



# Medication Guidelines for Registered Nurses

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College of  
**REGISTERED NURSES  
OF NOVA SCOTIA**  
Setting the Standard for Care.

This document provides guidelines for registered nurses (RNs) and nurse practitioners (NPs)<sup>1</sup> in the safe, ethical and competent administration of medications in all practice settings. It should be used along with agency/employer policies, evidence-informed practices, associated federal and provincial Acts and *Regulations* (see Appendix) and relevant CRNNS resources. It is not intended to replace agency policies or legal advice.

As a nurse, you are accountable to consider the following when administering medications:

- scope of practice of the nursing profession
- individual scope of practice and competencies
- context of practice, and
- scope of employment

In Nova Scotia, authorized prescribers include NPs, physicians, midwives, dentists, optometrists and pharmacists.

Information specific to the role of NPs in prescribing medication is not discussed in this document, except as it relates to RNs accepting medication orders written by NPs. Further information about NP accountabilities for prescribing medications can be found in the [Nurse Practitioner Standards of Practice](#) (CRNNS, 2014).

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<sup>1</sup> The term “nurse” will be used throughout the document to refer to both RN and NP roles where appropriate.

# THE PRINCIPLES OF MEDICATION ADMINISTRATION

Medication administration is the act of preparing and giving medications through a specified route (e.g. oral, rectal, topical, enteral, percutaneous, parenteral, etc.). The process includes prescribing, transcribing, dispensing, compounding and administering medications, and ends with the monitoring and evaluation of their effects. Currently, NPs are the only nurses who can prescribe medication in Nova Scotia. Compounding and dispensing are not within the legislated scope of practice of registered nurses or nurse practitioners.

In order to safely and competently administer medications in your nursing role, you need the knowledge, skills and judgment to:

- obtain a complete medication history from clients, including medication reconciliation
- assess the appropriateness of medications for clients
- administer medications correctly
- monitor the effectiveness of medications
- manage adverse reactions
- accurately document outcomes; and
- teach clients how to manage their own health, including medications

## Core Nursing Responsibilities

As part of the process of medication administration, you are responsible to:

- determine that each medication order is clear (legible), accurate, current and complete; and take appropriate action if clarification is needed
- ensure medication orders are transcribed according to agency policy
- assess the appropriateness of a medication for a client taking into account the client's age, weight, pathophysiology, laboratory data, medication history, allergies, vital signs, knowledge/beliefs about drugs
- be knowledgeable about the medication(s) being administered including therapeutic actions, possible risks, adverse effects, contraindications and interactions with other substances
- discuss concerns about medication orders with the appropriate interprofessional team member
- appropriately prepare and administer medications
- educate clients about their medications
- obtain informed consent before administering medications
- only administer medications that you have prepared, except in the case of an emergency (e.g., cardiac arrest) or when agency policy supports medication preparation in a pharmacy compounding area
- follow agency policy when transporting, storing and/or disposing of medications
- follow employer medication reconciliation policy and processes

Nurses should also adhere to the “7 Rights” of medication administration:

- Right client
- Right medication
- Right route
- Right time
- Right dose
- Right reason/assessment
- Right documentation

## Provincial Drug Schedules

The [Drug Schedules Regulations](#) under the Nova Scotia [Pharmacy Act](#) classifies medications according to whether or not a prescription is needed to obtain the medication. The type of medication that individual authorized prescribers can prescribe varies depending on their professional designation (e.g. NP, physician, dentist, midwife or pharmacist), the schedule(s) of drugs they are authorized to prescribe and their scope of practice. Prescribers are accountable to know which medications they are authorized to prescribe.

