Medication Management: Standards for Registered Nurses and Nurse Practitioners

(Not in effect until approved)

Purpose

This standard applies to registered nurses and nurse practitioners, herein referred to as **REGISTRANTS**[1]. **MEDICATION** management is defined as patient-centred care, optimizing safe, effective and appropriate drug therapy, where care is provided through collaboration with patients and their health-care teams. The purpose of this standard is to outline expectations for registrants when engaging in medication practices such as administration, dispensing, storage, inventory management and disposal.

Registrants must be aware of any employer or organizational policies (if applicable) that may further direct how medication practices are performed in the practice setting. For registrants in self-employed practice, it is important to ensure evidence-informed policies and procedures are in place to support safe medication management.

Registrants must understand their role within the context of the patient's care and ensure they have the authorization, education and competence to manage medications, to reduce and prevent medication incidents for their patients. It is important to be clear who assumes primary responsibility for care of the patient (most responsible practitioner; for the CRNA registrants, this means NP practice only), who is the **AUTHORIZED PRESCRIBER** and to seek clarification as needed.

Criteria

To meet this standard, registrants must meet the following criteria.

The registrant must

1. Be knowledgeable about the therapeutic and side effects of the medication, its interactions and contraindications.

1 Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

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2. Be knowledgeable and competent to administer the medication via the specified route.

3. Educate or counsel patients (or their legal guardians or substitute decision makers) and caregivers (as appropriate) about the medications they are taking, including

3.1. the reason why it has been **ORDERED** or prescribed,

3.2. what the medication does,

3.3. how it works,

3.4. possible side effects,

3.5. probability of effectiveness,

3.6. the risks of not taking it,

3.7. drug or non-medication interactions,

3.8. when and how to seek medical attention, and

3.9. how to self-administer (e.g., preparation and routes, storage and safe disposal).

4. Obtain and document a **BEST POSSIBLE MEDICATION HISTORY**, including the patient's use of non-prescription and natural health products.

5. Ensure **MEDICATION RECONCILIATION** is performed with the patient and caregivers where appropriate, at all transitions of care and reconcile any discrepancies.

6. Appropriately assign medication assistance, when required, to both health care aides and unregulated health-care workers. Registrants are responsible for the assessment, administration and evaluation involved with as needed (pro re nata, PRN) medication.

7. Have the knowledge, skills and competence to recommend any medication that do not require a prescription from an authorized prescriber (**SCHEDULE 2**, **3**, **UNSCHEDULED DRUGS** and natural health products).

8. Receive electronic medication orders only through a secure network in accordance with legislation and established policies.

9. Only act as an **INTERMEDIARY** between an authorized prescriber and a pharmacist (or pharmacy technician) in **URGENT OR EMERGENT CIRCUMSTANCES**.

10. Communicate changes in medication orders with the patient, their caregivers (as appropriate) and with the staff involved in the patient's care.

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11. Manage any harm, disclose to the patient and inform the authorized prescriber when a medication incident has occurred.

12. Recognize, act on and report **MEDICATION INCIDENTS**, **CLOSE CALLS** or **ADVERSE DRUG REACTIONS** through the appropriate administrative method as soon as possible.

13. Report adverse reactions of medications to Health Canada through the Canada Vigilance Program.

14. Report **SERIOUS ADVERSE DRUG REACTIONS** and medical device incidents according to established policies and as mandated of hospitals to Health Canada by the *Protecting Canadians from Unsafe Drugs Act*.

15. **TRANSCRIBE** medication orders completely and accurately.

16. Implement strategies to minimize the risk of misuse, addiction and drug diversion.

Administration

The registrant must

17. Follow the **RIGHTS OF MEDICATION ADMINISTRATION**.

18. Practise infection prevention and control with medication management and in accordance with the CRNA standards and guidance.

19. NOT use a **STANDING ORDER**.

20. Accept verbal medication orders only in urgent or emergent circumstances. Such orders must be read back to the authorized prescriber to confirm accuracy and then accurately documented.

21. Follow established policies for use of the **PATIENT'S OWN MEDICATION** and self-administration.

22. Have a medication order from an authorized prescriber and informed consent from the patient prior to administration of **INVESTIGATIONAL MEDICATION** or a **PLACEBO** that is part of a formal research program.

23. Only administer **SCHEDULE 1 DRUGS** when there is a patient-specific order, protocol or order set signed by an authorized prescriber prior to administration.

24. Follow established policies when administering drugs that do not require an order from an authorized prescriber (Schedule 2, 3, Unscheduled drugs and natural health products).

25. Only administer natural health products approved by Health Canada.

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26. Follow regulatory requirements and established policies for vaccine, biological, blood and blood product administration.

27. Ensure Health Canada requirements have been met when administering a medication obtained through their **SPECIAL ACCESS PROGRAM** for drugs.

28. Question medication orders that are unclear, incomplete or inappropriate (includes orders that are outdated, illegible or unsafe).

29. Only administer medications prepared by themselves or by a pharmacist (or pharmacy technician), except in urgent or emergent circumstances when the medication may be prepared by another health-care professional.

