



# RNs Recommending & Administering Non- Prescription Drugs Guideline

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# Purpose

The College of Registered Nurses of Saskatchewan (CRNS) develops guideline documents to support the professional practice of registrants in the interest of the public. The purpose of this guideline is to provide information to support the application of the standards and competencies when Registered Nurses (RNs) recommend or administer non-prescription drugs.

## Regulatory Authority

[The Registered Nurses Act, 1988](#) (the Act) provides the legislative authority for Registered Nurse (RN) and Nurse Practitioner (NP) practice in Saskatchewan. Section 15 of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice, and the rights and privileges of those categories.

CRNS Bylaw IX details the privileges and obligations of registrants. Obligations of practicing registrants include adhering to the *CRNS Code of Conduct*, and the nursing practice standards and competencies that are incorporated by reference in Bylaws XV and XVI and set the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan.

Although many standards, indicators and competencies may apply, the following have significant relevance when RNs recommend or administer non-prescription drugs:

### Standard 1: Professional Responsibility and Accountability

- Being accountable and accepting responsibility for their actions and decisions.
- Recognizing the RN's scope of practice and individual competence limitations within the practice setting and seeking guidance, as necessary.

### Standard 2: Knowledge-Based Practice

- Applying a knowledge base from nursing and other disciplines in decision making in the best interest of the client.
- Facilitating client engagement in identifying their health needs, strengths, capacities and goals.

### Standard 4: Service to the Public

- Listening respectfully to the expressed needs of clients, families and others.

### Entry-Level Competency – Clinician

- Analyzing and interpreting data obtained in client assessment to inform ongoing decision-making about client health status.
- Developing plans of care using critical inquiry to support professional judgment and reasoned decision-making.
- Anticipating actual and potential health risks and possible unintended outcomes.
- Applying knowledge of pharmacology and principles of safe medication practice.
- Using strategies to promote wellness, prevent illness, and minimize disease and injury in clients, self and others.

# Introduction

Non-prescription (or over-the-counter) drugs do not require a prescription and can be purchased in local pharmacies and other retail outlets. The three types of non-prescription drugs available include:

- Schedule II drugs, which are kept in an area of the pharmacy where there is no public access and, therefore, no opportunity for client self-selection. These drugs require professional intervention from the pharmacist (e.g., client assessment and client consultation) at the point of sale;
- Schedule III drugs, which are available from the self-selection area of the pharmacy, which is operated under the direct supervision of the pharmacist. The pharmacist is available, accessible and approachable to assist the client; and,
- Unscheduled drugs, which are available without any professional supervision in any retail outlet (National Association of Pharmacy Regulatory Authorities, 2025).

# Practice Expectations

RNs may recommend or administer non-prescription drugs to a client provided they have the knowledge, skills and judgment to do so safely and ethically and where employer policy supports the practice in the clinical setting.

RNs adhere to the nursing practice standards, entry-level competencies, and the *CRNS Code of Conduct* when providing nursing care; and are accountable for safe, ethical nursing practice. When RNs choose to recommend a non-prescription drug, they are accountable for the recommendation and for the outcomes of the recommendation.

The safe recommendation and administration of non-prescription drugs requires that RNs:

- are knowledgeable about all aspects of the medication;
- ensure their decisions are informed by current evidence and best practices;
- assess the client before recommending or administering the non-prescription drug;
- educate the client about the intended therapeutic effects, any intended and unintended outcomes that might occur, actual or potential contraindications, risks of drug interactions and side effects, and how to manage any that occur;
- refer the client appropriately to another health care provider when further assessment and care are required;
- consider the client's current care needs and health conditions;
- consider all prescription and other non-prescription medications currently being taken;
- assess the medications and resources available;
- assess the nature of the care environment; and,
- document client assessment and any action or advice provided.

It is important that RNs also collaborate with the client to identify non-pharmacologic interventions that have been used in the past to determine if additional options for self-management of the client's condition exist.

Ethically, RNs must not personally gain from the promotion of any recommendation or administration of any non-prescription medication.

Although non-prescription drugs do not require a prescription, there are some practice settings where legislation would require an order from an authorized prescriber (e.g., a hospital or long-term care facility). RNs need to be well informed about the requirements in their specific work setting, complying with all relevant legislation and regulations regarding medications.

# Authorization to Administer Specific Vaccines and Drugs

## RN Legislated Scope of Practice

Administration of the specific vaccines and drugs outlined below is permitted as RN practice in the absence of a prescription, client-specific order or directive when:

- the RN has the necessary competencies and uses their knowledge, skills and judgment;
- the RN completes an assessment to determine the appropriateness of drug administration; and,
- the RN administers the vaccine or drug in accordance with employer policies and procedures, the CRNS RN Practice Standards, Entry-Level Competencies and the *CRNS Code of Conduct* and other relevant [practice guidelines](#) (i.e., Medication Management, Documentation, etc.).

## Assessment and Administration of Seasonal Vaccines (Influenza and COVID-19)

Influenza and COVID-19 vaccines are Schedule II drugs that do not require a prescription. The Saskatchewan Influenza Immunization Policy (2024) broadly permits the Saskatchewan Health Authority, Athabasca Health Authority and First Nations Jurisdictions to authorize individuals to be a 'vaccine provider'. With employer authorization, RNs can be permitted to administer seasonal vaccines (influenza/COVID-19) in the absence of a medical directive or client-specific order. RNs employed outside these organizations (i.e., RNs employed in pharmacies) must obtain authorization to administer vaccines from an authorized prescriber.

## Administration of Anaphylaxis Treatment Due to Immunization

The ability of an RN to treat anaphylaxis related to immunization administration - utilizing manufacturer packaged pre-filled syringes of epinephrine, falls within the RN's scope of practice. Only pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens fall within Schedule II of the Drug Schedules (non-prescription drugs) and can be used without a medical directive or client-specific order with employer authorization.

## Administration of Naloxone

Naloxone is an unscheduled drug when indicated for emergency use for opioid overdose and is widely available to any member of the public via a take-home kit. Naloxone does not require a prescription. RNs using their assessment skills and judgment in their clinical practice can, with employer authorization, administer naloxone without a medical directive or client-specific order.

For more information, contact a CRNS Practice and Education Nursing Advisor by email at [practiceadvice@crns.ca](mailto:practiceadvice@crns.ca) or by phone at 1.800.667.9945.

## References

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