NOVA SCOTIA DRUG SCHEDULES
Schedule I drugs require a prescription from an authorized prescriber.
Schedule II drugs (sometimes called “over-the-counter medications”) do not require a prescription but are only available from a pharmacist or a certified dispenser and must be kept within an area of the pharmacy to which there is no public access and no opportunity for self-selection. Direct involvement and professional intervention from a pharmacist or certified dispenser is required prior to the release of a drug from this schedule.
Schedule III drugs (also referred to as “over-the-counter medications”) do not require a prescription and are sold from the self-selection area of the pharmacy maintained under the personal supervision of a pharmacist or certified dispenser. A pharmacist or certified dispenser must be available to assist the patient in making an appropriate self-medication selection.
Schedule IV drugs are listed under the <i>Controlled Drugs and Substances Act</i> and its <i>Regulations</i> and require a prescription from an authorized prescriber.
<a href="#">Drug Schedules Regulations</a> (2013)

Unscheduled drugs can be sold without professional supervision at any retail outlet. Information on the product label is adequate for individuals to make safe and effective choices about these drugs.

## Type of Medication Orders

A medication order is a direction provided by an authorized prescriber for a specific medication to be administered to a specific client. Medication orders may be written, verbal, telephone or transmitted electronically. Acceptable forms of medication orders include:

- prescriptions
- orders in the client record
- care directives, delegated functions, or pre-printed orders
- a written list of medication orders, signed by an authorized prescriber
- a copy of a pharmacy telephone order
- verbal order given to a licensed practitioner (e.g., RN)

A complete medication order includes:

- client’s full name
- date of order
- medication name, the strength, quantity and concentration, where applicable
- dosage with instructions for use by the client, including frequency, interval or maximum daily dose and the duration the drug is to be administered, where applicable
- route of administration
- purpose for a PRN medication
- authorized prescriber’s name, signature, and designation

Orders such as “provide medications as at home”, “resume medications as pre-op”, or “resume medications post-discharge” are not acceptable as they are incomplete and can lead to errors.

## Verbal / Telephone Medication Orders

Authorized prescribers should write medication orders whenever possible. However, you can accept verbal or telephone orders from authorized prescribers when it is in the best interest of a client and there are no reasonable alternatives, such as an urgent or emergent situation. Authorized prescribers should review and countersign these orders as soon as reasonably possible or within the timeframe indicated in agency policy.

Due to a higher risk of medication errors associated with verbal or telephone orders, you must communicate clearly and document your conversation with the prescriber in a timely manner. When taking a verbal or telephone order, ensure all elements of a medication order are included and note the time and date of the conversation. Read the order back to the prescriber to confirm accuracy and sign the entry as per agency policy. Finally, document your nursing assessment, actions taken and any client outcomes associated with the order.

## Using Technology to Transmit Medication Orders

Faxes, emails, smartphones and other wireless devices are now frequently being used to communicate client information in healthcare settings. All information transmitted electronically, such as orders sent by fax or email, are considered part of the client record. Although these technologies offer an efficient way to communicate information such as medication orders, there are confidentiality, security and legal risks associated with their use. For instance, email and fax messages can be misdirected or intercepted by unintended recipients. You should be aware of and follow your agency policies for transmitting client information electronically, such as use of encryption software, user verification, or secure point-to-point connections. If your employer does not have a policy on the use of technology, you should not accept orders in this manner.

## Pre-printed Orders

A pre-printed order is a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders. Pre-printed orders must include the client's identifying information (e.g. name, ID number), signed and be included in their health record. The authorized prescriber must assess the client and then select the appropriate therapeutic intervention from the list of pre-printed orders. These orders are to be implemented as written unless you determine a client-specific contraindication (e.g. allergy).

Authorized prescribers must make pre-printed orders client-specific before they can be transcribed and carried out by:

- completing an individual client and medication assessment
- reviewing the orders to ensure that they apply to the client
- selecting client-specific interventions
- adding the client's name to the order before signing and dating.

## Care Directives

A care directive is an order for an intervention or a series of interventions that may be implemented by a nurse for a range of clients with specific conditions and when specific circumstances exist. The intervention(s) must be within the scope of practice of the care provider implementing them. The authorized prescriber who writes the order holds the ultimate responsibility for the interventions included and must be available when the intervention in the care directive is performed (availability is determined by agency policy). Refer to the CRNNS document [Care Directives: Guidelines for Registered Nurses](#) and your agency policy for further guidance.

## Transcribing Medication Orders

Transcribing is the process of transferring a prescriber's medication order from an order sheet to the medication administration record (MAR). Before administering the medication(s), you are responsible to assess their appropriateness and verify that the medication orders, pharmacy labels or medication administration records are accurate and complete (including the client's name and identification number as well as the medication's name, strength, dose, route, timing and frequency of administration) as per agency policy.

