



STANDARDS OF PRACTICE: MEDICATION MANAGEMENT

DRAFT

College of
Nursing of
New Brunswick



Ordre de la
pratique infirmière
du Nouveau-Brunswick

MANDATE

Public protection through regulation of nurses in New Brunswick.

Under the *Nurses Act*, the College of Nursing of New Brunswick (CNNB) is legally responsible for protecting the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes the profession, as well as individual nurses, responsible for safe, competent, compassionate and ethical nursing practice.

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The content of this document has been adapted from the College of Nurses of Ontario (CNO), [Practice Standard Medication](#) (2025); the College of Registered Nurses of Newfoundland and Labrador (CRNNL), [Medication Management](#) (2019); and Nova Scotia College of Nursing [Medication Guidelines for Nurses](#) (2024). It has been adapted to reflect New Brunswick's regulatory and health system context.

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The College of Nursing of New Brunswick standards of practice outline **accountabilities** of registered nurses and nurse practitioners (RNs/NPs)¹, provide guidance in specific areas of practice, and inform the public, including **clients** and organizations, about what they can expect of RNs/NPs. They apply to all RNs/NPs, regardless of their role, job description or area of practice. RNs/NPs are expected to practice in compliance with relevant legislation, the Code of Conduct, all standards of practice and applicable organizational requirements. Not complying with legislation or failing to meet the standards of practice may be considered professional misconduct. *Adapted with permission from the College of Nurses of Ontario.*

Introduction

Medication management is defined as a **client-centered practice** that optimizes safe, effective, appropriate use of medication. It is a shared responsibility between the entire **health care team** and the client. Medication management requires RNs/NPs to utilize clinical judgment, critical thinking, and **evidence-informed** decision-making (College of Registered Nurses of Saskatchewan, 2021). As self-regulated professionals, RNs/NPs are **accountable** for ensuring that their practice is in compliance with the *Standards of Practice Medication Management*, the *Code of Conduct*, all applicable standards of practice, and organizational requirements.

Principles of Medication Management

Four principles set out the requirements of medication management to promote public protection and although presented in a sequence, medication management is not a linear process. The principles are:

1. Authorization
2. Competence
3. Safety
- 4. Collaboration**

These principles are accompanied by indicators that illustrate how each of the principles is to be met.

¹ CNNB is responsible for regulating registered nurses, graduate nurses, nurse practitioners and graduate nurse practitioners in New Brunswick, as such the abbreviation “RNs/NPs” is used in this document and refers to all aforementioned designations. Licensed practical nurses in New Brunswick are regulated by the Association of New Brunswick Licensed Practical Nurses.

Principle 1: Authorization

RNs/NPs must know the medication management practices that they are authorized to complete. Authorization for **nursing practice** is granted through legislation, regulation and/or policy. RNs/NPs must practice within their individual **scope of practice**, their legislation and organizational requirements.

Indicators

RNs shall:

- 1.1 require medication orders from **authorized prescribers** for medications that are within the prescriber's scope of practice;
- 1.2 only accept medication orders that are clear, complete and appropriate (refer to Appendix A);
- 1.3 consult with the authorized prescriber and/or pharmacist on medication orders that are unclear and require clarification; and

RNs/NPs shall:

- 1.4 comply with federal and provincial legislative requirements for medication management (refer to Appendix B).

Additional information RNs may need to consider, depending on the context or situation:

- Orders for medication can be direct orders (client specific) or **directives** (that apply to more than one client when specific conditions are met and when specific circumstances exist).
- Orders for **controlled substances** must always be direct orders.
- **Compounding** medication is not within the scope of practice of nurses.

Dispensing (refer to Appendix C) and **supplying** are within the scope of practice of RNs. RNs may provide **samples** of medication to clients pursuant to an authorized prescriber's order. According to the *Regulations Amending the Food and Drug Regulations*, NPs may distribute or cause to be distributed a prescription drug as a sample.

Principle 2: Competence

RNs/NPs ensure that they have the knowledge, skill and judgement needed to practice medication management competently.

Indicators

RNs/NPs shall:

- 2.1 ensure their medication management is **evidence-informed**;
- 2.2 assess the appropriateness of the medication management by considering the client, the medication and the environment;
- 2.3 know the limits of their own knowledge, skill and judgement, and seek assistance and additional knowledge as needed;
- 2.4 not perform any practices of medication management that they are not competent to perform; and
- 2.5 practice medication management according to organizational requirements.

