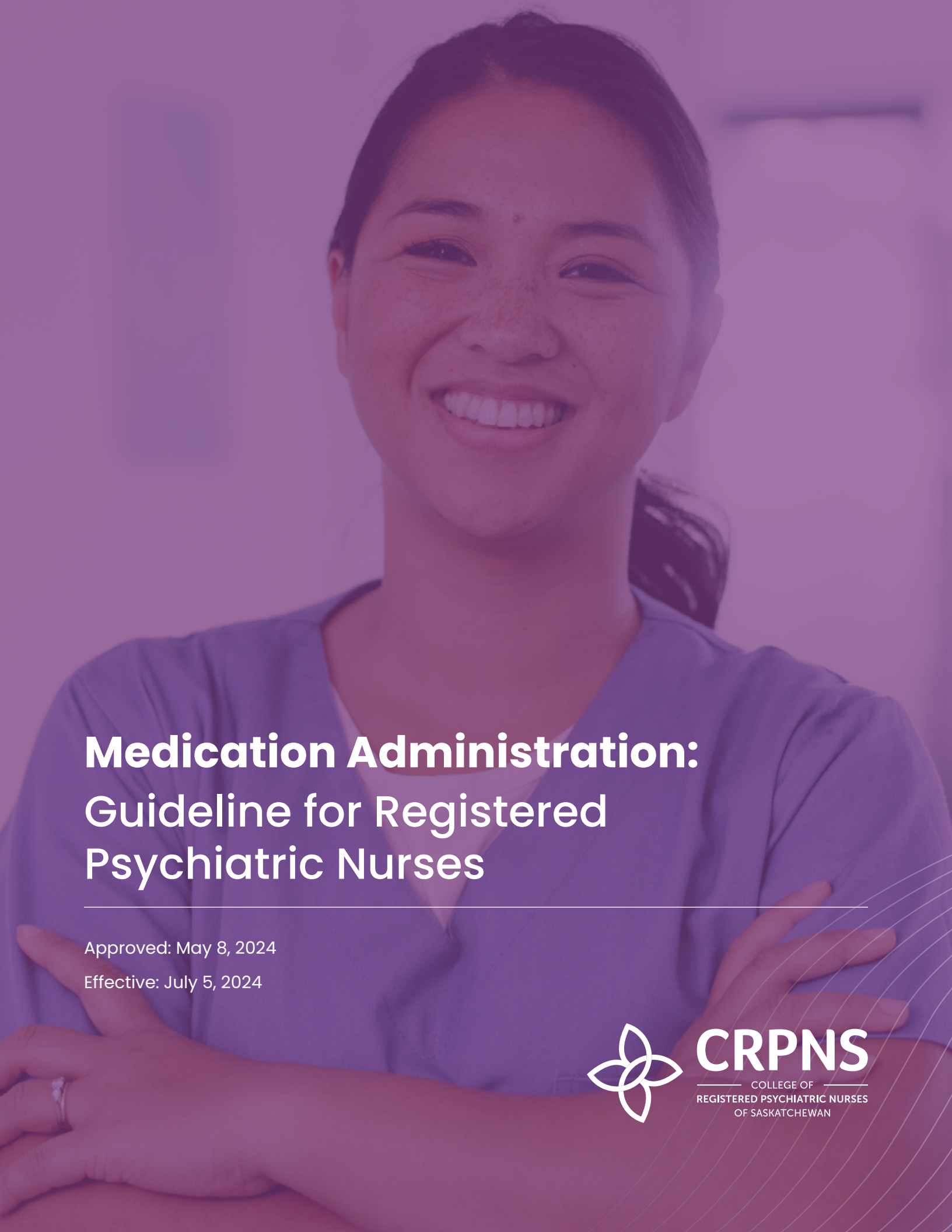




Medication Administration: Guideline for Registered Psychiatric Nurses

Approved: May 8, 2024

Effective: July 5, 2024



CRPNS

COLLEGE OF
REGISTERED PSYCHIATRIC NURSES
OF SASKATCHEWAN

Under the [Registered Psychiatric Nurses Act](#), the College of Registered Psychiatric Nurses of Saskatchewan (CRPNS) is legally responsible to protect the public by regulating members of the psychiatric nursing profession in Saskatchewan.

Copyright © The College of Registered Psychiatric Nurses of Saskatchewan, 2024

This document may be reproduced, either in part or in its entirety, for personal or educational purposes without prior authorization, provided the following conditions are met:

- Careful attention must be given to ensure the accuracy of the reproduced materials;
- The source, CRPNS, must be explicitly acknowledged;
- Any alterations made to the content must be clearly delineated; and
- The reproduction must not be presented or implied as an official rendition of the original materials.

Reference of this guideline to any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not constitute or imply its endorsement, recommendation, or favouring by the CRPNS.

Other requests for commercial or for-profit redistribution of this document in whole or part should be in writing and addressed to:

CRPNS

#205 – 4401 Albert Street
Regina, Saskatchewan
S4S 6B6 Canada

OR

info@CRPNS.ca

ACKNOWLEDGEMENT

It is with great appreciation that we acknowledge the College of Registered Nurses of Saskatchewan (CRNS), British Columbia College of Nurses and Midwives (BCCNM), College of Registered Nurses of Alberta (CRNA), College of Registered Nurses of Manitoba (CRNM), Nurses Association of New Brunswick (NANB), College of Nurses of Ontario (CNO), and the Nova Scotia College of Nurses (NSCN) whose work has contributed significantly to the development of this guideline.

CRPNS extends our gratitude to Tiffany Poage, RPN, for her contributions to this guideline as partial completion towards her Bachelor's of Psychiatric Nursing Degree.

INTRODUCTION

Registered Psychiatric Nurses (RPNs) are a distinct profession and a valued partner in the continuum of health care. RPNs utilize their knowledge, skill, critical thinking and judgement to promote and support mental health, hope and recovery. Safe medication administration is fundamental to the RPNs ability to provide high-quality and competent nursing care.

RPN ROLE AND RESPONSIBILITIES

This guideline applies to all RPNs, working within all domains of practice and in all settings. Medication management is a multi-professional, evidenced-based approach to help ensure safe medication practices. RPNs work with other health care professionals and clients to facilitate the safe and effective use of prescriptions and over-the-counter medications and are responsible to implement safe medication management practices. This involves using critical thinking and professional judgement, adhering to current evidence-informed criteria and guidelines, respecting individual rights and values, taking responsibility for their practice, taking steps to minimize harm from adverse events, and delivering competent, ethical care. Medication management encompasses more than simply administering prescribed medications. It involves coordinating the nursing process through effective collaboration, communication, clinical risk management by identifying, assessing, and minimizing risks to clients, staff, and the healthcare environment, and the promotion of safety.

The [CRPNS Code of Ethics](#) outlines ethical principles and values for all members of the psychiatric nursing profession. The code of ethics set out the framework for professional responsibility and accountability. The standards of psychiatric nursing practice further articulate the RPN's professional and legal obligations.