## Abbreviations

The use of abbreviations in the medication process can be hazardous to client safety due to the risk of errors occurring when prescriptions or medication orders are written, transcribed or read. You should only use abbreviations that are agency approved.

## Compounding and Dispensing

Compounding involves the preparation of medication(s) that contain individual ingredients that are mixed together in the exact strength and dosage form to meet the client's unique needs. Crushing medications, reconstituting medications for parenteral administration or mixing two different types of insulin are not considered compounding.

Dispensing is the interpretation, evaluation and implementation of a prescription drug order, including the preparation, packaging, labeling and delivery of a drug or device in an appropriately labeled container for administration and/or use by a client (NAPRA, 2009). Repackaging or providing medications after they have been dispensed by a pharmacy is considered 'supplying' not dispensing and is therefore within your nursing scope of practice. Other situations that are often incorrectly referred to as dispensing include:

- filling a mechanical aid or alternative container from a client's own blister pack or prescription bottle to facilitate self-administration or administration by a caregiver
- repackaging and labeling drugs from a client's own supplies
- administering medications prepared by a pharmacy
- administering medications from a stock supply (dispensed by pharmacy)
- providing clients with their own blister packs or prescription bottles
- providing clients with medications obtained from a ward stock or 'night cupboard'
- providing medications from an agency pharmacy upon a client's discharge from an institution when they are unable to get their medications from their community pharmacy.

Compounding and dispensing are not within the legislated scope of practice of registered nurses or nurse practitioners. These activities are part of the legislated scope of practice of pharmacists and physicians.

## Drug Substitution

Pharmacists in both community and hospital settings are authorized to dispense substitute medications other than those prescribed based on an approved list of interchangeable drugs. You can only administer substituted medications when they are dispensed by a pharmacist and approved by an agency policy.

## Medication Supply Systems

Medication supply systems are designed to assure safe storage and access to medications by using appropriate delivery, storage, drug packaging and technological systems. It is your responsibility to be familiar with the policies and procedures related to the medication supply system used in your practice setting.

## Pre-Pouring Medications

Pre-pouring of medications occurs when one nurse prepares a medication but does not administer it immediately or has another nurse administer it. Pre-pouring of medications is not best practice as it can blur accountability and increase the likelihood of errors. Medications should be prepared as close as possible to the time that they are to be given and then securely stored until administered (Potter & Perry, 2010).

There may be situations in which more than one healthcare professional is required to assist in medication administration. For example, in the event of a cardiac arrest, one nurse may prepare and label medications while another nurse or authorized health professional would administer them. In these situations, both the nurses preparing medications and those administering them would be required to document the medication administration in the client's health record. Organizational policy should support this practice and define accountabilities.

Another accepted practice is having one nurse prepare and initiate an intravenous medication and have another nurse assume responsibility to maintain it, due to the length of time required for its infusion. In these situations, both nurses need to recognize that they share the accountability for the medication administration and follow agency policy related to transfer of accountability for medications infusing when assuming care of a client.

## Range Doses

Range doses refer to medication orders in which the dose and frequency of medication is prescribed in a range (e.g., Acetaminophen 500 - 1000 mg PO Q4-6H as needed for pain) and are often prescribed when a client's need for medication varies. Comprehensive client assessments are critical when administering range doses, including the client's response to previous doses of the medication. When you determine that the range dose prescribed is inadequate in meeting the client's needs, you should contact the prescriber.

## Sliding Scales and Algorithms

Some medications may be ordered according to a sliding scale or algorithm. These tools guide you in determining the dose of a medication based on a client's laboratory values or other parameters. You must be aware of agency policy regarding the use of sliding scales and algorithms, and ensure that these policies are current and based on evidence. Administering medications using sliding scale and/or algorithms may require education and skills beyond RN entry-level competencies.

## PRN Medications

PRN or "as needed" medications are administered to clients following a comprehensive nursing assessment and are given only for the purpose for which they are ordered. You are then responsible to monitor the client to determine the medication's effectiveness and document the outcomes. An order for a PRN medication should include the purpose of the medication and the frequency with which it may be administered.

