

Administering & Dispensing Medications

PROFESSIONAL PRACTICE GUIDELINE



Professional Practice Guideline

College of Respiratory Therapists of Ontario (CRTO) publications contain practice parameters and standards which should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CRTO publications may be used by the CRTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Resources and references are hyperlinked to the Internet for convenience and referenced to encourage exploration of information related to individual areas of practice and/or interests. Bolded terms are defined in the Glossary.

It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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Introduction

The *Regulated Health Professions Act, 1991* (RHPA) identifies thirteen **controlled acts** that pose significant risk of harm to the public of Ontario [RHPA section 27(2)]. Dispensing medications falls under the 8th controlled act in the RHPA:

“Prescribing, dispensing, selling or **compounding a drug** as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a **pharmacy** where such drugs are kept.”

The *Respiratory Therapy Act, 1991* (RTA) does not authorize **Respiratory Therapists** (RTs) to perform this controlled act, the **authority** to dispense medications must be delegated to an RT from another **regulated health care professional** that is authorized to dispense and to delegate dispensing (i.e., physicians). Therefore, RT’s can only receive **delegation** for the dispensing portion of this controlled act. Respiratory Therapists must not prescribe, sell or compound a drug, or supervise the part of a pharmacy where such drugs are kept.

Please Note...

Other regulated health care professionals who are authorized to perform this controlled act in its entirety, or parts of it, have additional regulations and standards guiding these practices. For example, only Pharmacists and wholesalers are permitted to sell medications. Selling implies the possession of the medication. RTs cannot accept payment for medications dispensed or invoice clients on behalf of their employers.

For additional information, please see the *Interpretation of Authorized Acts* and *Delegation of Controlled Acts* Professional Practice Guidelines (PPGs).

Other legislation regulating the practices of prescribing, dispensing, selling, or compounding a drug, and supervising a pharmacy, includes but is not limited to:

Provincial Legislation:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Narcotics Safety and Awareness Act, 2010*

Federal Legislation:

- *Food and Drugs Act, 1985*
- *Controlled Drugs and Substances Act, 1996*
- *Narcotics Control Regulation (amended 2014)*

ADMINISTRATION

RTs commonly administer medications via the authority granted to them by the *Respiratory Therapy Act* - “administering a substance by injection or inhalation” [s.4 (4)]. Dispensing occurs less often, and will be explained later in this PPG. RTs are responsible for administering medications within both their personal and professional scope of practice. The safe and competent administration of medication requires the RT to have the competencies (knowledge, skill and abilities) to:

- assess the appropriateness of a particular medication for the patient/client, including indications and contraindications;
- be aware of the actions, interactions, dose, route, side-effects and adverse effects of the drug;
- be able to calculate the correct dosage and prepare the medication correctly, when necessary; and
- to monitor the patient/client during and following **administration**, as well as manage any side-effects or adverse reactions to the drug, intervening when necessary.

Examples of administering medication:

- Obtaining, preparing and administering a narcotic for use during conscious sedation of a patient/client
- Obtaining, preparing and administering a drug from a supervised hospital or departmental “stock” of medications (e.g. sedatives kept in a bronchoscopy suite for use during an outpatient procedure)

* Prior to administering any substance, the *Respiratory Therapy Act* requires RTs to obtain a valid **order** (direct order or medical directive) from:

(a) a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;

(b) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or

(c) a member of a health profession that is prescribed by regulation.

The 9 “Rights” of Competent Medication Administration

1. right PATIENT/CLIENT –should be at least two unique identifiers (not room number);
2. right MEDICATION to be given - compare Medication Administration Record (MAR) with order;
3. right ROUTE– includes site (e.g., IV, IM);
4. right TIME/ DAY – includes frequency;
5. right DOSE – check calculation and label;
6. right DOCUMENTATION – i.e. after medication is administered;
7. right FORM – e.g. liquid, tablet, etc.;
8. right REASON – to treat the appropriate condition; and
9. right RESPONSE - monitor to ensure that the medication has the desired effect¹.

