


Standards for Medication Management





Mandate

Regulation for safe, competent, and ethical nursing care.

Under the [Nurses Act](#), the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent and ethical nursing care.

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Acknowledgements

Elements of this document have been adapted from the College of Nurses of Ontario *Practice Standard Medication* (2019) and the College of Registered Nurses of Newfoundland and Labrador and College of Licensed Practical Nurses of Newfoundland and Labrador *Medication Management* (2019).

For the purpose of this document, the term “nurse” refers to the graduate nurses, the registered nurses, and the nurse practitioners.

Words in bold print are found in the glossary. They are shown in bold on first appearance.

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Introduction

Medication management is defined as a **client-centered practice** that optimizes safe, effective, appropriate drug therapy. It is a shared responsibility between the entire **health-care team** and the **client**. Medication management requires nurses to utilize clinical judgment, critical thinking and **evidence-informed** decision-making (Saskatchewan Registered Nurses' Association, 2015). The *Standards for Medication Management* are intended to complement the NANB's [Standards of Practice for Registered Nurses](#) by describing nurses **accountabilities** and responsibilities in medication management. They are not intended to replace legal advice or employer policies.

Four principles outline the expectations regarding medication management to promote public protection and although presented in a sequence, medication management is not a linear process. The principles are:

1. Authorization
2. Competence
3. Safety
4. Collaboration

These principles are accompanied by indicators, which are developed to illustrate how each of the standards are to be met.

The *Standards for Medication Management* apply to all nurses. In addition, nurse practitioners are accountable to the medication practices outlined in the [Standards of Practice for Nurse Practitioners](#).

Medication Management

1. Authorization

Nurses need to know the medication management practices that they are authorized to complete. Authorization for nursing practice is granted through legislation, regulation and/or policy. Nurses must know their individual **scope of practice**, their legislation and employer policies that influence their practice.

Nurses:

- 1.1 require medication orders from **authorized prescribers** for medications that are within the prescriber's scope of practice;
- 1.2 only accept medication orders that are clear, complete and appropriate (refer to Appendix A);
- 1.3 consult with the authorized prescriber and/or pharmacist on medication orders that are unclear and require clarification;
- 1.4 only accept **verbal medication orders** in **emergent, urgent or exceptional situations**; and
- 1.5 comply with federal and provincial legislative requirements for medication management (refer to Appendix B).

Additional information nurses may need to consider depending of context or situation:

- Orders for medication can be direct orders (that apply to one client) or **directives** (that apply to more than one client when specific conditions are met and when specific circumstances exist).
- Orders for **controlled substances** must always be direct orders.
- **Compounding** medication is not within the scope of practice of nurses.
- **Dispensing** (refer to Appendix C) and **supplying** are within the scope of practice of nurses. Nurses¹ may provide **samples** of medication to clients pursuant to an authorized prescriber's order.

2. Competence

Nurses ensure that they have the knowledge, skill and judgement needed to practice medication management competently.

Nurses:

- 2.1 ensure their medication management is evidence-informed;
- 2.2 assess the appropriateness of the medication management by considering the client, the medication and the environment;
- 2.3 know the limits of their own knowledge, skill and judgement, and get help as needed;

¹ Food and Drug Regulations includes nurse practitioners as a "practitioner" to whom drug samples may be distributed (Government of Canada, 2020). Please refer to following link: <http://www.gazette.gc.ca/rp-pr/p2/2020/2020-04-29/html/sor-dors74-eng.html>.

- 2.4 practises medication management according to employer policy; and
- 2.5 do not perform any practices of medication management that they are not competent to perform.

3. Safety

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

Nurses:

- 3.1 seek information from the client about their medication, as needed;
- 3.2 provide education to the client regarding their medication;
- 3.3 monitor the client before, during and following medication administration and intervene if necessary;
- 3.4 collaborate with the client in making decisions about the **care plan** in relation to medication management;
- 3.5 promote and implement safety precautions as they handle, prepare, administer, store, transport and dispose of medication;
- 3.6 promote and implement strategies to minimize the risk of misuse and **drug diversion**;
- 3.7 take appropriate action to resolve or minimize the risk of harm to a client from a **medication error** or **adverse drug reaction**; and
- 3.8 report medication errors, **near misses** or adverse reactions in a **timely** manner.

