Nurse Independent Medication Administration and Dispensing to Treat Common Primary Care Conditions

Site Applicability

All VCH Community Programs **with local professional practice and operations approval**

Practice Level

Profession	Advanced Skill
Registered Nurse (RN) and Registered Psychiatric Nurse (RPN)	**Nurse Independent Activity (NIA):** • **With completion of required additional education of Understanding Autonomous Practice and Nurse Independent Activities (NIA)/ Nurse Initiated Protocols (NIP), the following NIA has been approved for use as noted in the site applicability above:** ▪ Nursing assessment and diagnosis of, and provide **one time** treatment to the following: ○ allergic reaction (mild) ○ head lice ○ indigestion ○ nausea and vomiting ○ diarrhea ○ constipation ○ and/or pain (mild – moderate).

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/ NIP.
- Use in conjunction with VCH Community Medication standards and program-specific Medication SOP
- This document is to be used for the **one time** treatment of the conditions outlined below. Ongoing management must occur in consultation with an NP or Physician.
- Prior to enacting an NIA in this decision support tool (DST), an RN or RPN 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.

- Within the same visit, an RN or RPN may provide both a dose for immediate administration and/or dispense dose(s) as needed based on clinical assessment and within the dose parameters outlined below to a client for self-administration (with the exception of lice treatment).
- This DST:
    - Applies to adults aged 17 and older,
    - Applies to oral medications only (with the exception of glycerin suppositories and the topical treatment of lice), and
    - Excludes pregnant and breastfeeding women (refer these clients to an NP or Physician).

Need to Know

The RN and RPN British Columbia College of Nurses and Midwives (BCCNM) Scope of Practice allows both RNs and RPNs, 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).

When using this DST, RNs or RPNs 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 or RPNs 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, RNs or RPNs 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 (e.g. PharmaNet, client health records)
- Access to resources to support their decision-making (e.g. Lexicomp, DSTs, UpToDate, Elsevier/Mosby's).

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 (e.g. access to Electronic Medical Record (EMR), CareConnect, PharmaNet, etc.)

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
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 PRNs; PharmaNet and client health record, client report)
   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.
   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.

Intervention

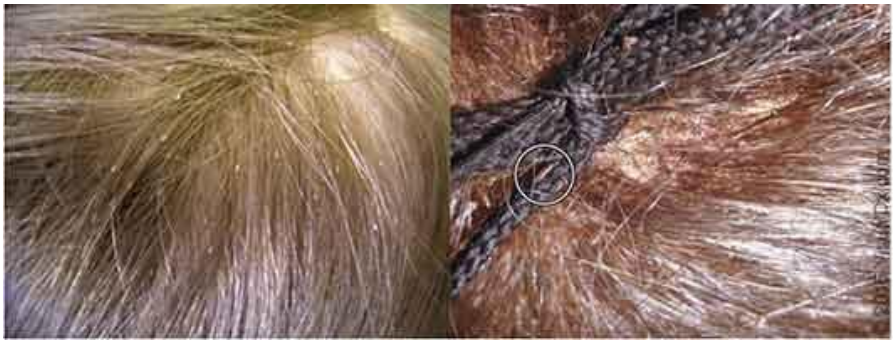
1. Provide client or family education as needed, including information about both the condition and the treatment. Inform the client of risks and benefits of the treatment (including signs, symptoms and management of adverse reaction). Ensure client or delegate is informed of the appropriate directions 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. Administer and dispense medication as needed in accordance with BCCNM Medication Practice Standard.
   - Labels on all medications dispensed must include:
     - Client's name and second 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
     - Name and designation of the prescribing practitioner, and
     - Any other information that is appropriate and/or specific to the medication
3. Assess effect when possible (e.g. if client remaining on-site or returning to the site, or at the next interaction).
4. Create a follow up plan as needed (e.g. arrange for follow-up care, schedule a phone call or 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 hydrochloride (Benadryl)** • 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 administration	• diphenhydrAMINE 25 to 50 mg PO x 1 dose
Dose for dispensing	• RN or RPN may dispense up to **two diphenhydrAMINE 25 mg tabs one time** ○ Client instructions: Can take diphenhydramine 25 to 50 mg PO every 4 to 6 hours as needed
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: Head lice

An infestation of lice is not confirmed by nits alone. Do not treat if no lice are found. Provide care with attention to compassion, tact and sensitivity of the subject.

