

## **FNIHB- OR Nursing Policy and Procedure**

Section: **Pharmacy** Policy Number: **III - 03**  
Subject: **Dispensing Medications** Issued: **March 31, 2015**  
Revised:  
Distribution: **All Nursing Facilities**

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### **1. POLICY:**

1.1 Registered Nurses (RN) and Registered Practical Nurses (RPN) may supply a client with the required medications to fulfil an order from a health care provider who is authorized to prescribe, as defined in the *Regulated Health Professions Act*. An order to dispense is required by the authorized prescriber.

1.2 RNs may dispense medications, without a direct order to dispense, when the following conditions apply:

1.2.1 The medication has been initiated by the RN, in accordance with the *FNIHB Nursing Station Formulary and Drug Classification System*; AND

1.2.2 At least one of the following circumstances exist:

- The client does not have reasonable or timely access to a pharmacy;
- The client would not otherwise receive the medication;
- The client does not have the financial resources to obtain the medication elsewhere;
- The medication dispensed as part of a health promotion initiative; or
- The medication is dispensed for the purpose of testing the client's therapeutic response to the treatment. AND

1.2.3 The RN received additional instruction or education in pharmacy practices, pharmacology, and therapeutics; AND

1.2.4 Has access to a licensed pharmacist for consultative services.

If all of the conditions listed above do not apply, the RN is not authorized to dispense and must obtain a direct order to dispense.

1.3 Nurse practitioners (NP) are authorized to dispense medications, without a direct order to dispense, when all the following conditions apply:

1.3.1 The medication has been prescribed by themselves or another authorized prescriber from their immediate health care team; AND

1.3.2 At least one of the following circumstances exist:

- The client does not have reasonable or timely access to a pharmacy;
- The client would not otherwise receive the medication;
- The client does not have the financial resources to obtain the medication elsewhere;
- The medication dispensed as part of a health promotion initiative; or
- The medication is dispensed for the purpose of testing the client's therapeutic response to the treatment.

If all of the conditions listed above do not apply, the NP is not authorized to dispense and a direct order to dispense is required.

1.4 NPs, RNs and RPNs do not require an order to dispense over-the-counter (OTC) medication, as this activity is not a controlled act.

1.5 NPs, RNs and RPNs are not permitted to dispense medications for any direct or indirect benefit, such as for monetary gain, incentive or reward.

## 2. PRINCIPLES:

2.1 Managing the pharmacy is usually the role of a pharmacist. However, due to the lack of pharmacy services in FNIHB-OR communities, community health nurses continue to perform these services.

2.2 Under Bill 179, RNs and RPNs were granted access to dispensing medications and no longer require delegation for dispensing. An order to dispense is required from a physician, dentist or nurse practitioner, unless authorized to initiate drug therapy as outlined in the *FNIHB Nursing Station Formulary and Drug Classification System*.

2.3 Nurses are not authorized to delegate the act of dispensing to others (CNO, 2014).

2.4 Dispensing Pharmaceutical agents involves both technical and cognitive components. The technical component includes such tasks as receiving pharmaceuticals, selecting the drug to dispense, checking the expiry date, labelling the product, a final physical check of the product, and documentation.

The cognitive component of dispensing involves assessing the therapeutic appropriateness of the medication, making recommendations, advising the client on the therapeutic use of the medication, proper storage, effectiveness, and adverse effects.

2.5 RNs, RPNs and NPs dispense medications in a safe and ethical manner.

2.6 The "Seven Rights" of dispensing are: Right client, Right medication, Right dose, Right time, Right route, Right reason, and Right documentation.

## 3. DEFINITIONS:

**Drug Allergy:** Is an unpredictable adverse reaction occurring in a client involving an immunological mechanism and is a sub category of adverse drug reactions.

**Adverse Drug Reaction:** is a noxious and unintended response to a drug which occurs at doses normally used or tested for diagnosis, treatment or prevention of a disease or the modification of an organic function (Health Canada, nd).

**Dispensing:** A controlled act that requires a nurse to use knowledge, skill and judgement to select, prepare and transfer stock medication for one or more prescribed medication doses to a client or his/her representative for administration at a later time (CNO, 2013).

**Nurse:** Refers to Registered Nurses and Registered Practical Nurses.

#### 4. PROCEDURE:

Dispensing is not repackaging a medication that was already dispensed and is not synonymous with administering a medication. When repackaging medication, the nurse is required to include enough information the client needs to administer their own medication safely.

