



# Medication Management Guideline

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Effective: August 26, 2021

# Introduction

The practice of registered nursing is evidence-informed and applies knowledge, skills and critical thinking to ensure the safety of clients. Registered Nurses (RN) are expected to adhere to CRNS practice standards, entry-level competencies and the code of ethics when providing care.

RNs are accountable to clients and families for the safe administration of medications.

This guideline provides examples of best practices in medication management such as medication reconciliation, administration of medication, refusal of medication by the client, reporting of medication errors and client education.

## Regulatory Authority

*The Registered Nurses Act, 1988* (the “Act”) provides the legislative authority for registered nurse practice in Saskatchewan. Section 15(1) of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice and the rights and privileges of those categories.

CRNS Bylaw IV details the privileges and obligations of practicing members.

Obligations of practicing members include adhering to the code of ethics, nursing standards and competencies that are incorporated by reference in Bylaw XV and set the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan. The role of this guideline is to provide information to support the application of the standards and competencies for medication management.

Standards and Entry-Level Competencies that apply to medication management include:

*RN Practice Standards* (CRNS, 2019)

- Standard 1: Professional Responsibility and Accountability
  - Demonstrates effective communication
- Standard 2: Knowledge-Based Practice
  - Practices using evidence-informed knowledge
- Standard 3: Ethical Practice
  - Practicing a holistic client/family-centred approach ensuring culturally safe client care
  - Promoting and protecting a client’s right to autonomy and respect

*RN Entry-Level Competencies* (CRNS, 2019)

- Clinician

Applies knowledge of pharmacology and principles of safe medication practices

- Communicator
  - Uses evidence-informed communication skills
- Advocate
  - Resolves questions about unclear orders

- Educator
  - Applies strategies to optimize client health literacy

The practice standards and entry-level competencies that are most applicable to medication management have been outlined. The list is not exhaustive and other practice standards and entry-level competencies may apply. See *Registered Nurse Practice Standards* (CRNS, 2019) and *Registered Nurse Entry-level Competencies* (CRNS, 2019). Medication related legislation is included in Appendix A for easy reference.

Please note: This guideline also applies to RNs and NPs engaged in self-employed practice.

## RN Responsibilities

Medications are one of several elements of a client’s plan of care. Prior to the administration of medications, RNs determine that they have the competencies and knowledge to safely administer medication. Evidence-informed best practices should be used when administering medications. It is imperative that RNs know the limits of their knowledge and seek help when necessary.

To safely and competently administer medications, the RN:

- completes and/or reviews a medication history for the client, including the medication reconciliation (see medication reconciliation below).
- reviews the medication order for clarity and accuracy to ensure the medication order is current and complete. If the order is not clear the RN contacts the prescriber and clarifies the order.
- assesses the appropriateness of a medication for a client taking into consideration the client’s age, weight, pathophysiology, laboratory data, medication history, allergies, vital signs, and knowledge/beliefs about drugs.
- communicates any concerns about the medication orders with other members of the interprofessional team.
- ensures that the medication orders are transcribed appropriately, according to employer policy.
- has knowledge about the medication(s) being administered, including therapeutic actions, possible risks, adverse effects, contraindications and interactions with other substances.
- administers medications correctly.
- obtains informed consent from the client before administering medications.
- monitors the client to assess the effectiveness of medications.
- manages any adverse reaction the client may experience.
- consults with the appropriate health care professional when the client outcome is not as expected.
- consults with the appropriate health care professional when the client’s needs exceed the scope of practice of the RN.
- accurately documents the client outcomes related to medication.
- educates the client how to manage their medications, as well as their health.

(Adapted from Nova Scotia College of Nursing, 2020)

## Employer Responsibilities

RNs and employers share the responsibility for medication safety best practice. Sufficient human and physical resources are required to ensure safe, competent and ethical care. Ongoing and open communication between all team members helps to identify and mitigate risks. Employers, working collaboratively with health care providers, determine the appropriate setting, provider, policies and procedures for safe medication administration.

Policies and procedures are in place to:

- guide health care professionals to safely administer medications,
- support the integration of evidence-informed best practice, and,
- clearly identify the roles and responsibilities of all health care providers who administer medications.

