



Medication Practice

Decision Trees

College of Licensed Practical Nurses of Nova Scotia
info@clpnns.ca

Introduction

This document describes the LPNs accountabilities associated with medication practices, such as administration, storage, inventory management, transport and disposal. The *Medication Practices Decision Trees* are tools LPNs can use to make appropriate nursing care decisions so they may consistently meet their [Standards of Practice and Code of Ethics](#) and provide safe and competent nursing services. This document applies to all LPNs in all practice settings.

This document is based on three principles. The principles promote public protection and outline the practice expectations related to medication practices. These principles are: authority, competence, and safety.

Authority

Licensed Practical Nurses are authorized by employer policy to perform medication practices within their scope of practice.

LPNs:

- Require an order from an authorized prescriber to administer a medication.
- Accept, process or transcribe orders which are: clear, complete, and appropriate.
- Must not enact an unclear, incomplete or inappropriate order and are accountable to clarify the order and/or [address their concerns about the clients plan](#) with the prescriber.
 - Orders may be: written; verbal; faxed, or; electronic (excludes text or social media sites).
 - Orders for medication may be direct (apply to one client) or part of a [care directive](#) (see page 10 of the [Mediation Administration Guidelines](#) or the [Care Directive FAQ](#) for more information).
 - For more information see [Mediation Administration Guidelines](#) or the [Receiving Orders FAQ](#).

Competence

Licensed Practical Nurses must have the necessary knowledge, skill and judgment to predict and manage the client's response to medication and perform medication practices safely.

LPNs:

- Ensure their medication practices are evidence-informed.
- Assess the appropriateness of the medication practice by considering the client and their plan of care, the medication and the practice environment.
- Self-assess the limits of their own knowledge, skill and judgment, and get help as needed.
- Do not perform medication practices until they possess competence to perform them.
- Actively seek out opportunities to increase their individual competence or scope of practice (see [Indicator 1.2 of the LPN Standards of Practice](#) and page 4 of the [Scope of Practice Guideline](#)) to ensure they are prepared to practice safely and ethically.

Safety

Licensed Practical Nurses promote safe care, and contribute to a culture of safe medication practices.

LPNs:

- Make medication related decisions based on the right information, from the right source, at the right time.
- Take appropriate action to minimize the risk of harm to clients (See [Mediation Administration Guidelines](#)).
- Collaborate with clients and others about the plan of care as necessary.
- Educate clients about their medication.
- Use appropriate and secure methods of documentation, storage, transportation and disposal of medication.
- Implement strategies to minimize the risk of misuse and drug diversion.

- Report medication errors, near misses or adverse reactions according to policy or legislation in a timely manner.
- [Advocate](#) for, and/or collaborate in the development, implementation and evaluation of quality based practice settings which use a systems approach to support safe medication practices

Glossary

Adverse Reaction: Undesirable effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and non-prescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radiopharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may be evident within minutes or years after exposure to the product and may range from minor reactions like a skin rash, to serious and life-threatening events such as a heart attack or liver damage. ([Health Canada, 2012](#))

Drug Diversion: When controlled substances are intentionally transferred from legitimate distribution and dispensing channels. ([National Opioid Use Guideline Group, 2010](#)).

Evidence-informed practice: The identification, evaluation and application of nursing experience and current research to guide practice decisions, ([College of Licensed Practical Nurses of Nova Scotia, 2013](#))

