

Practice Directive

Medication Management

**College of Registered Nurses of Prince
Edward Island**

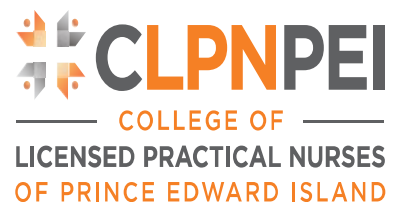
**College of Licensed Practical Nurses
of Prince Edward Island**

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Introduction

The College of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI) and the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI) are legislated to serve and protect the public interest through the regulation of individual registered nurses (RN), nurse practitioners (NP), registered psychiatric nurses (RPNs), and licensed practical nurses (LPN). For the purposes of this document the term nurse(s), will refer to all four designations of nurses in Prince Edward Island.

Nurses in Prince Edward Island are accountable to practice within their Code of Ethics, Standards of Practice, and to meet established agency practice policies and procedures.

As self-regulating professions, nurses are regulated under the authority of the Prince Edward Island *Regulated Health Professions Act (2013)* and corresponding regulations, which outline the accountabilities and responsibilities of nurses. This includes a nurse's legal responsibility to practice within their scope of practice and level of competence. Nurses must know what they are authorized and competent to perform, including any limitations in skill, knowledge, and judgement to ensure their practice is within their scope.

Medication management is an important aspect of a nurse's role and is defined as a client centered practice that optimizes safe, effective, appropriate drug therapy. Medication management requires nurses to utilize clinical judgment, critical thinking and evidence informed decision-making (Nurses Association of New Brunswick, 2020). It requires a nurse to be fully competent in all aspects of client care involving the medication, including medication reconciliation, obtaining best possible medication history from a client, administration of medication, refusal of medication by the client, reporting of medication errors and client education (College of Registered Nurses of Saskatchewan, 2021).

This document is a practice directive for nurses to support safe, effective, and ethical medication management. Nurses must apply their knowledge about the client and medication throughout the entire process including client assessment, planning, implementation, monitoring, evaluation, and documentation of the response to the medication.

This document is intended to be used in conjunction with Standards of Practice, applicable legislation, Codes of Ethics and employer policy by providing comprehensive direction about safe medication administration by nurses. The document is not intended to replace agency policy and procedures, or any legal advice given for a specific setting or specific practice.

10 Rights of Medication Administration

Nurses must adhere to the 10 rights of preparing and administering medications:

- Right medication
- Right dose
- Right documentation
- Right patient
- Right time
- Right route
- Right to refuse
- Right education
- Right reason
- Right evaluation

Receiving Medication Orders

Medication orders are detailed instructions provided by an authorized prescriber for a specific medication to be administered to a specific client named in the order (Food and Drugs Act, 1985). Medication orders may be received in writing or electronically or delivered verbally in-person or by telephone.

Nurses are able to accept medication orders from the following authorized prescribers:

- Physician
- Nurse practitioner
- RN Authorized Prescriber (RN(AP))
- Dentist
- RPN Authorized Prescriber (RPN(AP))
- Pharmacist
- Midwife (RNs only)

The type of medication that individual authorized prescribers can prescribe varies depending on their professional designation, the schedule(s) of drugs they are authorized to prescribe and their scope of practice. Prescribers are accountable to know which medications they are authorized to prescribe.

A complete medication order must include:

- Client's full name
- Order date
- Medication name
- Frequency
- Strength, quantity and concentration, where applicable
- Route of administration
- Purpose for a PRN medication

- Authorized prescriber's name, signature (e-signatures are acceptable) and designation

Orders such as “provide medications at home”, “resume medications as pre-op”, or “resume medications post-discharge” are not acceptable as they are incomplete and can lead to errors. Medications must be withheld, and the order clarified with the authorized prescriber if the nurse deems that the order is incomplete, unclear, or inappropriate for any reason.

Verbal Order

Nurses must be aware of and follow agency policy when accepting verbal orders from authorized prescribers, either directly or over the telephone. Verbal medication orders should only be accepted in emergent, urgent, or exceptional situations. When accepting verbal medication orders, a nurse must read back the verbal order in its entirety to the authorized prescriber to ensure its accuracy, including spelling out medication names where there could be confusion, and pronouncing each digit of a number (e.g., *two five* mg instead of 25 mg). Any medication order that is delivered verbally, the authorized prescriber must review and sign the order when possible and within the timeline set by agency policy.