Principle 3: Safety

RNs/NPs promote safe nursing practice and contribute to a culture of safety within their practice environments, when involved in medication management.

Indicators

RNs shall:

- 3.1 only accept **verbal medication orders**² in **emergent, urgent or exceptional situations**;

RNs/NPs shall:

- 3.2 provide education to the client regarding their medication;
- 3.3 monitor the client before, during and following medication administration and intervene if necessary;
- 3.4 promote and implement safety precautions as they handle, prepare, administer, store, transport and dispose of medication;

² Verbal medication orders should be reviewed and countersigned by authorized prescribers within the timeframe indicated in the employer policy.

- 3.5 promote and implement strategies to minimize the risk of misuse and **drug diversion**;
- 3.6 take appropriate action to resolve or minimize the risk of harm to a client from a **medication error** or **adverse drug reaction**; and
- 3.7 document and report medication errors, **near misses** or adverse reactions in a **timely** manner.

Principle 4: Collaboration

RNs/NPs collaborate with the client and other members of the health care team when planning for, implementing, and evaluating medication management. Collaboration promotes consensus building and working together on common goals, processes and outcomes. RNs/NPs collaborate, as well as communicate and consult with the client and other members of the health care team. This process is integrated throughout all aspects of medication management to optimize positive client health outcomes.

Indicators

RNs/NPS shall:

- 4.1 collaborate with the client in making decisions about the **nursing care plan** in relation to medication management;
- 4.2 engage clients in the management of their medications;
- 4.3 document medication practices in accordance with legislation, standards. regulatory requirements, and organizational requirements; and
- 4.4 collaborate in the development, implementation and evaluation of system approaches that support safe medication management within the health care team.

Refer to Appendix D to consult the medication management decision tree that integrates all four principles related to medication management.

Glossary

Accountable/Accountability: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Adverse drug reaction: Any noxious and unintended response to a drug that is caused by the administration of any dose of the drug. Nurses are employed throughout the healthcare system and play a crucial role in identifying and reporting any incidents, drug reactions, adverse events and "near misses". The [Protecting Canadians from Unsafe Drugs Act \(Vanessa's Law\)](#) includes rules that strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions.

Authorized Prescriber: A practitioner lawfully entitled to prescribe treatments or medications. According to the [Controlled Drugs and Substances Act](#), a practitioner means a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner. In addition, a practitioner is defined by the New Classes of Practitioners Regulations as midwives, nurse practitioners and podiatrists. In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians and physician assistants.

Client: An individual, family, group, community or population who require nursing services. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; and in research, the client may be a subject or participant.

Client-centered practice: An approach in which clients are viewed as whole persons. It is not merely about delivering services where client is located. Their care involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making.

Collaboration/Collaborate: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses and other members of the health care team in the interest of client care.

Compounding/Compound: The combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final product to meet the client's unique needs when a required dosage is not available commercially or remove a non-essential ingredient from a drug to which a client is allergic. It can involve the alteration of the form and strength of commercially available products, or reformulation to

allow for a novel drug delivery. Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on an approved drug's labelling material. Compounding is not within the scope of nursing practice.

Controlled Substances: Any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction. Controlled substances range from illegal street drugs to prescription medications.

Directive: A written order from an authorized prescriber for a procedure, treatment or drug for a number of clients when specific conditions are met. The specifics of the directive will depend on the client population; the nature of the orders involved and the expertise of the health care professionals implementing the directive. For more information, click on the following link: [Fact Sheet: Directive.](#)

Dispensing/Dispense: The interpretation, clarification, assembly, and preparation of an authorized prescriber's order for the delivery to the client. Dispensing does not include the administration of medication. CNNB acknowledges that dispensing is a role of the pharmacist and dispensing by the pharmacist should always be the first option. However, when supported by employer policy, nurses can dispense prescribed medications when pharmacy services are not available.

Examples of situations where nurses may be supported to dispense prescribed medication include, but are not limited to:

- when there is no access to pharmacy services (e.g., for geographical reasons or hours of services);
- when there is an urgency to dispense a small portion of the prescribed medications to a client (e.g., initiating a course of antibiotic therapy, and controlling the spread of a communicable disease); and
- to cover a client's unexpected short leave from a health care facility.

Drug diversion: Refers to the transfer of a medication from a lawful to an unlawful channel of distribution or use, including by medication tampering.