STANDARDS OF PRACTICE

The CRPNS maintains the standards of practice which establishes the minimum acceptable level of performance required by an RPN. The five standards of practice are:

- Therapeutic relationships
- Competent evidence-informed practice
- Professional responsibility and accountability
- Leadership and collaboration in quality psychiatric nursing practice
- Professional ethical practice



PURPOSE OF CRPNS PRACTICE GUIDELINES

The goal of psychiatric nursing practice is to achieve the best possible outcomes for clients. The purpose of CRPNS practice guidelines is to make RPNs aware of the requirements and obligations of specific aspects of registered psychiatric nursing practice. Practice guidelines provide more specific information related to RPN responsibilities and this document is intended to complement information outlined in the *Registered Psychiatric Nurses Act*, other legislation, CRPNS Bylaws, *Standards of Psychiatric Nursing Practice*, *Code of Ethics*, and other resources that support professional psychiatric nursing practice.

MEDICATION ADMINISTRATION

Medication administration: is the activity of providing a client with a prescribed dose of a therapeutic agent for immediate use through methods such as ingestion, application, inhalation, infusion, insertion, or injection. It involves more than the physical act of giving medication; it encompasses the nursing process, including assessment, clinical decision-making, and customized care planning to meet the client's needs. RPNs play a critical role in medication administration, often serving as the patient's last line of defense.

(Taber's Cyclopedic Medical Dictionary, 2021)

(Sassatelli, 2022)

To safely administer medications to clients, RPNs must first verify the medication order, and determine whether the order is complete, clear, and accurate. The RPN is responsible for verifying any order that is unclear with the authorized prescriber. RPNs assess whether the medication order is appropriate for the client, considering client characteristics, medical and medication history, including allergies. Prior to providing medications, the RPN ensures that the medication order has been transcribed per agency policy and the RPN has the required knowledge about the medication(s) prior to providing it to the client. RPNs must know about a medication's therapeutic actions, safe dosages, contraindications, potential interactions, adverse effects, and side effects. The RPN must ensure that after obtaining client consent and administering the medication, it is either consumed by the client or returned to the designated area if declined, and disposed of in accordance with employer policies. The RPN is responsible for providing the client with thorough education about the medication and their health condition, administering the medication correctly, managing adverse effects, and accurately documenting the medication administration. The RPN must consult with the appropriate health care professional if unexpected effects occur.

MEDICATION RIGHTS

Medication rights serve as essential guidelines established to minimize medication errors during administration. These ten rights, accompanied by three checks, are integral to every medication administration process. The initial five rights pertain directly to medication administration, whereas the subsequent rights, from six to ten, emphasize client safety and the accountability of RPNs.

1. Right drug
2. Right client
3. Right dose
4. Right route
5. Right time and frequency
6. Right reason and assessment
7. Right education and information
8. Right to decline
9. Right evaluation
10. Right documentation

The three checks occur when:

1. The medication is removed from its storage area;
2. The medication is being prepared for the client; and
3. Just prior to the medication being given to the client.

The RPN must uphold all 10 rights and perform all 3 checks of medication administration. Adherence to the ten rights and three checks fosters a culture of safety within healthcare settings. It reinforces the importance of thorough assessment, critical thinking, and attention to detail in medication management, ultimately contributing to positive client outcomes and reducing the potential for harm associated with medication administration.

PREVENTATIVE CARE

RPNs play a vital role in preventative healthcare across all three levels of prevention: primary, secondary, and tertiary. This extends to medication administration where the RPN is expected to use critical inquiry and the nursing process to implement interventions for all levels of prevention. Two examples are the administration of vaccinations and intervening early with nonpharmacological interventions to de-escalate a client who is experiencing anxiety and/or agitation.

DOCUMENTATION

All RPNs must adhere to the [Documentation Guideline for Registered Psychiatric Nurses](#). Accurate and thorough documentation ensures continuity of care by providing a comprehensive record of the client's health status, interventions, responses to treatment and serves as a legal record. This allows for effective communication among healthcare team members, ensuring everyone involved in the client's care is well-informed and can make informed decisions based on the documented information.

Documenting Controlled Drugs and Substances

RPNs are required to adhere to federal legislation, regulations, and employer policies concerning the obtainment, access, and management of controlled drugs and substances. This includes keeping detailed documentation of accessing, administration, counts, and any discrepancies.

Documenting Adverse Drug Reactions and Side Effects

Documenting adverse drug reactions and side effects is a critical aspect of RPN practice. By objectively recording these events in the client's care record, RPNs can track how a client responds to medications, monitor for complications, and assist in making well-informed decisions regarding care.

In addition to CRPNS documentation standards, employer policies must be followed when documenting in the client care record and on incident report forms ([Documentation Guideline for Registered Psychiatric Nurses](#)).

The RPN must also communicate any adverse events to the authorized prescriber, clinical team and through the appropriate reporting channels, as identified by the employer. This is crucial, as hospitals in Canada have a mandate to report to Health Canada within 30 calendar days when a serious adverse drug reaction occurs. Furthermore, [Saskatchewan's Critical Incident Reporting Guideline \(2023\)](#) references [The Critical Incident Regulations \(2023\)](#) to offer additional guidance on reporting adverse events in care management, particularly those linked to medication administration errors.

Documenting Medications Administered by Others

RPNs have the responsibility to monitor and document a client's medication usage, this includes self-medication. The RPN must ensure to the extent possible, that the client has taken the medication and document if the client declined. RPNs must only document medications that they have prepared and administered themselves and must not allow anyone to document on their behalf, except in emergency situations. If a medication is administered in an emergency, the RPN must countersign the medication administration record as soon as safely possible.

The RPN must also document medication reviews, medication reconciliation, and best possible medication history (BPMH) as part of medication management.

MEDICATION REVIEW, RECONCILIATION AND HISTORY

Medication reviews, reconciliation and obtaining a best possible medication history (BPMH) are important components of medication management.

