Draft professional accountabilities for RN
Prescribing
Background

This draft Medication Practice Standard includes professional accountabilities that will, in the future, apply to:

- RNs who are authorized to prescribe medication, and
- any nurse who dispense medications

This draft is provided for information purposes while the College of Nurses of Ontario’s (the College’s) regulation is circulating for feedback. We are sharing this draft to provide more information about nurses’ accountabilities to assist stakeholders in understanding how the regulation will be implemented.

This document deals only with medication practices. Nurses are also accountable for complying with relevant laws and other College standards and guidelines as applicable to their practice. Nurses are always accountable for ensuring they have the appropriate knowledge, skill and judgment for the nursing interventions they perform.

Through other practice standards and guidelines, RNs who prescribe medication will also be accountable for expectations related, but not limited, to:

- documentation
- ethics
- consent
- delegation

Bolded terms are defined in the glossary.
Practice Standard: Medication

Introduction

The Medication practice standard describes nurses’ accountabilities when engaging in medication practices, such as, administering, dispensing, prescribing, medication storage, inventory management and disposal.

This practice standard applies to all nurses.

The Appendix describes accountabilities that are unique to RNs who prescribe medication.

Nurse Practitioners are accountable for the additional expectations outlined in the Nurse Practitioner practice standard.

Three principles outline the expectations related to medication practices that promote public protection.

The principles are:
- authority
- competence
- safety

◆ Authority

Nurses must have the necessary authority to perform medication practices.
Registered Nurses and Registered Practical Nurses require an order for a medication practice when:

- a controlled act is involved
- administering a prescription medication, or
- it is required by legislation that applies to a practice setting.

Nurses accept orders that are:

- clear
- complete
- appropriate

Orders for medication can be direct orders (that apply to one client) or directives (that apply to more than one client); however, orders for controlled substances must be direct orders.

When a nurse receives a medication order that is unclear, incomplete or inappropriate, the nurse must not perform the medication practice. Instead, the nurse must follow up with a prescriber in a timely manner.

RNs with prescriptive authority are allowed to prescribe medications outlined in this document.

Unique delegation requirements for RN Prescribing is in the appendix. Unique requirements for NPs are in the NP standard.
Competence

Nurses ensure that they have the knowledge, skill and judgment needed to perform medication practices safely.

Nurses:
- ensure their medication practices are evidence informed
- assess the appropriateness of the medication practice by considering the client, the medication and the environment
- know the limits of their own knowledge, skill and judgment, and get help as needed, and
- do not perform medication practices that they are not competent to perform.

Safety

Nurses promote safe care, and contribute to a culture of safety within their practice environments, when involved in medication practices.

Nurses:
- provide medications only for therapeutic purposes and when there is a professional relationship with the client
- seek information from the client about their medication, as needed
- provide education to the client regarding their medication
- collaborate with the client in making decisions about the plan of care in relation to medication practices
- promote and/or implement processes to ensure medications are obtained, stored, transported and disposed of securely and in accordance with applicable laws
■ assess for and are satisfied that there are processes in place to ensure medications can be tracked in the event of a medication recall
■ promote and/or implement strategies to minimize the risk of medication misuse and diversion
■ take appropriate action to prevent, resolve or minimize the risk of harm to a client from a medication error or adverse reaction
■ report medication errors, near misses or adverse reactions in a timely manner,
■ collaborate in the development, implementation and evaluation of system approaches that support safe medication practices within the health care team,
■ label the container in which a medication is dispensed with the following information:
  • identification number, if applicable
  • client’s name
  • the date
  • name of the medication
  • strength (if applicable) and manufacturer (if available) of the medication
  • directions for use including the dose, route of administration, frequency and, if applicable, the duration of therapy
  • quantity of medication dispensed
  • expiry date (if applicable), and
  • the prescriber’s name,
  • employer name, business address and telephone number

■ must not obtain any personal gain from dispensing medication which conflicts with their ethical duty to clients (“personal benefit” includes financial and non-financial benefit, whether direct or indirect)
Appendix: Practice Expectations for RNs with Prescriptive Authority

Authority

RNs who are authorized to prescribe:
- only prescribe medication listed in this document
- are not authorized to sell or compound medications.
- prescribe medications only for therapeutic purposes when there is a professional relationship with the client.
- do not prescribe medication to themselves.
- only prescribe medication to family members, partners, friends or acquaintances when there are no other providers available in circumstances outlined in the Therapeutic Nurse-Client Relationship practice standard.
- may communicate a diagnosis only if they are prescribing a medication to treat the diagnosis.

Competence

RNs must complete required education to become authorized to prescribe and are accountable for ensuring ongoing competence to ensure safe practice.

Safety

RNs who are authorized to prescribe:
- must provide orders that are clear, complete and appropriate. Prescriptions must be accurate, in accordance with applicable laws and include the following information on a prescription and in the client’s health record:
  - client’s name and address
  - the date
  - name of the medication
  - strength (if applicable) of the medication
• directions for use, including the dose, route of administration, frequency and, if applicable, the duration of therapy
• quantity of the medication
• number of refills, if applicable, and
• the RN’s name, business address, telephone number, protected title,
• RN’s registration number and signature (includes electronic signature).

■ collaborate, consult and refer as necessary for safe competent and comprehensive client care
■ review the best-possible medication history before prescribing
■ are responsible for developing and implementing appropriate follow-up and monitoring in collaboration with the client and health care team.
■ must not obtain any personal gain, which conflicts with their ethical duty to clients, as a result of prescribing medication.
■ do not use their professional designation to promote one treatment option over another
■ develop strategies to mitigate the risk that their interactions with industry may interfere with evidence informed decision-making
Glossary

Adverse Reaction: Undesirable effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and non-prescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radiopharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may be evident within minutes or years after exposure to the product and may range from minor reactions like a skin rash, to serious and life-threatening events such as a heart attack or liver damage. (Health Canada, 2012).

Controlled Acts: Acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them. These activities are listed in the Regulated Health Professions Act, 1991. (College of Nurses of Ontario, 2014).

Dispensing: 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.

Drug Diversion: When controlled substances are intentionally transferred from legitimate distribution and dispensing channels. (National Opioid Use Guideline Group, 2010).

Evidence-Informed: Practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data. (College of Nurses of Ontario, 2014).
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. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (National Coordinating Council for Medication Error Reporting and Prevention, 2014).

Near Miss: An event, situation, or error that took place but was captured before reaching the patient. (ISMP, 2009).

Personal gain: Advantage or benefit, financial or otherwise that a nurse receives. A personal gain can be monetary (cash, gifts and rewards), or provide other personal benefits to the nurse. A personal gain can include the interests of the nurse’s family or charitable causes or organizations the nurse supports. It does not include a nurse’s salary or benefits.