First Nations and Inuit Health Branch

FNIHB
Nursing Station Formulary
and
Drug Classification System

October 2018

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Overview

The goal of the First Nations and Inuit Health Branch (FNIHB) Nursing Station Formulary is to provide a standard list of medications that should be stocked in nursing stations. The Formulary was produced after consultation with many stakeholders including physicians, nurses, pharmacists and the FNIHB Nursing Station Formulary Pharmacy and Therapeutics Committee (P&T Committee). It is based on the best available evidence including recent clinical practice guidelines while considering the First Nations remote and isolated health service delivery context. The Drug Classification System assigns a treatment code for community health nurses employed by Health Canada as registered nurses[1]. In regions where it is used, the Drug Classification System (DCS) is included in the Formulary. Both the Formulary and the DCS are designed to be used in conjunction with the *FNIHB Clinical Practice Guidelines for Nurses in Primary Care* as well as the *FNIHB Pediatric Clinical Practice Guidelines for Nurses in Primary Care*.

The medications listed in this Formulary supersede any medications listed in any previous formularies or other applicable guidelines currently in use in all FNIHB facilities using a formulary.

This Formulary is meant to be an evidence-informed document, one that is fluid and responds to the needs of our clients and practitioners. The process for changes to the Formulary can be found in Appendix F. Approval of this Formulary and future changes rests with Senior Management, FNIHB, Health Canada. It will be maintained under the direction of the Population Health and Primary Care Directorate (PHPCD), Executive Director, of the Office of Primary Health Care (OPHC), and/or the Director of Primary Health Care Systems Division (PHCSD). Appendix F also provides information on the process required when a change or new inclusion of a medication to the Formulary and/or to the drug treatment code is required. The Drug Classification System will be maintained under the direction of OPHC.

The FNIHB Nursing Station Formulary Pharmacy and Therapeutics Committee is a multidisciplinary group of health care professionals with representation from nursing, medicine and pharmacy including both government and nongovernment members. The Committee is tasked with providing recommendations and guidance to the Executive Director, OPHC and/or the Director of PHCSD for the establishment and maintenance of the FNIHB Nursing Station Formulary and for the maintenance of the Drug Classification System.

Pharmaceutical issues and their impact on the delivery of health services in First Nations and Inuit communities may be brought to the PHPCD Interprofessional Practice Advisory Committee (IPAC) to advise Senior Management, FNIHB. Their role is to review common professional concerns and goals, and make

[1] For the purpose of this document, a registered nurse does not include nurses licensed and employed by Health Canada as nurse practitioners.

recommendations for effective and efficient delivery of pharmacy services to on-reserve clients through FNIHB health facilities, where the distribution of medications and medication supply is managed by FNIHB.

The Formulary will be updated on an ongoing basis. These updates will attempt to include the most relevant medication options for practitioners.

Scope

The medications listed in this Formulary will guide the selection and stocking of medication for pharmacy rooms in nursing stations where Health Canada delivers primary health care services. Some medications will be considered mandatory inventory for all nursing stations and are listed as **"Must Stock" (*).** The quantities stocked by each nursing station may differ according to client needs, population and location. Other medications identified in Formulary as "Optional" will be kept at selected nursing stations based on the community needs. For Health Canada-managed facilities, it is the responsibility of the regional office staff in consultation with the Nurse-in-Charge (NIC), to establish minimum and maximum quantities to stock, based on past and present usage patterns. Only the medications listed in the formulary should be stocked in these nursing stations (see *Use of Non-formulary Drugs* below).

The medications in the Formulary are intended for acute treatment where treatments cannot be delayed for clients who are residents living in that community, or visitors of the community served by the nursing stations. When medication treatments are anticipated for a duration that is longer than fourteen (14) days, a prescription should be sent as soon as possible to the pharmacy of the client's choice or to the pharmacy normally dealt with by the nursing station (Non-Insured Health Benefits (NIHB) retail pharmacy providers).

Drug Classification System (DCS)

The FNIHB Drug Classification System is meant to support the delivery of primary health care services by FNIHB community health nurses, allowing for the provision of medications while maintaining parameters for safe practice. In the federal context, in nursing stations where Health Canada delivers primary health care services, the DCS sets out Health Canada nurses' authority to provide medications[2]. Considerations regarding provincial regulations for the provision of medications by nurses are currently under review and will inform future requirements of the DCS. The FNIHB Drug Classification System is designed to be used in conjunction with the *FNIHB Clinical Practice Guidelines for Nurses in Primary Care* as well as the *FNIHB Pediatric Clinical Practice Guidelines for Nurses in Primary Care*.

The process for changes or introduction of a new medication to the FNIHB Nursing Station Formulary and the Drug Classification System is described in Appendix F. Consultation with the FNIHB Nursing Leadership Council (NLC) is required, prior to the final approval of a specified treatment code assigned to a medication. Approval of the

[2] In this context, to provide medications is inclusive of prescribing and dispensing medications.

DCS and any changes to the policy rests with Senior Management, FNIHB, Health Canada. The DCS is maintained under the direction of the OPHC.

The FNIHB Drug Classification System assigns a treatment code to medications listed in the FNIHB Nursing Station Formulary. This treatment code must be adhered to by community health nurses (CHN) [1] providing services in nursing stations where Health Canada delivers primary health care services, when determining the client plan of care. To facilitate use of the formulary, the Drug Classification System (DCS) codes are included in the treatment code column of the Formulary. The scope and responsibilities reflected by one of four possible codes (A to D) are described in the footnotes of each page. A version of the Formulary without the DCS codes is available for regions where the codes are not used.

Please note: Supplementary regional policies and protocols regarding provision of medication are available in some regions. For policies and procedures specific to controlled substances, refer to the *FNIHB Policy and Procedures on Controlled Substances for First Nations Health Facilities* (most current version is dated July 2015).

Drug Treatment Codes

All medications not listed in the Formulary are to be considered to have an assigned treatment code **B.** Regions may further limit the classification of a medication if they wish. The classifications from 'most lenient' to 'most restricted' are: A C D B. A region may move a drug's classification from less restricted to more restricted, but to move a drug's classification from more restricted to less restricted would be in conflict with the FNIHB Nursing Scope of Practice.

Treatment codes

A. RN provides, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.
B. Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner. Note that controlled substances meeting criteria for emergency administration are further identified by a plus sign (i.e. B+). Refer to emergency situations in the *Prerequisites to Providing Controlled Substances included in the Formulary Using the DCS,* section below, for criteria.
C. RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific medication is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a

[1] FNIHB Nursing personnel employed in Nurse Practitioners (NP) roles and licensed as NPs need to comply with applicable jurisdictional regulations for NPs pertaining to prescribing medications. Dispensing of medications prescribed by NPs and obtained from nursing station stocks is authorized under the DCS.

physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D. RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Nursing Practice Standards

Professional nursing practice standards dictate that nurses follow the steps outlined below when providing medications.

a. Client assessment and selection of the appropriate therapeutic care plan based on client's health history, disease, condition, stage of life and individual circumstances;
b. Where a medication indicated for treatment is classified as a B code, the nurse must obtain a verbal and/or written order from an authorized prescriber before providing the medication; or a verbal order followed by a written order from an authorized prescriber must be obtained in some situations (ie. For controlled substances).
c. Should a medication indicated for treatment be classified as code A, C or D, the nurse is authorized to provide/administer to the client the amount specified by the code or for A codes, as indicated by the nurse's assessment of the client. The medication is prepared and provided to the client by the nurse with appropriate instructions and information regarding pharmaceutical and therapeutic suitability, client monitoring needs and proper use. This includes supplying a proper container with a label, indicating the client's name, the medication name, dosage, route of administration, strength and directions for use, and quantity of the medication; the date it is provided, as well as the initials of the nurse providing it and the name and phone number of the health facility;
d. Client monitoring by the nurse to assess the client's response and determine whether the therapeutic intent has been achieved;
e. Appropriate documentation is completed by the nurse on the client's file.

Prerequisites to Providing Controlled Substances included in the Formulary Using the DCS

The *Section 56 Class Exemption for Registered Nurses delivering Primary Health Care at a Health Facility in a Remote and Isolated* authorizes registered nurses to conduct certain activities with controlled substances under certain conditions (i.e., possess, provide, administer, transport, send and deliver) with controlled substances under certain conditions. FNIHB and agency nurses' practicing in designated First Nations health facilities where the FNIHB Drug Classification System (DCS) is used are authorized to provide controlled substances (CS) to clients in the following circumstances:

(i) **In non-emergency situations**, pursuant to a verbal order obtained prior to the initiation of treatment, followed by a written prescription from a physician,

dentist, or nurse practitioner[4] who is authorized by the applicable provincial nurse regulatory bodies. The conditions described below must be met.
OR

(ii) **In emergency situations**, where registered nurses [general class][5] or a nurse practitioner not authorized to prescribe CS are not able to access a physician/dentist/nurse practitioner[1] in a timely manner, the initiation of treatment may be allowed, followed by a written prescription from a physician, dentist or nurse practitioner[1]. In these situations, the CS must be provided in a manner that adheres to the FNIHB risk management approaches and professional nursing practice standards as described below.

Conditions:

(i) **<u>In non-emergency situations</u>**:

a. Client assessment and determination of the care plan is completed respecting professional practice standards;
b. Where a controlled substance is indicated for treatment, the registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS must obtain a verbal order *before* providing the controlled substance to the client followed by a written prescription from a physician, dentist or nurse practitioner[1];
c. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS is authorized to provide/administer to the client only the amount of CS prescribed by the physician/dentist/nurse practitioner[1], i.e., a single dose or course of treatment of a CS. The prescribed controlled substance is prepared and provided to the client by the registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS with appropriate instructions and information regarding pharmaceutical and therapeutic suitability, client monitoring needs and proper use. Dispensing instructions include the previously described elements.
d. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS must request a written original or faxed prescription of the CS ordered verbally, from the prescribing physician, dentist, or nurse practitioner[1]. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS has to document their request or any follow up to obtain the written or faxed prescription from the physician/dentist/nurse practitioner[1]. Once the prescription is obtained, it is placed in the client's file.
e. Client monitoring, attainment of the therapeutic intent and appropriate documentation are required, as for all medication.

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[4] As defined in Section 1 of the *New Classes of Practitioners Regulations* and when authorized by the applicable provincial nurse regulatory bodies.
[5] Is a registered nurse not licensed as a nurse practitioner.

(ii) **In emergency situations:**

An emergency situation is defined as an immediate urgent and critical health concern that may seriously endanger or threaten the life, health or safety of the client and where immediate access to a physician/dentist/nurse practitioner[1] is not available.

Pending communication with a physician, dentist, or nurse practitioner[1] and applying the three self-assessed criteria outlined below, registered nurses [general class][2] or a nurse practitioner not authorized to prescribe CS are authorized to administer **a maximum of one dose** of selected controlled substances depending on their regional formulary selections and regional policies. For selected controlled substances authorized for emergency administration, they are further identified by a plus sign (i.e., **B+**) in the Drug Classification System.

Self-assessed criteria:

1. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS has the knowledge, skill and judgement to determine whether the client's condition warrants the use of a controlled substance;
2. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS knows the risks and benefits to the client; and
3. The registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS can reasonably predict the outcome.

If the criteria described above are met, the following professional nursing practice standards must also be adhered to:

a. Where a controlled substance is indicated as part of the emergency therapeutic care plan, the appropriate controlled substance is selected, prepared and administered to the client by the registered nurse [general class][2] or a nurse practitioner not authorized to prescribe CS, steps must be taken to ensure its pharmaceutical and therapeutic suitability, client monitoring needs and proper use are addressed;
b. Client monitoring, evaluation of the response and determination if the therapeutic intent is achieved; and
c. Appropriate documentation is completed and physician, dentist, or nurse practitioner[1] is consulted once the client's condition is stabilized.

Drug Specific Reminders

The FNIHB Drug Specific Reminders have been developed and incorporated in this version of Formulary. The purpose of these "Drug Specific Reminders' is to alert healthcare providers to be cautious when initiating the medication for certain clients, in order to minimize harm to the client. In particular, the "Drug Specific Reminders'

highlight relevant client characteristics, conditions, or identify drug interaction with warfarin. There are seven (7) selected Drug Specific Reminders that will appear beside the name of a medication listed in the Formulary, where applicable. Please refer to Appendix N for more information on Drug Specific Reminders. Note that the list is not a comprehensive list, and healthcare providers are advised to refer to the most up-to-date *Compendium of Pharmaceuticals and Specialties* (CPS), manufacturer drug product monograph, or other approved drug information systems for other safety considerations.

Recommended References

As a companion to this Formulary, the most recent copy of the following references or similar publications should be kept in the pharmacy room or electronically at each nursing station. Please use the following recommended drug information references to assist in optimising client treatment with the medications from this Formulary: Rx Vigilance electronic system, Therapeutic Choices (accessed through NurseOne), UpToDate Inc, a hospital or regional health authority parenteral manual (e.g., Ottawa Hospital Parenteral Drug Therapy Manual). The phone number for the Poison Control Centre should be displayed prominently in the nursing station.

Formulary Procedures

Formulary Review and Change Request Process

Submissions for formulary additions should be forwarded from the nursing station to the regional office with the rationale for inclusion. The Formulary Change Request Form can be found in Appendix G. If the region is in agreement, the request will then be forwarded to the OPHC, PHCSD, pharmacy consultant. Clinical evidence may also include relevant pharmacoeconomic information which will be reviewed and presented to the Nursing Station Formulary Pharmacy and Therapeutics Committee (P&T Committee) for a listing recommendation. This recommendation will then be presented to Director of PHCSD, then to the Executive Director of OPHC as necessary, for final approval. The P&T Committee will meet on a regular basis (i.e., approximately quarterly every year) while additional meetings or teleconferences may be scheduled at the discretion of the Chair in consultation with the Secretariat. Individuals who request Formulary changes are asked to recognize that there will be some delay as their request is researched and presented to the Committee for decision.

The Executive Director of OPHC may delete or delist any product from the Formulary under the following circumstances:

a) where new information demonstrates that the product does not have adequate therapeutic benefit;
b) where undesirable effects of the product make the continued listing of the product inappropriate;

c) where new products possessing clearly demonstrated therapeutic advantages have been listed, thereby making the continued listing of the product unnecessary;
d) where medications do not meet, for any reason, the unique needs and/or requirements of First Nations and Inuit clients;
e) if there is unreasonable difficulty with procurement or supply or if there are undesirable administrative or financial implications to continued listing and suitable alternatives are available.

The Formulary is under constant review. To ensure it reflects current therapeutics, input from both Health Canada and nongovernment healthcare professionals is invited.

Drug Classification System (DCS) Review and Change Request Process

Before medications are added to the Formulary, the FNIHB Nursing Station Formulary Pharmacy and Therapeutics Committee (P&T Committee) will recommend a treatment code for the new submission based on the consultations and recommendations from the OPHC nurse consultant (who is a representative of the P&T Committee), and FNIHB Nursing Leadership Council. The treatment code for the new additional medication will be included in the Formulary and disseminated regionally. Revisions to the Clinical Practice Guidelines will reflect this final decision.

Use of Non-formulary Medications

Non-formulary medications are medications which have not been considered for addition to the Formulary or have been reviewed and rejected by the FNIHB Nursing Station Formulary P&T Committee. Because of the nature of care at the nursing station as well as delays in transport of ordered medications, all attempts should be made to choose a viable Formulary option in order to minimize interruptions to client's therapy. Depending on the critical use of the medication, and if there is no Formulary options, the client and health care team may agree to order a medication as a "back-up" supply, in case the client's specific medication from a retail pharmacy does not arrive in the community on time. However, a discussion with the nurse-in-charge (NIC) and the regional pharmacy staff (when feasible), is required. If a healthcare provider prefers a particular medication for routine use in a number of clients in the community, then a Nursing Station Formulary Change Request form should be completed (Appendix G) and forwarded to the regional office to begin the review process.