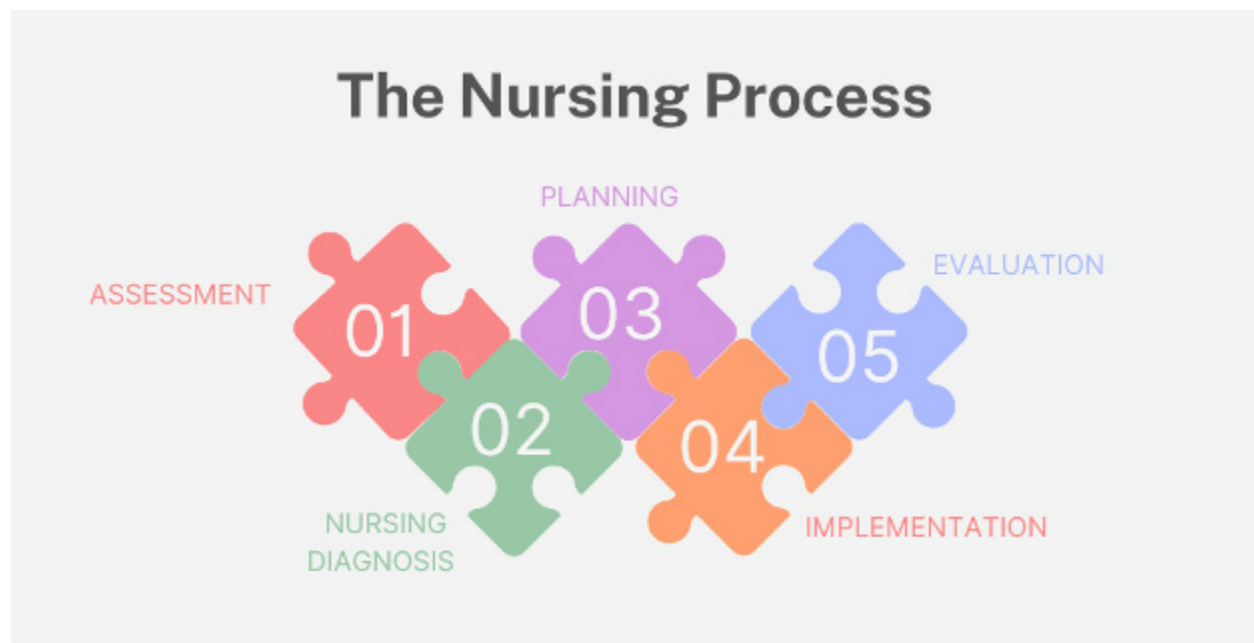
Medication Reconciliation: a formal process in which healthcare providers work together with patients, families and other care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking (known as a BPMH) to ensure that medications being added, changed, or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient.

(ISMP Canada, 2024)

Medication reconciliation is a formal, collaborative process involving the client and healthcare team working together to ensure the communication of accurate and comprehensive medication information, particularly across transitions of care. The purpose of medication reconciliation is to ensure that medications being added, changed, or discontinued are carefully evaluated. Studies find that medication reconciliation reduces medication errors and adverse events (ISMP, 2016). RPNs must follow employer policies regarding medication reconciliation.

The RPN is responsible to initiate a medication reconciliation or participate when initiated by another care provider, collaboratively review client medications with the care team, document findings, and ensure that it is added to the client's health care record. Medication reconciliation is particularly crucial during transitions of care, as these periods pose an elevated risk for medication errors.

The medication review is an evaluation of the client's medication, including any issues, with the purpose of improving health outcomes (ISMP Canada, 2024). By conducting comprehensive medication reviews, RPNs can also identify other risks, such as those associated with polypharmacy, drug interactions, and pertinent to specific populations, such as sedation-induced falls in geriatric clients. RPNs must implement the nursing process when working with clients to optimize medication safety, while also promoting medication adherence, and facilitating interdisciplinary communication to ensure safe and effective medication management.



A BPMH is an accurate, and as complete as possible, list of medications the client is currently taking. This includes reviewing and documenting the client's own use of medication, including non-prescription and natural health products, and contributes to an accurate medication reconciliation.

Documentation of the above aspects of medication management is foundational for care decisions.



STUDENTS AND MEDICATION ADMINISTRATION

RPNs must be aware of employer policies and restrictions around student nurses and medication administration. If a student is administering medication, the student is responsible for documenting in the medication administration record and a co-signer is not required (Nova Scotia College of Nursing, 2022). However, for medications like narcotics, controlled substances, and high-alert medications, students may require a double check by two licensed health care professionals before administration (Saskatchewan Polytechnic, 2021). RPNs must follow the policies within their employment setting.

PRN MEDICATIONS

RPNs are responsible to assess and evaluate a client's condition to determine the necessity of medications that are ordered "as needed" (PRN). These PRN medications must only be administered for the intended purpose as prescribed. The RPN must document the rationale behind administering the PRN medication and record the client's response. Ongoing monitoring of the client's condition is essential to assess the effectiveness of the PRN medication and will be dependent on the type of medication administered and the client's clinical presentation. If the client's needs are not being met, the RPN must inform the authorized prescriber and clinical team to collaborate about a plan going forward.

Case Example:

A client who is admitted to an inpatient psychiatric ward approaches the RPN requesting medication, explaining that they are having a hard time falling asleep. The RPN identifies that the client has an order for lorazepam 2mg PO Q6H PRN for acute distress. Can the RPN administer this medication to help the client settle to sleep?

ANSWER: No, the RPN may not give this PRN medication for sleep.

RANGE DOSES AND SLIDING SCALES/ALGORITHM

A range dose refers to medication orders where the dose and/or frequency is specified within a range (e.g. quetiapine 25-50mg PO Q6-8H PRN for sleep). Range doses are prescribed when a client's need for the medication varies.

A comprehensive nursing assessment is critical when deciding on dosage when a medication is ordered within a range to facilitate selection of the most appropriate dose to best manage the client's condition and symptoms. Documentation of the client's response to previous doses is also vital, as this will allow the RPN to assess the effectiveness of the current dose range and will aid in informing future dosing decisions.

Some medications may also be prescribed using a sliding scale or algorithm, which assist the RPN in determining the appropriate dosage based on a client's laboratory results or other relevant parameters. RPNs must be familiar with their employer's policies related to this, ensuring that these policies are up-to-date, and evidence based.

IMMUNIZATIONS AND VACCINES

Administration of vaccines **for clients five years and older** is within RPN scope of practice. RPNs may require additional education and can engage in employer-provided education or self-directed study to acquire additional skills and knowledge if needed. RPNs are not authorized to administer vaccines or immunizations to clients under the age of five.

RPNs are required to document vaccinations in accordance with employer protocols. This includes adhering to procedures outlined for vaccine-related adverse events as per provincial directives under the [Public Health Act](#) and [Disease Control Regulations](#).

COMPLEMENTARY AND ALTERNATIVE MEDICATIONS

Complementary and alternative medications encompass products available over the counter, such as vitamins, herbal supplements, etc. Before administering any complementary or alternative medications, an RPN must obtain an order. Additionally, it is essential for the RPN to understand the therapeutic benefits, necessary monitoring, associated risks, contraindications, and potential drug interactions with prescribed medications and other supplements.

Clients may also self-administer complementary and alternative medications. RPNs need to be aware of any such medications the client is taking and provide education regarding potential drug interactions. Taking a comprehensive BPMH will assist the RPN in identifying this information.



DRUG SAMPLES

The [Food and Drugs Act and Regulations](#) defines prescription drugs and non-prescription drugs and govern the sale and distribution of drugs across Canada. According to the Food and Drugs Act and Regulations, the distribution of medication samples is limited to authorized prescribers. RPNs can only administer drug samples under an authorized prescriber's order. RPNs must refer to their employer policies regarding obtaining, storing, accessing, distributing, and disposing of drug samples.

When administering drug samples RPNs must:

- Ensure there is an order and record of the drug being dispensed;
- Document discussions with authorized prescribers regarding dispensing of drug samples;
- Ensure that decisions regarding drug samples prioritize the client's health and needs;
- Follow federal legislation and regulations, and employer requirements related to the acquisition, access, counts (including documentation of withdrawals and administration, and discrepancies); and
- Question policy that does not reflect current evidence and best-practice.

