Medication Administration Guidelines

January 2022

ANBLPN | AIAANB

Association of New Brunswick Licensed Practical Nurses

L'Association des Infirmier(ère)s Auxiliaires Autorisé(e)s du Nouveau-Brunswick

Mission

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) is the regulatory authority for Licensed Practical Nurses (LPN) in New Brunswick. ANBLPNs mandate is protection of the public by promoting the provision of safe, competent, ethical, and compassionate care. ANBLPN sets, monitors, and enforces practical nurse education, registration, and professional conduct. ANBLPN creates Standards of Practice, establishes a Code of Ethics, and develops and implements a Continuing Competence Program. Additionally, ANBLPN publishes documents to support the practice of LPNs in New Brunswick.

Contents

INTRODUCTION

The purpose of this guideline is to enhance the Licensed Practical Nurse's (LPN) understanding of their role in medication administration and outline their professional responsibilities in relation to medication management.

LPNs are accountable to provide safe, competent, compassionate, and ethical care to the public. As self-regulated professionals, they are also responsible to practice within their individual scope of practice while following their Standards of Practice and Code of Ethics.

LPNs must ensure they have the knowledge, competence, and authorization to administer medications. They are accountable to know when they are required to collaborate and/or seek clinical guidance from the health care team based on their individual competence or acuity of their clients.

MEDICATION MANAGEMENT

Safe medication management involves more than the technical task of administering the medication. LPNs must ensure they have the knowledge and competence to assess the appropriateness of medications, administer the medication correctly, evaluate the effectiveness of the medication, identify and manage adverse reactions, document outcomes, and support clients in managing their own care.

Prior to administering a medication, the LPN must:

- Have the knowledge, competence, and authorization to accept, transcribe, prepare, administer, monitor, and document the medication;
- Follow the medication "rights" and "checks" to ensure client safety; and
- Consider the client's needs, level of predictability and the practice environment to ensure client safety.

LPNs must always consider whom the most appropriate care provider is when administering medications to clients. Determining the appropriate care provider in relation to medication administration should be done using a three-factor framework approach which considers:

- The client (complexity of care, predictability of outcomes, and risk for a negative outcome);
- The nursing professional (education, competence, experience); and
- The Environment (access to practice supports and consultation).

For more information on the three-factor framework, please review the practice guideline LPNs and RNs Working Together.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

There are no restrictions on the types of medications that LPNs can administer. Legislation and regulatory authorities (i.e., ANBLPN) do not specify *which* medications can be administered by LPNs. This allows for more flexibility for employers so that they may determine which medications are appropriate for nursing professionals to administer based on the needs of their practice environment

and the competencies of their staff. Therefor, LPNs should always consult with their employers to help determine what polices are in place surrounding specific medications.

With the appropriate knowledge, competence, and authorization; LPNs may administer medications via the following routes:

- Oral
- Subcutaneous
- Intradermal
- Intramuscular
- Intravenous
- Jejunostomy/Gastrostomy tube
- Inhalants
- Topical
- Vaginal
- Rectal

LPNs may not administer medications via the direct IV Push route. Routine flushing of saline or heparin locks, is <u>not</u> considered direct IV push.

LPNs are required to have an order from an authorized prescriber before administering any medications. Authorized prescribers in New Brunswick consist of physicians, medical residents, nurse practitioners, midwives, dentists, optometrists, and pharmacists.

MEDICATION ORDERS

Once an order is received from an approved authorized prescriber, the LPN will ensure that the order is clear, accurate, and complete. A complete order includes:

- Client's full name;
- Date of prescription;
- Medication name, dosage, and strength;
- Route medication is to be delivered;
- Frequency of the dose;
- Reason for a PRN medication; and
- Name, signature, and designation of the authorized prescriber.

If an order is unclear, inaccurate, or missing any of the above components, the LPN is required to contact the authorized prescriber for clarification. LPNs may not administer any medications from an incomplete order.

LPNs may receive orders in a variety of formats. These include written, electronic (fax or email), telephone/verbal, directives, and order sets.

Electronic Orders

With appropriate use, technology approved by the employer can be used to communicate medication orders. When using electronic means to request and receive medication orders, all avenues must be taken to ensure privacy and confidentiality. When a medication order is received electronically, they must then be **transcribed** in the appropriate manner.

Once the medication order has been accepted, the LPN will follow the employer policy or procedure that is in place to transcribe the order in a timely manner. The LPN is accountable to validate the accuracy and completeness of electronic orders before assessing and administering the medication to the client.

Verbal & Telephone Orders

Authorized prescribers are expected to provide written orders, however, at times there may be exceptional circumstances (i.e., urgent, or emergent situations) when the prescriber cannot document the orders. As such, telephone orders should be limited to exceptional circumstances only.

Exceptional circumstances when telephone orders are acceptable may include:

- Emergent or urgent situations where delaying the order could place the client at risk for harm;
- Emergent or urgent situations where the order is required to deliver appropriate care; or
- When the authorizing prescriber is utilizing **telehealth** and does not have the ability to enter the order in the client's health record (CLPNNL & ARNNL, 2019).

