

Medication Management Guideline

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Version Number: 3

Process Step: 11

Date: June 15, 2026

Introduction

The practice of registered nursing is evidence-informed and applies knowledge, skills and critical thinking to ensure the safety of clients. Registered Nurses (RN) are expected to adhere to CRNS practice standards, entry-level competencies and the [Code of Conduct](#) when providing care. RNs are accountable to clients and families for the safe management of medications. This guideline provides examples of best practices in medication management such as medication reconciliation, administration of medication, refusal of medication by the client, reporting of medication errors, and client education. For information on dispensing, please see the [Prescribing Medication Guideline](#).

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for RN 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 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.

The role of this guideline is to provide information to support the application of the standards and competencies for medication management (for all registrants, regardless of practice setting, including those engaged in self-employed practice). The practice standards and entry-level competencies that are most applicable to medication management include:

RN Practice Standards

- Standard 1: Professional Responsibility and Accountability
 - Challenging and taking action on unclear or questionable orders, decisions or actions made by other health care team members.
- Standard 2: Knowledge-Based Practice
 - Applying knowledge from nursing and other disciplines concerning current and emerging health care issues.
- Standard 3: Ethical Practice
 - Practicing a holistic client/family-centred approach ensuring culturally-safe client care.
 - Promoting and protecting a client's right to autonomy, respect, privacy, dignity and access to information.

RN Entry-Level Competencies

- Clinician
 - Applies knowledge of pharmacology and principles of safe medication practices.
- Communicator
 - Uses evidence-informed communication skills to build trusting, compassionate and therapeutic relationships with clients.
- Advocate
 - Resolves questions about unclear orders, decisions, actions or treatment.
- Educator
 - Applies strategies to optimize client health literacy.

The above is not an exhaustive list, as other practice standards and entry-level competencies may apply. See [Registered Nurse Practice Standards](#) and [Registered Nurse Entry-Level Competencies](#). Medication-related legislation is included in Appendix A for easy reference.

RN Responsibilities

Medications are one of several elements of a client's plan of care. Medication management is more than performing the technical task of administering medication. It is a process that requires the utilization of nursing knowledge, skill and judgement. Before performing any medication-related activity, RNs determine that they have the competencies and knowledge to safely prepare and administer medications. Evidence-informed best practices, such as infection prevention and control, and the use of personal protective equipment for hazardous medications, should be used to safely prepare, handle and administer medications. It is essential that RNs know the limits of their knowledge and seek help when necessary.

To safely and competently administer medications, the RN:

- Eliminates or reduces distractions.
- Prepares medications in an area that is clean and away from contaminants.

- Completes and/or reviews a medication history with the client or designate, including the medication reconciliation (see medication reconciliation below).
- Receives orders by electronic methods approved by the employer only in circumstances where they cannot be directly entered into the client's chart (i.e., e-mailed orders).
- Reviews the medication orders, whether they are client-specific or directives that apply to a population, for clarity and accuracy to ensure the medication order is current and complete. If the order is not clear, the RN contacts the authorized prescriber and clarifies the order.
- Assesses the appropriateness of a medication for a client, taking into consideration the client's age, weight, pathophysiology, laboratory data, medication history, allergies, vital signs, knowledge/beliefs about medications, and goals of care.
- Communicates any concerns about the medication orders with other members of the interprofessional team.
- Ensures that the medication orders are transcribed appropriately, according to employer policy.
- Has knowledge about the medication(s) being administered, including therapeutic actions, possible risks, adverse effects, contraindications and interactions with other substances, as well as safe handling, storage, transporting and safe disposal.
- Applies knowledge of pharmacology and principles of safe medication practice to administer medications correctly.
- Obtains informed consent from the client or designate before administering medications.
- Withhold a medication with a potential risk of harm to the client and consult the authorized prescriber as soon as possible.
- Manages controlled substances according to employer policy and provincial/federal legislation.
- Informs the authorized prescriber when the client refuses a medication.
- Monitors the client to assess the effectiveness of medications using tools and/or approved documentation methods.
- Manages adverse reactions and escalates the care to additional care providers as needed, and reports and documents according to agency policy.
- Consults with the appropriate health care professional when the client's outcome is not as expected.
- Consults with the appropriate health care professional when the client's medication needs exceed the individual competence of the RN.
- Accurately documents the client outcomes (both expected and unexpected) related to medication.
- Educates and confirms the client's understanding of how to manage their medications, as well as the expected benefits and potential interactions.

Employer Responsibilities

RNs and employers share the responsibility for medication safety best practice. Sufficient human and physical resources are required to ensure safe, competent and ethical care. Ongoing and open communication between all team members helps to identify and mitigate risks. Employers,

working collaboratively with health care providers, determine the appropriate setting, provider, policies and procedures for safe medication management.