Please Note...

Dispensing can only occur once. After a drug is labeled and dispensed to a patient/client via an automated medication dispensing unit, physically giving the medication to the patient/client is **administration**, not dispensing.

Medication Management Systems

Most facilities now use some form of medication management system, which usually includes an automated medication dispensing unit. The purpose of implementing this type of delivery system is to avoid preventable medication errors and improve patient safety. The pharmacy receives the medication order electronically from the physician and dispenses the medication into the unit. The medication can then be accessed by staff to be administered when needed.

Oral and Topical Medication

Administration of a substance orally or topically is not a controlled act under the *RHPA* and is not considered dispensing unless a supply was given to the patient/client to take at another time. An RT may assist a patient/client in taking their prescribed tablets at the time they are due; however, an RT may not leave extra tablets from a stock at the bedside for the patient/client to take. As with all other medications, to administer oral (e.g., Prednisone) and topical medications (e.g., Lidocaine) the RT needs to know the indications, contraindications, proper dosages and potential side-effects. The **prescription** and medication container must be checked, along with the patient/client’s identity and any potential allergies/drug sensitivities, as with any other medication. Oral medications in a tablet form should be given to the patient in a disposable container, and liquid preparations should be measured using syringes specifically designed for that purpose. The RT must ensure that the medication was taken by the patient/client as directed, and document accordingly.

¹ Koppel, R., Wetterneck, T., Telles, J. L., & Karsh, B. T. (2008). Workarounds to barcode medication administration systems: their occurrences, causes, and threats to patient safety. *Journal of the American Medical Informatics Association*, 15(4), 408-423..

Over the Counter (OTC) Medication

OTC refers to medications that can be obtained in the community without a prescription from an authorized regulated health care professional. However, in a hospital setting an order is still required to administer an OTC medication. Many facilities also have policies requiring that any OTC medication brought in from home by a patient/client must be sent to the pharmacy for **labelling**, and then approved by the most responsible physician before returning it to the patient/client.

If an RT is giving out OTC medication in a community setting (e.g., nicotine replacement therapy or NRT in an outpatient smoking cessation clinic), they are responsible for ensuring the medication is stored securely and must dispose of any medication that is past its expiry date.

For more information, please see the section on **Safe Storage and Handling**.

Q&A

Q: In order for me to hand out OTC NRT in our Family Health Team, do I need to get delegation to dispense?

A: OTC medication does not require an order from a physician in the community and is not “dispensed”. Therefore, RTs do not need delegation in order to provide OTC NRT to a patient/client to take home.

Example:

Allowing a patient/client to take home a properly labeled metered dose inhaler from the Emergency Department stock after counseling a patient/client about their prescription and medication.

DISPENSING

RTs do not have the legislative authority to dispense medication, but can receive delegation to dispense. RTs may dispense medications when it's in the best interest of the patient/client, such as a patient/client having difficulty accessing a pharmacy.

Dispensing is a controlled act that authorizes an RT to select, prepare and provide stock medication that has been prescribed to a patient/client (or his or her representative) for administration at a later time.

The process of dispensing has both technical and cognitive components. The technical component includes tasks such as receiving and reading the prescription, selecting the drug to dispense, checking the expiry date, labeling the product, and record keeping.

The cognitive component of dispensing involves assessing the therapeutic appropriateness of the prescription, applying approved substitution policies, being able to make recommendations to the **prescriber** and advising the patient/client.

When it's Appropriate for an RT to Dispense

Please note...

Only RRT Members of the CRTO (subject to any terms, conditions and limitations on his/her certificate of registration that are related to accepting delegation and/or dispensing) may receive delegation to dispense medications.

Example:

Providing a patient/client with a pharmaceutically supplied sample of a medication to take home from an asthma clinic. (For more information, please see the section on **Dispensing Samples**.)