Electronic Order

Nurses may accept orders that have been created, signed, and transmitted via an employer approved electronic delivery system. Agencies should have clear policies that outline the expectations of nurses receiving orders electronically.

Faxed or emailed medication orders are convenient methods of communication, however, these methods come with serious confidentiality and legal risks. All information transmitted electronically is considered part of the client record. A nurse is responsible for knowing which methods of electronic communication are permitted for communication of medication orders by their agency. If the agency does not have a policy on faxed or emailed medication orders, orders should not be accepted in this way. Orders received via text messaging, social media and/or sent to a nurse's personal email account are not acceptable.

Pre-printed Orders or Order Sets

A pre-printed order is a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders. Pre-printed orders must:

- Include the client's identifying information (eg: name, ID number)
- Include the signature of the authorized prescriber
- Be included in the client's health record

When pre-printed orders are used, the client is first assessed by the authorized

prescriber who then selects the appropriate interventions from a set of pre-printed orders. These orders are to be implemented as written unless the nurse determines a client-specific contraindication (eg. allergy) (Nova Scotia College of Nurses, 2024).

Medical Directive, Care Directive, or Health PEI protocol

A medical directive, care directive or Health PEI protocol is a written order from an authorized prescriber for an intervention or series of interventions to be implemented by another healthcare provider for clients exhibiting a specific health condition under specific circumstances. The directive is only initiated when the health condition occurs.

The directive must include:

- name and description of the intervention(s),
- specific client conditions and circumstances that must occur to implement the directive,
- monitoring parameters,
- clear contraindications for implementing the directive,
- name, signature, and designation of the authorized prescriber, and
- date and signature of the administrative authority approving the directive.

The authorized prescriber is ultimately responsible for the practice directive; however, nurses must ensure they are working within their scope of practice when implementing interventions. Nurses must be knowledgeable and aware of agency policy about specific practice directives in their practice setting.

Standing Order

A standing order is a non client-specific order which does not specifically identify conditions and circumstances that must be present to administer the medication(s) or implement treatment(s). Standing orders are not recommended practice.

Documentation

Nurses are accountable for ensuring timely and accurate documentation of all medications they administer. All documentation of medication administration should include:

- Client's name
- Name of drug(s)
- Date and time of administration
- Dose
- Route
- Site (as applicable)
- Nurses signature and designation, as per employer policy

Nurses are required to document:

- Any adverse reactions to medication

- The client's response
- Any related interventions
- Information provided to a client and communications with other members of the healthcare team

Nurses should only document medications that they have personally administered and should not permit anyone else to document for them except in an emergency. For example, in a cardiac arrest, a healthcare provider is usually designated to record all medications given by team members.

In certain care contexts, clients may self-administer medications; however, as the nurse caring for the client, the nurse maintains responsibility for monitoring and documenting the client's medication usage. Employer policy should be in place to support this practice (Nova Scotia, College of Nurses, 2024).

For more information, please refer to CRNMPEI and CLPNPEI's practice directive regarding documentation and employer policy.

Dispensing medications

Dispensing is the interpretation, evaluation and implementation of a prescription drug order, including the preparation, packing, labelling and delivery of a medication in an appropriately labeled container for administration and/or use by a client. Dispensing is not within the scope of practice for RNs, RPNs and LPNs; it is within the legislated scope of practice for NPs, RN(AP)s, and RPN(AP)s.

Repackaging or providing medications after they have been dispensed by a pharmacy is considered 'supplying' not dispensing and is therefore within the nursing scope of practice. Other situations that are often incorrectly referred to as dispensing include:

- Filling a mechanical aid or alternative container from a client's own blister pack or prescription bottle to facilitate self-administration or administration by a caregiver
- Repackaging and labeling drugs from a client's own supplies
- Administering medications prepared by a pharmacy
- Administering medications from a stock supply (dispensed by pharmacy)
- Providing clients with their own blister packs or prescription bottles

These are all within the professional scope of practice of nursing as long as the nurse has the required competencies and follows employer policy.

NPs are able to distribute drug samples as the Food and Drug Regulations permit the distribution of drug samples to and by authorized prescribers. RNs, RPNs, and LPNs can only distribute drug samples under an authorized prescriber's order. Agency policies pertaining to the distribution of drug samples should address their procurement, storage, access, distribution/supplying and proper disposal (Nova Scotia College of Nurses, 2024).