Enforcement of the restricted use of non-formulary medication is crucial to the success of the Formulary and regional pharmacy staff is encouraged to maintain data regarding the use of non-formulary medication to inform subsequent reviews by the P&T Committee.

Emergency Supply[6]

Although personal medication management is encouraged for clients on reserve it is recognized that the remoteness of some locations brings special concerns regarding supply and availability of chronic medications. When community members are being treated with medications for which sudden withdrawal may be unsafe (e.g., patient misplaces their supply) nursing station staff may consider retaining a small quantity of these non-formulary medications to address this situation. Some examples of these medications would include: anticonvulsants, beta-blockers, and calcium channel blockers. However, suitable alternatives may be listed in the Formulary and these options should be considered when possible.

Provincially Supplied Medications

Certain medications are provided through provincial programs (e.g., tuberculosis medications, HIV post-exposure prophylaxis medications, vaccines). Since these medications will vary between regions they are not listed in the Formulary but it is recognized that regional offices maintain policies supporting the use of these medications and that they will be stocked and provided by nursing station staff.

Adverse Reaction Reporting

Suspected adverse reactions to medications or vaccines are to be reported to Canada Vigilance at Health Canada. There are three ways to report an adverse reaction to Health Canada.

1. To report an adverse reaction to Health Canada online, go to www.healthcanada.gc.ca/medeffect . Complete and submit your report online.

2. To fax or mail a report, you may obtain an adverse reaction reporting form:
    - at MedEffect Canada - Adverse Reaction Reporting - Health Canada
    - in the CPS (Compendium Pharmaceuticals and Specialties) Appendix 4B Submit the report by toll-free fax at 1-866-678-6789 or by mail (see CPS, Appendix 4A, Table 1: Canada Vigilance Regional Offices).
    - the Canada Vigilance Adverse Reaction Reporting Form for medications can be found in Appendix J.
    - the Reporting Form for Adverse Events following Immunization can be found in Appendix I.

3. To verbally report an adverse reaction, call the toll-free phone at 1-866-234-2345. Phone calls and faxes are automatically directed to a Canada Vigilance Regional Office.

[6] Excludes narcotics and controlled substances.

Occurrence Reporting / Medication-related Incidents

The handling of medications requires providers to respect a number of standards and practices. The FNIHB occurrence report is a communication tool used to support such standards and practices including the reporting of medication incidents. It allows for a timely flow of information to the Zone, Region and Senior Branch Management, in an effort to maintain the health and safety of clients, nurses and other health care providers. Occurrence reports allow for continuous quality improvement in health service delivery.

Health providers are encouraged to complete an occurrence report form when they encounter the following:

- When there are occurrences or variances from current pharmacy policies or standards, including those related to controlled substances. This includes any occurrence or variances in administration, documentation, dispensing, known allergy, drug count, medication orders and drug classification treatment code.
- When the scope of practice required for the safe administration of pharmaceutics recommended in the formulary or the DCS do not correspond to the individual RN competencies or skills.
- When "Good Catches" (near miss or close call) regarding medications are observed. A "Good Catch" can be further defined as a situation or event that could have occurred, but did not because of chance or interception (e.g., dispensed wrong medication, but identified before it being administered to the client).
- Any other medication occurrence or variance in the delivery of health services not covered by the above.

The FNIHB Occurrence report form can be found in Appendix H.

ACKNOWLEDGEMENTS

With grateful thanks to the members of the FNIHB Nursing Station Formulary Pharmacy and Therapeutics Committee, the Joint Pharmacy Advisory Committee, (JPAC), and Pharmacy Sub-committee who have given their time in the ongoing development of this Formulary.

The format of this Formulary is based on the *Northwest Territories Health Centre Formulary* with permission.

FNIHB Nursing Station Formulary and Drug Classification System

Section 1-ALLERGY AND ASTHMA THERAPY | ANTIHISTAMINES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
cetirizine hydrochloride	Tablet	5 mg	[hepatic, renal]		A	Reactine, generics
cetirizine hydrochloride	Tablet	10 mg	[hepatic, renal]		A	Reactine, generics
diphenhydr**AMINE** hydrochloride	Caplet	25 mg	[geriatric, cardiac]	✓	A	Benadryl, generics
diphenhydr**AMINE** hydrochloride	Injection	50 mg/mL	[geriatric, cardiac]	✓	C	Benadryl, generics
diphenhydr**AMINE** hydrochloride (children's)	Liquid	6.25 mg/5mL (Alcohol-free)	[geriatric, cardiac]	✓	A	Benadryl, generics
hydr**OXY**zine hydrochloride	Capsule	25 mg	[geriatric, cardiac]		C	Atarax, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 1-ALLERGY AND ASTHMA THERAPY

BRONCHODILATORS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
EPINEPHrine	Injection	1 mg/mL (1:1000) amp		✓	C	Adrenalin
• **EPINEPH**rine 1:1000 may be used as an inhalation solution for croup therapy in place of racemic **EPINEPH**rine which is discontinued. Can be diluted in normal saline for inhalation, if necessary.						
EPINEPHrine [crashcart]	Syringe	1:10,000 x 10 mL		✓	D	Adrenalin
Note: Also listed under Section 5 - Cardiovascular						
ipratropium bromide	Inhalation Solution	250 mcg/mL		✓	C	Atrovent, generics
ipratropium bromide	Inhaler	20 mcg/puff		✓	C	Atrovent HFA
salbutamol	Inhaler	100 mcg/puff		✓	C	Ventolin HFA, generics
salbutamol	Nebules	2.5 mg/2.5mL		✓	C	Ventolin nebules, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 1-ALLERGY AND ASTHMA THERAPY | SYSTEMIC AND INHALED CORTICOSTEROIDS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
budesonide	Inhalation solution	0.25 mg/mL		✓	B	Pulmicort Nebuamp
dexamethasone phosphate	Injection	4 mg/mL	[geriatric, INR, pregnancy]	✓	B	Decadron, generics
• Injectable formulation may be given orally for treatment of croup; dilute in sweet tasting drink or apple sauce. • Oral dose for croup is 0.6 mg/kg PO once. (See Appendix A, Reference 1)						
fluticasone propionate	Inhaler	125 mcg/puff			B	Flovent 125 HFA
MDI spacer device	Device	Adult without Mask		✓	A	AeroChamber Max, OptiChamber
MDI spacer device	Device	Infant with Mask		✓	A	AeroChamber Max, OptiChamber
MDI spacer device	Device	Paediatric with Mask		✓	A	AeroChamber Max, OptiChamber
• A spacer should be used by all patients to improve delivery of inhaled medications. • Patients should obtain a spacer from a retail pharmacy provider with a prescription.						
methyl**PREDNIS**olone sodium succinate	Injection	125 mg	[cardiac, geriatric, INR, pregnancy]	✓	B	Solu-Medrol
prednisolone sodium phosphate	Liquid	5 mg/5mL	[cardiac, geriatric, INR, pregnancy]		B	Pediapred, generics
predni**SONE**	Tablet	5mg	[cardiac, geriatric, INR, pregnancy]	✓	B	generics
predni**SONE**	Tablet	50 mg	[cardiac, geriatric, INR, pregnancy]		B	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 2-ANALGESICS AND ANTI-INFLAMMATORIES

CORTICOSTEROIDS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
methyl**PREDNIS**olone acetate suspension	Injection	40 mg/mL	[geriatric, INR, pregnancy]		**B**	Depo-Medrol, generics

- For MD use only. Depending on provincial regulations, nurse practitioners may be able to prescribe this medication. It is to be used with a prescriber on site only.
- For joint injection - not for IV use.

FNIHB Nursing Station Formulary and Drug Classification System

Section 2-ANALGESICS AND ANTI-INFLAMMATORIES

MISCELLANEOUS ANALGESICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Names
acetaminophen	Drops	80 mg/mL	[hepatic, INR, renal]	✓	A	Tylenol, Tempra, generics
acetaminophen	Elixir	160 mg/5mL	[hepatic, INR, renal]		A	Tylenol, Tempra, generics
acetaminophen	Suppository	120 mg	[hepatic, INR, renal]	✓	A	Abenol, generics
acetaminophen	Suppository	650 mg	[hepatic, INR, renal]	✓	A	Abenol, Acet 650, generics
acetaminophen	Tablet	160 mg Chewable	[hepatic, INR, renal]		A	Tylenol, Tempra, generics
acetaminophen	Tablet	325 mg 'Regular'	[hepatic, INR, renal]	✓	A	Tylenol, generics

- Note: Strength of drops different than suspension.

FNIHB Nursing Station Formulary and Drug Classification System

Section 2-ANALGESICS AND ANTI-INFLAMMATORIES | NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
ibuprofen	Oral Liquid	100 mg/5mL	[cardiac, geriatric, hepatic, INR, renal, pregnancy]	✓	C	Advil, Motrin, generics
ibuprofen	Tablet	200 mg	[cardiac, geriatric, hepatic, INR, renal, pregnancy]	✓	A	Advil, Motrin, generics
indomethacin	Suppository	100 mg	[cardiac, geriatric, INR, renal, pregnancy]	✓	D	generics
• Use NSAID with caution in clients at high risk of gastrointestinal, renal, cardiovascular, and/or reproductive adverse reactions. (See Appendix A, Reference 2)						
ketorolac tromethamine	Injection	30 mg/mL	[cardiac, geriatric, INR, renal, pregnancy]		B	Toradol, generics
naproxen	Tablet	250 mg	[cardiac, geriatric, INR, renal, pregnancy]		C	Naprosyn, generics

Therapeutic notes:

- Gastrointestinal bleeds are common in the elderly with any NSAID. They can also cause renal insufficiency and sodium retention making control of certain cardiac conditions difficult (i.e., hypertension, congestive heart failure).
- Patients at increased risk for GI bleeds (e.g., > 65 years of age, comorbid medical conditions, concomitant use of anticoagulants or oral glucocorticoids, history of upper GI bleed, presence of H. pylori infection) should be considered for prescription of misoprostol or a proton pump inhibitor.

FNIHB Nursing Station Formulary and Drug Classification System

Section 2-ANALGESICS AND ANTI-INFLAMMATORIES | OPIOID ANALGESICS & COMBINATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

EXCEPTION: Narcotics and controlled substances are prescribed by a physician, dentist or nurse practitioner[1] only.

B + = In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist is not available, registered nurses are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist if the following criteria are present:

1. The nurse has the knowledge, skill and judgment to determine whether the client's condition warrants the use of a controlled substance;
2. The nurse knows the risks and benefits to the client; and
3. The nurse can reasonably predict the outcome.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Ⓝ = Narcotic Medication

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Names
Ⓝ acetaminophen, caffeine and codeine	Tablet	30 mg	[INR, geriatric, hepatic, lactation, pregnancy, renal]	✓	B	Tylenol #3, generics
• Stations should stock either acetaminophen/caffeine/codeine OR codeine tablets.						
Ⓝ codeine phosphate	Tablet	15 mg	[geriatric, lactation, pregnancy, renal]		B	Codeine, generics
• Stations should stock either acetaminophen/caffeine/codeine OR codeine tablets.						
Ⓝ morphine	Injection	10 mg/mL	[geriatric, lactation, pregnancy, renal]	✓	B +	Statex, generics
Ⓝ morphine	Syrup	1 mg/mL	[geriatric, lactation, pregnancy, renal]		B +	generics
Ⓝ morphine	Tablet	5 mg	[geriatric, lactation, pregnancy, renal]		B	Statex, generics

[1] As defined in Section 1 of the *New Classes of Practitioners Regulations* and when authorized by the applicable provincial nurse regulatory bodies.

FNIHB Nursing Station Formulary and Drug Classification System

Section 2-ANALGESICS AND ANTI-INFLAMMATORIES | OPIOID ANALGESICS & COMBINATIONS

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1. The nurse has the knowledge, skill and judgment to determine whether the client's condition warrants the use of a controlled substance;
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Ⓝ = Narcotic Medication

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
Ⓝ fenta**NYL** citrate	Injection	50 mcg/mL	[geriatric, lactation, pregnancy]		**B**	FentaNYL
• Narcotic allergy – If the patient is allergic to morphine or codeine, fenta**NYL** may be considered.						

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES

ANTHELMINTICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

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Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
pyrantel pamoate	Chewable Tablet	125mg	[hepatic,pregnancy]		C	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES | ANTIBIOTICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

CONSULT FNIHB Clinical Practice Guidelines, Bugs and Drugs OR MUMS Anti-infective Guidelines for Community-acquired Infections for choice of antimicrobials

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
amoxicillin	Capsule	250 mg	[renal]	✓	C	Amoxil, generics
amoxicillin	Capsule	500 mg	[renal]		C	Amoxil, generics
amoxicillin	Suspension	250 mg/5mL	[renal]	✓	C	Amoxil, generics
amoxicillin/clavulanic acid	Suspension	amoxicillin 250 mg & clavulanic acid 62.5mg/5 mL	[INR, renal]	✓	B	Clavulin, generics
amoxicillin/clavulanic acid	Tablet	amoxicillin 875 mg & clavulanic acid 125mg	[INR, renal]	✓	B	Clavulin, generics
• To give high-dose amoxicillin, give a higher dose of amoxicillin only using 2 prescriptions.						
ampicillin	Injection	500 mg	[renal]	✓	D	generics
azithromycin	Injection	500 mg	[cardiac, INR]		B	Zithromax, generics
azithromycin	Suspension	200 mg/5mL	[cardiac, INR]		B or C	Zithromax, generics
azithromycin	Tablet	250 mg	[cardiac, INR]	✓	B or C	Zithromax, generics
• Treatment code C for STIs. • Treatment code B for all other indications.						
ceFAZolin	Injection	1 gram	[renal]	✓	D	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES | ANTIBIOTICS

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

CONSULT FNIHB Clinical Practice Guidelines, Bugs and Drugs OR MUMS Anti-infective Guidelines for Community-ac quired Infections for choice of antimicrobials

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
cefixime	Tablet	400 mg	[renal]	✓	D	Suprax
cefotaxime	Injection	1 gram	[renal]	✓	B	Claforan
• Restricted for use in hyperbilirubinemic neonates. For other patients requiring a 3rd generation cephalosporin, ceftriaxone can be used. Stock a small quantity.						
cefTRIAXone	Injection	1000 mg (1 gram)		✓	B or C	Rocephin
• Treatment code C for STIs. Maximum dose to treat N. gonorrhoea is 250mg (IM x 1 dose). Treatment code "B" for all other indications.						
cefuroxime axetil	Suspension	125 mg/5mL			B	Ceftin, generics
cefuroxime axetil	Tablet	250 mg			B	Ceftin, generics
cefuroxime sodium	Injection	750 mg			B	generics
cephalexin	Suspension	250 mg/5mL	[renal]	✓	C	generics
cephalexin	Tablet	250 mg	[renal]	✓	C	generics
cephalexin	Tablet	500 mg	[renal]		C	generics
ciprofloxacin hydrochloride	Tablet	250 mg	[cardiac, INR pregnancy, renal]	✓	B	Cipro, generics
clindamycin	Capsule	150 mg			B	Dalacin C, generics
clindamycin	Injection	150 mg/mL			B	Dalacin C, generics
clindamycin	Suspension	75 mg/5mL			B	Dalacin C, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES

ANTIBIOTICS

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B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

CONSULT FNIHB Clinical Practice Guidelines, Bugs and Drugs OR MUMS Anti-infective Guidelines for Community-ac quired Infections for choice of antimicrobials

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
cloxacillin sodium	Capsule	250 mg	[INR]	✓	C	generics
cloxacillin sodium	Capsule	500 mg	[INR]		C	generics
cotrimoxazole – see trimethoprim/sulfamethoxazole [TMP/SMX]						
doxycycline	Capsule	100 mg	[INR, lactation, pregnancy]	✓	B	Vibramycin, generics
ertapenem	injection	Ig vial	[lactation, pregnancy, renal]		B	Invanz
erythromycin	Capsule	250 mg OR 333 mg	[cardiac, INR]	✓	C	Eryc, generics
gentamicin sulfate	Injection	40 mg/mL	[renal]	✓	B	Garamycin
levofloxacin	Tablet	750mg	[cardiac, INR, renal]		B	Levaquin, generics
metronidazole	Injection	500 mg , mini-bag	[cardiac, INR]		B	Flagyl, generics
metronidazole	Tablet	250 mg	[cardiac, INR]	✓	C	Flagyl, generics
nitrofurantoin	Capsule	100 mg	[geriatric, pregnancy, renal]	✓	C	MacroBID, generics
• The slow release formulation (Macrobid) should be dosed twice daily (not qid). • Ineffective and increased toxicity in those with renal impairment.						
penicillin G sodium	Injection	5 million units/vial	[INR, renal]	✓	B	Crystapen
penicillin V	Tablet	300 mg	[INR, renal]	✓	C	Penicillin V, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES | ANTIBIOTICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

CONSULT FNIHB Clinical Practice Guidelines, Bugs and Drugs OR MUMS Anti-infective Guidelines for Community-ac quired Infections for choice of antimicrobials

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
probenecid	Tablet	500 mg	[renal, lactation, pregnancy]		B	Benuryl
tetracycline hydrochloride	Capsule	250 mg	[INR, lactation, pregnancy, renal]		B	generics
trimethoprim/sulfamethoxazole	Suspension	trimethoprim 40 mg / sulfamethoxazole 200mg/5mL	[cardiac INR, renal, lactation, pregnancy]	✓	C	generics
trimethoprim/sulfamethoxazole	Tablet DS	trimethoprim 160 mg / sulfamethoxazole 800mg	[cardiac ,INR, renal, lactation, pregnancy]	✓	C	generics
vancomycin hydrochloride	Injection	1 gram	[renal]	✓	B	Vancocin

Restricted:

- For use in suspected meningitis cases or for empiric therapy of life-threatening infections.

