 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Medication Administration – Nursing Practice		Pharmacy	09-004-00
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APPLIES TO:			
All Health Care Providers (Regulated and Unregulated)			

1. BACKGROUND:

- 1.1. The Department of Health (Health) is committed to ensuring safe medication practices are followed during the ordering, dispensing, and administration of medication.

2. POLICY:

- 2.1. All medication orders must include the name of the client, medication name, dose, route of administration and frequency. A nurse may only receive medication orders from Physicians or NPs licensed to practice in Nunavut.
- 2.2. Health Care Providers (HCPs) shall administer medications in accordance with their scope of practice along with their knowledge, skills and abilities, and will seek assistance as necessary.
- 2.3. Administration of medications via the following routes are specialized competencies and require specific education:
 - 2.4.1 Administration of medications below the drip chamber (IV Direct)
 - 2.4.2 Administration of medications via central venous access devices
 - 2.4.3 Administration of medications via umbilical lines
 - 2.4.4 Administration of medications via endotracheal tube
 - 2.4.5 Administration of immunizations (education and certification required)

3. PRINCIPLES:

- 3.1. All HCPs are expected to be familiar with and follow the standards of practice of their regulatory bodies.
- 3.2. HCPs will facilitate the delivery of appropriate medications in partnership with the client/family that promotes safe, effective client care.

4. AUTHORIZERS WHO MAY ADMINISTER MEDICATIONS

- 4.1. Registered Nurses (RN) employed by Health or contracted by Health through outside agencies
- 4.2. Registered Psychiatric Nurses (RPN) employed by Health or contracted by Health through outside agencies
- 4.3. Nurse Practitioners (NP) employed by Health or contracted by Health through outside agencies
- 4.4. Licensed Practical Nurses (LPN) within their scope of practice or through medical delegation
- 4.5. Registered Midwives (RM) employed by Health or contracted by Health through outside agencies
- 4.6. Student nurses under the supervision of a nurse during clinical placement, excluding student nurses hired into the summer student program.

- 4.7. Physicians contracted by Health
- 4.8. Advanced Care (ACP) and Primary Care Paramedics (PCP) within their scope of practice as per *Policy 07-041-00 Primary Care and Advanced Care Paramedic Medical Directive*
- 4.9. Clients and/or family members, under the direction of the nurse coordinating their care, may administer medications ordered by the physician or NP.
- 4.10. Direct Observation Therapy (DOT) Worker under the direction and supervision of the nurse, may administer oral medications for the treatment of tuberculosis which are ordered under DOT in accordance with the TB Manual.

5. DEFINITIONS:

- 5.1. **Dispensing:** involves the selection, preparation and transfer of one or more prescribed drug doses to a client or his/her representative for administration. This is different from administration of medications as it is a transferred function.
- Regulated Health Care Provider:** are health care providers who are regulated through a professional association (i.e. RNs, RPN, LPNs, NPs, Physicians, RMs)
- Unregulated Health Care Provider:** are health care providers who are not regulated through a professional association (i.e. ACP, PCP)
- Unregulated Health Care Worker:** are health care workers who do not have formal secondary education and are not regulated through a professional association (DOT worker).
- Medication Administration:** the process of giving a medication to a client.
- Independent Double-Check:** following an initial verification by the regulated HCP, a second regulated health care provider (HCP) conducts an independent verification of the medication without any prior knowledge of the preparatory steps or calculations performed by the first practitioner. The independent double-check occurs prior to medication administration. The independent double-check is documented as a second signature in the client's health record.

6. PROCEDURE

6.1. Administering Medications:

- 6.1.1. To ensure safe medication administration, the HCP must adhere to the standard *the twelve rights of medication administration*: (1) The Right Medication, (2) The Right Dose, (3) The Right Route, (4) The Right Time, and (5) The Right Client (6) The Right Documentation and (7) The Right to Refuse (8) The Right Response (9) The Right Reason (10) The Right Assessment and Evaluation (11) The Right Client Education (12) The Right Expiration Date.
- 6.1.2. When the HCP is unsure of a medication, the HCP shall review appropriate resources available (i.e., *Nunavut Formulary 2021, Binder #1*), and/or consult professional colleagues (i.e., physician, nurse, pharmacist) prior to administration.
- 6.1.3. An independent double check will be performed by HCPs before administering all **High-Alert** medications as listed in Appendix A of the *Nunavut Formulary 2021*. Nursing students may not perform the independent double check as they are not regulated health care providers.
- 6.1.4. Any discrepancies noted in the independent double-checks must be resolved before the medication is administered. For further direction, please refer to Policy and Procedure for High-Alert Medications in Binder #1 of the *Nunavut Formulary 2021*.
- 6.1.5. All intravenous medications are to be properly labelled with the client's name, medication name, dose and concentration, date and time prepared along with the HCP's name who prepared the medication.
- 6.1.6. Confirm the client's identification according to *Policy 07-018-00 Client Identification* for

Clinical Care.

