Nurse Independent Medication Dispensing to Treat Common Conditions in Temporary Foreign Workers

Site Applicability

VCH Temporary Foreign Workers Program

Practice Level

Profession	Advanced Skill
RN	**Nurse Independent Activity:** • **With completion of required additional education of Understanding Autonomous Practice and Nurse Independent Activities (NIA) or Nurse Initiated Protocols (NIP), the following NIA has been approved for use as indicated in the site applicability above:** ▪ Nursing assessment and diagnosis of, and short-term treatment of: ○ allergic reaction (mild) ○ constipation ○ cough ○ dehydration (mild) ○ Condition: Diarrhea ○ dry eyes ○ indigestion or functional dyspepsia ○ insomnia (short-term) ○ nausea and vomiting ○ nicotine withdrawal ○ pain (mild – moderate), and/or ○ sore throat

Requirements

- The use of NIA is supported within VCH and is defined within the policy: Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP).
- Nurse Practitioner (NP) or Physician orders override the use of NIA or NIP.
- Use in conjunction with VCH Community Medication standards
- Prior to enacting an NIA in this decision support tool (DST), an RN must be:
  - Competent to diagnose and treat the condition for which the medication is being used,
  - Able to manage the intended and unintended outcomes of using the medication, and

    - Able to determine the therapeutic suitability of the medication for the client.
- An RN may dispense up to the amounts indicated during initial visit, or over the course of their quarantine.
    - E.g. May dispense a partial dose during initial visit, and then may follow-up the next day and provide additional doses if there was a good effect and more is needed for ongoing symptom management. If the amount of medication required exceeds the total amount allowable for RN dispensing, then the RN must refer to an NP or physician.
- For any clients presenting with symptoms which may be indicative of COVID-19, assessment and testing will occur as per usual process at the site.
- This DST:
    - Applies to adults aged 17 and older,
    - Applies to temporary foreign workers only,
    - Applies to oral medications only (with the exception of eye lubricant and NRT patches), and
    - Excludes pregnant and breastfeeding women (refer these clients to an NP or Physician).

Need to Know

The British Columbia College of Nurses and Midwives (BCCNM) RN Scope of Practice allows RNs, after assessing a client and making a nursing diagnosis of a condition, to administer and/or dispense Schedule II, Schedule III and unscheduled medications independently (autonomously). This is a part of nurse's autonomous scope of practice. See Appendix A for BC Drug Schedule definitions.

When using this DST, nurses must be aware of and meet the BCCNM Standards for acting within autonomous scope of practice by assessing the client, making a nursing diagnosis that can be improved or resolved through nursing activities, and using their clinical judgment to treat the condition. When treating conditions by administering or dispensing medications without an order, RNs take full responsibility for ensuring the therapeutic suitability of the medication, assessing contraindications and adverse effects, assessing the knowledge needs of the client, assessing the outcome of the intervention, and creating the follow up plan of care (BCCNM, 2019). Using their clinical judgment regarding the client context, nurses need to consider the following when administering and dispensing medication to a client autonomously:

- Their competence
- The complexity of the request or need
- The complexity of the client's history, condition and medication profile
- Access to relevant client information – If access to CareConnect is required, refer to the NP.
- Access to resources to support their decision-making (e.g. Lexicomp, DSTs, UpToDate, Elsevier or Mosby's).

* VCH staff can put UpToDate mobile app on up to two devices free of charge (Android, iPhone or iPad)

Equipment and Supplies

- Clinical assessment equipment as needed (e.g. stethoscope, thermometer, SpO_2 monitor, etc.)
- Stock medication as outlined below
- Medication containers (e.g. childproof containers or brown envelope) and labels
- Applicable electronic resources

Guideline

Assessment and Diagnosis

Complete the following assessment and nursing diagnosis prior to administering or dispensing any medications:

1. Health history
    a. Acute or chronic disease(s)
    b. Recent lab and diagnostic data, if applicable and available
2. Clinical Assessment
    a. Focused clinical assessment as per guidelines below
    b. Vital signs, weight (as needed)
    c. Bio-psycho-social-spiritual (as needed)
3. Medication history or current medications
    a. Prescription and non-prescription (all medications taken in the past 24 hours including Scheduled and PRN as reported by the client, or if applicable, in the health record.)
    b. Allergies – if there is a known hypersensitivity or allergy to a medication, do not administer the medication. Consult with an NP or Physician.
    c. Assess client's level of knowledge of the medication which they will be dispensed.
    d. Ensure pharmaceutical and therapeutic suitability of the medication for the client. Check Lexicomp, or comparable resource, for drug-drug interactions. Only absolute drug-drug contraindications from the time of posting are listed. Other contraindications may exist.
4. Nursing diagnosis of the condition identified and the determination of the treatment plan