30. Prepare medications at the time of administration. Medication should NOT be pre-poured.

31. Use personal protective equipment and follow established policies for the administration and management of **HAZARDOUS MEDICATIONS**.

32. Use safeguards for **HIGH-ALERT MEDICATIONS** as identified in established policies.

33. Safeguard medication and do NOT leave medication unattended.

34. Assess if the patient has the physical capability and the mental capacity for safe administration of the medication.

35. Withhold a medication when it would pose a risk of harm to the patient and consult with the authorized prescriber immediately or as soon as possible.

36. NOT administer any medication without the informed consent of the patient, their legal guardian(s) or substitute decision maker(s), unless in urgent or emergent circumstances.

37. Respect the patient's right to refuse a medication where they have mental capacity to make informed decisions. Document the refusal in the medication administration record (including reason) and communicate this to the authorized prescriber.

38. Follow established policies when using **COVERT MEDICATION ADMINISTRATION**.

39. Document only the medication personally administered (unless in urgent or emergent circumstances when acting as a **DESIGNATED RECORDER**).

40. Follow established policies for documenting medication administration when acting as a designated recorder.

41. Ensure documentation of medication administration is complete including

41.1. the patient's name,

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41.2. drug name (generic),

41.3. dose,

41.4. route,

41.5. site (if applicable),

41.6. date and time of administration,

41.7. signature (first initial, full legal surname) and protected title, or unique authentication credentials (e.g., username and password), and

41.8. other relevant information.

42. Evaluate and document the therapeutic effect of the medication.

43. Document the initiation and completion of medications administered over time (e.g., intravenous medications).

Dispensing

The registrant must

44. **DISPENSE** medication only

44.1. when a pharmacist is not available,

44.2. following a comprehensive assessment and medication review,

44.3. when there is a medication order,

44.4. according to established policies, and

44.5. based on patient need.

45. NOT **COMPOUND** drugs for the purpose of dispensing.

46. Ensure the drug is packaged properly including

46.1. appropriate packaging respecting the nature of the drug including sensitivity to light and temperature,

46.2. in child-resistant packaging unless

a. the patient requests otherwise,

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b. according to the registrant's judgment, child-resistant packaging is not appropriate,

c. child-resistant packaging is not suitable because of the form of the drug, or

d. the registrant is unable to obtain a child-resistant package for the drug because a supply is not reasonably available.

46.3. If a drug is NOT dispensed in a child-resistant package, the registrant must educate the patient on the risks associated with NOT using a child-resistant package.

47. Label the container properly, including

47.1. the drug has a label that is clearly legible and includes the following

a. name of the patient,

b. name of the prescriber,

c. name, address and phone number of the clinic or business from which the drug is dispensed,

d. a description of the drug in English (generic name of the drug, strength and identity of the manufacturer),

e. instructions for use,

f. date the drug was dispensed,

g. quantity of the drug dispensed,

h. expiry date (if applicable).

47.2. using labels that provide additional information or forms of information to help patients with specific needs (e.g., visually impaired, non-English speaking patients, etc.) understand.

48. Perform a final check including

48.1. the drug dosage, form, strength, manufacturer and quantity dispensed are correct,

48.2. the label is accurate and contains the required information, and

48.3. relevant or important instruction labels are affixed.

49. When dispensing drug samples

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49.1. ensure there is a record of the drug dispensed,

49.2. document collaborative discussions with authorized prescribers about dispensing the drug sample in the patient record, and

49.3. ensure dispensing decisions about drug samples are based solely on the patient's health and need.

50. Dispense the medication directly to the patient or their representative.

51. Document the dispensing of medication in the patient's record.

Procurement and Storage

The registrant must

52. **PROCURE** medications for administration or dispensing (NP practice only) through legal and authorized channels. RNs may NOT procure Schedule 1 medications for administration or dispensing.

53. Visually inspect the medications to ensure there has been no damage, tampering or contamination.

54. Handle and securely store medications (including hazardous medications) according to the manufacturer's instructions and established policies.

55. Handle and store vaccines according to provincial policy and national guidelines.

Inventory and Disposal

All registrants must

56. Participate in established processes for maintaining accurate medication records.

The registrant who is responsible for procuring or storing medications must

57. Maintain accurate records and ensure safe management of medications by

57.1. having an audit system in place to identify possible drug loss,

57.2. following federal legislation and regulations and established policies related to the acquisition, access and counts (including documentation of withdrawals and administration, and discrepancies) of controlled drugs and substances, and

57.3. establish a process to monitor recalls, notify affected patients, and safely dispose of expired, damaged or recalled medications.

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Glossary

ADVERSE DRUG REACTION – "A noxious and unintended response to a drug which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic drug" (*Food and Drug Regulations*, CRC, c 870).

AUTHORIZED PRESCRIBER – A regulated health-care professional authorized in Alberta to perform the restricted activity of prescribing a Schedule 1 drug.