Emergent, urgent or exceptional situations: Situations where verbal prescriptions could be acceptable include (but are not limited to):

- emergent or urgent situations where a delay in treatment would place the client at risk of harm;
- when the prescriber is not present, and direction is required to provide appropriate client care;
- when the prescriber is away from the client care area and where access to the health record is not possible; or,
- when the prescriber is consulting via telehealth without the ability to enter their prescription into the health record.

Evidence-informed: The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients.

Health care team: Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes the health and other government sectors, representatives from private, voluntary, and non-profit groups, as well as Indigenous and traditional healers.

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.

Nursing practice: the application of specialized, evidence-based knowledge drawn from nursing theory and the health and human sciences, including the principles of primary health care. It encompasses roles in clinical practice, research, education, consultation, management, administration, policy development, and regulation.

Near miss: A patient safety incident that did not reach the patient and therefore no harm resulted.

Nursing Care-plan: an individualized and comprehensive plan guiding nursing care for a client in a systematic way.

Samples: Samples of prescription medications are often provided by pharmaceutical companies to specific authorized healthcare providers free of charge. According to the [Food and Drug Act](#), drug samples can be distributed to physicians, nurse practitioners, pharmacists, dentists and veterinarians under certain conditions. These authorized prescribers can then provide drug samples to clients when needed. Graduate nurses and registered nurses can distribute drug samples only under an authorized prescriber's order or care directive. Employer policies pertaining to the distribution of drug samples should address their procurement, storage, access, distribution/supplying and proper disposal.

Scope of practice: Scope of practice refers to the activities that nurses are educated, competent, and authorized to perform, in keeping with the regulatory standards set by CNNB, provincial and federal laws.

Supplying: Repackaging or providing medications after they have been dispensed by a pharmacy is considered "supplying" and is within the nursing scope of practice. Situations considered "supplying" include but are not limited to:

- filling a mechanical aid or alternative container from a client's own blister pack or prescription bottle to facilitate self-administration or administration by a caregiver;
- repackaging and labeling drugs from a client's own supplies;
- providing clients with their own blister packs or prescription bottles; and
- providing medications from the institution's pharmacy upon a client's discharge from the institution when they are unable to get their medications from their community pharmacy.

Timely: Ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes.

Verbal medication orders: Methods used to communicate verbal orders are via telephone, spoken face-to-face or voicemail.