Intervention

1. Provide client education as needed, including information about both the condition and the treatment. Inform the client of risks and benefits of the treatment (including signs, symptoms and management of adverse reaction). Ensure client or delegate is informed of the appropriate directions for use of the medication, including the:
    - Purpose
    - Dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response, and
    - Written information about the medication.
2. Dispense medication as needed in accordance with the BCCNM Medication Practice Standard.
    - Labels on all medications dispensed must include:
        - Client's name and room number, and one other client identifier
        - Medication name, dosage, route, and strength
        - Directions for use
        - Quantity and date dispensed
        - Initials of the nurse dispensing the medication

- Name, address, and telephone number of the agency from which the medication is dispensed
- Any other information that is appropriate or specific to the medication

3. Assess effect (i.e. follow-up with client later that day or the next day, in person or via phone).
4. Create a follow up plan as needed (e.g. arrange for follow-up care which might include referral to NP or MD; schedule a phone call or refer to outreach).

Condition: Allergic reactions (mild)

Assessment	• Symptoms: urticaria (hives), pruritis (itchiness), rhinitis (runny nose) • History: location; onset or duration; potential triggers • If the presentation of urticaria is generalized and in response to an allergen, interpret as a potential systemic reaction with the risk of anaphylaxis. Refer to an NP or Physician. • Assess and monitor for progression of symptoms indicating anaphylaxis: cardiovascular, respiratory or GI system involvement. Follow Anaphylaxis: Initial Emergency Treatment DST if present. • Refer unusual presentations to an NP or Physician
Medication and Indications	**diphenhydrAMINE (BENADRYL EQUIV)** • Mild allergic reactions • *NOTE: diphenhydrAMINE is NOT a 1st line treatment for anaphylaxis; diphenhydrAMINE in anaphylaxis can mask signs and symptoms of anaphylaxis. Anaphylaxis requires treatment with epinephrine.*
Potential Risks and Contraindications	• May cause CNS depression; use with caution in those using other CNS depressants • Consult with pharmacist, NP or Physician with clients who have a history of asthma, cardiovascular disease, increased intraocular pressure or glaucoma, prostatic hyperplasia or urinary obstruction, pyloroduodenal obstruction, and thyroid dysfunction • Hypersensitivity or allergy to diphenhydrAMINE, other structurally related antihistamines (doxylamine or dimenhyDRINATE), or any component of the formulation
Dose for dispensing	• RN may dispense up to **four diphenhydrAMINE 25 mg tablets one time** o Client instructions: Can take diphenhydramine 25 mg PO every 4 to 6 hours as needed, or 50 mg PO every 6 to 8 hours as needed. o Maximum dose: 150 mg in 24 hours.
Follow-up care	• Provide education based on presenting clinical condition. • Encourage client to connect with care team if symptoms return or persist, or call 911 immediately if experiencing symptoms of anaphylaxis. • Reassess symptoms and adverse effects related to medication at next visit.

Condition: Constipation

Assessment	• Assess diet, fluid intake, past constipation treatment, and physical activity • Frequency of bowel movements (BMs), last BM, character of stool (any blood or melena) • Presence of passing flatus • Abdominal pain, bloating, nausea and/or vomiting • Physical: inspection, auscultation, palpation, percussion (as needed)		
Interventions	• The first step in treating constipation is lifestyle and diet modification. Provide education (if not contraindicated, increase fluid intake, increase dietary fibre, increase physical activity). Liaise with hotel management to request increased fibre in meals delivered. Loss of normal bowel function can occur with long term use of any laxative. See Appendix B for medications that cause constipation. • Consult with an NP or Physician if constipation present with abdominal pain, nausea or vomiting. • Consider client preference and past treatment when choosing intervention(s) for constipation.		
Medication and Indications	**docusate (COLACE EQUIV)** (Stool softener which increases fluid to stool). • Prevention of straining during defecation and constipation associated with hard, dry stools; relief of occasional constipation. Onset of action: 12 hours to 72 hours. **Consider if client needs support to prevent straining during bowel movement.**	**polyethylene glycol 3350 (LAX-A-DAY EQUIV)** (Osmotic agent that causes water retention in the stool.) • Relieves occasional constipation (irregularity). Onset of action: 24 to 96 hours. **Consider if client has not had a bowel movement in the last 48 hours.**	**sennosides (SENOKOT EQUIV)** (Stimulant laxative which stimulates peristaltic activity.) • Relief of occasional constipation. Onset of action: 6 to 24 hours. **Consider if docusate and polyethylene glycol 3350 not successful in producing a bowel movement.**
Potential Risks and Contraindications	**Contraindications**: Hypersensitivity or allergy to docusate	**Contraindications:** **Avoid using with starch-based thickener.**	**Contraindications:** Hypersensitivity or allergy to sennosides

