Medication Administration Guidelines
Mission

The Association of New Brunswick Licensed Practical Nurses ensures the public of their commitment to safe, competent, and compassionate, ethical care by regulating and enhancing the profession of practical nursing.

Acknowledgements

The Association of New Brunswick Licensed Practical Nurses would like to acknowledge the support of the College of Licensed Practical Nurses of Nova Scotia for permission to adapt their document for use in New Brunswick.

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The Association of New Brunswick Licensed Practical Nurses (the Association) is the regulatory body for Licensed Practical Nurses (LPNs) in New Brunswick. The Association’s mandate is to protect the public by the provision of safe, competent, ethical and compassionate nursing care. The Association establishes and enforces requirements for entry into the profession, Standards of Practice, Code of Ethics, development and implementation of a Continuing Competence Program and policies, and interpretive documents to support the practice of practical nursing.

Using this document

Guidelines are documents that outline the licensed practical nurse’s accountability in specific practice contexts. They reflect relevant legislation and are designed to help licensed practical nurses understand their responsibilities and legal obligations so they can make safe and ethical nursing decisions.

*Guidelines for Licensed Practical Nurses: Medication Administration* was developed to assist licensed practical nurses understand their role in the medication administration process. This, as with all Association documents, can be used with ANBLPN Standards of Practice, Code of Ethics and all applicable practice guidelines found on the Association’s website at [www.anblpn.ca](http://www.anblpn.ca).

Medication Administration

LPNs are accountable to their clients to provide safe, competent, ethical and compassionate care. They are responsible to their employer to work within job descriptions, policies and procedures and to their association to comply with Standards of Practice and Code of Ethics. LPNs are responsible to ensure their nursing knowledge is current and that they possess the necessary knowledge, skills and judgment to fulfill their role.

LPNs in New Brunswick can administer medication via all routes with the exception of IV Push.

As with all aspects of their practice, LPNs are accountable to recognize when they are required to increase collaboration and/or redirect care to a registered nurse, pharmacist or duly qualified medical practitioner.

Federal and Provincial Legislation

As members of an interprofessional collaborative team, licensed practical nurses must be aware 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.
Guidelines for Medication Administration

Licensed practical nurses must have medication competence in order to: assess the right medications for clients; administer medications correctly; evaluate the effectiveness of medications; identify and manage adverse reactions; document outcomes; and support clients to manage their own health. Safe medication administration requires that the licensed practical nurse demonstrates:

- **Knowledge**
  - assess the appropriateness of the prescribed medication for the client based on: age, weight, pathophysiology, laboratory results, vital signs, medication knowledge and client choice or preference, the expected benefits and potential risks/side effects, the possible interaction with other medications, any foods that are contraindicated and those that decrease absorption, allergies, sensitivities and previous adverse reactions; (NANB 2013)
  - assess if the client is receiving the right prescribed medication in a particular situation (i.e. a PRN medication).

- **Skill**
  - apply the 10 rights of medication administration;
  - ensures effective communication and collaboration when consulting with the health care team;
  - documents medication administration in the client’s record according to documentation standards and practice setting policies and procedures.

- **Judgement**
  - use critical inquiry, critical thinking and clinical judgements when applying the nursing process to medication administration;
  - follow up with the prescriber regarding any concerns or questions about the effectiveness of the medication, side effects and signs of drug interactions; (NANB, 2013)
  - monitor client outcomes following medication administration including effectiveness, side effects, and signs of drug interactions.
  - accountable to consult care providers such as physicians, pharmacists, registered nurses and nurse practitioners;
  - responsible to know when and with whom they must consult.
The 10 Rights of Medication Administration

The LPN is accountable for client safety in the medication administration process. The 10 rights of medication administration are used to maximize accuracy and safety.

1. Right drug
2. Right dose
3. Right route
4. Right time
5. Right client
6. Right documentation
7. Right reason
8. Right response/evaluation
9. Right to refuse
10. Right education

Acceptance and Transcription of Medication Orders

Verbal and Telephone Orders

Licensed practical nurses:
- limit telephone orders to situations when the authorized prescriber is not present;
- only accept verbal orders in emergent or urgent situations where the authorized prescriber can’t document their medication orders.
- repeat the verbal and telephone orders in their entirety to confirm accuracy;
- document verbal and telephone orders including the authorized prescriber’s name in the client’s record.

Licensed practical nurses are not responsible for ensuring that verbal or telephone orders are signed off by the authorized prescriber.

Alternate Technology Orders

Alternate technology medication orders are preferable to telephone or verbal orders.

