Dispensing Medications
Practice Standard

Practice Standards set out baseline requirements for specific aspects of Registered Psychiatric Nurses' practice. They interact with other requirements such as the Code of Ethics, the Professional Standards for Psychiatric Nursing, CRPNBC Bylaws, and relevant legislation.

Registered Psychiatric Nurses (RPNs) can dispense medications. RPNs are accountable for providing safe, competent and ethical care to their clients. This document provides RPNs with information they need to dispense medications safely.

Dispensing includes the preparation and transfer of a medication for a client by:

- Taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended use, and
- Taking steps to ensure its proper use.

It may also include accepting payment for a medication on behalf of a nurse's employer.

Dispensing occurs when the RPN gives medication to a client or their delegate for administration at a later time. Examples of dispensing include when:

- The client is leaving the facility on a day pass and needs their medication while away.
- The client is being discharged from the emergency department and needs medication started.

RPNs may dispense with or without the involvement of a pharmacist:

- When a pharmacist has reviewed a medication's pharmaceutical and therapeutic suitability, RPNs take steps to ensure its proper use.
- When a pharmacist has not reviewed a medication's suitability or it is unclear whether this has occurred, RPNs take steps to ensure the pharmaceutical and therapeutic suitability of the medication for the client, as well as its proper use.

When employers require RPNs to dispense medication, employers provide the organizational supports necessary for safe dispensing (e.g., documentation systems to support risk management, quality assurance and audit; supports for the safe transport, storage and security of medications; policies regarding dispensing by nurses).

Naloxone: Responding to the opioid overdose public health emergency

As an exception to usual practice of dispensing medication to a client or their delegate for administration to the client at a later time, RPNs may dispense naloxone to a person for
potential administration, to a person unknown to the RPN (i.e. not a client) who is experiencing a suspected opioid overdose.

In this instance, steps cannot be taken to ensure the pharmaceutical and therapeutic suitability of the medication for the unknown person. However, steps can be taken to support its proper use by applying the following principles:

- RPNs label the naloxone as described in principle 4a below (excluding the name of the client).
- RPNs provide education to the person the RPN is giving the naloxone to, based on an assessment of the person’s ability and level of understanding, as described in principle 4d below.
- RPNs record dispensing information as per organizational policies.

All the principles below apply when dispensing naloxone for a specific client or their delegate.

**PRINCIPLES**

RPNs who dispense meet the following expectations:

1. RPNs dispense medications when it is in the best interest of the client.
2. RPNs dispense medications only for clients under their care.
3. When taking steps to ensure pharmaceutical and therapeutic suitability, RPNs:
   a. Review the order for completeness and appropriateness (e.g., drug, dosage, route and frequency of administration).\(^1\)
   b. Review the client’s medication history and other personal health information.
   c. Consider potential drug interactions, contraindications, allergies, therapeutic duplications and any other potential problems (e.g., adverse side effects).
   d. Use current, evidence-based resources to support their decision-making (e.g., online clinical databases, decision support tools).
   e. Consider the client’s ability to follow the medication regimen.

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\(^1\) This applies in cases where the medication is ordered by another health professional. Added caution is needed in cases where there is no ordering health professional and the nurse determines what medication is required and then dispenses it.
4. When taking steps to ensure proper use, RPNs:

   a. Label the medication legibly with:

      - Client's name.
      - Medication name, dosage, route, and (where appropriate) strength.
      - Directions for use.
      - Quantity dispensed.
      - Date dispensed.
      - Initials of the nurse dispensing the medication and the name, address, and telephone number of the agency from which the medication is dispensed.
      - Any other information that is appropriate/specific to the medication.

   b. Package the medication in a way that is most appropriate for client needs.

   c. Hand the medication directly to the client or their delegate.

   d. Provide education based on an assessment of the client’s abilities and level of understanding regarding the medication, including:

      - Purpose of the medication.
      - How to administer the medication.
      - Dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response.
      - Written information about the medication.

5. RPNs record dispensing information on an individual medication profile and/or client record each time a medication is dispensed. The profile/record includes:

   a. Client name, address, phone number, date of birth, gender and, when available, allergies and adverse reactions.

   b. Date dispensed.

   c. Name, strength, dosage of medication and quantity dispensed.

   d. Duration of therapy.

   e. Directions to client.

   f. Signature and title of the person dispensing the medication.
APPLYING THE PRINCIPLES TO PRACTICE

a. Take action if a dispensing order does not seem to be evidence-based or does not appear to reflect individual client characteristics or wishes. Actions could include:

- Getting more information from relevant resources or from the client.
- Consulting with a colleague or manager.
- Questioning the health professional who gave the order. See Principles 1 and 3.

b. In some situations, it may be more appropriate for a pharmacist to dispense ordered medications than for you to dispense them. In making these decisions, use judgment and consider such things as:

- Your own competence.
- The complexity of the dispensing request.
- The complexity of the client’s medication profile.
- Your access to relevant client information.
- Access to resources to support your decision making.

c. Take appropriate action if dispensing the medications yourself does not appear to be in the client’s best interest (e.g., discuss with the ordering health professional to determine the best course of action). See Principles 1 and 3.

d. If you are responsible for determining pharmaceutical and therapeutic suitability, take all reasonable steps to identify potential drug interactions and therapeutic duplications including, whenever possible, checking PharmaNet. See Principle 3.

e. Whenever possible, involve pharmacists in dispensing. Pharmacists are experts in safe medication dispensing and can help make nurse dispensing safer (for example, by creating labels that provide a “template” for required information, by providing education to nurses about safe dispensing practices, by reviewing dispensing scenarios with nurses to improve resources/processes/systems). See Principle 4.

f. Nurses are not able to document dispensed medications in PharmaNet. Document any dispensing you carry out in the client record and consider:

- Who has access to this information and who else needs to be informed about the medications you’ve dispensed.
- How this information should be communicated, including how quickly. See Principle 5.

FURTHER INFORMATION

Other CRPNBC Practice Standards and requirements are available from the Practice Support section of the CRPNBC website: https://www.crpnbc.ca/practice-support/
For more information on this or any other practice issue, contact CRPNBC’s Practice Consultant by email at crpnbc@crpnbc.ca or call 604.931.5200 or 1.800.565.2505.

Additional Resources


Provincial Drug Schedules (available at [www.bcparmacists.org](http://www.bcparmacists.org))