	Abdominal pain, nausea, vomiting, or symptoms of appendicitis. Adverse effects: Occasionally, mild, transitory GI cramping pains, diarrhea, or rashes. Few side effects however less effective than laxatives.	Hypersensitivity or allergy to polyethylene glycol Known or suspected bowel obstruction Adverse effects: Occasional diarrhea, bloating, nausea, abdominal cramps Elderly should be monitored for signs and symptoms of electrolyte imbalance	Intestinal obstruction, acute abdominal pain, nausea, vomiting, or other symptoms of appendicitis or undiagnosed abdominal pain. A sudden change in bowel movements which lasts greater than2 weeks Occurrence of rectal bleeding after use should be reported to health care provider. Adverse effects: Abdominal cramps, diarrhea, nausea, vomiting
Dose for dispensing	RN may dispense up to **fourteen docusate 100 mg capsules.** Client instructions: take docusate 100 mg twice a day for 7 days (stop sooner if adequate bowel movement). Drink plenty of fluids: 250 mL or more with each dose.	RN may dispense up to **seven polyethylene glycol 3350 17 g sachets.** Client instructions: take one polyethylene glycol 3350 17 g sachet daily for 7 days dissolved in 120 to 240 mL of coffee, tea, water, or juice. Stop sooner if adequate bowel movement. Drink plenty of fluids: 250 mL or more with each dose.	RN may dispense up to **fourteen sennosides 8.6 mg tablets.** Client instructions: take sennosides 17.2 mg (two tablets) once daily, preferably at bedtime. Drink plenty of fluids: 250 mL or more with each dose. Take 2 hours before or after other medications.
Follow-up care	If constipation persists for 1 week, advise client to connect with care team for reassessment with an NP or Physician.		

Condition: Cough

Assessment	• History: onset, severity, productive or non-productive cough, medical history, COVID status (if known), test for COVID if unknown • Refer unusual presentations to an NP or Physician	
Medication and Indications	**Dextromethorphan (ROBITUSSIN EQUIV) OTC syrup** • Temporary control of dry cough due to minor throat and bronchial irritation associated with the common cold or other airway infections	**Guaifenesin (BENYLIN EQUIV) OTC syrup** • Used to thin mucus so it can be cleared from the chest by coughing when there is congestion from a cold or flu.
Potential Risks and Contraindications	Contraindications: Concurrent administration with or within 2 weeks of discontinuing an MAO inhibitor Adverse reactions: Central nervous system: Dizziness, drowsiness, nervousness, restlessness; Gastrointestinal: Gastrointestinal distress, nausea, stomach pain, vomiting	Adverse reactions: Central nervous system: Dizziness, drowsiness, headache; Dermatologic: Skin rash; Gastrointestinal: Nausea, stomach pain, vomiting
Dose for dispensing	RN may dispense up to **240mg of Dextromethorphan (antitussive) OTC syrup** for client's use. Note: If client requiring over 120mg in 24hours, refer to NP. **Maximum 120mg in 24 hours.** Client instruction: 10-20mg PO Q4H prn or 30mg PO Q6-8H prn.	RN may dispense **4800mg of Guaifenesin (expectorant/mucolytic) OTC syrup** for client's use. Note: If client requiring over 2400mg in 24hours, refer to NP. **Maximum 2400mg in 24 hours.** Client instruction: 200-400mg PO Q4H prn. Administer with a full glass of water. For best results, drink 6 to 8 glasses water daily while taking this medication.
Follow-up care	• Provide education based on presenting clinical condition. • Encourage client to connect with care team if symptoms persist or worsen, or call 911 immediately if experiencing severe symptoms e.g. difficulty breathing etc. • Reassess symptoms and adverse effects related to medication at next visit or in 2 days, whichever is sooner. Consult with NP or physician, if presence of worsening of symptoms (i.e. dyspnea, loss of consciousness, acute chest pain etc.), OR if treating cough with OTC medication for longer than 5 days.	

Condition: Dehydration (mild)

Assessment	• History: Nausea, vomiting and/or diaphoresis, onset, severity, medical history, COVID status (if known), test for COVID if unknown and presenting with nausea and/or vomiting, • Refer unusual presentations to an NP or Physician
Medication and Indications	**electrolyte maintenance (LIFE BRAND EQUIV)** • To prevent dehydration on the first signs of fluid loss due to vomiting and diarrhea.
Potential Risks and Contraindications	• Contraindications: known or suspected hypersensitivity to any components of the medication; use with caution in renal impairment.
Dose for dispensing	• RN may dispense up to **three electrolyte maintenance 4.9g sachets.** ○ Client instructions: mix with fluid as per instructions on sachet and use once per day.
Follow-up care	• Provide education based on presenting clinical condition. • Encourage client to connect with care team if symptoms persist or worsen, or call 911 immediately if experiencing severe symptoms. • Reassess symptoms and adverse effects related to medication at next visit.