Any orders that are received verbally or by telephone must be transcribed and verified by the authorizing prescriber as soon as possible. LPNs are not responsible for ensuring that verbal or telephone orders are signed off by the authorized prescriber.

Telephone orders must be read back in its entirety to the authorized prescriber to help reduce the risk of errors.

Verbal and telephone orders must include all the standard components of written orders to be considered complete. They must also include:

- The date and time the order was transcribed;
- A notation to indicate that it was a verbal or telephone order;
- The signature and credentials of the LPN receiving the order; and
- The identification of the authorized prescriber (CLPNA, 2021).

Verbal and telephone orders are more susceptible to errors due to the increased risk of miscommunication or misunderstanding the order. To help reduce the risk of error, the LPN is required to read the order back in its entirety to the authorized prescriber. The LPN will also follow any employer policy that is in place regarding verbal and telephone orders such as; which situations telephone orders are acceptable, which care providers can accept them, and how they are to be transcribed.

LPNs may not accept telephone/verbal orders for intravenous chemotherapy, sedation, or patient-controlled analgesia (PCA) medications.

Directives

Directives are pre-determined, evidence-informed written orders from an authorized prescriber for a procedure, treatment, or medication for several clients who meet specified conditions.

Directives for medication administration must contain the following components:

- Name and description of the medication;
- Specified clinical conditions that must be met before the medication is administered;
- Clear identification of contraindications for implementing the directive;
- Name and signature of the authorized prescriber approving and taking responsibility for the directive; and
- The date and signature of the administrative authority approving the directive.

LPNs may implement a medical directive for clients who have a clearly established plan of care and are meeting the expected outcomes. For clients who have become unpredictable due to complex care needs and are no longer meeting expected outcomes, the LPN is required to collaborate with a registered nurse, nurse practitioner, pharmacist, or duly qualified medical practitioner to determine the appropriateness of the directive in any practice setting. Exceptions may apply to specific situations such as the need for point of care testing (i.e., phlebotomy, glucometer testing, or urine/stool specimen collection).

When used appropriately, well established directives can improve the coordination of care, enhance workflow, and reduce unnecessary calls to authorized prescribers (ISMP [a], 2010).

Standardized Order Sets

Standardized order sets are used by physicians and serve as a support tool to prescribe appropriate treatments using pre-defined applicable medications and dosages that are based on common clinical conditions (CADTH, 2015). Examples of when order sets may be used include standardized admission orders or treatment of pneumonia.

LPNs may implement standardized order sets providing that the order is client-specific, and the authorizing prescriber has identified which orders apply to the specific client. Order sets serve to standardize client care and help ensure accurate communication between health care providers (CLPNA, 2021).

PRN Medications

PRN medications (Pro Re Nata) are medications that are prescribed on an “as-needed” basis for a specific symptom. The reason for the medication must be indicated on the order, as well as the frequency, from the authorizing prescriber. If the reason for use is missing from the order, the LPN may not administer the medication and will seek clarification from the authorized prescriber. PRN medications must not be administered for any reason other than the one indicated on the order. For example, if Gravol is ordered PRN “for nausea” it may not be administered as a sleep aid.

When administering a PRN medication, the LPN is required to document the reason for its administration and the client’s response to the medication (NSCN, 2020). If the PRN is not meeting the

client's needs, the LPN will follow up with the authorized prescriber to help ensure the client's needs are met.

Range Doses

Range doses refer to medication orders where the dose and frequency of the medication is prescribed in a range (i.e., 5-10mg morphine q4h, prn for pain). LPNs may administer range doses provided that the range dose is part of well-established plan of care and the client is meeting the expected outcomes. If the client's care needs change and they are no longer meeting the expected outcomes, the LPN is required to consult with a registered nurse or the authorized prescriber to collaboratively determine the range dose.

Sliding Scales and Algorithms

At times, medications may be ordered using a sliding scale or algorithm. Sliding scales are used to determine an increase or decrease in medication doses based on a pre-determined measurement (CLPNA, 2021). Sliding scales and algorithms are used to guide nursing professionals in determining the dose of a medication based on a client's laboratory values (i.e., INR for anticoagulants or blood glucose for insulin).

LPNs must first ensure they are aware of employer policies related to sliding scales and algorithms. If authorized by their employer, the LPN may administer medications using sliding scales or algorithms providing that it is part of a well-established plan of care whereby the client is meeting reasonable outcomes, a baseline of assessment data has been collected and documented on the care plan, and the LPN has the knowledge and competence to do so (NSCN, 2020).

If a client's needs are no longer predictable and their level of complexity increases, the LPN is expected to collaborate and consult with a registered nurse, nurse practitioner, or physician before proceeding with an algorithm or sliding scale order.

LPNS may <u>not</u> determine insulin correction or adjustment doses and must be aware of employer policies regarding the use of algorithms.

