

5.0 MEDICATION ADMINISTRATION POLICIES:

5.1 GENERAL POLICIES FOR ADMINISTRATION OF MEDICATION

POLICY

1. Medication may be administered by the following staff on the order of a physician:
  - Registered Nurses
  - Student Nurses
  - Physicians
  - Clinical Clerks
  - Practical Nurses and orderlies may administer enemas and suppositories
  - Licensed Practical Nurses (LPNs) who have successfully completed a formalized pharmacology program authorized by the College of Licensed Practical Nurses of BC (CLPNBC) since the year 2000 and are currently licensed by the CLPNBC may administer medication (including narcotics) to stable adult populations (ie adult populations whose outcomes are predictable) in designated patient care units, by the enteral, percutaneous, intramuscular and subcutaneous routes (excluding intravenous and intrathecal routes). With formal post-basic knowledge and experience, LPNs may administer medications by additional routes in accordance with the agency policy and their competence level.
  - Ophthalmic Technicians may administer eyedrops for diagnostic procedures
  - Electrodiagnostic and EEG technicians may administer chloral hydrate for diagnostic procedures
  - Nuclear Medicine Technologists may administer:
    - a) radiopharmaceuticals as per the Medical Staff Manual Policy MS09
    - b) upon a written prescription: adenosine, caPTOPRil, dipyridamole, DOBUTamine, furosemide, ranitidine and regadenoson.  
During administration of these drugs, a physician must be immediately available in the event of a complication. Full resuscitative equipment must also be readily available.
    - c) as per diagnostic test protocol: sincalide, potassium perchlorate, stannous pyrophosphate, vitamin B12, vitamin C, potassium iodide capsules,
    - d) intravenous aminophylline provided that:
      - 1) an intravenous dose of 50-100mg aminophylline is employed to reverse the side effects of previously administered intravenous dipyridamole;
      - 2) the patient is currently under electrocardiographic monitoring;
      - 3) the supervising cardiologist is immediately available but not necessarily in the same room;
      - 4) a prescription has been written and signed by the physician and;
      - 5) full resuscitative equipment is immediately available.

## GENERAL POLICIES FOR ADMINISTRATION OF MEDICATION...cont

- Medical Radiation Technologists may administer
    - a) contrast media as per the Medical staff Manual Policy MS09 and the following drugs under the direct supervision of a physician and in adherence with the Radiology Departmental Policies: acetaminophen and ibuprofen
    - b) polyethylene glycol (PEG and PEG-LYTE) to outpatients undergoing CT and MR Enterography as outlined in the Polyethylene Glycol Transfer of Function Protocol (Radiology Department Policy & Procedure Manual).
    - c) oral metoprolol and sublingual nitroglycerin in the coronary catheterization laboratory under the direct supervision of a cardiologist as outlined in the Oral Metoprolol and Sublingual Nitroglycerin Spray Transfer of Function Policies (Radiology Department Policy & Procedure Manual)
  - Respiratory Therapists may administer the following drugs as per the Medical Staff Manual Policy MS09:
    - a) parenteral route - under the direct supervision of a physician atropine, codeine, diazepam, glycopyrrolate, heparin lock solution, lidocaine, meperidine, morphine
    - b) inhalation route - without the direct supervision of a physician aerosolized antibiotics, acetylcysteine, beclomethasone, cocaine, epinephrine, fenoterol, ipratropium, lidocaine, pentamidine, racemic epinephrine, salbutamol
2. The person who pours or prepares the medication is responsible for both administering and charting the medication. A person may not administer a medication prepared by anyone else, including a physician with the exception of those medications prepared and labelled in Pharmacy.
  3. Medications dispensed for one patient are not used for another patient. Insulin vials taken from Omnicell must be labeled with a specific patient's name and the vial expiry date, and then stored in the patient's medication cart drawer.
  4. Medications which have been prepared for administration to a patient, but refused, must be discarded, except for oral narcotics and controlled drugs which must be returned to Pharmacy.
  5. The person who administers the medication must check the patient's allergy status prior to administration.
  6. Medication carts must be locked at all times.