##### 4.1 RNs and RPNs shall:

- 4.1.1 Verify, to the best of his/her ability, that the prescriber has prescribing authority.
- 4.1.2 Verify the order is appropriate for the client and that all conditions listed in Policy statements 1.1 or 1.2 apply.
- 4.1.3 Ensure there is an order to dispense. If the nurse receives an order to administer a medication, this does not give authorization to dispense that medication. The nurse must then seek an order to dispense the medication.  
The order must include all of the following:
  - Order date
  - Client Name
  - Medication Name
  - Dose in units
  - Prescriber's name, signature and designation
  - Frequency
  - Purpose
  - Quantity to dispense

##### 4.2 NPs shall:

- 4.2.1 Verify all conditions listed in Policy statement 1.3 apply. If all conditions do not apply, then the NP shall seek an order to dispense.
- 4.3 Before dispensing medication(s), the RN/RPN/NP is responsible for verifying the client's known drug allergy and adverse drug reaction history. The adverse drug reaction history is to be documented as per *FNIHB Policy: Allergy Status*.
- 4.4 The RN/RPN/NP shall prepare the medication according to evidence based practice with verification that the medication will not expire before the client is expected to take the last dose.
- 4.5 The medication is to be withheld if the RN/RPN/NP has concerns about how the medication has been maintained and follow up as appropriate.
- 4.6 The medication is to be dispensed into an appropriate container with a legible and complete label (Prescription labelling requirements outlined in Appendix A). The label must include the following information:

- 4.6.1 The client's name,
  - 4.6.2 The generic drug name and strength and name of manufacturer,
  - 4.6.3 Directions for use,
  - 4.6.4 Quantity dispensed,
  - 4.6.5 Expiration date when applicable,
  - 4.6.6 The date that drug is dispensed,
  - 4.6.7 The name of prescriber,
  - 4.6.8 Name, address, telephone number of location from which drug is dispensed,
  - 4.6.9 Prescription number for filing prescriptions where applicable, and
  - 4.6.10 Auxiliary labels (e.g., shake well) are affixed in addition to the label when necessary.
- 4.7 The medication is to be handed directly to the client or client's representative with the following instruction and information:
- 4.7.1 Purpose of the medication
  - 4.7.2 Instructions
  - 4.7.3 Common side-effects
  - 4.7.4 Dosage
  - 4.7.5 Expected benefits
  - 4.7.6 Storage requirements
- 4.8 Document in the client's health record the specifics of the medication dispensed, including all the information contained on the label that is not already part of the client's health record. Thus at minimum, the following is to be documented:
- 4.8.1 Date and time
  - 4.8.2 Pharmaceutical agent name and strength
  - 4.8.3 Dose, frequency, duration and amount dispensed
  - 4.8.4 Route and/or site
  - 4.8.5 Signature and designation
- 4.9 If the client experiences a new drug allergy or a suspected adverse drug reaction, the nurse or other responsible health care provider shall enter the details of the reaction as outlined in Policy statement 1.1 and report the adverse drug reaction to Canada Vigilance at Health Canada as directed in *FNIHB Nursing Station Formulary and Drug Classification System*.

## 5. RELATED POLICIES:

FNIHB-OR Policy: Allergy Status  
FNIHB-OR Policy: Documentation Standards  
FNIHB-OR Policy: RN Initiated Drug Therapy  
*FNIHB Nursing Station Formulary and Drug Classification System*  
*FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities*

## 6. REFERENCES:

College of Nurses of Ontario (2014). Practice Standard: Medication.  
College of Nurses of Ontario (2013). Dispensing Medications: New controlled act for RNs and RPNs.  
College of Nurses of Ontario. Nurse Practitioner: Dispensing.  
Drug and Pharmacies Regulation Act  
FNIHB (2013). *FNIHB Nursing Station Formulary and Drug Classification System*

FNIHB (2013). *FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities*

Health Canada (n.d.). Adverse Reaction Information from <http://www.hc-sc.gc.ca/dhp-mpps/medeff/advers-react-neg/index-eng.php#a1>

Joint Commission on Accreditation of Health Care Organizations. (2002). *Medication Management Standards*. Atlanta, GA: Joint Commission Resources.

Nursing Act, 1991

Regulated Health Professions Act, 1991

<b>Approved by:</b>		<b>Effective Date:</b>  <b>March 31, 2015</b>
<b>Director of Nursing Ontario Region</b>	<b>Date:</b>	
<b>Regional Executive Ontario Region</b>	<b>Date:</b>	

## Appendix A: Prescription Labelling Requirements

**Background:** Proper labelling is an important aspect of dispensing a prescription. The label must comply with rules and regulations and clearly convey all necessary information regarding dosage, mode of administration, and special storage of the product. The quality of the labelling is important as it 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 clear enough for all information to be easily read. Here is an example of a proper prescription label:

Name, Address, Telephone number of location dispensed	
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(Prescription # where applicable)	(Prescriber's Name)
(Client's Name)	
(Direction for Use)	
(Generic drug name and strength)	(Manufacturer Name)
(Quantity Dispensed)	(Date)

  

Beaver Lake Nursing Station	
1 Beaver Street	
Thunder Bay, Ontario	Telephone: 123-156-7890
A1B 2C3	
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RX#01231 4567	Dr. Spring
Thaw	
Jack Frost	
Take one capsule three times daily for 10 days	
Amoxicillin 250mg	Apotex
30 Capsules	Feb 14, 2007

FNIHB (2013). *FNIHB Nursing Station Formulary and Drug Classification System*