



MEDICATION MANAGEMENT

PRACTICE DIRECTION

BACKGROUND

Practice directions set out the requirements related to specific aspects of registered psychiatric nursing practice and provide more detailed information related to the Health Professions Act, Registered Psychiatric Nursing Regulations, other relevant legislation, and the Standards of Psychiatric Nursing Practice and Code of Ethics.

Registered Psychiatric Nurses (RPNs) have an obligation to provide safe, competent, and ethical care to their clients in accordance with CRPNA's Standards of Practice and Code of Ethics. Registrants must be aware of the *Controlled Drugs and Substances Act*, *Food and Drugs Act* (R.S.C., 1985), *Food and Drug Regulations Part C* (C.R.C., c. 870), *Pharmacy and Drug Act (2000)*, *the Scheduled Drugs Regulations* (Alta Reg 66/2007), *Protecting Canadians from Unsafe Drugs Act* (2014), as well as CRPNA practice guidelines and other resources that support professional psychiatric nursing practice.

Drugs in Canada are categorized into four categories derived from the schedules to the Controlled Drugs and Substances Act:

1. Schedule 1 drugs require a prescription as a condition of sale
2. Schedule 2 drugs are available without a prescription but must be obtained from a pharmacist
3. Schedule 3 drugs are available without a prescription from the self-selection area of a pharmacy
4. Unscheduled drugs are not listed in a national or provincial schedule and may be sold from any retail outlet.

For additional information related to drug schedules, please refer to the Alberta College of Pharmacy (ACP) website at [Drug schedules - Alberta College of Pharmacy](#). For information on licensed natural health products please access the Health Canada database at [Licensed Natural Health Products Database \(LNHPD\) - Canada.ca](#).

PURPOSE

The College of Registered Psychiatric Nurses of Alberta (CRPNA) has a mandate to protect the public and this document provides guidance and direction on a registrant's responsibilities and accountabilities to provide safe medication practices. The purpose of this practice directive is to outline the minimum expectations of registrants for medication management.

CORE CONCEPTS:

These criteria identify the minimum expectations for registrants for medication management.

Safety

The registrant must:

1. Apply principles of safe medication practice;
2. Integrate infection prevention and control principles, standards, and guidelines into medication management;
3. Follow the rights of medication administration;
4. Assess if the client has the physical capability and the mental capacity for safe administration of the medication;
5. Safeguard medication and not leave medication unattended;
6. Appropriately assign medication assistance, when required, to unregulated health care workers;
7. Ensure all orders for medication, protocols, and order sets that contain Schedule 1 medications are client-specific and signed by an authorized prescriber;
8. Do not use a standing order;
9. Question medication orders that are unclear, incomplete, outdated, illegible, inappropriate, or unsafe;
10. Accept verbal medication orders (including via telephone) only in urgent or emergent situations and according to employer requirements. such orders must be read back to the authorized prescriber to confirm accuracy and then accurately documented;
11. Only act as an intermediary between an authorized prescriber and a pharmacist or pharmacy technician in urgent or emergent situations;
12. Receive (and send if authorized to prescribe) an electronic medication ORDER only through a secure network in accordance with legislation and employer requirements;
13. Ensure medication reconciliation is performed with the client and family where appropriate, at all care transition stages and reconcile any discrepancies;
14. Only administer medications prepared by themselves or a pharmacist (or pharmacy technician), except in urgent or emergent circumstances when the medication may be prepared by another health-care professional as outline in employer requirements;
15. Manage any harm, disclose it to the client, and inform the authorized prescriber when a medication incident has occurred, according to employer requirements;
16. Recognize, act on and report medication incidents, close calls or adverse drug reactions through the appropriate administrative method as soon as possible according to employer requirements;
17. Report serious adverse drug reactions and medical device incidents as mandated by the *Protecting Canadians from Unsafe Drugs Act (2014)* and according to employer requirements;
18. Use personal protective equipment for hazardous medications;
19. Only administer medication for off-label use when supported by the employer requirements;



20. Use procedures and safeguards for high alert medications (e.g., Independent double-checks, warning labels, programmable pumps) and as identified in employer requirements;
21. Follow employer requirements regarding the use of abbreviations, acronyms and symbols;
22. Store, handle, transport, and dispose medications safely and follow employer requirements.

