

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

Section:	<b>Pharmacy</b>	Policy Number:	<b>III - 04</b>
Subject:	<b>Medication Administration Standards</b>	Issued:	<b>March 31, 2015</b>
Distribution:	<b>All Nursing Facilities</b>	Revised:	

---

### **1. POLICY:**

- 1.1 Medications may be administered by:
  - 1.1.1 Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Nurse Practitioners (NPs) employed by Health Canada or contracted nursing agencies.
  - 1.1.2 Student nurses under the supervision a nurse or physician
  - 1.1.3 Clients and/or family members, under the direction and knowledge of the nurse coordinating the client's care
- 1.2 RPNs may administer medications only when he/she receives a medication order from a health care provider with prescribing authority (e.g. Physician or NP).
- 1.3 RNs may administer medications only when one of the following conditions apply:
  - 1.3.1 The RN receives a medication order from a health care provider with prescribing authority (e.g. Physician or NP); or
  - 1.3.2 The conditions of the *FNIHB-OR Policy: RN Initiated Drug Therapy* has been met.
- 1.4 Medication orders must include all of the following information:
  - Client name;
  - Medication name, dose (in units) and route of administration;
  - Frequency of administration;
  - Duration;
  - Prescriber's name, signature and designation

### **2. PRINCIPLES:**

- 2.1 First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) is committed to quality improvement strategies to reduce the incidence of adverse client outcomes. Safe medication practices are an important aspect of quality client care.
- 2.2 Administering a medication requires knowledge, technical skills and judgment. Nurses need the competence to assess the appropriateness of a medication for a client, manage adverse reactions, understand issues related to consent and make ethical decisions about the use of medications (CNO, 2014).
- 2.3 Administering medications below the drip chamber, via central venous access devices, umbilical lines, and endotracheal tubes and administering immunizations require specialized competence

that may not have been included in basic nursing educational programs. In-service education assists the nurses in acquiring the knowledge and skill to perform such activities.

- 2.4 Each nurse is responsible for ensuring and/or advocating for appropriate resources to monitor and intervene to manage potential adverse drug reactions (e.g. having access to appropriate policies, directives, equipment and supplies to manage anaphylaxis).
- 2.5 The rights of medication administration include: (1) The right medication; (2) the right reason; (3) the right dose; (4) the right frequency; (5) the right route; (6) the right site; (7) the right time; and (8) the right client.

### 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).

**Medication Administration:** is the process of giving a medication directly to the client.

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

**High Alert Medications:** Drugs that bear a heightened risk of causing significant client harm when they are used in error.

**Independent double-check:** A process that ensures that a second practitioner conducts a verification, either in the presence or absence of the first practitioner. For example, a nurse may use this process to verify a dosage calculation.

### 4. PROCEDURE:

- 4.1 Before administering 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 is to follow the procedure for safe medication administration as outlined in the Medications section of *Clinical Nursing Skills and Techniques 8th edition* (Perry, Potter, and Ostendorf, 2013).
- 4.3 If the administered medication is also to be dispensed, the nurse is to verify an order to dispense has been completed and all conditions outlined in FNIHB-OR Policy: Dispensing Medications apply. Whenever possible, medication administration orders should be written by the prescriber. However, in an emergency situation or when the prescriber is not available on-site, a verbal or telephone order may be accepted.

- 4.4 If a verbal or telephone order is received, the nurse verifies the accuracy of the order by repeating back the entire order to the prescriber. The nurse is then responsible for documenting the order in the client's health record along with the prescriber's name and designation. If this order is for a controlled substance, then the nurse must ensure that the verbal order is followed by a written order from the prescriber. If the prescriber is not in the community, then the written order can be faxed to the nursing station.
- 4.5 The nurse assesses the appropriateness of the prescribed medication for the client (Refer to Appendix A: Deciding about Medication Administration algorithm). At minimum, the nurse must consider:
- 4.5.1 The client's age, weight, pathophysiology, laboratory results, vital signs, medication knowledge, and choice or preference.
  - 4.5.2 Expected benefits and potential risks/side effects, the possible interaction with other medications, and any foods that are contraindicated or decrease absorption,
  - 4.5.3 The client's allergies, sensitivities and previous adverse reactions, and
  - 4.5.4 The appropriate use of the medication as prescribed for the client in the particular situation (e.g. a PRN medication).
- 4.6 The nurse is responsible for reviewing the Compendium of Pharmaceuticals and Specialties (CPS), other reliable drug information resources (RX Vigilance), pharmacist, or original prescriber before administering a medication, if he/she is unfamiliar with the medication.
- 4.7 When the nurse withholds a medication in the event that the medication order is incomplete, unclear, inappropriate or misunderstood, he/she is responsible for timely follow up with the prescriber.
- 4.8 When administering a medication, the nurse ensures the client (and/or substitute decision-maker) receives appropriate education about the treatment plan and current medication in order to give informed consent.
- 4.9 The medication is to be prepared and administered according to evidence-based practices and principles of infection prevention and control. If there are any concerns about how the medication has been maintained, a new supply of medication is to be obtained.
- 4.10 When administering medication, the nurse must verify:
- 4.10.1 The right client
  - 4.10.2 The right medication
  - 4.10.3 The right reason,
  - 4.10.4 The right dose,
  - 4.10.5 The right frequency,
  - 4.10.6 The right route,
  - 4.10.7 The right site, and
  - 4.10.8 The right time;
- 4.11 The nurse ensures the client receives appropriate monitoring during and after administering the medication, and intervening if necessary. The nurse evaluates the client outcomes, including effectiveness, side effects, signs of adverse reactions and/or drug interactions. Timely follow up with the prescriber, as clinically indicated.