Assessment	• Assess head, hair, and skin surfaces for presence of lice and nits. Assess for pruritus and signs of excoriation from scratching. Enquire about current living environment (e.g. sharing a bed, access to laundry). • Wet combing is more sensitive to identifying lice compared to visual inspection. • **Consider client resistance patterns to past lice treatment.** To assess via wet combing, do the following steps: 1. Apply a lubricant to the hair, such as hair conditioner. 2. Brush or comb the hair to remove tangles. 3. Use a fine-toothed comb, insert near the crown until it gently touches the scalp, after, firmly draw down and examine for lice after each stroke. 4. Systematically comb the entire head twice assessing for nits, nymphs and lice.  Multiple nits on the hair shafts. Live lice and nits on the hair. Nits look like tiny yellow or white dots attached to the hair, close to the scalp. They're often easier to see than live lice. Nits can look like dandruff. Live lice are tan to greyish white and about the size of a sesame seed. They are often found at the base of the scalp, the bottom of the neck, and behind the ears.
Non-medicinal Interventions	• Wet combing can be used as an intervention for the treatment of lice as an alternative to using medication however must be more thoroughly than when using it for assessment
Medication and Indications	**permethrin cream rinse or lotion 1% (NIX or KWELLADA-P)** • Relief of lice
Potential Risks and Contraindications	• Avoid contact with eyes and mucous membranes during application. Treatment may temporarily cause skin irritation and exacerbate the symptoms of itching, redness, and swelling. • As lice is contagious, use caution to avoid spreading or infecting oneself; wear gloves when applying and tie loose hair back Louse survival off the scalp beyond 48 hours is unlikely. • **Do not administer** with a hypersensitivity to any pyrethroid or pyrethrin, or to any component of the formulation.

Dose for administration and dispensing	• RN or RPN may dispense or administer one box of NIX or KWELLADA-P.
Instructions for use	• Provide HealthLinkBC handout to client if appropriate; • Teach client appropriate application of treatment and how to address lice in the home. 1. Prior to application (cream rinse or lotion 1%) wash hair with conditioner-free shampoo; rinse with water and towel dry. 2. Apply a sufficient amount of lotion or cream rinse to saturate the hair and scalp (especially behind the ears and nape of neck). 3. Leave on hair for 10 minutes (but no longer), then rinse off with warm water; remove remaining nits with nit comb. 4. A single application is generally sufficient; however, may repeat 7 days after first treatment if lice or nits are still present, after assessment by physician or NP.
Follow-up care	• Clothes and linen used by the infested person during the two days prior to therapy should be washed in hot water and/or drying the items on a high-heat dryer cycle. Temperatures should reach at least 54°C. Items that cannot be washed may be stored in a sealed plastic bag for two weeks, although this is dependent on the severity of the lice. Vacuuming of furniture and carpeting on which the infested person sat or lay down can be suggested; of note, the risk of transmission from these sites is low. Spraying the home with a pediculicide is not recommended. • Encourage client to connect with care team in one week to reassess if symptoms persist. A second box for follow up treatment may be provided after one week from the initial treatment- requires an NP or Physician order for second box as it is considered the ongoing management of a condition. Overuse can lead to skin irritation and have toxic effects. • **If client is not responding to treatment, resistance to permethrin may be an issue. Consult with NP or MD if suspected.**

Condition: Indigestion

Assessment	• It is essential to differentiate between gastric discomfort and cardiac symptoms (see Appendix C). If suspect chest pain and not indigestion, initiate Chest Pain Suggestive of Acute Coronary Syndrome: Treatment Protocol (in Community) and refer to an NP or Physician if a cardiac event suspected. • History: onset, frequency, duration, nausea, vomiting, abdominal discomfort or distention, precipitating and relieving factors, diet, alcohol and smoking intake or frequency • Vital signs • Pain (LOTARP): Location, onset, type, alleviation or associated symptoms, radiation, precipitation or palliation
Medication and Indications	**aluminum hydroxide, dimethicone, magnesium hydroxide (ALMAGEL)** • Relief of heartburn, acid indigestion, and GI upset associated with these symptoms
Potential Risks and Contraindications	Precautions: constipation or diarrhea may result. Elderly people may be predisposed to diarrhea or constipation and diarrhea may result in electrolyte imbalance. Consult with an NP or Physician for clients with eGFR less than 30 mL per minute. Adverse reactions: calcium or chalky taste, hypermagnesemia (rare), hypophosphatemia (rare), abdominal cramps, constipation, fecal discoloration (white speckles), fecal impaction, nausea, and vomiting. **Do not administer** with (ABSOLUTE DRUG DRUG CONTRAINDICATIONS): baloxavir marboxil, calcium polystyrene sulfonate, deferasirox, miSOPROStol, quiNINE, raltegravir, sodium polystyrene sulfonate, OR Hypersensitivity to ALMAGEL, or to any component of the formulation.
Dose for administration	Each 5 mL of ALMAGEL oral liquid contains aluminum hydroxide 200 mg, magnesium hydroxide 200 mg and dimethicone 25 mg: 10 to 20 mL PO x 1 dose
Dose for dispensing	RN or RPN may dispense up to **ALMAGEL 80mL**. Client instructions: Can take up to 4 doses of ALMAGEL 20mL per day between meals and 1 to 2 hours apart from other drugs.
Follow-up care	Provide education to manage heartburn. • Raise the head of the bed. • Avoid lying down for 3 hours after a meal. • Avoid foods that make symptoms worse (e.g. coffee, chocolate, alcohol, peppermint and fatty foods). • Encourage client to decrease smoking and alcohol use. Follow up with an NP or Physician: if symptoms persist for 2 days, or sooner if they worsen, trouble swallowing or choking when eating, chest pain, or vomit containing blood or bowel movements that are black, red or appear tarry.