Transcribing Orders

Transcribing orders or transcription is the process of transferring an authorized prescriber's medication order from an order form (hard or electronic copy) to a medication administration record (MAR) or another medication record type (e.g., KARDEX).

When transcribing medication orders and determining the appropriate administration schedule, nurses must apply professional judgment to maximize the therapeutic effect of the drug, support client choice and comply with employer policy. Nurses must verify any transcribed medication by reviewing the original order by the authorized prescriber, as errors may occur during transcription. Nurses are accountable for validating the accuracy and completeness of the transcription before the administration of medications to the client. Nurses must be knowledgeable and aware of agency policy about their role when transcribing and reviewing medication orders.

Abbreviations

The use of abbreviations in the administration of medications has been identified as a major underlying cause of serious and sometimes fatal medication errors (Institute for Safe Medication Practices, 2018). Due to the major risk associated with abbreviation use, nurses are responsible for knowing and using only agency approved abbreviations in their practice. If the agency does not have a policy on approved abbreviations for medication administration, the practice of using abbreviations should be avoided.

Medication Reconciliation

Medication reconciliation is a systematic process used to obtain a complete and accurate current list of a client's medications (i.e. name, dose, frequency, route) which is then compared to their admission/transfer/discharge medication orders to identify and resolve any discrepancies. Nurses must ensure medication reconciliation is performed with the patient and caregivers where appropriate, at all transitions of care and reconcile any discrepancies. The review of all medications supports informed prescribing decisions (Canadian Patient Safety Institute & ISMP Canada, 2017).

Informed Consent

Nurses must be knowledgeable and aware of agency policy about their role surrounding informed consent. Informed consent incorporates a client's right to make decisions about what happens to their body. The client must be given enough information to make an informed decision on whether or not to consent to a medical procedure, including medication administration. Information provided must include complete and accurate medication information at the client's level of comprehension. The client must be given an opportunity to ask questions and be made aware that consent can be withdrawn at

any time.

A nurse is ethically and legally responsible to ensure informed consent is obtained prior to administering a medication. The informed consent can be given in writing, verbally, or may be implied, for example, when the client rolls up their sleeve prior to an injection. A client is assumed capable of providing informed consent until proven otherwise.

A client may choose to refuse a medication, in which case the nurse must determine the reasons for refusal, assess the client's level of understanding of the medication, discuss the potential risks and benefits of not taking the medication, follow up with the authorized prescriber as appropriate using nursing judgement, and document the refusal in the client record. In situations where there is concern or question about a client's capacity to consent, nurses should consult with the appropriate health care provider to determine the appropriate action.

It is unethical to force a client to take any medication they have declined.

Covert Medication Administration

Covert medication administration is the practice of administering medications to a client without their knowledge or consent. Nurses are accountable to ensure a client is aware of the medication that is being administered to them. When a client has made an informed choice not to take a medication, it should be withheld, and the prescriber should be informed.

If it has been determined that a client does not have capacity to make an informed choice about their medications, the substitute decision maker will make the choice on the client's behalf. You must be aware of appropriate provincial legislation and employer policy.

Range Dosing

Nurses must be aware and follow agency policy regarding range dosing. Agency policy should include the designation of who can determine the dose and/or frequency to be administered within the range.

Range dosing refers to a situation when the dose or frequency of the medication is ordered in a range, for example, Dilaudid 1-2mg q2-3h for pain. This type of order gives the nurse flexibility to make decisions on the dose of medication to administer.

The nurse must complete and document a comprehensive assessment of the client immediately prior to administering the medication. A discussion with the client to evaluate the effectiveness of the previous dose must occur, if applicable. If a nurse determines the range dose is inadequate in meeting the client's needs, the authorized prescriber must be notified, and a new order requested. This process requires effective communication between clients, nurses, authorized prescribers, and pharmacy to ensure that the range dosing is working effectively.

It is not best practice to administer an unused range dose as a breakthrough dose.

Breakthrough dosing is outside of the wait time between orders and therefore is not acceptable. Breakthrough doses result in confusion about the administration time of the next dose.