Condition: Diarrhea

Assessment	• Duration, frequency, and characteristics of stool (mucous, blood, tarry) • Presence of abdominal discomfort or quality of pain (e.g. bloating, distention; location, intensity, duration of pain) • Nausea, anorexia and hyperactive bowel sounds • Hypovolemia: dark yellow urine, decreased urine output, decreased skin turgor, thirst, tachycardia, hypotension, dry mucous membrane, new onset of confusion, and/ or lethargy. ○ If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, refer to an NP or Physician. • Potential exposures (such as food history, residence, occupational exposure, recent and remote travel, pets, and hobbies).
Medication and Indications	**loperamide (IMODIUM EQUIV)** • Sudden onset diarrhea
Potential Risks and Contraindications	• If fever is present, history of liver disease, over 6 loose stools in 24 hours or blood, mucous or tarry stool, consult with an NP or Physician. • Do not use when peristalsis inhibition should be avoided due to potential for ileus, megacolon and/or toxic megacolon. • Discontinue promptly if constipation, abdominal pain, abdominal distension, blood in stool, or ileus develop.

	• Encourage client to seek medical care promptly if experiencing severe dizziness, angina, tachycardia, abnormal heartbeat, severe nausea or vomiting; abdominal pain or edema; constipation; bloating; black, tarry, or bloody stools; urinary retention; or change in amount of urine passed. • **Contraindications:** Hypersensitivity to loperamide or any component of the formulation; acute dysentery (diarrhea with visible blood or mucus, in contrast to watery diarrhea. Dysentery is commonly associated with fever and abdominal pain); acute ulcerative colitis; bacterial enterocolitis (caused by salmonella, shigella, and campylobacter); C. difficile associated diarrhea; bloody or black stool.
Dose for dispensing	RN can dispense up to **eight loperamide 2 mg tablets.** • Instruct client to take one tab after each loose stool (Maximum of 16 mg in 24 hours). • Take with plenty of clear fluids to prevent dehydration.
Follow-up care	Encourage client to connect with care team for assessment by an NP or Physician and discontinue use of loperamide if diarrhea persists greater than two days, symptoms worsen, or abdominal swelling or bulging develops.

Condition: Dry Eyes

Assessment	• Assess for symptoms of: eye irritation, itchiness, redness, burning, inflammation of eyelids, light sensitivity, visual alterations, exudate, pain, headache, nausea, temporal pain • History: pterygium, any recent eye trauma, or a foreign body • Ability to self-administer medication
Interventions	• Drink plenty of fluids to stay well hydrated • Wear sunglasses when outdoors to protect your eyes from the sun and wind • Apply warm compress to eyes to help reduce inflammation • Consult with an NP or Physician if dry eyes present with severe redness or eye irritation. • Consider client preference and past treatment when choosing intervention(s) for dry eyes.
Medication and Indications	**eye lubricant** • Temporary relief of burning and eye irritation due to dry eyes.
Potential Risks and Contraindications	Potential risks: • Contact lens wearers: remove contact lenses before using • Stop use if changes in vision, eye pain, continued redness or irritation occur and connect with care team for reassessment. • Adverse effects: blurred vision, crusting of eyelid, stinging of eyes (mild)
Dose for dispensing	RN may dispense **one bottle of eye lubricant** for client's use. • Client instructions**:** instill 1 to 2 drops into eye(s) as needed to relieve symptoms
Follow-up care	If dry eyes persists for 7 days, advise client to connect with care team for reassessment with an NP or Physician.