4. Collaboration

Nurses **collaborate** with the client and other members of the health-care team when planning for, implementing, and evaluating medication management. Collaboration promotes consensus building and working together on common goals, processes and outcomes. Nurses collaborate, as well as communicate and consult with the client, **unregulated care providers** and other members of the health-care team. This process is integrated throughout all aspects of medication management to optimize positive client health outcomes.

Nurses:

- 4.1 engage clients in the management of their medications;
- 4.2 document in accordance with legislation, standards, regulatory requirements, and employer policy; and
- 4.3 collaborate in the development, implementation and evaluation of system approaches that support safe medication management within the health-care team.

Refer to Appendix D to consult the medication management decision tree that integrates all four principles related to medication management.

Glossary

Accountable/Accountability: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (Nova Scotia College of Nursing [NSCN], 2017).

Adverse drug reaction: Any noxious and unintended response to a drug that is caused by the administration of any dose of the drug (Government of Canada, 2019a). Nurses are employed throughout the healthcare system and play a crucial role in identifying and reporting any incidents, drug reactions, adverse events and "near misses". The [*Protecting Canadians from Unsafe Drugs Act \(Vanessa's Law\)*](#) includes rules that strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions.

Authorized Prescriber: A practitioner lawfully entitled to prescribe treatments or medications (New Brunswick College of Pharmacists [NBCP], 2014). According to the [*Controlled Drugs and Substances Act*](#), a practitioner means a person who is registered and entitled under the laws of a province to practice in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner (Government of Canada, 2019b). In addition, a practitioner is defined by the New Classes of Practitioners Regulations as midwives, nurse practitioners and podiatrists (Government of Canada, 2019c). In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians and physician assistants² (College of Physicians and Surgeons of New Brunswick [CPSNB], 2013; NBCP, n.d.).

Care-plan: An individualized and comprehensive plan guiding the nursing care for a client. The purpose is to enhance communication between care providers, so care is provided consistently and client goals are achieved (NSCN, 2019).

Client: Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2017).

Client-centered practice/care: An approach in which clients are viewed as whole persons. It is not merely about delivering services where client is located. Their care involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making (Registered Nurses' Association of Ontario [RNAO], 2010).

² A Physician Assistant may issue prescriptions only for medication which the supervising physician has determined the Physician Assistant is qualified to prescribe; such prescriptions shall identify the Physician Assistant and the supervising physician (CPSNB, 2013).

Collaboration/Collaborate: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses and other members of the health care team in the interest of client care (RNAO, 2016).

Compounding/Compound: The combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final product to meet the client's unique needs when a required dosage is not available commercially or remove a non-essential ingredient from a drug to which a client is allergic. It can involve the alteration of the form and strength of commercially available products, or reformulation to allow for a novel drug delivery. Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on an approved drug's labelling material (Government of Canada, 2009). Compounding is not within the scope of nursing practice.

Controlled Substances: Any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction. Controlled substances range from illegal street drugs to prescription medications (Health Canada, 2018).

The Office of Controlled Substances of Health Canada regulates the distribution of controlled substances in Canada, including those substances used by individuals and health care facilities for legitimate scientific or health reasons. The governing federal legislation includes the [Controlled Drugs and Substances Act](#), the [Narcotic Control Regulations](#), Part G (Controlled Drugs) of the [Food and Drug Regulations](#) and [Benzodiazepines and Other Targeted Substances Regulations](#).

Directive: A written order from an authorized prescriber for a procedure, treatment or drug for a number of clients when specific conditions are met. The specifics of the Directive will depend on the client population; the nature of the orders involved and the expertise of the health care professionals implementing the Directive (NANB, 2018). Required components of a directive include:

- the name and description of the procedure, treatment or drug being ordered;
- specific clinical conditions and situational circumstances that must be met before the Directive can be implemented;
- clear identification of any contraindications for implementing the Directive;
- the name and signature of the authorized prescriber who is taking responsibility for, the Directive; and
- the date and signature of the administrative authority approving the Directive.

For more information, click on the following link: [Fact Sheet: Directive](#).

Dispensing/Dispense: The interpretation, clarification, assembly, and preparation of an authorized prescriber's order for the delivery to the client (NBCP, 2014). Dispensing does not include the administration of medication. NANB acknowledges that dispensing is a role of the pharmacist and dispensing by the pharmacist should always be the first option. However, when supported by employer policy, nurses can dispense prescribed medications when pharmacy services are not available. Examples of situations where nurses may be supported to dispense prescribed medication include, but are not limited to:

- when there is no access to pharmacy services (e.g., for geographical reasons or hours of services);
- when there is an urgency to dispense a small portion of the prescribed medications to a client (e.g., initiating a course of antibiotic therapy, and controlling the spread of a communicable disease); and
- to cover a client's unexpected short leave from a health care facility (College of Registered Nurses of Newfoundland & Labrador, 2017).

