



**Dispensing in Northern Communities
Controlled Substances Policy and
Directly Observed Therapy for Tuberculosis**



Artist: Roy Thomas

Module 5 - AB

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PART ONE

1. Community Health Representative
2. Advanced Care Paramedic Protocols
3. Prescribing Basics
4. Prescribing Principles
 - Mixing Suspensions
 - Paediatric Calculations
5. Common Questions
 - Case Scenario calculations
6. Dispensing & Labeling
 - Kroll Software
7. Common errors/ near misses

PART TWO

1. Control Substances Policy and Forms
 - Narcotic Policy Highlights
2. True or False questions

PART THREE

1. Directly Observed Therapy (DOT) for Tuberculosis
 - Role of the Community Health Nurse
 - Treatment principles
 - Administration and Monitoring

Objectives

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Dispensing in Northern Communities,
Controlled Substances Policy and Directly
Observed Therapy for Tuberculosis

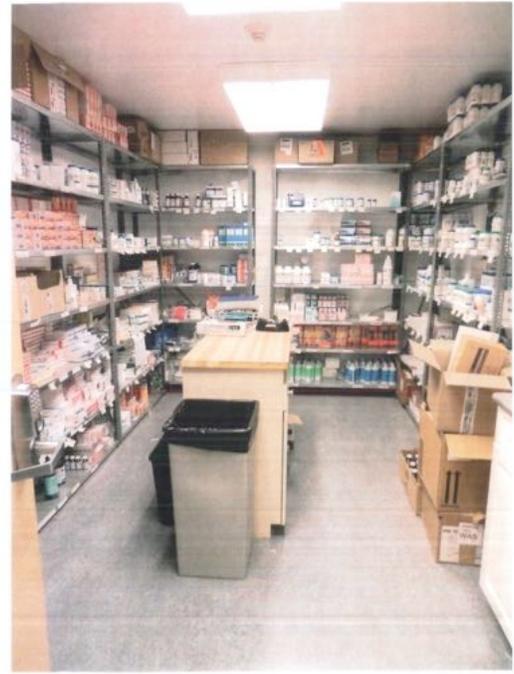


- CHRs provide up-to-date information and resources to their communities, to promote healthy lifestyles through education, immunization and clinics.
- They also monitor the community to identify any required resources and interventions.
- Prescriptions are filled in pharmacies in Sioux Lookout and Moosonee, and shipped to the communities 1-2 times per week.
- CHR sorts out these pre-packed prescriptions, and clients can retrieve them during clinic hours.
- Controlled substances are distributed by the NIC, signed for when picked up and kept in a secure location.

Community Health Representative

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- For ALL medications provided to clients from the nursing station in Alberta, RNs need to consult either a Nurse Practitioner or Physician for a verbal order.
- Before consulting, its especially important to review patient's PMHx:
 - Medical condition for taking medication which may be a problem if you start a new medication for them?
 - Has the client been on this type of medication before?
 - Do they have a history of non-adherence?
 - Have they seen other health care professionals recently?
- eg: Ibuprofen with history of Hypertension – retains sodium and can increase BP, worsen CHF

Pharmacotherapy Basics

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What should I know about the medicine?

- Understand the mechanism of action of the medication
- Interactions
- Characteristics of clients at high risk
 - Elderly, paediatrics; Pregnant/ Lactating; Chronic Diseases; Immune Compromised; High ETOH intake
- Drug-Food interaction
 - Eg. Grapefruit juice or milk/dairy can interact with multiple medications
- Drug-Drug interaction
 - Eg. Traditional medicine; Meds which cause QT prolongations; abx; CNS drugs, narrow therapeutic range
- Drug-Lab interaction (increase or decrease)
 - Eg. Total Cholesterol ↑by OCP, ibuprofen, Vitamin C
 - PPI's - ? False positive for urine screening for THC.

Prescribing Basics

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- Resources available:
 - ISC Clinical Care Pathways / Practice Guidelines (Adult/ Paediatric)
 - Determines which medications are recommended
 - If you want to use something different, must have rationale, and consult for a MD/ NP order.
 - ISC National Nursing Station Formulary
 - When in doubt ****ALWAYS CONSULT****
 - STI Guidelines
 - Follow medical directives in Ontario Region

Prescribing Basics

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What should I know about the medicine?