TRANSCRIBING ORDERS

Transcribing orders involves transferring the medication order on the client's medication administration record (MAR). Transcribing orders is within the LPNs scope of practice and the LPN is expected to follow employer policies and procedures that are in place.

LPNs are required to have the knowledge and ability to transcribe orders and to validate the accuracy and completeness of the transcription. All orders will be transcribed as written. LPNs may not substitute generic names or **therapeutic interchanges** unless authorized by the employer (CLPNNL & ARNNL, 2019).

COMPETENCE

LPNs must have the knowledge, competence, and skill to perform safe medication administration. The competencies required include; knowledge related to the therapeutic effect of medications, possible side effects or adverse effects, contraindications, and interactions with other substances (NSCN, 2020). They must also know how to manage adverse reactions, evaluate outcomes, and document outcomes.

Best practice related to medication administration involves applying safety protocols such as the "10 rights" of medication administration and "three (3) checks" prior to administering the medication. LPNs are expected to follow these rights and checks each time they administer a medication to help ensure the safety of the client.

10 Rights of Medication Administration

1. Right Client – LPNs are required to use client specific identifiers to help reduce the risk of errors and ensure the right client is receiving the right medication. LPNs will follow employer policies of proper client identification such as identification bands or client photos.

2. Right Medication – LPNs only administer medications that they have prepared themselves and are responsible to prepare the appropriate medication to the appropriate client. If there is any doubt as to whether the client is receiving the right medication, the LPN will withhold the medication and confirm the order with the authorized prescriber (CLPNA, 2021).

3. Right Dose – LPNs are accountable to ensure dosage calculations are accurate and appropriate for the client. If an order requires a dosage calculation, the LPN should have another nursing professional verify the calculation (**independent double check**).

4. Right Route – The route that a medication is administered is determined by the authorizing prescriber. LPNs may administer medications via all routes, apart from direct IV push.

5. Right Time – LPNs are accountable to ensure that medications are delivered within acceptable and approved time frames. Critical, time sensitive medications must be given on time. If a medication is delayed or missed, the LPN will document the actual time the medication was administered.

6. Right Reason – LPNs are accountable to ensure the medication they are administering is for the right reason. Most notably this would refer to PRN medications. PRN medication orders must include the reason for administration (i.e., "for nausea") and should only be administered for that specific reason.

7. Right Documentation – Immediately following medication administration the LPN will complete the required documentation to decrease the risk of errors. Medications must be signed for immediately following administration. It is never acceptable to pre-sign for medications or to sign for medications after a shift has been completed.

It is never acceptable to pre-sign for medications or sign for medications after the completion of a shift

8. Right Evaluation – LPNs will monitor their clients following medication administration and observe for any side effects, adverse reactions, and the effectiveness of the medication.

9. Right Education – LPNs are required to be knowledgeable about the medication and communicate this knowledge to their clients to facilitate their understanding of their medication regime.

10. Right to Refuse –An important component of client centered care is the client's right to refuse. The LPN is expected to educate their clients in order for them to make informed decisions surrounding their care. After providing the education, if a client refuses the medication, the LPN will respect the client's choice, document the refusal, and notify the authorized prescriber.

3 Checks

Prior to administering a medication, the LPN will ensure that the following is checked 3 times:

- Right client
- Right medication
- Right dose
- Right route
- Right time

It is imperative that the label on the medication be compared with the MAR at three different check points:

1. When the medication is being removed from the drawer
2. When the medication is being poured
3. When the medication is being put away (Doyle & McCutcheon, 2015)

Once these three checks are performed, the LPN will then administer the medication to the client.

High Alert Medications and Independent Double Checks

High alert medications are those that pose a greater risk to clients if an error should occur during the administration process (ISMP [b], 2018). The Institute for Safe Medication Practices have developed high alert medication lists for various practice settings. These lists are available here. Employers may also have high alert lists specific to the workplace and LPNs are responsible for being aware of any applicable policies related to medication administration.

High alert medications also require an independent double check to be performed prior to their administration. Performing an independent double check helps prevent medication errors for high alert medications as these errors could be fatal to clients. An independent double check is the process whereby a second nursing professional verifies the medication (alone and apart from the other nursing professional, then compares the results) before it is administered to the client. LPNs are responsible to follow employer policies related to the double-checking of high alert medications.

MEDICATION PREPARATION

When involved with medication management, LPNs must uphold various professional expectations to ensure the delivery of safe and competent care. The LPN is expected to use their knowledge, skill, and judgement while following best practice for medication administration. Best practice related to medication administration includes:

- Complying with professional standards of practice, code of ethics, and employer policies;
- Working within the legislative, professional, and individual scope of practice;
- Utilizing professional knowledge, skill, and judgement to practice safely and competently;
- Integrating infection prevention and control practices;
- Preparation of medication only after an order has been verified as complete;

- Being knowledgeable regarding client's allergies or sensitivities;
- Preparation of medication at the time it is to be administered (LPNS may never pre-pour medications);
- Prepare medications according to the 10 rights and 3 checks;
- Avoid leaving medications unattended;
- Prepare medications in an area free of interruptions to avoid medication errors;
- Prepare medications for one client at a time;
- Only administer medications that the LPN has prepared themselves;
- Crush or split medications only when appropriate;
- Pour medications directly into a medicine cup to be given directly to the client;
- Follow all special handling precautions if required;
- Evaluate the effectiveness of medications;
- Manage any side effects or adverse reactions; and
- Document according to standards and employer policies.

