



COLLEGE OF  
REGISTERED NURSES  
OF BRITISH COLUMBIA

# **Nurse-Managed Medication Inventory**

Information for Employers

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Under the Nurses (Registered) and Nurse Practitioners Regulation, nurses<sup>1</sup> have authority to compound, dispense and administer medications. Some nurses may also have responsibility for managing a medication inventory in their health care organization.

Medication inventory management is required to promote the provision of quality medication products and services to clients. This function is generally carried out by pharmacists and pharmacy technicians but may be done by nurses when a pharmacist is not responsible for the medication inventory.

In some cases, the medication inventory is large and varied (for example, in remote practice) while in other cases, it is small and specialized (e.g., in a diabetic clinic).

Employers provide the organizational supports necessary for the safe management of medications, which includes ordering, transporting, storing, securing, recordkeeping, and disposing.

This document provides employers with information they need to enable nurses to meet their standards for dispensing and for managing a medication inventory.<sup>2</sup>

**Note:** This document is intended solely for the purpose of providing information to nursing employers, to assist them in establishing and maintaining the organizational supports needed to enable nurses who are given responsibility for managing a medication inventory to meet their professional obligations under CRNBC's Practice Standard Medication Inventory Management. It should not be used or relied on for any other purpose.

This document does not provide a comprehensive statement of legal requirements applicable to medication inventory management, and should not be relied on for that purpose. Although the information in this document reflects certain legislated requirements, the content of this document has not been updated since its **original publication date in July 2010**, and those legislated requirements may be amended at any time. CRNBC makes no warranty or representation regarding the currency, completeness or accuracy of any references to any legislated requirements. Employers should obtain legal advice about the effect of any laws relevant to medication inventory management within their organizations.

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<sup>1</sup> In this document, "nurses" means registered nurses and nurse practitioners.

<sup>2</sup> The terms "must" or "is required" are used in this document when there is a legislated requirement.

## Employer Best Practices

- Create and maintain written policies and procedures regarding dispensing functions and medication inventory management to guide nurses in the performance of their duties, including:
  - procedures for conducting required medication inventory audits and reconciliations;
  - a process for responding to practice errors, omissions and unsafe practices;
  - procedures for the safe and secure disposal of records and expired medication inventory; and
  - procedures to follow in the event of a nurse’s absence
- Develop and maintain an appropriate medication formulary.
- Provide a secure environment for records and medication inventory.
- Provide relevant, accurate and current reference information.
- Remedy identified infrastructure, equipment and supply needs and deficiencies.

## Information for Employers

### **DISPENSARY CONSTRUCTION**

The dispensary should be enclosed by solid walls extending from floor to ceiling. A secure and lockable dispensary door is required (deadbolt and mortise). The door and frame should be of solid wood or metal construction. A recessed, split door may be used for client dispensing. The floors should be of sound construction and floor coverings must be able to be easily cleaned. It is preferable to have no window. However if a window exists, it should be equipped with protection bars. The facility and/or the dispensary must have an alarm. This alarm, along with the computer, printer, Internet/phone line and refrigerator, should be connected to emergency power.

### **DISPENSARY SPECIFICATIONS**

The dispensary must have adequate space to prepare medications for dispensing, update records, order/receive medications, store medications, and file documents. Where existing medication storage space is insufficient in the main dispensary, an additional storage room should be used exclusively for dispensary supplies, and this additional space must meet the same requirements for construction. The dispensary should be in a controlled access area, close to the examination areas and the nurses’ offices. The temperature of the dispensary should be kept between 15° C to 25° C, which is the recommended range to maintain potency of most medications stored at room temperature. Maintaining this temperature range may require installing both a heating system and air conditioning.

## **EQUIPMENT AND FURNISHINGS**

The following equipment and furnishings are generally required in the dispensary:

- A refrigerator for the exclusive storage of refrigerated medications and vaccines, connected to emergency power to maintain temperature between 2° C and 8° C. The temperature of the refrigerator must be checked and recorded once a day. If the refrigerator cannot be located in the dispensary or a room that is normally locked, medications should be stored in a locked compartment within the refrigerator.
- An easily washable countertop with drawers and bins to store empty vials and various medications (e.g., eye drops, ointment tubes, inhalers) and space for the computer, keyboard, printer and telephone.
- A sink with potable running water (hot and cold) for hand washing and to wash dispensary utensils.
- Shelving with sufficient capacity to store all medications and to house reference materials.
- Paper shredder.

## **MEDICATION INVENTORY MANAGEMENT**

A medication formulary that is appropriate for the needs of the client population being served should be developed and maintained.