Registered Respiratory Therapists (RRTs) require delegation to dispense medication. It is important to note that Graduate Respiratory Therapists (GRTs) cannot accept delegation for any controlled act, including dispensing.

Depending on an RT's personal scope of practice, it may be practical and in the best interest of the patient/client for an RT to accept delegation to dispense medications in certain practice settings, such as:

- hospital emergency departments;
- asthma care centres;
- pulmonary function laboratories;
- cystic fibrosis care centres;
- respiratory rehabilitation centres;
- COPD care centres;
- polysomnography laboratories; and
- Family Health Team (FHT).

Accepting Delegation to Dispense

The delegation to dispense medication requires the same steps as any other delegation process. For additional information, please see the CRTO *Delegation of Controlled Acts* PPG. The Federation of Health Regulatory Colleges of Ontario (FHRCO) also has resource information and templates for developing delegation processes, which can be accessed on their website at mdguide.regulatedhealthprofessions.on.ca/templates/default.asp

Who an RT can accept delegation to dispense from

The following are health care professions authorized to dispense medication and who RTs can accept orders to dispense from:

- Dentists;
- Physicians;
- Pharmacist
- Nurse Practitioners
- Midwives.

For more information regarding health care professionals who can dispense medication, please see the FHRCO *Interprofessional Collaboration (IPC) eTool*.

Please Note...

As of January 1, 2014, RNs and RPNs are authorized to dispense medications provided they have an order for the medication from an **authorized provider**. However, RNs/RPNs cannot delegate dispensing (CNO, Medication, 2014).

Please Note...

RTs require both an order for the medication AND an order to dispense the medication. However, it does not have to be same healthcare professional who provides both. For example, a physician can write the order for the medication and a pharmacist can delegate dispensing of that medication. For more information, please see [TABLE 1](#).

Table 1: Who can order medication and who can order dispensing medication.

Healthcare Professional	Ability to Order Medication	Ability to Order the Dispensing of Medication
Physician	✓	✓
Nurse Practitioner	✓	✓
Midwife	✓	✓
Dentist	✓	✓
Pharmacist	x	✓
Reg. Nurse/Reg. Practical Nurse	x	x

Orders for Dispensing

An order to dispense must include the following:

- order date,
- client name,
- medication name,
- dose in units,
- route,
- frequency,
- purpose, quantity to dispense; and
- prescriber's name, signature, and designation.

Factors to Consider when Accepting Delegation to Dispense

Reminder...

Respiratory Therapists are reminded that they are not obligated to accept delegation to dispense medications if it is, in their judgment, not appropriate to do so. For more information, please see the CRTO *Delegation of Controlled Acts* PPG.

1. Is your certificate clear of any terms, conditions or limitations that prevent you from dispensing or accepting delegation to dispense?
2. Do you reasonably believe that the person who delegated dispensing to you has the authority and the competence to do so?
3. Do you have the competence to dispense medication?
4. Is it appropriate and in the best interest of the patient/client that you accept delegation to dispense medication, given the known risks and benefits?
5. Are there other controlled acts involved and are you authorized to perform them?

Labelling Dispensed Medication

If medication is being dispensed based on a prescription, the label must meet all the requirements outlined in the *Drugs and Pharmacies Regulation Act* (s.156 (3) – **Identification Markings**), which means that the container in which the drug is dispensed shall be marked with:

- (a) *the identification number that is on the prescription;*
- (b) *the name, address and telephone number of the pharmacy in which the prescription is dispensed (if applicable);*
- (c) *the identification of the drug as to its name (preferably both generic and trade name), its strength (where applicable) and its manufacturer, unless directed otherwise by the prescriber;*
- (d) *the quantity where the drug dispensed is in solid oral dosage form;*
- (e) *the name of the owner of the pharmacy (if applicable);*
- (f) *the date the prescription is dispensed;*
- (g) *the name of the prescriber (along with professional designation (e.g., MD));*
- (h) *the name of the person for whom it is prescribed;*
- (i) *the directions for use as prescribed.*

Please note...