Algorithms and Corrective Dosing

Nurses must be knowledgeable and aware of agency policy regarding the use of algorithms and corrective dosing in their practice setting. *Algorithms* may be part of a care plan for a client. Often, algorithms include a simple, step-by-step procedure, usually depicted as a flow chart, to aide nurses' decision-making based on lab values or other parameters like blood pressure, urinary output, or cardiac rhythm. *Corrective dosing* is used to help nurses determine a dose of medication required based on a client's lab values. Some anticoagulants and insulins may be ordered with a corrective dose.

Pre-preparing Medications

Pre-preparing medications is when a nurse prepares, but does not administer the medication immediately, and that nurse or another nurse administers that medication at a later time. This is not best practice and should not be performed because it increases the likelihood of errors.

Exceptions to pre-preparing medications may apply in select situations. Exceptions may include:

- emergent situations where a team approach is required
- medications prepared by the pharmacy
- one nurse preparing and initiating an intravenous medication and having another nurse take responsibility to maintain the infusion
- in immunization clinics where it may be acceptable for the nurse to prepare multiple doses of vaccine to be administered by multiple nurses. This practice is specific and limited to certain circumstances and must be supported by employer policy
- a nurse pre-pouring medications to be self-administered by the client. This may include filling a mechanical aid or alternative container from a client's own blister pack or prescription bottle to facilitate self-administration

When preparing an injectable medication in which the patient is to receive multiple doses, each dose is prepared, and the unused portion of the vial is discarded. Keeping syringes with unused medication for future injection is not acceptable. For example, the practice of withdrawing the full vial of injectable Morphine and keeping it on hand for multiple doses.

Independent Double Check

The Institute for Safe Medication Practices in Canada recommends conducting independent double-checks with high risk processes, such as preparations that require complex calculations and high-alert drugs.

An independent double-check is a process in which a second nurse conducts a verification of the medication and/or calculations. This includes reviewing any associated lab values, vital signs, and assessment parameters that are required to determine the appropriateness of the medication order. The verification can be performed in the presence or absence of the first nurse. However, the critical aspect is to emphasize the independence of the “double-check” by ensuring that the first practitioner does not communicate to the second practitioner what they would expect the second practitioner to see. Some employers have established a policy that requires nurses to perform double-checks of certain medications with another colleague prior to administration. Nurses are accountable to know, understand and follow their employer policies relating to double-checking and high-risk medications (Nova Scotia College of Nurses, 2024).

PRN Medications

Pro re nata (PRN) medications are medications ordered to be administered on an *as needed basis*. Nurses must be knowledgeable and aware of agency policy regarding PRN medications.

The purpose and frequency of the medication must be identified in the order. PRN medications must only be administered for the purpose identified in the order, for example, Gravol ordered for nausea must not be given as a sleep aid. Nurses must assess the client’s need for the medication prior to administration and are responsible for monitoring the client to determine the medication’s effectiveness. Assessments and outcomes must be documented.

Medications from Home

In some settings, such as summer camps, respite care or shelters, clients often bring their prescription and over-the-counter medications from home and expect the nurse to administer them.

Whenever possible, clients should be encouraged to self-administer these medications. If nurses are required to administer them, there should be an employer policy to support this practice.

There must be an approved order from an appropriate prescriber and the medications must be in their original containers and appropriately labeled (ie. With an affixed prescription label). If there is a discrepancy between the prescription label and the administration directions from a client/family, the nurse must clarify the order with the

authorized prescriber. When clients bring prescription and over-the-counter medications into a healthcare facility, nurses must follow employer policy related to the use of these medications (Nova Scotia College of Nurses, 2024).

Controlled Drugs and Substances

Federal legislation and regulations, through the *Controlled Drugs and Substances Act* and the *Narcotic Regulations*, establish requirements for the appropriate handling, storing and transporting of controlled drugs and substances. Employer policies must be established to support these requirements, such as:

- who can receive the delivery of controlled drugs
- who can access locked medication storage cabinets
- who can perform controlled drug counts
- how to manage discrepancies

Community Practice and Transportation of Controlled Drugs and Substances

Under the Controlled Drugs and Substances Act (CDSA) and its regulations, nurses, other than nurse practitioners, can only conduct activities with controlled substances if they have been prescribed by a practitioner and they are employees of a hospital. Health Canada recognized that nurses are often responsible for primary care in the community; and therefore, within this context nurses often conduct activities with controlled substances.

In 2018, Health Canada issued two exemptions authorizing nurses practicing in community settings to transport controlled drugs and substances. These exemptions authorize nurses to possess, provide, administer, transport, send and deliver controlled substances while providing health care services at community health facilities under certain conditions. Please refer to the [exemptions](#) for more details. Nurses should work with their employer to determine if their facility qualifies under these exemptions.

