

Medication

Revised 2017

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Introduction

The Medication practice standard describes 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.

The principles are:

- authority
- competence
- safety.

This practice standard applies to all nurses. In addition, Nurse Practitioners are accountable for the medication practices outlined in the Nurse Practitioner practice standard.

A glossary of bolded terms is provided at the end of this document.

Authority

Nurses must have the necessary authority to perform medication practices.

Registered Nurses and Registered Practical Nurses require an order for a medication practice when:

- a **controlled act** is involved
- administering a prescription medication¹, or
- it is required by legislation that applies to a practice setting².

Nurses accept orders that are:

- clear
- complete
- appropriate.

Orders for medication can be direct orders (that apply to one client) or directives (that apply to more than one client); however, orders for controlled substances must be direct orders.

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.

Competence

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

Nurses:

- 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 judgment, and get help as needed, and
- do not perform medication practices that 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.

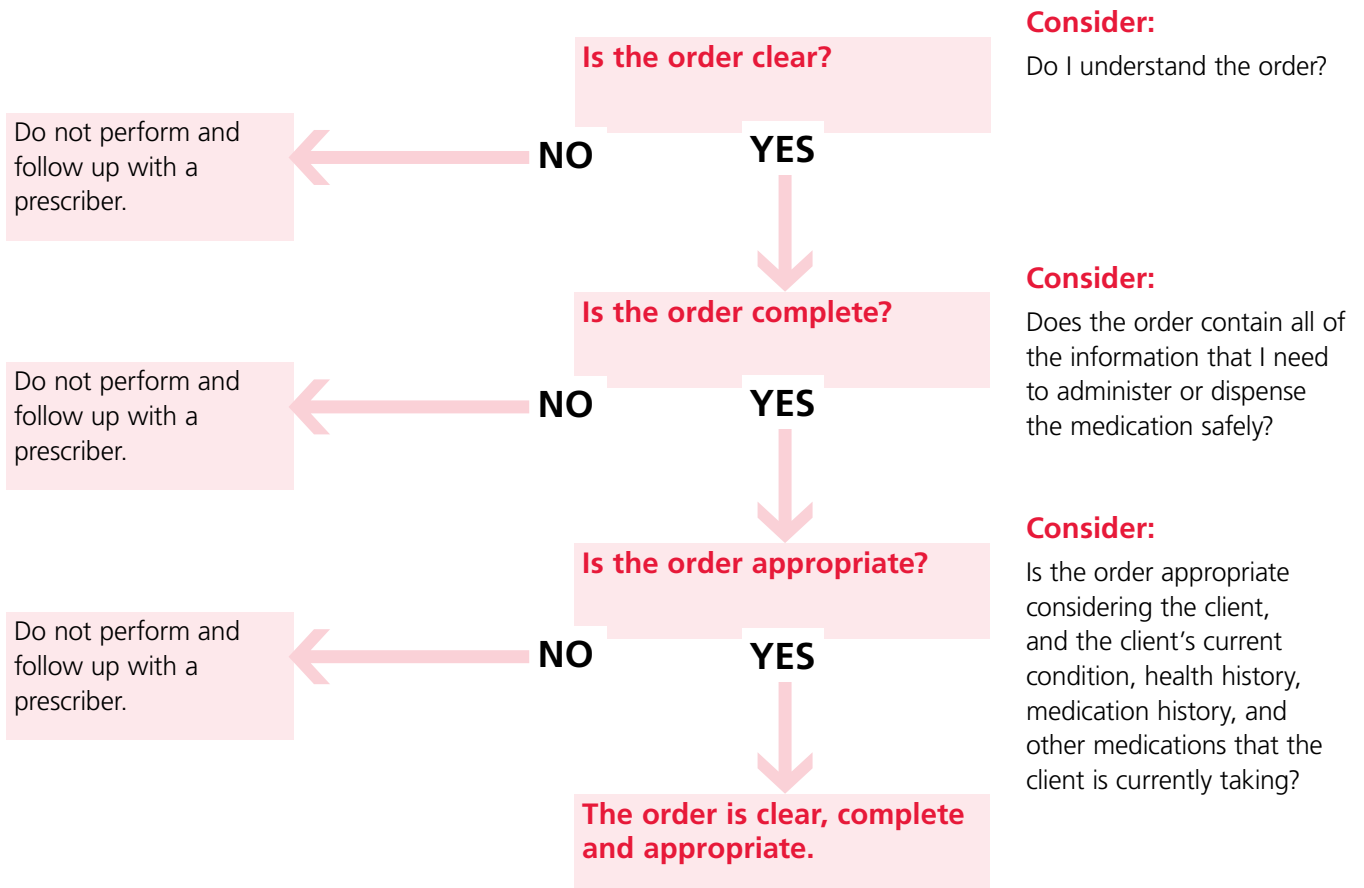
Nurses:

- seek information from the client about their medication, as needed
- provide education to the client regarding their medication
- collaborate with the client in making decisions about the plan of care in relation to medication practices
- promote and/or implement the secure and appropriate storage, transportation and disposal of medication
- promote and/or implement strategies to minimize the risk of misuse and **drug diversion**
- take appropriate action to resolve or minimize the risk of harm to a client from a **medication error** or **adverse reaction**
- report medication errors, **near misses** or adverse reactions in a timely manner, and
- collaborate in the development, implementation and evaluation of system approaches that support safe medication practices within the health care team.