RNs should receive an appropriate orientation when new to the workplace or nursing unit. When entering a new workplace, the RN identifies and communicates to the employer what their learning needs are. RNs seek necessary continuing education so that evidence-informed practices and related policies and procedures are utilized.

## Medication Reconciliation

All efforts should be made to reduce medication errors. Medication reconciliation is one practice that has been shown to help reduce medication errors and adverse events.

Medication reconciliation is the comprehensive collection and review of all medications a client is taking. The process is a collaborative effort initiated by an RN or other health care professional and includes the client, their family and any other care providers involved with the client's medication. RNs gather information about the client's previous and current medications. This information is documented and added to the client's health care record. Medication reconciliation is completed to ensure that any medications that are added, changed or discontinued in the client's plan of care are carefully evaluated and documented. This information is communicated across transitions in the client's care and helps prescribers make the most appropriate prescribing decisions for the client. RNs follow employer policies regarding medication reconciliation.

## Medication Administration

Client-specific orders or directives that include medications must contain the following: the name of the medication, the dosage, the route of administration, the frequency and the signature of the prescriber. Should any of these pieces be missing or unclear, it is the responsibility of the RN to follow up with the prescriber to clarify. RNs are responsible to ensure that the order has been transcribed properly before administering the medication. RNs are expected to follow the 10 rights of medication administration and the three checks when preparing and administering medications.

1. The right drug
2. The right client
3. The right dose
4. The right route
5. The right time and frequency

6. The right documentation
7. The right history and assessment
8. The right drug approach and right to refuse
9. The right evaluation
10. The right education and information

(Nurselabs, 2020)

The three checks occur when:

1. The medication is removed from its storage area, i.e., medication cart, automated dispenser;
2. The medication is being prepared for the client; and,
3. Finally, just prior to the medication being given to the client.

(Vera, 2019)

The nursing process (assessment, planning, implementation and evaluation) is applied when administering medications in the same manner as it is applied in other elements of client care. Examples of this may involve performing a pain assessment prior to providing an analgesic, providing the analgesic to the client and then assessing for effectiveness of the medication or reassessing a medication due to an interaction between medications that are administered concurrently. Observations and assessments are documented in the client health care record according to agency policy and the *Documentation Guideline* (CRNS, 2021).

When preparing medications, diligence and attention to detail are essential. Distractions should be kept to a minimum to decrease the potential for medication errors. The 10 rights of medication administration and three checks are followed when preparing/pouring medications. One should administer medications they have prepared themselves or medication prepared by another health care provider according to agency policy. There may be exceptions to this practice, as determined by employer policy.

Proper verification of the client to receive medications is essential to prevent a medication error. Using the medication administration record (MAR), the client identification band or verbal confirmation from the client, the RN confirms that the right client is receiving the right medication. The RN ensures informed consent prior to providing the medication to the client.

Once medication has been provided to the client, the RN ensures that the client has taken the medication. Medication diversion can and does occur. It is imperative that the RN witness the client taking the medication. Missed dosages could have a negative outcome for a client. Following administration, the client is reassessed for the expected therapeutic effect or any adverse reaction. Adverse reactions are documented and reported to the most responsible care provider for assessment.

RNs are expected to be knowledgeable about the actions, side effects and contraindications of the medications they administer. If an RN has a concern with a medication that has been ordered for a client in their care, it is their responsibility to follow up with the prescriber to clarify the order. This includes orders that are illegible, incomplete or that contain abbreviations not approved by the employer. Current evidence-informed policies and procedures guide RNs during medication administration and documentation. The decision tree for medication administration located in Appendix B provides questions to consider when determining if it is safe to administer a medication.

## Nonprescription Medications

RNs who have the knowledge, skills and clinical judgement can, in certain practice settings, recommend and/or administer nonprescription medications. When administering nonprescription medications, the RN has the same responsibilities as they do when administering a medication prescribed by an authorized prescriber. The RN assesses the appropriateness of a medication taking into consideration the client's health status, allergies, ability to self-administer, persons who can support the client in taking the medication if they are not able to and the client's knowledge of side effects and when to seek help if they should experience an adverse effect to the medication. As with all client care, the RN adheres to the practice standards, entry-level competencies and code of ethics. Employer policy may exist to guide and support this practice in the clinical setting. See *Guideline for RNs Recommending & Administering Nonprescription Drugs* (CRNS, 2021) for more information.