CANNABIS

The [Cannabis Act \(2018\)](#) and [Cannabis Regulations \(2018\)](#) govern the use of both recreational and medical cannabis. Cannabis for medical purposes is a federal responsibility. Cannabis Regulations set the amount of cannabis that any adult may possess for the purpose of administration or assisting with administration. RPNs must only administer medically authorized cannabis as prescribed.

OFF LABEL MEDICATION USES

Off-label: Medication can only be marketed for the indication that Health Canada approves. Use of a medication beyond what Health Canada has authorized and as indicated on the product label is considered off-label. An off-label use of medication may be prescribed when deemed medically appropriate for the patient. This decision is made based on an assessment of the risks and benefits associated with the treatment for the individual patient.

(The Canadian Agency for Drugs and Technologies in Health, 2017)

It is crucial that the RPN understands the rationale when administering a particular medication for a purpose outside of what the medication has been approved for. RPNs must also be aware of the potential side effects and any associated risks for the client taking the medication. This information must also be clearly communicated to the client. If there are any uncertainties regarding the medication, the RPN must seek clarification.

FAQ: WHAT IS A COMMON EXAMPLE OF AN OFF-LABEL MEDICATION?

- *Given to treat a disease or condition that is not officially approved: for example, using a beta blocker to treat migraine headaches.*

CLIENT CONSENT

Informed Consent: A voluntary agreement made by a well-advised, mentally competent patient to be treated by a health care provider or institution. The health care provider must provide full disclosure of information regarding the risks, benefits of the proposed treatment, alternatives, and consequences of no treatment, so that the patient can make an intelligent, or informed, choice.

(Taber's Cyclopedic Medical Dictionary, 2021)

RPNs are responsible to seek informed consent upon initiating any type of client care. RPNs must always verify informed consent with clients before administering medications. Clients have the right to accept or decline. Informed consent can be recorded formally, such as on a consent form, stated verbally, or implied (e.g. client holding out their arm for an injection or taking oral medications).

RPNs must consult with the appropriate health care provider when there is concern or question about a client's capacity to consent.

DECLINING MEDICATIONS

It is the RPNs responsibility to determine why a client declines medication. The RPN must assess the client's understanding of the medication being declined, its potential outcomes, and provide thorough health teaching on the consequences of not taking the medication. The RPN respects the client's choice to decline the medication, and documents their reason and understanding of the situation, any discussions or interventions undertaken to address the client's decision not to take the medication, and then communicates these findings to the authorized prescriber and clinical team. RPNs are expected to explore supportive approaches to medication administration, such as providing additional education or involving the client in treatment planning to empower decision-making.

In situations where there is concern or uncertainty about a client's capacity, the RPN must consult as a team with other health care providers to determine the appropriate course of action. It is unethical to force or coerce a competent client into taking a medication that they have declined. Therefore, a thorough assessment of client competence, needs, and reasons for not taking the medication as prescribed is necessary.

At times, RPNs care for clients who have been determined to be incapable of making their own health care decisions. For example, in some situations, in accordance with the Mental Health Services Act, the RPN may administer medication without the client's consent when prescribed by an authorized prescriber, and when it is consistent with good medical practice, deeming it as necessary to treat the client's mental disorder when being held under medical certificate, court order for long-term detention, or when under a community treatment order. It is the RPN's responsibility to understand the Mental Health Act, as well as client rights when working with a client under the Mental Health Act.

RPNs may also work with a client's healthcare proxy or personal guardian appointed by the court. In such cases, RPNs are responsible for working with their employer and the care team to ensure they are compliant with the Health Care Directives and Substitute Health Care Decision Makers Act.

Diversion

Drug diversion: refers to the rerouting of medication from its intended purpose, whether for personal consumption, illegal sale, or distribution to individuals other than the intended recipients. This practice poses significant risks to both individuals and communities, contributing to substance use disorders and potential harm to those who are prescribed the medication and those who take them without a prescription.

(Nyhus , 2021)

During the medication administration process, it is crucial for the RPN to take steps to prevent diversion. The RPN must promote methods that reduce the chances of medication misuse and to reduce the risks associated with diversion and drug-related harm. Strategies to address medication diversion are crucial safeguards in healthcare environments, particularly where medications are administered to clients with varying medical requirements.

Covert Medication Administration

Covert Medication Administration: is the act of administering medications to clients without their knowledge or consent (e.g. hidden in a drink or food).

(Nova Scotia College of Nursing, 2022)

Capacity: describes a person's ability to make a decision. In a medical context, capacity refers to the ability to utilize information about an illness and proposed treatment options to make a choice that is congruent with one's own values and preferences. Capacity is defined around a specific medical decision; individuals may have capacity in one clinical context but not in another and vice versa. In medical ethics, capacity is the ability to understand the consequences of one's choices or actions.

(Karlavish, 2024)

(Taber's Cyclopedic Medical Dictionary, 2021)

It is an RPN's responsibility to ensure a client knows what medications they are receiving. Medication must never be administered covertly to someone who has capacity.

Decisions that are in the best interest of the client involving covert medication administration must be made by the authorized prescriber in conjunction with a multi-disciplinary team of healthcare professionals. It is important to review the risks and benefits of stopping the medication before considering covert medication administration. Covert medication administration must only be considered as an absolute last resort.

The RPN must ensure that medications approved for covert administration are identified in the care plan.

FAQ: WHY MIGHT A CLIENT DECLINE MEDICATIONS?

- Difficulty swallowing large tablets.
- Unpalatable taste of liquid medication.
- Lack of understanding on how to take medication, especially common among individuals with advancing dementia.
- Fear or anxiety related to medication side effects or past experiences.
- Religious or cultural beliefs conflicting with medication use.
- Overstimulating environment.
- Negative past experiences.

(Schmit, K. (2022).

MEDICATION ERRORS AND PREVENTION STRATEGIES

Near Miss: An incident that did not reach the patient but had the potential to cause harm or injury, and was intercepted or mitigated before reaching the individual.