- 6.1.7. To avoid medication interaction and contraindications, the HCP must check other medications currently prescribed to the client including over the counter medications, vitamin and mineral supplements, and herbal preparations.
- 6.1.8. Confirm that the client is not allergic to the medication.
- 6.1.9. If the medication is to be administered to the client while in the health centre, administer immediately after preparation and ensure the client takes the medication before leaving the room.
- 6.1.10. The HCP who prepared the medication is the person responsible for administering it to the client. Exceptions only apply to emergency situations.
- 6.1.11. Document all medication immediately after administration.
- 6.1.12. Student nurses will be supervised by a regulated HCP when administering medication.
- 6.1.13. There is a one-hour leeway before or after the scheduled administration time to give medications as long as the dosing interval is greater than two hours. Intravenous (IV) antibiotic schedules can be altered within this interval to assist in offering the client more reasonable times to present to the health centre for IV therapy.
- 6.1.14. Narcotics that are ordered 3 or more hours apart may be given within 30 minutes of the next administration time.
- 6.1.15. If a client vomits immediately after taking medications and pills are visible in the emesis, the HCP may administer another dose if missing a dose would be detrimental to the client's well-being. A physician or nurse practitioner should be consulted if there is uncertainty whether a dose should be repeated.
- 6.1.16. Submit an Incident Report Form in the QRM Module of Meditech on discovery of an error or near miss in accordance with the *Nunavut Formulary 2021* and Policy 05-034-00 *Client Safety Events – Incident Reporting and Immediate Management*.

6.2. Client Refusal to Take Medication

- 6.2.1. If the client refuses to take medications that were prescribed or dispensed, explore the reasons for refusal. Address any misconceptions, answer any related questions and provide any additional information that will help the client make an informed decision.
- 6.2.2. If the client continues to refuse the medication, explore other medication/treatment options. Consult a physician or nurse practitioner as needed.
- 6.2.3. Document the client's reasons for refusing to take the medication, any action taken and the physician response if consulted.
- 6.2.4. Request the client to sign a 'Refusal of Medical Treatment Against Advice Form' per Policy 07-039-00 *Informed Refusal of Treatment*.

6.3. Security of Medications

- 6.3.1. All medications are stored in designated areas.
- 6.3.2. Medication will always be prepared in the secure medication room and never outside of this room.
- 6.3.3. Medications are never to be prepared in front of the patient unless in emergency situations.
- 6.3.4. Do not leave any medications unattended in clinic or emergency rooms.
- 6.3.5. Emergency medications are securely stored in the crash cart.
- 6.3.6. The door to the medication room is to remain closed, locked, and should never be propped open.
- 6.3.7. Narcotics and Controlled Substances must be stored in accordance with Policy and

6.4. Pediatric Considerations

- 6.4.1. Pediatric medication doses require cautious calculations. Independent double-checks are encouraged for all weight-based medications.
- 6.4.2. All parenteral medications administered to pediatric clients (aged 12 years and under) are considered **High-Alert** and require an independent double check except for vaccines administered per the Nunavut Immunization Schedule.
- 6.4.3. If the child refuses oral preparations, the medication may be mixed with a small amount of sweet tasting substance. Do not use honey with infants due to the risk of botulism. Do not place medication in milk or formula as the child may refuse this fluid at a later date.
- 6.4.4. Measure liquid medications using a plastic calibrated oral dosing syringe or medicine cup.

6.5. Client Education

- 6.5.1. Educate the client about the medications being prescribed or dispensed including purpose, common side effects and what to do if a dose is missed. Provide information as requested and involve an interpreter if needed.

7. DOCUMENTATION:



- 7.1.** All medications administered must be documented in the client's health record immediately after administration.
- 7.2.** Refusal of medication must be documented in the client record along with the reason for refusal.

8. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 05-034-00	Client Safety Events – Reporting and Management
Policy 07-018-00	Client Identification for Clinical Care
Policy 07-039-00	Informed Refusal of Treatment
Policy 07-041-00	Primary Care and Advanced Care Paramedic Medical Directive
Policy 09-005-00	Dispensing Medications
Policy 09-006-00	Administering or Dispensing Medications – Documentation
Policy 09-017-00	Compounding of Medications
Policy 09-010-00	Repackaging Pharmaceuticals
Policy 09-011-00	Labelling Pharmaceutical Agents
Nunavut Tb Manual	
Nunavut Communicable Disease Manual	
Nunavut Formulary 2021	

9. REFERENCES:

- Nunavut Pharmacy and Therapeutics Committee. *Nunavut Formulary 2021*
- Perry, A. G. and Potter, P.A. (2022). *Clinical Nursing Skills and Techniques 10th ed.* Elsevier.

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