IMPORTANT
As of Sept. 4, 2018, the following nursing colleges amalgamated to become the British Columbia College of Nursing Professionals (BCCNP):

- College of Licensed Practical Nurses of British Columbia (CLPNBC)
- College of Registered Nurses of British Columbia (CRNBC)
- College of Registered Psychiatric Nurses of British Columbia (CRPNBC)

Although the information in the document you are about to access reflects our most current information about this topic, you’ll notice the content refers to the previous nursing college that published this document prior to Sept. 4, 2018.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.
Principle 

1. Nurses are responsible for administering medications within their scope of practice.

2. Nurses are knowledgeable about the effects, side effects and interactions of medications and take action as necessary.

3. Nurses adhere to “seven rights” of medication administration: right medication, right client, right dose, right time, right route, right reason and right documentation.

4. Nurses determine all orders for an individual are clear, complete, current, legible and appropriate for the client before administering any medication.

5. If there is no alternative, nurses can administer a medication using the pharmacy dispensing label as an order after confirming it is still appropriate.

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1 “Nurse” refers to the following CRNBC registrants: registered nurses, nurse practitioners, licensed graduate nurses.

2 Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care. (Accreditation Canada)
6. Nurses act upon pre-printed orders when the authorized health professional\(^3\) has made those orders client-specific by reviewing them, adding the client’s name, customizing them, signing, and dating them.

7. Nurses act upon verbal and telephone orders only when circumstances require doing so and if there are no other reasonable options.

8. Nurses administer only medications they themselves or a pharmacist have prepared, except in an emergency.

9. Nurses educate clients about all the client’s medications.

10. Nurses understand the human and system factors that increase medication errors and near misses and take steps to prevent them.

11. Nurses verify that medication orders, pharmacy labels and/or medication administration records are complete and include the name of the client, the name of the medication, the medication strength and the dosage, route and frequency with which the medication is to be administered.

12. When a medication error or near miss occurs at any point in the process of prescribing, compounding, dispensing or administering a medication, nurses take appropriate steps to resolve and report it in a timely manner.

**Applying the Principles to Practice**

1. Read CRNBC’s [Scope of Practice for Registered Nurses: Standards, Limits and Conditions](#) to ensure you understand the standards, limits and conditions under which nurses administer medications.

2. Read back any verbal or telephone order to the prescriber to confirm it is accurately recorded.

3. Be familiar with your agency’s official list of approved abbreviations, acronyms and symbols to help eliminate one source of medication error.

4. Be aware that your agency’s policies may restrict medication administration further than the Nurses (Registered) and Nurse Practitioners Regulation and CRNBC Standards, Limits and Conditions permit.

5. If you receive an order for an “off-label”\(^4\) use of a medication, ensure you are well informed about the medication and that you meet all the requirements for administering it.

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3 In B.C., the following health professionals are authorized to give an order to registered nurses to administer medication: physicians, nurse practitioners, midwives, dentists, podiatrists, naturopaths.

4 “Off-label” use refers to using a Health Canada-approved drug for a purpose that may benefit the client, but is not indicated on the package insert.
6. If you are administering an experimental medication, ensure it is part of a formal research program and that you have an order from the principal or co-investigator.

7. Be aware of medications that have a high risk of causing serious injury or death if not used correctly. They include heparin, warfarin, insulin, chemotherapy, concentrated electrolytes, opiate narcotics, neuromuscular blocking agents, thrombolytics, and adrenergic agonists. (See http://www.ismp.org/tools/highalertmedications.pdf)

8. When preparing and administering medications, take steps to reduce interruptions that may lead to error.

9. Participate in the development of system-wide approaches that support safe medication administration in your agency.

For More Information

Registered nurses will find more detailed information related to medications in CRNBC’s Scope of Practice for Registered Nurses: Standards, Limits and Conditions (pub. 433). Nurse practitioners will find specific requirements related to medications and their stream of practice in CRNBC’s Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions (pub. 688).

For more information on this or any other practice issue, contact CRNBC's Practice Support by email at practice@crnbc.ca or call 604.736.7331 (ext. 332) or 1.800.565.6505.

CRNBC RESOURCES

Available from the Nursing Standards section of the CRNBC website

Consent (Practice Standard – pub. 359)
Documentation (Practice Standard – pub. 334)
Dispensing Medications (Practice Standard – pub. 486)
Nurse-Managed Medication Inventory: Information for Employers (pub. 498)
Medications (pub. 3)

OTHER RESOURCES

College of Pharmacists of British Columbia www.bcpharmacists.org
Institute for Safe Medication Practices Canada www.ismp-canada.org

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2855 Arbutus Street, Vancouver, BC V6J 3Y8, Tel 604.736.7331 or 1.800.565.6505
www.crnbc.ca
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