

FNIHB- OR Nursing Policy and Procedure

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| Section: | Pharmacy | Policy Number: | III - 05 |
| Subject: | RN Initiated Drug Therapy | Issued: | March 31, 2015 |
| Distribution: | All Nursing Facilities | Revised: | |

1. POLICY:

- 1.1 Registered Nurses (RN) working in nursing stations are authorized to initiate specific medications without a direct order from an authorized prescriber, as indicated in the *FNIHB Nursing Station Formulary and Drug Classification System*.
- 1.2 Registered Practical Nurses are not permitted to initiate drug therapy without a direct order from a physician or nurse practitioner.

2. PRINCIPLES:

- 2.1 The First Nations and Inuit Health Branch (FNIHB) Pharmacy and Therapeutics Committee is responsible for maintaining a current nursing station formulary.
- 2.2 Copies of the formulary are available in each health facility.
- 2.3 Nursing Practice Standards dictate that nurses follow the steps outlined in the *FNIHB Nursing Station Formulary and Drug Classification System* and the medication standards set forth by CNO when providing medications.

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, n.d.).

Drug Treatment Code 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.

Drug Treatment Code B: Physician or Nurse Practitioner (NP) prescribed, based on consultation. Duration and frequency specified by physician or NP. 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 of the *FNIHB Nursing Station Formulary and Drug Classification System*.

Drug Treatment Code 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.

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

Nurse: Refers to Registered Nurses (RN).

4. PROCEDURE:

- 4.1 Before initiating a drug therapy, the nurse 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*.
- 4.2 The nurse will select the appropriate therapeutic care plan based on the client's health history, disease, health status, stage of life and individual circumstances, and in accordance with the *FNIHB Nursing Station Formulary and Drug Classification System*.
- 4.3 According to the *FNIHB Nursing Station Formulary and Drug Classification System*, 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 (i.e. For controlled substances).
- 4.4 Should a medication that is indicated for treatment be classified as an A, C or D within the *FNIHB Nursing Station Formulary and Drug Classification System*, the nurse is authorized to provide/administer the amount specified by the code. The nurse is responsible for dispensing Over the Counter (OTC) medications in accordance with the *FNIHB Policy: OTC Medications For Health Centres*.
- 4.5 Should a medication that is indicated for treatment be classified as a controlled substance, the nurse shall follow the procedure outlined in the *Prerequisites to Providing Controlled Substances included in the Formulary Using the DCS*, section of the *FNIHB Nursing Station Formulary and Drug Classification System*.
- 4.6 The medication is prepared and dispensed to the client by the nurse in accordance with *FNIHB-OR Policy: Dispensing Medications*.
- 4.7 When dispensing and/or administering the medication, the nurse is also responsible for providing appropriate instructions and information regarding pharmaceutical and therapeutic suitability, client monitoring needs and proper use.

- 4.8 The medication is to be supplied to the client in a proper container with a label that includes (Prescription labelling requirements outlined in Appendix A):
- 4.8.1 The client's name,
 - 4.8.2 The generic drug name and strength and name of manufacturer,
 - 4.8.3 Directions for use,
 - 4.8.4 Quantity dispensed,
 - 4.8.5 Expiration date when applicable,
 - 4.8.6 The date that drug is dispensed,
 - 4.8.7 The name of prescriber,
 - 4.8.8 Name, address, telephone number of location from which drug is dispensed,
 - 4.8.9 Prescription number for filing prescriptions where applicable, and
 - 4.8.10 Auxiliary labels (e.g., shake well) are affixed in addition to the label when necessary
- 4.9 The nurse shall provide ongoing monitoring of the client to assess the client's response to the therapeutic treatment and determine whether the therapeutic intent has been achieved;
- 4.10 The health history, assessment, and actions are to be documented in accordance with the *FNIHB-OR Documentation Standards* Policy and the College of Nurses of Ontario's practice standards.
- 4.11 The physician shall be consulted as clinically indicated.
- 4.12 An occurrence report must be completed when:
- 4.12.1 There are occurrences or variances from current pharmacy policies or standards, including those related to Controlled Drug Substances (CDS). This includes any occurrence or variances in administration, documentation, dispensing, known allergy, drug count, medication orders and drug classification treatment code.
 - 4.12.2 When the scope of practice required for the safe administration of pharmaceuticals recommended in the formulary or the CDS manual do not correspond to the individual RN competencies or skills.
 - 4.12.3 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).
 - 4.12.4 Any other medication occurrence or variance in the delivery of health services not covered by the above.
- 4.13 The nurse must report any adverse drug reaction to Canada Vigilance at Health Canada, as outlined in the *FNIHB Nursing Station Formulary and Drug Classification System*.

5. RELATED POLICIES:

FNIHB Nursing Station Formulary and Drug Classification System
FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities
FNIHB-OR Policy: Allergy Status
FNIHB-OR Policy: Dispensing Medication
FNIHB-OR Policy: Documentation Standards
FNIHB-OR Policy: Medication Administration
FNIHB-OR Policy: Occurrence Report
FNIHB-OR Policy: OTC Policy for Health Centres
FNIHB Clinical Practice Guidelines

6. REFERENCES:

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-mps/medeff/advers-react-neg/index-eng.php#a1>

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| Approved by: | | Effective Date: March 31, 2015 |
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| Director of Nursing Ontario Region | Date: | |
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| Regional Executive Ontario Region | Date: | |

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:

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

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| Beaver Lake Nursing Station | |
| 1 Beaver Street | |
| Thunder Bay, Ontario | A1B 2C3 Telephone: 123-156-7890 |
| 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*