Condition: Indigestion or functional dyspepsia

Assessment	• It is essential to differentiate between gastric discomfort and cardiac symptoms (see Appendix C). If suspect chest pain and not indigestion, call 911. If vague and no acute distress, liaise with on-call NP for assessment and diagnosis. • History: onset, frequency, duration, nausea, vomiting, abdominal discomfort or distention, precipitating and relieving factors, diet, alcohol and smoking intake or frequency • Vital signs, as deemed safe based on clinical judgement (considering need to minimize direct contact with the client as they are in quarantine) • Pain (LOTARP): Location, onset, type, alleviation or associated symptoms, radiation, precipitation or palliation
Medication and Indications	**calcium carbonate chewable (TUMS EQUIV)** • Relief of heartburn, acid indigestion, and GI upset associated with these symptoms
Potential Risks and Contraindications	• Precautions: Constipation, bloating, and gas are common with calcium supplements. • Adverse reactions: headache, laxative effect, abdominal pain, anorexia, hyperacidity (acid rebound), nausea, vomiting, xerostomia, hypercalcemia, hypophosphatemia, milk-alkali syndrome (with very high, chronic dosing and/or renal failure [headache, nausea, irritability, and weakness or alkalosis, hypercalcemia, renal impairment]) • Contraindications: hypersensitivity to any component of the formulation Baloxavir, Marboxil, Calcium Acetate.
Dose for dispensing	RN may dispense up to **fifty calcium carbonate 500mg tablets.** Client instructions: take with or without food**.** Maximum 8g in 24 hours for up to 2 weeks.
Follow-up care	Provide education to manage heartburn. • Avoid lying flat. Lay supine with pillows raising head. • Avoid lying down for 3 hours after a meal. • Avoid foods that make symptoms worse (e.g. coffee, chocolate, alcohol, peppermint, spicy food and fatty foods). • Encourage client to decrease smoking and alcohol use. Encourage client to connect with care team for assessment by an NP or Physician **i**f symptoms persist for 7 days, or sooner if they worsen, trouble swallowing or choking when eating, chest pain, vomit containing blood, and/or bowel movements that are black, red or appear tarry.

Condition: Insomnia (short-term)

Assessment	• History: onset, duration, precipitating or alleviating factors, difficulty falling asleep, difficulty staying asleep, history of sleep disturbance, typical sleep patterns, mental health (including stress and anxiety), substance use, • Refer unusual presentations or persistent sleep disturbances to an NP or Physician.

Interventions	• Sleep hygiene education:
	  ○ Drink caffeine with caution.
	  ○ Avoid day time naps.
	  ○ Avoid electronic devices or TV 1 hour before bed.
	  ○ Maintain a regular sleep routine.
	  ○ Get regular exercise – discuss exercises to do in room if unable to go for regular walks while in quarantine.

Medication and Indications	**melatonin** • Sleep disturbance
Potential Risks and Contraindications	• Contraindications: known or suspected hypersensitivity to melatonin; avoid in patients with autoimmune diseases. • Minor adverse reactions associated with melatonin include headache, transient depression, enuresis, dizziness, nausea, stomach cramps, irritability, insomnia, nightmares, hypothermia, and excessive daytime somnolence. • Drowsiness may be experienced within 30 minutes after taking melatonin and may persist for approximately 1 hour.
Dose for dispensing	• RN may dispense up to **seven melatonin 5 mg tablets**. ○ Client instructions: Take one tablet 1 hour before bedtime.
Follow-up care	• Provide education based on presenting clinical condition. • Encourage client to connect with a care team if sleep disturbance persists. • Reassess symptoms and adverse effects related to medication at next visit.

Condition: Nausea and Vomiting

Assessment	• Onset, frequency, duration, vomiting, diarrhea, abdominal pain or distention, precipitating and relieving factors • Migraine headache, stiff neck, diet, pregnancy, recent travel • Hypovolemia: dark yellow urine, decreased urine output, decreased skin turgor, thirst, tachycardia, hypotension, dry mucous membrane, new onset of confusion, and/ or lethargy. • Medications: recent general anaesthesia, antineoplastics (chemotherapy), opioids
Medication and Indications	**dimenhyDRINATE (GRAVOL EQUIV)** • Treatment and prevention of nausea and vomiting
Potential Risks and Contraindications	• If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, consult with an NP or Physician. • Precautions: Central nervous system (CNS) depression, hepatic impairment, elderly may be more sensitive to effects. • Has abuse potential due to its hallucinogenic and euphoric effects. Use with caution with CNS depressants (e.g. opioids, benzodiazepines or alcohol). • Adverse reactions: tachycardia, dizziness, drowsiness, excitement, headache, insomnia, restlessness, dry mouth, urinary retention, blurred vision • Hypersensitivity to dimenhyDRINATE, its components, (diphenhydrAMINE) or any component of the formulation; concurrent use of or use within 14 days following therapy with tranylcypromine, phenelzine, or moclobemide; narrow angle glaucoma; chronic pulmonary disease; prostatic hypertrophy.
Dose for dispensing	• RN may dispense up to **eight dimenhyDRINATE 50 mg tablets OR eight dimenhyDRINATE 25 mg tablets (for adults under 45kg [100lb], elderly people, or based on clinical judgement).** ○ Client instructions: Can take one half to one tablet PO every 4 hours as needed. Maximum 400mg in 24 hours
Follow-up care	Advise client to connect with care team if experiencing signs of dehydration, a stiff neck, if severe vomiting develops, if vomit contains blood or material that looks like coffee grounds, if vomiting with fever of 39.4°C (103°F) or higher occurs or fever lasts longer than 2 days, if abdominal pain develops or gets worse, or if symptoms become more severe or more frequent.