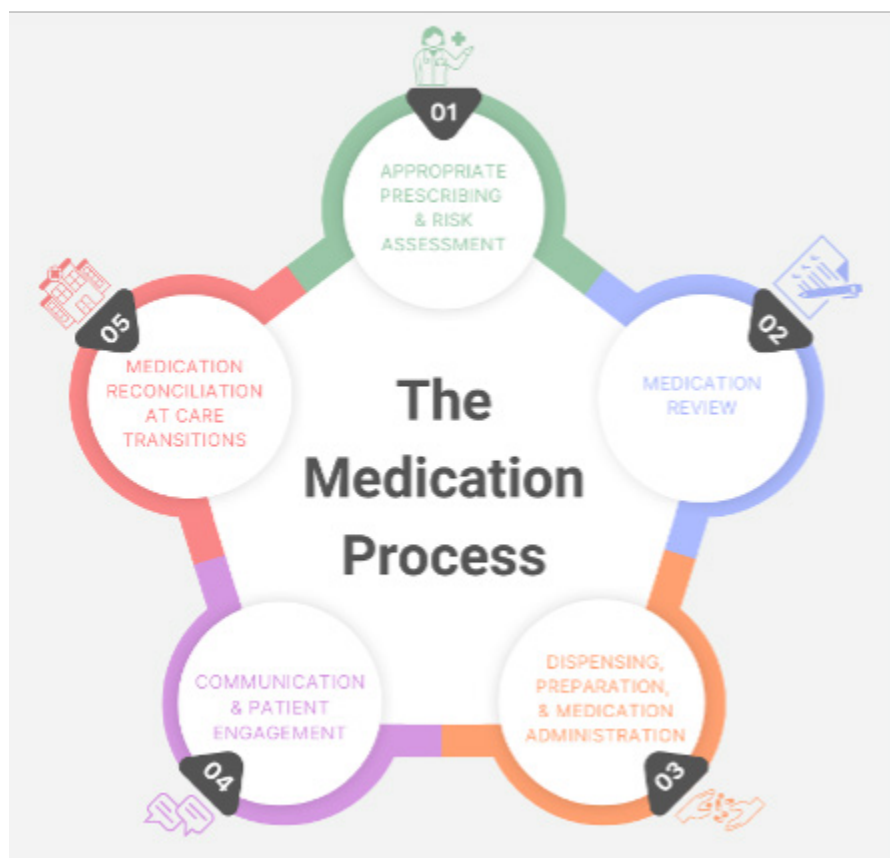
Medication Error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. This can also include, but is not limited to: administration of the wrong medicine or of an incorrect dose of a medicine, or failure to administer a prescribed medicine, or administration of a medicine either at an incorrect time or by an incorrect route.

(World Health Organization, 2021)

(Taber's Cyclopedic Medical Dictionary, 2021)

Medication errors pose a significant risk of injury and avoidable harm. Medication errors can also occur more frequently "when weak medication systems and/or human factors such as fatigue, poor environmental conditions or staff shortages affect prescribing, transcribing, dispensing, administration and monitoring practices, which can then result in severe harm, disability and even death" (World Health Organization, 2017).

Medication errors can be described in a variety of ways and are not confined to a singular definition or classification. Medication errors can vary greatly depending on the context in which they occur, underscoring the need for RPNs to carefully consider these contextual factors when prioritizing client safety.



RPNs are responsible to monitor, assess and document any adverse reactions and client response to medications. When an error occurs, RPNs ensure the safety of the client, notify the authorized prescriber and initiate required interventions. Once the client is stable, the RPN ensures proper reporting and documentation of the error, according to their agency process.

RPNs can work towards reducing errors by recognizing specific high-risk stages in the medication process and adhering to the Standards of Psychiatric Nursing Practice, following the 10 rights of medication administration, and performing three checks every time a medication is provided to a client, ensuring safe medication administration in all aspects (World Health Organization, 2019). Proper communication between health care providers and clients, and amongst health care providers, is important in preventing errors.

RECEIVING ORDERS

Medication safety starts with appropriate prescribing and a thorough risk–benefit analysis of each medication (World Health Organization, 2019). RPNs are responsible to verify that the order is written correctly before administering a medication.

RPNs are also responsible for respectfully questioning and resolving unclear or questionable orders. Initially, they must seek clarification directly from the authorized prescriber. However, if concerns persist, RPNs are obligated to escalate the issue through the established chain of command.

It is recommended that authorized prescribers write or use electronic orders when possible. Orders must not be received via personal email, social media, or text messaging. Verbal and telephone orders are only acceptable in urgent or emergency situations or when it is in the best interest of the client.

When taking a phone or verbal order, to reduce risks the RPN must repeat back the medication order verbatim to ensure accuracy and completeness. The RPN must document the conversation with the authorized prescriber, document the order on the appropriate form, and sign the order according to agency policy.

TRANSMITTING ORDERS

Technology is frequently used to communicate client information (e.g. faxing or emailing prescription orders to pharmacies) in health care settings. In Saskatchewan, two acts guide the privacy of personal health information, The Health Information Protection Act (HIPA) and The Freedom of Information and Protection of Privacy Act. RPNs are accountable to ensure the confidentiality of client information.

The RPN must adhere to employer policies regarding transmitting orders, including any specific policies regarding faxing and emailing. The RPN must also assess and inform their employer if there are any associated risks they have identified that could lead to privacy breaches.

DISPENSING MEDICATIONS

Dispensing means to select, prepare and transfer stock medication for one or more prescribed medication doses to a client or the client's representative for administration at a later time (CNO, 2023). Pharmacy professionals primarily manage dispensing of medications, including packaging medications in pouches, containers, bubble packs, as well as filling automated medication dispensing systems (e.g. Pyxis). RPNs do not typically dispense medications but are responsible for checking the medications and following the ten rights of medication administration to ensure the proper medication is being sent and that education is provided, among other considerations.

Provided a pharmacist has prepared, pre-packaged, and labelled the medications for a client to take away and administer with the prescriber's instructions, RPNs are able to supply medications to clients (CRNM, 2022). In situations, where a pharmacist is not available, and client access to medications is inhibited, RPNs should follow employer policies and all provincial and federal legislation related to dispensing.

HIGH-ALERT MEDICATION AND INDEPENDENT DOUBLE CHECKS

High-alert Medications: drugs that have a heightened risk of causing significant patient harm when they are used in error.

Independent Double Check: requires two people to separately check the work process without knowing what the other person found. The double check must be conducted independently by a second qualified person to reduce the risk of confirmation bias that can occur if the same person prepares and double checks a medication themselves.

(ISMP Canada 2019; 2024)

It is the RPNs responsibility to ensure all medication is checked prior to administering to clients. The RPN must be able to identify which medications are high alert and for complying with the associated employer policies.

When administering a high-alert medication or medication that requires preparations with complex calculations, a second health care professional needs to verify the accuracy of the medication before it is administered to a client as part of an independent double check (e.g. insulin). A nursing student cannot perform an independent double check. A second signature is required once the independent double check is complete. An RPN may also request an independent double check for any medication at their discretion, at any given time.

PRE-POURING MEDICATION

Pre-pouring: the act of preparing medication but not administering it to the client immediately, or having another nurse administer the medication.

(ISMP Canada, 2023)

(Nova Scotia College of Nursing, 2022)

An RPN must **not** pre-pour medications. To adhere to best practices, RPNs must prepare medications as closely as possible to the time of administration and only administer medications they have personally prepared themselves. Storing a pre-poured medication or preparing medication in advance for later administration increases the risk for medication error.

RPNs are responsible to identify and address acts of pre-pouring medications, especially if this recurs and remains unresolved after initial attempts at resolution. Identifying the potential root cause behind this unsafe practice is essential for enhancing client safety (ISMP, 2023).

FAQ: WHAT ARE SOME EXAMPLES OF PRE-POURING MEDICATIONS?

- Preparing in advance a PRN or scheduled medication in a syringe and storing it for later use.
- Removing medications from packaging for multiple clients simultaneously and transferring them into cups or containers ahead of time to speed up a medication pass.