- 4.12 Administration of the medication and any related actions are to be documented in the client's health record according to the *FNIHB-OR Policy: Documentation Standards*.
- 4.13 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.
- 4.14 Any medication errors or 'near-misses' are to be reported as directed in the *FNIHB Nursing Station Formulary and Drug Classification System* and the *FNIHB Policy and Procedures on Controlled Drug Substances for First Nations Health Facilities*.

## 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: RN Initiated Drug Therapy

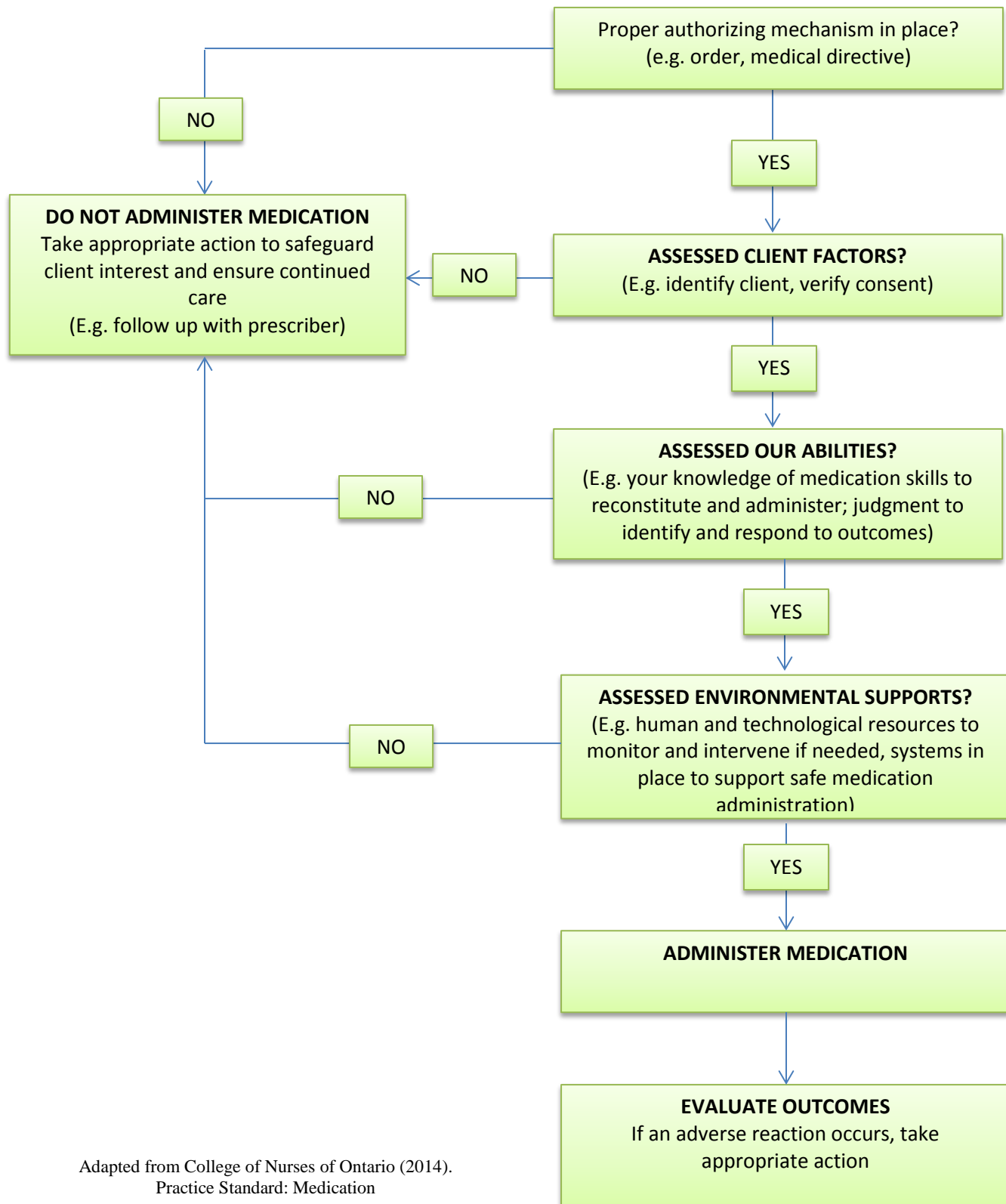
## 6. REFERENCES:

College of Nurses of Ontario (2014). Practice Standard: Medication  
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>  
Nursing Act, 1991  
Perry, A. G., Potter, P.A., and Ostendorf, W. (2013). Clinical Nursing Skills and Techniques 8th ed. Mosby.  
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: Decision Tree – Deciding about medication administration

This decision making tool, regarding whether or not to administer a medication must be interpreted in the context of the FNIHB-OR Policy: Medication Administration.



Adapted from College of Nurses of Ontario (2014).  
Practice Standard: Medication