The label can be handwritten or computer generated. However, it's important that:

- the information contained on the label is legible; and
- the dispensed medication is added to the patient's/client's record.

Safe Storage and Handling

If an RT is responsible for maintaining a supply of medication, they must be sure to:

- Keep an up-to-date inventory of all medication in stock;
- Ensure that the medication is stored securely;
- Check to see if medications require refrigeration;
- Discard any medication that has been discontinued or is expired; and
- Store the medication in a clean and well organized area (e.g., metered dose inhalers should be capped, clean aerosol holding chambers should be stored hygienically (as per manufacturer's recommendation)).

DOCUMENTATION

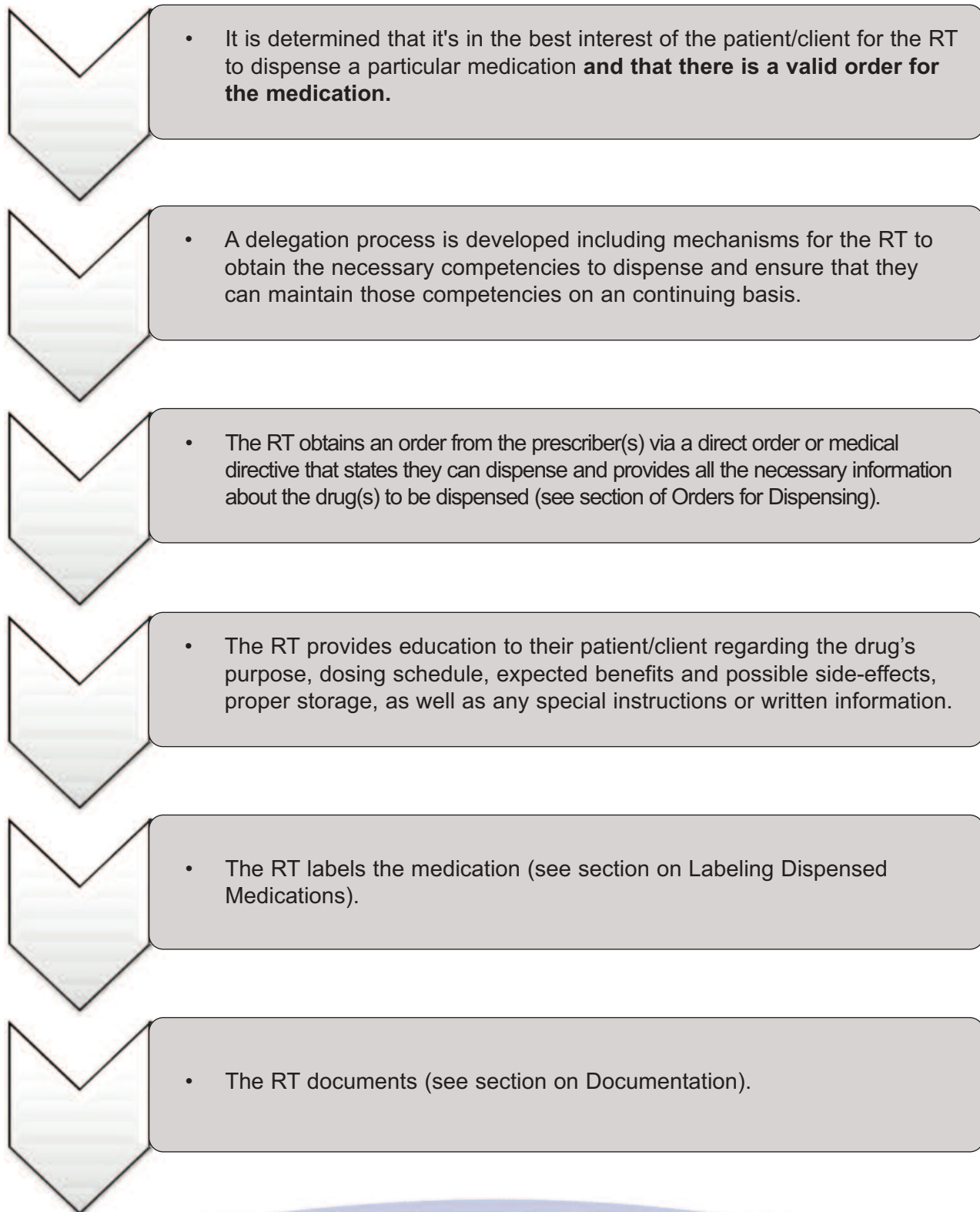
When administering medication, documentation is essential to communicate outcomes and prevent errors - such as accidentally missed doses or double dosing. When preparing and administering medications, a copy of the order (care plan) should be used as a reference to check the correct dosage three times, as follows:

