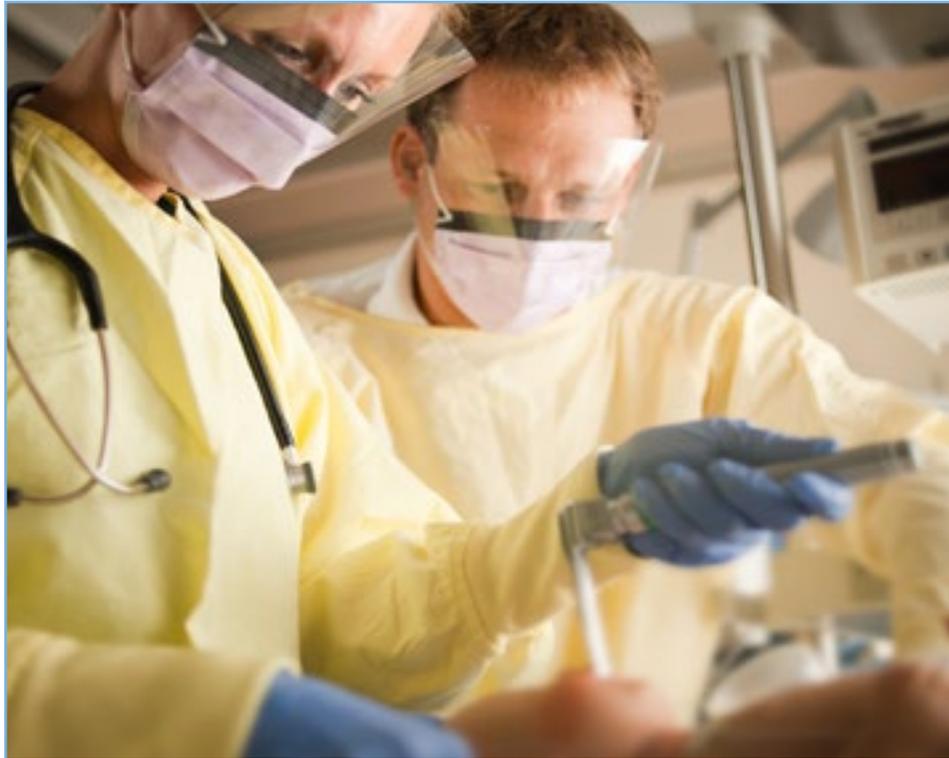


ADMINISTERING & DISPENSING MEDICATIONS

PROFESSIONAL PRACTICE GUIDELINE



PROFESSIONAL PRACTICE GUIDELINE

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.

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.

The CRTO will update and revise this document every five years, or earlier, if necessary. The words and phrases in bold lettering can be cross referenced in the Glossary at the end of the document.

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INTRODUCTION

The [Regulated Health Professions Act](#) (RHPA) identifies fourteen 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.”

Since the [Respiratory Therapy Act](#) (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 (e.g., 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](#) (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)*

There are five stages of the medication process:

- a. ordering/prescribing,
- b. transcribing and verifying,
- c. dispensing and delivering,
- d. administering, and
- e. monitoring and reporting.

RT's are involved in several of these stages. This PPG outlines the expectations related to medication practices that promote and ensure public protection and safety.

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.

*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.*

It is important to note that the Members of the regulated professions above must also abide by their own legislation when it comes to delegation. Please see [Accepting Delegation to Dispense](#).

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)

THE 10 “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 or ACTION – to treat the appropriate condition; and
9. right RESPONSE – monitor to ensure that the medication has the desired effect .
10. right to REFUSE – respecting the patient’s right of choice

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.

PLEASE NOTE...

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

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.

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.



SCENARIO:

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

WHAT DO YOU DO?

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

However, if this was an in-hospital PFT clinic, an order would be required for the NRT to be given to the patient.

If an RT is giving out OTC medication in a community setting (e.g., nicotine replacement therapy (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.

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.

FOR EXAMPLE:

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

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, labelling 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.

PLEASE NOTE...

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

WHEN IT'S APPROPRIATE FOR AN RT TO DISPENSE

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).

FOR 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.**)

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 PPG](#). The Health Professions Regulators of Ontario also has resource information and templates for developing delegation processes, which can be accessed here: [templates for delegation](#)

PLEASE NOTE...

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

WHO AN RT CAN ACCEPT DELEGATION TO DISPENSE FROM

The following are health care professions authorized to dispense medication and can delegate dispensing to RT's:

- Dentists;
- Physicians;
- Pharmacists*

*Pharmacists can dispense medication under the *Regulated Health Professions Act* and can therefore delegate dispensing. However currently RT's are not permitted to accept an order from Members of the Ontario College of Pharmacists. For example a physician can order a medication and a pharmacist may delegate the dispensing of the medication to a RT.

Midwives are not permitted to dispense, sell, or compound a drug, and therefore can not delegate dispensing. (College of Midwives of Ontario).

Nurse Practitioners can dispense medications however they cannot delegate prescribing, dispensing, selling, or compounding medication. (College of Nurses of Ontario).

PLEASE NOTE...

RTs require both a order for the medication AND an order to dispense the medication. However, it does not have to be the 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 delegation to dispense medication.

HEALTHCARE PROFESSIONAL	ABILITY TO ORDER MEDICATION	ABILITY TO DELEGATE THE DISPENSING OF MEDICATION
Physician	✓	✓
Nurse Practitioner	✓	✗
Midwife	✓	✗
Dentist	✓	✓
Pharmacist	✓*	✓
RN	✗	✗

*Pharmacists can perform the controlled act of “prescribing a drug” specified in the regulations (initiating therapy with varenicline or bupropion for smoking cessation) or in accordance with the regulations (adapting or renewing a previously prescribed prescription). Ref: Pharmacy Act; O. Reg. 202/94; [Initiating, Adapting and Renewing Prescriptions Guideline](#).

Note that in a hospital setting, regulations under the Public Hospitals Act determine who can order treatments for patients: “physician, dentist, midwife or registered nurse in the extended class”. Ref: RRO 1990 Reg 965.

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

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?

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 PPG](#).

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.

Documentation, in the event of a patient refusal of medication, is very important.

DISPENSING PROCESS MAP



SPECIAL CONSIDERATIONS

SUBSTITUTION POLICIES

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](#).

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).

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 Practice Policy [Handling, Administration and Dispensing of Controlled Substances](#).

PLEASE NOTE:

A direct order is required for the administration of a controlled substance.

For example: A medical directive is not an acceptable substitution for a direct order for a narcotic in the Operating Room.

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 prescription (see section on [Labelling 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 appropriate.

PLEASE NOTE...

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

MEDICATION ERRORS

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 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.

Some of the factors associated with medication errors include the following:

- Medications with similar names or similar packaging;
- Medications that are not commonly used or prescribed;
- Commonly used medications to which many patients are allergic (e.g., antibiotics, opiates, and nonsteroidal anti-inflammatory drugs);
- Medications that require testing to ensure proper (i.e., nontoxic) therapeutic levels are maintained (e.g., lithium, warfarin, theophylline, and digoxin).

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.

It is also important to participate in reflection, identifying challenges and barriers that impact safe medication delivery, and as a team, focus on improvement and solutions.

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.

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 CRTO 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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**College of Respiratory
Therapists of Ontario**

**Ordre des thérapeutes
respiratoires de l'Ontario**

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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