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES

ANTIFUNGALS

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
fluconazole	Capsule	150 mg	[cardiac, INR, pregnancy, renal]		C	Diflucan, generics
nystatin	Suspension	500,000 U/5mL			C	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 3- ANIT-INFECTIVES

ANTIVIRALS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
acyclovir	Tablet	200 mg	[renal]		B	Zovirax, generics
oseltamivir	Capsule	75 mg	[renal]		B	Tamiflu
oseltamivir	Suspension	6mg/mL	[renal]		B	Tamiflu

- Oseltamivir stocking to be reassessed each influenza season.

FNIHB Nursing Station Formulary and Drug Classification System

Section 3-ANTI-INFECTIVES | POST EXPOSURE

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
Post Exposure Prophylaxis kits	Kit			✓	C	
• Refer to regional or provincial guidelines to guide stocking of PEP kits.						
rifampin	Capsule	300mg	[INR, hepatic]		B	Rifadin

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FNIHB Nursing Station Formulary and Drug Classification System

Section 4-ANTICOAGULANTS & ANTIPLATELET AGENTS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
acetylsalicylic acid (ASA)	Chewable Tablet	80 mg OR 81 mg	[geriatric, INR, lactation, pregnancy]	✓	A	Aspirin, generics
clopidogrel bisulfate	Tablet	75 mg	[INR]	✓	B	Plavix
enoxaparin sodium	Injection	100 mg/mL preloaded syringe	[geriatric, INR, renal]	✓	B	Lovenox
tranexamic Acid	injection	100mg/ml	INR, renal		B	Cyklokapron
warfarin sodium	Tablet	1 mg	[geriatric, hepatic, lactation, pregnancy]	✓	B	Coumadin, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 5-CARDIOVASCULAR DRUGS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

TO BE GIVEN ONLY WITH APPROPRIATE TRAINING AND EQUIPMENT

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
adenosine	Injection	3 mg/mL, syringe		✓	B	Adenocard
• Adenosine should be administered by rapid IV push.						
amiodarone hydrochloride	Injection	50 mg/mL	[cardiac, geriatric, lactation, pregnancy]	✓	B	Cordarone
amLODIPine	Tablet	5 mg	[geriatric, hepatic]		B	generics
atropine sulfate	Injection	0.1 mg/mL, syringe		✓	D	Atropine
digoxin	Tablet	0.125 mg	[geriatric, renal]		B	Lanoxin
dilTIAZem hydrochloride	Injection	5 mg/mL	[cardiac, geriatric]		B	generics
• Keep in refrigerator.						
DOPamine	Injection	400mg/250mL premixed bag (1.6 mg/mL) [1] 200mg/250ml (0.8mg/ml) [1]		✓	B B	Intropin
EPINEPHrine	Syringe	1:10,000 x 10mL		✓	D	Adrenalin
hydrALAZINE	Injection	20 mg/mL	[geriatric]		B	Apresoline
labetalol hydrochloride	Injection	5 mg/mL		✓	B	Trandate
labetalol hydrochloride	Tablet	100 mg		✓	B	Trandate
methyldopa	Tablet	250 mg	[geriatric, hepatic, renal]	✓	B	generics

[1]Dopamine is a "must stock" item but the treatment centre has the flexibility to determine which strength to carry [i.e. the 400mg/250mg(1.6mg/ml) strength or the 200mg/250ml (0.8mg/ml)]

FNIHB Nursing Station Formulary and Drug Classification System

Section 5-CARDIOVASCULAR DRUGS

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

TO BE GIVEN ONLY WITH APPROPRAITE TRAINING AND EQUIPMENT

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
metoprolol tartrate	Injection	1mg/mL		✓	B	Lopresor, generics
metoprolol tartrate	Tablet	25 mg		✓	B	Lopresor, generics
nifedipine	Capsule	5 mg		✓	B	generics
• For the management of pre-term labor. Requires consultation with an obstetrics and gynecologist.						
nitroglycerin	Injection	100 mcg/250 mL D5W premixed			B	Nitroglycerin
nitroglycerin	Patch	0.2 mg/hr			B	Nitro-Dur
nitroglycerin	Spray	0.4 mg/dose sublingual		✓	C	Nitrolingual spray
norepinephrine	Injection	1mg (base)/mL		✓	B	Levophed
ramipril	Capsule	2.5 mg	[geriatric, pregnancy, renal]		B	Altace, generics
sodium bicarbonate (Adult)	Injection	8.4% , 50 mL pre-loaded syringe		✓	D	Sodium Bicarbonate
• Note: Also listed under Section 14 – Replacement Solutions, Electrolytes						

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS | ANTICONVULSANTS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

B + = In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist is not available, registered nurses are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist if the following criteria are present:

1. The nurse has the knowledge, skill and judgment to determine whether the client's condition warrants the use of a controlled substance;
2. The nurse knows the risks and benefits to the client; and
3. The nurse can reasonably predict the outcome.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

= Benzodiazepines and other Targeted Substances

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
diazepam	Injection	5 mg/mL	[geriatric, hepatic, lactation, pregnancy]		B +	Diazepam
diazepam	Tablet	5 mg	[geriatric, hepatic, lactation, pregnancy]		B +	Diazepam
LORazepam	Injection	4 mg/mL	[geriatric, lactation, pregnancy]	✓	B +	Ativan, generics
LORazepam	Tablet	1 mg	[geriatric, lactation, pregnancy]		B +	Ativan, generics
Note: Also listed under Section 6 – Central Nervous System Drugs – Sedatives and Hypnotics						
phenytoin	Capsule	100 mg	[hepatic, INR, geriatric, pregnancy]		B	Dilantin
phenytoin	Injection	50 mg/mL	[hepatic, INR, geriatric, pregnancy]	✓	B	Dilantin
phenytoin	Suspension	125 mg/5mL	[hepatic, INR, geriatric, pregnancy]	✓	B	Dilantin

• Use a 0.22 micron inline filter for infusions, if available. (See Appendix A, Reference 3)

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS

ANTIPSYCHOTIC DRUGS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength		Must Stock	Treatment Code	Common Trade Name(s)
haloperidol	Injection	5 mg/mL	[geriatric, cardiac, lactation, pregnancy]	✓	B	generics
haloperidol	Tablet	5 mg	[geriatric, cardiac, lactation, pregnancy]		B	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS | MIGRAINE THERAPY

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
sumatriptan succinate	Injection	12 mg/mL	[cardiac, pregnancy]		**B**	Imitrex

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS

NEUROPATHIC PAIN MEDICATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
amitriptyline hydrochloride	Tablet	10 mg	[cardiac, geriatric, INR, lactation, pregnancy]		**B**	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS

PREVENTION AND TREATMENT OF EXTRAPYRAMIDAL SIDE EFFECTS OF PSYCHOTROPIC DRUGS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
benztropine mesylate	Injection	1 mg/mL	[geriatric]	✓	D	generics
benztropine mesylate	Tablet	1 mg	[geriatric]		B	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS | SEDATIVES AND HYPNOTICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

B + = In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist is not available, registered nurses are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist if the following criteria are present:

1. The nurse has the knowledge, skill and judgment to determine whether the client's condition warrants the use of a controlled substance;
2. The nurse knows the risks and benefits to the client; and
3. The nurse can reasonably predict the outcome.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

= Benzodiazepines and other Targeted Substances

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
LORazepam	Injection	4 mg/mL	[geriatric, lactation, pregnancy]	✓	B +	Ativan, generics
LORazepam	Tablet	1 mg	[geriatric, lactation, pregnancy]		B +	Ativan, generics
Note: Also listed under Section 6 – Central Nervous System Drugs - Anticonvulsants						
midazolam	Injection	1 mg/mL	[geriatric, lactation, pregnancy]		B	Midazolam

• For MD use only.

FNIHB Nursing Station Formulary and Drug Classification System

Section 6-CENTRAL NERVOUS SYSTEM DRUGS

TREATMENT OF OPIOID WITHDRAWL

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
clo**NID**ine	Tablet	0.1 mg	[geriatric, lactation, pregnancy]		C	Generics
tra**ZOD**one	Tablet	50 mg	[cardiac, INR]		B	Generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 7-CONTRACEPTIVES, HORMONES AND OXYTOCICS

DEPOT CONTRACEPTIVES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
medroxy**PROGESTER**one acetate	Injection	150 mg/mL	[INR, pregnancy]		**D**	Depo-Provera

FNIHB Nursing Station Formulary and Drug Classification System

Section 7-CONTRACEPTIVES, HORMONES AND OXYTOCICS | ORAL CONTRACEPTIVES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
levonorgestrel 100 mcg & ethinyl estradiol	Tablet	[low estrogen (<30 mcg)]	[cardiac, INR, hepatic, lactation, pregnancy]		C	Alesse, Aviane
levonorgestrel 750 mcg "Morning After Pill"	Tablet	emergency postcoital contraception	[INR, lactation]	✓	C	Plan B
• Women with high body weight ≥75 kg (165lbs) should be advised that oral emergency contraceptive may have reduced effects. Until more evidence is available, it is reasonable to continue to offer levonorgestrel for emergency contraception regardless of body weight. There are no recommendations to increase the dose for these women. (See Appendix A, Reference 4, 5)						
norethindrone "Mini-pill"	Tablet	0.35 mg	[INR, pregnancy]		C	Micronor

FNIHB Nursing Station Formulary and Drug Classification System

Section 7-CONTRACEPTIVES, HORMONES AND OXYTOCICS | OXYTOCICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
misoprostol	Tablet	200 mcg	[lactation, pregnancy]		B	generics
oxytocin	Injection	10 units/mL		✓	D	Oxytocin

FNIHB Nursing Station Formulary and Drug Classification System

Section 8-DIABETIC THERAPY

GLUCOSE CHALLENGE/TOLERANCE TEST

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
glucose	Solution : 50 grams			✓	D	Glucodex
glucose	Solution : 75 grams				D	Glucodex

FNIHB Nursing Station Formulary and Drug Classification System

Section 8-DIABETIC THERAPY | HYPOGLYCEMIC EMERGENCIES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
dextrose	Injection	50% pre-loaded syringe		✓	D	generics
• Minimum quantity of dextrose 50% syringes is 3 syringes in addition to crash cart quantity (2) [Total of 5]. Note: Also listed under Section 14 – Replacement Solutions, Electrolytes						
glucagon	Injection	1 mg/mL		✓	C	Glucagon
glucose	Tablet			✓	D	Dextrose

FNIHB Nursing Station Formulary and Drug Classification System

Section 8-DIABETIC THERAPY | INSULINS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
insulin NPH (human)	Injection	100 U/mL		✓	B	Humulin N, Novolin ge NPH
insulin R (human) "regular insulin"	Injection	100 U/mL		✓	B	Humulin R, Novolin ge Toronto

FNIHB Nursing Station Formulary and Drug Classification System

Section 8-DIABETIC THERAPY | ORAL ANTIHYPERGLYCEMICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
gliclazide	Tablet	80 mg	[INR, renal]		**B**	generics
met**FORMIN** hydrochloride	Tablet	500 mg	[hepatic, renal]		**B**	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 9-Thyroid Agents

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
levothyroxine sodium	Tablet	50 mcg	[INR]		**B**	Eltroxin, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 10-DIURETICS AND POTASSIUM SUPPLEMENTS

DIURETICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
furosemide	Injection	10 mg/mL	[geriatric, renal]	✓	B	Lasix, generics
furosemide	Tablet	40 mg	[geriatric, renal]	✓	B	Lasix, generics
hydrochlorothiazide	Tablet	25 mg	[geriatric, renal]		B	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 10-DIURETICS AND POTASSIUM SUPPLEMENTS

POTASSIUM SUPPLEMENTS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
potassium chloride (KCl parenteral)	Pre-mixed Bag	20 mmol/L in Normal Saline	[renal]	✓	B	KCL
Note: Also listed under Section 14 – Replacement Solutions, Electrolytes						
potassium chloride (oral)	Tablet	20 mmol	[renal]	✓	B	K-Dur

FNIHB Nursing Station Formulary and Drug Classification System

Section 11-GASTROINTESTINAL DRUGS

ANTACIDS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
aluminum-magnesium hydroxides	Suspension		[renal]	✓	A	Diovol, Maalox

FNIHB Nursing Station Formulary and Drug Classification System

Section 11- GASTROINTESTINAL DRUGS | ANTI-ULCER TREATMENT

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Codes	Common Trade Name(s)
pantoprazole sodium	Injection	40 mg/ml	[geriatric]	✓	B	Pantaloc

Restricted for use in:

- Upper GI bleed.
- Those needing immediate acid suppression with a proton pump inhibitor (PPI) who cannot tolerate oral medications.

At regular GI bleed doses, a single patient treated for 24 hours would require 6 vials of pantoprazole 40 mg.

- Available proton pump inhibitors have the same efficacy and safety at equivalent doses.
- Nursing Stations to stock lowest priced proton pump inhibitor (PPI).
- Prescribers should be advised of the automatic drug substitution.

Comparison Chart for Proton Pump Inhibitors (PPIs)

Proton Pump Inhibitor (PPI)	*Equivalent Dose*	*Comments*
dexlansoprazole (Dexilant)	60 mg once daily	Not covered by NIHB.
esomeprazole (NexIUM)	20 mg once daily	Not covered by NIHB.
lansoprazole (Prevacid)	30 mg once daily	
omeprazole (Losec)	20 mg once daily	
pantoprazole (Pantoloc)	40 mg once daily	
RABEprazole **(Pariet)**	**20mg once daily**	Lowest priced at formulary review.

