FAQ: Medication Management

The *Standards for Medication Management* have been updated. As the standards are broad and principle-based statements, this document is intended to provide specific answers to FAQs from nurses[1] regarding medication management[2].

1. How can I help develop quality professional practice environments that support safe medication management?

Nurses and employers have a shared responsibility to create quality professional practice environments that includes organizational and human support allocations necessary for safe, competent and ethical nursing care (Canadian Nurses Association, 2017).

Strategies in quality professional practice environments that support safe, competent, and ethical medication management include:

- policies and procedures that:
    - identify any employer specific restrictions or limitations related to the medication management,
    - address the management of adverse effects or emergency situations arising from the administration of a medication;
- incorporation of recommendations from the Institute for Safe Medication Practices (ISMP) Canada and the Canadian Patient Safety Institute (CPSI) such as conducting medication reconciliation at key transfer points across the care continuum and eliminating the use of dangerous abbreviations and dose designations; and
- formal communication mechanisms for identifying and reporting any incidents, drug reactions, adverse events and "near misses". The *Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)* includes rules that strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions.

2. What is the *Protecting Canadians from Unsafe Drugs Act*?

The *Protecting Canadians from Unsafe Drugs Act*, also known as Vanessa's Law, is intended to increase drug and medical device safety in Canada by strengthening Health Canada's ability to collect information and to take quick and appropriate action when a serious health risk is

[1] For the purpose of this document, the term "nurse" refers to the graduate nurses, the registered nurses, and the nurse practitioners.

[2] Medication management is defined as a client-centered practice that optimizes safe, effective, appropriate drug therapy.

identified (CPSI, n.d.). Nurses play a crucial role in identifying and reporting any incidents, drug reactions, adverse events and near misses.

To know more about Vanessa's Law, please refer to the following link from the CPSI: Educational Support for Mandatory Reporting.

3. What is my role in the work settings where multiple providers have a role in medication management?

Having the authority, through scope of practice and policy to manage medication does not mean it is always appropriate to do so. Clinical judgement is always required. The entire context of the situation and the competency of the individual practitioner must be considered when assuming or assigning this responsibility. Here are resources that can help you clarify your role regarding medication management and other activities in the workplace:

- Nursing Intraprofessional Collaboration: LPNs and RNs Working Together
- Practice Guideline: A Collaborative Approach to Assigning, Delegating and Teaching in Health Care
- The Role of the Nurse and Scope of Practice Toolkit

4. What are the safety considerations I need to understand regarding information and communication technologies (ICTs) use in medication management?

The use of ICTs to increase timely communication between healthcare providers although beneficial at first glance poses risk. In order to ensure that personal health information is sufficiently protected, strong passwords and encryption need to be used to safeguard electronic personal health information being communicated through ICTs. Consideration also must be given to how any information received via ICTs and used to make a decision about client care (e.g. a medical order) is incorporated into the medical record. Please verify that your employer has policies in place that provides direction and guidance for this practice. If they don't, you can advocate for the creation of such policy.

You can refer to the Fact Sheet: Mobile Devices and Information Technologies' Use in the Workplace for important elements to consider when using information technologies in the workplace.

5. Can I recommend and administer over-the-counter medications or medical supplies and equipment?

Over-the-counter (OTC) medications and medical supplies and equipment (MSE) are intended to treat minor illnesses or symptoms and support self-monitoring of health conditions. OTC medications do not require a prescription, and nurses may recommend or administer them to a client. However, in some practice settings, legislation or employer policy might require an order.

For more information, refer to the following document: *Fact Sheet: Recommending and Administrating Over-the-Counter Medications or Medical Supplies and Equipment*.

6. Can I administer medications that clients brought from home?

In some settings (e.g. geriatric daycare centers) clients often bring their prescribed medications from home and expect the nurses to administer them. Based on the nurse's professional judgement of the client's competency and situation the nurse may administer the medications, provided they are in their original container with an affixed medication order label from a pharmacy. The nurse should not administer the medications differently than what is written on the medication order label even if requested to do so by the client or client's family member. The nurse needs to confer with the prescriber in cases where the medication order does not match what the client or family member is requesting. Please verify that your employer has policies in place that provides direction and guidance for this practice. If they don't, you can advocate for the creation of such policy.

7. Why is pre-pouring considered unsafe practice?

Pre-pouring of medications (i.e. one nurse preparing a medication and not administering it immediately or having another nurse administer it) is unsafe – this practice increases the risk of errors and confuses the line of accountability for the preparation of the medication (ISMP, 2011a). To promote best practice, nurses prepare medications as close as possible to the time that they are to be administered and only administer medications they have prepared themselves.