Preparing Medications from Ward Stock

LPNs may prepare medications from a ward stock (i.e., "night cupboard"), providing there is a client specific order from an authorizing prescriber. Preparing medications from ward stock is not considered **dispensing** if it is being prepared for immediate administration to one specific client.

Mixing Medications

LPNs are permitted to mix two or more medications for immediate administration to a client. This includes mixing powdered oral medications, mixing powders in a vial with a diluent for injections, or mixing medications in a syringe for injections (ANBLPN [a], 2019). This is not considered **compounding**, as compounding medications can only be done by pharmacists.

"Pass" Medications

If a client is permitted to leave a facility temporarily, it may be necessary for the client to take their medications with them while they are away. Repackaging or providing medications to clients after they were dispensed by the pharmacy is also not considered dispensing.

LPNs may prepare/package "pass" medications from the client's medication supply, fill a mechanical aide or alternative container (pill organizers/envelope) from ward stock or a unit dose for client self-administration, and provide clients with medications obtained from a ward stock.

ADMINISTRATION OF ALTERNATE MEDICATION TYPES

Medications come in many different categories and types. Some alternate medication types that LPNs may administer include **placebos**, over the counter medications, sample medications and medications that are brought from home. However, there are special considerations that LPNs must be aware of before administering these types of medications to clients.

Placebos

Administering a placebo to a client, without the client having the knowledge or consenting, is considered unethical. As per the Code of Ethics, LPNs must respect the rights and responsibilities of clients to be informed and make decisions about their health care (ANBLPN [b], 2013).

Administration of a placebo is only acceptable if the client is made aware that the medication is a placebo, or if the client is knowingly part of a research study and has consented to the same.

Over the Counter Medications

Over the counter (OTC) medications are those that can be obtained without a prescription. However, to administer the OTC medication, nursing professionals are required to have an order from an authorized prescriber.

Additionally, LPNs may not recommend OTC medications to clients. LPNs should advise clients to seek advice from their primary care provider regarding OTC medications (CLPNA, 2021). However, LPNs may collaborate with their clients to discuss interventions that clients have successfully used in the past as part of their self-management.

An order is required before administering any type of medication, including OTC medications

Sample Medications

LPNs may administer sample medications, providing that they are accompanied by an order from an authorized prescriber, and it is authorized by the employer. LPNs may not accept sample medications from pharmaceutical representatives or distribute these samples to clients for administration.

Medications Brought from Home

In some practice settings, clients may bring their medications from home for administration (i.e., summer camps, respite care, new admissions at adult residential facilities). LPNs may administer these medications providing that they have an order from an authorized prescriber, the medications are stored in the *original* packaging, the medication container has a legible prescription label affixed to it, and the practice is supported by an employer policy.

If there is any discrepancy between the prescription label and the administration directions from the client/family, the LPN will clarify the order with the authorized prescriber before administering the medication. All consultations done by the LPN should be documented.

SELF ADMINISTRATION

Employer policies should be in place to support the self-administration of medications by clients who are competent and capable of doing so. The LPN is still accountable to teach clients about their medications and advise them about potential side effects, the importance of following their medication regime, and evaluating the client's response to the medication (CLPNA, 2021).

If a client self-administers their medications, the LPN must assess the client's ability and competence to administer their medications safely and appropriately, provide teaching and supervision as necessary, monitor and evaluate the client's response to the medication, and complete medication documentation according to employer policy (i.e., it should be noted that the client is partaking in self-administration).

ADMINISTRATION AND MANAGEMENT OF CONTROLLED SUBSTANCES

LPNs are authorized to administer controlled substances (narcotics) providing they have the knowledge, competence, and authorization to do so. They may administer narcotics as a regular order or PRN.

Narcotics are considered a **high-alert medication**. The administration of narcotics requires the nursing professional to conduct drug counts as per employer policy.

LPNs may participate in the reconciliation process for narcotics such as:

- Recording drug counts on inventory sheets;
- Participating in shift count and recording the narcotic on the inventory sheet;
- Using automated inventory systems; and
- Co-signing wastes of narcotics (ANBLPN [a], 2019).

When administering a narcotic PRN, the LPN must document that it was given, the reason why it was given, and the client's response to the narcotic in the client's chart.

Administering narcotics is a meticulous process and LPNs must follow best practice to reduce the risk of errors that could become fatal to the client, as well as to mitigate **drug diversion** attempts.