FNIHB Nursing Station Formulary and Drug Classification System

Section 11- GASTROINTESTINAL DRUGS | ANTI-ULCER TREATMENT

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
ranitidine hydrochloride	Injection	25 mg/mL	[geriatric, INR, renal]	✓	B	Zantac, generics
• Adjunct treatment in anaphylaxis						
ranitidine hydrochloride	Tablet	150 mg	[geriatric, INR, renal]		C	Zantac, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 11-GASTROINTESTINAL DRUGS | LAXATIVES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
glycerine	Suppository			✓	A	Glycerin
glycerine (Infant)	Suppository				A	Glycerin
lactulose	Syrup	667 mg/mL		✓	A or B	Cephulac, Chronulac
• Treatment code A for use as a laxative. • Treatment code B for other indications.						
magnesium hydroxide (MOM)	Suspension		[renal]		A	Milk of Magnesia
PEG + electrolyte	Powder for Solution : 4 L			✓	B	GoLytely, Peglyte
• See Section 13 - Antidotes - can be used for whole bowel irrigation. (See Appendix A, Reference 6)						
sennosides	Tablet	8.6 mg			A	Senokot
sodium phosphate enema (Adult)	Solution : 130 mL		[cardiac, renal]	✓	A	Fleet Enema
sodium phosphate enema (Paediatric)	Solution : 65 mL		[cardiac, renal]	✓	B	Fleet Enema

FNIHB Nursing Station Formulary and Drug Classification System

Section 11-GASTROINTESTINAL DRUGS | MISCELLANEOUS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
dimenhyDRINATE	Injection	50 mg/mL	[geriatric]	✓	C	Gravol, generics
dimenhyDRINATE	Liquid	15 mg/5mL	[geriatric]	✓	C	Gravol, generics
dimenhyDRINATE	Suppository	25 mg	[geriatric]	✓	C	Gravol, generics
dimenhyDRINATE	Suppository	100 mg	[geriatric]		C	Gravol, generics
dimenhyDRINATE	Tablet	50 mg	[geriatric]	✓	C	Gravol, generics
• Can be used during pregnancy for rapid relief of nausea and vomiting if Diclectin is not available at the nursing station.						
doxylamine succinate/pyridoxine hydrochloride	Delayed-Released Tablet	10 mg & 10 mg			C	Diclectin
electrolyte	Solution : 237 mL			✓	A	Pedialyte
• See FNIHB Pediatric Clinical Guidelines for Fluid Management.						
electrolyte & dextrose powder	Powder for Solution	4.9 g		✓	A	Gastrolyte
hyoscine butylbromide	Injection	20 mg/mL	[geriatric]		D	Buscopan
hyoscine butylbromide	Tablet	10 mg	[geriatric]		D	Buscopan
loperamide hydrochloride	Tablet	2 mg	[geriatric]		C	Imodium, generics
• Do not use if Clostridium difficile colitis (severe antibiotic-induced diarrhea) is suspected or confirmed.						
metoclopramide hydrochloride	Injection	5 mg/mL	[cardiac, geriatric]		C	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 11-GASTROINTESTINAL DRUGS

MISCELLANEOUS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
metoclopramide hydrochloride	Tablet	10 mg	[cardiac, geriatric]		C	generics
ondansetron hydrochloride	Injection	2 mg/mL	[cardiac]		B	Zofran
ondansetron hydrochloride	Oral Disintegrating Tablet	4 mg	[cardiac,hepatic]		B	Zofran ODT

• For use in pediatrics with acute gastroenteritis (AGE)-related vomiting.

• For use as an alternative treatment for adults when they have contraindications or fail to respond to other antiemetic medications (i.e., dimenhydrinate [Gravol]).

FNIHB Nursing Station Formulary and Drug Classification System

Section 12-ANTIDOTES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

See Appendix C for recommended stocking quantities. Poison Control Centre should be consulted for patient management.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
acetylcysteine : Acetaminophen Overdose	Injection	200 mg/mL		✓	C	Mucomyst, Parvolex
alcohol, dehydrated : Methanol / Ethylene Glycol Overdose	Injection	10 mL of 100%		✓	B	Ethanol
• Stations should stock either dehydrated alcohol or fomepizole. (See Appendix M – Guidelines for selecting Antidote in the treatment of methanol or ethylene glycol poisoning).						
calcium gluconate : Calcium Channel Blocker Overdose	Injection	1 g, 10 mL (10%)		✓	B	Calcium Gluconate
charcoal activated aqueous : General Overdose	Suspension : 112.5 mL			✓	A	Charcodote, Charac
charcoal activated aqueous : General Overdose	Suspension 250 mL			✓	A	Charcodote, Charac
deferoxamine mesylate : Iron Overdose	Injection	500 mg		✓	B	Desferal
dextrose	Injection	50% preloaded syringe		✓	D	generics
• Minimum quantity of dextrose 50% syringes is 5 syringes in addition to crash cart quantity. Note: Also listed under Section 8 – Hypoglycemic Emergencies and Section 14 – Replacement Solutions, Electrolytes						
flumazenil : Benzodiazepine Overdose	Injection	0.1 mg/mL		✓	B	Anexate
folic acid : Adjunct in Methanol Overdose	Injection	5 mg/mL		✓	B	Folic Acid
fomepizole : Methanol / Ethylene Glycol Overdose	Injection	1.5 g/1.5mL	[renal]		B	Antizol

FNIHB Nursing Station Formulary and Drug Classification System

Section 12-ANTIDOTES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

See Appendix C for recommended stocking quantities . Poison Control Centre should be consulted for patient management.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
• Stations should stock either dehydrated alcohol or fomepizole. (See Appendix M – Guidelines for selecting Antidote in the treatment of methanol or ethylene glycol poisoning).						
glucagon : Beta-blocker or Calcium Channel Blocker Overdose	Injection	1 mg/mL		✓	C	Glucagon
• Also used for hypoglycemia or insulin shock.						
naloxone hydrochloride : Narcotic Overdose	Injection	0.4 mg/mL		✓	C	Naloxone
octreotide acetate : Sulfonylurea Overdose	Injection	100 mcg/mL		✓	B	Sandostatin
• Keep in the refrigerator.						
PEG + electrolyte : Slow Release Meds or Electrolytes Overdose	Powder for Solution : 4 L			✓	B	GoLytely
phentolamine mesylate : Epinephrine or Dopamine Extravasation or Norepinephrine	Injection	5 mg/mL		✓	D	Rogitine
pyridoxine hydrochloride : Isoniazid Overdose	Injection	100 mg/mL		✓	B	Vitamin B6
sodium bicarbonate : Tricyclic Antidepressant or ASA Overdose	Injection (Adult)	8.4% , 50 mL pre-loaded syringe		✓	B	Sodium Bicarbonate
Note: Also listed under Sections 5 – Cardiovascular Drugs and Section 14 – Replacement Solutions, Electrolytes						
thiamine : Ethanol or Ethylene Glycol Overdose	Injection	100 mg/mL		✓	A	Thiamine

FNIHB Nursing Station Formulary and Drug Classification System

Section 12-ANTIDOTES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

See Appendix C for recommended stocking quantities . Poison Control Centre should be consulted for patient management.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
vitamin K (phytonadione) : Anticoagulant Overdose	Injection	10 mg/mL (Adult)	[INR]	✓	B	Vitamin K
• Injectable formulation can be mixed with juice and administered orally (preferred route). (See Appendix A, Reference 7,8)						

FNIHB Nursing Station Formulary and Drug Classification System

Section 13-VITAMINS, MINERALS AND HEMATINICS | HEMATINICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
ferrous gluconate	Tablet	300 mg			C	generics
ferrous sulfate	Drop	75 mg/mL		✓	C	Fer-In-Sol

• Can be given for up to 2 weeks; then reassess and have prescription filled by a retail pharmacy provider.

FNIHB Nursing Station Formulary and Drug Classification System

Section 13-VITAMINS, MINERALS AND HEMATINICS | VITAMINS AND MINERALS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
folic acid	Tablet	1 mg			A	Folic Acid
multivitamins - children's (chewable)	Chewable Tablet				A	Multivitamins Child
• Paediatric vitamins are a benefit from NIHB for First Nations and Inuit clients up to six years of age.						
multivitamins - children's (drop)	Drop				A	Tri-Vi-Sol
• Paediatric vitamins are a benefit from NIHB for First Nations and Inuit clients up to six years of age.						
multivitamins prenatal	Tablet				A	Centrum Materna
• Prenatal vitamins are a benefit from NIHB for First Nations and Inuit clients.						
pyridoxine	Tablet	25 mg			B	Hexa-betalin, Vitamin B6
thiamine	Injection	100 mg/mL		✓	A	Betaxin, Vitamin B1
thiamine	Tablet	50 mg			A	Betaxin, Vitamin B1
vitamin D3 (cholecalciferol)	Drop	400 IU/drop (10mcg)			A	Ddrops, Baby Ddrops
• First supply may come from nursing station. Subsequent vitamin D paediatric drops can be obtained with a prescription from a retail pharmacy provider as it is covered for First Nations and Inuit clients by NIHB.						
vitamin K (phytonadione)	Injection	10 mg/mL (Adult)	[INR]	✓	B	Vitamin K1
vitamin K (phytonadione)	Injection	1 mg/0.5mL (Paediatric)		✓	D	Vitamin K1
• Injectable formulation can be mixed with juice and administered orally (preferred route). (See Appendix A, Reference 7,8) Note: Also listed under Section 12 – Antidotes						

FNIHB Nursing Station Formulary and Drug Classification System

Section 14-REPLACEMENT SOLUTIONS, ELECTROLYTES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
calcium chloride	Injection	1 gram/10mL (10%)		✓	B	Calcium Chloride
calcium gluconate	Injection	1 gram/10mL (10%)		✓	B	Calcium Gluconate
dextrose	Injection	50% preloaded syringe		✓	D	generics
• Minimum quantity of dextrose 50% syringes is 5 syringes in addition to crash cart quantity. Note: Also listed under Section 8 – Hypoglycemic Emergencies						
dextrose in water	Injection	5% , 250 mL			D	D5W
dextrose in water	Injection	5% , 1000 mL		✓	D	D5W
dextrose in water	Injection	5% in water + 0.45% NS, 1 L			D	D5 ½ NS
dextrose in water	Injection	10% in water		✓	D	D10W
lactated ringer's solution	Injection	1 L/ bag		✓	D	Lactated Ringers
magnesium sulphate	Injection	5 g / 10mL vial (50%)	[renal]	✓	B	Magnesium Sulfate
mannitol	Injection	20% , 500 mL		✓	B	Osmitrol
potassium chloride (KCl parenteral)	Pre-mixed Bag	20 mmol in Normal Saline	[renal]	✓	B	KCL
• This potassium chloride solution is intended to replace concentrated KCl solutions as the concentrated forms should not be stocked in patient treatment areas. Note: Also listed under Section 10 – Diuretics and Potassium Supplements – Potassium Supplements						

FNIHB Nursing Station Formulary and Drug Classification System

Section 14-REPLACEMENT SOLUTIONS, ELECTROLYTES

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

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Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
sodium bicarbonate (Adult)	Injection	8.4% , 50 mL pre-loaded syringe		✓	D	Sodium Bicarbonate
Note: Also listed under Section 5 – Cardiovascular Drugs						
sodium chloride	Injection	0.9% , 10 mL Vial		✓	A	Normal Saline
sodium chloride	Injection	0.9% , 100 mL / bag		✓	D	Normal Saline
sodium chloride	Injection	0.9% , 250 mL / bag			D	Normal Saline
sodium chloride	Injection	0.9% , 1000 mL / bag		✓	D	Normal Saline
sodium chloride	Irrigation	0.9% , bottle			A	Normal Saline
sodium polystyrene sulfonate	Powder	454 g	[cardiac]	✓	B	Kayexalate
sterile water	Injection	30 mL		✓	A	Bacteriostatic Water

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | ANTIMICROBIALS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Because antibiotic resistance is possible use topical antibiotics judiciously.

• Use for burns and frostbite is appropriate; use on regular scrapes and scratches is not likely of benefit.

• When overall use of topical agents is high, resistance may become a serious concern.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
bacitracin zinc/polymyxin B sulfate	Ointment			✓	A	Polysporin
chlorhexidine acetate	Dressing	0.5%			A	Bactigras
clotrimazole	Topical Cream	1%			A	Canesten, generics
framycetin	Dressing	1%			C	Sofratulle
mupirocin	Ointment	2%			B	Bactroban, generics
• Restricted to use in empiric MRSA treatment or treatment of impetigo.						
permethrin	Cream	5%			A	Nix Dermal Cream
permethrin	Cream Rinse	1%			A	Nix Creme Rinse, Kwellada-P
• Cream rinse is a shampoo for head lice. (See Appendix A, Reference 9) • Topical cream 5% is a scabies treatment. (See Appendix A, Reference 9) • Retreatment in 7 to 10 days is routinely suggested. (See Appendix A, Reference 9)						
piperonyl butoxide, pyrethrins	Shampoo	3% & 0.3%			A	Pronto, R & C Shampoo
• Permethrin is a drug of choice for first-line therapy. Pyrethrins may be effective in the case of resistance although some cases may be resistant to both agents. (See Appendix A, Reference 9)						

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | ANTIMICROBIALS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Because antibiotic resistance is possible use topical antibiotics judiciously.

- **Use for burns and frostbite is appropriate; use on regular scrapes and scratches is not likely of benefit.**
- **When overall use of topical agents is high, resistance may become a serious concern.**

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
silver sulfadiazine	Cream	1%	[hepatic, pregnancy, renal]		C	Flamazine

- Use only on small areas. Do not use on larger areas without physician consultation. Sulfadiazine may accumulate in patients with impaired renal or hepatic function. (See Appendix A, Reference 10)

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | ANTIPRURITIC PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
calamine	Lotion				A	generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | EMOLLIENTS, MOISTURIZERS, MISCELLANEOUS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

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D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

In clients who should not or cannot be exposed to the sun, (e.g., radiation or chemotherapy, sun sensitizing drug therapy, etc.) and other conditions where sun exposure is likely to exacerbate underlying disease (e.g., prior evidence of solar keratosis in individuals who cannot avoid sun exposure), sunscreen agents remain a benefit through the NIHB Drug Exception Centre.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
dermatologic base	Cream				A	generics
lanolin	Cream				A	PureLan 100, Lansinoh
• To protect sore, cracked nipples of breastfeeding mothers.						
petrolatum	Ointment				A	Vaseline, generics
selenium sulfide	Shampoo	2.5%			A	Selsun Shampoo
zinc oxide	Cream	40%		✓	A	Zincofax

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | KERATOLYTIC AGENTS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
podophyllum resin	Liquid	25%	[lactation, pregnancy]		C	Podofilm

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | LOCAL ANESTHETICS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
lidocaine hydrochloride	Endotracheal Spray			✓	B	Xylocaine
lidocaine hydrochloride	Injection	1%	[hepatic, renal]	✓	C	Xylocaine plain
lidocaine hydrochloride	Topical Jelly	2%		✓	A	Xylocaine
lidocaine prilocaine	Cream	2.5 mg & 2.5 mg ,5 gram			A	Emla
lidocaine with EPHINEPHrine	Injection	1%	[hepatic, renal]	✓	C	Xylocaine with EPINEPHrine

- Lidocaine with EPINEPHrine solutions cause vasoconstriction – avoid use in extremities (fingers, toes, nose, penis, ears). (See Appendix A, Reference 11)
- Use with caution as topical lidocaine with or without EPHINEPHrine can be absorbed to cause systemic side effects. Minimal effective dose should be used.
- The dose of topical lidocaine should **not exceed** the following:
    - Lidocaine 1% WITHOUT EPINEPHrine (also called plain lidocaine) : 0.4 mL/kg of lidocaine (1%); maximum total dose: 30 mL
    - Lidocaine 1% WITH EPINEPHrine: 0.7 mL/kg of lidocaine (1%); maximum total dose: 50 mL

FNIHB Nursing Station Formulary and Drug Classification System

Section 15-TOPICAL AGENTS | TOPICAL CORTICOSTEROIDS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
betamethasone valerate	Cream	0.1%			C	Betaderm, Ectosone
• Betamethasone is a medium potency corticosteroid that should not be used on the face. (See Appendix A, Reference 12)						
hydrocortisone	Cream	0.5% OR 1%		✓	C	Cortate, generics
• Stations should stock either hydrocortisone 0.5% or 1%.						

