencies are responsible and accountable to establish quality professional practice environments to create safe, effective and ethical medication systems.



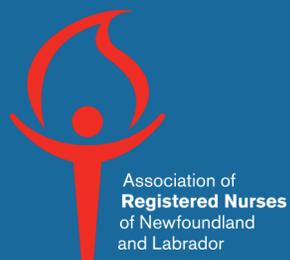
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