



## Medication Administration

### Frequently Asked Questions and Answers

Questions	Answers
<b>Can a nurse inject Botox and Collagen in a dermatologic setting?</b>	In September 2004, the Alabama Board of Medical Examiners issued an opinion stating that the procedures involving Botox, Restylane, Collagen, and Mesotherapy are considered to be the practice of medicine and, as such, each procedure must be performed by a licensed physician.
<b>Can a nurse inject Botox in a GI lab while assisting the physician?</b>	In March 2006, the Alabama Board of Medical Examiners issued a subsequent opinion, affirmed by the Alabama Board of Nursing, that injection of Botox is within the scope of nursing practice when the nurse is assisting a physician who is actively involved in the procedure, such as in the Gastrointestinal Endoscopy laboratory.
<b>Can a nurse pre-fill a weekly or monthly medication planner for a patient?</b>	In the ABN <u>Administrative Code</u> Section 610-X-6-.03(3c) and (4c), the scope of practice for both the professional nurse and the licensed practical nurse includes “state and federal statutes and regulations.” In Alabama Code § 34-23-1(24), “Pharmacy and Pharmacists,” a repackager is defined as “a person who purchases or acquires from a manufacturer or distributor, a drug, medicine, chemical or poison for the purpose of bottling, labeling or otherwise repackaging for sale or distribution.” Therefore, a nurse may not take pills from a labeled bottle dispensed by the pharmacist and repackage them in a weekly or monthly medication planner or envelope. The nurse may, however, assist the patient with medication management and provide education concerning the medications to the patient and/or caregiver who transfers medications from the labeled bottle to another container.
<b>What is the Alabama Board of Nursing’s position on nurses administering various medications?</b>	The Alabama Board of Nursing does not issue rulings on specific medications but instead maintains rules in the ABN’s <u>Administrative Code</u> 610-X-6-.07 generic to medication administration as follows: “The RN or LPN shall not administer medications for anesthetic purposes or to render an individual unconscious without meeting the requirements of Chapter 610-X-9-.02.” (CRNA) Rule 610-X-6-.07(5): “Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, intraosseous require a standardized procedure.” For administration of any medication, the nurse is expected to utilize a complex set of knowledge, skills, and abilities necessary to assure the safety of the individual receiving the medication. The components of medication administration are listed below. <ul style="list-style-type: none"> <li>• Knowledge <ul style="list-style-type: none"> <li>o Drug action, classifications</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>o Expected therapeutic benefit of medication</li> <li>o Expected monitoring</li> <li>o Illness or injury processes</li> <li>o Developmental stages</li> <li>o Possible side effects/adverse reactions &amp; interventions for same</li> <li>o Emergency interventions for anaphylactic reactions</li> <li>o Seven rights of administration</li> <li>o Drug/Drug and Food/Drug Interactions</li> <li>o Calculation of drug dosages</li> <li>o Federal and state legal requirements related to storage, controlled substances, etc.</li> <li>• Decision-Making <ul style="list-style-type: none"> <li>o When, how, and whether medications should be administered</li> <li>o Assessment of individual's complaint prior to administering PRN medications</li> <li>o When to contact the prescriber</li> </ul> </li> <li>• Skills <ul style="list-style-type: none"> <li>o Dexterity to open medication packaging</li> <li>o Read, write English</li> <li>o Read, write, and comprehend Latin phrases relevant to administration of medication</li> <li>o Measuring medication dosages</li> <li>o Math calculations</li> <li>o Routes of administration</li> </ul> </li> <li>• Documentation <ul style="list-style-type: none"> <li>o Administration</li> <li>o Therapeutic effect</li> <li>o Principles of documentation</li> <li>o Seven rights of administration</li> <li>o Controlled drug records per federal and state law</li> </ul> </li> </ul>

