

Practice Standard for Registered Nurses and Nurse Practitioners

Dispensing Medications

Practice Standards set out requirements for specific aspects of nurses' practice. They link with other standards, policies and bylaws of the College of Registered Nurses of British Columbia and all legislation relevant to nursing practice.

Under the Nurses (Registered) and Nurse Practitioners Regulation, nurses¹ have authority to dispense certain medications.² Nurses are accountable for providing safe, competent and ethical care to their clients. This document provides nurses with information they need to dispense medications safely.

Dispensing includes the preparation and transfer of a medication for a client, taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended use, and taking steps to ensure its proper use.

It may also include accepting payment for a medication on behalf of a nurse's employer.

Dispensing occurs when the nurse gives medication to a client or their delegate for administration at a later time. Examples of dispensing include when:

- the client is leaving the facility on a day pass and needs their medication while away;
- the client is being discharged from the emergency department and needs medication started.

The dispensing of naloxone is an exception in response to a public health issue. In this instance, the nurse may be dispensing to a person who is neither their client nor their client's delegate, but rather someone who may encounter an individual experiencing a suspected opioid overdose.

Nurses may dispense with or without the involvement of a pharmacist.

- When a pharmacist has reviewed a medication's pharmaceutical and therapeutic suitability, nurses take steps to ensure its proper use.

¹ "Nurses" means registered nurses, nurse practitioners and licensed graduate nurses.

² Registered nurses and nurse practitioners may dispense some medications autonomously. Registered nurses may also dispense under an order from another health professional (e.g., physician, nurse practitioner). For specific information about medications and scopes of practice, see CRNBC's *Scope of Practice for Registered Nurses: Standards, Limits, Conditions* and *Scope of Practice for Nurse Practitioners: Standards, Limits, and Conditions*.

- When a pharmacist has not reviewed a medication's suitability or it is unclear whether this has occurred, nurses take steps to ensure the pharmaceutical and therapeutic suitability of the medication for the client, as well as its proper use.

When employers require nurses to dispense, employers provide the organizational supports necessary for safe dispensing (e.g., documentation systems to support risk management, quality assurance and audit; supports for the safe transport, storage and security of medications; policies regarding dispensing by nurses).

Principles

Nurses who dispense meet the following expectations:

1. Nurses dispense medications when it is in the best interest of the client.
2. Nurses dispense medications only for clients under their care.
3. When taking steps to ensure pharmaceutical and therapeutic suitability, nurses
 - Review the order for completeness and appropriateness (e.g., drug, dosage, route and frequency of administration);³
 - Review the client's medication history and other personal health information;
 - Consider potential drug interactions, contraindications, allergies, therapeutic duplications and any other potential problems (e.g., adverse side effects);
 - Use current, evidence-based resources to support their decision-making (e.g., online clinical databases, decision support tools); and
 - Consider the client's ability to follow the medication regimen.
4. When taking steps to ensure proper use, nurses
 - Label the medication legibly with
 - *Client's name;*
 - *Medication name, dosage, route, and (where appropriate) strength;*
 - *Directions for use;*
 - *Quantity dispensed;*

³ This applies in cases where the medication is ordered by another health professional. Added caution is needed in cases where there is no ordering health professional and the nurse determines what medication is required and then dispenses it.

- *Date dispensed;*
 - *Initials of the nurse dispensing the medication and the name, address, and telephone number of the agency from which the medication is dispensed; and*
 - *Any other information that is appropriate/specific to the medication.*
- Package the medication in a way that is most appropriate for client needs.
 - Hand the medication directly to the client or their delegate.
 - Provide education based on an assessment of the client’s abilities and level of understanding regarding the medication, including:
 - *Purpose of the medication;*
 - *How to administer the medication;*
 - *Dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response; and*
 - *Written information about the medication*
5. Nurses record dispensing information on an individual medication profile and/or client record each time a medication is dispensed. The profile/record includes:
- Client name, address, phone number, date of birth, gender and, when available, allergies and adverse reactions;
 - Date dispensed;
 - Name, strength, dosage of medication and quantity dispensed;
 - Duration of therapy;
 - Directions to client; and
 - Signature and title of the person dispensing the medication
6. In response to the opioid overdose public health emergency, nurses are authorized to dispense naloxone to a person who is neither their client nor their client’s delegate, but rather someone who may encounter an individual experiencing a suspected opioid overdose. In this instance, nurses would not be expected to fully meet principles 1-5, primarily those required activities intended for the recipient for the naloxone including the following:

- dispense medications only for clients under their care.
- take steps to ensure the pharmaceutical and therapeutic suitability of the medication for the client
- label the medication with the client's name
- hand the medication directly to the client or the client's delegate
- provide education based on an assessment of the client's abilities and level of understanding regarding the medication.
- record dispensing information on an individual medication profile and/client record.

Nurses take steps to ensure public safety by teaching these individuals to respond appropriately to persons experiencing a suspected opioid overdose. Nurses follow all applicable organizational policies and procedures regarding naloxone.

Applying the Principles to Practice

Take action if a dispensing order does not seem to be evidence-based or does not appear to reflect individual client characteristics or wishes. Actions could include

- getting more information from relevant resources or from the client,
- consulting with a colleague or manager, or
- questioning the health professional who gave the order. *See Principles 1 and 3*

In some situations, it may be more appropriate for a pharmacist to dispense ordered medications than for you to dispense them. In making these decisions, use judgment and consider such things as

- your own competence,
- the complexity of the dispensing request,
- the complexity of the client's medication profile,
- your access to relevant client information, and
- access to resources to support your decision making.

Take appropriate action if dispensing the medications yourself does not appear to be in the client's best interest (e.g., discuss with the ordering health professional to determine the best course of action). *See Principles 1 and 3*



If you are responsible for determining pharmaceutical and therapeutic suitability, take all reasonable steps to identify potential drug interactions and therapeutic duplications including, whenever possible, checking PharmaNet. *See Principle 3*

Whenever possible, involve pharmacists in dispensing. Pharmacists are experts in safe medication dispensing and can help make nurse dispensing safer (for example, by creating labels that provide a “template” for required information, by providing education to nurses about safe dispensing practices, by reviewing dispensing scenarios with nurses to improve resources/processes/systems). *See Principle 4*

Nurses are not able to document medications dispensed in PharmaNet. Document any dispensing you carry out in the client record and consider

- who has access to this information and who *else* needs to be informed about the medications you’ve dispensed, and
- how this information should be communicated, including how quickly *See Principle 5*

When you teach clients and others about medications, include an assessment of their learning needs, determine whether the person has the necessary skills and knowledge to administer the medication safely, and evaluate their learning.

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