Licensed practical nurses:
- accept orders sent via alternate technologies (i.e., fax, email) when privacy and security of personal health information are ensured;
- follow agency policy and processes.
Transcription of orders

Transcribing medication orders involves transferring medication orders to a client’s medical record.

Licensed practical nurses:
- demonstrate knowledge and ability to transcribe an order from an authorized prescriber;
- validate the accuracy and completeness of the transcription;
- verify orders accuracy and completeness when others have completed transcription;
- accept a medication order that includes the order date, client name, medication name, dosage, route, frequency, duration (where applicable), and authorized prescriber, signature, and designation.

Directives

A directive is a written order from an authorized prescriber for a procedure, treatment or drug for a number of clients when specific conditions are met. There are a number of specific components required in a directive including:

- the name and description of the procedure, treatment or drug being ordered;
- specific client clinical conditions and situational circumstances that must be met before the procedure(s) can be implemented;
- clear identification of the contraindications for implementing the directive;
- the name and signature of the authorized prescriber approving, and taking responsibility for, the directive;
- the date and signature of the administrative authority approving the directive.

The degree to which client conditions and situational circumstances are specified will depend on the client population, the nature of the orders involved and the expertise of the health care professional implementing the directive. (NANB, 2013) LPNs are required to collaborate with a registered nurse, nurse practitioner, pharmacist or duly qualified medical practitioner to determine the appropriateness of a care directive in any practice context. Exceptions may apply to the necessity of collaboration, ie. performing point of care testing such as phlebotomy, glucometer testing and urine collection for testing. Please contact a practice consultant for clarity if required.
Administering Medications

Medication Preparation

Licensed practical nurses:

- should not pre-pour medications to be administered by another practical nurse as it increases risk of errors and blurs lines of accountability;
  - it may be deemed necessary, in certain settings, for the LPN to pre-pour medications to be self-administered by the client. (i.e., homecare, assisted living, special care home)
- should be familiar with the employer’s policy specific to pre-pouring.

It is important to note that the more care providers involved in the steps of medication administration for a client, the greater risk of error and/or blurring the lines of accountability.

Client Consent

Licensed practical nurses should verify informed consent with the client before administering a medication.

Informed and competent clients have the right to make decisions about accepting or refusing a medication or to self-administer medications. If the client refuses, the LPN is responsible to determine the reason for the refusal; to communicate this to the authorized prescriber and document in the client record.

In situations where there is concern or question about a client’s capacity to consent, the LPN should consult with a physician, pharmacist, nurse practitioner or registered nurse to determine the next best action.

Double-Checking

Independent double-checking is a strategy to reduce medication errors with high-risk processes and high-alert drugs.

An Independent Double-Check is a process where a second health care professional verifies a medication (alone and apart from each other, then compare results) before it is administered to a patient. LPNs are accountable to know, understand and follow their employer policies relating to double-checking and high risk medications.
Range Doses

Range doses refer to medication orders in which the dose and frequency of medication is prescribed in a range (i.e., Gravol 25 – 50 mg po, prn for nausea).

- If the clients’ need for a range dose is part of a well-established plan with expected outcomes, the LPN may determine the correct dose based on a discussion with the client, using the effectiveness of any previous dosages as a reference point.

- If the clients’ need has changed, become more frequent or less effective, the LPN is expected to consult with the RN and/or the authorized prescriber to collaboratively determine the range dose.

PRN (pro re nata) Medications

PRN medications are prescribed medications that are administered on an “as needed basis”. The purpose of the medication should be identified in the order (i.e., for sleep, pain, nausea) as well as the frequency. (i.e., Acetaminophen 325mg po every 4 hours’ prn for headache)

Licensed practical nurses may not administer a PRN medication for a purpose other than the one identified in the order.

Stat Medications

Stat medication orders are intended for immediate administration and is intended as a one-time administration. LPNs administer the stat medication according to the medication order and in accordance with the facility’s policy on stat medication administration.

Algorithms

LPNs may use algorithms to determine dosages of medication for clients dependent on the context: where a baseline of assessment parameters have been established and documented in the clients’ plan of care; the algorithm is part of a well-established plan of care for a client whose outcomes are predictable, less complex and have a low risk for negative outcome and; the LPN has the knowledge, skill and judgment. When the clients’ needs are not as predictable, higher complexity and higher risk for negative outcomes, the LPN is expected to use
the sliding scale or algorithm in a collaborative relationship with a registered nurse, nurse practitioner, pharmacist or physician.