## Controlled Drugs and Substances

Federal legislation and regulations establish requirements for the appropriate dispensing, administration, disposal and security of controlled drugs and substances. Agency policies must be established to support these requirements, such as:

- who can receive the delivery of controlled drugs
- who can access locked medication storage cabinets
- who can perform controlled drug counts
- how to document drug counts, and
- how to manage discrepancies

In most facilities, nurses are authorized to:

- receive the delivery of controlled drugs
- access locked medication storage cabinets; and
- perform controlled drug counts.

While federal regulations stipulate requirements for management of controlled drugs and substances in health care facilities, these same regulations do not apply to controlled drugs and substances in the client's home. Because there is a potential for diversion of controlled drugs and substances, you should educate the client and family on safe storage and disposal of any prescribed controlled drugs in their possession. This could include:

- advising clients to keep only the minimum amount of their controlled drug in the home
- requesting a smaller supply from their provider or pharmacist
- ensuring medications are stored safely out of sight, preferably in a locked box or cupboard
- avoiding discussion about their presence in the home
- advising clients to return any controlled drugs that are no longer required to a pharmacy for proper disposal

## Special Considerations

- RNs practising in community settings are not permitted to transport controlled drugs and substances, unless a Section 56 Class Exemption is in place. This [Section 56 Class Exemption for RNs Delivering Primary Health Care at a Health Facility in a Remote and/or Isolated Community](#) provides registered nurses with the authority to possess, provide, administer, transport, send and deliver controlled substances in the course of providing primary health care services to patients located in a remote and/or isolated community, subject to the terms and conditions of this exemption. Verbal orders cannot be received for controlled drugs and substances under the Section 56 exemption. Further details are outlined in the CRNNS document entitled [Ask a Practice Consultant - Transporting Controlled Drugs in Rural Communities](#).
- Some nurses may not be able to handle controlled drugs and substances as a result of restrictions imposed through the CRNNS' disciplinary processes such as someone experiencing problematic substance use. In these circumstances, team members need to be aware and supportive of their colleagues.

## Procedural Sedation and Analgesia

As a nurse, you may administer procedural sedation and analgesia (PSAA) to control pain or psychological stress during procedures, such as suturing or cast application, if supported by agency policy. Clients receiving PSAA have a slightly depressed level of consciousness, are usually able to maintain their airway and respond appropriately to verbal commands and physical stimulation. When caring for these clients, you should have the appropriate knowledge and skills to manage any unexpected or untoward effects of PSAA.

## Immunization

Vaccines have a significant positive impact on the health of the population by controlling the spread of vaccine-preventable disease. Administering immunizations safely, competently and ethically requires additional knowledge, skills and abilities.

The administration of vaccines requires individual prescriptions or a [care directive](#). Vaccines should be withdrawn from the vial by the RN just prior to its administration. Pre-loading syringes is not best practice and is discouraged because of concerns related to vaccine stability, increased potential for error and vaccine wastage (PHAC, 2016). Further information regarding safe immunization practice and the required competencies is available in the [Canadian Immunization Guide](#) (PHAC, 2016). In addition, you will need to follow organization policy related to required immunization competencies.



## Over-the-Counter Medications

Over-the-counter medications (OTC) can be purchased without a prescription and are not part of the act of prescribing. It is within your scope of practice to recommend and/or administer OTC medications as long as you have the knowledge, skill and judgement about the client's diagnoses, their current medications and the specific medication that you plan to recommend or administer. In order for you to administer an OTC medication, you need a policy in your place of employment that supports this practice.

When you recommend and/or administer OTC medications, remember that you are solely accountable for your decisions and the associated outcomes. For more information refer to the CRNNS document entitled [RNs Recommending and Administering Over the Counter Medications Practice Guidelines](#).

## Off-Label Use of Medications

Off-label use of medications refers to the practice of using a Health Canada-approved drug for a purpose that is not indicated by the manufacturer but has been deemed potentially beneficial for the client by the prescriber. An example is prescribing a route or dose for a medication that is different from what was originally approved.

