Practice Directive

Medication Administration

College of Registered Nurses of Prince Edward Island

College of Licensed Practical Nurses of Prince Edward Island

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Introduction

The College of Registered Nurses of Prince Edward Island (CRNPEI) and the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI) are legislated to serve and protect the public interest through the regulation of individual registered nurses (RN), nurse practitioners (NP) and licensed practical nurses (LPN). For the purposes of this document the term nurse(s), will refer to all three designations of nurses in Prince Edward Island.

Nurses in Prince Edward Island are accountable to practice within their Code of Ethics, Standards of Practice, and to meet established agency practice policies and procedures.

As self-regulating professions, Nurses are regulated under the authority of the Prince Edward Island *Regulated Health Professions Act* (2013) and corresponding regulations, which outline the accountabilities and responsibilities of Nurses. This includes a Nurses' legal responsibility to practice within their scope of practice and level of competence. Nurses must know what they are authorized and competent to perform, including any limitations in skill, knowledge, and judgement to ensure their practice is within their scope.

Medication administration is an important aspect of a nurse's role. Medication administration requires a nurse to be fully competent in all aspects of client care involving the medication. This document is a practice directive for Nurses to support safe, effective, and ethical medication administration. Nurses must apply their knowledge about the client and medication throughout the entire administration process including client assessment, planning, implementation, monitoring, evaluation, and documentation of the response to the medication.

This document is intended to be used in conjunction with Standards of Practice, applicable legislation, Codes of Ethics and employer policy by providing comprehensive direction about safe medication administration by Nurses. The document is not intended to replace agency policy and procedures, or any legal advice given for a specific setting or specific practice.

Purpose

The purpose of this document is to:

- inform Nurses on their specific role in medication administration,
- identify safe steps for medication administration,
- address various components of effective and ethical medication administration, and
- identify the standard of nursing practice, against which actual performance can be measured.

Definition of Terms

Authorized Prescriber - a healthcare provider authorized by legislation to prescribe drugs and other health products.

Client - individual(s), families, groups, communities, or populations who require nursing expertise. For the purposes of this document, client is intended to refer to clients, patients, or residents.

Controlled Substance – a substance included in Schedule I,II,III,IV, or V

Medication Administration Record (MAR) - the document that is maintained and serves as a legal record of the drugs ordered, scheduled and administered to a client at a facility by a healthcare professional.

Medication Administration - the act of giving medications to a client through a specific medication route (e.g., enteral, parenteral).

Near Miss - an event that could have resulted in unwanted consequences, but did not, because either by chance or through timely intervention, the event did not reach the client.

Preceptor - a nurse who teaches, counsels, serves as a role model, and supports the growth and development of a nurse, in a particular environment, for a limited time, with the specific purpose of familiarizing the novice nurse with a new role.

Scheduled Medication - medication doses administered according to a standard cycle of frequency (e.g., q4h, QID, weekly). Medications where early or delayed administration of a dose within a specified range of either 1 or 2 hours should not result in harm or significant loss in pharmacological effect.

Time-Critical Scheduled Medication - medication where early or delayed administration of a dose, more than 30 minutes before or after the scheduled time, may result in harm or significant loss in pharmacological effect.

10 Rights of Medication Administration

Nurses must adhere to the 10 rights of preparing and administering medications:

Right medication
Right dose
Right documentation
Right patient
Right time
Right route
Right to refuse
Right education
Right reason
Right evaluation

Receiving Medication Orders

Medication orders are detailed instructions provided by an authorized prescriber for a specific medication to be administered to a specific client named in the order (Food and Drugs Act, 1985). The complete medication order must include the full name of the client, the order date, the medication name and strength, the dosage, the route of administration, the frequency, the reason/purpose of the medication, monitoring, and the prescriber's name, signature, and designation.

Medications must be withheld, and the order clarified with the authorized prescriber if the Nurse deems that the order is incomplete, unclear, or inappropriate for any reason.

