

PRACTICE STANDARD

Medication

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Introduction

The purpose of the *Medication* practice standard is to outline nurses' accountabilities when engaging in medication practices, such as administration, **dispensing**, medication storage, inventory management and disposal.

Three principles outline the expectations related to medication practices that promote public protection:

- authority
- competence
- safety

All medications have potential to cause harm and nurses are accountable to comply with all relevant legislation, applicable employer policies and the standards of practice of the profession, when engaging in medication practices.

This practice standard applies to all nurses: Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs). In addition, NPs are accountable for the expectations outlined in the *Nurse Practitioner* practice standard, and RNs with prescribing authority are accountable for the expectations outlined in the *Registered Nurse (RN) Prescribing* practice standard.

Bolded terms are defined in the glossary.

Authority

Nurses must have the appropriate authority to perform medication practices.

RNs¹ and RPNs require an order for a medication practice when:

- a **controlled act** is involved
 - ✓ Nurses can accept orders for controlled acts from the following authorized providers: Physicians, Nurse Practitioners, Dentists, Chiropractors, Midwives and Registered Nurses with prescribing authority²
- administering a prescription medication³ that does not involve a controlled act (for example, oral or topical)
 - ✓ Nurses can accept an order to administer a prescription medication from an authorized prescriber who has the authority through their health profession specific legislation
- it is required by legislation that applies to a practice setting, such as the *Public Hospitals Act*.

Nurses:

- accept orders that are
 - ✓ clear
 - ✓ complete
 - ✓ appropriate
- must have a therapeutic nurse-client relationship when engaging in all medication practices, including administering by injection or inhalation, or dispensing a medication
- must only dispense or administer by injection or inhalation medication for therapeutic purposes.

When a nurse receives a medication order that is unclear, incomplete or inappropriate, the nurse must not perform the medication practice. Instead, the nurse must follow up with a prescriber in a timely manner.

¹ RNs with prescribing authority may dispense or administer by injection or inhalation a medication that they are authorized to prescribe without an order from another authorized provider.

² See subsection 5(1) of the *Nursing Act, 1991* and section 20 of regulation 275/94 under the *Nursing Act, 1991*.

³ Medications requiring a prescription can be found in the Health Canada Drug Product Database.

Orders for medication can be **client-specific orders**, which apply to one client, or **directives**, which apply to more than one client. For more information about orders and authorizing mechanisms, see [Scope of Practice](#) standard.

Practices requiring a client-specific order

Many practice areas use client-specific orders; however, given the increased risk of harm involved, nurses must use client-specific orders in the following practices.

Controlled substances

Federal legislation requires that NPs issue client-specific orders when prescribing controlled substances⁴.

Aesthetic services

When providing **aesthetic services** that involve prescription drugs or treatments involving controlled acts (for example, injections of any substance, whether a prescription drug or otherwise), CNO requires that NPs issue only client-specific orders, and nurses accept only client-specific orders from authorized prescribers. For more information on aesthetic services see CNO's [Scope of Practice](#) standard and [Aesthetic Services](#) practice guideline.

The *Food and Drug Regulations*⁵ specify the sale of prescription drugs (for example, neuromodulators) requires a client-specific order from an authorized prescriber.

Competence

Nurses ensure that they have the knowledge, skill and judgment needed to perform medication practices safely.

Nurses:

- seek information from the client about their medication history
- collaborate with the client in making decisions about the plan of care in relation to medication practices
- provide education to the client regarding their medication and strategies for minimizing risk
- ensure their medication practices are **evidence-informed**
- assess the appropriateness of the medication practice by considering the client, the medication and the environment
- know the limits of their own knowledge, skill and judgement and get help as needed
- do not perform medication practices they are not competent to perform.

Safety

*Nurses promote safe care and contribute to a culture of safety within their practice environments, when involved in medication practices.*⁶

Nurses:

- must administer medication using the route of administration indicated by the prescriber
- must dispense the medication directly to the client or their representative

⁴ Section 127 of the *Controlled Substances Regulations*

⁵ Food and Drugs Regulations, made under the *Food and Drugs Act*.

⁶ See subsection 16(1) of O. Reg. 275/94.

- must document and retain a copy of the information recorded on the container in which the medication was dispensed and include the information in the client's health record (see *Appendix A: Information required on labels for dispensed medication*)
- must be satisfied the medication has not and will not expire before the date on which the client is expected to take the last of the medication
- must have reasonable grounds to believe the medication has been obtained and stored safely and in accordance with any applicable legislation
- must promote and/or implement strategies to minimize the risk of misuse, addiction and **drug diversion**
- must take appropriate action to prevent, resolve or minimize the risk of harm to a client from a **medication error** or **adverse reaction**
- must report medication errors, **near misses** or adverse reactions in a timely manner
- must comply with applicable legislative requirements, employer policies and standards of practice related to the secure and appropriate storage, transportation, documentation and waste of all medication (including controlled substances)
- must not engage in conduct that results, directly or indirectly, in a personal or financial benefit that conflicts with their professional or ethical duty to a client as a result of dispensing a medication
- must collaborate in the development, implementation and evaluation of system approaches that support safe medication practices within the health care team.

Appendix A: Information required on labels for dispensed medication

Labels for dispensed medication must include⁷ the following:

- i. identification number, if applicable
- ii. dispensing nurse's name and title along with the name and title of the prescriber, if the nurse is not the prescriber
- iii. name, address and telephone number of the place from which the medication is dispensed
- iv. identification of the medication, as to its name, its strength (where applicable) and, if available, its manufacturer
- v. quantity of the medication dispensed
- vi. date the medication is dispensed
- vii. expiry date of the medication, if applicable
- viii. name of the client for whom the medication is dispensed
- ix. directions for use

The dispensing nurse must retain a copy of the information recorded on the container as part of the client's health record.

⁷ See subsection 18(5)6 & 18(5)7 of O. Reg 275/94.

Glossary

Adverse drug reaction: As defined in the Food and Drug Regulations, 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 function.

Adverse reaction: As defined in the Natural Health Products Regulations, a noxious and unintended response to a natural health product that occurs at any dose used or tested for the diagnosis, treatment or prevention of a disease or for modifying an organic function.

Aesthetic services: Are the provision of procedures, including those that involve controlled acts, for the purpose of cosmetic treatment to enhance, preserve or alter a client's appearance. Examples of aesthetic services provided by nurses include, but are not limited to, the administration of neuromodulators, dermal fillers, thread lifts, platelet rich plasma and microneedling.

Client-specific order: An order for an individual client that may be written or verbal. A health care professional, such as a physician, NP, dentist, chiropractist, midwife or RN with prescribing authority, can give a client-specific order to authorize a specific procedure, treatment, drug or activity, to be administered at a specific time or which could occur over time.

Controlled acts: Acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them. These activities are listed in the *Regulated Health Professions Act, 1991*.

Directive: An order for an activity or series of activities that may be implemented for a number of clients, when specific conditions are met and specific circumstances exist. A directive is always written by an individual or a group, who are authorized regulated health care provider(s), who have the legislated authority to order the activity and for which they have ultimate responsibility.

Dispensing: To select, prepare and transfer stock medication for one or more prescribed medication doses to a client or the client's representative for administration at a later time.

Drug diversion: When controlled substances are intentionally transferred from legitimate distribution and dispensing channels (National Opioid Use Guideline Group, 2010).

Evidence-informed: Practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

Medication error: 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. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use (National Coordinating Council for Medication Error Reporting and Prevention, n.d.).

Near miss: An event, situation, or error that took place but was captured before reaching the patient (ISMP, 2009).

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