References

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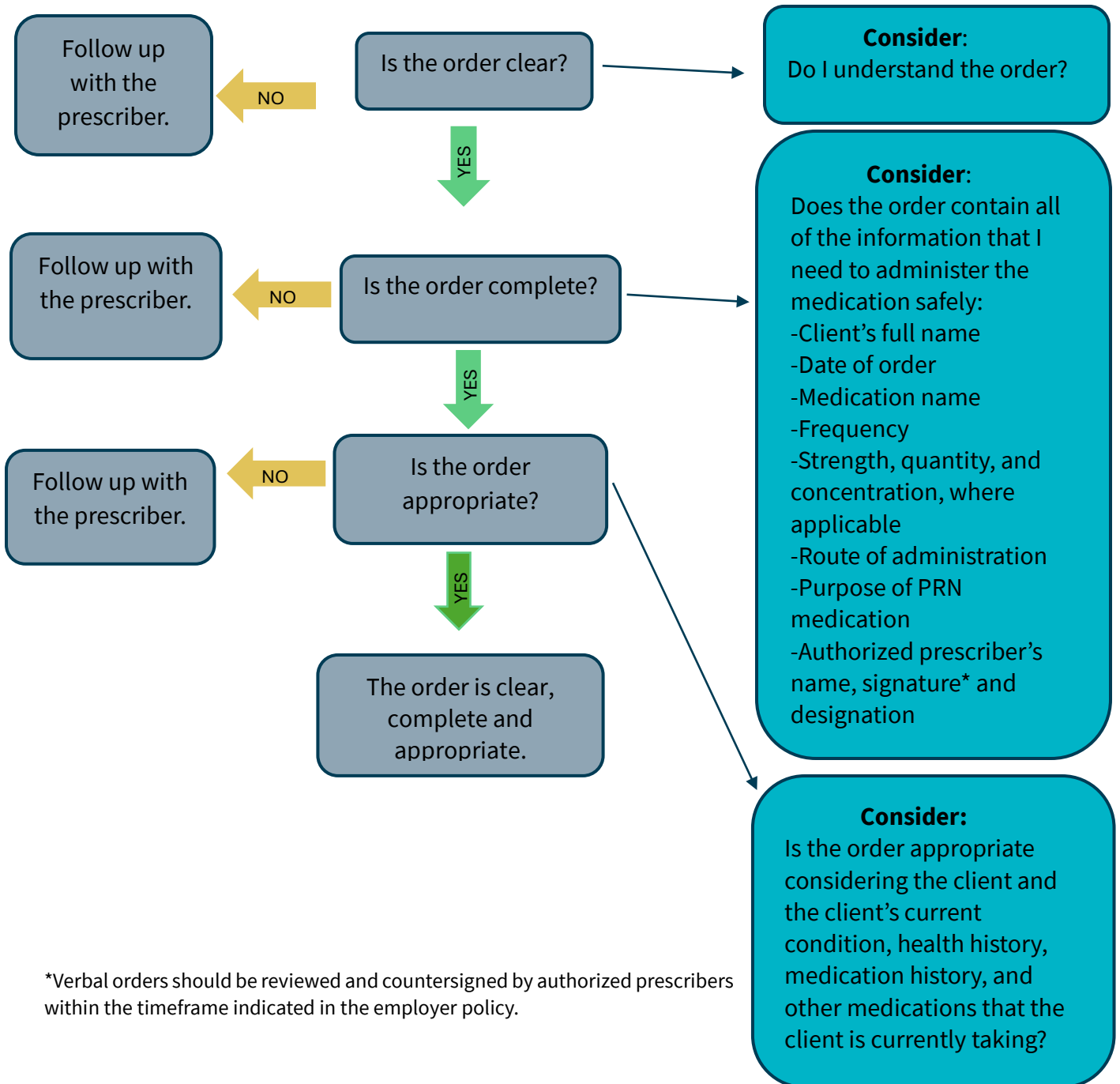
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Appendix A: Is the Order Clear, Complete and Appropriate

Appendix A: Is the Order Clear, Complete and Appropriate?



*Verbal orders should be reviewed and countersigned by authorized prescribers within the timeframe indicated in the employer policy.

Appendix B: Federal and Provincial Legislation

Federal Legislation

Food and Drug Act

The [Food and Drug Act](#) (1985) governs the sale and distribution of drugs in Canada. This legislation focuses on protecting the public from unsafe drugs and addresses false, misleading or deceptive labeling of drugs. For example, it states that no person shall distribute or cause to be distributed any drug as a sample except physicians, nurse practitioners, dentists, veterinary surgeons or pharmacists under prescribed conditions. The Act also defines prescription drugs and non-prescription drugs.

Controlled Drugs and Substances Act

The [Controlled Drugs and Substances Act](#) (2025), along with the [Narcotic Control Regulations](#) (2024), Part G of the [Food and Drug Regulations](#) (2025), and the [Benzodiazepines and Other Targeted Substances Regulations](#) (2019), govern the production, distribution, importing, exporting, sale, and use of narcotics, and controlled and targeted drugs, for medical and scientific purposes in Canada. This legislation defines who is authorized to be in possession of these drugs/substances and governs specific activities and record keeping of pharmacists, other practitioners, and hospitals.

Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)

The [Protecting Canadians from Unsafe Drugs Act \(Vanessa's Law\)](#) (2014) amends the [Food and Drug Act](#) (2025). It includes new rules that strengthen the regulation of therapeutic products and improve the reporting of adverse reactions by healthcare institutions. As well, these measures are intended to improve Health Canada's ability to collect post-market safety information and take appropriate action when a serious health risk is identified.

Provincial Legislation

Pharmacy Act

The [New Brunswick Pharmacy Act](#) (2014) outlines the practice of pharmacy in New Brunswick in order to ensure that, for the safety of the public all persons engaged in the sale or dispensing of drugs and medicines within the Province are acquainted with their properties and uses and possess a competent practical knowledge of pharmacy, and that the profession of pharmacy is practiced by its members in accordance with acceptable standards.

