Standard:	Prescribing and Administering Drugs
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College of Midwives of Ontario
Ordre des Sages-femmes de l'Ontario

PRESCRIBING AND ADMINISTERING DRUGS

Purpose

The purpose of this standard is to describe CMO expectations regarding the prescribing and administering of drugs.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition

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.

Standard

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.

RECORD KEEPING

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
- 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* (below) 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, or when there is a conflict of interest. [1]
- 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

[1] CMO Standard *Caring for Related Persons*

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

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

*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

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. 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, or their page with information about reporting medication incidents at Canadian Medication Incident Reporting and Prevention System (CMIRPS) http://www.ismp-canada.org/cmirps.htm.
For further information about incident reporting, refer to the AOM (www.aom.on.ca) and HIROC (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. [2]

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.

[2] 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

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