Condition: Nicotine Withdrawal

Assessment	• Refer to Tobacco Dependence Management Guideline
Medication and Indications	**Nicotine Replacement Therapy (NRT)** • Withdrawal management and client comfort during quarantine period.
Potential Risks and Contraindications	• As per Tobacco Dependence Management Guideline
Dose for dispensing	• RN may **dispense up to fourteen nicotine 7 mg patches, up to 21 mg/patch,** based on level of nicotine dependence (Brief Fagerstrom test), as per VA Regional PPO; **OR** • RN may **dispense up to one box** (105 pieces) **of nicotine 2 mg or 4 mg gum**, based on level of nicotine dependence. o Client instructions: as per Tobacco Dependence Management Guideline.
Follow-up care	• Provide education as per Tobacco Dependence Management Guideline • Follow up after first day to re-assess effect and cravings. No order from NP or physician required to continue NRT passed day 1 of treatment.

Condition: Pain (mild to moderate)

Assessment	• LOTARP: location; onset (duration); type; aggravating and alleviating factors; radiation; precipitating events. Observe behavioural and physiological (vital signs) measures of pain. • In addition to pharmaceutical and therapeutic suitability when choosing a medication for pain treatment, consider client preference and age (older adult population at increased risk for toxic effects of acetaminophen and nonsteroidal anti-inflammatory drugs(NSAIDs).	
Medications and Indications	**acetaminophen (TYLENOL EQUIV)** • Mild to moderate pain • Headache	**ibuprofen (ADVIL EQUIV)** • Mild to moderate pain • Headache • Osteoarthritis • Primary dysmenorrhea • Rheumatoid arthritis
Potential Risks and Contraindications	**Potential risks:** Assess for potential risk for accidental or intentional overdose. A high number of overdoses occur with acetaminophen: ensure client is informed of maximum dosages and understands risks and benefits of medication. Advise caution with use of alcohol or over the counter products that may contain acetaminophen. Consult NP or Physician if client has a history of long term acetaminophen use, hepatic or renal impairment, or active daily alcohol use.	**Potential risks:** NSAIDs cause an increased risk of serious cardiovascular thrombotic events. This risk may occur early in treatment and may increase with duration of use. Consult NP or Physician if client has history of asthma, hypertension, cardiac history, is on anticoagulants or antiplatelet agents, has renal or hepatic impairment, GI inflammatory disease or ulcer, or bleed or bleeding disorder (GI, cerebrovascular, other; history of or active). Avoid use of additional NSAIDS if client using more than ASA 81 mg daily Do not administer with **(ABSOLUTE DRUG-DRUG CONTRAINDICATIONS**): diclofenac, indomethacin, ketorolac, meloxicam, piroxicam, celecoxib, sulindac, mefenamic acid, or nabumetone, OR Allergic reaction or hypersensitivity to NSAIDs, acetylsalicylic acid (ASA) or any component of the formulation.

	Contraindications: History of allergy or skin reaction with acetaminophen.	
Dose for dispensing	RN can dispense up to **sixty acetaminophen 325 mg tablets,** OR **forty acetaminophen 500 mg tablets** one time. **Maximum: 4000 mg in 24 hours; 2000 mg in 24 hours for the elderly and for those with liver impairment (consult NP or Physician)** Instructions: Client can take acetaminophen 325 to 1000mg PO every 4 to 6 hours.	RN can dispense up to **thirty ibuprofen 200 mg tablets**, OR **fifteen ibuprofen 400 mg tablets** one time. **Maximum: 1200 mg in 24 hours (OTC labelling).** Instructions: Client can take ibuprofen 200 to 400mg PO every 4 to 6 hours. Administer with food, milk, or antacids to decrease GI adverse effects.
Considerations for dispensing acetaminophen and ibuprofen together	• Consider patient preference or experience. The mechanism of action for each is different which could result in improved pain management without increasing the dose or risk of side effects. • Reassess pain in 60 minutes post dose if possible, or the next day.	
Interventions	If possible, first remove any obvious cause of pain or negative stimuli which may decrease pain tolerance and employ non-pharmacological strategies for pain relief (e.g., position change, gentle stretching, heat or cold, massage, visualization, distraction).	
Follow-up care	If ongoing pain management with medications is required, if pain is determined to be moderate to severe or, if the medications above are not suitable, consult with an NP or Physician.	

