

<i>Standard:</i>	Standard on Prescribing Drugs
<i>Reference #:</i>	S_C111910
<i>Approved by:</i>	Council
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<i>Attachments:</i>	Appendix 1, 2 & 3



## Standard on Prescribing Drugs

Midwives have the requisite knowledge, skills, and judgment to prescribe drugs from the list of Designated Drugs. Any drug that can be administered by a midwife according to the Ontario Regulation 884/93 Designated Drugs can be prescribed by the midwife.

The authority of midwives, according to the Ontario Regulation 884/93 Designated Drugs, to initiate a prescription for a drug, is limited to treating conditions that they can diagnose and for which they can provide the necessary counseling, informed choice decision making and ongoing management of care.

In the course of engaging in the practice of midwifery, midwives may use any drug and may administer any substance by injection or inhalation on the order of a member of the College of Physicians and Surgeons of Ontario. Midwives may also administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.

### TO ENSURE SAFETY

#### Midwives must:

- assess the client, conducting laboratory and diagnostic investigations as appropriate
- comply with relevant federal and provincial legislation
- adhere to all relevant standards, guidelines or policies established by agencies or organizations (e.g., public health unit or blood banks) involved in the provision or control of any of the authorized drugs or substances
- provide either a written, or when necessary, a telephone prescription or verbal order
- consider whether the drug is a safe and effective treatment for the specific client circumstances
- provide the client and/or client representative with the necessary information about the drug prescribed including expected therapeutic effect, potential side effects, contraindications and precautions
- consider drug resistance, medication errors, infection control and safety, when they prescribe and/or administer any substance from the regulation
- ensure there are adequate systems in place to prevent prescription fraud
- ensure proper reporting of drug reactions and medication errors (*Appendix 2, Reporting Adverse Drug Reactions and Medication Errors*)
- monitor the client's response to the drug therapy after prescribing, and continue, adjust dosage or discontinue the drug therapy as appropriate.

### RECORDKEEPING

#### Midwives must:

- conduct a medical history and document the symptoms and/or conditions being treated
- obtain a full understanding of the drugs the client is taking using the "Best Possible Medication History" (see *Appendix 3* for an example of what can be included)
- document in the client's record, in a timely manner, all telephone prescriptions or verbal orders
- provide a follow-up care plan as appropriate and document in the client's record

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- document the client's response to the drug therapy
- ensure proper recognition and management of medication errors including documentation and reporting as outlined by Association of Ontario Midwives (*Appendix 2, Reporting Adverse Drug Reactions and Medication Errors*)
- ensure proper risk management reporting when drug reactions or medication errors occur in a hospital (*Appendix 2*)

### LEGAL PRESCRIPTION:

- Midwives may only prescribe drugs for the intended purpose as described in the *Guideline to Prescribing and Administering Designated Drugs* and the amended Ontario Regulation 884/93 Designated Drugs.
- Midwives may not self-prescribe a drug, or prescribe a drug for a family member outside the provision of midwifery care<sup>1</sup>, or when there is a conflict of interest.
- Midwives will document the drug prescribed and the prescription number in the client's record.

### A legal prescription prepared by a midwife must include:

- a prescription number
- full date (day, month and year)
- client's name
- client's address (if available )
- name of drug, drug strength (where applicable), dose and the quantity of the prescribed drug
- full instructions/ directions for use of the prescribed drug
- refill instructions if any
- printed name of the midwife prescriber with telephone number and address
- College registration number and the professional designation
- midwife's signature

### Midwives OBTAINING CONSULTS AND PROVIDING INTER-PROFESSIONAL CARE, RELATING TO PRESCRIPTIONS:

- may not delegate the act of prescribing a drug
- notify any relevant health care provider involved in the client's care when clinically appropriate and document that this notification has been given
- consult with appropriate health care professional if the client's response to the drug therapy is other than anticipated

When midwives continue drug therapy initiated by another health care professional they must:

- provide and document ongoing assessments
- monitor and document the client's response to the drug therapy
- communicate the client's response and change to or discontinuation of drug therapy to the initiating health care provider as appropriate
- consult with appropriate health care professional at any point in the continuing drug therapy as appropriate

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<sup>1</sup> Reference CMO document re: Providing Care to Related Persons

**ENSURING APPROPRIATE STORAGE**

**Midwives must:**

- ensure recommendations for storage and handling issued by the medication/ vaccine's manufacturer are followed
- dispose unused and expired medications/vaccines/blood products in accordance to the guidelines set forth by public health and blood bank

## APPENDIX 1

### Alphabetic List of Drugs in Midwives' Authority

Any drugs that can be administered by a midwife according to the Ontario Regulation 884/93 Designated Drugs can be prescribed by the midwife

*The following drugs are designated in regulation as substances or drugs that midwives may administer by injection on their own responsibility:*

Ampicillin – for the purpose of preventing neonatal group B streptococcal disease

Bupivacaine – for the purpose of local anaesthesia for episiotomy or the repair of tears

Carbetocin

Carboprost tromethamine

Cefazolin – for the purpose of preventing neonatal group B streptococcal disease

Chloroprocaine – for the purpose of local anaesthesia for episiotomy or the repair of tears

Clindamycin – for the purpose of preventing neonatal group B streptococcal disease