Authority

The registrant must:

1. Follow current legislation, standards, policies, and employer requirements about medication management;
2. Only administer Schedule 1 medications when there is a client-specific order from an authorized prescriber;
3. Follow employer requirements when administering medications that do not require an order from an authorized prescriber: Schedule 2, 3 and unscheduled drugs and natural health products;
4. Administer medications only within their competence, scope of practice and when supported by employer requirements;
5. Compound medication according to the *ACPs Standards of Practice for Pharmacists and Pharmacy Technicians (2022)* and *Standards for Pharmacy Compounding of Non-Sterile Preparations (2018a)* and employer requirements;
6. Dispense medication only:
 - a) Following a comprehensive assessment and medication review,
 - b) When a pharmacist is not available,
 - c) When there is a medication order,
 - d) According to employer requirements,
 - e) Based on client need,
 - f) When following *the ACPs Standards of Practice for Pharmacists and Pharmacy Technicians (2022)* for dispensing;
7. When dispensing drug samples:
 - a) Ensure there is a record of the drug dispensed, preferably in the Pharmaceutical Information Network,
 - b) Document any collaborative discussions with authorized prescribers about dispensing the drug sample,
 - c) Ensure dispensing decisions about drug samples are based solely on the client's health and need;
8. Follow federal legislation and regulations, and employer requirements related to the acquisition, access, counts (including documentation of withdrawals and administration, and discrepancies) of controlled drugs and substances;



9. When administering chemical restraints:
 - a) Informed consent is required for all non-emergent restraint use;
 - b) a RPN may need to utilize chemical restraints without consent, in accordance with employer policies, when a serious threat of harm to the client or others exist. This should only occur after all attempts of de-escalation and crisis management strategies have been attempted and deemed unsuccessful;
 - c) restraints must be considered as a last resort intervention, used temporarily in behavioural emergencies when other strategies have failed to keep the individual and others safe
 - d) inform the client that they are being restrained, even if the person cannot consent (e.g. if they are certified under the *Mental Health Act* of Alberta);
 - e) communicate with the interdisciplinary team and debrief with the client, the client's family or substitute decision maker, when a chemical restraint is used to discuss interventions and alternative interventions;
 - f) document nursing care provided when administering a chemical restraint in addition to standard documentation following employer requirements. This includes the client's behaviour that necessitated the chemical restraint, nursing assessment, planning, intervention and evaluation, as well as the frequency of observation during the period where the client is chemically restrained.
10. Question policy that does not reflect current evidence and information from reputable organizations.

Knowledge-Based Practice

The registrant must:

1. Be knowledgeable about the therapeutic effects and side effects of the medication, its interactions with other medications and contraindications;
2. Provide education, and counselling where necessary, to clients and their families about the medications they are taking;
3. Be knowledgeable and competent to administer the medication via the specified route;
4. Follow employer requirements for the use of the client's own medication and self-administration;
5. Obtain and document the best possible medication history including the client's use of non-prescription and natural health products, and as outline by employer requirements;
6. Be able to address concerns of problematic polypharmacy with the client, the inter-professional team and the authorized prescriber or most responsible health practitioner;
7. Have the knowledge, skills and competence to recommend an appropriate over-the-counter medication in accordance with employer requirements;
8. Evaluate and document the therapeutic effect of the medication.

9. Assess the client for any adverse reaction to a medication, take immediate action to remedy harm, inform the authorized prescriber and document;
10. Withhold a medication when it poses a risk of harm to the client and consult the authorized prescriber immediately or as soon as possible;
11. Document and sign for the administration of a medication in the appropriate record including all employer requirements for documenting medication administration;
12. Do not pre-pour medication, prepare medications at the time of administration;
13. Communicate to the authorized prescriber and document when a client refuses medication (including the reason for refusal).