- Understand the mechanism of action of the medication
- Interactions
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 - Elderly, paediatrics; Pregnant/ Lactating; Chronic Diseases; Immune Compromised; High ETOH intake
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 - Eg. Total Cholesterol ↑ by OCP, ibuprofen, Vitamin C
 - PPI's - ? False positive for urine screening for THC.

Prescribing Basics

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What is the Formulary?



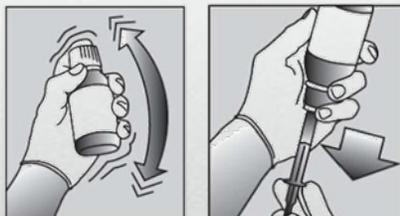
- Standardized list of medications that should be stocked in nursing stations.
- Based on best available evidence including recent clinical practice guidelines, while considering the First Nations remote and isolated health service delivery context.
- Medications listed in this Formulary supersede any drugs listed in any previous formularies or other applicable guidelines currently in use in all ISC facilities using a formulary.
- The Formulary will be updated on an ongoing basis. These updates will attempt to include the most relevant medication options for practitioners.

Drug Formulary

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Pediatric medications often come in powder form, and need to be reconstituted with water to form a suspension. Follow the directions on the label for appropriate reconstitution.



*Paediatric dosing is always done by weight, in mg/kg.
Important to weigh the child at each visit!*

Mixing Suspensions

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Dx: Otitis Media
 Pt. weighs 10kg

As per Clinical Care Pathways/ CPG's

Rx: Amoxicillin 80mg/kg/day divided TID for 7 days

What is on hand?

Hint: Look in formulary



Pediatric Calculations for BID dosing

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ENHIB 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.

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 ENHIB Clinical Practice Guidelines, Bags 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	[N/R, renal]	✓	B	Clavulin, generics
amoxicillin/clavulanic acid	Tablet	amoxicillin 875 mg & clavulanic acid 125mg	[N/R, renal]	✓	B	Clavulin, generics
* To give high-dose amoxicillin, give a higher dose of amoxicillin only using 2 prescriptions.						
ampicillin	Injection	1 gram	[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

Pediatric Calculations for BID dosing

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Total mg per day= $80\text{mg} \times 10\text{kg} = 800\text{mg}/\text{day} \div 3$
Total mg per dose= $267 \text{ mg} / \text{dose}$

On Hand use the Amoxicillin 250/5ml concentration.

Pediatric Calculations for BID dosing

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Total mg per day= $80\text{mg} \times 10\text{kg} = 800\text{mg}/\text{day} \div 3$
Total mg per dose= $267 \text{ mg} / \text{dose}$

On Hand use the Amoxicillin 250/5ml concentration.

Cross Multiply: $5\text{ml} \times 267 \text{ mg} \text{ divided } 250\text{mg} = 5.4\text{ml}$
Label: 5.4ml PO by mouth, three times a day.
Mitte Calculation: $5.4 \times 3 = 16.2... \times 7 = 114\text{ml}$
Dispense: 120mls (excess for dispensing errors)
Use pediatric oral syringe.

Pediatric Calculations for BID dosing

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Acetaminophen : 15mg/kg PO, Q4h, PRN
On Hand: 80mg/1mL
Age: 2 year old.
Weight: 13kg

Pediatric Calculations for PRN

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Acetaminophen : 15mg/kg PO, Q4h, PRN
On Hand: 80mg/1mL
Age: 2 year old
Weight: 13kg

Calculation total mls per DOSE: $13\text{kg} \times 15\text{mg} = 195\text{mg}$
195mg per dose.
Cross Multiply: $195\text{mg} \times 1\text{ml} \text{ divided } 80\text{mg} = 2.43\text{ml}$
Label: Give 2.45 ml po Q 4 hours PRN
Mitte: 1 bottle

Pediatric Calculations for PRN

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Children's Acetaminophen Dosing: 15mg/kg q4h

Note: - infant acetaminophen comes in concentrations of 80mg/1mL
- children's acetaminophen comes in concentrations of 160mg/5mL

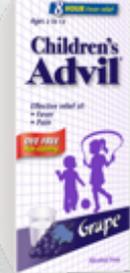
always check the concentration when calculating the dose.





Children's Ibuprofen Dosing: 10mg/kg q6h

Note: Ibuprofen comes in concentrations of 100mg/5mL



Liquid Acetaminophen and Ibuprofen for kids

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What treatment code is Azithromycin(Formulary Page 9)?

