Dispensing Medications

Practice standards set out requirements for specific aspects of LPN practice. They link with other BCCNP standards, policies and bylaws and all legislation relevant to LPN practice.

What is Dispensing Medications?

The 2015 Nurses (Licensed Practical) Regulation authorizes licensed practical nurses (LPNs) to dispense certain medications both with and without an order, and under specific circumstances (i.e., to treat a specific condition). Dispensing includes preparing and providing a medication for a client, taking steps to ensure:

- pharmaceutical and therapeutic suitability of the medication for its intended use
- proper use of the medication

Dispensing may also include accepting payment for a medication on behalf of an LPN’s employer. It does not include selling a medication.

Dispensing occurs when a pharmacist is not available, requiring the LPN to provide medication to a client or the client’s delegate for administration at a later time. For example, when the client is:

- Leaving the facility temporarily and needs medication while away
- Being discharged from the emergency department and needs medication started
- Admitted after hours and requires ordered medications to be dispensed from ward stock

The dispensing of naloxone is an exception in response to a public health issue. In this instance, the nurse may be dispensing to a person who is neither their client nor their client’s delegate, but rather someone who may encounter an individual experiencing a suspected opioid overdose.

Employers provide the organizational supports and systems necessary for LPNs to meet BCCNP Standards of Practice.

Principles

1. LPNs dispense a medication when it is in the best interest of the client.

2. LPNs dispense a medication only to a client under their care.

3. LPNs only dispense a medication when it has been ordered by an authorized health professional; however, there are some exceptions:

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1 LPNs can carry out orders from nine health professionals in British Columbia: dentists, medical doctors, midwives, naturopaths, nurse practitioners, pharmacists, podiatrists, registered nurses and registered psychiatric nurses. LPNs can also carry out orders from health professionals who hold an equivalent designation in Alberta, Yukon or the Northwest Territories.
• LPNs may dispense epinephrine to treat anaphylaxis
• LPNs may dispense glucagon to treat hypoglycemia
• LPNs may dispense a Schedule II drug to be given orally, intranasally or by intramuscular or subcutaneous injection
• LPNs may dispense a Schedule III drug without an order
• LPNs compound, dispense and administer naloxone without an order, when used to treat a suspected opioid overdose emergency

4. When a pharmacist has reviewed a medication’s pharmaceutical and therapeutic suitability, LPNs take steps to ensure its proper use².

5. When a pharmacist has not reviewed a medication’s pharmaceutical and therapeutic suitability, LPNs take steps to ensure the medication’s pharmaceutical and therapeutic suitability, as well as its proper use.

6. When taking steps to ensure pharmaceutical and therapeutic suitability, LPNs:
   • Review the order for completeness and appropriateness
   • Review the client’s medication history and other personal health information
   • Consider potential drug interactions, contraindications, allergies, therapeutic duplications and any other potential problems (e.g., adverse side effects)
   • Use current, evidence-based resources to support their decision-making
   • Consider the client’s ability to follow the medication regimen

7. When taking steps to ensure proper use, LPNs:
   • Label the medication legibly with the:
     o Client’s name, date of birth and personal health number or medical record number
     o Medication name, dosage, route and (where appropriate) strength
     o Directions for use
     o Quantity dispensed
     o Date dispensed
     o Initials of the LPN dispensing the medication
     o Name, address and telephone number of the agency that dispensed the medication
     o Any other information that is appropriate/specific to the medication
   • Package the medication in a way that is most appropriate for the client
   • Hand the medication directly to the client or delegate
   • Provide education to the client or delegate that includes:
     o The purpose of the medication
     o The dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response

² See BCCNP’s Medication Administration Practice Standard for Licensed Practical Nurses
8. LPNs document dispensing information on the client record each time a medication is dispensed, including:
   - Client name, address, phone number, date of birth, gender and, when available, allergies and adverse reactions
   - Name of delegate to whom medication was provided, if applicable
   - Date dispensed
   - Name, strength and dosage of medication
   - Quantity dispensed
   - Duration of therapy
   - Directions to client
   - Signature and title of the person dispensing the medication

9. In response to the opioid overdose public health emergency, nurses are authorized to dispense naloxone to a person who is not their client or their client’s delegate, but rather someone who may encounter an individual experiencing a suspected opioid overdose. In this instance, nurses would not be expected to fully meet principles 1-8, primarily those required activities intended for the recipient for the naloxone including the following:
   - dispense a medication only to a client under their care.
   - when a pharmacist has not reviewed a medication’s pharmaceutical and therapeutic suitability, LPNs take steps to ensure pharmaceutical and therapeutic suitability, as well as its proper use
   - label the medication legibly with the client’s name, date of birth and personal health number or medical record number
   - hand the medication directly to the client or delegate
   - provide education to the client or delegate
   - document dispensing information on the client record.

Nurses take steps to ensure public safety by teaching these individuals to respond appropriately to persons experiencing a suspected opioid overdose. Nurses follow all applicable organizational policies and procedures regarding naloxone.

Applying the Principles to Practice

- Review your employer policy as it may place further restrictions on dispensing medications than the Nurses (Licensed Practical) Regulation and BCCNP standards, limits and conditions.
- Take appropriate action if a dispensing order does not seem to be evidence-based, does not appear to be in the client’s best interest or does not reflect individual client wishes. Actions could include:
  - Getting more information from relevant resources or from the client
  - Consulting with a colleague or manager
  - Consulting the health professional who gave the order
• If you are not sure the pharmacist has determined the pharmaceutical and therapeutic suitability of the medication, take steps yourself to ensure the medication’s pharmaceutical and therapeutic suitability, as well as its proper use.

• In some situations, it may be more appropriate for a pharmacist to dispense medications. In making these decisions, consider:
  o Your own competence
  o The complexity of the dispensing order
  o The complexity of the client’s medication profile
  o Your access to client information
  o Access to evidence-based resources to support your decision-making

• If you think you are not the most appropriate person to dispense the medication, consult the health professional who gave the medication order to determine the best course of action.

• 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, online clinical databases and decision support tools.

• Document any dispensing you carry out in the client record and consider:
  o Who has access to this information and who else needs to be informed about the medications you have dispensed
  o How this information should be communicated, including how quickly

• Whenever possible, involve pharmacists in dispensing. Pharmacists are experts in safe medication dispensing and can help make LPN dispensing safer by:
  • Creating labels that provide a “template” for required information
  • Providing education to nurses about safe dispensing practices
  • Reviewing dispensing scenarios with LPNs to improve resources, processes and systems

• Review BCCNP’s Medication Administration Practice Standard for Licensed Practical Nurses.

For more information
• BCCNP Bylaws
• BCCNP Professional Standards for LPNs
• BCCNP Practice Standards for LPNs
• BCCNP LPN Scope of Practice
• Nurses (Licensed Practical) Regulation
• Pharmacy Operations and Drug Scheduling Act
• Provincial Drug Schedules

Need help or advice?
For more information on this or any other practice issue, contact BCCNP Practice Support at practice@bccnp.ca or call 604.742.6200 or toll-free (Canada only) 1.866.880.7101.