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 delirium, lethargy. • Medications: recent general anaesthesia, antineoplastics (chemotherapy), opioids
Medication and Indications	**dimenhyDRINATE (GRAVOL)** • 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: 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 administration	• dimenhyDRINATE 50mg PO x 1 dose ○ Can be decreased to 25mg PO for adults under 100 lbs, elderly people or based on clinical judgment
Dose for dispensing	• RN or RPN may dispense up to **four dimenhyDRINATE 50mg PO.** ○ Client instructions: Can take one half to one tablet PO every 4 hours as needed.
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: 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 delirium, 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)** • 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 administration	• Loperamide 4 mg PO x 1 dose
Dose for dispensing	RN or RPN can dispense up to **eight loperamide 2mg tabs one time.** • Instruct client to take one tab after each loose stool (maximum 16mg per day). • Take with plenty of clear fluids to prevent dehydration.
Follow-up care	Advise 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: Constipation

Assessment	• Assess diet, fluid intake, past constipation treatment, and physical activity • Frequency of 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). Prunes and prune juice can also help. 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 **Do not give concurrently**	**docusate (COLACE)** • Prevention of straining during defecation and constipation associated with hard, dry stools; relief of occasional constipation. Onset of action: 12 hours – 72 hours. **Consider if client needs support to prevent straining during bowel movement.**	**polyethylene-glycol 3350 (PEG)** (Softening, osmotic cathartic) • Relieves occasional constipation (irregularity). Generally causes bowel movement in 24 to 96 hours. **Consider if client has not had a bowel movement in the last 48 hours.**	**glycerin suppository** • Relief of occasional constipation. **Consider if hard stool is present in rectum.** **Consider if client has not had a bowel movement in the last 48 hours.**
Potential Risks and Contraindications	**Contraindications**: Hypersensitivity or allergy to docusate Abdominal pain, nausea, vomiting, or symptoms of appendicitis.	**Contraindications:** **Avoid using with starch-based thickener.** Hypersensitivity or allergy to polyethylene glycol	**Contraindications:** Hypersensitivity or allergy to glycerin Adverse reactions: Abdominal cramps, rectal irritation or burning sensation,

	Adverse effects: Occasionally, mild, transitory GI cramping pains, diarrhea, or rashes. Few side effects however less effective than laxatives.	Known or suspected bowel obstruction Adverse effects: Occasional diarrhea, bloating, nausea, abdominal cramps Elderly should be monitored for signs and symptoms of electrolyte imbalance	tenesmus (a continual or recurrent inclination to evacuate the bowels) Generally safe in elderly although not first line treatment.
Dose for administration	docusate sodium 100mg PO 1 to 2 capsules once. Onset: 12 hours to 3 days.	Oral: polyethylene glycol 3350 17 g (~1 heaping tablespoon) dissolved in 120 to 240 mL (4 to 8 ounces) of coffee, tea, water, or juice. Onset: 24 to 96 hours.	One adult glycerin suppository once daily as needed. Insert suppository high in the rectum and retain for approximately 15 minutes; suppository does not need to melt to produce response. Onset: 15 to 60 minutes.
Dose for dispensing	RN or RPN may dispense up to **fourteen docusate sodium 100mg capsules** Client instructions: take docusate 100mg twice a day for 7 days (stop sooner if adequate bowel movement) Drink plenty of fluids - 250ml or more with each dose	RN or RPN may dispense up to **seven polyethylene glycol 3350 17 g sachets at a time.** Client instructions: take one PEG 17g 1 sachet daily for 7 days (stop sooner if adequate bowel movement) Drink plenty of fluids - 250ml or more with each dose	RN or RPN may dispense up to **three glycerin suppositories** Client instructions: insert one glycerin suppository once daily for 3 days
Follow-up care	If constipation persists for 1 week, advise client to connect with care team for reassessment with an NP or Physician.		