Please refer to Appendix C to consult the dispensing decision tree.

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

Emergent, urgent or exceptional situations: Situations where verbal prescriptions could be acceptable include (but may not be limited to):

- emergent or urgent situations where delay in treatment would place the client at risk of harm;
- when the prescriber is not present, and urgent or emergent direction is required to provide appropriate client care;
 - when the prescriber is away from the client care area where access to the health record is not possible; or,
- when the prescriber is consulting via telehealth without the ability to enter their prescription into the health record (Association of Registered Nurses of Newfoundland and Labrador & College of Licensed Practical Nurses of Newfoundland and Labrador, 2019).

Evidence-informed: The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients (Canadian Nurses Association [CAN], 2018).

Health-care team: Providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities. The team includes the client (CAN, 2017).

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 with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune. The term “good catch” is common terminology to indicate the just-in-time detection of a potential adverse event (Canadian Patient Safety Institute, 2009).

Samples: Samples of prescription medications are often provided by pharmaceutical companies to specific authorized healthcare providers free of charge. According to the [Food and Drug Act](#), drug samples can be distributed to physicians, nurse practitioners³, pharmacists, dentists and veterinarians under certain conditions. These authorized prescribers can then provide drug samples to clients when needed. Graduate nurses and registered nurses can distribute drug samples only under an authorized prescriber’s order or care directive. Employer policies pertaining to the distribution of drug samples should address their procurement, storage, access, distribution/supplying and proper disposal.

Scope of practice: The activities that nurses are educated and authorized to perform, as set out in legislation and described by standards, limits, and conditions set by regulators (British Columbia College of Nursing Professionals [BCCNP], 2019).

Supplying: Repackaging or providing medications after they have been dispensed by a pharmacy is considered “supplying” and is within the nursing scope of practice. Situations considered “supplying” include but are not limited to:

- filling a mechanical aid or alternative container from a client’s own blister pack or prescription bottle to facilitate self-administration or administration by a caregiver;
- repackaging and labeling drugs from a client’s own supplies;
- providing clients with their own blister packs or prescription bottles; and
- providing medications from the institution’s pharmacy upon a client’s discharge from the institution when they are unable to get their medications from their community pharmacy (NSCN, 2020).

Timely: Ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes (NSCN, 2017).

Unregulated care providers: Paid providers who are neither licensed nor registered by a regulatory body (BCCNP, n.d.).

Verbal medication orders: Methods used to communicate verbal orders are via telephone, spoken face-to-face or voicemail (Institute for Safe Medication Practices, 2017).

³ Food and Drug Regulations includes nurse practitioners as a “practitioner” to whom drug samples may be distributed (Government of Canada, 2020). Please refer to following link: <http://www.gazette.gc.ca/rp-pr/p2/2020/2020-04-29/html/sor-dors74-eng.html>.