- First when one identifies the vial/syringe/bottle/bag/powder/capsule/tablet the medication is packaged in;
- Secondly when one is preparing the medication; and
- Thirdly after one has completed the preparation process

When dispensing medication, the following documentation is required:

- Patient/client name, contact information, birth date and gender;
- Any allergies and adverse reactions;
- Date, time and (if appropriate) the location that the dispensing took place;
- Medication name, strength, dose and quantity dispensed;
- Length of therapy;
- Any instructions provided to patient/client;
- RT's signature and professional designation; and
- Any other relevant information.

DISPENSING PROCESS MAP



SPECIAL CONSIDERATIONS

Substitution Policies

Please note...

An "interchangeable drug product" is defined as a drug or combination of drugs in a particular dosage, form and strength, that have been determined as interchangeable with another (e.g., exchanging one asthma medication for another).

An RT's employer may have developed and approved policies related to substituting certain medications. Substitution policies are also known as "therapeutic interchange policies". RTs must have the knowledge, skill and judgement to apply approved substitution policies in their practice. For more information, please refer to the [Drug Interchangeability and Dispensing Fee Act](#).

Repackaging

Repackaging a medication that has already been dispensed (e.g., into a daily use container) is not a controlled act and is not considered dispensing. In this case, the RT is responsible for ensuring that the medication has been repackaged safely.

Narcotics and other Controlled Substances

These are drugs as defined in the [Controlled Drugs and Substances Act](#) and the [Narcotic Control Regulations](#). The CRTO's position is that there is nothing in current provincial or federal legislation to prevent an RT from receiving delegation to dispense a controlled substance. RTs may dispense narcotics and other controlled substances but must first obtain delegation to dispense the medication, as with other medications. For more information on delegation, please see the CRTO Position Statement [Handling, Administration and Dispensing of Controlled Substances](#).

Dispensing Samples

A medication sample is defined as a trial package of medication distributed to a health care professional free of charge. If an RT is dispensing sample medications to patients/clients, it is important that they do the following:

- Ensure there is a valid order (direct order or medical directive) for the correct medication;
- Obtain informed consent before providing drug samples;
- Label the medication if it's being dispensed based on a prescription² (see section on **Labeling Dispensed Medication**);
- Provide the patient/client with all the necessary information about the medication (e.g., dose, frequency, mode of administration);
- Document the drug samples given to patients, including: the date provided, name of the drug, drug strength, quantity or duration of therapy, instructions for use, and that the drug's material risks (including material side effects, contraindications or precautions) were discussed with the patient;
- Communicate the need for follow-up to monitor whether any changes to the treatment plan are required; and
- Share information about drug samples provided with other health care providers, as appropriate³.

Please note...

Schedule II narcotic substances may not be provided as drug samples.

² Ontario College of Pharmacists (OCP). (2006). *Policy Respecting the Distribution of Medication Samples*. Retrieved from OCP website at <http://www.ocpinfo.com/regulations-standards/policies-guidelines/distribution-samples/>

³ College of Physicians and Surgeons of Ontario. (2012). *Prescribing drugs. CPSO Policies*. Retrieved from <http://www.cpso.on.ca/policies-publications/policy/prescribing-drugs#DRUGsamples>

Medication Errors

Please note...