MEDICATION ERRORS

Reducing the incidence of medication errors has been a primary focus in health care and much progress has been made. However, despite changes in best practice, medication errors can, and do, still happen. LPNs must make every effort to reduce the chances of a medication error from occurring. The prevention of medication errors is a serious responsibility for nursing professionals as these errors can be fatal to clients (ISMP [c], 2021).

Medication errors can also lead to adverse events which have the potential to cause client harm, or even death. The Canadian Adverse Events Study revealed that adverse events from medication errors occurred in 7.5% of hospital admissions and were associated with a 20% risk of death or longer hospital stays as a result (CJHP, 2010).

To help prevent medication errors and maintain client safety, the following strategies should be implemented:

- Always administer medications using the 3 checks and 10 rights of medication administration;
- Always use two employer approved client identifiers;
- Never pre-pour or pre-sign for medications;
- Only prepare and administer medications for one client at a time;
- If taking a telephone order, always repeat the order back to the prescriber in its entirety;
- Always complete an independent double check for high alert medications or those that require dosage calculations;
- Implement strategies to ensure that you are preparing medications with focus and in an area where distractions are limited;
- Identify and report any concerns you have with medication orders, packaging, or labeling to management, the pharmacy, or authorized prescriber;
- Avoid the use of abbreviations and/or only use facility approved abbreviations;
- Follow employer policy to report any near misses, adverse events, or errors; and
- If an error or adverse event occurs, collaborate with the healthcare team to discuss strategies that may prevent the error from occurring again.

It is important to recognize that qualified, caring, nursing professionals do make honest mistakes. As such, when an error occurs the health care team should remain collaborative and supportive to help mitigate the risk it poses to the client. A supportive environment free of blame encourages collaboration, problem solving, and enables the team to develop preventative strategies (NSCN, 2020).

It is also equally important to understand that if an LPN makes a medication error, they must remain accountable for the error and take timely and appropriate steps to ensure client safety and resolve the error. LPNs must report the error and collaborate with the health care team to implement steps to help ensure the client remains safe (i.e., monitor vitals, contact primary care provider, contact pharmacy, etc.). The LPN must document the steps they took to address the error, which includes the time the medication was administered and who they informed about the error.

Honest mistakes can and do happen…fostering a supportive and collaborative environment free of blame encourages problem solving and allows the team to develop preventative strategies

SPECIAL CONSIDERATIONS

Certain aspects of medication management require further education that may not have been covered in the basic practical nursing program or have special considerations to be aware of. This does not necessarily mean that an LPN could never administer these medications. With employer authorization, the LPN can acquire the necessary education and competence to add this to their individual scope of practice to take part in the administration of these medications.

Immunizations

The administration of immunizations is a beyond entry level competency for LPNs as it is not covered in the basic practical nursing program. LPNs may administer immunizations providing they have received employer approved education and clinical mentorship. LPNs may obtain this education through a

variety of means such as employer-based "in house" education, or ANBLPNs Immunization Learning Module.

For more information on LPNs administering immunizations, please refer to our practice guideline Immunization.

Medical Cannabis

Medical cannabis may be prescribed to clients to alleviate symptoms of a disease or disorder, such as palliative care clients experiencing cancer pain. It may also be prescribed for symptoms associated with chronic conditions such as multiple sclerosis or epilepsy.

LPNs may administer medical cannabis to clients providing the following conditions are met:

- There is an employer policy in place to support the practice;
- The client has authorization for medical cannabis (medical document or written order);
- The LPN has the knowledge, skill, and individual competence to administer cannabis safely, evaluate its effectiveness, and identify and manage adverse reactions; and
- There is a reliable means of authenticating the substance and determining the dosage (ANBLPN & NANB, 2019).

It is important to remember that each individual employer can make its own determination about access to medical cannabis. Administration and distribution can only be undertaken if the employer permits and with a medical document or written order (CNPS, 2018).

For more information on Medical Cannabis, please refer to our practice guideline: Caring for Clients Authorized to Use Medical Cannabis.

Patient Controlled Analgesia (PCA)

Patient Controlled Analgesia provides pain control and gives the client the ability to control their pain using a computerized pump. The pump is connected to the client's intravenous line or subcutaneous line.

LPNs must complete beyond entry level training with PCA pumps before they can assume care for these clients. This training will include employer-based education and clinical mentorship. Once this education is achieved, LPNs may care for clients who have an established PCA pump and may also discontinue the PCA pump. LPNs may also replace established PCA cartridges or syringes of the same medication and dose and act as the co-signer.

LPNs are not authorized to initiate PCA pumps or fill or add new medications to a cartridge of syringe. However, in certain limited contexts, such as palliative care, the LPN may be authorized to replace cartridges or syringes with different concentrations or dosages if it is required for the specific practice context and approved by the employer.

Procedural Sedation and Analgesia

Procedural Sedation and Analgesia (PSA) is used to control pain during certain procedures, such as suturing or casting. LPNs are not authorized to administer intravenous sedation; however, they are able

to administer oral, rectal, or injected (IM or SC) pre-op or post-op medications if they are knowledgeable and competent to do so (i.e., Ativan prior to an Endoscopy).