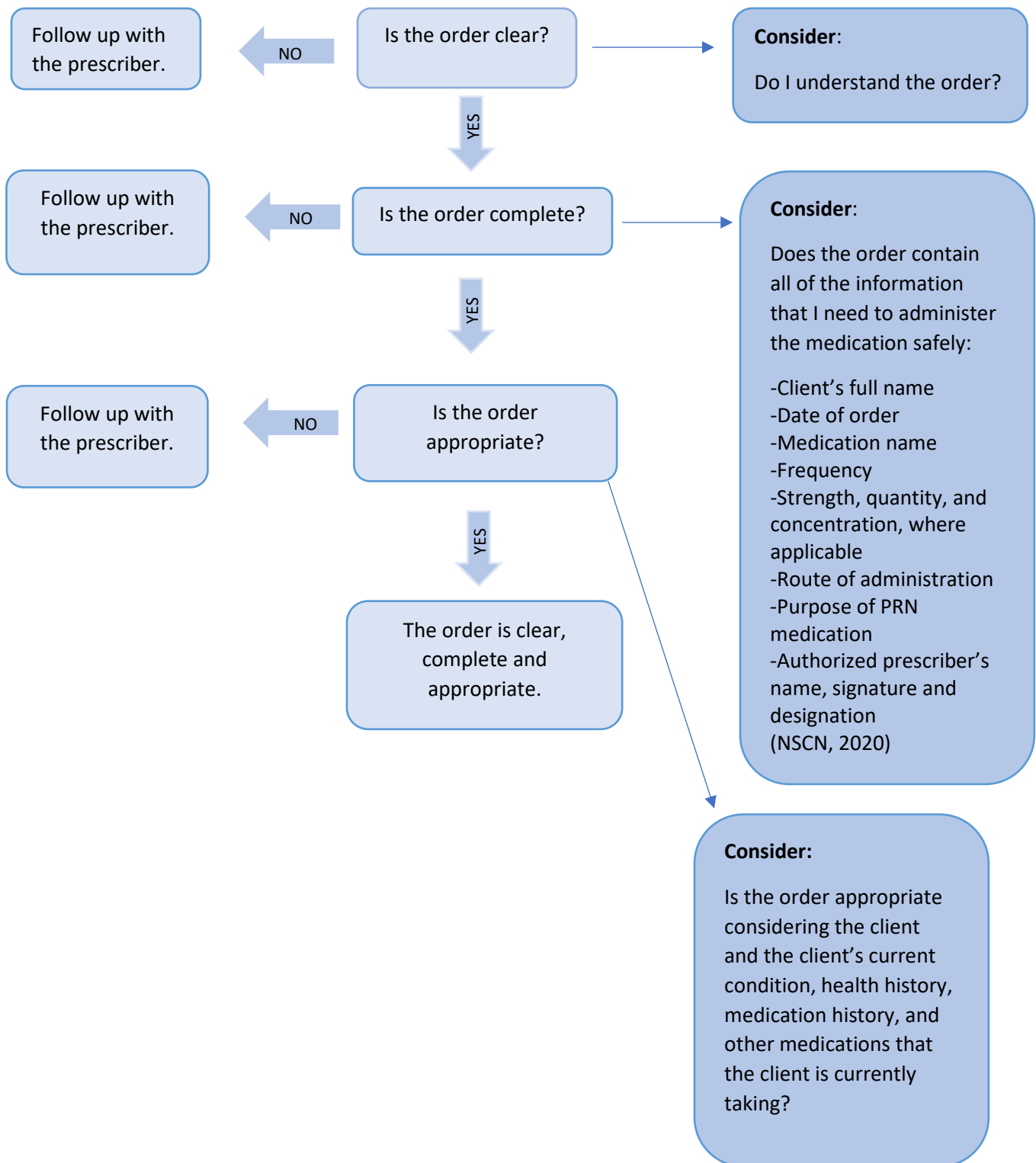
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Appendix A: Is the Order Clear, Complete and Appropriate?



Appendix B: Federal and Provincial Legislation

Federal Legislation

Food and Drug Act

The [Food and Drug Act](#) governs the sale and distribution of drugs in Canada. This legislation focuses on protecting the public from unsafe drugs and addresses false, misleading or deceptive labeling of drugs. For example, it states that no person shall distribute or cause to be distributed any drug as a sample except physicians, nurse practitioners, dentists, veterinary surgeons or pharmacists under prescribed conditions. The *Act* also defines prescription drugs and non-prescription drugs.

Controlled Drugs and Substances Act

The [Controlled Drugs and Substances Act](#), along with the [Narcotic Control Regulations](#), Part G of the [Food and Drug Regulations](#), and the [Benzodiazepines and Other Targeted Substances Regulations](#), govern the production, distribution, importing, exporting, sale, and use of narcotics, and controlled and targeted drugs, for medical and scientific purposes in Canada. This legislation defines who is authorized to be in possession of these drugs/substances and governs specific activities and record keeping of pharmacists, other practitioners, and hospitals⁴.

Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)

The [Protecting Canadians from Unsafe Drugs Act \(Vanessa's Law\)](#) amends the [Food and Drug Act](#). It includes new rules that strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions. As well, these measures are intended to improve Health Canada's ability to collect post-market safety information and take appropriate action when a serious health risk is identified.

Provincial Legislation

Pharmacy Act

The [New Brunswick Pharmacy Act](#) outlines the practice of pharmacy in New Brunswick in order to ensure that, for the safety of the public all persons engaged in the sale or dispensing of drugs and medicines within the Province are acquainted with their properties and uses and possess a competent practical knowledge of pharmacy, and that the profession of pharmacy is practised by its members in accordance with acceptable standards.