Policies and procedures are in place to:

- guide health care professionals to safely administer medications;
- support the integration of evidence-informed best practice;
- clearly identify the roles and responsibilities of all health care providers who administer medications; and,
- direct the use of client-provided medication, including complementary and alternative medications.

RNs should receive an appropriate orientation when new or returning to the workplace or nursing unit following a leave of absence. When entering a new workplace, the RN identifies and communicates to the employer about what their learning needs are, while the employer identifies what the expectations are related to medication management. RNs seek necessary continuing education so that evidence-informed practices and related policies and procedures are utilized.

Medication Reconciliation

All efforts should be made to reduce medication errors. Medication reconciliation is one practice that has been shown to help reduce medication errors and adverse events. Medication reconciliation is the comprehensive collection and review of all medications a client is taking. The process is a collaborative effort initiated by an RN or other health care professional and includes the client, their family and any other care providers involved with the client's medication. RNs gather information about the client's previous and current medications. This information is documented and added to the client's health care record. Medication reconciliation is completed to ensure that any medications that are added, changed or discontinued in the client's plan of care are carefully evaluated and documented. This information is essential and communicated across transitions in the client's care and helps prescribers make the most appropriate prescribing decisions for the client. RNs follow employer policies regarding medication reconciliation.

Medication Administration

Client-specific orders (including pre-printed order sets) or directives that include medications must contain the following:

- the name of the medication;
- the dosage;
- the route of administration;
- the frequency; and,
- the signature of the authorized prescriber.

Should any of these pieces be missing or unclear, it is the responsibility of the RN to follow up with the prescriber to clarify. RNs are responsible for ensuring that the order has been transcribed

properly before administering the medication. RNs are expected to follow the 10 rights of medication administration and the three checks when preparing and administering medications.

1. The right drug (including checking the expiry).
2. The right client.
3. The right dose.
4. The right route.
5. The right time and frequency.
6. The right documentation.
7. The right history and assessment.
8. The right drug approach and the right to refuse.
9. The right evaluation.
10. The right education and information.

The three checks occur when:

1. The medication is removed from its storage area, (i.e., medication cart, automated dispenser);
2. The medication is being prepared for the client; and,
3. Finally, just prior to the medication being given to the client.

The nursing process (assessment, planning, implementation and evaluation) is applied when administering medications in the same manner as it is applied in other elements of client care. Examples of this may involve performing a pain assessment prior to providing an analgesic, providing the analgesic to the client and then assessing for the effectiveness of the medication or reassessing a medication due to an interaction between medications that are administered concurrently. Observations and assessments are documented in the client health care record according to agency policy and the CRNS's [Documentation Guideline](#).

When preparing medications, diligence and attention to detail are essential. One should administer medications they have prepared themselves, or medications prepared by another health care provider only when supported by agency policy or in circumstances identified by the employer.

Proper verification of the client to receive medications is essential to prevent a medication error. Using the medication administration record (MAR), the client identification band or verbal confirmation from the client, the RN confirms that the right client is receiving the right medication. In circumstances where this process is not possible (e.g., dementia, delirium, psychosis), standardized use of visual identification may be utilized.

Once medication has been provided to the client, the RN ensures that the client has taken the medication. Medication diversion can and does occur. It is imperative that the RN witnesses the client taking the medication. Missed or delayed dosages could have a negative outcome for a client. Following administration, the client is reassessed for the expected therapeutic effect or any adverse reaction. Adverse reactions are documented and reported to the most responsible care provider for assessment.

RNs are expected to be knowledgeable about the actions, side effects and contraindications of the medications they administer. If an RN has a concern with a medication that has been ordered for a client in their care, it is their responsibility to follow up with the authorized prescriber to clarify the order. This includes orders that are illegible, incomplete or that contain abbreviations not approved by the employer. Current evidence-informed policies and procedures guide RNs during medication administration and documentation. The decision tree for medication administration, located in Appendix B, provides questions to consider when determining if it is safe to administer a medication.

Non-prescription Medications

RNs who have the knowledge, skills, clinical judgement and employer authority can, in certain practice settings, recommend and/or administer non-prescription medications. When administering non-prescription medications, the RN has the same responsibilities as they do when administering a medication prescribed by an authorized prescriber. The RN assesses the appropriateness of a medication taking into consideration the client's health status, allergies and ability to self-administer. When the client is unable to take responsibility for self-administration, the RN assesses the designate care provider's knowledge of side effects and when to seek help should they experience an adverse effect to the medication. As with all client care, the RN adheres to the practice standards, entry-level competencies and CRNS *Code of Conduct*. Employer policy may exist to guide and support this practice in the clinical setting. See [Guideline for RNs Recommending & Administering Non-prescription Drugs](#) for more information.