FNIHB Nursing Station Formulary and Drug Classification System						
Section 3 - ANTI-INFECTIVES				ANTIBIOTICS		
<small>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.</small>						
<small>B = Physician or nurse practitioner prescribed, based on consultation. Duration and frequency specified by physician or nurse practitioner.</small>						
<small>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 response nears 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.</small>						
<small>D = RN may provide one dose, reassess client and consult physician or nurse practitioner if further treatment is required.</small>						
<small>CONSULT FNIHB Clinical Practice Guidelines, Bags and Drugs OR MUMS Anti-infective Guidelines for Community-acquired Infections for choice of antimicrobials</small>						
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	[N/R, renal]	✓	B	Clavulin, generics
amoxicillin/clavulanic acid	Tablet	amoxicillin 875 mg & clavulanic acid 125mg	[N/R, renal]	✓	B	Clavulin, generics
<small>* To give high-dose amoxicillin, give a higher dose of amoxicillin only using 2 prescriptions.</small>						
ampicillin	Injection	1 gram	[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
<small>* Treatment code C for STIs.</small>						
<small>* Treatment code B for all other indications.</small>						
cefAZolin	Injection	1 gram	[renal]	✓	D	generics

Common Questions

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What treatment code is Azithromycin
(Formulary Page 9)?

Both a C and B

- C for STI treatment
- B for all other indications

Common Questions

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What is the correct mitte for

- Pen V 300mg TID for 10 days? (300mg tabs)



Common Questions

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What is the correct mitte for

- Pen V 300mg TID for 10 days? (300mg tabs)

Mitte = 30 tabs



Common Questions

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Tabs: Amox/Clav 875mg/125mg

Suspension: Amox/Clav 250ml & Clavulanic acid 62.5/5ml



Use the Amoxicillin concentration in divided doses

Tabs: TMP/SMX 160mg/800mg

Suspension:
TMP/SMX
60mg/200mg in
5mL



Use the Trimethoprim concentration in divided doses

Dual Drugs

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose
210mL

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose
210mL

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose
210mL

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

400mg/dose

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose
210mL

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

400mg/dose
8mL/ dose

Practice Questions

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Sally is 1 year old, her weight is 15kg
Rx: Advil 10mg/kg/dose PO Q 6-8 hours PRN.

- What is the mg per dose?
- What is mL per dose (assuming 100mg/5mL)?
- What is the total volume dispensed for 7 days?

150mg/dose
7.5 mL/ dose
210mL

Sally is 1 year old, her weight is 15kg
Rx: Amoxil 80mg/kg/day PO TID x 7 days.

- What is the mg per dose?
- What is the mL per dose (assuming 250mg/5mL)?
- What is the total volume dispensed for 7 days?

400mg/dose
8 mL/ dose
168mL

Practice Questions

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Ask the NIC or Pharmacy Assistant to set up your profile in Kroll.



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Start Screen

Rx's To Do	Overdue	0-1 hrs	1-4 hrs	4+ hrs	Tomorrow	Trouble	Total
	18	0	0	0	0	0	18

Rx's In Progress	Overdue	0-1 hrs	1-4 hrs	4+ hrs	Tomorrow	Trouble	Total
	19	0	0	0	0	0	19

Rx Counts	New Rxs	Repeat Rxs	Total Rxs
	0	0	0



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Main Screen



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Fill a Prescription

Patient Details

1. Enter one the following search criteria in the Patient Search field and press Enter:

- Last Name, First Name (e.g. "Doe, Jane" OR "doe,j" OR "Doe" OR ",Jane")
- A period (.) and the Patient Quick Code (e.g. ".Doe1")
- 7 or 10 digit phone number (e.g. 800-263-5876 or 263-5876)
- A number sign (#) and the +Third Party Billing number (e.g. #123456789)
- An asterisk (*) to search ALL patients in the database



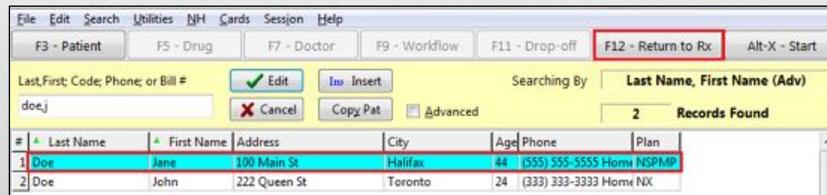
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Fill a Prescription

- A list of patients matching the search criteria will be displayed. Select the applicable patient record by:
 - Highlighting the patient record and pressing the **Enter** key on your keyboard or clicking **F12 - Return to Rx**.
 - Typing in the line number corresponding to the applicable entry and pressing **Enter** to select.
 - Double clicking the patient record.