Nurses Act

The [Nurses Act](#) authorizes NPs to prescribe medications. It does not speak directly to specific interventions that nurses perform but instead defines nursing broadly as "the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof."

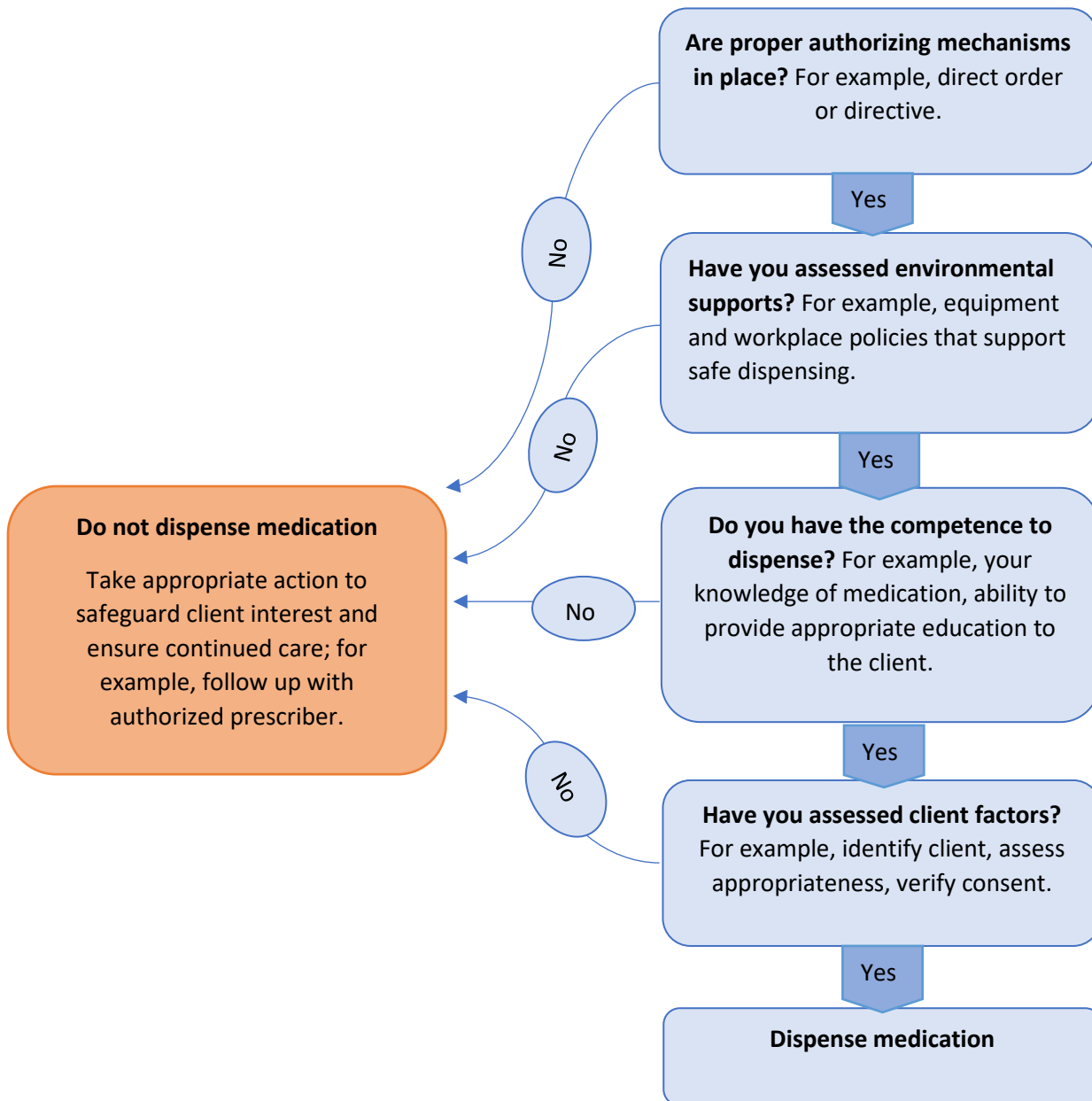
⁴ Hospital means a facility (a) that is licensed, approved or designated by a province in accordance with the laws of the province to provide care or treatment to persons or animals suffering from any form of disease or illness; or (b) that is owned or operated by the Government of Canada or the government of a province and that provides health services (Narcotic Control Regulations, 2009).