Medical Assistance in Dying (MAiD)

Medical Assistance in Dying (MAiD) occurs when a physician or nurse practitioner administers a medication that will end a client's life. The client must personally request MAiD and meet Bill C-14 criteria to be eligible for this procedure.

In accordance with legislation, the only health professionals authorized to administer a substance that causes death is a physician or nurse practitioner. Though amendments have been made to MAiD legislation in 2021, the role of the LPN with MAiD has not changed. However, an LPN may assist a physician or nurse practitioner; for example, inserting an IV line or providing comfort to the client. An LPN is not authorized to administer the substance that causes death.

Dialysis

Dialysis is considered an advanced competency for LPNs. For an LPN to take part in dialysis, they must take part in employer specific education programs. This education will include a combination of educational theory and clinical mentorship approved by the employer.

Naloxone

Naloxone is a medication that blocks or reverses the effects of opioids and is used to treat an overdose in emergency situations. An LPN may administer Naloxone providing they have the knowledge and competence to do so, and it is supported by an employer policy.

For more information about Naloxone, please refer to our fact sheet: Naloxone.

Aesthetics

The delivery of aesthetic nursing services, such as injecting dermal fillers, volume enhancers, collagen stimulators, lipolysis and neuromodulators is a beyond entry level competency for LPNs (ANBLPN [c], 2021). LPNs wishing to perform these services must obtain the necessary education and clinical mentorship in collaboration with their employer. Additionally, once the required education is obtained, a physician or nurse practitioner who specializes in dermatology treatments, must be on site during the procedure and available for immediate consultation as necessary.

For more information on Aesthetic Nursing, please refer to our fact sheet: Aesthetic Nursing.

TRANSPORATION AND DISPOSAL OF MEDICATIONS

Depending on the practice environment, it may be necessary for an LPN to transport medications. For example, an LPN working at a flu clinic may need to transport the vaccines to and from the clinic. Employers should have policies in place to authorize which health care professionals are permitted to transport medications and a process outlining the procedure.

Employers should also have policies and procedures in place for the disposal of medications. If a full dose or portion of a medication requires disposal, it should be done according to employer policy. High-

alert medications are also required to have a witness during the disposal procedure. LPNs are authorized to dispose of medications or witness the disposal of medications.

MEDICATION RECONCILIATION

Medication reconciliation is a formal process where comprehensive medication information is collected and communicated to the health care team across all transitions of care to ensure client safety. Medication reconciliation should be performed when clients are admitted, transferred, or discharged (ISMP[d], 2012).

The process of medication reconciliation involves 3 steps:

1. Obtain the **best possible medication history** (BPMH) which involves acquiring a complete and accurate list of regular medications;
2. Use the BPMH when admitting, transferring, or discharging a client; and
3. Compare the BPHM with admission, transfer, or discharge orders; identify and report any discrepancies.

If medication reconciliation is not performed, it can lead to serious consequences for the client. LPNs are accountable to obtain and utilize BPMH and use that information to resolve any discrepancies, educate clients about their medication regimes and to dispose of any expired or discontinued medications.

DOCUMENTATION

Accurate and complete documentation is a vital component of nursing practice (Potter & Perry, 2010). It serves as a form of communication among the health care team and advises the team regarding what nursing interventions the client has received.

Timely and accurate documentation is an essential component of medication administration as it identifies which medications have, or have not, been administered, and by whom (CLPNNL & ARNNL, 2019). The golden rule of "*if it was not documented, it was not done*" applies to medication administration documentation. This documentation also provides the health care team with information regarding the effects the medication had on the client.

LPNs are accountable to sign for medications immediately following their administration. It is never appropriate to pre-sign for medications or sign for medications after the shift has been completed. They must also document the client's response, any adverse reactions, errors or near misses related to medication administration.

LPNs only document medications that they have administered themselves. The only circumstance where an LPN may document for someone else is in an emergency, such as a "Code Blue". In an emergency, the LPN may be required to document medications given by others. In these situations, the documentation should clearly identify that the LPN is recording for another nursing professional. This documentation should also include the other nursing professionals name and designation.