Condition: Sore Throat

Assessment	• Assess for pain, burning, irritation or scratchiness in throat. • Physical: assess for swollen neck glands
Interventions	• Gargling with salt-water mixture 3 to 4 times a day or as needed. • Drink enough fluid to keep hydrated • Consult with an NP or Physician if signs of significant inflammation, dyspnea or any respiratory difficulty.
Medication and Indications	**benzocaine** throat lozenge **(CEPACOL EQUIV)** (alone or in fixed combination with menthol). • Temporary relief of minor sore throat pain
Potential Risks and Contraindications	• Contraindication: known or suspected hypersensitivity to benzocaine, other ester-type local anesthetics, or any ingredient in the formulation
Dose for dispensing	RN may dispense **up to 25 benzocaine throat lozenges one time** • Client instructions: take 1 to 2 lozenge(s), repeat every 2 to 4 hours depending on the amount of benzocaine (if using 15 mg lozenges, take 1 lozenge every 2 hours). Allow lozenge to slowly dissolve in the mouth
Follow-up care	Discontinue drug and consult with care team for reassessment with an NP or Physician if sore throat is severe, persists for over 2 days, or is accompanied or followed by fever, headache, rash, pain, redness, swelling, nausea, or vomiting.

Documentation

Document in client's health record clearly and concisely. Include:

- Observations, including initial and ongoing assessments (if applicable);
- Condition diagnosed (i.e. reason for administering the medication);
- NIA performed (i.e. medication administered and/or dispensed, specifying dosage and quantity.
  - Example: "As per NIA, _____dispensed."
  - Document amount dispensed in patients notes in red ink (so it is easily visible to those reading the notes).
- Expected outcomes of administering the medication
- Document response to treatment following administration of medication if client remains in clinic (intended and unintended outcomes). If they do not, document follow-up instructions given to the client and/or delegate.
- Document plan for follow-up
- Any other relevant information.

Consult with site leadership for further guidance if needed.

Related Documents

- Anaphylaxis DST
- Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP)
- BCCNM Medication Practice Standard
- BCCNM Standards for acting within autonomous scope of practice
- BC Drug Schedules Regulation

References

1. BC Laws. (1998). *Pharmacy Operation and Drug Scheduling Act. Drug Schedules Regulation.* Retrieved from http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

2. BC Patient Safety and Quality Council. (2019). Emergency Department Sepsis Resources. Retrieved March 8, 2019 from https://bcpsqc.ca/resource/emergency-department-sepsis-resources-2/

3. BCCNM. *Medication Practice Standard* (2020). Retrieved from https://www.bccnm.ca/RN/PracticeStandards/Pages/medication.aspx

4. BCCNM and College of Pharmacists of British Columbia. (2014). *Joint Statement: Dispensing Medications*. Retrieved from https://www.bccnm.ca/Documents/standards_practice/rn/Joint_Statement_Pharmacists_DispensingMedication.pdf#search=joint%20statement%20dispensing

5. Lexicomp Online Drug Database.

Appendices

- Appendix A: BC Drug Schedule
- Appendix B: Medications that may cause Constipation
- Appendix C: Indigestion and Cardiac Assessment

Appendix A: BC Drug Schedule

Definitions	**Schedule I Medications:** require a prescription from an authorized health professional.[1] **Schedule IA Medications:** medications requiring a triplicate in the Controlled Prescription Program.[1] **Schedule II Medications:** do not require a prescription but are retained in the professional service area of the pharmacy where there is no opportunity for self-selection.[1] **Schedule III Medications:** do not require a prescription and are sold in the area of the pharmacy where people can self-select.[1] **Schedule IV** (Prescription by Pharmacist): drugs which may be prescribed by a pharmacist in accordance with guidelines approved by the Council.[1] **Unscheduled Medications:** sold outside of the pharmacy for self-selection (general stores or gas stations etc.).[1] **Diagnosis of a Condition:** refers to the restricted activity which has been granted to nurses to perform autonomously. Conditions always have a set of characteristic signs and symptoms. This process includes the nurse determining the cause of the client's signs and symptoms and determining whether the condition can be improved, resolved or stabilized through an appropriate nursing intervention. **Absolute Medication to Medication Contraindication**: Medications are not compatible and cannot be administered together. **1 BC Laws. (1998). Drug Schedules Regulation.**