Regional Health Authorities (RHA) Act

Although the [RHA Act](#) does not specifically refer to the role of nurses in medication administration, it states that the RHA shall ensure that:

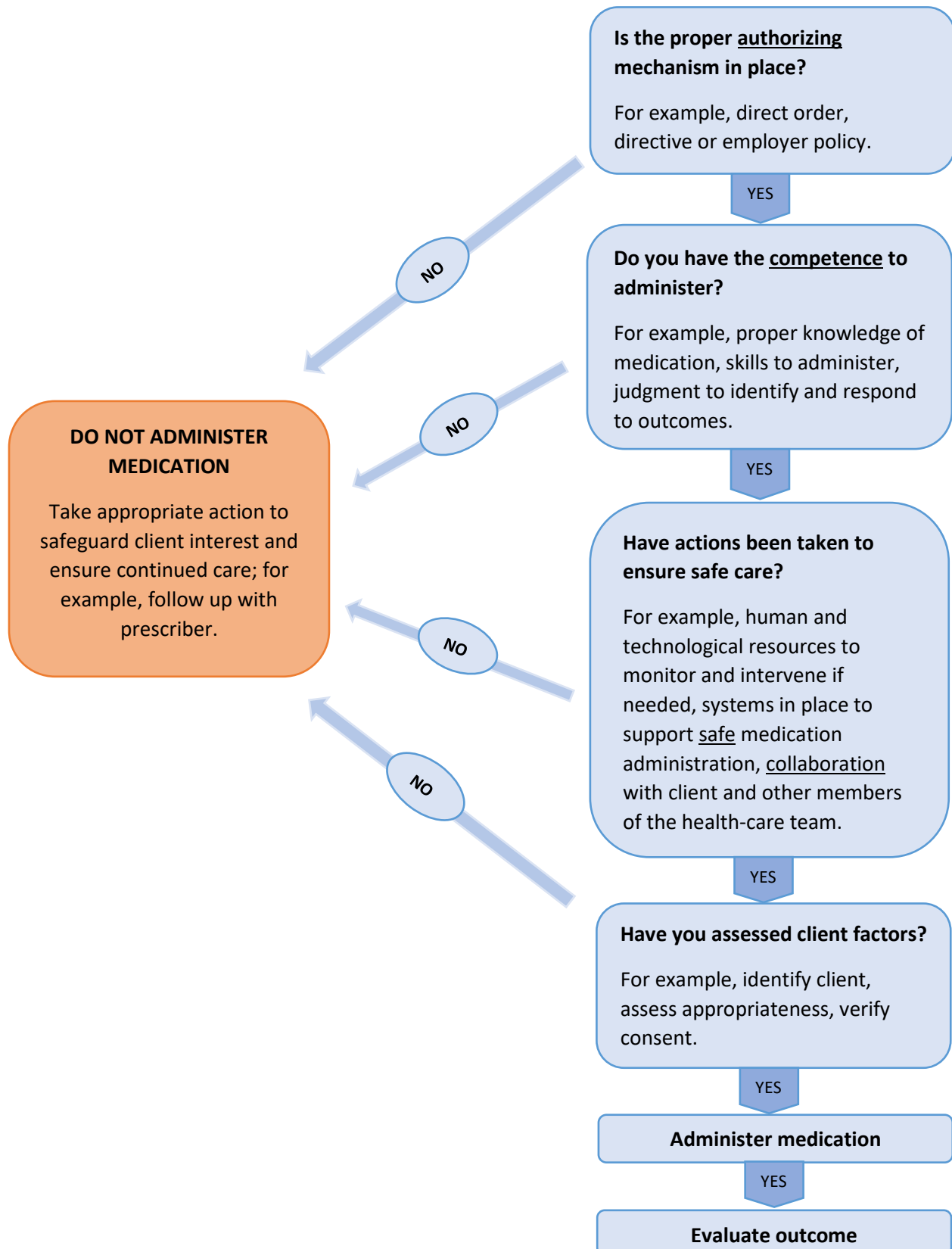
- (a) Health services are delivered through its employees and staff or through agreements with the government or other persons.
- (b) Health services delivered by employees and staff or through agreements under paragraph (a) are delivered in accordance with the provincial standards established by the Minister for those services.

Appendix C: Decision Tree - Dispensing



This content is adapted with permission from the College of Nurses of Ontario; the original work is available on cno.org.

Appendix D: Decision Tree - Medication Management





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