Refusal of Medication

At times, a client may refuse a medication. When this happens, the RN determines why the client refused the medication. The RN assesses the client's level of understanding of the medication and its expected effects. The client is informed of the potential consequences of not taking the medication. There are several reasons a client may refuse to take a medication. Examples include a decline in cognitive abilities, confusion because of other medications they are taking, the appearance of the medication may be different from what they take at home, or they may have had an adverse event when they have taken a particular medication. When this occurs, the RN documents the client's refusal to take the medications and the reason for their refusal. The RN communicates the client's refusal in a timely manner to the prescriber. It is unethical to force a client to take any medication they have declined. It is also unethical to deceive a competent client, capable of making their own decisions, about the medication they are receiving or disguising in an attempt to have them take the medication.

Medication Errors and Near Misses

Definitions

A medication error is a preventable event whereby a medication has been incorrectly administered. Errors have the potential to cause client harm or death. Near misses are events, situations or errors that place clients at risk but are recognized and managed before the client is

affected.

Strategies to Mitigate Errors

Strategies to help mitigate medication errors begin with each RN reflecting on their individual competence, based on their scope of practice, entry-level competencies and CRNS *Code of Conduct* and taking action to acquire the necessary competencies when needed. Other strategies include implementing consistent practices such as following the 10 rights and completing the three checks prior to administering medication.

When done properly and consistently, independent double checks are a safety mechanism designed to help prevent medication errors, often for high alert medications. Independent double checks require two licensed health care professionals to each separately check the name of the medication and dosage without sharing information. A proper independent double check will decrease the incidence of a medication error. Check employer policy for the medications and process required for completing independent double checks.

Reporting Medication Errors

When a medication error occurs, the responsible RN first assesses the client, takes action to minimize harm and ensure the safety of the client and then contacts the most responsible care provider. Once the client has been stabilized, the RN completes the appropriate documentation. Employers will have specific reporting forms that need to be completed and submitted to the manager. The RN follows employer policy when completing the reporting forms. These forms are not only completed to report the error, but also for risk assessment and quality assurance purposes. There may be a systemic reason a medication error occurred and reporting the error may lead to identification of the system problem, correction of the issue and prevention of further errors.

Verbal and Telephone Orders

When in the best interest of the client, RNs may accept a verbal or telephone order. This occurs in urgent or emergencies when there is no other way to get a medication order and should be avoided when possible. RNs recognize there is a greater chance of miscommunication between health care professionals when taking a verbal order, and therefore, a greater chance of an error occurring. When taking a verbal or telephone order, the RN should repeat the order back to the prescriber to ensure accuracy and to ensure that all elements of the medication order have been covered. Including a second RN on the call may help ensure accuracy. The RN documents the conversation with the prescriber, documents the order in the approved form, and signs the order as per employer policy. Check employer policies regarding verbal and telephone orders.

Client Education

A required component of medication administration is client education. Whether you are

administering a medication to a client in a hospital, a clinic, client residence or when they are discharged from the hospital, it is the responsibility of the RN to ensure that the client has the necessary information about the medication(s) they are receiving. Client education can be provided by the RN and/or other health care professionals, such as a pharmacist. Client education should include the name of the medication, purpose, the expected effects, the appearance, instructions for taking the medication, proper storage and any warnings such as side effects or adverse effects due to sudden cessation of medication. Handouts and leaflets may help supplement client teaching. Ensure that all client teaching, including the client's understanding of the information presented, is documented in the client's record.

Culturally-Safe Care

Culturally-safe care is an important component in all nursing care. This includes medication administration. RNs are responsible for engaging their clients and families in the care plan. RNs explore a client's personal and cultural health care practices and preferences. Clients may observe their own cultural practices toward health care treatments as well as western medicine. The practices should be respected, considered and incorporated in the client's plan of care.

As with all medications, RNs have the competencies to safely administer traditional medications, either alone or with prescribed medications. It is important that RNs seek assistance or resources that they need to be competent and are aware of potential interactions between prescribed medications and traditional medicines when both are part of the client's care plan. It is important for RNs to educate clients about potential interactions between western and traditional medicines.

Unregulated Care Providers

RNs are responsible for the coordination of care. RNs assess the needs of the client and determine the appropriate care provider based on those needs, the scope of practice and job description of other care providers. Unregulated Care Providers (UCP) may have some education related to assisting clients with medications. The education they receive does not prepare UCPs for independent administration of medication. UCPs do not have the knowledge, skills and/or critical thinking to independently manage all aspects of medication management. In accordance with employer policy, UCP job descriptions and after assessing the needs of the client, RNs can assign aspects of administering medications to UCPs who have received employer approved/defined education. The RN who assigns a task to a UCP is accountable for assessing the client, the environment and any associated risks involved, ensuring the UCP is competent to perform the task, and supervising and following up once the task has been completed.