Orders may be written manually, on an order form or transmitted electronically. Orders may also be received verbally, either directly or over the telephone. Any medication order where the authorized prescriber does not write the order, the authorized prescriber must review and sign the order when possible and within the timeline set by agency policy.

Written Order

- Nurses must be aware and follow agency policy when accepting written orders from authorized prescribers.
- A written order is when an authorized prescriber directly writes the medication order on the client's computerized medical record, on an order form, or on a prescription pad.
- Nurses must ensure written orders are complete with clear and accurate information.
- Written orders are best practice.

Electronic Order

- Nurses must be aware and follow agency policy when accepting electronic orders from authorized prescribers.
- Faxed or emailed medication orders are convenient methods of communication, however, these methods come with serious confidentiality and legal risks. A nurse is responsible to know which methods of electronic communication are permitted for communication of medication orders by their agency. If the agency does not have a policy on electronic transmission of client information, orders should not be accepted in this way.

Verbal/Telehealth Order

- Nurses must be aware and follow agency policy when accepting verbal orders from authorized prescribers.
- In urgent situations where client care must not be interrupted to write a medication order, verbal orders may be accepted.
- When accepting verbal medication orders, a nurse must read back the verbal order in its entirety to the authorized prescriber to ensure its accuracy, including spelling out medication names where there could be confusion, and pronouncing each digit of a number (e.g., *two five* mg instead of *25* mg).

Telephone Order

- Nurses must be aware and follow agency policy when accepting telephone orders from authorized prescribers.
- In emergent situations where the authorized prescriber is not present and immediate action must be taken, telephone orders may be accepted.
- When accepting medication orders over the telephone, the nurse must read back the order in its entirety to the authorized prescriber to ensure its accuracy, including spelling medication names where there could be confusion and pronouncing each digit of a number (e.g., *hydromorphone* instead of *morphine*).

Transcribing Orders

Transcribing orders or transcription is the process of transferring an authorized prescriber's medication order from an order form (hard or electronic copy) to a medication administration record (MAR) or another medication record type (e.g., KARDEX).

Nurses must verify any transcribed medication by reviewing the original order by the authorized prescriber, as errors may occur during transcription. Nurses must be

knowledgeable and aware of agency policy about their role when transcribing and reviewing medication orders.

Informed Consent

Nurses must be knowledgeable and aware of agency policy about their role surrounding informed consent. Informed consent incorporates a client's right to make decisions about what happens to their body. The client must be given enough information to make an informed decision on whether or not to consent to a medical procedure, including medication administration. Information provided must include complete and accurate medication information at the client's level of comprehension. The client must be given an opportunity to ask questions and be made aware that consent can be withdrawn at any time.

A nurse is ethically and legally responsible to ensure informed consent is obtained prior to administering a medication. The informed consent can be given in writing, verbally, or may be implied, for example, when the client rolls up their sleeve prior to an injection. A client is assumed capable of providing informed consent until proven otherwise.

A client may choose to refuse a medication, in which case the nurse must determine the reasons for refusal, assess the client's level of understanding of the medication, discuss the potential risks and benefits of not taking the medication, communicate the refusal with the authorized prescriber, and document the refusal in the client record.

Medical Directives

A medical directive is a written order from an authorized prescriber for an intervention or series of interventions to be implemented by another healthcare provider for clients exhibiting a specific health condition under specific circumstances. The practice directive is only initiated when the health condition occurs.

The directive must include:

- name and description of the intervention(s),
- specific client conditions and circumstances that must occur to implement the directive,
- monitoring parameters,
- clear contraindications for implementing the directive,
- name, signature, and designation of the authorized prescriber, and
- date and signature of the administrative authority approving the directive.

The authorized prescriber is ultimately responsible for the practice directive; however, nurses must ensure they are working within their scope of practice when implementing interventions. Nurses must be knowledgeable and aware of agency policy about specific practice directives in their practice setting.