(British Columbia College of Nurses and Midwives, 2024)

Pre-pouring medications is not recommended for several reasons, which include, but are not limited to:

- It often removes medications from their original packaging and can cause confusion about the medication's identity or intended recipient.
- It can prevent the RPN from checking the medication and dose against the medication administration record immediately before administering it to the client.
- Having pre-poured medications available at the bedside for self-administration without a clear protocol increases the risk of errors or misuse.
- It can result in delayed or inaccurate documentation.

- It blurs the lines of accountability for safe medication administration between the nurse who prepares the medication and the one who administers it.
- There is a risk of contamination, particularly with pre-drawn syringes.
- It can lead to diversion, which raises additional concerns about client safety.

Exceptions to Advanced Preparation of Medications

In specific emergency situations, such as a code blue, RPNs may need to be involved in preparing medication for administration by another nurse. This may require one nurse preparing and labeling while another nurse or authorized health care professional administers the medication. In any case where two health care professionals are preparing and administering, this must be documented on the client's health record. This ensures both health care professionals are recognized for the role they filled.

Additionally, RPNs may prepare medication in advance if working in a vaccination clinic. In this situation it may be appropriate to prepare multiple syringes that are being administered by multiple nurses. Risk of error is decreased in this environment as there is typically only 1 or 2 vaccines for administration. Employer policy must be followed, and each medication must be checked and correctly labeled.

REPORTING MEDICATION ERRORS

Medication errors can happen regardless of an RPNs experience or education level. Errors vary from simple miscalculations involving a single RPN to more complex incidents influenced by multiple factors (CNPS, 2021). "When an error has been identified, the first priority is to ensure proper treatment of the client, report the situation to the responsible care provider and employer, and complete any relevant incident report" (CPNPS, 2021). This also includes reporting near-miss situations where the error was caught and did not yet reach the client.

- Medication errors must be reported to the client, and the family where appropriate, the authorized prescriber/physician and clinical team as necessary. Employer policy must be followed when responding to and documenting the error (Nova Scotia College of Nursing, 2022). Communication of errors creates a supportive, no-blame culture which encourages interprofessional dialogue, reflection, problem analysis and the ability to develop preventative strategies.
- When documenting a medication error, the following must be included within the client's health record:
 - Description of what occurred including the name of the medication given, dose, route, and the time of administered.
 - The time the medication error was discovered.
 - Any contributing factors that are relevant to the client's care.

- Client assessment and status.
- Notification of authorized prescriber.
- Corrective actions taken to keep the client safe.
- Follow-up monitoring and outcome.

RISKS

Transitions of Care: the various points where a patient moves to or returns from a particular physical location or makes contact with a health care professional for the purposes of receiving health care. A transition in care refers to any change a client's healthcare status or setting that necessitates a transfer of responsibility or coordination between health care providers. Other transitions of care include movements of patients from their home, residential care settings and during consultations with different health care providers.

(ISMP Canada 2019; 2024)

Transitions in care can also occur during changes in health care providers, such as when a client transitions from the care of one physician to another, or when there is a change in the nursing staff responsible for the client's care. During transitional periods, such as transfer of care between care settings, the likelihood of miscommunication, medication errors, and care gaps increases. Inaccurate medication histories and incomplete medication reconciliation often lead to errors during these transitions (Institute for Safe Medication Practices, 2024b).

It is essential for RPNs to engage in thorough medication reconciliation and communication processes to ensure continuity of care and patient safety (see Reconciliation Section). RPNs must identify potential risks and unsafe practices within their own work setting as a step to prevent medication errors (ISMP, 2024b).

FAQ: WHAT ARE SOME TIPS TO REDUCE THE RISK OF MEDICATION ERRORS?

- Minimize interruptions during the medication process and administration.
- Address factors such as confusion, inexperience, and fatigue that can affect performance.
- Familiarize yourself with your employer's approved and prohibited abbreviations, acronyms, dose designations, and symbols.
- Clarify drug details with the prescribing health care provider or pharmacist if uncertain.
- Be aware of medications with similar names or sounds (look-alike/sound-alike).
- Always label syringes properly.
- Recognize high-alert medications known to cause serious harm if misused; refer to resources such as ISMP's lists for more education.
- Reflect on your own nursing practice to identify and avoid unsafe practices that may jeopardize patient safety.
- Verify the proper functioning of IV pumps, ensure all alarms are functional and not bypassed.
- Store drugs correctly in appropriate containers, at suitable temperatures.
- Use liquid formulations whenever possible instead of crushing medications.
- Seek assistance for managing high-volume or medically complex patients when needed.
- Monitor patients closely and promptly report any unusual adverse reactions.
- Never administer a drug with an incomplete or incorrect label.
- Double-check your drug calculations and ask for a double check if needed.
- Utilize available medication information resources in the workplace to support safe practices.
- Engage the interdisciplinary team, including pharmacists, in discussions on medication safety to enhance resources, processes, and systems.
- Perform medication reconciliation, especially during points of transition in care.

(Comerford, K.C. & Durkin, 2024)

(Billstein-Leber et al., 2018)

(Institute for Safe Medication Practices 2024b)

(Vallerand et al., 2023)

CHEMICAL RESTRAINTS

Chemical Restraints: are any form of psychoactive medication used not to treat illness, but to intentionally inhibit a particular behaviour or movement.

(College of Nurses of Ontario, 2023)

The use of restraint carries risks to a client's emotional and physical safety. Restraints must be considered as a last resort intervention, used temporarily in behavioural emergencies when other strategies have failed to keep the individual and others safe. RPNs are expected to work to end the use of restraints as soon as possible, and ensure the client's health, well-being, and condition are monitored, consistent with employer policy (BCCNM, 2023).

Chemical restraints are not a substitute for providing a safe environment or proper care and management of any person in care. Restraints must never be used as punishment, as a substitute for nursing care, or as a matter of convenience (CNPS, 2021).

An RPN may need to utilize chemical restraints without consent, in accordance with employer policies, when a serious threat of harm to the client or others exist. This should only occur after all attempts of de-escalation and crisis management strategies have been attempted and deemed unsuccessful (College of Nurses of Ontario, 2018). The RPN still has an ethical obligation to inform the client that they are being restrained, even if the person cannot consent (e.g. if they are certified under the Mental Health Act). The RPN must communicate with the interdisciplinary team and debrief with the client, the client's family or substitute decision maker, when a chemical restraint is used to discuss interventions and alternative interventions.

RPNs are also accountable for documenting nursing care provided when administering a chemical restraint in addition to standard documentation. This includes the client's behaviour that necessitated the chemical restraint, nursing assessment, planning, intervention and evaluation, as well as the frequency of observation during the period where the client is chemically restrained (College of Nurses of Ontario, 2018; CNPS, 2021). The RPN is also responsible for adhering to employer policies and procedures regarding client observation levels.

PLACEBOS

Placebo: a substance or intervention believed to be inactive but is administered by the health care professional as if it was an active medication. Placebos can often elicit a response, possibly because of patient expectations that they will produce a cure or prove harmful.

(Asai & Kadooka, 2013)

(Taber's Cyclopedic Medical Dictionary, 2021)

RPNs may be asked to provide care to clients receiving placebo treatments. Placebos can be administered if:

- The capable client consents to receiving a placebo as part of a documented treatment plan; or
- the client is aware they may receive a placebo as part of a research trial.