Licensed practical nurses are not authorized to determine insulin correction or adjustment doses and must be aware of agency’s policy regarding the use of algorithms.

Procedural Sedation and Analgesia

LPNs are not authorized to administer medications intended for purposes of general anesthesia. Licensed practical nurses may not administer intravenous (IV) sedation however; they may administer oral, rectal or injected (intramuscular or subcutaneous) pre-op/pre-procedure medication. (i.e., Ativan 1mg SL prior to Endoscopy)

Patient Controlled Analgesia (PCA)

Licensed practical nurses who have obtained the necessary beyond entry level competency through additional employer-based education, learning, and mentored opportunities may care for clients receiving PCA analgesia in any practice context. In the course of caring for the client, they may manage and use an established PCA pump. This may include the following:

1. Assess, monitor, and care for the client with an established PCA pump.
2. Discontinue the PCA pump.

When a PCA pump is initiated or when syringes/cartridges are replaced and changes are required (in drug, drug concentration, or increased dosage), LPNs may be the co-signature to the RN. LPNs may replace established PCA cartridges or syringes of the same medication (in the same concentration at the same or lower rate) acting as the co-signature. LPNs are not authorized to fill or add medications to a cartridge or syringe.

NOTE: In certain specific and limited contexts (i.e., palliative care) the LPN may be authorized to replace cartridges or syringes with different or increased concentrations, dosages or rates. Employers and LPNs wishing to engage in this limited practice must consult ANBLPN Practice Consultant for guidance in developing policy/process and should understand that these skills are not transferrable to client care outside a dedicated palliative care unit.

Immunizations

Administering immunizations is beyond the entry-level competencies for LPNs and as such employer based (or post-graduate) education and policy are required before an LPN can engage in these skills.
Licensed Practical Nurses:
- Must have an order from an authorized prescriber.
- Must have a physician, nurse practitioner, registered nurse, and/or pharmacist available for consultation with emergency services accessible. (i.e., anaphylaxis kit, 911 services)

Licensed practical nurses who administer immunizing agents must have the knowledge, skill and judgment to recognize and manage complications including anaphylaxis.

Placebos

The administration of placebos to clients without their knowledge and consent is inappropriate and unethical. Clients have a right to make informed decisions (ANBLPN, 2013b). Administering placebos may be ethically acceptable when the client is aware that the medication is a placebo, or as part of a double-blind research study in which the client has been informed as part of the consent process that they may receive a placebo.

Over-the-Counter (OTC) Medications

Over-the-counter (OTC) medications refer to medications that can be obtained without a prescription and orders are required for any type of medication, including OTC.

Licensed practical nurses do not have the authority to recommend OTC medications to clients. They can, however, collaborate with the client to identify interventions successfully used in the past as part of a self-management process.

Sample Medications

LPNs may provide sample medications to clients pursuant to an authorized prescriber’s order.

Medications Brought from Home

LPNs may administer the client's home medications as long as they have an approved order from a prescriber, the medications are in their original containers with an affixed prescription label and the practice is supported by agency policy. If there is a discrepancy between the affixed prescription label and the administration directions from the client/family, the LPN must clarify the order with the authorized prescriber. The LPN should document the outcomes of all consultations.
Self-Administration of Medications

Agencies should have policies in place to support self-administration of medications by clients. Clients who are competent should be supported to self-administer medications. These clients may be completely independent or may require some assistance, such as help with opening containers, mechanical aids or preparing/preloading medications.

Licensed practical nurses:
- Document on the client’s plan of care if they are capable of self-administering medications, including the type of assistance they require, if any, and the ongoing nursing assessment of the client’s capacity to continue self-administration. (NANB 2013)

Licensed practical nurses are responsible to assess and document the clients’ capacity for self-administration of medications on an ongoing basis.

Leave of Absence/Pass Medications

The repackaging or providing of medications to clients after they were dispensed by a pharmacy should not be confused with dispensing. LPNs can:
- prepare/package leave of absence or pass medication from a drug supply;
- fill a mechanical aide or an alternative container (such as an envelope) from a ward stock or a unit dose for client self-administration;
- provide clients with medications obtained from a ward stock or ‘night cupboard’.
(NANB, 2013)

Disposal and Transportation

LPNs as part of their practice, may be required to transport or dispose of medications. Agency policies should identify the health professionals authorized to perform these activities and outline criteria for storage, safe handling and disposal of medications.

Licensed practical nurses should ensure that medication transport and disposal activities are part of their scope of employment and should follow agency policies and procedures.