FNIHB Nursing Station Formulary and Drug Classification System

Section 16-EARS, EYES, NOSE, AND THROAT PREPARATIONS | ANTI-INFECTIVE PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
ciprofloxacin/dexamethasone	Otic Drops	0.3% & 0.1%		✓	C	Ciprodex
• Can be used for otitis media in children with tympanostomy tubes present; shake well before using.						
erythromycin	Ophth Ointment	5 mg/g		✓	C	Diomycin, Erymycin
erythromycin (For Newborn Use)	Ophth Ointment	5 mg/g			C	Diomycin, Erymycin
gramicidin/polymyxin B sulfate	Drops	0.025 mg , 10, 000u/mL		✓	C	Polysporin eye/ear, Optimyxin
trifluridine	Ophth Drops	1%			B	Viroptic, generics
• Keep in refrigerator.						

FNIHB Nursing Station Formulary and Drug Classification System

Section 16-EARS, EYES, NOSE, AND THROAT PREPARATIONS | NOSE AND THROAT AND MOUTH PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
sodium chloride	Nasal Spray	0.9%			A	Salinex
xylometazoline	Nose Drops	0.1%		✓	C	Otrivin
• Restricted for use in nosebleeds as a topical vasoconstrictor.						

FNIHB Nursing Station Formulary and Drug Classification System

Section 16-EARS, EYES, NOSE, AND THROAT PREPARATIONS

OPHTHALMIC PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
acetaZOLAMIDE	Tablet	250 mg	[renal]		B	generics
eye lubricant	Ointment				A	
hydroxypropyl methylcellulose	Ophth Drops	0.5%			A	
levocabastine hydrochloride	Ophth Drops	0.5 mg/mL			B	Livostin
pilocarpine hydrochloride	Ophth Drops	2%		✓	B	Isopto Carpine
prednisolone acetate	Drops	1%		✓	B	Pred-Forte, generics
sodium fluorescein	Strips/Minims	1 mg		✓	A	Fluorets
tetracaine hydrochloride	Ophth Drops	0.5%		✓	C	Pontocaine
• Always double check contents of ophthalmic minims as packaging of different products can be very similar.						
timolol maleate	Drops	0.5%	[cardiac]	✓	B	generics
tropicamide	Drops	1%			B	Mydriacyl

FNIHB Nursing Station Formulary and Drug Classification System

Section 16-EARS, EYES, NOSE, AND THROAT PREPARATIONS

OTIC PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
hydrogen peroxide	Liquid			✓	A	generics
• For mixing 1:1 with water for ears.						
mineral oil, light	Liquid			✓	A	Mineral Oil

FNIHB Nursing Station Formulary and Drug Classification System

Section 17-HEMORRHOIDAL AND VAGINAL PREPARATIONS

HEMORRHOIDAL PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treamtent Code	CommonTrade Name(s)
zinc sulfate/hydrocortisone acetate	Ointment	0.5% & 0.5%		✓	C	Anusol HC, generics
zinc sulfate/hydrocortisone acetate	Suppository	10 mg & 10 mg		✓	C	Anusol HC, generics

FNIHB Nursing Station Formulary and Drug Classification System

Section 17-HEMORRHOIDAL AND VAGINAL PREPARATIONS | VAGINAL PREPARATIONS

A = RN provided, based on an assessment of the client's health history, disease, condition, stage of life and individual circumstances. No limitation on duration of treatment.

B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.

C = RN may provide one course. A course is defined as several successive doses of medication over time. The time is the period that the specific drug is expected to produce therapeutic effects. If the client's symptoms recur, the condition does not resolve or first-line therapy fails, the nurse will consult a physician or nurse practitioner. If further medication is needed, a physician or nurse practitioner order is required.

D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.

Generic Drug Name	Form	Strength	Caution: Drug Specific Reminders	Must Stock	Treatment Code	Common Trade Name(s)
clotrimazole	Vaginal Cream	1%		✓	A	Canesten, generics
clotrimazole	Vaginal Tablet & Vaginal Cream				A	Canesten Combi-Pak Comfortab
fluconazole	Capsule	150 mg	[cardiac, INR, renal, pregnancy]		C	Diflucan, generics

—A—

—B—

—C—

—D—

—E—

—F—

—G—

—H—

—I—

—K—

—L—

—M—

—N—

—O—

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—Z—

APPENDIX A – References

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APPENDIX B Recommended Nursing Station Crash Cart and Emergency Medication Lists

TO BE GIVEN ONLY WITH APPROPRIATE TRAINING[a] AND EQUIPMENT[b]

CRASH CART LIST with ECG, cardiac monitor, and defibrillator

Name and Strength	Recommended Quantity
adenosine 3 mg/mL (2 mL pre-loaded syringe)	3 x 2 mL syringes
amiodarone 50 mg/mL (3 mL ampoule) (also on Emergency List)	3 x 3 mL ampoules
atropine 0.1 mg/mL (10 mL pre-loaded syringe)	3 x 10 mL syringes
calcium chloride 1 g/10 mL pre-loaded syringe	2 x 10 mL syringes
EPINEPHrine 1 mg/10 mL pre-loaded syringe	5 x 10 mL syringes
magnesium sulfate 5 g/10 mL vial	2 x 10 mL vials
naloxone 0.4 mg/mL ampoule	4 x 1 mL ampoules
sodium bicarbonate 8.4%, 50 mEq/50 mL pre-loaded syringe [adult]	1 x 50 mL syringe
sodium chloride 0.9% (10 mL vial) (also on Emergency List)	3 x 10 mL vials

EMERGENCY LIST

Name and Strength	Quantity for one (1) hour	Quantity for four (4) hours	Equipment
amiodarone 50 mg/mL (3 mL ampoule) (also on Crash Cart List)	4 x 3 mL ampoule	4 x 3 mL ampoules	ECG, cardiac monitor, iv pump, in-line filter .22 micron, glass or polyolefin container
ASA 81 mg chewable tablets	2 tablets	2 tablets	
dextrose 50% pre-loaded syringe	2 x 50 mL syringes	2 x 50 mL syringes	Blood glucose monitor
DOPamine 400 mg/250 mL pre-mixed bag[c] **Regional discretion to stock 200mg/250ml format	1 x 250 mL **2 x 250 ml	3 x 250 mL **6 x 250ml	ECG, cardiac monitor, IV pump
enoxaparin 100 mg/mL pre-loaded syringe[d]	2 x 1 mL	2 x 1 mL	
furosemide 10 mg/mL (4 mL ampoule)	3 x 4 mL ampoules	3 x 4 mL ampoules	
glucagon kit	1	1	Blood glucose monitor
glucose (dextrose) tablets package of (10) labetalol 5 mg/mL (20 mL vial)[d]	1 package 2 x 20 mL vials	1 package 2 x 20 mL vials	Blood glucose monitor ECG, cardiac monitor
metoprolol 1 mg/mL (5 mL vial)	3 x 5 mL vials	3 x 5 mL vials	ECG, cardiac monitor
nitroglycerin patch 0.2 mg	5 patches	5 patches	
nitroglycerin spray 0.4 mg/spray norepinephrine 1mg/mL (4 mL vial)[c] oxytocin 10 IU/mL ampoule[e] pantoprazole 40 mg vial[d] phenytoin 50 mg/mL (5 mL vial)[d]	1 bottle 1 x 4mL 2 x 1 mL ampoules 2 x 1 mL vials 6 x 5 mL vials	1 bottle 1 x 4 mL 2 x 1 mL ampoules 2 x 1 mL vials 6 x 5 mL vials	 ECG, cardiac monitor, iv pump iv pump In-line filter .22 micron, iv pump
sodium chloride 0.9% (10 mL vial) (also on Crash Cart List)	3 x 10 mL vials	3 x 10 mL vials	

REFRIGERATOR

Name and Strength	Quantity for one (1) hour	Quantity for four (4) hours	Equipment
phentolamine 5 mg/mL (1 mL ampoule)	6 x 1 mL ampoules	6 x 1 mL ampoules	
diltiazem 5 mg/mL (5 mL vial)	2 x 5 mL vials	4 x 5 mL vials	ECG, cardiac monitor
LORazepam 4mg/mL (1mL vial)	2 x 1 mL vials	2 x 1 mL vials	

[a] Staff must have ACLS training.
[b] Staff must have access to ECG, cardiac monitor, and defibrillator.
[c] May start with peripheral line, but may consider a central line for infusion if infusing over an extended period (ie. greater than 1 hour). Monitor i.v site closely for extravastion.
[d] See guideline for dose rounding – Appendix L. Do not give IM.
[e] Also see regular stock supply.
Note: EPINEPHrine 1mg/mL (1:1000) ampoules, and diphenhydrAMINE 50mg/mL vials are stored in anaphylaxis kit, and where regular drugs are stored at the nursing station.

APPENDIX C – Poisoning Antidotes Stocking List

Consult Poison Control Centres for advice on patient management.

Antidote	Indication	Quantity for 1 hr	Stock for 4 hours
Acetylcysteine 200 mg/mL vial 10mL vial	Acetaminophen overdose	8 x 10mL (or 3 x 30 mL)	10 x 10mL (or 4 x 30mL) (FOR 5 HOURS)[1]
Activated Charcoal, Aqueous 50g/250mL bottle	May be suggested for various agents in overdose situations.	3 x 250mL	3 x 250mL
Calcium gluconate 1g vial	Calcium channel blocker overdose	3 x 10 mL	3 x 10 mL Same quantity for 24 hrs
Deferoxamine 500 mg vial	Iron toxicity Aluminum toxicity	3 x 500mg Dose: 15mg/kg/h iv	10 x 500mg Usual max: 6000mg/day
Dextrose 50%, PLS	Hypoglycemia	2 x 50mL syringes In addition to crash cart stock.	2 x 50mL syringes In addition to crash cart stock
Ethanol 100% (Alcohol Dehydrated) 10mL amp	Methanol or ethylene glycol poisoning	10 x 10mL amps	20 x 10mL amps (FOR 6 HOURS)[2]
OR Fomepizole 1.5g /1.5 mL 1.5g vial		1 x 1.5g	1 x 1.5 g[2,3]
Flumazenil 0.1 mg/mL (5mL vial)	Benzodiazepine overdose	6 x 5 mL	10 x 5 mL[4]
Folic acid 5 mg/mL (10mL vial)	Methanol or ethylene glycol poisoning (adjunctive therapy)	1 x 10 mL	1 x 10mL[5]
Glucagon 1 mg (1 u) vial	Hypoglycemia or insulin shock Beta-blocker or calcium channel blocker overdose	10 vials	10 vials[6]
Naloxone 0.4 mg/mL Amp	Narcotic overdose	200 x 1 mL[7]	
Octreotide 100 mcg/mL x 1 mL amp	Adjunct therapy for sulfonylurea overdose	1 x 1 mL	1 x 1mL[8]
PEG with Electrolytes (CoLyte, Golytely)	Sustained release medications eg. Duralith, Cardizem SR,CD, Isoptin SR, Adalat XL	3 x 4L	3 x 4L
Phentolamine mesylate 5 mg/1 mL (IN REFRIGERATOR)	EPINEPHrine or DOPamine Extravasation or Norepinephrine	6 x 1 mL	6 x 1 mL[9]
Pyridoxine 100 mg (Vitamin B6) amp 1mL amp	INH Overdose	50 x 100 mg/mL, 1 mL	50 x 100mg/mL, 1mL
Sodium Bicarbonate 50 mEq PLS	Overdose: Tricyclic Antidepressants, ASA.	3 x 50mL In addition to crash cart stock.	3 x 50mL In addition to crash cart stock.
Thiamine	Adjunct therapy in ethelyne glycol poisoning	1 x 100 mg/mL amp	1 x 100 mg/mL amp[10]
Vitamin K (phytonadione) 10 mg/mL	Warfarin overdose	1 x 1mL	1 x 1mL[3]

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[1] 15 x 10mL (or 5 x 30mL) for 21 hours.

[2] See criteria for stocking Appedix M.

[3] Next dose is not required until 12 hours later.

[4] 6mg (12 vials) for 8 hours and 12mg (24 vials) for 24 hour treatment as per Saskatchewan Poison Centre Antidote Stocking Guidelines. For treatment of accidental overdose of **benzodiazepine as a sole toxic exposure** in children or adult.

[5] Dose is recommended as 50mg iv q6h.

[6] Definitive glucagon dosing recommendations are lacking; 3mg to 5mg up to a cumulative dose of 10mg is reasonable. (Marraffa JM,Cohen V,Howland MA. Antidotes for toxicological emergencies. A practical review. Am J Health-Syst Pharm 2012; 69: 199- 212).

[7] The minimum stock should be equivalent to having 80mg naloxone in stock. Nursing stations may choose to order a combination of 1ml ampoules and 10ml vials. For example, inventory at the nursing station could be: 50 x 1ml ampoules and 15 x 10ml vials.

[8] Dose is recommended as 50mcg sc q6-12h. It has a theoretical benefit.

[9] Also listed in Emergency List (Appendix B), under Refrigerator (items). Recommend 6 vials per nursing station.

[10] Dose is recommended as 100mg iv q6h. It has a theoretical benefit.

Appendix D - Vaccines

*** Contact the immunization coordinator about options based on Region**

****Vaccines are provided through provincial public health programs**

Vaccine
Pentacel® (DTaP-IPV-Hib) Quadracel® (DTaP-IPV) Diphtheria, tetanus, polio – adults (TdP) Diphtheria, tetanus, polio – ped (DTP) Diphtheria, tetanus – adults (Td) Td/IPV Inactivated poliomyelitis (IPV) Haemophilus influenza B conjugate (Act-HIB®) Hep B (Recombivax HB®) [preservative-free] Hep B (Recombivax HB®) MMR [MMR II®/Priorix®] BCG Rabies inactivated Hepatitis A (Vaqta®) Hepatitis A+B Ped (Twinrix Jr®) Hepatitis A+B Adult (Twinrix®) Meningococcal quadravalent [A,C,Y, W135] (e.g., Menactra®) Meningococcal C conjugate (e.g., Menjugate®) Influenza A (e.g., Vaxigrip®, Fluviral®) Pneumococcal polysaccharide (e.g., Pneumovax® 23) Pneumococcal conjugate (Prevnar®) Varicella (e.g., Varivax III®) Typhoid (e.g., Typhim Vi®) Yellow Fever Vaccine

Others
Botulism Antitoxin (contact Public Health authorities) Rabies Immune globulin (RabIg). Tetanus Immune globulin(TIg) Tuberculin mantoux

For more information please refer to: Public Health Agency of Canada *Canadian immunization guide* (http://www.phac-aspc.gc.ca/publicat/cig-gci/) [Date modified 2015-05-20]

APPENDIX E – Prescription Labelling Requirements

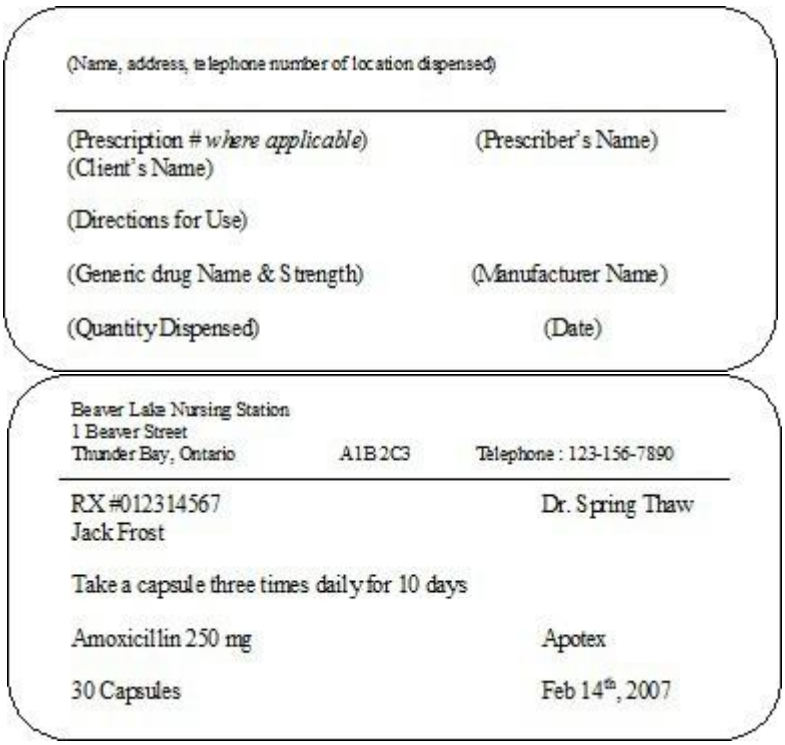
Proper labelling is an important aspect of dispensing a prescription. The label must comply with rules and regulations and should correctly and clearly convey all necessary information regarding dosage, mode of administration, and special storage of the product. The quality of the labelling is extremely important to the client's perception of the quality of the product and may have profound implications for his or her safe use of the medication and adherence with the prescribed regimen.