Ethical Practice

The registrant must:

1. Follow the CRPNA Code of Ethics for Registered Psychiatric Nurses and ethical principles in all aspects of medication management;
2. Assess the client's understanding of the medication to be taken and obtain informed consent prior to medication administration, or use a decision-maker when the client is unable to provide informed consent as outlined in legislation and in employer requirements;
3. Never administer medication without informed consent unless in urgent or emergent circumstances as outlined in employer requirements;
4. Respect the client's right to refuse medication where the client has the capacity and makes an informed decision;
5. Follow the employer requirements when using covert medication administration;
6. Incorporate principles of harm reduction into medication management with respect to a client who has a substance use disorder;
7. Interact with the client from a place of cultural humility and support a culturally safe environment during medication management.

References/Resources

- Alberta College of Pharmacy. (2018). *Drug schedules*. <https://abpharmacy.ca/regulated-members/practice-resources/other-practice-resources/drug-schedules/>.
- Alberta Health Services. (2020). Restraint as a last resort policy, HCS-176-09.
- Benzodiazepines and Other Targeted Substances Regulations. (SOR/2000-217). <https://laws-lois.justice.gc.ca/PDF/SOR-2000-217.pdf>.
- Canadian Nurses Protective Society. (2021). *Patient Restraints*. <https://cnps.ca/article/patient-restraints/>.
- College of Nurses of Ontario. (2018). *Understanding Restraints*. <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/restraints/>.
- College of Registered Nurses of Alberta. (2022). *Medication Management Standards*. <https://www.nurses.ab.ca/media/p0tbp2kz/medication-management-standards-2022.pdf>.
- College of Registered Psychiatric Nurses of Alberta (CRPNA). (2022, January). *Registered Psychiatric Nurses Standards of Practice Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests*. <https://crpna.ab.ca/CRPNAMember/Library/CRPNAMember/Library/Library.aspx?hkey=6e8e7f1c-567e-48b8-aadb-b52c979aa3e1>
- College of Registered Psychiatric Nurses of Alberta (CRPNA). (2021, July). *A Guide for Practice: Registered Psychiatric Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests*. <https://crpna.ab.ca/CRPNAMember/Library/CRPNAMember/Library/Library.aspx?hkey=6e8e7f1c-567e-48b8-aadb-b52c979aa3e1>.
- College of Registered Nurses of Alberta (CRNA). (2021). *Medication management standards*. <https://nurses.ab.ca/media/orgfnt5n/12-medication-management-standards-2022.pdf>.
- Controlled Drugs and Substances Act (S.C. 1996, c. 19).
- Food and Drugs Act (R.S.C., 1985, c. F-27).
- Food and Drug Regulations (C.R.C., c. 870).
- Government of Canada. (2019, January 4). *Licensed Natural Health Products Database (LNHPD)*. <https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/applications-submissions/product-licensing/licensed-natural-health-products-database.html>.
- Health Professions Act (RSA 2000, c H-7).
- Institute for Safe Medication Practices (ISMP). (n.d.). *Resources*. <https://ismpcanada.ca/resources/>.

Mental Health Act, Revised Statutes of Alberta (2000 Chapter M-13).

Protecting Canadians from Unsafe Drugs Act (SC 2014, c 24).

Pharmacy and Drug Act, Revised Statutes of Alberta (2000 Chapter P-13).

Registered Psychiatric Nurses Association of Saskatchewan. (2024, May 8). *Medication Administration: Guideline for Registered Psychiatric Nurses*. <https://rpnas.com/wp-content/uploads/2024/07/RPNAS-Medication-Administration-WEB.pdf>.

Registered Psychiatric Nurse Regulators of Canada (RPNRC). (2014). Registered Psychiatric Nurse Entry-Level Competencies. <https://static1.squarespace.com/static/665dd49260a4ca14a92ba9ee/t/666890c8a490e91e81aa35f8/1718128841573/Entry-level+competencies.pdf>.