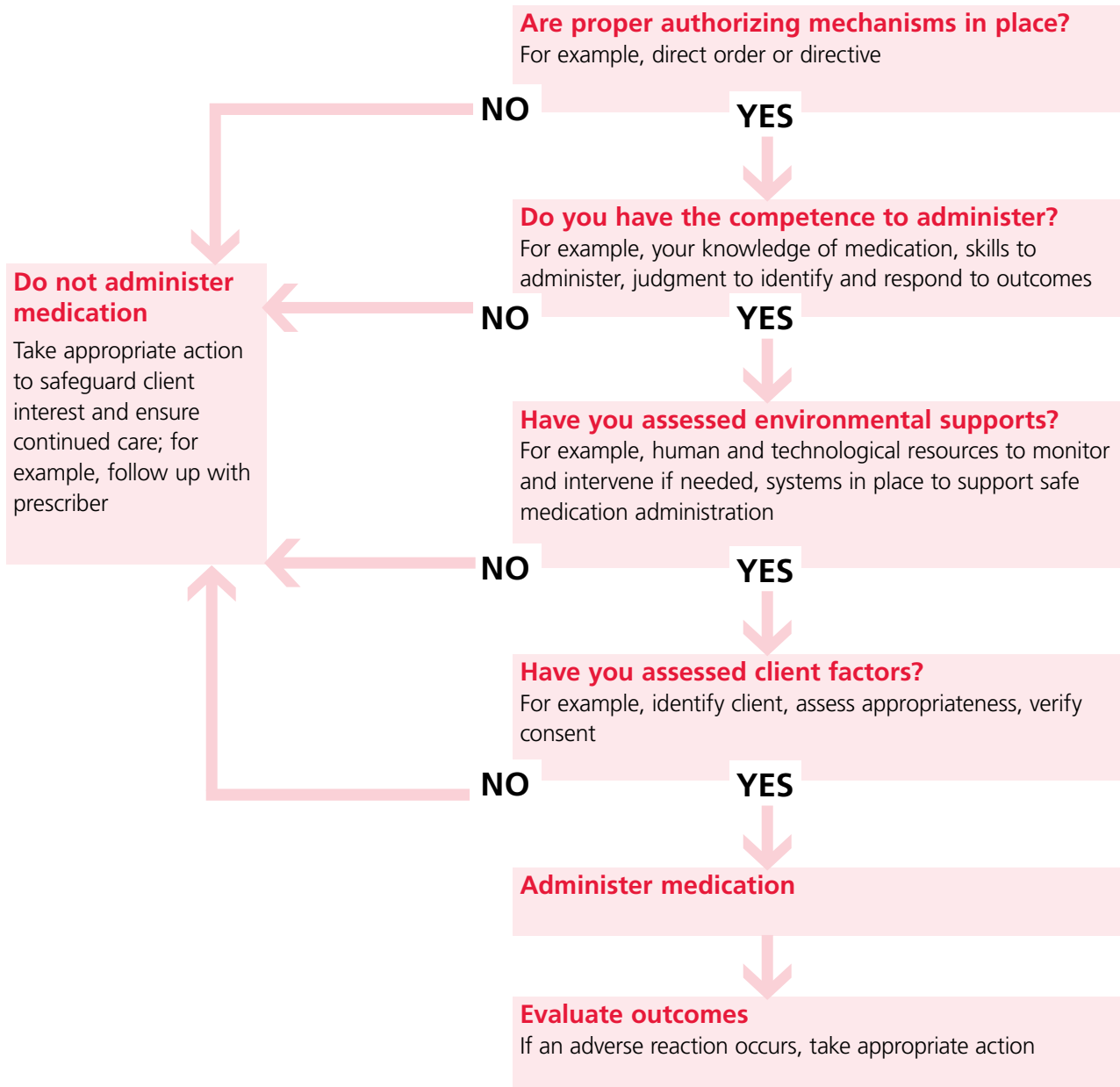
¹ Medications requiring a prescription can be found in the Health Canada Drug Product Database.