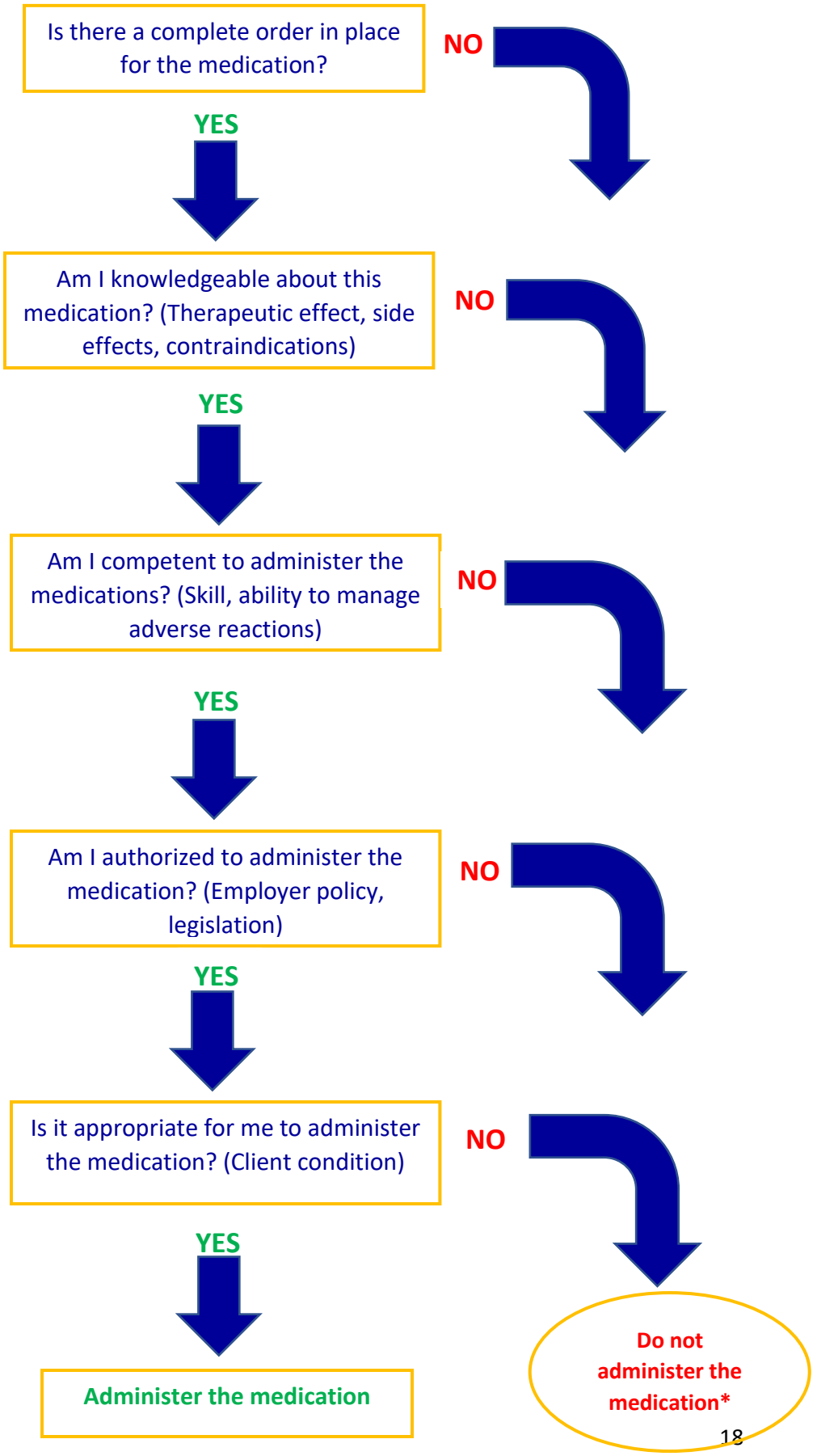
LPNs will remain aware of any employer policies in place regarding documentation pertaining to medication administration and are expected to follow these policies.

CONCLUSION

LPNs are authorized to perform medication administration across all practice settings. LPNs who take part in medication management must have the appropriate knowledge, competence, and professional judgement to administer medications safely. LPNs are accountable to follow best practice guidelines and employer policies related to medication administration. All aspects of medication management should be done collaboratively with the client and health care team to ensure the delivery of safe, competent, compassionate, and ethical nursing services.

APPENDIX A: SHOULD I ADMINISTER THIS MEDICATION?

(Modified from NSCN, 2020)



You should take action to gain the required knowledge & competence

GLOSSARY

Best Possible Medication History: a history created using a systematic process of interviewing the client/family, and a review of at least one other reliable source of information to obtain and verify all of a client's medication (ISMP Canada).

Compounding: the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of a patient (National Academy of Sciences, 2020).

Dispensing: the interpretation and clarification of a prescriber's order and the assembly and preparation of the order for delivery to the client (New Brunswick College of Pharmacists Act, 2014).

Drug Diversion: occurs when an employee steals medications from the workplace for their own personal use (Premier Safety Institute, 2021).

High Alert Medication: medications that bear a heightened risk of causing significant patient harm when they are used in error (ISMP Canada, 2018).

Independent Double Check: a process whereby two qualified health-care professionals separately check each component of the work process (checking the prescription, compare medication to the prescription and MAR, calculate the dosage, compare the result, and check the client identifiers) (CLPNNL & ARNNL, 2019).

Placebo: an inactive pill, liquid, or powder that has no treatment value given in the control group of a clinical trial. Ideally placebos are identical in appearance, taste, and feel to the experimental treatment and believed to lack any disease specific effects (Ontario Ministry of Health, 2013).