There may be conditions placed on a Nurse's registration regarding the handling of controlled substances. These conditions may be imposed by CRNMPEI or CLPNPEI following a disciplinary process.

Medication Administration by Nursing Students

When working with nursing students, nurses should be knowledgeable about policies pertaining to the administration of medications by them, including any restrictions placed on students' practice (eg: students cannot perform narcotic counts).

Investigational and Special Access Medications

Investigational medications are used in human clinical trials and must be approved by an independent research ethics board. These medications require an order and additional written consent, the process for which must be outlined in the research protocol.

Special access medications are only authorized through the Special Access Program of Health Canada, for use in serious or life-threatening conditions for which conventional therapies have failed or are unsuitable or unavailable.

The use of all investigational or special access medications requires a prescription from a physician or nurse practitioner. Nurses administering these medications must have the necessary information (eg. Product monograph) to safely administer, monitor and manage the medications and any potential side effects and adverse effects. All relevant findings must be documented and reported to the prescriber promptly.

The provider who is prescribing the drug is responsible for ensuring the nurse has access to the drug monograph/information sheet prior to administration of the drug and for providing education to the client and relevant nursing staff with regard to the prescribed administration and possible side effects.

Placebos

A placebo may be administered when its use has been discussed with the client involved, informed consent has been acknowledged. The administration of placebos to clients without their knowledge and consent is inappropriate and unethical.

When clients are participating in a placebo-controlled study, they should understand their chance of receiving a placebo versus the investigational drug. Intentionally withholding information regarding placebo use denies clients the opportunity to make their own decisions (Nova Scotia College of Nurses, 2024).

Medication Errors

Nurses work collaboratively with other healthcare professionals to create an environment that supports safe and effective management of medications. Reporting actual and potential harm in medication management helps to minimize the likelihood of preventable adverse events.

Medication errors occur when there is a preventable event during medication administration that can result in client harm. Medication errors may occur at any point during medication administration and is the most common type of error in healthcare. Agency policy should be followed when medication errors occur. Immediate steps must be taken to care for the client, resolve any issues that result, and report the error. Proper documentation of the error and an incident report must be completed.

Near misses with medication administration involve an event that could have resulted in unwanted consequences, but did not occur, due to chance or timely intervention. In these events, the client suffered no harm. Near misses are important events that must be documented to ensure future adverse events do not result from similar circumstances. Accurate reporting of near misses helps to improve client safety.

A no-harm incident is a client safety incident that reaches the client but no discernible harm occurs.

There are many factors that can lead to medication errors, including:

- Provider fatigue
- Inattention and/or distraction
- Workload and time pressures
- Ineffective verbal and written communication between healthcare team members
- Packing and dispensing errors
- Borrowed medications
 - This may occur when a nurse does not have an adequate dose of a medication and borrows a medication from another client or from the client's future doses. This practice is unsafe as it leads to wrong or missed doses of medications for clients.
- Insufficient knowledge

When medication errors occur, immediate steps should be taken to safeguard clients, resolve issues and inform the client and family. The facts of a medication error must be documented in a client's health record, including:

- Medication that was incorrectly administered
- Client assessment and status
- Corrective actions taken to safeguard the client
- Follow-up monitoring

Employer specific forms such as incident reports, may also be required in the event of an error, near miss or no-harm incident.

Drug Diversion

Drug diversion is the unlawful misdirecting or misuse of any medication and can lead to negative consequences for patients, nurses, and employers. Nurses must promote and/or implement strategies to minimize the risk of misuse, addiction and drug diversion. Nurses are responsible to provide safe, competent, and ethical care, to maintain fitness to practice, and are accountable to the client, the public, the employer, and the profession. Nurses who suspect drug diversion activity have a duty to report (Nurses Association of New Brunswick, 2020).

Medication Disposal

Nurses must be knowledgeable and aware of agency policy regarding medication disposal. Nurses must not accumulate discontinued or unused medications. They must use the systems in place for either medication disposal or pharmacy return. ISMP and Health Canada recommend returning discontinued and unused medications to pharmacy as disposal of medication into garbage cans may lead to unwanted access by others.

The *Controlled Drugs and Substances Act* (1996), details how narcotic waste disposal must occur.

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