Appendix B: Medications that may cause Constipation

Appendix B – Medications that may cause Constipation

Central Nervous System Drugs				
Antidepressants Amitriptyline Bupropion Clomipramine Desipramine Doxepin Fluvoxamine Imipramine Mirtazapine Nortriptyline Paroxetine Phenelzine	**Antipsychotics** Chlorpromazine Clozapine Loxapine Methotrimeprazine Olanzapine Perphenazine Risperidone Trifluoperazine	**Anxiolytics** Alprazolam Chlordiazepoxide Diazepam Oxazepam	**Opiates** Acetaminophen + Codeine preparations Codeine Fentanyl Hydrocodone Hydromorphone Methadone Morphine Oxycodone	**Miscellaneous** Flurazepam Phenobarbital Pseudoephedrine
Cardiovascular / Musculoskeletal Drugs				
Antihypertensives Clonidine Diltiazem Felodipine Hydralazine Methyldopa Nifedipine Triamterene Verapamil	**Diuretics** Chlorthalidone Furosemide Hydrochlorothiazide	**Cardiotonics** Digoxin Isosorbide dinitrate	**Hematologics** Dipyridamole Iron Warfarin	**Muscle Relaxants** Baclofen Orphenadrine
Other Classes				
Antacids Aluminum products Calcium products Ranitidine	**Anticholinergics** Atropine Benztropine Dicyclomine Flavoxate Glycopyrrolate Hyoscyamine Oxybutynin Scopolamine Tamsulosin Tolterodine	**Antibiotics** Ampicillin Amoxicillin Clavulin® Cefixime Cefuroxime Cephalexin Clarithromycin Erythromycin Gentamicin Tobramycin	**Antihistamines** Chlorpheniramine Cyproheptadine Diphenhydramine Hydroxyzine	**Miscellaneous** Aminophylline Azathioprine Cholestyramine Cyclosporine Dexamethasone Diclofenac Hydrocortisone Ibuprofen Mycophenolate Naproxen Prednisone Tacrolimus Theophylline

Additional Resource: http://shop.healthcarebc.ca/vch/VCHDSTs/D-00-07-30003.pdf

Appendix C: Indigestion & Cardiac Assessment

Assessment	Gastro Intestinal Signs and Symptoms	Cardiac Signs and Symptoms
Pain/Discomfort	• Pain assessment: location, onset, precipitating/palliating, quality, radiating, severity (pain scale 0 to 10), timing • Determine if heartburn is aggravated by meals and relieved by sitting up or antacids • Bloated feeling • Excessive gas (belching, burping or flatulence) • Nausea with or without vomiting • Acidic taste in the mouth • Feeling full after eating small amounts (early satiety)	Location, radiation, character, exacerbating or relieving factors, duration, frequency, associated symptoms. Signs and symptoms might include: • Sudden onset of sharp, stabbing, aching or crushing pain/discomfort in chest (can be central, left- or right-sided) • Pain/discomfort radiating to left arm/shoulder, neck or jaw • A tight, dull, heavy or band-like pressure or general discomfort • Diaphoresis • Nausea/vomiting, indigestion, belching • Shortness of breath • Clenching of fist over the sternum (Levine's sign) • Dizziness or syncope • Weakness/malaise • Feeling of impending doom • Precipitation by exertion, emotional stress, a heavy meal or cold weather Assess further any symptom that client describes as an unusual discomfort
Vital Signs	• In indigestion there should be no alterations of vital signs. If there is a presence of abnormal vitals that are a deviation from the client's norm, an NP or physician should be consulted with suspicion of an alternative cause.	Vital signs, including oxygen saturation that could increase suspicion for a cardiac source. Findings might include: • Irregular pulse or cardiac rhythm or changes in heart rate • Hypo- or hypertension Shortness of breath, decreased O_2 saturation
Health History	• Personal Medical history of ulcers. • Risk factors history of indigestion prior to quarantine such as smoking, alcohol. • Any signs of eating late at night with resulting symptoms. • Factors precipitating or decreasing or relieving such as sleeping elevated head. • Over the counter medications, history of antacids, NSAIDs, aspirin or ibuprofen (sample brand names: ADVIL, MOTRIN).	• Personal medical history and family history of heart disease or diabetes • Cardiac risk factors such as smoking, hypertension, diabetes, overweight and/or physical inactivity, high cholesterol • Any other signs or symptoms of heart disease such as general fatigue and lethargy, shortness of breath, edema • Factors precipitating, decreasing or relieving • Cardiac medications • Recent use of cocaine or sildenafil (VIAGRA®), vardenafil (LEVITRA®) or tadalafil (CIALIS®) • Recent use of any non-prescription medication that might enhance sexual performance.

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	Endorsed By: (Regional SharePoint 2nd Reading) Health Authority Profession Specific Advisory Council Chairs (HAPSAC) Health Authority and Area Specific Interprofessional Advisory Council Chairs (HAIAC) Operations Directors Professional Practice Directors Regional P&T • Regional Medication Use Management Coordinator, Pharmacy, PHC **Final Sign Off:** Lorraine Blackburn, Vice President, Professional Practice and Chief Clinical Information Officer, VCH
Owners: *(optional)*	VCH
	DST Developer Lead(s): • Professional Practice Lead, Nursing, Vancouver Community • Professional Practice Lead, Nursing, Vancouver Community Based on *Nurse Independent Medication Administration and Dispensing to Treat Common Primary Care Conditions DST* developed with Christina Chant, Clinical Practice Leader, Primary Care