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Fill a Prescription

- The **F3 - Patient** screen will be displayed. Click **Rx** or press the **Enter** key on your keyboard.



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Fill a Prescription

The **F12** screen will display with the selected patient's information populated in the patient fields.



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Fill a Prescription

Drug/Mixture Details

1. Enter one the following search criteria in the **Drug Search** field and press **Enter**:

- Brand/Generic Name, Strength/Pack Size (e.g. Apo-Metformin, 500/360)
- DIN (5-8 digits)
- UPC (11-12 digits)
- A period (.) and the Drug Quick Code (e.g. TYLE3)
- # symbol and the Catalog Item Number (e.g. #78945)



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Fill a Prescription

2. A list of drugs/mixtures matching the search criteria will be displayed. Select the applicable drug/mixture record by:
 - a) Highlighting the entry and pressing **Enter** on the keyboard or clicking **F12 - Return to Rx**.
 - b) Typing in the line number corresponding to the applicable entry and pressing **Enter** to select.
 - c) Double clicking the drug/mixture record.

#	Brand Name	Generic Name	Strength	Pack Size	DIN	Form / Mfr	On Hand
1	Cipralex	Escitalopram	20mg	30	02263254	TAB (LUN)	121,456
2	Cipralex	Escitalopram	10mg	30	02263238	TAB (LUN)	
3	Cipralex	Escitalopram	10mg	100	02263238	TAB (LUN)	
4	Cipralex MELTZ	Escitalopram	10mg	30	02391449	TAB (LUN)	
5	Cipralex MELTZ	Escitalopram	20mg	30	02391457	TAB (LUN)	



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2. A list of drugs/mixtures matching the search criteria will be displayed. Select the applicable drug/mixture record by:
 - a) Highlighting the entry and pressing **Enter** on the keyboard or clicking **F12 - Return to Rx**.
 - b) Typing in the line number corresponding to the applicable entry and pressing **Enter** to select.
 - c) Double clicking the drug/mixture record.

#	Brand Name	Generic Name	Strength	Pack Size	DIN	Form / Mfr	On Hand
1	Cipralex	Escitalopram	20mg	30	02263254	TAB (LUN)	121,456
2	Cipralex	Escitalopram	10mg	30	02263238	TAB (LUN)	
3	Cipralex	Escitalopram	10mg	100	02263238	TAB (LUN)	
4	Cipralex MELTZ	Escitalopram	10mg	30	02391449	TAB (LUN)	
5	Cipralex MELTZ	Escitalopram	20mg	30	02391457	TAB (LUN)	

3. The **F5 - Drug** screen will be displayed. Click **Rx** or press the **Enter** key on your keyboard.

Name	Cipralex	DIN	02263254	OK	<input checked="" type="checkbox"/> Rx	<input type="checkbox"/> Scan
Generic	Escitalopram	Strength	20mg	Sched	1 (Schedule)	<input type="checkbox"/> Reportable
Description	Whit Oval Tab/EN	Followup (Days)		Oral/Written	Not Specific	<input type="checkbox"/> Dispense as Pack
Description 2		Form	TAB (Tablet)			<input type="checkbox"/> Ward Stock
Equivalent To		Route	Oral (Default)			<input type="checkbox"/> Trial
						<input type="checkbox"/> Device
						<input type="checkbox"/> Immunization

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The **F12** screen will display with the selected drug/mixture information populated in the drug fields.



Prescription Dispensing and Labelling

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Prescriber Details

1. Enter one the following search criteria in the **Doc Search** field and press **Enter**:

- Last Name, First Name (e.g. "house, greg" OR "hou, g" OR "house" OR ",greg")
- A period (.) and the Doctor Quick Code (e.g. ".house")
- 7 or 10 digit phone number of the prescriber office.
- A number sign (#) and the prescriber license number (e.g. #123454)
- An asterisk (*) to search for ALL prescribers in the database.



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2. A list of prescribers matching the search criteria will be displayed. Select the applicable prescriber record by:
 - Highlighting the entry and pressing **Enter** on the keyboard or clicking **F12 - Return to Rx**.
 - Typing in the line number corresponding to the applicable entry and pressing **Enter** to select.
 - Double clicking the prescriber record.