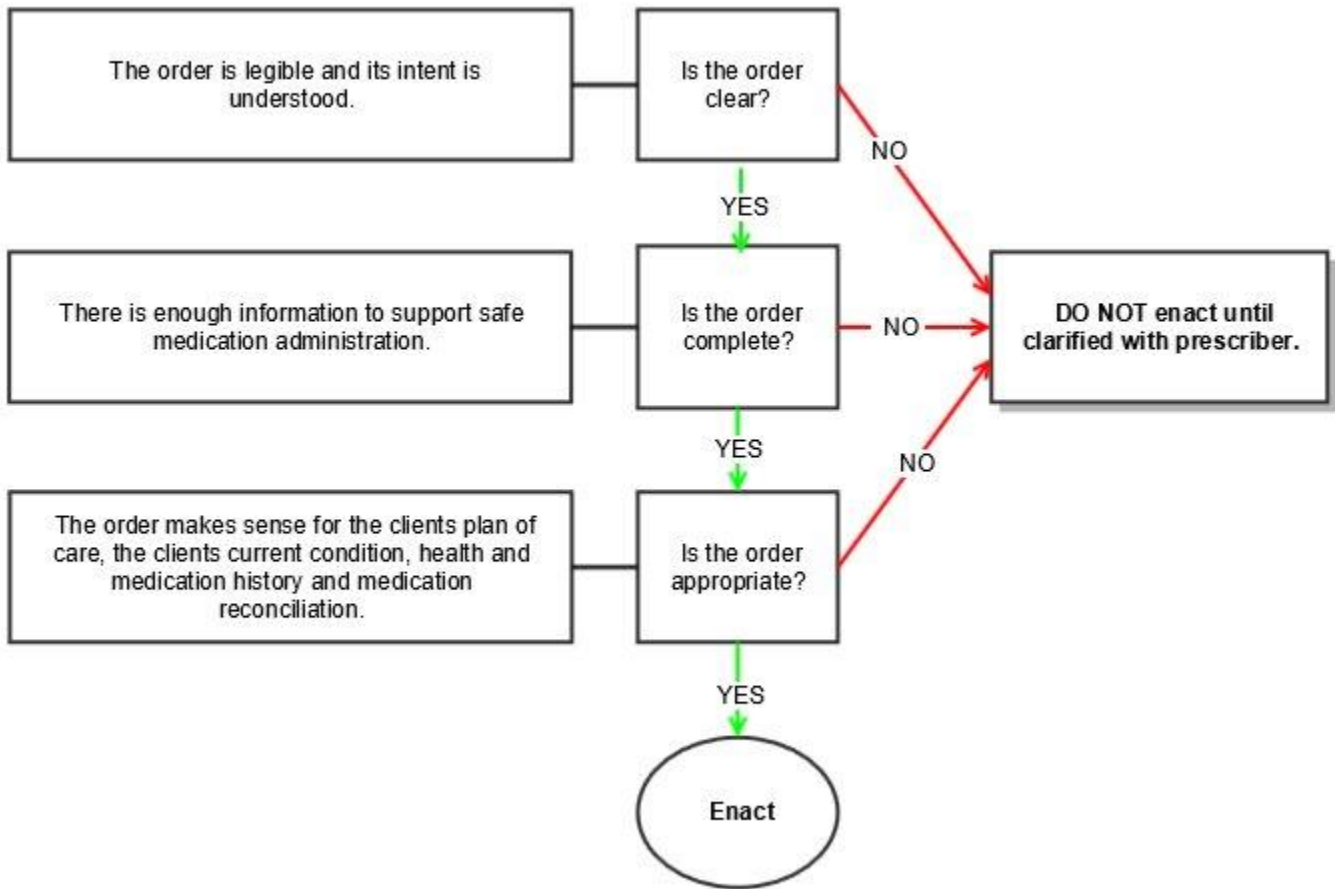
Medication Error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. ([National Coordinating Council for Medication Error Reporting and Prevention, 2014](#)).

Near Miss: An event, situation, or error that took place but was captured before reaching the patient. ([ISMP, 2009](#)).

Acknowledgement

The College of Licensed Practical Nurses of Nova Scotia gratefully acknowledges the College of Nurses of Ontario for use of the document *Medication Practice Standard* to develop this document.

Decision Tree: Is the Order Clear, Complete, and Appropriate?



Decision Tree: Decisions about Medication Administration

Note: LPNs must be authorized by employer policy to perform medication practices within their scope of practice and are required to document during and/or after administering medication, according to best practices and employer policy.