Medications must be located in a secure, locked area where there is no public access and where only authorized personnel are allowed. The following requirements must be met:

- The medication inventory is arranged in a systematic manner (alphabetically by generic name, for example) to allow for efficient and accurate dispensing and to enhance inventory management.
- Medications are stored as directed on the manufacturer's label.
- Medications that have previously been dispensed are not returned to the medication inventory or reused for another client.
- A method is established to check for expired medication products on a monthly basis, and expired medication products are removed from the active medication inventory area. Environmentally safe disposal methods must be employed.
- Adequate reference materials including medication monographs and medication interaction information are available.

## **CONTAINERS**

Medication containers that are certified as “child-resistant package” by the Canadian Standards Association must be provided.

## **MEDICATION LABELS**

- Medication labels that enable the inclusion of the following information must be provided:
- Client’s name
- Medication name, dosage, route and (where appropriate) strength
- Directions for use
- Quantity dispensed
- Date dispensed
- Initials of the nurse dispensing the medication and the name, address and telephone number of the agency from which the medication is dispensed
- Any other information that is appropriate/specific to the medication; and
- Prescribing number of prescriber (if applicable)

## **RECORDS**

A system must be established that allows the nurse to record the following information on an individual medication profile and/or client record each time a medication is dispensed:

- Client name, address, phone number, date of birth, gender and, when available, allergies and adverse reactions
- Date dispensed
- Name, strength, dosage of medication and quantity dispensed
- Duration of therapy
- Directions to client
- Signature and title of the person dispensing the medication.

A record system is also needed that allows nurses to enter information about the medications they dispense for quality assurance/risk management purposes.

## **CONTROLLED DRUGS AND SUBSTANCES**

Employers ensure that the Health Canada legal requirements related to the custody and possession of controlled drugs and substances (CDS) are met.

***Security and Storage***

- The CDS cupboard must be housed in a wall-mounted, double-locked metal cabinet that is permanently attached to the building.
- The CDS cupboard must be located in a secure, locked area of the facility where there is no public access and where only authorized personnel are allowed.
- When a combination lock is used to access the dispensary, only nurses working in the facility will know this code. The combination number should be changed every six months or immediately when it is suspected the code may be in possession of an unauthorized person, or when a CDS is lost.
- Nurses may have access to the CDS cupboard with the knowledge and authorization of the nurse in charge.
- During working hours, the nurse in charge or designate must carry the keys to the CDS cupboard and the dispensary.
- The CDS cupboard must be locked at all times, and the door to the dispensary must be locked when there are no nursing personnel inside.
- After hours or when there is no nurse in the facility, the charge nurse or designate must secure the keys in a locked compartment that is accessible only to her or him.
- If the keys to the CDS cupboard or dispensary are lost, the charge nurse or designate must have the lock(s) changed immediately.
- A CDS located in the refrigerator or emergency cart must be stored in a locked compartment or drawer with a tamperproof seal and counted as part of regular counts.
- There must be only one set of CDS storage keys in circulation.
- If a second set of keys is available as a spare, this set must be placed in a sealed envelope, signed and dated by the nurse in charge and kept at all times in a place accessible only to the charge nurse.
- The employer is responsible to investigate any requests for CDS that fall outside normal parameters (sudden increases or larger utilization compared with other facilities) before approving the requests. There must be a record on file of any action taken.

***Receipt of CDS***

A register must be maintained to record the acquisition, dispensing and authorized disposal of controlled drugs and substances. Documentation related to the receipt of any CDS must include the medication name and quantity, the supplier name and the date received. The following list outlines appropriate procedures:

- Nurse in charge (or designate) signs the receipt vouchers or the copy of the purchase orders provided by the supplier.
- Nurse in charge (or designate) records the receipt in red ink in the CDS register.
- Two nurses perform medication counts at the end of each shift. One nurse witnesses the other nurse doing the count and verifies contents. Both nurses sign beside the amount of medication being recorded on the CDS Register Form after each count.
- In remote communities with only one nurse, the employer has a policy related to performing medication counts.
- All CDS counts are recorded in the Controlled Substances Register Form in red ink. Black or blue ink is used only for recording the quantity issued (medication dispensed, returned to the licensed dealer or destroyed) and bringing balances forward.
- A nurse's signature can be identified for every dispensing, receipt, return, medication count, wastage or destruction of CDS. Another appropriate witness co-signs for each medication count, wastage or destruction.
- Register forms are numbered and filed sequentially, and can be retrieved easily.