As a nurse, you should be knowledgeable about the scientific rationale for the off-label use of a medication as well as possible side effects. It is also important to recognize that the drug may have some unknown side effects related to its off-label use. Clients need to be aware of the reason for the off-label use of a medication and associated risks.

The product monograph is a valuable source of information about medications, but may not provide details about the off-label indications, benefits, dosing, contraindications or potential adverse reactions. Prior to administering an off-label medication, you may need to speak with the prescriber or a pharmacist if you have any questions or concerns.

## Restricted, Non-Formulary, Special Access Medications

You may be requested to administer:

- Restricted drugs - formulary medications that are restricted for a specific indication or specialty
- Non-formulary drugs – not stocked in a pharmacy, and may be prohibited because they pose a risk to clients or may not be covered under health insurance plans
- Special access drugs only authorized through the Special Access Program of Health Canada, for use in serious or life-threatening conditions for which conventional therapies have failed or are unsuitable or unavailable.

Before administering these agents, you are required to have a recorded prescription and a signed and dated client consent form.

## Investigational Medications

Investigational medications are used in human clinical trials and must be approved by an independent research ethics board. These medications require an additional written consent, the process for which must be outlined in the research protocol. As an RN, you may only administer investigational medications to those clients involved in the clinical trial and are accountable to apply the principles of safe medication administration, including carefully monitoring client outcomes and document relevant findings as outlined in the research protocol.

## Administering Placebos

A placebo may be administered when its use has been discussed with the client involved, informed consent has been acknowledged, and the client's signature has been received and witnessed. Administering placebos without a client's knowledge or consent is an unacceptable practice that violates the clients trust and the [Code of Ethics for Registered Nurses](#).

When clients are participating in a placebo-controlled study, they should understand their chance of receiving a placebo versus the investigational drug. Intentionally withholding information regarding placebo use denies clients the opportunity to make their own judgments.

## Distribution of Medication Samples

Samples of prescription medications are often provided by pharmaceutical companies to specific authorized healthcare providers free of charge. According to the [Food and Drug Act](#), drug samples can be distributed to physicians, pharmacists, dental surgeons and veterinarians under certain conditions. These authorized prescribers can then provide drug samples to clients when needed. Registered nurses and NPs can distribute drug samples only under a physician's order or care directive. Agency policies pertaining to the distribution of drug samples should address their procurement, storage, access, distribution/supplying and proper disposal.

## Medications Brought From Home

In settings such as summer camps, respite care, or shelters, clients often bring their prescription and over-the-counter medications from home and expect you to administer them as part of your nursing role. Whenever possible, clients should be encouraged to self-administer these medications, but if you are required to administer these medications, there should be an agency policy to support this practice. The medications must be in their original containers and appropriately labeled (i.e., with an affixed prescription label). If there is a discrepancy between the prescription label and the administration directions from a client/family, you must clarify the order with the authorized prescriber. When clients bring prescription and over-the-counter medications into a healthcare facility, you must follow agency policy related to the use of these medications.

## Complementary and Alternative Medications

Before administering complementary and alternative medications or providing advice about their use, you must have a prescription from an authorized prescriber and be knowledgeable about the therapeutic benefits, side effects, contraindications, and potential interactions with other prescribed medications. Further information on your roles and responsibilities in relation to complementary and alternative medications are outlined in the CRNNS document entitled [Complementary & Alternative Health Care: A Guideline for Registered Nurses and Nurse Practitioners](#).

## Covert Medication Administration

Covert medication administration is the practice of administering medications to a client without their knowledge or consent. When a client has made an informed choice not to take a medication, it should be withheld and the prescriber informed. If it has been determined that a client does not have capacity to make an informed choice about their medications, you must be aware of provincial legislation related to the role of substitute decision makers in client care and agency policies.

## Withholding Medications

There are certain situations where it may be appropriate to withhold medications; for example when a capable client or a client's substitute decision-maker has made an informed choice not to receive the medication. In addition, if you have concerns that a medication may place a client at risk of harm, you are accountable to withhold the medication until you can discuss your concerns with the appropriate team member. It is outside of the scope of practice of the nurse to withhold a medication without consulting with an authorized prescriber.