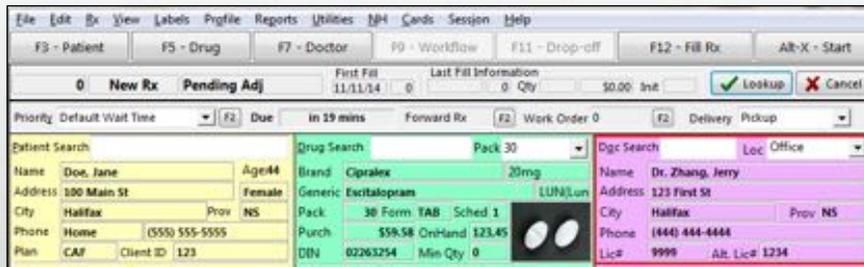


Prescription Dispensing and Labelling

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The **F12** screen will display with the selected prescriber information populated in the prescriber fields.



Prescription Dispensing and Labelling

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Choose the Route of Admin for the drug product (eg. Oral, topical, intravenous etc.) and the dosage form (tablet etc.)

Dispense Details:

Init: Enter your initials. Your system may be configured to auto-populate the initials of the currently logged in user.

Dispense Qty: Enter the dispense quantity by the pack size, or number of tablets/ mL diseased.

Days: Enter the number of days' supply dispensed.

ONCE COMPLETE CLICK/ SELECT F12-Fill Rx - this will print a label, and log the prescription in the system.

Allergies Adhesive	Sig UD AS DIRECTED	Init	KRL	KRL	Auth Qty	30	1	VIEW Clinical Interactions Plan Information Patient Plan Information Generic Equivalents Nursing Home Info Work Order Rx Counseling History
	Route of Admin Oral	Disp Qty	30	Refills(+)	Rem Qty	30	1	
Conditions Abnormal finding of blood chemistry, unspcif	Route of Admin Oral	Days	7	Prod Sel	None	G.P. %	14.91	KROLL Computer Systems Inc
	Dosage Form Tablet	O/W	Written	Labels	0	Acq Cost	\$58.20	
						Cost	\$55.16	
						Markup	\$4.41	
						Fee	\$8.83	
						Total	\$68.40	

Prescription Dispensing and Labelling

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OFFICIAL PRESCRIPTION RECEIPT
Rx: 1130346
30 CAP Dalacin-C 300mg
DIN: 02241710 ALT
Days: 10
NEW RX
Patient Pays: 0.00

Patient Counseling Messages
Dalacin-C DIN: 02241710
Report severe diarrhea or abdominal pain to doctor.
Tell your pharmacist & Dr if you have allergies.
Swallow whole with water. Do not be down for 10min.
Space doses evenly throughout the day.
Success is dependent on completing therapy course.
Call Dr if heartburn, or swallowing/stomach pain.
Tell doctor your complete medical history.
Call doctor if you are not getting better.

Prescription Dispensing and Labelling

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Medication Bottle :

Label Bottle, indicating:

- Name and Address of Facility
- First and Last name of patient
- Date dispensed
- GENERIC Drug name and strength
- Dosage Instructions (dose, route, frequency, duration)
- DIN (Drug Identification Number)
- Administration instructions
- Quantity dispensed (mitte)
- Expiration Date
- Name and Designation of prescriber
- Name and Designation of dispenser
- Auxiliary Labels (where applicable)

Quiet Moose Nursing Station, Quiet Moose, ON.
Phone: 807-555-1212 September 14, 2012
John Smith
Penicillin VK 300mg tablets
Take 1 tablet by mouth, three times a day for ten days.
DIN: 00642215
M= 30 tabs Prescribed by: Jane Nurse, RN
Expiry: 2020-10-01 Dispensed by: Jane Nurse, RN

- Label printer found in pharmacy
- Print two labels – one for bottle, one for chart
- If label printer breaks down, handwrite two labels.



Prescription Labelling

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October 2019: new regulations mandating additional labelling for opioids



[LINK: Opioid Q&A](#)

Prescription Labelling

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Administration Errors:
IMPORTANT: check date of birth
▪ Incident – two clients with same name, but different DOB.
▪ Client B was dispensed cardiology meds – adverse effect/hospitalization

Check the medication name!