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 NSAIDS).	
Medications and Indications	**acetaminophen (TYLENOL)** • Mild to moderate pain • Headache	**ibuprofen (ADVIL)** • 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. Avoid use of additional NSAIDS if client using more than ASA 81 mg daily Advise use of caution with 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. **Contraindications:** History of allergy or skin reaction with acetaminophen.	**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). 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 (e.g. anaphylactic reactions, serious skin reactions) or any component of the formulation, or acetylsalicylic acid (ASA).

Dose for administration	acetaminophen 325 to 1000 mg PO x 1 dose	ibuprofen 200 to 400mg PO x 1 dose Administer with food, milk, or antacids to decrease GI adverse effects.
Dose for dispensing	RN or RPN can dispense up to **acetaminophen 4000 mg supply one time.** Instructions: Client can take acetaminophen 325 to 1000mg PO every 4 to 6 hours. Maximum daily dose: 4000mg in 24 hours; 2000 mg in 24 hours for the elderly and for those with liver impairment (consult NP or Physician)	RN or RPN can dispense up to **ibuprofen 1200mg supply one time**. Instructions: Client can take ibuprofen 200 to 400mg PO every 4 to 6 hours. Maximum daily dose: 1200 mg in 24 hours (OTC labelling).
Considerations for administering acetaminophen and ibuprofen together:	• Consider patient preference or experience. The mechanism of action for each which is different which could result in improved pain management without increasing the dose or risk of side effects. • Do not give NSAIDS if recent history of GI bleed. Do not give if contraindications for acetaminophen or ibuprofen. • Dosage for administration: • Administer acetaminophen: 325mg to 975mg PO x one dose OR 650mg PO x one dose AND • Administer ibuprofen 200 to 400mg PO x one dose • Reassess pain in 60 min post dose if possible.	
Considerations for dispensing acetaminophen and ibuprofen together:	Consider the above Dosage for dispensing is the same as the individual dosage for dispensing.	
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, 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.	

Documentation

Document as per site specific process. Consult with site leadership for further guidance if needed.

Vancouver Community Primary Care Documentation Process

Assessment and Treatment

In a Profile EMR encounter note using SOAP charting, concisely and clearly document the following:

- 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);
- 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.

Administration and Dispensing

- For Profile EMR: The medication should be documented in the **prescription module** as a one-time medication.
    - Enter the date, time, name, dose, route, strength (where appropriate), frequency, quantity dispensed, duration and directions for use.
    - Afterwards, select administration or dispense, depending on the order.
    - Include “NIA” in free text section and RN or RPN designation.
- For PARIS:
    - Document the date, time, name of medication, dose, strength (where appropriate), frequency, quantity administered and/or dispensed, duration and directions for use.
    - Sign off medication entry as “NIA” with the nurse’s signature and nursing designation.

Team Communication and Documentation

- Communicate actions with the health care team to ensure appropriate monitoring of client response and plan for ongoing care.
- If documenting in Profile EMR, record any medications dispensed or administered using this DST in the “Medication Administration and Dispensing Record”
- For Profile EMR: Task the MRP as an “FYI” of any medications administered or dispensed using this DST.

For PARIS: Nurses may notify the prescribers involved in the client’s care by phone or in person.

Related Documents

- Anaphylaxis DST
- Chest Pain Suggestive of Acute Coronary Syndrome: Treatment Protocol (in Community)
- 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
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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

Central Nervous System Drugs				
Antidepresents 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 Isosorbidedinitrate	**Hematologics** Dipyridamole Iron Warfarin	**Muscle Relaxants** Baclofen Orphenadrine
Other Classes				
Antacids Aluminum products Calcium Products Ranitidine	**Anticholinergics** Atropine Benztropine Dicyclomine Falavoxate 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 and Cardiac Assessment

Assessment	Signs, Symptoms, Gastro Intestinal	Signs and Symptoms Risk Factors Cardiac
Pain or Discomfort	• Pain assessment – location, onset, precipitating or 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 or discomfort in chest (can be central, left- or right-sided) • Pain or discomfort radiating to left arm or shoulder, neck or jaw • A tight, dull, heavy or band-like pressure or general discomfort • Diaphoresis • Nausea or vomiting, indigestion, belching • Shortness of breath • Clenching of fist over the sternum (Levine's sign) • Dizziness or syncope • Weakness or 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 O2 saturation
Health History	• Personal Medical history of ulcers. • Risk factors history of indigestion prior to hospital admission 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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