Abbreviations

The use of abbreviations in the administration of medications has been identified as a major underlying cause of serious and sometimes fatal medication errors (Institute for Safe Medication Practices, 2018). Due to the major risk associated with abbreviation use, nurses are responsible to know and use only agency approved abbreviations in their practice. If the agency does not have a policy on approved abbreviations for medication administration, the practice of using abbreviations should be avoided.

Medication Administration Schedule

Nurses must prepare medications as close as possible to the time the medication is scheduled to be administered. The Institute for Safe Medication Practices (ISMP, 2011) has developed *Acute Care Guidelines for Timely Administration of Scheduled Medications* for nurses and agencies to use as a resource for developing policy around medication administration.

As a general rule, ***time-critical scheduled medications*** include medications with a frequency greater than every four hours, opioid pain medications, immunosuppressive agents, and some insulins. ***Scheduled medications*** have a longer period over which they can be administered, however adherence to scheduled administration times remains best practice.

Range Dosing

Nurses must be aware and follow agency policy regarding range dosing. Agency policy should include which medications may be ordered in range dosing, which ranges are appropriate for which medications, and the designation of who can determine the dose and/or frequency to be administered within the range.

Range dosing refers to a situation when the dose or frequency of the medication is ordered in a range, for example, Dilaudid 1-2mg q2-3h for pain. This type of order gives the nurse flexibility to make decisions on the dose of medication to administer.

The nurse must complete and document a comprehensive assessment of the client immediately prior to administering the medication. A discussion with the client to evaluate the effectiveness of the previous dose must occur, if applicable. If a nurse determines the range dose is inadequate in meeting the client's needs, the authorized prescriber must be notified, and a new order requested. This process requires effective communication between clients, nurses, authorized prescribers, and pharmacy to ensure that the range dosing is working effectively.

It is not best practice to administer an unused range dose as a breakthrough dose. Breakthrough dosing is outside of the wait time between orders and therefore is not acceptable. Breakthrough doses result in confusion about the administration time of the next dose.

Pre-preparing Medications

Pre-preparing medications is when a nurse prepares, but does not administer the medication immediately, and that nurse or another nurse administers that medication at a later time. This is not best practice because it increases the likelihood of errors. Exceptions to pre-preparing medications may apply in select situations. Exceptions may include:

emergent situations where a team approach is required,

medications prepared by the pharmacy, or

one nurse preparing and initiating an intravenous medication and having another nurse take responsibility to maintain the infusion.

Nurses must only administer medication the nurse has prepared him/herself. If a nurse prepares a medication dose, but is unable to administer the medication immediately, that nurse must ensure the medication is either disposed of or put in a secure place until the administration of the medication is possible.

When preparing an injectable medication in which the patient is to receive multiple doses, each dose is prepared, and the unused portion of the vial is discarded. Keeping syringes with unused medication for future injection is not acceptable. For example, the practice of withdrawing the full vial of injectable Morphine and keeping it on hand for multiple doses.

Algorithms and Corrective Dosing

Nurses must be knowledgeable and aware of agency policy regarding the use of algorithms and corrective dosing in their practice setting. *Algorithms* may be part of a care plan for a client. Often, algorithms include a simple, step-by-step procedure, usually depicted as a flow chart, to aide nurses' decision-making based on lab values or other parameters like blood pressure, urinary output, or cardiac rhythm. *Corrective dosing* is used to help nurses determine a dose of medication required based on a client's lab values. Some anticoagulants and insulins may be ordered with a corrective dose.

PRN Medications

Pro re nata (PRN) medications are medications ordered to be administrated on an *as needed basis*. Nurses must be knowledgeable and aware of agency policy regarding PRN medications.

The purpose and frequency of the medication must be identified in the order. PRN medications must only be administered for the purpose identified in the order, for example, Gravol ordered for nausea must not be given as a sleep aid. Nurses must

assess the client's need for the medication prior to administration and are responsible for monitoring the client to determine the medication's effectiveness. Outcomes must be documented.

