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**Guidelines for LPN Medication Administration**

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Guideline Summary

1. The LPN administers medication according to his/her scope of practice and when appropriate for the client complexity and predictability.

2. The LPN administers medications via routes as per individual LPN competence.

3. The LPN administers medications prescribed with a range dose in consultation with the RN.

4. The LPN administers PRN medications based on the client’s care needs.

5. The LPN administers stat medication as directed by, and under the supervision of, the RN, NP or physician.

6. The LPN administers narcotics and other controlled substances in accordance with medication administration standards, agency policy and national legislation.

7. The LPN may administer immunizations to adults in practice settings with the appropriate practice supports.

8. The LPN may accept and transcribe facsimile, verbal and telephone medication orders.

9. The LPN administers standing order medications in consultation with the RN.

10. The LPN supports client safety by reporting medication errors as per agency policy and takes appropriate action to prevent medication errors.
Introduction

The Licensed Practical Nurse (LPN) began administering medication in the New Brunswick long-term care setting in 1993 as the result of a pilot project, which turned into a government sponsored program for New Brunswick nursing homes in 1996. Medication administration continued to be taught to LPNs through post basic education until 2000, when medication administration became a basic competency in practical nurse education.

Since this time, the role of the LPN in regards to medication administration has evolved. Traditionally, LPN practice of medication administration has been limited by location, specifically nursing homes. However, clinical decision making regarding when and where it is appropriate for the LPN to practice the competency of medication administration in acute care settings should not be determined by location, but be based on the following factors (1-references):

- Care requirements of the client including complexity and care needs, the predictability of outcomes and the risks of negative outcomes;

- Competencies, and care provider characteristics including education, experience, and expertise to meet cognitive and technical skill requirements; and

- Practice setting characteristics including care delivery model and available supports such as availability and access to resources, support for new personnel, policies, procedures, decision-making guides. Additionally, workload and environmental stability must be considered.

The guidelines in this document reflect these factors, and were created as a result of the provincial committee’s work, feedback from various stakeholders and the Association of New Brunswick Licensed Practical Nurse’s (ANBLPN) understanding of medication administration issues as they affect and apply to LPNs and the rest of the nursing care team.
Purpose

The purpose of this document is to provide provincial guidelines regarding medication administration by LPN’s:

These guidelines will:

- Identify related competencies with respect to medication administration.
- Clarify what are reasonable expectations of the LPN role regarding medication administration.
- Provide useful information to the nursing care team to support LPN medication administration.
- Create a collaborative working relationship between members of the nursing care team through the implementation of these guidelines.
- Ensure safe quality client care by providing directions pertaining to the LPN work assignment.

Application of the Guidelines

The guidelines in this document are to be applied in consideration of the following (1):

- The RN is responsible for the overall direction of nursing care identified in the nursing care plan, but is not responsible for the nursing care delivered by the LPN.
- As members of a self-regulated profession, the LPN is accountable for decisions, actions and own level of competency, including medication administration.
- The Registered Nurse (RN), although responsible for the overall direction of nursing care, is not necessarily directly responsible for managing the performance of the LPN. All nursing care providers as employees report directly to their first line manager.
- The working relationship between the RN and LPN is one of colleagues who collaborate and communicate to determine the care needs of their clients.
- The working relationship between the RN and LPN must be built on trust and mutual respect.
- The Association of New Brunswick Licensed Practical Nurses is responsible to set standards for member practice as identified in the LPN Act (2014)
Expectations

Of LPNs:

To administer medication, the LPN is required by ANBLPN to:

- Successfully complete an approved medication administration education program consisting of theoretical, laboratory and clinical components.

- Maintain competence through sufficient clinical practice and participation in ongoing continuing education and/or in-service education regarding pharmaceuticals and medication administration techniques. LPNs have a professional responsibility to identify their own competence maintenance needs and then determine how those needs could be met. This may take the form of seeking assistance from an employer, or seeking educational materials outside of their employer, such as on the internet, drug manufacturer educational materials or the education department of the ANBLPN.

- Adhere to facility policy and procedure where employed.

Of Employers:

Employers are partners with the nursing care team in the delivery of client care. As such, employers have a responsibility to ensure the LPN practice of medication administration is supported. To achieve this, employers must:

- Ensure that the practice environment is appropriate to support LPN medication administration and professional practice standards. This is achieved through a defined nursing care delivery model, appropriate skill mix determined by the client population, LPN participation in care planning, and policies and procedures that facilitate safe and effective delivery of medications to clients.

- Support effective communication regarding medication administration among the nursing care team, and their communication with clients and their families. This support must also include the nursing care teams communication with interdisciplinary team members. This is achieved through communication strategies for the practice setting, appropriate technology access for LPNs, and a protocol for LPNs to communicate with interdisciplinary team members.

- Ensure the physical environment and necessary equipment; supplies and resources (which includes expert nurses and nurses familiar with the practice setting) for medication administration are available to the LPN.
• Provide sufficient orientation to the LPN regarding medication administration processes for the practice setting, and continuing education/ in-service opportunities regarding pharmaceuticals and medication administration techniques.