The label shall include:

- client's name;
- generic drug name and strength and name of manufacturer;
- directions for use;
- quantity dispensed;
- expiration date when applicable;
- date that drug is dispensed;
- name of prescriber;
- name, address, telephone number of location from which drug is dispensed;
- prescription number for filing prescriptions where applicable; and
- auxiliary labels (e.g., shake well) are affixed in addition to the label when necessary.

The label shall be of sufficient size to allow all necessary information to be included, in a clear type size large enough for all information to be easily read.

Presented below is an example of a proper prescription label.



APPENDIX F – Medication Listing Review Process

The following outlines the review process for a nursing station wishing to have a medication listed in the First Nations and Inuit Health Branch (FNIHB) Nursing Station Formulary.

1. Request Submission

A health practitioner wishing to have a medication considered for listing in the FNIHB Nursing Station Formulary and therefore stocked in all nursing stations may submit a request to their Regional Office by completing the Formulary Change Request Form.

The request should explain the reasons for the request, and be accompanied by medical literature showing advantages over existing formulary drugs. There are no deadline dates for requests for listing in the Formulary. In general, requests are reviewed in order of receipt.

2. Request Reviews

The Regional Office carries out an initial evaluation of the request, with emphasis on clinical documents, such as scientific reports or studies comparing the new product with existing therapeutic alternatives.

The Regional Office reports its recommendations to the Nursing Station and the Population Health and Primary Care Directorate (PHPCD) Interprofessional Practice Support (IPS) Pharmacy, along with additional information such as impact on patterns of practice such as the *First Nations and Inuit Health Branch Clinical Practice Guidelines for Nurses in Primary Care* as well as anticipated costs.

3. Request Recommendations

Once the initial evaluation has been completed by the Regional Office and the medication request is recommended for a complete review, the Region will forward the request to the PHPCD IPS Pharmacy to conduct a review of the clinical and pharmaceutical aspects of the request.

The review will evaluate the impact on all nursing stations. The PHPCD IPS Pharmacy and Nursing consultants will evaluate the impact on Clinical Practice Guidelines; determine parameters for safe practice and other relevant information. When requests are being considered which may relate to pharmaceutical issues and their impact on the delivery of health services in First Nations and Inuit communities, requests will be presented to the Interprofessional Practice Advisory Committee (IPAC) for a review and recommendation.

Once the review has been completed, it will be presented to the Nursing Station Formulary Pharmacy and Therapeutics Committee for a formulary listing and treatment code recommendation.

4. Request Results

Once a recommendation has been provided and approved by Senior Management, FNIHB, HC.

The nursing station requesting the review and Regions will be advised of the final decision. The Nursing Station Formulary, Drug Classification System and the Clinical Practice Guidelines will then be updated to reflect the final listing decision.

APPENDIX G – Nursing Station Formulary Change Request

Complete the following and forward to regional office for recommendation.

Nursing Station Formulary – Request for Addition/Deletion/Change

Request for: ☐ Addition ☐ Deletion Change	**Date of Request:**
Pharmaceutical Agent Generic Name:	
Pharmaceutical Agent Trade Name(s):	
Indication:	
Strength (include units):	**Formulation (inj/susp/ung/etc.):**
Usual dose and duration: ☐ ☐ ☐ ☐	☐ ☐
Recommended Category: A B C D **(Treatment Codes where applicable from formulary)**	Must Stock Item Optional Stock Item
Comparable pharmaceutical agents currently on formulary:	
Will this pharmaceutical agent replace an existing item on the formulary: ☐ Yes No	
Substantiation of request/notes:	
Attachments:	
Please include research literature or other current practice references where appropriate to support request.	
NURSING STATION / REGION:	
Requested By:	**Phone:**
E-mail:	**Fax**

FOR REGIONAL OFFICE USE
(to be forwarded to PHPCD – OPHC – IPS - Pharmacy once completed)

RECOMMENDED: ☐ Yes ☐ No	**Attachments:**
UNIT COST / ESTIMATED ANNUAL COST:	
COMMENTS: (including anticipated regional cost increases and impact on nursing practice patterns e.g. *FNIHB Clinical Practice Guidelines for Nurses in Primary Care*)	
DATE:	**RECOMMENDED BY:** **TELEPHONE NUMBER:**
HQ REVIEW:	**REQUEST:** ☐ **Approved** ☐ **Rejected**
RATIONALE:	
Recommended Category: ☐ A ☐ B ☐ C ☐ D **(Treatment Codes where applicable from formulary)**	☐ Must Stock Item Optional Stock Item

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Canada

Appendix H

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FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT

Identification: Date of Occurrence:_____Time: _____ Tel: _____ Province/Region: _____

Zone/Health Authority: _____ Report Sent: d/m/y_____Faxed No._____

HCP Involved: check ( )all that apply: GCHN G CHR G HCC G Doctor G Dentist G NADAAP G Mental Health G Other _____

Names of HCP Involved:_____

If Client involved: Age(s): Community:

Description of Occurrence check ( )all that apply

-1-Security Violation	-2-Self Harm	-3-Community	-4-Process Issues	-6-Substance Use Related
☐ Violence/Assault/ Threats to Nurse ☐ Threats to Other HCP in Community ☐ Security Guard Issues ☐ Policing Issues ☐ Theft ☐Damage to Property ☐ Other _____	☐ Suicidal Ideation Recurrent: ____ ☐ Attempted Suicide No° of Attempts:___ ☐ Completed Suicide ☐ Self Destructive Behaviours ☐ Other_____	☐ Vehicular ☐ Death ☐ Environmental ☐ CDC Outbreak ☐ Political issues ☐ Violence to client ☐ Other _____	☐ Medical Evacuation ☐ On-Call /receiving ☐ Workforce ☐ Other _____ **-5-Nursing Practice** ☐ Policy ☐ Scope of Practice ☐ Intervention ☐ Medication ☐ Good Catch/Near Miss ☐ Other _____	☐ Alcohol ☐ Narcotic and controlled substance ☐ Solvents ☐ Drugs OTC / illicit ☐ Unknown ☐ Other :_____

Brief description of occurrence:

How the occurrence effects the ability to deliver health services:

Actions taken by Nurse (CHN) or other health care personnel check ( ) all that apply

Consultation	Intervention	Notification		
☐ Physician ☐ CHNG NIC ☐ Mental Health Services ☐ Child Care Services ☐ Police ☐ Community Program Staff _____ ☐ Other _____	☐ Medical Evacuation by: ☐ Land ☐ Air to: _____ ☐ Observation_____hrs ☐ Discharged to:_____ ☐ Accompanied by: _____ Date:_____ Time:_____	☐ ZNO / manager ☐ Facilities / Maintenance ☐ Regional Security Manager ☐ Other_____ _____ _____	☐ Health Director ☐ Chief / Councilor _____ ☐ Other _____ _____ _____ _____	☐ CISM ☐ Coroner ☐ Police ☐ EHO ☐ Other _____ _____

Follow-up required at community level:

Prepared by(Print name) :	Signature:	Date:

Actions taken by Management

B

Zone/Area /Health Authority		**Date Received:**

Forwarded: G Regional Director G CISM G Facilities G Regional Security G Health Director G Chief G Coroner G Police G EHO G Other

Signature:	Title	Date:

C

~~**Region- RNO/Manager/Director**~~		~~**Date Received:**~~	

Forwarded: G Regional Director G Facilities G Regional or Corporate Security G Health Director G Chief G CISM G Coroner G Police G EHO G ONS G Other

Signature:	Title	Date:

D

Completed Report Forwarded to Source of Occurrence		Date:
Signature:	Fax:	Date:

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FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT

Page 2 optional if more room needed to describe Occurrence and Implications for nurses

Identification: Date of occurrence:_____ Time:_____ Tel: _____

Province/region: _____ Zone/area/health authority: _____ Community: _____
Report sent: d/m/y_____ Faxed to No._____

Description of Occurrence cont…

How the occurrence affects the ability to deliver health services:

Prepared by (print name):	**Signature:**	**Date:**

Compliances: The Following occurrences will be mandatorily completed by FNIHB health personnel or transferred health authorities/societies when an occurrence takes place. Occurrences include but not limited to the following:

Appendix H

1.0 Security Violation

1.1 Violence/Assault/Threats Against Nurse: refers to physical assault, stabbing, rape etc.
1.2 Threats to Health Care personnel: verbal abuse, harassment, etc.
1.3 Security Guard Issues: does not follow post order re, regulations, does not report for duty etc
1.4 Policing Issues: police did not respond to call, slow to respond to calls, insufficient presence in community etc.
1.5 Theft: of government, personal property, break-in, etc
1.6 Damage to Property: damage or destruction directed toward equipment in the health facility, health facility building(s), the nurses' residences and/or personnel property, FNIHB or equivalent vehicles,
1.7 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff.

2.0 Self Harm:

2.1 Suicidal ideation: "cry for help" (i.e. communicating intention to commit suicide, etc)
Recurrent suicidal ideation: this refers to repeated suicidal ideation and should be checked ✓ if ideation is recurrent
2.2 Attempted Suicide: identify total number of actual attempts (i.e. medication overdose)
2.3 Completed Suicide: intentionally killing oneself
2.4 Self Destructive Behaviours: violence toward self (i.e. inflictions to physical body)
2.5 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff.

3.0 Community

3.1 Vehicular: any type of motor vehicle accident (MVA) e.g. ATV, snow mobile, boat, plane, etc.
3.2 Death: expected/unexpected death (drowning, terminal illness, etc), occurrence.
3.3 Environmental: such as toxic spills, chemical exposure, natural disasters such as floods and forest fires
3.4 CDC Outbreak: communicable diseases outbreak -
3.5 Political issues: any political occurrences affecting reduction or changes of services
3.6 Violence to client: individual violence from one to another, physical assault, spousal / child abuse, rape, etc.
3.7 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff (i.e. gang related violence in the community).

4.0 Process Issues

4.1 Medical Evacuation: any occurrences /procedures related to the medical evacuation of a client
4.2 On-call Facility: any professional/process issues related to the on-call facility (e.g. availability for telephone consultations)
4.3 Workforce: any workforce issues (i.e. staff shortage)
4.4 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff (e.g. failure of equipment).

5.0 Nursing Practice

5.1 Policy: any occurrences or variances from current policy or standards.
5.2 Scope of Practice: occurrences related to RN competencies or skills required to health care services in FN & I clients, (clinical assessment, health protection, prevention and promotion)
5.3 Intervention: care delivery, referral, consultation, language, culture, client safety issues, communication
5.4 Medication: any occurrence or variances from current standards of administration, documentation, dispensing, known allergy, drug, count, intravenous infusion, medication order related.
5.5 Good Catch (near miss or close call): a situation or event that could have occurred, but did not because of chance or interception (i.e. dispensed wrong medication, but caught before it being administered to the client)
5.6 Other: any occurrences or variances in nursing practice not covered by the above.

6.1 Substance Use Related

6.1 Substance use Related: occurrences related to the ingestion/inhalation of alcohol or use of recreational, over the counter (OTC) and / or controlled drugs (e.g. controlled substances, solvents such as gas, glue, white-out liquid paper, etc)" to "Substance use Related: occurrences related to the ingestion/inhalation of alcohol or use of recreational, over the counter (OTC) illicit (e.g. steroids) and / or controlled drugs (e.g. narcotics), solvents such as gas, glue, white-out liquid paper, etc). Refer to the Policy and Procedures on Controlled Drugs and Substances in FNIHB Health Care Facilities for missing counts, lost or stolen controlled drugs and substances.

Abbreviations:

CHN – Community Health Nurse
RNO Regional Nursing Officer
CHR – Community Health Representative
HCC – Home and Community Care
OTC – over-the-counter
CS – Health Canada, Corporate Security
EHO – Environmental Health Officer
RSM – Regional Security Manager
HCP – Health Care Personnel
CISM – Critical Incident Stress Management
ATV – all-terrain vehicle
NIC – Nurse-in-Charge
ZNO – Zone Nursing Officer or manager
DON – Director of Nursing
NADAAP– Native Alcohol, Drugs and Addictions Program

Appendix I

REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

INSTRUCTIONS: For more complete instructions and definitions, refer to the user guide at: **www.phac-aspc.gc.ca/im/aefi-form-eng.php**

Report events which have a temporal association with a vaccine and which cannot be clearly attributed to other causes.
A causal relationship does not need to be proven, and submitting a report does not imply causality.

Of particular interest are those AEFIs which:

a) Meet one or more of the seriousness criteria
b) Are unexpected regardless of seriousness

Refer to the user guide, Background Information and for additional clarification.

Note:

- **the numbers below correspond to the numbered sections of the form.**
- **All dates should be captured in the following format: YYYY / MM / DD**.
- **When reporting an AEFI, check one of the boxes on the top right hand corner of the first page of the AEFI form to indicate whether it is an INITIAL or FOLLOW UP report. For all follow up reports, please specify the UNIQUE EPISODE NUMBER.**

1a) The **UNIQUE EPISODE NUMBER** is assigned by the Province/Territory. Leave it blank unless authorized to assign it.

1b) The **REGION NUMBER** is a number that corresponds to a given health unit. Leave it blank if it doesn't apply to your locale.

2) The **IMPACT LIN** is assigned by IMPACT nurse monitors (LIN: Local Inventory Number).

3) The information provided in this section is confidential and should not be sent to the Public Health Agency of Canada.

4a) Indicate the Province/Territory where the vaccine was administered, abbreviations may be used.

4c) Provide all information as requested in the table. For the "Dose #", provide the number in series (1, 2, 3, 4, or 5) if known. For the Influenza vaccine, unless a patient receives two doses in one season, the "Dose #" should be recorded as "1".

7a) Indicate the highest impact of the AEFI on the patient's daily activities as assessed by the patient or the parent/caregiver.

7c) Provide details of any investigations or treatments in section 10. If the patient was already in hospital when immunized and the immunization resulted in a longer hospital stay, indicate "Resulted in prolongation of existing hospitalization" and provide the number of days by which the patient's hospital stay was prolonged. For all hospitalizations, indicate the date of admission and discharge.

8) MOH/MHO: Medical Officer of Health, MD: Medical Doctor, RN: Registered Nurse.

9) Choose, from section 9 (AEFI details), the description that best fits the AEFI being reported. Make sure to record the time of onset and duration of signs/symptoms using the most appropriate time unit: Days, Hours or Minutes. Provide additional details of any investigation, therapy, and other information as appropriate in section 10.

11) This section is to be completed by the MOH/MHO, MD, RN or their designate who are assigned to provide public health recommendations according to the P/T best practices.

12) Information in this section is not collected by all P/Ts.