- Hydroxyzine vs. Hydralazine
- Dimenhydrinate vs. Diphenhydramine
- Ceftriaxone vs. Cefazolin

Check the concentration!

1000 vs. 10,000



Common Errors and Near Misses

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Controlled Substances Policy



 **CANADIAN HEALTH CARE AGENCY**
EXPERIENCE THE NORTH

Module 5 – Part 2

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First Nations and Inuit Health Branch

**POLICY AND PROCEDURES ON
CONTROLLED SUBSTANCES
FOR FIRST NATIONS HEALTH FACILITIES**

Effective Date: July 2015
Cancels and Supersedes : August 2013
Office of Primary Interest : Office of Primary Health Care within the
Population Health and Primary Care Directorate

Controlled Substances © CHCA 2019

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- Read section 3.2 to 3.2.7
- Read section 3.6 prescribing
- Read section 3.7 on waste

Definition of Controlled Substance:

- Substances that alter mental processes and may lead to dependence.
- Include narcotic and non-narcotic substances
- High risk for addiction and abuse

- All CHNs must complete the Controlled Substance online Modules
- Controlled Substance audits occur twice/yr and PRN.

Narcotic Policy Highlights © CHCA 2019

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3.2.3 CS Drug Counts

- Count must be done by two RNs. One counting, the other witnessing the count, then both will the CS Register Form
- RNs are required to count all of the CS stored at the facility at least once a week or more, and at every nursing staff change.

3.2.4 Start/Termination of Employment of the Nurse in Charge and Other Nursing Staff

- The arriving registered nurse will perform a complete drug count with the Nurse in Charge or designate, to confirm that stock and balances agree.
- At the end of her/his employment, any registered nurse departing the health facility will perform a drug count with the Nurse in Charge or designate before leaving.

3.2.5 Count Discrepancies, Loss or Theft Reports, and Occurrence Reports

- When a RN discovers a count discrepancy (over or under) he/she must immediately advise the Nurse in Charge/designate.

3.2.3 – 3.2.5: Controlled Substances

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First Nations and Inuit Health Branch – Procedure for the Control of Controlled Substances
 ANNEX 2B
 CONTROLLED SUBSTANCES REGISTER FORM – DRUG COUNT – COMBINED FORM

EXAMPLE

Name of Health Facility:
 Little Beaver NS

Drug counts and additions (receipts) in RED ink
 # Issues (Dispensed, returned or destroyed) in BLACK ink
 Errors – strike out and initial

Forwarded Balance →

Date (yy-mm-dd)	Time	Full First & Last Name Band #, & DOB	Drug Name/Strength/ Unit of Issue	Qu and ty	Units Issued/Received by RNs, APNs or NPs (See Form 1277)										Prescriber's name	Nurse's signature		
					25 mg ml	50 mg ml	100 mg ml	200 mg ml	400 mg ml	800 mg ml	1600 mg ml	3200 mg ml	6400 mg ml	12800 mg ml			25600 mg ml	
04-08-04	4:44 pm	Barbara Hurt, 67 LB, 25/12/81	Demerol 50 mg tabs 1 tab q6h PRN for pain	4		6											Dr. Doughty	J. Pond RN sign
04-08-04	4:58 pm		Drug Count		25	50	6	20	6	32	20						J. Pond RN sign	B. Hill RN sign
04-08-05	4:39 pm		Drug Count		25	50	6	20	6	32	20						J. Pond RN sign	B. Hill RN sign
04-08-06	7:30 am	Matthew Eton, 57 LB, 21/06/90	Mepexidine 50 mg, 750mg IM	1.5						16.5							J. Pond, RN	J. Pond RN sign
04-08-06	1:08 pm	Wileed	Mepexidine 50 mg, 25 mg IM	0.5						18							B. Hill, RN	J. Pond RN sign
04-08-06	1:24 pm	MHC Pharmacy	Demerol 50 mg tabs	10				16									B. Hill, RN	J. Pond RN sign
04-08-06	4:30 pm	Eva Kozanow, 2 LR, 25/9/55	Morphine 10 mg IM stat	1						7							B. Hill RN	B. Hill RN sign
04-08-06	4:40 pm		Drug Count		25	50	6	18	18	7	32	20					J. Pond RN sign	B. Hill RN sign
04-08-07	10:35 am	Robert, Haddy, 134 LB, 06/05/97	Codewine syrup 2 ml stat	2	48												Dr. Vieding	J. Pond RN sign