In some situations, an exception to this best practice may be acceptable. For example, in light of a client's urgent need for life-saving medications in a cardiac arrest, one nurse could prepare and label medications while another nurse or authorized health care professional could administer them. Another example is the practice of pre-drawing syringes during a mass immunization campaign. This is considered an efficient manner in which to administer a single vaccine to a large number of people. However, it is recommended to limit the practice of pre-drawing syringes for mass immunization campaigns.

8. What is the Special Access Program (SAP)?

The SAP allows prescribers to request access to drugs that are unavailable for sale in Canada. It is limited to clients with serious or life-threatening conditions on a compassionate or emergency basis when conventional therapies have failed, are unsuitable, or are unavailable.

The SAP is supported by sections C.08.010 and C.08.011 of the *Food and Drug Regulations*. Most drugs accessed through this program treat clients with life-threatening diseases or serious conditions such as intractable depression, epilepsy, transplant rejection, hemophilia and other

blood disorders, terminal cancer, and AIDS. The SAP can also respond to specific health crises, such as an outbreak of a communicable disease, by providing access to non-marketed drugs.

When a nurse is required to administer a drug accessed through the SAP, the prescriber must provide a drug monograph/information sheet. The nurse is not accountable for any outcomes produced by the medication but is accountable to correctly administer the medication, to intervene and hold the medication if severe side effects occur and to notify the prescriber. Nurse practitioners are encouraged to consult the following document: NP FAQ: What is the Special Access Program?

9. What do I need to consider in order to provide medications in a timely manner?

The ISMP (2011b) developed Guidelines for Timely Administration of Scheduled Medications which are intended to be used as a resource when acute care organizations develop or revise policies and procedures related to timely administration of scheduled medications. Please refer to these guidelines for questions pertaining to providing medications in a timely manner. It is recommended that your employer has policies in place that provides direction and guidance for this practice.

10. Can I administer investigational medications?

An investigational drug is a chemical or biological substance that has been tested in the laboratory and approved by the US Food and Drug Administration for testing in people during clinical trials (ISMP, 2018). It requires a medication order and informed consent from the client which is obtained by the prescriber. The prescriber must provide the nurse with a drug monograph/information sheet prior to the commencement of drug administration. The nurse is not accountable for any outcomes produced by the medication, but is accountable to correctly administer the medication, to intervene and hold the medication if severe side effects occur and to notify the prescriber.

11. Do I require additional skills to administer an immunizing agent?

The skill required to administer immunizing agents is the same as other injections and nurses need to adhere to the Standards for Medication Management. Nurses administering an immunizing agent must be competent to recognize and intervene in the event of complications, such as anaphylactic shock. A directive or client specific medication order is required to administer an immunizing agent and should include the medication required to treat adverse reactions caused by an immunizing agent. Please refer to the Fact Sheet: Administering Vaccines for helpful information.

12. What do I need to consider when I am using a directive?

The Nurses Association of New Brunswick [NANB] (2018) considers a directive to be: a written order from an authorized prescriber for a procedure or treatment, for a number of clients, when

specific conditions are met. There are a number of specific requirements when using a directive. Please refer to the following document for more information:

- What is a Directive?

IMPORTANT: Health Canada, the federal department responsible for the Controlled Drugs and Substances Act (CDSA), **does not allow directives to be used for drugs such as narcotics and benzodiazepine** (NANB, 2018).

13. Can I administer a placebo?

A placebo may be administered with an order from an authorized prescriber, when its use has been discussed with the client involved and informed consent has been acknowledged. Administering placebos to clients without their knowledge and informed consent is inappropriate and unacceptable. When clients are participating in a placebo-controlled trial they should understand their chance of receiving a placebo versus the investigational drug. Intentionally withholding information regarding placebo use denies clients the opportunity to make their own decisions (Nova Scotia College of Nursing [NSCN], 2020).

14. What do I need to consider when caring for clients who are authorized to use medical cannabis?

There are many things to consider when caring for clients who are authorized to use medical cannabis. Please consult the following links to access information regarding cannabis on the NANB website:

- NANB Documents and Resources Related to Cannabis
- Cannabis Toolkit: Resources for the Nurse and the Public

15. How should I do independent double checks?

ISMP (2019) defines an independent double check as a process in which a second practitioner conducts a verification of the medication and/or calculation. The first practitioner does not communicate what they expect the second practitioner to see. The goal is to limit any influence that the first practitioner might have on the second practitioner and to eliminate confirmation bias which can occur when the second practitioner is told by the first practitioner what to expect and goes on to make the expected observation.