RETURN COMPLETED FORM TO YOUR LOCAL PUBLIC HEALTH UNIT ADDRESS AT:

Alberta (AB)	Northwest Territories (NT)	Quebec (QC)
British Columbia (BC)	Nova Scotia (NS)	Saskatchewan (SK)
Manitoba (MB)	Nunavut (NU)	Yukon (YT)
New Brunswick (NB)	Ontario (ON)	Canadian Forces Health Services (CFHS)
Newfoundland and Labrador (NL)	Prince Edward Island (PE)	Public Health Agency of Canada (PHAC)

Appendix I

REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

○ Initial report
○ Follow up report *(Unique episode number)*

1a) UNIQUE EPISODE NUMBER: **1b) REGION NUMBER:** **2) IMPACT LIN:**

3) PATIENT IDENTIFICATION

First name: Last name: Health number:

Address of usual residence:

Province/Territory: Postal code: Phone: ( ) (ext.)

Information Source: First name: Last name: Relation to patient:

Contact info, if different:

4) INFORMATION AT TIME OF IMMUNIZATION AND AEFI ONSET

4a) At time of immunization

Province/Territory of immunization: _____

Date vaccine administered (Y / M / D): __ __ __ __ | __ __ | __ __ (hr:____ ○am / ○pm)

Date of birth (Y / M / D): __ __ __ __ | __ __ | __ __ Age: _____

Sex: ○Male ○Female ○Other

4b) Medical history (up to the time of AEFI onset)

(Check all that apply and provide details in section 10)

☐ Concomitant medication(s)
☐ Known medical conditions/allergies
☐ Acute illness/injury

4c) Immunizing agent	Trade name	Manufacturer	Lot number	Dose #	Dosage/unit	Route	Site
					/		
					/		
					/		
					/		
					/		

5) IMMUNIZATION ERRORS

Did this AEFI follow an incorrect immunization? ○No ○Unknown ○**Yes**

(If **Yes***, choose all that apply and provide details in section 10)*

☐ Given outside the recommended age limits ☐ Product expired ☐ Incorrect route
☐ Wrong vaccine given ☐ Dose exceeded that recommended for age
☐ Other, *specify:*

6) PREVIOUS AEFI

Did an AEFI follow a previous dose of any of the above immunizing agents (Table 4c)? *(Choose one of the following)*

○ No ○ **Yes** *(Provide details in section 10)*
○ Unknown ○ Not applicable (no prior doses)

7) IMPACT OF AEFI, OUTCOME, AND LEVEL OF CARE OBTAINED

7a) highest impact of AEFI: *(Choose one of the following)*

○ Did not interfere with daily activities
○ Interfered with but did not prevent daily activities
○ Prevented daily activities

7b) Outcome at time of report:

○ Death† *Date* (Y / M / D): __ __ __ __ | __ __ | __ __
○ Permanent disability/incapacity† ○ Not yet recovered†
○ Fully recovered ○ Unknown

†*(Provide details in section 10)*

7c) highest level of care obtained: *(Choose one of the following)*

○ Unknown ○ None ○ Telephone advice from a health professional ○ Non-urgent visit ○ Emergency visit
○ Required hospitalization (_____days) ***OR*** ○ Resulted in prolongation of existing hospitalization (by_____days)

Date of hospital admission: (Y / M / D): __ __ __ __ | __ __ | __ __ Date of hospital discharge: (Y / M / D): __ __ __ __ | __ __ | __ __

7d) Treatment received: ○ No ○ Unknown ○ Yes *(Provide details of all treatments including self treatment, in section 10)*

8) REPORTER INFORMATION

Setting: ○ **Physician office** ○ **Public health** ○ **hospital** ○ **Other,** ***specify:***

Name: Phone: ( ) (ext.) Fax: ( )

Address: City:

Province/Territory: Postal code: Date reported: (Y / M / D): __ __ __ __ | __ __ | __ __

Signature: ○ MD ○ RN ○ IMPACT ○ Other, *specify:*

NOTE: *Discuss with patient or his/her parent/caregiver reason for reporting and confidentiality of information.*

Appendix I

REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

UNIQUE EPISODE NUMBER: **REGION NUMBER:** **IMPACT LIN:**

9) AEFI DETAILS: Complete all sections as appropriate; for each, check all signs/symptoms that apply. Item(s) with asterisk (*) should be diagnosed by a physician. If not, provide sufficient information to support the selected item(s). Use **SECTION 10** for additional information including, clinical details and test results.

☐ **9a) Local reaction at or near vaccination site**

Interval: → _____Min_____Hrs_____Days from immunization to onset of 1st symptom or sign
Duration: → _____Min_____Hrs_____Days from onset of 1st symptom/sign to resolution of all symptoms/signs

☐ Infected abscess ☐ Sterile abscess ☐ Cellulitis ☐ Nodule ☐ Reaction crosses joint ☐ Lymphadenitis ☐ Other, *specify*:

For any vaccination site reaction indicated above, check all that apply below and provide details in section 10:

☐ Swelling ☐ Pain ☐ Tenderness ☐ Erythema ☐ Warmth ☐ Induration ☐ Rash ☐ Largest diameter of vaccination site reaction:_____cm
Site(s) of reaction_____(e.g. LA, RA) ☐ Palpable fluctuance ☐ Fluid collection shown by imaging technique (e.g. MRI, CT, ultrasound)
☐ Spontaneous/surgical drainage ☐ Microbial results ☐ Lymphangitic streaking ☐ Regional lymphadenopathy

☐ **9b) Allergic and Allergic-like events**

Interval: → _____Min_____Hrs_____Days from immunization to onset of 1st symptom or sign
Duration: → _____Min_____Hrs_____Days from onset of 1st symptom/sign to resolution of all symptoms/signs

Chose one of the following: ○ **Anaphylaxis** ○ **Oculo-Respiratory Syndrome (ORS)** ○ **Other allergic events**

Skin/mucosal	☐ Urticaria ☐ Erythema ☐ Pruritus ☐ Prickle sensation ☐ Rash *(For these events, specify site of reaction)*	
	Angioedema: ☐ Tongue ☐ Throat ☐ Uvula ☐ Larynx ☐ Lip ☐ Eyelids ☐ Face ☐ Limbs ☐ Other, *specify*:	**Eye(s):** ☐ Red bilateral ☐ Red unilateral ☐ Itchy
Cardio-vascular	☐ Measured hypotension ☐ ↓ central pulse volume ☐ Capillary refill time >3 sec ☐ Tachycardia ☐ ↓ or loss of consciousness *(Duration):*	
Respiratory	Sneezing Rhinorrhea Hoarse voice Sensation of throat closure Stridor Dry cough ☐ Tachypnea ☐ Wheezing ☐ Indrawing/retractions ☐ Grunting ☐ Cyanosis ☐ Sore throat ☐ Difficulty swallowing ☐ Difficulty breathing ☐ Chest tightness	
Gastrointestinal	☐ Diarrhea ☐ Abdominal pain ☐ Nausea ☐ Vomiting	

☐ **9c) Neurologic events**

Interval: → _____Min_____Hrs_____Days from immunization to onset of 1st symptom or sign
Duration: → _____Min_____Hrs_____Days from onset of 1st symptom/sign to resolution of all symptoms/signs

☐ **Meningitis*** ☐ **Encephalopathy/Encephalitis*** ☐ **Guillain-Barré Syndrome (GBS)*** ☐ **Bell's Palsy*** ☐ **Other paralysis*** ☐ **Seizure**
☐ **Other neurologic diagnosis*, *specify:***

☐ Depressed/altered level of consciousness ☐ Lethargy ☐ Personality change lasting ≥24hrs ☐ Focal or multifocal neurologic sign(s) ☐ Fever (≥38.0°C)
☐ CSF abnormality ☐ EEG abnormality ☐ EMG abnormality ☐ Neuroimaging abnormality ☐ Brain/spinal cord histopathologic abnormality

Seizure details: ☐ Witnessed by healthcare professional ○ Yes ○ No ○ Unknown
☐ Sudden loss of consciousness ○ Yes ○ No ○ Unknown
○ Generalized (*Specify*: ○ Tonic ○ Clonic ○ Tonic-clonic ○ Atonic ○ Absence ○ Myoclonic) ***OR*** ○ Partial
☐ Previous history of seizures (*Specify*: ☐ Febrile ☐ Afebrile ☐ Unknown type)

☐ **9d) Other events**

Interval: → _____Min_____Hrs_____Days from immunization to onset of 1st symptom or sign
Duration: → _____Min_____Hrs_____Days from onset of 1st symptom/sign to resolution of all symptoms/signs

☐ **hypotonic-hyporesponsive Episode (age <2 years)**
☐ Limpness ☐ Pallor/cyanosis ☐ ↓ responsiveness/unresponsiveness

☐ **Persistent crying** *(Continuous and unaltered crying for ≥3 hours)*

☐ **Intussusception***

☐ **Arthritis** ☐ Joint redness ☐ Joint warm to touch ☐ Joint swelling
☐ Inflammatory changes in synovial fluid

☐ **Parotitis** *(Parotid gland swelling with pain and/or tenderness)*

☐ **Rash** *(Non-allergic)* ☐ Generalized ☐ Localized *(Site)*

☐ **Thrombocytopenia*** ☐ Platelet count <150x10^9/L ☐ Petechial rash
☐ Other clinical evidence of bleeding

☐ **Anaesthesia/Paraesthesia** ☐ Numbness ☐ Tingling ☐ Burning
☐ Formication ☐ Other, *specify*:
○ Generalized ○ Localized *(Site)*

☐ **Fever ≥38.0°C** ***(Note:** report **ONLY** if fever occurs in conjunction with a reportable event. For fever in a neurological event, use Section 9c)*

☐ **Other serious or unexpected event(s) not listed in the form** *(Specify and provide details in Section 10)*

Appendix I

REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

UNIQUE EPISODE NUMBER: **REGION NUMBER:** **IMPACT LIN:**

10) SUPPLEMENTARY INFORMATION *(Please indicate the section number when providing details. Please provide details of any investigation or treatment for the recorded AEFI). If not, provide sufficient information to support the selected item(s).*

11) RECOMMENDATIONS FOR FURTHER IMMUNIZATION
(Provide comments, use section 10 if extra space needed)

☐ No change to immunization schedule	☐ Controlled setting for next immunization	☐ Other, *specify:*
☐ Expert referral, *specify:*	☐ No further immunizations with:_____, *specify:*	
☐ Determine protective antibody level	☐ Active follow up for AEFI recurrence after next vaccine	

Name:

Professional status: ○ MOH/MHO ○ MD ○ RN ○ Other, *specify:*

COMMENTS:

Phone: ( ) (ext.) Date: (Y / M / D): __ __ __ __ | __ __ | __ __ **Signature:**

12) FOLLOW UP INFORMATION FOR A SUBSEQUENT DOSE OF SAME VACCINE(S) *(Provide details in section 10)*

☐ Vaccine administered without AEFI ☐ Vaccine administered with recurrence of AEFI ☐ Vaccine administered, other AEFI observed

☐ Vaccine administered without information on AEFI ☐ Vaccine not administered

Health Canada Santé Canada

APPENDIX - J

The form should be printed and faxed toll free to:
1 866 678-6789 or mailed as per instructions provided.

Canada Vigilance

Report of suspected adverse reaction due to **health products*** marketed in Canada

Health Products and Food Branch
Direction générale des produits de santé et des aliments

PROTECTED B**
(when completed)

La version française de ce document est disponible à: http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-fra.php

A. Patient Information (See " Confidentiality" section)

1. Identifier	3. Sex	4. Height	5. Weight
2. Age at time of reaction	G Male G Female	_____feet or _____cm	_____lbs or _____kgs

B. Adverse Reaction

1. Outcome attributed to adverse reaction (check all that apply)

- ☐ Death_____(yyyy/mm/dd)
- ☐ Life-threatening
- ☐ Hospitalization
- ☐ Hospitalization - prolonged
- ☐ Disability
- ☐ Congenital malformation
- ☐ Required intervention to prevent damage/permanent impairment
- ☐ Other : _____

2. Date of reaction			3. Date of this report		
YYYY	MM	DD	YYYY	MM	DD

4. Describe reaction or problem

5. Relevant tests / laboratory data (including dates (yyyy/mm/dd)**)**

6. Other relevant history, including pre-existing medical conditions (e.g. allergies, pregnancy, smoking and alcohol use, hepatic / renal dysfunction)

C. Suspected Health Product(s) (See "How to report" section)

1. Name (give labeled strength & manufacturer, if known)
1 _____
2 _____

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration)
# 1	# 1 From (yyyy/mm/dd) - To (yyyy/mm/dd)
# 2	# 2

4. Indication for use of suspected health product	5. Reaction abated after use stopped or dose reduced
# 1	# 1 ☐ Yes ☐ No ☐ Doesn't apply
# 2	# 2 ☐ Yes ☐ No ☐ Doesn't apply

6. Lot # (if known)	7. Exp. date (if known)	8. Reaction reappeared after reintroduction
# 1	# 1 (yyyy/mm/dd)	# 1 ☐ Yes ☐ No ☐ Doesn't apply
# 2	# 2	# 2 ☐ Yes ☐ No ☐ Doesn't apply

9. Concomitant health products (name, dose, frequency and route used), and therapy dates (yyyy/mm/dd) (exclude treatment of reaction)

10. Treatment of adverse reaction (medications and / or other therapy), **include dates** (yyyy/mm/dd)

D. Reporter Information (See " Confidentiality" section)

1. Name, address & phone number

2. Health professional?	3. Occupation	4. Also reported to manufacturer?
☐ Yes ☐ No		☐ Yes ☐ No

Canada

Return this form to the appropriate Canada Vigilance Regional Office listed below

APPENDIX-J

VOLUNTARY ADVERSE REACTION (AR) REPORTING GUIDELINES

Confidentiality of adverse reaction information
Any information related to the identity of the patient and/or the reporter of the AR will be protected as per the *Privacy Act*. For the " identifier" box, provide some type of identifier that will allow you, the reporter, to readily locate the case if you are contacted for more information; do not use the patient's name.

Privacy Notice Statement:
Information related to the identity of the patient and/or reporter will be protected as per the *Privacy Act*, including in the case of an access to information request. Suspected health product-related AR information that is submitted on a voluntary basis is maintained in a computerized database. AR information is used for the monitoring of marketed health products, and may contribute to the detection of potential product-related safety issues as well as to the benefit-risk assessments of these products. For more details with regard to personal information collected under this program, visit the Personal Information Bank; Health Canada; Health Products and Food Branch; Branch Incident Reporting System; PIB# PPU 088 at: http://infosource.gc.ca/inst/shc/fed07-eng.asp.

What to report?
ARs to Canadian marketed health products, including prescription and non-prescription pharmaceuticals, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals are collected by the Canada Vigilance Program. An AR is a harmful and unintended response to a health product. This includes any undesirable patient effect suspected to be associated with health product use. Unintended effect, health product abuse, overdose, interaction (including drug-drug and drug-food interactions) and unusual lack of therapeutic efficacy are all considered to be reportable ARs.

AR reports are, for the most part, only *suspected* associations. A temporal or possible association is sufficient for a report to be made. Reporting of an AR does not imply a definitive causal link.

All suspected adverse reactions should be reported, especially those that are:
- **unexpected,** regardless of their severity, i.e., not consistent with product information or labeling; or
- **serious,** whether expected or not; or
- reactions to **recently marketed health products** (on the market for less than five years), regardless of their nature or severity.

What is a serious adverse reaction?
A serious AR is one that requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. ARs that require significant medical intervention to prevent one of these listed outcomes are also considered to be serious.

How to report?
To report a suspected AR for health products marketed in Canada, health professionals or consumers (preferably in conjunction with their health professional, so that information about medical history can be included in order to make the reports more complete and scientifically valid) should complete a copy of the Report of Suspected Adverse Reaction Due to Health Products Marketed in Canada (HC/SC 4016). This form may be obtained from the Internet at http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php, from your Canada Vigilance Regional Office (see contact information below), and is also available in the appendices of the Compendium of Pharmaceuticals and Specialities (CPS).