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3.2.2 - Controlled Substances Register Form

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- 3.8.1 RN may destroy a partial dose from an ampoule. Register the quantity wasted on the CS Register Form on the next line, sign it, and get the note co-signed by another registered nurse who witnessed the wastage.
- 3.8.2 Accidental spill, drop or and loss, or ampoule breakage, make an entry on the CS Register Form to adjust the new stock balance, make a note stating the circumstances of the loss, and get the entry co-signed by another registered nurse witnessing either the whole process or only the wastage of the CS.
- 3.8.4 In any other circumstance, keep unserviceable/unusable doses of CS in the CS cupboard, ensuring that they are clearly identified as such and kept separate from usable stock, until they can be destroyed
- 3.8.5 Oral liquid CS can often be marginally out due to small but repeated errors in the measuring and checking process or as a result of some of the liquid remaining in the measuring. Overage/underage of more than 5% must be reported to the ZNO who will advise the RCSO.

**** ALWAYS HAVE A WITNESS FOR WASTAGE ****

3.8 Wastage of Controlled Substances

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- 3.9.1 The destruction of CS must not be confused with wastage described in section 3.8.

Unserviceable stock means any drug product inventory that is unusable, expired and/or that cannot be dispensed.

3.9 Destruction of Controlled Substances

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- Every time a Controlled Substance is removed or added to the locked cupboard stock, you must complete an entry in the Register (Annex 2B)?
- Only transient staff, not regular employees, must count Controlled Substances upon arrival and departure from community?
- The pharmacy door can remain open as long as there are nurses in the nursing station?

True or False?

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- Every time a Controlled Substance is removed or added to the locked cupboard stock, you must complete an entry in the Register (Annex 2B)?
- TRUE**
- Only transient staff, not regular employees, must count Controlled Substances upon arrival and departure from community?
 - The pharmacy door can remain open as long as there are nurses in the nursing station?

True or False?

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- Every time a Controlled Substance is removed or added to the locked cupboard stock, you must complete an entry in the Register (Annex 2B)?
TRUE
- Only transient staff, not regular employees, must count Controlled Substances upon arrival and departure from community?
FALSE
- The pharmacy door can remain open as long as there are nurses in the nursing station?

True or False? © CHCA 2019

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- Every time a Controlled Substance is removed or added to the locked cupboard stock, you must complete an entry in the Register (Annex 2B)?
TRUE
- Only transient staff, not regular employees, must count Controlled Substances upon arrival and departure from community?
FALSE
- The pharmacy door can remain open as long as there are nurses in the nursing station?
FALSE

True or False? © CHCA 2019

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DIRECTLY OBSERVED THERAPY FOR THE TREATMENT OF TUBERCULOSIS



Module 5 – Part 3

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- Directly Observed Therapy (DOT) is the World Health Organization (WHO) standard for treatment of Tuberculosis disease; and has been adopted as the standard for delivery of all TB medications whether they are for treatment of active TB disease or latent TB infection (LTBI).
- A Community Health Nurse or DOT Community Health Worker meets with clients to watch clients swallow each dose of anti-TB medication, help them to understand their TB medication, and provide support and education.
- DOT has been shown to reduce the risk of drug resistance and to provide better treatment completion rates, therefore DOT is the standard for providing TB medication to all clients taking TB therapy,

Directly Observed Therapy

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- Participates in case finding and promptly reports to Public Health, all people with symptoms suggestive of active tuberculosis.
- Identifies contacts of active cases of tuberculosis disease and conducts the appropriate screening of these individuals.
- Directly supervises the treatment and provides information for all TB medications taken by client for all active cases of tuberculosis and persons on INH treatment for LTBI.
- Directly supervises **DOT** Lay Worker.
- Ensures that routine blood work is completed and symptoms monitored as recommended in the TB Manual. Reports abnormal blood work and symptoms of drug intolerance to the TB Program.
- Ensures that clients are referred for chest radiographs as required

The Role of the Community Health Nurse

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- Submits monthly medication reorder forms for individuals taking anti-tuberculosis medications to the TB Program
- Participates in tuberculosis education with individuals with active TB disease, and communicates the importance of adherence to the medication regime, including compliance with recommendations for isolation as needed.
- Coordinates and participates with the CHR and other health care providers in community-wide tuberculosis skin testing screenings.
- Annually conducts the following screening in all communities according to public health guidelines
- Promotes and provides annual TST for children less than 5 years of age in communities which have been identified as enhanced First Nations communities.
- Provides tuberculosis education to First Nations communities.