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<p><b>What is the nurse's role in distributing sample medications to a patient?</b></p>	<p>In accordance with the Alabama Nurse Practice Act Section 21-21-1, the Professional Nurse and the Licensed Practical Nurse administer medications prescribed by a legally authorized prescriber (physician, dentist, CRNP, CNM, or PA). If there is a prescriber's order and the pre-packaged sample has been appropriately labeled with the name of medication, strength per dosage unit, and directions for use and prescriber's name, the nurse may hand the properly labeled packaged medication to the patient.</p>
<p><b>What are the medications that a registered nurse or licensed practical nurse cannot administer?</b></p>	<p>The Alabama Board of Nursing does not have rules or make recommendations on any specific medication. Several rules must be considered, including, but not limited to, ABN <u>Administrative Code</u> Rule 610-X-6-.07 "Medication Administration and Safety," Rule 610-X-6-.12 "Standardized Procedure Rule," and Rules 610-X-6-.04 and 610-X-6-.05 "Practice of Professional Nursing" and "Practice of Practical Nursing."</p> <p>Once the rules have been reviewed and it is determined that the administration (including route of administration) is within basic education and scope of practice, the presence of any black box warnings by the FDA must be explored. If no black box warnings against a nurse administering the medication exist, and the nurse has the knowledge of the medication(s), including routes of administration as required in the rules, a facility/agency policy must be written that includes the knowledge, skills, and abilities that the nurse must have to manage risks and any potential complications. It should also include requirements for supervised clinical practice and demonstration of competency, initially and at periodic intervals.</p>
<p><b>Can LPNs administer IV pushes?</b></p>	<p>LPNs are prohibited from administering any medications via IV push in any practice setting unless the facility/agency has applied for a standardized procedure and it has been approved by the Alabama Board of Nursing, per <u>Administrative Code</u> Rule 610-X-6-.14.</p> <p>The minimum requirements found in Rule 610-X-6-.14 that must be included in the Standardized Procedure application for consideration of a licensed practical nurse to perform IV push therapy include:</p> <ul style="list-style-type: none"> <li>• On-site supervision by a registered nurse any time IV push medication therapy is performed by a licensed practical nurse. The registered nurse is required to be physically present and immediately available in the facility.</li> <li>• According to Rule 610-X-6-.12(2)(3) there shall be evidence of successful completion of an organized program of study according to the requirements of Rule 610-X-6-.12(2)(3), supervised clinical practice, and demonstrated clinical competence.</li> <li>• The minimum training for the licensed practical nurse who performs selected tasks associated with IV therapy shall include: <ul style="list-style-type: none"> <li>o Anatomy and physiology</li> <li>o Fluid and electrolyte balance</li> </ul> </li> </ul>

Questions	Answers
	<ul style="list-style-type: none"> <li>o Equipment and procedures in intravenous therapy</li> <li>o Complications, prevention, and nursing intervention</li> <li>o Introducing a peripheral intravenous device on an adult patient</li> <li>o Set-up, replaces, and removes intravenous tubing for gravity flow and/or pump infusion</li> <li>o Intravenous fluid infusion calculations and adjustment of flow rates on intravenous fluids and administration of intravenous medications by piggyback</li> <li>o Procedures for reconstituting and administering intravenous medications via piggyback, including, but not limited to, pharmacology, compatibilities, and flow rates</li> <li>• The minimum training for the LPN who performs selected tasks associated with IV Push therapy shall include: <ul style="list-style-type: none"> <li>o Pharmacology of specific drugs and reversal agents, if applicable, including, but not limited to: <ul style="list-style-type: none"> <li>• Classification</li> <li>• Indications</li> <li>• Usual IV dosage</li> <li>• Dilution</li> <li>• Contraindications and precautions</li> <li>• Side effects</li> <li>• Antidote, if applicable</li> <li>• Nursing considerations and implications</li> <li>• Procedure for reconstituting medications including compatibilities</li> <li>• Technique of medication administration by IV push</li> </ul> </li> </ul> </li> </ul>