When necessary, you could address your concerns about a client's medication by:

- reviewing all available information about the medication
- consulting with a pharmacist
- discussing your concerns with the authorized prescriber
- consulting with your manager when the prescriber is unavailable or there is differing opinions about the medication order
- documenting the concerns, your client assessment and related actions in the client's health record as per agency policy
- completing an adverse event monitoring system report if appropriate.

## Medication Administration by Nursing Students

A nursing student's role in medication administration is guided by agency policy and the policy of their academic institution. Nursing instructors and preceptors are accountable for providing guidance to nursing students when they administer medications. They are expected to conduct an assessment of students' knowledge, skill and judgment to determine if each student can safely administer medications independently. In addition to a student's competence, the decision as to whether a student can administer medication should also relate to factors such as the client's health condition and acuity level, and the specific clinical area of practice. When working with nursing students, you should be knowledgeable about policies pertaining to the administration of medications by nursing students, including any restrictions placed on students' practice. The nursing student should document in the medication administration record (MAR) and the entry should not be co-signed as this blurs the lines of accountability.

## DOCUMENTATION

Documentation of medication administration should include:

- client's name
- name of drug(s)
- date and time of administration
- dose
- route and/or site
- RN' signature/designation as per agency policy

You must document any adverse reactions to medication, the client's response and any related interventions, information provided to a client and communications with other members of the healthcare team.

When a PRN medication is administered, the reason for its administration and the client's response (outcome) should be documented. For further information, please refer to the CRNNS [Documentation Guidelines for Registered Nurses](#) or your agency policy.

## Documenting Medications Administered by Others

You should only document medications that you have personally administered, and should not permit anyone else to document for you except in an emergency. For example, in a cardiac arrest, a healthcare provider is usually designated to record all medications given by team members. However, the healthcare providers who actually administer the medications should countersign this record as soon as possible after the event. In certain situations, clients may self-administer medications; however as the nurse caring for the client, you maintain responsibility for monitoring and documenting your client's medication usage. Organizational policy should be in place to support this practice.

## MEDICATION ERRORS

Medication errors are preventable events related to incorrect administration of medications that pose a risk to client safety. An error may occur when medication is not administered according to the “7 Rights” as well as if medication is improperly reconstituted, or administered despite knowledge of contraindications or a medication allergy.

A near miss is an event, situation or error that occurred but was identified before reaching the client and resulted in no harm. A no-harm incident is one which reached the client but no discernible harm occurred (ISMP, 2009). Near miss and no harm incidents must be reported following agency policy so that underlying causes can be analyzed and changes made to improve client safety.

There are many factors that can lead to medication errors including provider fatigue, inattention and/or distraction, workload and time pressures, ineffective verbal and written communication between healthcare team members, packaging and dispensing errors, borrowed medications, and insufficient knowledge.

Borrowing medications (using medication from one client’s supply for another) increases the risk of medication errors. Organizations should identify and address the reasons why RNs administer borrowed medications (Grissinger, 2013). As always, follow agency policy regarding this practice.

Collaboration between all members of the healthcare team responsible for medication delivery is needed to create strategies that will prevent medication errors. Registered nurses can act as leaders in recognizing system failures and addressing human factors that can lead to medication errors.

When medication errors occur, immediate steps should be taken to safeguard clients, resolve issues, and inform the client and family. A supportive, no-blame culture encourages interprofessional dialogue, reflection, problem analysis and the development of preventive strategies. The facts of a medication error must be documented in a client’s health record, including the medication administered, what happened to the client, the client’s status, corrective actions taken to safeguard the client, and follow-up monitoring. Agency policy should be followed when responding to and documenting the error.

Medication reconciliation can reduce the incidence of medication errors and adverse drug events. Healthcare professionals should partner with clients, families, and each other to obtain the best possible medication history to ensure accurate and complete medication information is transferred at different points within the continuum of care. It involves a systematic process of obtaining and comparing a client’s medication history to their current medication orders, to identify and resolve discrepancies.

## CONCLUSION

Medication administration is a key role for nurses in most practice settings. Nurses are accountable to ensure they have the necessary knowledge, skills and abilities to safely and competently administer medications. As different healthcare providers perform specific and complementary roles in the delivery of medications, a collaborative interprofessional team approach that includes clients and families is recommended to enhance safety and quality care.