The administration of placebos to clients without their knowledge and consent is inappropriate and unethical (Asai & Kadooka, 2013; Nova Scotia College of Nursing, 2022).

HANDLING, STORING, AND TRANSPORTING CONTROLLED DRUGS AND SUBSTANCES

Federal legislation and regulations, including The Food and Drugs Act and Regulations, Narcotic Control Regulations, Benzodiazepines and Other Targeted Substances Regulations, Controlled Drugs and Substances Act set guidelines for the proper handling, storage, and transportation of controlled drugs and substances..

The RPN must ensure familiarity with their employer's policies concerning the following:

- Authorization for receiving controlled drug deliveries;
- Authorization to possess, transport, send, and deliver controlled drugs in the community;
- Access to locked medication storage cabinets;
- Individuals permitted to conduct controlled drug counts;
- Procedures and timing for conducting and documenting drug counts; and
- Protocols for handling discrepancies.

CONCLUSION

Medication administration is a high-risk activity and leading cause of injury and avoidable harm in health care systems across the world. The role of RPNs in ensuring safe medication administration is vital within healthcare. This responsibility involves adherence to standards, ethical principles, and professional guidelines. Medication administration is a process that requires critical thinking from start to finish, as it integrates the nursing process for assessing and caring for clients. It is this approach that forms the foundation upon which the ten rights of medication administration and three checks are constructed. The implementation of the ten medication rights and the three checks throughout the administration process underscores the RPN's commitment to client safety and demonstrates accountability and collaboration. The careful application of the above guidelines is important to mitigate potential risks associated with medication administration and to optimize client outcomes. As stewards of mental health and holistic care, RPNs have responsibility in ensuring safe medication administration and management, thereby also promoting recovery and hope, while also upholding competent and safe psychiatric nursing practices.

APPENDIX A: LEGISLATIVE AND REGULATORY DOCUMENTS

FEDERAL LEGISLATION

- [Benzodiazepines and Other Targeted Substances Regulations](#)
- [The Cannabis Act](#)
- [Cannabis Regulations](#)
- [Controlled Drugs and Substances Act](#)
 - [Subsection 56\(1\) Class Exemption for Nurses providing Health Care at a Community Health Facility](#)
 - [Transportation of controlled substances in Canada](#)
- [The Food and Drugs Act](#)
 - [The Food and Drugs Act and Regulations – Distribution of Drugs as Samples](#)
- [Narcotic Control Regulations](#)

PROVINCIAL LEGISLATION

- [The Registered Psychiatric Nurses Act](#)
- [Public Health Act](#)
- [Disease Control Regulations](#)
- [The Critical Incident Regulations \(2023\)](#)
- [Mental Health Services Act](#)
- [The Health Information Protection Act](#)
- [The Freedom of Information and Protection of Privacy Act](#)

SUPPORTING CRPNS DOCUMENTS

- [CRPNS Code of Ethics](#)
- [Documentation Guideline for Registered Psychiatric Nurses](#)
- [Registered Psychiatric Nurse Entry Level Competencies](#)
- [Graduate Psychiatric Nurse Practice Guidelines](#)
- [Working with Unregulated Care Providers](#)

APPENDIX B: COMPLEMENTARY READINGS

Medication Safety

- [Summary of serious adverse drug reactions and medical device incidents reported by hospitals](#)
- [Office of the SK Information and Privacy Commissioner: Faxing Personal Information and Personal Health Information](#)
- [CNPS: Medication Errors](#)
- [Consumer Medication Safety](#)
- [The ISMP Medication Safety Alert! newsletters](#)
- [Canadian Medication Incident Reporting and Prevention System](#)
- [Medication safety for look-alike, sound-alike medicines](#)

Restraints

- [InfoLAW: Patient Restraints](#)
- [Crutchfield, P., & Redinger, M. \(2024\). The Conditions for Ethical Chemical Restraints. AJOB neuroscience, 15\(1\), 3–16.](#)

Mental Health Act

- [Guide to the Mental Health Act](#)
- [Personal Rights and the Mental Health Services Act](#)

Consent

- [Consent to Treatment: The role of the nurse](#)

Transitions in Care

- [ISMP: Medication Reconciliation](#)
- [Best Possible Medication Interview Guide](#)
- [ISMP: Delayed Treatment after Transitions of Care: A Multi-Incident Analysis](#)

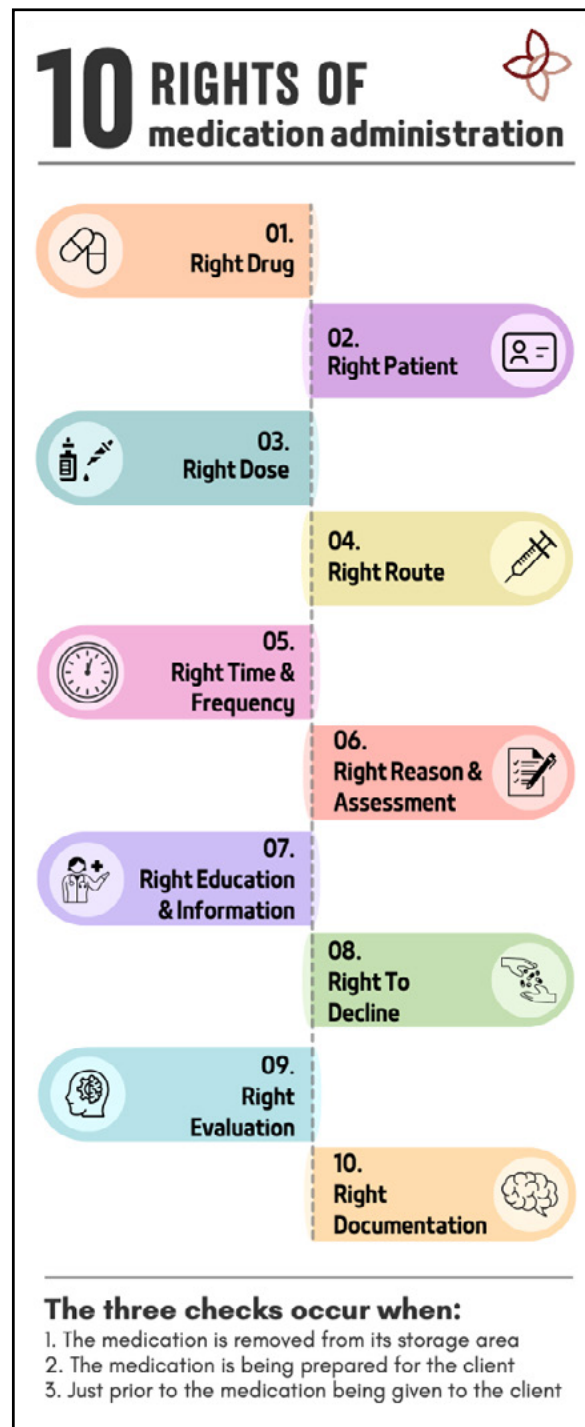
High Alert Medications

- [ISMP: List of High Alert Medications in Acute Care Settings](#)
- [ISMP: List of High Alert Medications in Community and Ambulatory Care Settings](#)
- [ISMP: List of High Alert Medications in LTC Settings](#)