² For example, for client treatments and diagnostic procedures, the *Public Hospitals Act*, regulation 965 requires an order from an identified practitioner, such as a Nurse Practitioner or a physician.

Decision Tree: Is the Order Clear, Complete and Appropriate?

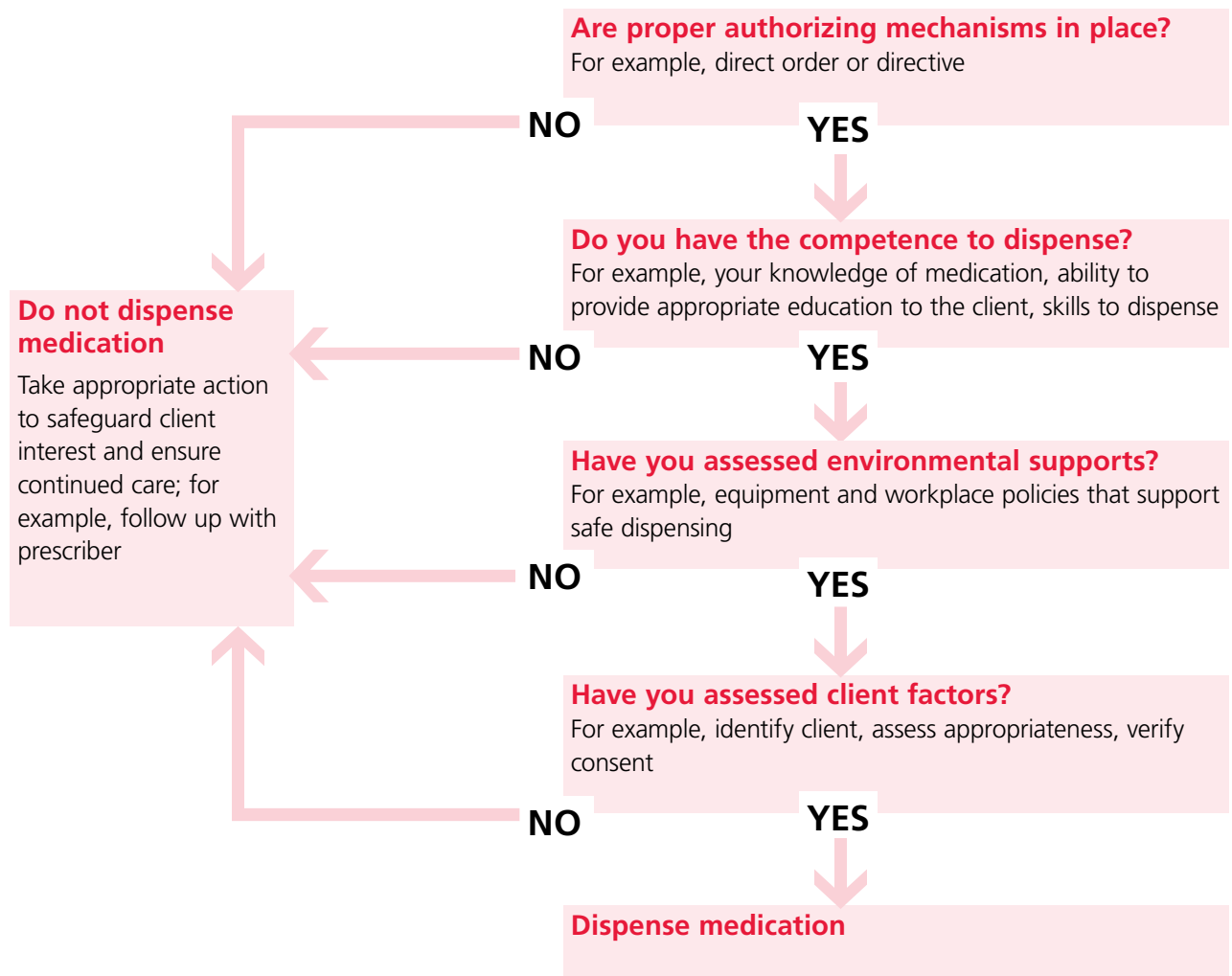


Decision Tree: Deciding About Medication Administration



Note: Document during and/or after administering medication, according to the Documentation practice standard.

Decision Tree: Deciding About Dispensing



Note: Document during and/or after dispensing medication, according to the Documentation practice standard.

Glossary

Adverse Reaction: Undesirable effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and non-prescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radiopharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may be evident within minutes or years after exposure to the product and may range from minor reactions like a skin rash, to serious and life-threatening events such as a heart attack or liver damage. (Health Canada, 2012).

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*. (College of Nurses of Ontario, 2014).

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. (College of Nurses of Ontario, 2014).

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, 2014).

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

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