The Role of the Community Health Nurse

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- Treatment of latent TB infection (LTBI) is also called prophylaxis or preventative therapy.
- Treating TB infection with medication kills the bacteria and significantly decreases the chance that TB disease will develop in the future.
- TB infection may progress to TB disease if the immune system cannot keep the bacteria asleep.
- This process can occur anywhere in the body, but usually occurs in the lungs and cause damage to the tissues in which they are growing.
- Possible Sites of TB Disease:
 - Kidneys
 - Bone
 - Brain
 - Spinal cord
 - Lymph nodes
 - Lungs (most common location)
 - TB can occur anywhere



Treatment of Latent and Active TB

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- Treatment is achieved with several antibiotics (i.e. Isoniazid™, Rifampin™, Pyrazinamide™ and Ethambutol™).
- Treatment usually lasts 6–9 months, but may be longer in some situations e.g. the client is not able to take one or more of the antibiotics; or if TB involves a part of the body that is difficult to treat i.e. TB meningitis; or the TB germ is resistant to usual medications.
- Medication for TB disease is administered by DOT.
- Treatment of TB disease is mandatory under the Public Health Act. "Public Health Act; Part 4, Division 6 - Enforcement of Orders:
 - "Health officers may take enforcement measures in situations where individuals are not compliant with the Act, or pose a threat to their personal health or public health."



TB Treatment

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- The **DOT** worker watches the client swallow each dose of medication. Medication must never be left with the client.
- The **DOT** worker asks and observes the client for side effects with each dose of medication.
- The **DOT** worker documents all pertinent information of **DOT** administration in a timely fashion.
- The client is encouraged and supported to complete required check ups – blood work, chest x-rays, etc.
- A trust relationship often develops between **DOT** worker and the client. This relationship:
 - reduces fears about TB and its treatment
 - increases client's comfort level so he/she will ask questions
 - improves client's quality of health care as **DOT** workers can be an important link to other community resources for the client
 - reduces the possibility of TB germs becoming resistant to the medication

Principles of DOT

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- Most **DOT** is twice weekly. A Monday/Thursday schedule is recommended as it allows some leeway in the work week to still give both doses required should the client miss the Monday dose. There should be at least a 72 hour interval between twice weekly doses.
- Before the client starts their therapy, the CHN reviews the medication and any possible side effects or drug interactions with the client. The **DOT** worker must also be aware of possible side effects of each client's medications. The first 2 or 3 doses should be delivered and observed by the supervising nurse to allow the opportunity for teaching and observation for reactions and side effects.
- All doses of medication must be observed. It is NEVER acceptable practice to leave a dose of medication with a client to take on their own at a later time.

Administering Medication

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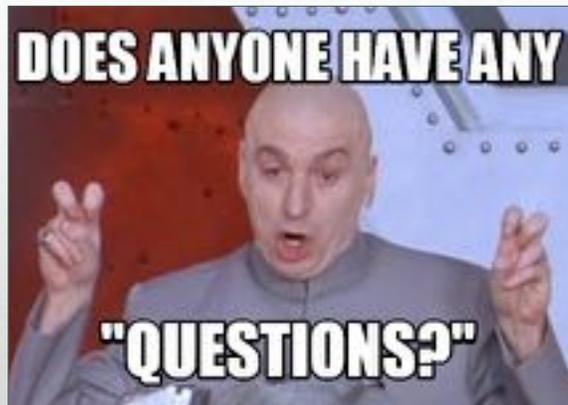
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- The CHN is required to review each client's progress with the **DOT** Lay Worker on a weekly basis and the client should be assessed (signs & symptoms of TB, side effects of medications, general health) directly by the CHN on a monthly basis, but, possibly more often at the beginning of therapy.
- Regular communication between **DOT** team members is vital for the smooth and safe delivery of **DOT**. A plan for communication should be set in place. The CHN must be available in person or by telephone to the **DOT** Lay Worker in case of client side effects or other questions and concerns. If the CHN for any reason is not available, a designate nurse must be identified.
- The designate must agree to take on the supervising role and to be available to the **DOT** worker.
- **Should the client forget or choose NOT to take the medication, this can lead to treatment failure & the development of resistant TB.**

Monitoring the Client

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