Standards of Medication Administration

The guidelines in this document were developed with the assumption that any LPN practicing medication administration will meet the following standards:

1. Competent and safe medication administration shall be demonstrated at all times. This requires knowledge, skill, judgment and professionalism related to:

• Integrating the principles for best practice of Medication Administration into personal nursing practice.
• Assessing the appropriateness of the medication for the client, knowledge of the drug actions, interactions, usual dose, route of administration and indications for use.
• Preparing and administering medication as prescribed in a safe and accurate manner.
• Monitoring and evaluating the client response to the medication.
• Responding to and reporting adverse events appropriately.
• Documenting appropriately.

2. Ethical medication administration shall be demonstrated at all times, evidenced by:

• The LPN involving the client in care by assessing the client’s understanding of the medications and by administering medications that are prescribed and pertinent to the client care plan. The LPN shows respect for the client’s choice to accept or refuse medications, while documenting as such, and reporting to the RN.
• The LPN, as part of the nursing care team, participating in achieving a culture of client safety.
3. Responsible and accountable medication administration shall be demonstrated at all times. The LPN is accountable to practice the ten rights of medication administration:

1. Right client
2. Right time
3. Right medication
4. Right route
5. Right dose
6. Right reason
7. Right documentation
8. Right to refuse
9. Right response/evaluation
10. Right education
In collaboration with the RN, the LPN may administer medication to clients that exhibit low to moderate complexity and high to moderate predictability assigned by the Nurse Manager or designate.

Low complexity and high predictability is characterized by established well-defined client care needs; appropriate support system in place, and the client’s health condition is well controlled with little fluctuation over time. The outcomes and expected client changes are predictable, which is defined as outcomes that can be anticipated on the basis of observation, experience and scientific reason. In caring for a client who’s care needs are low in complexity and predictable, the LPN administers medication with minimal direction, following the plan of care (1, 3).

Moderate complexity and predictability is characterized when the client’s care needs are readily identifiable, but may or may not have been previously established or well defined. The client’s health condition may not be controlled, but a range of identifiable changes can be predicted. In caring for a client who’s care needs are moderate in complexity and predictability, the LPN administers medications following the plan of care, but updates/consults and reports frequently with the RN (1, 3).

Client’s considered to be more complex and unpredictable beyond the moderate complexity and predictability level would be characterized by care needs that are not defined and due to a fluctuating or uncontrolled client condition, require frequent monitoring and reassessment. Outcomes and changes in the client’s condition cannot be predicted. In caring for a client who’s care needs are more complex or unpredictable, the LPN takes direction from the RN and would only administer medications to a more complex or unpredictable client if directed and under the supervision of the RN. Supervision by the RN requires consultation, guidance, evaluation and follow-up in the delivery of client care. (1, 3)
Guideline # 2

The LPN administers medications via routes as per individual LPN competency

The LPN administers medications in accordance with the standards of medication administration, the education and competence of the individual LPN. The accepted routes of medication administration by the LPN are:

- Topical
- Vaginal
- Rectal
- Inhalation
- Oral
- Intramuscular
- Intradermal
- Subcutaneous
- Otic/ ophthalmic/nasal
- G/J – tube
- NG – tube
- Intravenous
- G – Tube
- NG – Tube
- Intravenous
A range dose is defined as a medication order in which the dose, frequency or route is prescribed within a specified range (4). Prior to administering medications in a range dose, the LPN will:

- Clearly communicate with the client, other nurses, physician, and the pharmacist as necessary to ensure the effectiveness of implementing a range dose.

- Determine own level of competence to administer medications prescribed in a range dose. Competence should be based on education regarding range doses, competency maintenance, and knowledge of factors to be considered when determining the appropriate dose, such as other prescribed pain therapies or medication potency via different routes.

- Assess the client to determine the appropriate range dose in consultation with the RN.

- Advocate for a range dose prescription for clients whose medication needs are dependent on a changing variable, such as frequency and intensity of pain.
Guideline # 4

The LPN administers PRN medications based on the client’s care needs

Prior to preparing and administering a PRN medication, the LPN will (4, 6):

- Assess the client’s need for the particular medication.
- Consult with the RN regarding PRN medication administration as required.
- Administer PRNs only for the purpose for which they were prescribed.
- Document in the client record all medication administered according to agency policy.
- Advocate for the revision of medication orders as required when PRN use exhibits a consistent need or the desired effect is not observed.
Stat medication orders are intended for immediate administration and are typically prescribed to clients whose care needs have become unpredictable and more complex. The stat medication is intended as a one-time administration. In administering a stat medication, the LPN will:

- Administer the stat medication as directed and supervised by an RN or physician due to the client’s fluctuating health status.

- Administer the stat medication according to the medication order and in accordance with the facility’s policy on stat medication administration.