Controlled Substances

Nurses must be aware and follow agency policy on the safe handling and administration of controlled substances. Federal law mandates the requirements for handling and administration of controlled substances, this includes dispensing, disposal, and security. Co-signing controlled substances is required when there is wastage or disposal.

There may be conditions placed on a Nurse's registration regarding the handling of controlled substances. These conditions may be imposed by CRNPEI or CLPNPEI following a disciplinary process.

Medication Administration by Nursing Students

When administering medications, nursing students and their preceptor(s) are responsible to be aware of the student's competence and knowledge. Nursing students work under the direction of nursing instructors and preceptors who are responsible for providing direction to nursing students. Instructors must also assess the student's knowledge, skills, and judgement regarding safe medication administration practices.

Nurses maintain overall accountability and responsibility for the plan of care of their clients. They must be aware of agency policy regarding medication administration by nursing students. This includes any restrictions placed on the students, for example, nursing students cannot perform narcotic counts.

Client Refusal of Medications

Nurses must respect and promote the autonomy of clients under their care and help the client to make an informed decision by providing complete and accurate information about a medication. This information must be given without undo influence.

A client who is found competent and refuses a medication is assessed differently than a client who is found incompetent. Nurses must be knowledgeable and aware of agency policy when a client refuses medication.

Competent Client

- A competent client is deemed capable of making decisions until proven otherwise.
- A nurse must respect a competent client's informed choice to refuse a medication.

- A nurse is responsible for determining the reasons for refusal, assess the client's level of understanding of the medication, discuss the potential risks and benefits of not taking the medication, communicate the refusal with the authorized prescriber, and document the refusal in the client record.
- A nurse is ethically and legally responsible to ensure informed consent is obtained prior to administering a medication. The informed consent can be given in writing, verbally, or may be implied. For example, when the client rolls up their sleeve prior to an injection.

Incompetent Client

- For a client who lacks the capacity to make a decision, the nurse must obtain informed consent from a substitute decision maker.
- In the event the client's wishes are unclear, the nurse must make decisions based on what the client would have wanted, if known, and must be made in the best interest of the client. These decisions should be made in consultation with the family and other healthcare providers.

Reporting

Nurses work collaboratively with other healthcare professionals to create an environment that supports safe and effective management of medications. Reporting actual and potential harm in medication administration helps to minimize the likelihood of preventable adverse events.

Medication Errors

- Medication errors occur when there is a preventable event during medication administration that can result in client harm.
- Medication errors may occur at any point during medication administration and is the most common type of error in healthcare.
- Agency policy should be followed when medication errors occur. Immediate steps must be taken to care for the client, resolve any issues that result, and report the error.
- Proper documentation of the error and an incident report must be completed.

Near Misses

- Near misses with medication administration involve an event that could have resulted in unwanted consequences, but did not occur, due to chance or timely intervention. In these events, the client suffered no harm.
- Near misses are important events that must be documented to ensure future adverse events do not result from similar circumstances.
- Accurate reporting of near misses helps to improve client safety.

Borrowing Medications

Borrowing medications may occur when a nurse does not have an adequate dose of a medication and borrows a medication from another client or from the client's future doses while waiting for the client's medication. This practice is unsafe as it leads to wrong or missed doses of medications for clients.

Nurses are not permitted to take stock medications for personal, family, or friend's use. Nurses are not permitted to provide stock medications to staff or colleagues.

Medication Disposal

Nurses must be knowledgeable and aware of agency policy regarding medication disposal. Nurses must not accumulate discontinued or unused medications. They must use the systems in place for either medication disposal or pharmacy return. ISMP and Health Canada recommend returning discontinued and unused medications to pharmacy as disposal of medication into garbage cans may lead to unwanted access by others.

The *Controlled Drugs and Substances Act* (1996), details how narcotic waste disposal must occur.

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