Nurses Act

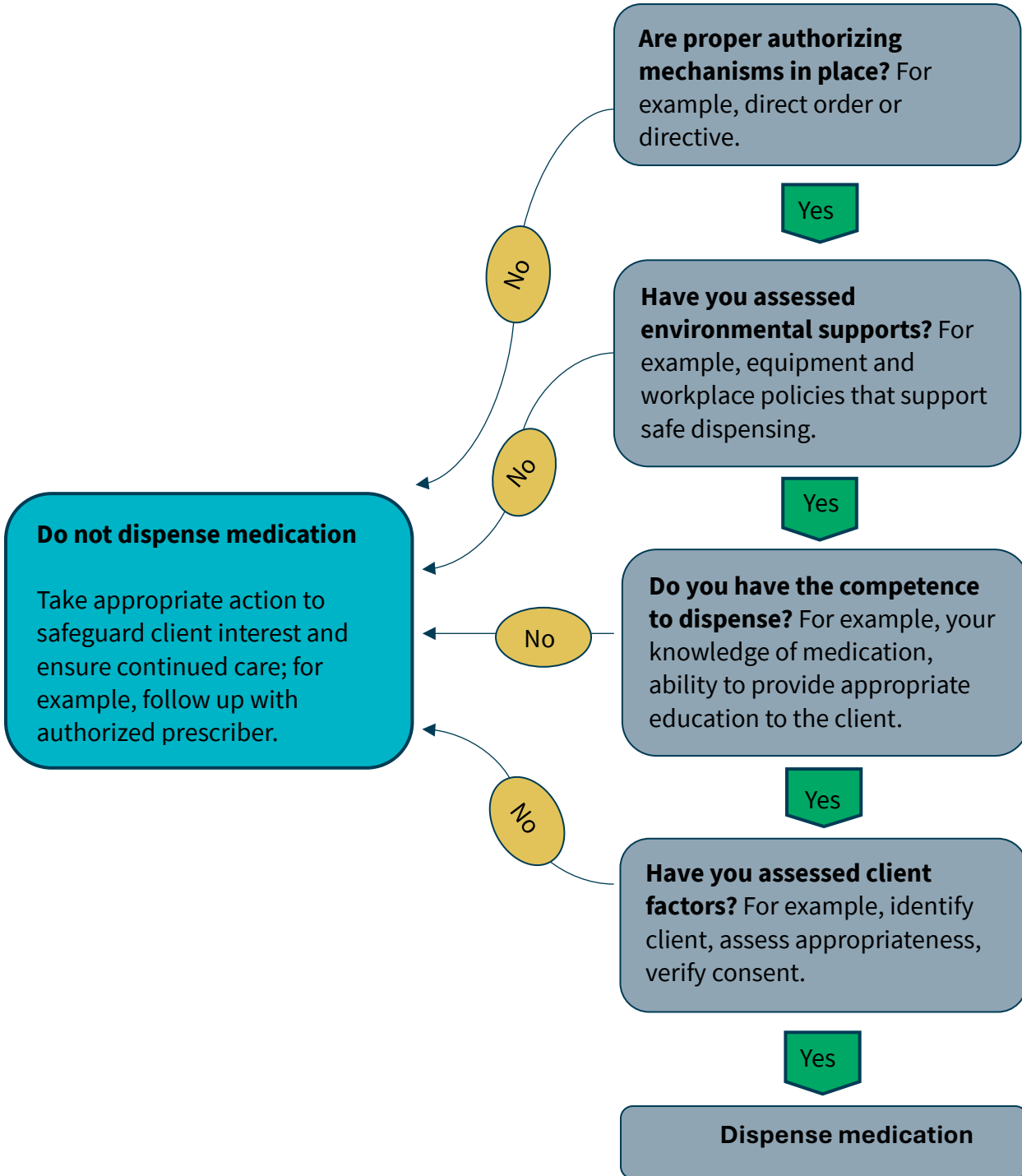
The [Nurses Act](#) (2014) authorizes NPs to prescribe medications. It does not speak directly to specific interventions that nurses perform but instead defines nursing broadly as “the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof.”

Regional Health Authorities (RHA) Act

Although the [RHA Act](#) (2011) does not specifically refer to the role of nurses in medication administration, it states that the RHA shall ensure that:

- (a) Health services are delivered through its employees and staff or through agreements with the government or other persons.
- (b) Health services delivered by employees and staff or through agreements under paragraph (a) are delivered in accordance with the provincial standards established by the Minister for those services.

Appendix C: Decision Tree - Dispensing



This content is adapted with permission from the College of Nurses of Ontario; the original work is available on cno.org.

Appendix D: Decision Tree – Medication Management