Any abbreviations, symbols and dose designations must be recognizable to all those involved with the administration and dispensing of the medication to the patient/client.

Medication errors and preventable adverse drug events present a serious threat to patient/client safety. They can result in serious adverse drug events (ADEs) due to the wrong medication being administered to the wrong patient/client at the incorrect dose, time, reason, and/or route. ADEs can also occur as a result of missing, incorrect or incomplete documentation. RTs play an important role in reducing the incidence of medication errors by carefully following the eight principles outlined previously, (please see section on **Administration**) and by ensuring their organization applies processes aimed at reducing the possibility of medication errors⁴.

Additional information can also be found on the [Institute for Safe Medication Practices \(ISMP\) Canada](#) website.

When a medication error occurs, the RT must take immediate steps to ensure the patient's/client's safety, resolve the problem and report it. It is essential for the RT to document the error on the patient's/ client's chart, including:

- what happened;
- the intervention(s) carried out;
- the patient's/client's response to the intervention(s); and
- all other organizational requirements for reporting errors.

Please note...

Your employer may have policies that support safe administration and dispensing of medication by its health professionals. Please familiarize yourself with your organization's policies.

⁴ Etchells, E., J., Etchells, E., Juurlink, D., & Levinson, W. Medication errors: The human factor. *Canadian Medical Association Journal*, 178(1), 63-64, doi: 10.1503/cmaj.071658

Glossary

Administration (of a medication): the direct application of a drug to the body of a specific patient or research subject by injection, inhalation, ingestion, or any other means.

Authority: the right to act, as outlined in the legislation, usually related to terms, conditions or limitations imposed on a certificate of registration.

Controlled act: one of the 13 acts defined in the *RHPA* [section 27(2)]

Compounding: the act of combining two or more elements to create a distinct pharmaceutical product. Compounding is not authorized to Respiratory Therapists. Delegation is not required when combining elements to prepare a drug for administration. For example: mixing liquid bronchodilators in normal saline for aerosolized therapy.

Competence: having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically; and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.

Delegation: the transfer of the legal authority to perform a procedure within a controlled act to a person not otherwise authorized to perform the procedure.

Drug: as defined in the *Drug and Pharmacies Regulation Act*.

Labelling: the process of preparing and affixing a label to any drug container. Any such label shall include all information required by provincial regulations. In this context, labelling does not include the labelling by the manufacturer, packer or distributor of a non-prescription drug or commercially packaged drug or device.

Order: An “order” is the authority to undertake an intervention if the circumstances are appropriate and, in your professional judgement, it is appropriate to undertake the intervention. For more information of what constitutes a valid order, please see the [Orders for Medication Care](#) PPG.

Pharmacy: a premise in or in part of which prescriptions are compounded or dispensed for the public.

Prescriber: a person authorized to give a prescription within the scope of his or her practice of a health discipline or profession.

Prescription: an authorization from a prescriber permitting the dispensing of any drug or mixture of drugs for a designated person or animal.

Glossary

Regulated health care professional: A health care provider who is a member of a regulatory college and is regulated by the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)

Respiratory Therapists: Members of the CRTO (RRT, GRT, PRT).

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4. College of Physicians and Surgeons of Ontario (CPSO). (2012). Prescribing Drugs. *CPSO Policy Statement*. Retrieved from <http://www.cpso.on.ca/policies-publications/policy/prescribing-drugs#DRUGsamples>
5. Koppel, R., Wetterneck, T., Telles, J. L., & Karsh, B. T. (2008). Workarounds to barcode medication administration systems: their occurrences, causes, and threats to patient safety. *Journal of the American Medical Informatics Association*, 15(4), 408-423.
6. Ontario College of Pharmacists (OCP). (2006). *Policy Respecting the Distribution of Medication Samples*. Retrieved from OCP website at <http://www.ocpinfo.com/regulations-standards/policies-guidelines/distribution-samples/>



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This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

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