## Refusal of Medication

At times, a client may refuse a medication. When this happens, the RN determines why the client refused the medication. The RN assesses the client's level of understanding of the medication and its expected effects. The client is informed of the potential consequences of not taking the medication. There are several reasons a client may refuse to take a medication. Examples include a decline in cognitive abilities, confusion because of other medications they are taking, the appearance of the medication may be different from what they take at home or they may have had an adverse event when they have taken a particular medication. When this occurs, the RN documents the client's refusal to take the medications and the reason for their refusal. The RN communicates the client's refusal in a timely manner to the prescriber. It is unethical to force a client to take any medication they have declined. It is also unethical to deceive a competent client, capable of making their own decisions, about the medication that they are receiving or disguising it in an attempt to have them take the medication.

## Medication Errors and Near Misses

### Definitions

A medication error is a preventable event whereby a medication has been incorrectly administered. Errors have the potential to cause client harm or death. Near misses are events, situations or errors that place clients at risk but are recognized and managed before the client is affected.

### Strategies to Mitigate Errors

Strategies to help mitigate medication errors begin with each RN reflecting on their own competence based on their scope of practice, entry-level competencies and code of ethics and taking action to acquire the necessary competencies when needed. Other strategies include implementing consistent practices such as following the 10 rights and completing the three checks prior to administering medication.

When done properly, independent double checks are a safety mechanism designed to help prevent medication errors, often for high alert medications. Independent double checks require two licensed health care professionals to each separately check the name of medication and dosage without sharing information. A proper independent double check will decrease the incidence of a medication error. Check employer policy for the medications and process required for completing independent double checks.

## Verbal and Telephone Orders

When in the best interest of the client, RNs may need to take a verbal or telephone order. This occurs in urgent or emergency situations when there is no other way to get a medication order and should be avoided when possible. RNs recognize there is a greater chance of miscommunication between health care professionals when taking a verbal order and therefore a greater chance of an error occurring. When taking a verbal or telephone order, the RN should repeat the order back to the prescriber to ensure accuracy and to ensure that all elements of the medication order have been covered. Including a second RN on the call may help ensure accuracy. The RN documents the conversation with the prescriber, documents the order in the approved form and signs the order as per employer policy. Check employer policies regarding verbal and telephone orders.

## Reporting Medication Errors

When a medication error occurs, the responsible RN first takes action to ensure the safety of the client, i.e., initiate strategies to minimize harm to the client that is within their scope of practice and contact the most responsible care provider. Once the client has been stabilized, the RN completes the appropriate documentation. Employers will have specific reporting forms that need to be completed and submitted to the manager. The RN follows employer policy when completing the reporting forms. These forms are not only completed to report the error, but also for risk assessment and quality assurance purposes. There may be a systemic reason a medication error occurred and reporting the error may lead to identification of the system problem, correction of the issue and prevention of further errors.

## Client Education

An important component of medication administration is client education. Whether you are administering a medication to a client in a hospital, a clinic, client residence or when they are discharged from the hospital, it is the responsibility of the RN to ensure that the client has the necessary information about the medication(s) they are receiving. Client education can be provided by the RN and other health care professionals such as a pharmacist. Client education should include the name of the medication, purpose, the expected effects, the appearance, instructions for taking the medication, proper storage and any warnings such as side effects or adverse effects due to sudden cessation of medication. Handouts and leaflets may help to supplement client teaching. Ensure that all client teaching including the client's understanding of the information presented is documented in the client's record.

## Culturally Safe Care

Culturally safe care is an important component in all nursing care. This includes medication administration. RNs are responsible for engaging their clients and families in the plan of care. RNs explore a client's personal and cultural health care practices and preferences. Clients may observe their own cultural practices toward health care treatments as well as western medicine. The practices should be respected, considered and incorporated in the client's plan of care.

As with all medications, RNs have the competencies to safely administer traditional medications, either alone or with prescribed medications. It is important that RNs seek out assistance or resources that they need to be competent and are aware of potential interactions between prescribed medications and traditional medicines when both are part of the client's care plan. It is important for RNs to educate clients about potential interactions between western and traditional medicines.