Documentation

Licensed practical nurses should only record medications they have administered themselves. The documentation of medications administered by others is not best practice. However, in (i.e., Code Blue) emergency situations LPNs may be required to document medications administered
by others. In these cases, the documentation should clearly reflect that the LPN is recording the medication administration of another professional, including that professional's full name and designation.

**Licensed practical nurses are accountable for ensuring timely, accurate documentation of all medications they administer as well as client care and outcomes of care.**

**Medication Safety**

Medication errors are defined as the preventable incorrect use of medications. Errors can occur at any point in the medication administration process (i.e., ordering, transcribing, administering or monitoring).

Medication errors are the most common type of medical error (I.O.M., 2000). Some errors result in an adverse drug event causing harm, injury or death. Other errors are described as ‘near misses’. In these instances, the error is detected before the medication reached the client. Most medication errors occur at patient care transition points such as hospital admission, transfer from one area of a hospital to another, and discharge home or to another facility transfer of medication information. (Perry & Potter, 2014)

Examples of employer strategies for supporting safe medication administration practice include:

- 24-hour access to current medication administration resources (i.e., CPS, Drug Guides, Up to Date, Parental Drug Manual);
- implementation of scheduled maintenance processes for equipment used in the administration of medications (i.e., IV pumps);
- provision of a safe environment for practical nurses to prepare medications;
- provision of uninterrupted time for practical nurses to administer medications;
- provision of sufficient support and continuing education opportunities for practical nurses to further develop their competencies related to pharmacology;
- integration of information related to medication systems within orientation programs for new employees;
- implementation of an approved list of prohibited abbreviations and symbols or implementation of a policy requiring authorized prescribers to write their prescriptions without using any abbreviations or symbols.

**The facts of a medication error must be documented in a client’s health record, including the medication administered, clients response/reaction, the client’s status, corrective actions taken to safeguard the client, and follow-up monitoring**
**Best Possible Medication History (BPMH)**

The BPMH is the basis of medication reconciliation and documents all medications the client is currently taking. At each point of care (ie. admission, transfer, discharge), the patient’s list of medications is compared to the BPMH.

Licensed practical nurses:
- are accountable to use a systematic process to obtain the best possible medication history;
- use that information to resolve any discrepancies between clients’ old and new medication plans;
- educate clients about their new medication plans, as well as the need to discard old or discontinued medications.

**Medication Reconciliation**

Medication reconciliation is a formal process in which LPNs partner with clients, families, and each other to ensure that accurate and complete medication information is transferred at different points of care within the continuum of the healthcare experience.

Licensed practical nurses:
- collect a complete and accurate list of a client’s current home medications—including name, dosage, frequency and route.
- base admission, transfer and/or discharge medication orders on the most accurate list.
- compare the list against a client’s admission, transfer, and/or discharge orders;
- identify and bring any discrepancies to the attention of the authorized prescriber.
**Glossary**

**Accountability**: answering for the professional, ethical, and legal responsibilities within one’s role (i.e., decisions, activities, interventions): can never be shared or delegated.

**Algorithms**: a formula or set of rules for solving a particular problem. In health care a set of steps used in diagnosing and treating a disease.

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

**Clients**: individuals, families, groups, populations or entire communities who require nursing expertise. In some settings, clients may be referred to as ‘patients’ or ‘residents’.

**Independent double check**: Independent double-checking is a strategy to reduce medication errors with high-risk processes and high-alert drugs. An Independent Double-Check is a process where a second health care professional verifies a medication (alone and apart from each other, then compare results) before it is administered to a patient.

**Medication reconciliation**: a systematic process used to obtain a complete and accurate current list of a client’s medications (i.e., name, dose, frequency, route) which is then compared to a physician’s admission, transfer and discharge medication orders to identify and resolve any discrepancies (Canadian Patient Safety Institute; Safer Health Care Now!).

**Near miss or close call**: an event, situation or error that could have resulted in unwanted consequences, but did not occur because, either by chance or through timely intervention, the event did not reach a client (ISMP, 2013).

**Order**: a written, verbal medication or electronic medication order (prescription) from an authorized prescriber who has the legislative authority (e.g., nurse practitioner, physician, pharmacist).

**Practice context**: conditions or factors that affect the practice of nursing, including the needs of the client location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing and availability of other resources. In some instances, context of practice could also include factors outside the healthcare sector (e.g., community resources, government).
Selected Resources


Canadian Patient Safety Institute (CPSI). http://www.cpsi-icsp.ca/


References


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