

Dispensing Medications (Nurses)

Site Applicability

All PHC sites

Practice Level

Profession	With Order; With Pharmacist Involvement	With Order; Without Pharmacist Involvement	Without Order; Without Pharmacist Involvement
RN, RPN	Basic Skill	Advanced Skill (Additional education required) <ul style="list-style-type: none"> Restricted to clinical indications approved by the PHC Pharmacy and Therapeutics Committee 	RNs only Advanced Skill (Additional education required) <ul style="list-style-type: none"> Follow appropriate British Columbia Centre Disease Control (BCCDC) Decision Supports Tools (DST)
LPN	Advanced Skill (Additional education required)	Not Approved	Advanced Skill (Additional education required) *Limited to Naloxone only*

Conditions

RNs, RPNs, and LPNs:

- Must positively identify their client using two unique identifiers as per organizational policy ([BCD-11-11-40002](#) – Patient-Client-Resident Identification)
- Only dispense medications for clients under their care and when it is in the client's best interest
- Only dispense the quantity of medication to meet the client's requirements:
 - until the prescription can be filled in a community pharmacy, or
 - for the duration of a pass, or
 - in accordance to certified practice guidelines and Decision Support Tools (DST)

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Need to Know

General

- PHC is not licensed or funded to provide medications to clients once they have been discharged. There are, however, circumstances when providing interim medication doses (i.e. until the client can fill their prescription at a community pharmacy) is in the best interest of the client and may prevent harm.

Clinical Indications

- A client requiring medication (regularly scheduled and/or PRN) while on a “pass” from a PHC facility
- A client discharged from an Emergency Department (ED), Cardiac Short Stay Unit (CSSU), Rapid Access Addiction Clinic (RAAC), or John Ruedy Clinic (JRC) requiring medication supply until their prescription(s) can be filled in a community pharmacy
- A client in an ambulatory clinic who is prescribed a new medication, and dispensed a sample of the medication to evaluate the medication’s effectiveness and tolerance
- A client prescribed HYDROMorphone tablets for self-administration at the overdose Prevention Site (OPS) as part of the Pharmaceutical Alternatives in Acute Care (PAAC) program
- Clinical Indications that are RN Certified Practice:
 - A client being discharged from the JRC with medications to treat a sexually transmitted infection (STI)
 - A client assessed by an RN in the Pre-Admission Clinic (PAC) who is prescribed oral neomycin capsules as part of a bowel preparation protocol for colorectal or some urology surgeries

Take Home Naloxone Kits

In response to the opioid crisis, nurses are authorized to dispense naloxone to a person who is neither their client nor their client’s substitute decision-maker or delegate, but who may encounter an individual experiencing a suspected opioid overdose.

- Consider clients with a history of substance use, or current use of non-prescribed substances that places the client at risk of opioid overdose, regardless of their reported or observed routes of consumption, for whom a Take Home Naloxone kit may be beneficial.
- RNs, RPNs, and LPNs, when dispensing Take Home Naloxone follow the procedures in [Dispensing Take Home Naloxone Kits to Clients at Risk of Opioid Overdose](#)

Requirements

- If ordered by a prescriber, the order must indicate that the medication is to be dispensed.

- **Exception:** In Long Term Care settings, nurses will use existing medication orders when a resident leaves the facility on a pass.
- Nurses must consider their own competence, the complexity of the dispensing request, the complexity of the client's medication profile, and health status prior to making a decision to dispense the medication. The nurse must know how to access resources to support their decision-making. ([Appendix A](#))
- Nurses take steps to ensure pharmaceutical and therapeutic suitability as outlined in the BCCNM Dispensing Medications practice standards, if dispensing without a pharmacist's involvement.
- Nurses record dispensing information on an individual medication profile and/or client record each time a medication is dispensed, as outlined in the BCCNM Dispensing Medications standards.
- Nurses take action by clarifying a dispensing order with the prescriber, if that order does not seem evidence-based or does not appear to reflect individual client characteristics or wishes.
- Medications dispensed by nurses will not appear on PharmaNet which creates a communication gap between health care providers. The next health care provider will not be aware of these medications dispensed to the client. In some areas, nurses will update PharmaNet through Transactional Medication Updates.
- If the medication is an opioid, Health Canada regulation requires that the [Health Canada Opioid Medicines – Information for Patients and Families](#) ([Appendix C](#)) handout is provided, and an additional warning label is applied ([Appendix D](#)). The label is available for order from stores ([Appendix B](#)).
 - **Exception:** Certain opioids dispensed for the treatment of an opioid use disorder do not require the additional label (i.e. buprenorphine and methadone).