## **Unregulated Care Providers (UCP)**

RNs are responsible for the coordination of care. RNs assess the needs of the client and determine the appropriate care provider based on those needs, the scope of practice and job description of other care providers. Unregulated Care Providers (UCP) may have some education related to assisting clients with medications. The education they receive does not prepare UCPs for independent administration of medication. UCPs do not have the knowledge, skills and/or critical thinking to independently manage all aspects of medication management. In accordance with employer policy, UCP job descriptions and after assessing the needs of the client, RNs can assign aspects of administering medications to UCPs.

To enable a UCP to assist with administering a medication to a client, the RN completes an initial assessment and ongoing assessments of the individual client. Factors that are considered include the stability of the client and complexity of care; having confidence in the UCP's judgement to be able to identify if there is an issue and when to follow up with the RN; evidenced-informed practice guidelines for administration of the specific medication; the ability to address adverse events related to the medication provided; and appropriate and available resources.

## **Conclusion**

Medication management is more than just the administration of medications. Several elements go into ensuring for the safety of the client. Using evidence informed practice, employer policies and their own competencies, RNs can safely provide all aspects of medication management. From gathering the medication history to assessment, administration and reassessment of medications to education for ongoing use after discharge, RNs act in the best interest of the client.



## References

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# Appendix A – Federal and Provincial Legislation

## Federal Legislation

*The Food and Drug Act and Regulations* defines prescription drugs and nonprescription drugs and governs the sale and distribution of drugs in Canada. For example, according to the Food and Drug Regulations, the distribution of medication samples is limited to authorized prescribers. Retrieved from <https://laws-lois.justice.gc.ca/PDF/F-27.pdf>

*The Controlled Drugs and Substances Act*, ( Retrieved from <https://laws-lois.justice.gc.ca/PDF/C-38.8.pdf>), the Narcotic Control Regulations (Retrieved from [https://laws-lois.justice.gc.ca/PDF/C.R.C.,\\_c.\\_1041.pdf](https://laws-lois.justice.gc.ca/PDF/C.R.C.,_c._1041.pdf)), Part G of the Food and Drug Regulations and the Benzodiazepines and Other Targeted Substances Regulations (Retrieved from <https://laws-lois.justice.gc.ca/PDF/SOR-2000-217.pdf>), govern the production, distribution, importing, exporting, sale, prescribing and use of controlled drugs and substances in Canada.

*The New Classes of Practitioners Regulations* (NCPR) added NPs as authorized prescribers under the Controlled Drugs and Substances Act and lists those controlled drugs and substances that NPs are authorized to prescribe. Retrieved from <https://laws-lois.justice.gc.ca/PDF/SOR-2012-230.pdf>

*The Cannabis Act* (Retrieved from <https://laws-lois.justice.gc.ca/PDF/C-24.5.pdf>) and *Cannabis Regulations* (Retrieved from <https://laws-lois.justice.gc.ca/PDF/SOR-2018-144.pdf>) govern the use of both recreational and medical cannabis. Under the Cannabis Regulations, NPs are defined as health care practitioners authorized to prescribe medical cannabis for clients requiring this controlled substance as part of their treatment plan.

*An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* identifies NPs as practitioners who may administer the substance that causes death for Medical Assistance in Dying (MAID). Retrieved from [https://www.parl.ca/Content/Bills/421/Government/C-14/C-14\\_4/C-14\\_4.PDF](https://www.parl.ca/Content/Bills/421/Government/C-14/C-14_4/C-14_4.PDF)

## Provincial Legislation

*The Registered Nurses Act, 1988* defines the scope of practice for registered nurses. Retrieved from <https://publications.saskatchewan.ca/#/products/815>

*The Prescription Drugs Act* identifies “practitioner” as a person who is legally authorized to write prescriptions in Saskatchewan and that the “practitioner” states the amount of the medication or mixture of medications to be dispensed to the person named in the prescription. Retrieved from <https://publications.saskatchewan.ca/#/products/766>

*The Pharmacy and Pharmacy Disciplines Act, 1996* identifies practitioners who are authorized to issue prescriptions. Retrieved from <https://publications.saskatchewan.ca/#/products/806>

# Appendix B

## Decision Tree for Medication Administration

This tool walks the RN through all steps of the medication administration process. At each step of the process, ensure that the requirements are met to proceed forward to the next step. Should a requirement not be met, do not administer the medication, and seek