***Count Deviations***

- Explanations are provided for any wastage or count deviations.
- Any count discrepancies are immediately investigated and reported to supervisory staff.
- The discrepancies that can be resolved are reconciled appropriately in the register.
- When any discrepancy or loss cannot be explained or if theft is suspected, the charge nurse (or designate) notifies supervisory staff immediately.
- The charge nurse or designate forwards the Loss or Theft Report within five calendar days of the discovery to the relevant employer.
- Loss or Theft Reports are legible and the circumstances of the loss or theft are reported in a clear manner. One copy of this report is sent to the employer and a second forwarded within 10 calendar days of the discovery of the loss or theft to the Office of Controlled Substances (Health Canada) in Ottawa. The report details the circumstances of the loss and indicates any follow-up action that was or will be initiated to prevent reoccurrence.

***Expired, recalled or contaminated CDS***

- Any expired, recalled or contaminated CDS must be segregated from regular CDS stock and stored in the locked narcotic cupboard. In accordance with the employers' policies and procedures, these may be destroyed locally or shipped to an authorized facility for disposal. In order to destroy locally, an authorization must be received from the federal Office of Controlled Substances and their procedures requiring adequate witness must be followed.

***Record keeping***

- Clients' records and the CDS register must be maintained.
- A written copy or fax of a verbal/telephone order must be filed in client charts. A written order is required for all Schedule 1A medications and for many CDS.
- All required information in the CDS register must be legible and must include:
  - *Headings:* Name of facility and page number, medication name(s) and strength, unit of issue.
  - *Main Body:* Date, time, name of client, quantity, name of prescriber, and name/signature of nurse making the entry.
  - Supplier names must be recorded for receipts or returns.

**CLIENT-SPECIFIC MEDICATIONS ORIGINATING ELSEWHERE**

Occasionally, a pharmacist may ship prepared and packaged client-specific medications to the health care facility where the medications are picked up by the client or delegate. Please contact the College of Registered Nurses of British Columbia for more information.

## GLOSSARY

**Dispense:** The preparation and transfer of a medication to a client, taking steps to ensure its pharmaceutical and therapeutic suitability and its proper use. Nurses can accept payment on behalf of their employer for a medication they dispense.

**Dispensary:** The area of a health care organization that

- contains medication inventory,
- is separated by a physical barrier to exclude unauthorized individuals and
- incorporates the space, equipment, supplies and systems needed to support the provision of safe medication services

**Medication formulary:** A list of pharmaceutical products approved for use in the health care organization.

## LEGISLATION AND REGULATIONS

### Provincial

Health Professions Act

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96183\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01)

Nurses (Registered) and Nurse Practitioners Regulation

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/284\\_2008](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/284_2008)

Pharmacy Operations and Drug Schedules Act

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/LOC/freeside/--%20p%20--/pharmacy%20operations%20and%20drug%20scheduling%20act%20sbc%202003%20c.%2077/0\\_03077\\_01.xml](http://www.bclaws.ca/EPLibraries/bclaws_new/document/LOC/freeside/--%20p%20--/pharmacy%20operations%20and%20drug%20scheduling%20act%20sbc%202003%20c.%2077/0_03077_01.xml)

Drug Schedules Regulation

[http://www.bcpharmacists.org/legislation\\_standards/drug\\_distribution/provincial\\_drug\\_schedules.php](http://www.bcpharmacists.org/legislation_standards/drug_distribution/provincial_drug_schedules.php)

### Federal

Food and Drugs Act and related regulations

<http://laws.justice.gc.ca/eng/F-27/index.html>

Controlled Drugs and Substances Act and related regulations

<http://laws.justice.gc.ca/eng/C-38.8/index.html>

## RESOURCES

B.C. Centre for Disease Control (management of biologicals)

Immunization Program, Management of Biologicals

<http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>

College of Pharmacists of British Columbia (regulations, drug schedules, medication security)

604.733.2440

1.800.663.1940

[info@bcpharmacists.org](mailto:info@bcpharmacists.org)

[www.bcpharmacists.org](http://www.bcpharmacists.org)

Health Canada – Western Operational Centre (controlled drug substances regulations, drug diversion)

1.800.267.9675

Institute for Safe Medication Practices (risks and safeguards in medication use systems, safe medication practices)

<http://www.ismp-canada.org/index.htm>

## CRNBC RESOURCES

Available from the Nursing Standards section of the CRNBC website [www.crnbc.ca](http://www.crnbc.ca)

*Privacy and Confidentiality* (Practice Standard – pub. 400)

*Dispensing Medications* (Practice Standard – pub. 486)

*Documentation* (Practice Standard – pub. 334)

*Medication Administration* (Practice Standard – pub. 408)

*Medications* (pub. 3)

*Medication Inventory Management* (Practice Standard – pub. 672)

*Scope of Practice for Registered Nurses: Standards, Limits, Conditions* (pub. 433)

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