Protocol:

- Positively identify the client using two unique identifiers as per policy.
- Ensure the medication is packaged in a container appropriate to the client's situation and needs e.g. child-safe container, blister pack.
- Ensure the container is labelled according to the requirements below.
- Hand the medication directly to the client/delegate.
- Dispense only the quantity indicated.
- Provide client teaching. Client education medication monographs are available in the [Lexicomp](#) online drug reference, which can be printed and provided to the client as needed.
- Provide the [Health Canada Opioid Medicines – Information for Patients and Families](#) if the

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medication is an opioid.

Labelling of Medications to be Dispensed:

Pass or take home medications, when provided by pharmacy, will have a label affixed. The dispensing nurse must initial this label.

Pass or take home medications not packaged by pharmacy must have a label completed and affixed by the dispensing nurse, and include the information below:

- Client name and second client identifier (birth date, PHN, etc.)
- Medication name, dosage, route, and strength
- Directions for use
- Amount dispensed
- Date dispensed
- Initials of the dispensing nurse
- Name, address, and telephone number of the dispensing agency
- Name and designation of the prescribing practitioner
- Any other information that is appropriate and/or specific to the medication

There are pre-printed dispensing label templates for each PHC site available in FormFast.

The opioid warning sticker ([Appendix D](#)) must be added to any opioid medications being dispensed.

Documentation:

Document the dispensed medication in the client's chart, including:

- Date dispensed
- Allergies and adverse medication reactions, if available and not already noted in the client's record
- Name, strength, dosage of medication
- Amount dispensed
- Intended duration of therapy, specified in days (if applicable)
- Directions to client
- Name of prescribing practitioner

- Signature and title of the person dispensing the medication (or electronic equivalent)

If the medication is a narcotic or controlled substance, a second person must act as a witness, and document such.

Additional Documentation Requirements:**‘Suboxone To-Go’ (SPH ED, MSJ ED, RAAC, and JRC only)**

In areas where Transactional Medication Updates (TMU) have been implemented, PharmaNet will be updated through TMU.

In areas not completing TMU, nurses will complete the buprenorphine-naloxone (Suboxone) To-Go Pack Assessment and Dispensing Record.

Dispensing Suboxone To-Go requires a witness.

PAAC

In addition to the above labeling requirements, nurses must check in with the client and document a narrative note in Cerner the number, and associated dose (milligram), taken e.g., 2 tablets x 8 mg = 16 mg.

Client/Family Education:

When dispensing medication, nurses must inform the client of the proper use of the medication including:

- purpose
- dosage regime
- expected benefits and potential side effects
- storage requirements
- special instructions

For sites using Cerner – document in the Comment section of the “Charting for” window that client education has been done.

Related Documents and Resources:

1. [B-00-07-10065](#) Mental Health Inpatients Leave/ Pass (SPH)
2. [BD-00-07-41007](#) – Therapeutic Leaves (Mental Health and Substance Use)
3. [B-00-13-10175](#) - Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose

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4. [Pharmacy Policy – Pass Medications](#)
5. [BCD-11-11-40002](#) – Patient-Client- Resident Identification Policy
6. [BD-20-11-40200](#) - Medication Samples
7. [B-00-13-10256](#) - Dispensing HYDROMORPHONE (DILAUDID®) Tablets for Self-Administration: Pharmaceutical Alternatives in Acute Care (PAAC)

References:

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Ministry of Mental Health and Addictions – Ministry of Health (2021). Access to Prescribed Safer Supply in British Columbia: Policy Direction. Retrieved from:

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Appendices

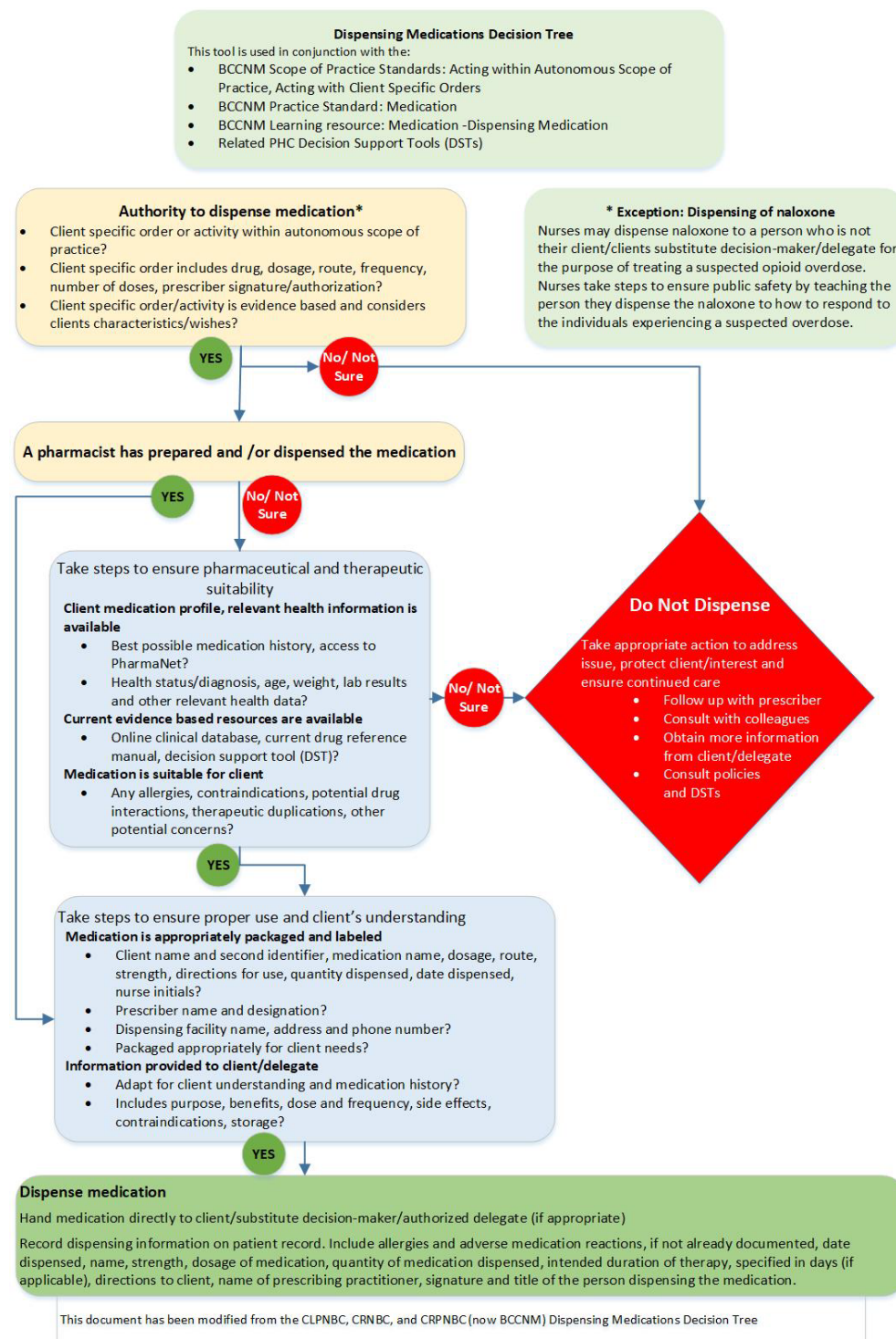
[Appendix A](#) – Modified BCCNM Dispensing Decision Tree

[Appendix B](#) – Examples of Medication Labels

[Appendix C](#) – Opioid Medicines. Information for Patients and Families

[Appendix D](#) – Opioid Medication Sticker

Appendix A – Modified BCCNM Dispensing Decision Tree



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Appendix B – Examples of Medication Labels



MSJ Hospital 3080 Prince Edward St. Vancouver, BC

Unit: _____ **604-874-1141** **DATE:**

Patient:

DOB:

Medication & Strength:

Dose & Route:

Directions:

Quantity:

Prescriber:

Dispensed by:



St Paul's Hospital 1081 Burrard St. Vancouver, BC

Unit: _____ **604-682-2344** **DATE:**

Patient:

DOB:

Medication & Strength: **naloxone 0.4 mg / 1 mL injection** Quantity:

For reversal of opioid overdose Prescriber:

Dispensed by:


Directions: call 911. Inject 1 mL (0.4 mg) intramuscularly. If no improvement in 3 to 5 minutes, inject an additional 1 mL. If no improvement in 3 to 5 minutes, repeat.