All applicable sections of the Canada Vigilance Reporting Form should be filled in as completely as possible. Use a separate form for each patient. Up to two suspected health products for a particular AR may be reported on one form. Attach an additional form if there are more than two suspected health products for the AR being reported. Additional pages may be attached if more space is required. The success of the program depends on the quality and accuracy of the information provided by the reporter.

To report an Adverse Event following an Immunization (AEFI) for a vaccine used in the prevention of infectious disease, the same criteria as stated in these guidelines are used. Health professionals should complete a copy of the AEFI reporting form. This form is available on the Internet at http://www.phac-aspc.gc.ca/im/aefi-form-eng.php, or in the appendices of the CPS. These forms also exist as customized Provincial/Territorial adverse event forms which can be obtained either from local public health departments or from the Provincial/Territorial health authorities.

For more information on the Canada Vigilance Program, additional copies of the Canada Vigilance Reporting Forms or to report an AR, health professionals and consumers are invited to contact a Canada Vigilance Regional Office as listed below. The following toll-free numbers may be used by health professionals and consumers. Calls will be automatically routed to the appropriate Canada Vigilance Regional Office based on the area code from which the call originates.
Toll-free telephone: 1-866-234-2345 **Toll-free fax: 1-866-678-6789**.

British Columbia and Yukon: Canada Vigilance Regional Office - BC and Yukon, 400-4595 Canada Way, Burnaby, British Columbia, V5G 1J9
CanadaVigilance_BC@hc-sc.gc.ca

Alberta and Northwest Territories: Canada Vigilance Regional Office - Alberta and Northwest Territories, Suite 730, 9700 Jasper Avenue, Edmonton, Alberta, T5J 4C3
CanadaVigilance_AB@hc-sc.gc.ca

Saskatchewan: Canada Vigilance Regional Office - Saskatchewan, 4th floor, Room 412, 101 - 22nd Street East, Saskatoon, Saskatchewan, S7K 0E1
CanadaVigilance_SK@hc-sc.gc.ca

Manitoba: Canada Vigilance Regional Office - Manitoba, 510 Lagimodière Blvd, Winnipeg, Manitoba, R2J 3Y1
CanadaVigilance_MB@hc-sc.gc.ca

Ontario and Nunavut: Canada Vigilance Regional Office - Ontario and Nunavut, 2301 Midland Avenue, Toronto, Ontario, M1P 4R7
CanadaVigilance_ON@hc-sc.gc.ca

Québec: Canada Vigilance Regional Office - Québec, 1001 Saint-Laurent Street West, Longueuil, Québec, J4K 1C7
CanadaVigilance_QC@hc-sc.gc.ca

Atlantic: Canada Vigilance Regional Office - Atlantic, For New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, 1505 Barrington St., Maritime Centre, Suite 1625, 16th floor, Halifax, Nova Scotia, B3J 3Y6
CanadaVigilance_ATL@hc-sc.gc.ca

How to deal with follow-up information for an AR that has already been reported?
Any follow-up information for an AR that has already been reported can be submitted using a new Canada Vigilance Reporting Form. It can be communicated by telephone, fax or e-mail to the appropriate Canada Vigilance Regional Office (see contact information above). In order that this information can be matched with the original report, indicate that it is follow-up information, and if known, the date of the original report and the case report tracking number provided in the acknowledgement letter. It is very important that follow-up reports are identified and linked to the original report.

What about reporting ARs to the Market Authorization Holder (manufacturer)?
Health professionals and consumers may also report ARs to the market authorization holder (MAH). Indicate on your AR report sent to Health Canada if a case was also reported to the product's MAH.

Appendix K – Suboxone™ as part of approved Community-based Opioid Addiction Treatment Programs

Suboxone™ is indicated for substitution treatment in opioid drug dependence in adults. The safety and efficacy of Suboxone™ have not been established in children under 18 years of age, adults over 65 years of age, pregnant women and nursing women.[1] Therefore, it is not recommended for use in these patient populations.

In regions with a community-based Opioid Addiction Treatment Program approved by Regional Office Senior Management, a small quantity of Suboxone™ tablets may be kept on hand at the nursing station as bulk inventory for emergency situations[2] only. As part of this Program, clients undergoing Suboxone treatment must be involved in ongoing monitoring, counseling and screening.

This Suboxone™ bulk inventory is **not to be used to initiate a new treatment for clients in acute opioid withdrawal** and must meet the following criteria:

- Provision is in compliance with the *Narcotic Control Regulations* (NCR) and the First Nations and Inuit Health Branch Policy and Procedures on Controlled Substances for First Nations Health Facilities;
- The bulk inventory quantity may be reviewed with the Regional Controlled Substances Officer (RCSO) and PHPCD IPS Pharmacy every six (6) months, or sooner as warranted; and
- The client for whom the bulk inventory is issued must have prior approval for Suboxone™ through the Non-Insured Health Benefits (NIHB) Program; confirmation of approval to be faxed from dispensing pharmacy.

NOTE: To accommodate the unforeseen realities (e.g. weather delays) of delivering client specific medications to remote First Nation communities, the nursing station bulk inventory may need to be accessed for the induction phase of NIHB approved clients. In these situations, the responsible physician must be on-site at the nursing station. Only in exceptional circumstances may the nursing station bulk inventory of Suboxone™ be used to begin induction of a NIHB-approved client. When deciding to use bulk inventory, ensure adequate time is allotted for the NIHB request, the subsequent processing and shipment of the drug to the client by the retail pharmacy provider.

Generic Drug Name	**Form**	**Quantity**	**Treatment Code**	**Common Trade Name(s)**
Ⓝ buprenorphine 2 mg & naloxone 0.5 mg	Tablet	14 tablets	**B**	Suboxone
Ⓝ buprenorphine 8 mg & naloxone 2 mg	Tablet	14 tablets	**B**	Suboxone
• MD prescribed only.				
Note: In communities where there are no approved Suboxone community-based Opioid Addiction Treatment Programs in place nursing stations will not stock Suboxone™ as a bulk inventory for clients who are visiting or moving to this community.				

[1] Suboxone CPhA monograph. In: Repchinsky C, editor. *Compendium of Pharmaceuticals and Specialities* 2013. Ottawa (ON): Canadian Pharmacists Association; 2013. P. 2588-91.

[2] An emergency situation is where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client.

First Nations and Inuit Health Branch **APPENDIX L**	**Guideline for Dose Rounding** **Title** : Enoxaparin 100 mg/mL pre-loaded syringe Lovenox®
Nursing Station Formulary Refer to Section 4 – Anticoagulants and Antiplatelet Agents	**Effective: AUGUST 2013**

Enoxaparin (Lovenox) is an anticoagulant that may be used in the following situations at the nursing stations:

1) For treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE)
Dose for acute treatment: 1 mg/kg sc q12h (**or** 1.5 mg/kg sc q24h for home treatment)

2) For treatment of acute coronary syndrome (unstable angina, NSTEMI, STEMI)
Dose: 1 mg/kg sc q12h

Dosage adjustment will be required for patients with reduced renal function.

Enoxaparin pre-loaded syringe is NOT graduated in mg increments, therefore it would be difficult for nurses to inject the precise amount (ie. for a client who weighs 62 kg = 62 mg). The syringe is graduated in 10 mg increments, and enoxaparin is an agent that clinically can be dosed in 10 mg increments. When using the 100 mg/mL pre-loaded syringe for administering a dose, remove excess dose when necessary, and always have a second staff to double-check the dose before the drug is administered to a patient. Recommended dose-rounding guidelines are as followed, and must be specified by the prescriber:

For dose of 1 mg/kg s.c q12h:

Patient's Actual Body Weight (kg)	**Recommended Dose Rounding**
35 – 44	40 mg
45 – 54	50 mg
55 – 64	60 mg
65 – 74	70 mg
75 – 84	80 mg
85 – 94	90 mg
95 – 104	**100 mg (Not required to remove any drug from syringe)**
Require TWO (2) 100 mg/mL pre-loaded syringes, and remove excess drug from one of the syringes.	
105 – 114	110 mg
115 – 124	120 mg
125 – 134	130 mg
135 – 144	140 mg
145 – 154	150 mg
For patients who weigh greater than 160 kg, there is a lack of published data. Prescriber will use clinical judgement to weigh risks vs benefits when dosing these patients based on actual body weight.	

*The enoxaparin dose-rounding guideline should **NOT** supersede clinical judgement (i.e. consider rounding downwards if patient is at risk for bleeding).*

First Nations and Inuit Health Branch **APPENDIX M**	**Guideline for Selecting Antidote in the treatment of Methanol or Ethylene Glycol Poisoning** **Title**: Guideline for Regional Decision-maker to Select Dehydrated Alcohol (Ethanol) versus Fomepizole (Antizol)
Nursing Station Formulary Refer to Appendix C – Poisoning antidotes stocking list	**Effective: AUGUST 2013**

Supplies/Equipment and Monitoring Requirements	
Dehydrated Alcohol (Ethanol)	**Fomepizole (Antizol)**
1. Infusion pump (for continuous infusion). Precise infusion rate of the antidote is ESSENTIAL to minimize risk of adverse effect due to excessive antidote given. 2. Filter needles (to remove potential small glass fragments when breaking glass ampoules) 3. Peripheral iv: high risk for phlebitis 4. Labwork required within 1 to 2 hours of antidote administration: a) ethanol concentration q2h b) electrolytes q2h c) blood glucose q1-2h prn 5. Monitor patients closely for while on ethanol infusion for: hypoglycemia, phlebitis, sedation, inebriation, impairment of protective reflexes, volume overload. 6. Medivac within 1 hour of administration of antidote.	1. Buretrol or Infusion pump (for bolus infusion over 30 minutes). Precise infusion rate for antidote is NOT essential. (May be given over 30 to 60 minutes via Buretrol). 2. No Filter needles required (vial) 3. Peripheral i.v line

NOTE: Also refer to *hazard vulnerability assessment for emergency antidotes* from Dart RC, Borron SW, Caravati EM, et al. Expert consensus guidelines for stocking antidotes on hospitals that provide emergency care. Ann Emerg Med 2009; 54:386-94.

APPENDIX N – Drug Specific Reminders

The purpose of these drug specific reminders is to alert healthcare providers to be cautious when initiating the medication with certain clients, in order to minimize harm to the client. In particular, the drug specific reminders below highlight relevant client characteristics, conditions, or identify drug interaction with warfarin. There are seven (7) selected 'Drug Specific Reminders' that are incorporated into the FNIHB Nursing Station Formulary and will appear beside the name of a medication, where applicable. Please note that the list below is not a comprehensive list, and healthcare providers are advised to review the most up-to-date *Compendium of Pharmaceuticals and Specialties* (CPS), manufacturer drug product monograph, or other approved drug information systems for other safety considerations.

CAUTION-Cardiac	Drug may add cardiac risk to client such as prolonging QT interval, increasing blood pressure, or exacerbating congestive heart failure (CHF); may need to consider monitoring client while on therapy, dose reduction, or alternative treatment.
CAUTION-Geriatric	Drug is either potentially inappropriate, should be avoided, or used with caution in the older adult. These agents have been identified by: a) The BEERS criteria (2015): http://onlinelibrary.wiley.com/doi/10.1111/jgs.13702/pdf b) The STOPP/START criteria (2014): http://ageing.oxfordjournals.org/content/44/2/213.long
CAUTION-Hepatic	Drug may accumulate for client with hepatic impairment and/or be hepatotoxic; may need to consider alternative treatment, dose reduction, and/or increased frequency of laboratory monitoring.
CAUTION-INR	Drug-to-drug interaction may occur and affect INR; may need to consider adjusting warfarin dosage and/or increasing the frequency of INR monitoring, or alternative treatment.
CAUTION-Lactation	Drug may pass into breast milk, and lead to potential adverse effect to the baby; may need to consider alternative treatment. http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
CAUTION-Pregnancy	Drug may be harmful to fetus; may need to consider alternative treatment. Refer to www.motherisk.org/prof/drugs.jsp for additional drug information. 1-877-439-2744 or 416-813-6780 Motherisk Helpline
CAUTION-Renal	Drug may accumulate for client with renal impairment and/or be nephrotoxic; may need to consider alternative treatment, dose reduction, and/or increased frequency of laboratory monitoring.

Additional References

Cardiac:
Canadian Pharmacists Association (2014). *Compendium of therapeutic choice: Canada's Trusted Reference for primary care therapeutics (*7th ed.). Ottawa, ON: Canadian Pharmacists Association.

CredibleMeds. (2015). *Drugs to be avoided by congenital long QT patients. Retrieved from https://crediblemeds.org/pdftemp/pdf/DrugsToAvoidList.pdf*

Geriatric:
American Geriatrics Society. (2015). American Geriatrics Society 2015 updated Beers criteria for potentially inappropriate medication use in older adults. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/jgs.13702/pdf

O'Mahony, D., O'Sullivan, D., Byrne, S., O'Connor, M. N., Ryan, C. & Gallagher, P. (2015). STOPP/START criteria for potentially inappropriate prescribing in older people: Version 2. *Age and Aging, 44*(2), 213-218.

Hepatic:
Gupta, N. K. & Lewis, J. H. (2008). Review article: The use of potentially hepatotoxic drugs in patient with liver disease. *Alimentary Pharmacology & Therapeutics, 28*(9), 1021-1041.

INR:
Lexi-Comp Online (2015). *Interaction lookup.*

Antimicrobial Drug Interactions and Warfarin. Pharmacist's Letter/Prescriber's Letter. August 2012. PL Detail-Document #280806

Lactation:
Brigs, G. G., Freeman, R. K. &Yaffe, S. J. (2011). *Drugs in pregnancy and lactation: A reference guide to fetal and neonatal risk* (9th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Toxnet. (2015). Drugs and lactation database: LactMed. Retrieved from http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Pregnancy:
Brigs, G. G., Freeman, R. K. &Yaffe, S. J. (2011). *Drugs in pregnancy and lactation: A reference guide to fetal and neonatal risk* (9th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

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Renal:
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APPENDIX O – Acronyms and Abbreviations

This is not intended to be a complete list of abbreviations, but rather represents the types of common abbreviations that may be used. If you are in doubt about the correct abbreviation, write it out. For further information on appropriate abbreviations, please see website links below:
https://www.ismp.org/tools/errorproneabbreviations.pdf
https://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf

Abbreviation	Definition	Abbreviation	Definition
ac	before meals	NaCl	sodium chloride
AMP	ampoule	NIHB	Non-Insured Health Benefits
bedtime	at bedtime	NS	normal saline
bid	twice daily	NSAIDs	nonsteroidal anti-inflammatory drugs
CAP	capsule	NSTEMI	non-ST segment elevation myocardial infarction
CNS	central nervous system	ophth	ophthalmic
CPS	Compendium of Pharmaceuticals and Specialities	PA	prolonged action
CR	controlled release	pc	after meals
cr	cream	PO	by mouth
EA	each	PPI	proton pump inhibitor
EC	enteric coated	pr	by rectum
g	gram	prn	when required
GI	gastrointestinal	q()h	every () hours
IM	intramuscular	qam	every morning
IV	intravenous	qid	four times daily
KCl	potassium chloride	qs	a sufficient quantity
kg	kilogram	stat	at once
MAOIs	monoamine oxidase inhibitors	STIs	sexually transmitted infections
mcg	microgram	subcut	subcutaneous
Meds	medications	supp	suppository
mEq	milliequivalent	susp	suspension
mg	milligram	TAB	tablet
mg/hr	milligram per hour	tid	three times daily
mL	millilitre	unit	international units
mmol	millimole	ung	ointment
MRSA	methicillin-resistant *S. aureus*	vag	vaginal
MU	million units		