Guideline # 5

The LPN administers stat medication as directed by, and under the supervision of, the RN or physician
The LPN administers narcotics and other controlled substances according to medication administration standards, agency policy and Health Canada’s “Controlled Drug and Substances Act”.

In administering a narcotic or other controlled substance, the LPN will (4):

- Have completed medication administration education. (Narcotic medication administration is part of the basic medication administration program for LPNs);

- Have the skill and clinical judgment required to administer a narcotic;

- Follow the agency policy regarding the operational considerations of narcotic medication administration, specifically regarding inventory counts of controlled substances, destruction and disposal of a controlled substance, transport and signing for a controlled substance and appropriate storage of a controlled substance.
Guideline #7

The LPN may administer immunizations to adults in practice settings with the appropriate practice supports

The LPN may administer immunizations to adult clients in practice settings (5):

- When a Physician or Nurse Practitioner order exists;

- Where a Physician, Nurse Practitioner, or Registered Nurse is readily available and emergency services are readily accessible;

- Following provincial standards, and agency policy/protocol, specifically regarding: collection of informed consent; emergency procedure for management of anaphylaxis; and the amount of time a client remains on site post administration;

- When an ANBLPN approved education program has been successfully completed by the LPN consisting of theoretical, laboratory and clinical components. The skill to administer an immunizing agent is the same as the skill required to administer any injectable and is part of the LPN basic medication administration education. As such, the education to administer an immunization should provide information on vaccine storage, handling and disposal, pre-immunization screening, post immunization guidance/ counselling, routine infection control and recording of immunizations.

- Upon completion of an agency orientation regarding immunizations;

- Where the employer provides in-service education as needed and conducts an annual competency review of the LPN immunization skill.
The LPN may accept and transcribe medication orders given: by facsimile; verbally; or by telephone.

In accepting and transcribing a medication order, the LPN will (4):

- Only accept and transcribe medication orders for clients whom they are knowledgeable about their care needs, the nursing interventions being implemented, and the expected care outcomes;

- Only accept and transcribe medication orders if competent to administer the medication being ordered;

- Follow the agency policy regarding accepting and transcribing medications, such as signing off by initialling each medication order transcribed, verifying for a second time that all transcribed medication orders were processed, and checking the medication against the original medication order for accuracy;

- Question and clarify any medication order that is not clearly communicated (written or verbal), or appears out of the ordinary. This may include seeking a second opinion from an RN or contacting the physician or nurse practitioner for verification.

- Avoid documenting an order when a physician or nurse practitioner is present to write the order;

- Ensure that a medication order contains the medication name, dose, route and frequency of administration when accepting and transcribing the order;

- Notify and consult with an RN prior to initiating the accepted and transcribed order, to validate receipt and appropriateness.
Standing orders serve as the medical authority applicable to a range of clients who meet certain conditions. A standing order for a medication to be administered identifies the specific medication, the specific conditions that must be met, and any specific circumstances that must exist before the directive can be implemented. The degree to which this is specified depends on the client population, the nature of the medication involved and the expertise of the LPN implementing the directive. A standing order requires the name and signature of the physician authorizing the directive, and the date and signature of the administrative authority that is approving the directive.

LPN’s knowledge, skill and judgment are critical to making appropriate decisions regarding the administration of standing orders. No standing order for medications, regardless of how routine it may seem should be automatically implemented. As such, the LPN should consult with an RN prior it administering a medication authorized in a standing order.

In administering a medication authorized in a standing order, the LPN will (4, 5):

- Ensure that each client’s physician has provided signed authorization for each medication to be given from a standing order.
- Ensure the standing order is complete before administering any medication or implementing any part of it.
- Document the client assessment and when the standing order for medication is implemented;
- Consult with the RN, nurse manager, client’s physician or physician on call if there is any question regarding the appropriateness of administering any part of a standing order.
Medication errors can be defined as preventable events associated with the prescribing, transcribing, dispensing and/or administering and distributing of medication(s). Medication errors can be further classified into errors of commission (i.e. giving the wrong medication) and errors of omission (i.e. not administrating an ordered medication), which can result in:

- an adverse drug event resulting in harm or injury.
- a “near miss” occurs where an error does not reach the client, but had it occurred, client harm could have resulted for example a wrong dose is prescribed, but is intercepted before administration.
- a client’s death.

Preventing and reducing errors involves collaboration among nursing care providers and the agency. Errors can often be identified and corrected before they occur. However, when a medication error occurs, the LPN will:

- Report the error to RN and/or nurse manager, and the client’s physician. In consultation with the care team, determine the information to be provided to the client and/ or their family regarding the error;
- Implement physician or nurse practitioner orders in regards to the medication error in consultation with the RN;
- Complete an incident report and document as per facility policy;
- Monitor the client for complications of the medication error as determined by the nature of the medication error made; and determine for how long the client should be monitored for complications from the medication error;

**Guideline #10**

The LPN supports client safety by reporting medication errors as per agency policy and takes appropriate action to prevent medication errors
• Work with the nursing team/nurse manager to ensure the medication error is prevented from happening again in the future.

References