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Appendix C – Opioid Medicines – Information for Patients and Families

Opioid Medicines

Information for Patients and Families



Health
Canada

Santé
Canada

You have been prescribed an opioid medicine for the treatment of pain or for another condition.
Talk to the health professional who prescribed your opioid, or your pharmacist if you:

- Have questions about your opioid medicine.
- Do not understand the instructions for using the opioid medicine given to you.
- Develop side effects or your condition worsens.

SERIOUS WARNINGS	SIGNS OF OVERDOSE
<ul style="list-style-type: none"> • Opioid overdose can lead to death. Overdose is more likely to happen at higher doses, or if you take opioids with alcohol or with other sedating drugs (such as sleeping pills, anxiety medication, anti-depressants, muscle relaxants). • Addiction may occur, even when opioids are used as prescribed. • Physical dependence can occur when opioids are used every day. This can make it hard to stop using them. • Life-threatening breathing problems or reduced blood pressure may occur with opioid use. Talk to the health professional who prescribed your opioid about whether any health conditions you have may increase your risk. • Your pain may worsen with long-term opioid use or at higher doses. You may not feel pain relief with further increases in your dose. Talk to the health professional who prescribed your opioid if this happens to you, as a lower dose or a change in treatment may be required. • Withdrawal symptoms, such as widespread pain, irritability, agitation, flu-like symptoms and trouble sleeping, are common when you stop or reduce the use of opioids. • Babies born to mothers taking opioids may develop life-threatening withdrawal symptoms. • Use only as directed. Crushing, cutting, breaking, chewing or dissolving opioids before consuming them can cause serious harm, including death. 	<ul style="list-style-type: none"> • Hallucinations • Confusion • Difficulty walking • Extreme drowsiness/dizziness • Slow or unusual breathing • Unable to be woken up • Cold and clammy skin <p>Call 911 or your local emergency response provider right away if you suspect an opioid overdose or think you may have taken too much. *</p> <p><small>* Naloxone has been approved by Health Canada to temporarily reverse known or suspected opioid overdoses.</small></p>

POSSIBLE SIDE EFFECTS

<ul style="list-style-type: none"> • Reduced physical and/or mental abilities, depression • Drowsiness, dizziness, risks of falls/fractures • Heart palpitations, irregular heartbeat • Problems sleeping, may cause or worsen sleep apnea 	<ul style="list-style-type: none"> • Vision problems, headache • Low sex drive, erectile dysfunction, infertility • Severe constipation, nausea, vomiting
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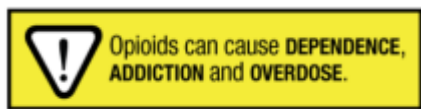
YOUR OPIOIDS MAY BE FATAL TO OTHERS

- **Never give your opioid medicine to anyone.**
- Store opioids (including used patches) in a secure place to prevent theft, problematic use or accidental exposure.
- Keep opioids out of sight and reach of children and pets. Taking even one dose by accident can be fatal.
- Never throw opioids (including used patches) into household trash where children and pets may find them.
- Return expired, unused or used opioids (including patches) to a pharmacy for proper disposal.

This handout is a summary and will not tell you everything about opioid medicines.
More information about the opioid you have been prescribed (or naloxone) can be found online in the Product Monograph: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>

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Appendix D – Opioid Warning Sticker

Available through Stores: HA Item Number: VCH-PHC 00125241 VMID: P-32

Persons/Groups Consulted:

Clinical Nurse Leaders Immunodeficiency Clinic SPH, Medicine Program PHC

Clinical Nurse Specialists, Cardiology, Mental Health, Surgery PHC

Clinical Nurse Specialists, Substance Use, PHC

Nurse Educator Urban Health Program

Nurse Educators, Emergency MSJ, Emergency SPH

Nurse Educator, ICU, SPH

Nurse Educator, Professional Practice, PHC

Pharmacist, Distribution Coordinator, Pharmacy Services, SPH/MSJ

Pharmacy Operations Director, SPH

PHC Pharmacy and Therapeutics Committee

PHC Pharmacy Nursing Committee

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