BEST POSSIBLE MEDICATION HISTORY – A medication history created using a systematic process of interviewing the patient and/or family and a review of at least one other reliable source of information to obtain and verify the patient's use of prescribed and non-prescribed medication, including natural health products (Canadian Patient Safety Institute & Institute for Safe Medication Practices [ISMP] Canada, 2017).

CLOSE CALL(S) - Also known as near miss. "An event that could have resulted in unwanted consequences but did not because either by chance or through timely intervention, the event did not reach the patient." (ISMP Canada et al., 2005)

COMPOUND – Is a restricted activity under the *Health Professions Act* (HPA) that requires specific competencies and skills to be carried out safely. It means "to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water" (HPA, 2000, p. 17).

COVERT MEDICATION ADMINISTRATION – The administration of medication to a patient without their knowledge or consent, in a disguised or deceptive form, when they lack the capacity to take medicines or to understand the consequences of refusing to take medicines. It requires complex, multidisciplinary assessment and established policies based on sound ethical and legal principles that must be followed. (Kelly-Fatemi, 2016).

DESIGNATED RECORDER – A person responsible for accurately documenting patient care and clinical activities.

DISPENSE – Is a restricted activity under the HPA that requires specific competencies and skills to be carried out safely. It means "with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person" (HPA, 2000, p. 17).

HAZARDOUS MEDICATION – Medications that pose a potential health risk from exposure in the workplace. This includes chemotherapy and other medications listed on the National Institute for Occupational Safety and Health (NIOSH) hazardous drug list. (NIOSH, 2024).

HIGH-ALERT MEDICATION – "Drugs that bear a heightened risk of causing significant patient harm when they are used in error" (ISMP, 2024).

INTERMEDIARY – A person who communicates prescriptions between a prescriber and a pharmacist or pharmacy technician.

INVESTIGATIONAL MEDICATION – Medication(s) not available in the Canadian market, which are used in human clinical trials to determine their safety and effectiveness.

MEDICATION – Includes all scheduled drugs, **OVER-THE-COUNTER MEDICATION**, blood and blood products, biologics, vaccines and natural health products.

MEDICATION INCIDENT(S) - "Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health-care professional, patient or consumer. Medication incidents may be related to professional practice, drug products, procedures and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use." (ISMP Canada et al., 2001)

MEDICATION RECONCILIATION – Health-care providers collaborate with patients and families to ensure accurate medication information is consistently communicated during care transitions, involving a thorough review of all medications to support informed prescribing decisions (Canadian Patient Safety Institute & ISMP Canada, 2017).

ORDER(S) – A means to communicate a desired treatment or diagnostic test with other health-care professionals and can include medications, devices, laboratory tests, procedures, etc.

OVER-THE-COUNTER MEDICATION – Medication that does not require a prescription which are taken to treat minor health problems at home (Government of Alberta, 2023).

PATIENT'S OWN MEDICATION – Medications brought into a facility by the patient.

PLACEBO – A substance that does not contain an active drug ingredient.

PROCURE – To obtain or acquire something.

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners and RN or NP courtesy registrants on the CRNA registry.

RIGHTS OF MEDICATION ADMINISTRATION – The core rights of medication administration that reduce medication incidents and include the right: patient, medication, dose, route, time, documentation, reason, response, education and the right to refuse.

SCHEDULE 1 DRUG – Require a prescription and are dispensed by pharmacists after a practitioner's diagnosis, with sales regulated by provincial pharmacy laws (National Association of Pharmacy Regulatory Authorities [NAPRA], n.d.). See the Alberta *Pharmacy and Drug Act* and regulations.

SCHEDULE 2 DRUG – Don't require a prescription but must be dispensed by a pharmacist, who may refer the patient to a practitioner, and are kept in a non-public area of the pharmacy (NAPRA, n.d.). See the Alberta *Pharmacy and Drug Act* and regulations.

SCHEDULE 3 DRUG – While available without a prescription, are sold in a designated area of the pharmacy under the pharmacist's supervision to assist patients and manage risks,

ensuring safe self-medication (NAPRA, n.d.). See the Alberta *Pharmacy and Drug Act* and regulations.

SERIOUS ADVERSE DRUG REACTION – "One which requires hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. Adverse reactions that require significant medical intervention to prevent one of these outcomes are also considered to be serious." (Health Canada, 2011)

SPECIAL ACCESS PROGRAM – "Access to drugs that are not currently authorized for sale in Canada to treat patients with serious or life-threatening conditions. Access to these drugs is only considered when conventional therapies have failed, are unsuitable or are unavailable." (Health Canada, 2023)

STANDING ORDER – A non patient-specific order which does not identify conditions and circumstances that must be present to administer the medication(s) or implement treatment(s).

TRANSCRIBE – The process of transferring a prescriber's medication order to the medication administration record.

UNSCHEDULED DRUG – Can be sold from any retail outlet without professional supervision, as they come with sufficient labeling and information for safe and effective use (NAPRA, n.d.).

URGENT OR EMERGENT CIRCUMSTANCE – A situation when direction is required to provide appropriate patient care where, if not obtained, a delay in treatment would place a patient at risk of serious harm.

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