Cannabis

- [Access to Cannabis for Medical Purposes: What Every Nurse Should Know](#)
- [Understanding the New Access to Cannabis for Medical Purposes Regulations](#)
- [Cannabis and Mental Health](#)
- [Information for Health Care Professionals – Medical Use of Cannabis](#)

APPENDIX C: 10 RIGHTS OF MEDICATION ADMINISTRATION



REFERENCES

- Asai, A., & Kadooka, Y. (2013). Re-examination of the ethics of placebo use in clinical practice. *Bioethics*, 27(4), 186-193.
- BCCNM. (2023). Restraints. <https://www.bccnm.ca/RN/learning/consent/Pages/restraints.aspx>
- Billstein-Leber, M., Carrillo, C. O. L., Cassano, A. T., Moline, K., & Robertson, J. J. (2018). ASHP guidelines on preventing medication errors in hospitals. *American Journal of Health-System Pharmacy*, 75(19).
- Canadian Nurses Protective Society. (2021). Info Law: Medication errors. <https://cnps.ca/article/medication-errors/>
- Canadian Nurses Protective Society. (2021). Patient Restraints. <https://cnps.ca/article/patient-restraints/>
- College of Nurses of Ontario. (2023). Practice Standard: Medication. https://www.cno.org/globalassets/docs/prac/41007_medication.pdf
- College of Nurses of Ontario. (2018). Understanding Restraints. <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/restraints/>
- College of Registered Nurses of Alberta. (2022). Medication Management Standards. <https://www.nurses.ab.ca/media/p0tbp2kz/medication-management-standards-2022.pdf>
- College of Registered Nurses of Manitoba. (2022). Practice Direction: Rural, Remote and underserved populations: Access to Prescribed Medications. <https://www.crnmb.ca/wp-content/uploads/2022/01/Joint-Statement-Rural-Remote-Access-to-MedsMar2022-1.pdf>
- Comerford, K.C. & Durkin, M.T. (2024). *Nursing 2024 drug handbook*. (44th edition.) Philadelphia: Wolters Kluwer.
- Government of Canada. (2023). Food and Drugs Regulations. <https://laws-lois.justice.gc.ca/eng/acts/f-27/>
- Government of Canada. (2023). Food and Drugs Regulations. https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._870/page-1.html
- Health Canada (2024, March). Serious adverse drug reactions and medical device incidents reported by Canadian hospitals. Ottawa: Health Canada. <https://health-infobase.canada.ca/hospital-adverse-events-dashboard/>

- Institute for Safe Medication Practices. (2024). High-Alert Medications in Acute Care Settings. <https://www.ismp.org/recommendations/high-alert-medications-acute-list#:~:text=High%2Dalert%20medications%20are%20drugs,clearly%20more%20devastating%20to%20patients>.
- Institute for Safe Medication Practices (2024b). Targeted Medication Safety Best Practices for Hospitals. https://www.ismp.org/system/files/resources/2024-02/ISMP_TargetedMedicationSafetyBestPractices_Hospitals_021524_MS5818%20%281%29.pdf
- Institute for Safe Medication Practices. (2023). Pre-pouring Medications: A Risky Approach. <https://ismpcanada.ca/wp-content/uploads/ISMPCSB2023-i12-Pre-Pouring.pdf>
- Institute for Safe Medication Practices. (2019). Independent Double Checks: Worth the Effort if Used Judiciously and Properly. <https://www.ismp.org/resources/independent-double-checks-worth-effort-if-used-judiciously-and-properly>
- Institute for Safe Medication Practices. (2016). Delayed Treatment after Transitions of Care: A Multi-Incident Analysis. <https://ismpcanada.ca/wp-content/uploads/ISMPCSB2016-07-DelayedTreatment.pdf>
- Institute for Safe Medication Practices. (2011). Medication Reconciliation in Acute Care: Getting Started Toolkit. https://www.ismp-canada.org/download/MedRec/Medrec_AC_English_GSK_V3.pdf
- Karlawish, J. (2024). Assessment of decision-making capacity in adults. UpToDate. Waltham, MA: UpToDate, 1-21. Lamont, S., Stewart, C., & Chiarella, M. (2019). Capacity and consent: Knowledge and practice of legal and healthcare standards. Nursing ethics, 26(1), 71-83. <https://doi.org/10.1177/0969733016687162>
- Nova Scotia College of Nursing. (2022). Medication Guidelines for Nurses. <https://cdn3.nscn.ca/sites/default/files/documents/resources/MedicationGuidelines.pdf>
- Nyhus, J. (2021). Drug diversion in healthcare: Prevention and detection for nurses. American Nurse Journal, 16(5), 24-28.
- Saskatchewan Ministry of Health. (2023). Saskatchewan Critical Incident Reporting Guideline. <https://www.saskatchewan.ca/government/government-structure/ministries/health/critical-incidents>
- Saskatchewan Ministry of Health (2023). The Provincial Health Authority Act. <https://publications.saskatchewan.ca/#/products/87681>
- Saskatchewan Ministry of Health. (2023). The Disease Control Regulations. <https://publications.saskatchewan.ca/#/products/1357>

- Saskatchewan Ministry of Health (2022). The Public Health Act, 1994. <https://publications.saskatchewan.ca/#/products/786>
- Saskatchewan Polytechnic (2021). School of Nursing Psychiatric Nursing Diploma Program Agency Advisor Guide (2021-2022).
- Sassatelli, E. H. (2022). Cause to Pause: Preventing medication errors with high-risk opioids. *Nursing* 2023, 52(6), 26-30.
- Schmit, K. (2022). Nursing Interventions for Medication Refusals. Nursing CE Central. <https://nursingcecentral.com/refusing-medical-treatment/>
- The Canadian Agency for Drugs and Technologies in Health. (2017). Off-Label Use of Drugs: Questions and answers about the off-label use of drugs for health care providers. https://www.cadth.ca/sites/default/files/pdf/off_label_use_of_drugs_pro_e.pdf
- Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2023). Medication Errors: Improving Practices and Patient Safety. In Davis's Drug Guide (18th ed.). F.A. Davis Company.
- Venes, D. (2021). Taber's cyclopedic medical dictionary (24th ed.) FA Davis.
- World Health Organization. (2024). Vaccines and Immunizations. https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1
- World Health Organization. (2021). Global Patient Safety Action Plan 2021-2030. <https://www.who.int/publications/i/item/9789240032705>
- World Health Organization. (2019). Medication Safety in Transitions of Care. <https://iris.who.int/bitstream/handle/10665/325453/WHO-UHC-SDS-2019.9-eng.pdf?sequence=1>
- World Health Organization. (2017). Medication without harm. <https://www.who.int/initiatives/medication-without-harm#:~:text=Medication%20errors%20occur%20when%20weak,harm%2C%20disability%20and%20even%20death.>