

FNIHB- OR Nursing Policy/Procedure

Section: **Pharmacy** Policy Number: **III-06**
Subject: **Stock Medications in Nursing Stations and Health Centres with Treatment** Issued: **March 31, 2015**
Revised:
Distribution: **All Nursing Facilities**

1. POLICY:

- 1.1 The Nurse in Charge (NIC) (or designate) shall elect a member of the nursing staff to maintain the stock medications in the nursing station. Only the medications listed in the *FNIHB Nursing Station Formulary and Drug Classification System* shall be ordered for the community.
- 1.2 All medications will be ordered and stored in accordance with the Pharmacy and Therapeutics Policies and Procedures.
- 1.3 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 drug treatments are anticipated for a duration that is longer than fourteen (14) days, a prescription should be sent as soon as possible to the appropriate pharmacy.

2. PRINCIPLES:

- 2.1 Each nursing station is responsible for ordering stock medications.
- 2.2 All medication ordering requests are subject to the Financial Signing Authorities Section II-A-01. Only RNs with delegated signing authority are permitted to requisition drug purchases.
- 2.3 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. It is based on the best available evidence and the health service delivery in remote and isolated First Nations communities.
- 2.4 Some medications are considered mandatory inventory for all nursing stations. The quantities stocked by each nursing station may differ according to client needs, population and location. Other medications may be kept at particular nursing stations based on individual community needs.
- 2.5 Non-formulary drugs are medications which have not received approval for inclusion in the FNIHB formulary. Success of the formulary is dependent on strict enforcement of restricting the use of non-formulary medication. Regional pharmacy staff are encouraged to track the use of non-formulary drugs and inform the Pharmacy and Therapeutics Committee for subsequent review as required.

3. DEFINITIONS:

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

4. PROCEDURE:

Kristy, we need a standard process for signing off waybills and packing slips

4.1 The nurse responsible for maintaining pharmacy stock within the nursing station shall follow FNIHB-OR pharmacy procedures for monitoring and ordering medications listed on the FNIHB formulary.

Whenever possible, stock should be ordered once a month. Emergency orders should only be considered in extenuating circumstances. The request for an emergency shipment is to be discussed with the Material Management office or Hospital Pharmacy (as appropriate for the zone) before submitting the request in writing. **For emergency ordering for SLZ and for TB health centres with treatment→ Kristy to send new document to me**

NOTE: Communities will be given specific days to submit their stock order requests. Please refer to the Desk Reference for specific order submission deadlines and requirements.

4.2 When the request form is completed, the NIC or delegate must verify the order is complete and that the medications being requested are in appropriate quantities. The order form is then signed by the NIC or delegate and submitted to the Material Management office / Pharmacy Clerk or Hospital Pharmacy (as appropriate for the specific region). Note: the delegate must be an RN with signing authority.

4.3 If non-formulary medications are required, due to special client needs or provider needs, then he/she may submit a request to the Regional Office by completing the Formulary Change Request Form, as outline in the *FNIHB Nursing Station Formulary and Drug Classification System*. **Comment Kristy: this applies to SLZ and TBZ not MFZ. Comment Jen: What happens in MFZ?**

4.4 When medication shipments arrive, the packing list must be verified with the actual stock received.

4.4.1 If a discrepancy occurs in the quantities listed on the packing slip and the actual items received, the supplier or shipper must be notified.

4.4.2 When items have not been received, including medications listed as 'back ordered', they must be re-ordered.

4.4.3 **Are waybills or packing slips signed and submitted to ZNO? Material management in SLZ (Kristy to check into this)**

4.4.4 New stock, which often has a longer expiry date, is to be placed behind old stock with a shorter expiry date.

4.5 All expired stock (except for controlled substances) is returned to either the Material Management office or Hospital Pharmacy for credit or destruction. Expired controlled drug substances (CDS) need to be handled according to the *FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities*.

4.6 For client specific prescriptions, including CDS, which are expired or discontinued, should be

returned to the pharmacy that dispensed them.

5. RELATED POLICIES:

FNIHB Nursing Station Formulary and Drug Classification System
FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities

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*

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