For more information, please refer to the following link: Independent Double Checks.

Please verify that your employer has policy regarding independent double checks. If they don't, you can advocate for such policy.

16. When and how do I sign for medication administration?

The NANB expects a nurse to document in the client's record, any medication that they administered, *during or immediately after the administration*. An example of signing for a medication "during administration" is intravenous (IV) drug administration. The nurse may sign for the IV drug once it is successfully hung and infusing into the client instead of waiting until the IV bag is empty before signing. Such practice would be considered signing during the administration of the medication.

Please refer to the following NANB document for more information: Signing for Medication Administration - When and How?

17. How do I manage off-label use of medication?

Off-label use of medications refers to the practice of using Health Canada approved drug for a purpose that is not indicated by the manufacturer but has deemed potentially beneficial by the prescriber for a client.

An example of off-label use of medication would be the prescribed route or dose of a medication is different from what was originally approved. Prior to administering a medication off-label, nurses may need to consult with the prescriber or pharmacist for any questions or concerns. Nurses also need to communicate to the client the reason for the off-label use of a medication and associated risks (College of Registered Nurses of Newfoundland and Labrador [CRNNL], 2019; NSCN, 2020).

18. What are range doses and how do I manage them?

Range doses refer to medication orders in which the dose and frequency of medication is prescribed in a range while respecting the maximum daily dosage (e.g., acetaminophen 500 - 1000 mg PO Q4-6H as needed for pain). These range doses are often prescribed when a client's need for the medication varies from day to day or within the same day.

Comprehensive client assessments are critical when administering range doses, including the client's response to previous doses of the medication. If the nurse determines the range dose prescribed is inadequate in meeting the client's needs, they should contact the prescriber. Clear communication among clients, nurses, physicians and pharmacists is vital for a range dose system to work effectively (CRNNL, 2019; NSCN, 2020).

19. How can I minimize the risk of errors when communicating or receiving medication orders verbally?

The potential for verbal orders to be misunderstood, misheard, or transcribed incorrectly makes them error prone, particularly given different accents, dialects, and drug name pronunciations by the prescriber and recipient of the order (ISMP, 2017). ISMP Canada recommends using

written orders, including electronic orders, as preferred practice. However, when this is not feasible, they suggest using safe practices that nurses can find in the following document: ISMP Canada Safety Bulletin.

If you have other questions regarding medication management, please contact a Nurse Consultant at practiceconsultation@nanb.nb.ca

References

Canadian Nurses Association. (2017). *Code of Ethics for Registered Nurses*. https://nanb.nb.ca/en/library/document/code-of-ethics-document-cna/

Canadian Patient Safety Institute. (n.d.). *Educational Support for Mandatory Reporting of Serious ADRs and MDIs by Hospitals*. https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx

College of Registered Nurses of Newfoundland and Labrador. (2019). *Medication Management*. https://www.crnnl.ca/sites/default/files/documents/ID_Medication_Management2019.pdf

Institute for Safe Medication Practices. (2011a). *Guidelines for Timely Medication Administration: Response to the CMS "30-minute rule"*. https://www.ismp.org/resources/guidelines-timely-medication-administration-response-cms-30-minute-rule

Institute for Safe Medication Practices. (2011b). *Guidelines for Timely Administration of Scheduled Medications (Acute)*. https://www.ismp.org/guidelines/timely-administration-scheduled-medications-acute

Institute for Safe Medication Practices. (2017). *Despite Technology, Verbal Orders Persists, Read Back is Not Widespread, and Errors Continue*. https://www.ismp.org/sites/default/files/attachments/2018-03/NurseAdviseERR201706.pdf

Institute for Safe Medication Practices. (2018). *Investigational Drugs: Product-Related Issues Pose Significant Challenges (Part 1)*. https://www.ismp.org/resources/investigational-drugs-product-related-issues-pose-significant-challenges-part-i

Institute for Safe Medication Practices. (2019). *Independent Double Checks: Worth the Effort if Used Judiciously and Properly*. https://www.ismp.org/resources/independent-double-checks-worth-effort-if-used-judiciously-and-properly

Nova Scotia College of Nursing. (2020). *Medication Guidelines for Nurses*. https://cdn1.nscn.ca/sites/default/files/documents/resources/MedicationGuidelines.pdf

Nurses Association of New Brunswick. (2018). *What is a Directive?* https://nanb.nb.ca/en/library/document/fact-sheet-directive/