To enable a UCP to assist with administering a medication to a client, the RN completes an initial assessment and ongoing assessments of the individual client, the environment and the provider. Factors that are considered include:

- the stability of the client and complexity of care;
- having confidence in the UCP's judgement to be able to identify if there is an issue and when to follow up with the RN;

- evidenced-informed practice guidelines for administration of the specific medication;
- the ability to address adverse events related to the medication provided;
- and appropriate and available resources.

More information about working with UCPs is found in [Working With Unregulated Care Providers](#).

Conclusion

Medication management is more than just the administration of medications. Several elements go into ensuring the safety of the client. Using evidence-informed practice, employer policies and nursing competencies, RNs can safely provide all aspects of medication management. From gathering the medication history to assessment, administration and reassessment of medications to education for ongoing use after discharge, RNs act in the best interest of the client.

Appendix A – Federal and Provincial Legislation

Federal Legislation

The Food and Drug Act and Regulations define prescription drugs and nonprescription drugs and govern the sale and distribution of drugs in Canada.

The Controlled Drugs and Substances Act (CDSA) is an Act respecting the control of certain drugs, their precursors and other substances. *The Controlled Substances Regulations (CSR)* is a consolidation of previous documents. The intent is to harmonize authorizations and incorporate existing (s.56(1)) class exemptions, creating one modern, consistent regulatory scheme for all controlled substances.

The Cannabis Act and *Cannabis Regulations* govern the use of both recreational and medical cannabis. Under the *Cannabis Regulations*, NPs are defined as health care practitioners authorized to prescribe medical cannabis for clients requiring this controlled substance as part of their treatment plan.

Chapter 3, an Act to amend the Criminal Code and to make amendments to other Acts related to Medical Assistance in Dying (MAID), identifies NPs as practitioners who may administer the substance that causes death for MAID.

Provincial Legislation

The Registered Nurses Act, 1988, defines the scope of practice for registered nurses.

The Prescription Drugs Act identifies “practitioner” as a person who is legally authorized to write prescriptions in Saskatchewan and that the “practitioner” states the amount of the medication or mixture of medications to be dispensed to the person named in the prescription.

The Pharmacy and Pharmacy Disciplines Act, 1996 identifies practitioners who are authorized to issue prescriptions.

Note: This is not an exhaustive list of legislation, as it is subject to change. RNs and NPs are expected to be familiar with current legislation and exemptions regarding medication management.

Appendix B

Decision Tree for Medication Administration

This tool walks the RN through all steps of the medication administration process. At each step of the process, ensure that the requirements are met to proceed forward to the next step. Should a requirement not be met, do not administer the medication.

Complete medication order?

Yes – Proceed

No – Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care e.g., follow up with authorized prescriber, inform charge RN/Manager

Assessed patient factors?

For example, client condition, verify consent

Yes – Proceed to next question

No – Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care e.g., follow up with authorized prescriber, inform charge RN/Manager

Assessed your abilities?

For example, your knowledge of medication, skills to reconstitute and administer, judgement to identify and respond to intended and unintended outcomes

Yes – Proceed to next question

No – Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care e.g., follow up with authorized prescriber, inform charge RN/Manager

Assessed environmental supports?

For example, human and technological resources to monitor and intervene if needed, systems in place to support safe medication storage, handling, and administration

Yes – Proceed to next question

No – Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care e.g., follow up with authorized prescriber, inform charge RN/Manager

Administer medication according to the 10 rights

Yes – Proceed to next question

No – Do not administer medication

Take appropriate action to safeguard client interest and ensure continued care e.g., follow up with authorized prescriber, inform charge RN/Manager

Evaluate outcomes

If an adverse reaction occurs, take appropriate action

(This will be made into a graphic decision tree once final content is approved).

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References

College of Registered Nurses of Saskatchewan (2026). *CRNS Code of Conduct*.

Retrieved from <https://www.crnsc.ca/wp-content/uploads/2026/01/CRNS-Code-of-Conduct.pdf>

College of Registered Nurses of Saskatchewan (CRNS). (2026). *Registered Nurse Entry-Level Competencies*.

Retrieved from <https://www.crnsc.ca/wp-content/uploads/2024/06/RN-Entry-Level-Competencies.pdf>

College of Registered Nurses of Saskatchewan (CRNS). (2026). *Registered Nurse Practice Standards*.

Retrieved from <https://www.crnsc.ca/wp-content/uploads/2024/06/RN-Practice-Standards.pdf>

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