## GLOSSARY

**Authorized prescriber:** a healthcare provider authorized by legislation to prescribe drugs and other health products. In Nova Scotia, authorized prescribers include physicians, dentists, nurse practitioners, midwives, optometrists, and pharmacists.

**Competence:** the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role, and includes both entry-level and continuing competencies (RN Act, 2006).

**Compounding:** “to cause drugs to be mixed, prepared, altered in form, mixed with non-medicinal ingredients and otherwise changed from the manufactured form” (Nova Scotia College of Pharmacists, 2003). Compounding is performed only by pharmacists.

**Dispensing:** “the interpretation, evaluation and implementation of a prescription drug order, including the preparation and delivery of a drug or device or patient’s agent in a suitable container appropriately labelled for subsequent administration to, or use by, a patient” (NAPRA, 2009).

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## APPENDIX

### FEDERAL AND PROVINCIAL LEGISLATION

Both federal and provincial legislation define the roles of health team members in delivering medications. Prescribing, compounding, dispensing and administering medications are activities that are defined in legislation for specified health professionals. As members of an interprofessional collaborative team, nurses should be aware of and understand the implications of relevant federal and provincial legislation, as well as the roles and responsibilities of each team member involved in the delivery of medications to clients.

The following section provides highlights of federal and provincial legislation that impacts your nursing practice in relation to medication administration.

#### Federal Legislation

The *Food and Drug Act* defines prescription drugs and non-prescription drugs, and governs the sale and distribution of drugs in Canada. For example, according to the *Food and Drug Act*, the distribution of medication samples is limited to physicians, dentists, veterinary surgeons or pharmacists under prescribed conditions.

The *Controlled Drugs and Substances Act*, the *Narcotic Control Regulations*, Part G of the *Food and Drug Regulations*, and the *Benzodiazepines and Other Targeted Substances Regulations* governs the production, distribution, importing, exporting, sale, prescribing and use of controlled drugs and substances in Canada.

When you have an order from an authorized prescriber, you have the legal authority to be in possession of and/or administer a controlled substance. You must comply with federal regulations and agency policies.

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.

While NPs are authorized federally as prescribers of medical marijuana under the [Access to Cannabis for Medical Purposes Regulations](#) (ACMPR) (2016) and the NCPR (2014), in Nova Scotia, NPs have not been granted provincial authority to prescribe any form of medical marijuana that does not have a drug identification number (DIN).

## Provincial Legislation

In Nova Scotia, the professional practice of nursing is defined in the [Registered Nurses Act](#) (RN Act, 2006) and [Registered Nurses Regulations](#) (2016). As part of your professional role, you are accountable to assess, monitor, and evaluate client health outcomes as they relate to nursing practice, including when administering medication(s) to your client(s).

The [Pharmacy Act](#) defines the responsibilities of pharmacists in community settings (e.g., long-term care facilities, private agencies, physicians' offices). Under the 2010 amendment to the [Pharmacy Practice Regulations](#), pharmacists may prescribe Schedule I drugs in accordance with the standards of practice to treat conditions approved by the Nova Scotia College of Pharmacists. The [Pharmacy Act](#) does not apply to hospital practice.

In Nova Scotia, the [Hospitals Act](#) regulates the practice of pharmacists and pharmacies within the hospital settings. Although the *Hospitals Act* does not specifically refer to the nurse's role in medication administration, you are expected to follow hospitals/agencies medication policies.

The [Homes for Special Care Act](#) governs many long-term care facilities throughout the province, including nursing homes, homes for the aged, homes for the disabled, and residential care facilities. The [Regulations](#) state that medication orders must be in writing and signed by an authorized prescriber, which can be a nurse practitioner, a physician or a pharmacist.

The [Prescription Monitoring Act](#) and [Regulations](#) are the provincial legislation that authorizes NPs and physicians to prescribe controlled drugs and substances in Nova Scotia and describes the requirements for participation in the prescription monitoring program (PMP) in order to be authorized to prescribe controlled drugs and substances in Nova Scotia.