Telehealth: the use of technology to deliver health services to clients who are not physically in the same location as the health care professional.

Therapeutic interchanges: the substitution of equally effective medications, for example, substitution within a class of medications such as antibiotics or proton pump inhibitors (CLPNNL & ARNNL, 2019).

Transcribe: the process of writing down or copying the medication order given by the authorized prescriber. This order can be verbal, paper-based or in electronic form (CLPNA, 2021).

REFERENCES

Association of New Brunswick Licensed Practical Nurses [a] (2019). *New Brunswick Licensed Practical Nurses Competency Profile.* Fredericton: New Brunswick.

Association of New Brunswick Licensed Practical Nurses [b] (2013). *Code of Ethics for Licensed Practical Nurses in Canada*. Retrieved from: https://www.anblpn.ca/wp-content/uploads/2021/04/Code_of_Ethics_2013.pdf

Association of New Brunswick Licensed Practical Nurses & Nurses Association of New Brunswick (2019). *Caring for Clients Authorized to Use Medical Cannabis*. Retrieved from: https://www.anblpn.ca/wp-content/uploads/2021/04/Caring-for-Clients-Authorized-to-Use-Medical-Cannabis.pdf

Association of New Brunswick Licensed Practical Nurses [c] (2021). *Fact Sheet: Aesthetic Nursing*. Retrieved from: https://www.anblpn.ca/wp-content/uploads/2021/08/Aesthetic-Nursing.pdf

Canadian Agency for Drugs and Technologies in Health (2019). *Standardized Hospital Order Sets in Acute Care: A Review of Clinical Evidence, Cost-Effectiveness, and Guidelines.* Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK546326/

Canadian Journal of Hospital Pharmacy (2010). *Medication Error Reporting Systems: A Survey of Canadian Intensive Care Units.* Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2832561/

Canadian Nurses Protective Society (2018). *Access to Cannabis for Medical Purposes: What Every Nurse Should Know*. Retrieved from: https://cnps.ca/article/access-to-cannabis-for-medical-purposes-what-every-nurse-should-know/

College of Licensed Practical Nurses of Alberta (2021). *Practice Guideline: Medication Management*. Retrieved from: https://www.clpna.com/wp-content/uploads/2018/06/doc_Practice_Guideline_Medication_Management.pdf

College of Licensed Practical Nurses of Newfoundland and Labrador and Association of Registered Nurses of Newfoundland and Labrador (2019). *Medication Management*. Retrieved from: https://www.clpnnl.ca/sites/default/files/2019-08/Medication_Management_2019.pdf

Doyle, Glynda Rees & McCutcheon, Jodie Anita (2015). *Clinical Procedures for Safer Patient Care*. Retrieved from: https://opentextbc.ca/clinicalskills/chapter/6-1-safe-medication-adminstration/

Government of New Brunswick. *Medical assistance in dying*. Retrieved from: https://www2.gnb.ca/content/gnb/en/departments/health/patientinformation/content/MedicalAssistanceInDying.html

Institute for Safe Medication Practices [a] (2013). *Guidelines for Standard Order Sets*. Retrieved from: https://www.ismp.org/guidelines/standard-order-sets

Institute for Safe Medication Practices [b] (2018). *High-Alert Medications and System Safety.* Retrieved from: https://www.ismp-canada.org/download/presentations/HighAlertMedications-APFH-28Oct2018.pdf

Institute for Safe Medication Practices [c] (2021*). A Recurring Call to Action: Every Healthcare Organization Needs a Medication Safety Officer!* Retrieved from: https://www.ismp.org/resources/recurring-call-action-every-healthcare-organization-needs-medication-safety-officer

Institute for Safe Medication Practices [d] (2012). Medication Reconciliation in Canada: Raising the Bar. Retrieved from: https://www.ismp-canada.org/download/MedRec/20121101MedRecCanadaENG.pdf

National Academies of Sciences, Engineering, and Medicine (2020). *The clinical utility of compounded bioidentical hormone therapy: A review of safety, effectiveness, and use*. Washington DC: The National Academies Press. https://doi.org/10.17226/25791

New Brunswick College of Pharmacies Act (2014). Retrieved from: https://nbcp.in1touch.org/document/1734/2014%20Pharmacy%20Act.pdf

Nova Scotia College of Nursing (2020). *Medication Guidelines for Nurses*. Retrieved from: https://cdn1.nscn.ca/sites/default/files/documents/resources/MedicationGuidelines.pdf

Ontario Ministry of Health (2013). Ontario Public Drug Programs Glossary. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/drugs/dr_glossary/glossary_p.aspx

Perry, Anne Griffin & Potter, Patricia A. (2010). *Canadian Fundamentals of Nursing* (4th Edition). Elsevier: Toronto, Canada.

Premier Safety Institute. (2021). *Opioid Drug Diversion*. Retrieved from: https://www.premiersafetyinstitute.org/safety-topics-az/opioids/drug-diversion/