

# Nursing Practice Related to Medication Administration

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This Advisory ruling is issued to guide the practice of Registered Nurses and Licensed Practical Nurses employed in, or employed as nurse consultants to, community residences under the auspices of the Massachusetts Department of Mental Health and/or Department of Mental Retardation.

## The areas of nursing practice covered in the Board's Advisory Ruling include:

1. teaching the curriculum for the certification of program staff in medication administration;
2. accountability for medication administration to clients for whose care the nurse is responsible;
3. the role of nurses who provide episodic care to clients, but who are not responsible for the client's overall care;
4. the requirement for a valid order from an authorized prescriber prior to administering medication;
5. the duty to report observed, inappropriate medication administration by certified staff;
6. providing technical assistance and advice, as in regulations at 115 CMR 6.06 (6) (f), and 104 CMR 15.03 (6) (h) (9); and
7. the role of the nurse consultant under the Medication Occurrence Reporting System, implemented 12/01/96.

## Teaching the Curriculum for Medication Administration Certification

- Nurses deemed qualified by the Departments of Mental Health (DMH) or Mental Retardation (DMR) to teach the established program of instruction for medication administration may instruct unlicensed program staff in the didactic and practical components of the program leading to certification in medication administration.
- The nurse instructor does not bear on-going accountability for the practice of the staff person who is certified under the standards established by DMR and/or DMH.
- Nurses who have not been trained as instructors for the DMR/DMH medication administration program should not participate in supervising or monitoring the initial administration of medications to clients by newly certified staff.
- Monitoring of initial medication administration is not a formal part of the DMR or DMH training program. However, the Board strongly supports such supervision by qualified nurse instructors. This does not constitute delegation of medication administration by the nurse instructor.

## **Accountability for Medication Administration to Clients for Whose Care the Nurse is Responsible**

- Nurses shall not delegate, assign or allow unlicensed, certified staff to administer medications to clients for whose direct care the nurse is responsible. When a licensed nurse is responsible for a client's direct care, such responsibility shall include administration of all medications.
- In residences where program staff are responsible for direct care provided to certain clients, and licensed nurses are responsible for direct care provided to other clients, the nurse shall only be accountable for administration of medications to clients for whom he/she has direct responsibility or for medications the nurse personally administers to any other client.
- Administration of medications by certified program staff to clients for whom the certified staff person has direct care responsibility, is not considered delegation and/or supervision, as defined in 244 CMR 3.05, by a nurse who is providing care to other clients in the same residence.
- A licensed nurse is only accountable for the medications he/she administers. A nurse is not accountable for medications administered by certified direct care staff.

## **Medication Administration and the Nurse Who Provides Episodic Care**

- Nurses who provide episodic care to clients in DMR and/or DMH community residences include nurses employed by Visiting Nurse Associations or home health agencies, as well as nurses employed by DMH and/or DMR for the purposes of intermittent or episodic health assessment and nursing intervention. For the purposes of this Advisory, the nurse functioning in this role is not the care provider responsible for managing or supervising overall client care, and is not accountable for medication administration by certified program staff.

## **Providing Technical Assistance and Advice 115 CMR 6.06 (6) (f) and 104 CMR 15.03 (6) (h) (9)**

- Nurses who are employed by DMR and/or DMH to provide or arrange for technical assistance and advice, as described in the regulations noted above, shall provide assistance about systems related to medication administration issues as required. Examples of systems include, but are not limited to transcribing, ordering, procuring, documenting; destroying and storing of medications.
- Questions about client care problems related to medications shall be directed or referred to the appropriate licensed practitioner (MD/NP/PC) either via telephone, office visit, clinic visit, or

emergency room visit, or the appropriate emergency response system, per Department of Public Health policies.

## **Nurse's Requirement for a Valid Medication Order**

- The Nurse Practice Act requires nurses to have an order from an authorized prescriber prior to administering ALL prescription and non-prescription (over-the-counter) medications.
- Medication orders transcribed by an unlicensed person must be verified by a licensed nurse prior to being implemented by a nurse. Methods of verification vary, and should comply with written employer policies.
- A nurse who accepts a verbal/telephone order relayed by an unlicensed staff person may implement the order. The nurse is accountable for her practice in this matter. This includes ensuring that the orders originate from an authorized prescriber and ensuring that any orders he/she carries out are reasonable based on the nurse's knowledge of the client and his care needs. If at any time the nurse has a question about the appropriateness of an order, the nurse is accountable for clarifying the order with the original prescriber.
- As evidence of a valid medication order, a nurse may use a pharmacy-labeled medication container that includes the client's name, the name and phone number of the pharmacy, the name of the prescriber, the name of the medication, the dose and route of administration, the frequency and/or time of medication administration, the date of the order and the discontinuation date, and any specific directions for administration.

## **Nurses' Duty to Report Inappropriate Medication Administration**

- Nurses who observe inappropriate activities related to administration of medication by certified program staff should follow the established Department of Mental Health/Mental Retardation and Department of Public Health policies for reporting these occurrences.

## **Role of the Nurse Consultant Under the Medication Occurrence Reporting (MOR) System Implemented 12/01/96**

- Department of Public Health (DPH) policy for medication occurrence reporting includes contacting a professional consultant (registered nurse, pharmacist, other licensed practitioner) in the event of an occurrence involving medication administration that is inconsistent with the practitioner's prescription.
- According to DPH policy, the consultant contacted as the result of a Medication Occurrence will recommend action (medical intervention), including: lab work or other tests; physician visit; clinic

visit; emergency room visit; hospitalization; and other recommendations, as noted on the MOR reporting form.

- When the consultant is a Registered Nurse (R.N.), the nurse's legal scope of practice permits him/her to recommend: a) contact with the appropriate licensed practitioner (MD/NP/PC) either via telephone, office visit, clinic visit or emergency room visit; and/or b) calling the appropriate emergency medical response system.
- A nurse consultant may recommend consultation with a MAP Coordinator or another consultant.
- It is not within R.N. scope of practice to order that lab work or other tests be performed. An R.N. may recommend to the reporting staff person that an appropriate provider be contacted to order any lab work/test that may be indicated.
- It is not within R.N. scope of practice to order hospitalization of a client.
- It is not within R.N. scope of practice to recommend that a medication dose be adjusted, i.e., increased, decreased, omitted or repeated.
- An R.N. consultant who is an authorized advanced practice nurse (NP, NM, or Psychiatric Clinical Specialist) may prescribe and order tests and therapeutics, consistent with the nurse's legal scope of advanced practice and with the individual nurse's written practice and prescribing guidelines.

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