Dimenhydrinate

Diphenhydramine hydrochloride

Epinephrine hydrochloride

Ergonovine maleate

Erythromycin – for the purpose of preventing neonatal group B streptococcal disease

Hepatitis B immune globulin

Hepatitis B vaccine

Intravenous fluids

Lidocaine hydrochloride with or without epinephrine – for the purpose of local anaesthesia for episiotomy or the repair of tears

Measles-mumps-rubella virus vaccine

Oxytocin - for the purpose of treating postpartum hemorrhage

Penicillin G – for the purpose of preventing neonatal group B streptococcal disease

Phytonadione

RhD immune globulin

Varicella Zoster immune globulin

*The following drugs are designated as drugs that midwives may administer by inhalation on their own responsibility:*

Nitrous oxide

Therapeutic oxygen

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*The following drugs are designated as drugs that midwives may prescribe on their own responsibility:*

Amoxicillin-clavulanic acid – for the purpose of treating mastitis  
Cephalexin – for the purpose of treating mastitis  
Ciprofloxacin (oral)  
Clotrimazole  
Clindamycin (oral)  
Cloxacillin (oral)  
Diclofenac (oral)  
Domperidone – for the purpose of promoting lactation  
Doxylamine succinate-pyridoxine hydrochloride  
Ergonovine maleate (oral)  
Erythromycin ophthalmic ointment  
Folic acid (oral; greater than 1mg/dose)  
Hepatitis B immune globulin  
Hepatitis B vaccine  
Hydrocortisone anorectal therapy compound  
Metronidazole (oral)  
Miconazole  
Misoprostol – for the purpose of preventing postpartum hemorrhage  
Mupirocin-betamethasone valerate-miconazole (topical)  
Naproxen (oral)  
Nitrofurantoin – for the purpose of treating urinary tract infections  
Nystatin  
Phytonadione  
RhD immune globulin  
Sulfamethoxazole-trimethoprim (oral)  
Trimethoprim – for the purpose of treating urinary tract infections

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*Midwives may administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.*

## APPENDIX 2

# Reporting Adverse Drug Reactions and Medication Errors

### Reporting Adverse Drug Reactions

You can report any suspected adverse drug reactions to drugs and other health products to the Canada Vigilance Program by visiting the Reporting Adverse Reactions to Drugs and Other Health Products page at: <http://hc-sc.gc.ca/dhp-mps/medeff/report-declaration/reporting-declaration-eng.php>

The site offers the Canada Vigilance Reporting Form for use in the reporting by health care professionals and clients via fax, mail, online or phone.

Canada Vigilance Regional Office phone 1 866- 234-2345 and fax 1 866-234-678-6789

### Reporting Medication Errors

Consider reporting any medication errors confidentially to The Institute for Safe Medication Practices Canada, an independent national non-profit agency ([https://www.ismpcanada.org/err\\_report.htm](https://www.ismpcanada.org/err_report.htm)). Contributing to this database provides information for the purpose of developing policies to prevent future adverse events. For information about this non-profit organization, go to their home page at <http://www.ismp-canada.org/index.htm>, or their page with information about reporting medication incidents at Canadian Medication Incident Reporting and Prevention System (CMIRPS) <http://www.ismp-canada.org/cmiprs.htm>.

For further information about incident reporting, refer to the AOM ([www.aom.on.ca](http://www.aom.on.ca)) and HIROC ([www.hiroc.com](http://www.hiroc.com)) websites.

## APPENDIX 3

### Best Possible Medication History (BPMH)

**Best Possible Medication History (BPMH)** is a medication history obtained by a healthcare provider which includes a thorough history of all regular medication use (prescribed and non-prescribed), using a number of different sources of information. The BPMH is different and more comprehensive than a routine primary medication history (which is often a quick patient medication history).

The BPMH involves a:

1. Patient medication interview where possible.
2. Verification of medication information with more than one source as appropriate including:
  - o family or caregiver
  - o community pharmacists and physicians
  - o inspection of medication vials
  - o patient medication lists
  - o medication profile from other facilities
  - o prescription drug claim histories of Ontario Drug Benefit (ODB) recipients (Drug Profile Viewer)
  - o previous patient health records

The BPMH includes drug name, dose, frequency and route of medications a patient is **currently taking**, even though it may be different from what was actually prescribed. Using tools such as a guide to gather the BPMH may be helpful for accuracy and efficiency. (A BPMH Interview Guide is [available here](#)).

If a patient is unable to participate in a medication interview, other sources may be utilized to obtain medication histories or clarify conflicting information. Other sources should never be a substitute for a thorough patient and/or family medication interview.

For patients who present prescription bottles and/or a medication list, each individual medication and corresponding dosing instruction should be verified, if possible. Frequently, patients take medications differently than what is reflected on the prescription label. Also, patients may not have updated their personal list with newly prescribed medications.<sup>7</sup>

Midwives should ensure that client's reporting drug allergies are asked the extent and type of allergy, sensitivity or reaction they have had and this should be documented in the client's record.

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<sup>7</sup> Queen's University, Office of Interprofessional Education and Practice. *Medication Reconciliation: A Learning Guide*. Web page retrieved August 19, 2010 on the World Wide Web at: <http://meds.queensu.ca/courses/assets/modules/mr/4.html>