

*Department of Health Nursing Care Quality Assurance Commission*  
**Advisory Opinion**

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

*Title:* Public Health Nurses: Dispensing Medications/Devices for Prophylactic and Therapeutic Treatment of Communicable Diseases and Reproductive Health *Number:* NCAO 9.0

*References:* [RCW 18.79 Nursing Care](#)  
[WAC 246-840 Practical and Registered Nursing](#)  
[RCW 70.05.070 Local Health Officer - Powers and Duties](#)  
[RCW 70.41.480 Findings - Intent - Authority to Prescribe Prepacked Emergency Medications-Definitions](#)  
[RCW 69.41 Legend Drugs - Prescription Drugs](#)  
[RCW 18.64 Pharmacists](#)

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*Supersedes:* Not Applicable

*Approved By:* Nursing Care Quality Assurance Commission

**Conclusion Statement**

The Nursing Care Quality Assurance Commission concludes that a registered nurse (RN) may distribute, deliver, or dispense prescriptive medications/devices for reproductive care and prevention and treatment of communicable diseases according to a written or standing order of an authorized prescriber.

**Background**

The Nursing Care Quality Assurance Commission received a request to develop an advisory opinion as to whether nurses employed as public health nurses (PHNs) could dispense medications for prophylactic and therapeutic treatment of communicable diseases and reproductive health. PHNs may work in a variety of settings, such as a local health department or local health jurisdiction (LHJ). PHNs play a vital role in disease prevention and treatment including the safe delivery and dispensing of certain medications/devices for:

- Family planning (such as hormonal contraceptives, including emergency contraception, diaphragms, and over-the-counter methods such as condoms, cervical caps, contraceptive sponges); and
- Prophylactic and therapeutic treatment of communicable diseases of patients, including partner treatment (such as tuberculosis and sexually transmitted diseases).

It is a recognized and long-accepted practice for RNs in public health settings to dispense certain medications and devices to public health patients for prevention and treatment following written standing orders. PHNs often operate under standing orders. The Nursing Care Quality Assurance Commission's [Standing Orders and Verbal Orders Advisory Opinion](#) provides guidance on standing orders.

The local health officer is responsible for, and authorized to: “control and prevent the spread of any dangerous, contagious, or infectious diseases that may occur within his or her jurisdiction” and “take such measures as he or she deems necessary in order to promote the public health.” [RCW 70.05.070](#).

LHJs have established the practice of having nurses administer, deliver, and dispense medications/devices following standing orders to improve the effective and efficient delivery of quality public health services. In the public health context, it is not feasible to have a licensed provider with prescribing authority or a pharmacist at each site, in the patient's home or other outside setting, or for partner treatment, and delayed access to time sensitive treatment would hinder the control of communicable diseases and the prevention of unintended pregnancies. PHNs investigate each case, identify contacts, ensure that each case receives prescribed medication, and ensure that contacts receive appropriate prophylactic medication. The conditions in which these specially trained nurses dispense medications are usually already differentiated or have a high degree of diagnostic certainty.<sup>1</sup>

Several states allow RNs to dispense medication in public health settings, including California, Delaware, Georgia, Maryland, Minnesota, Missouri, North Carolina, and Oregon.

### **Analysis**

The commission may adopt rules or issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners, and consumers in this state concerning the authority of various categories of nursing practitioners to perform particular acts. RCW 18.79.110(1). The Washington state nursing law does not specifically prohibit dispensing by public health nurses. The practice of nursing includes carrying out a medical regimen. [RCW 18.79.040](#). A RN may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice. RCW 18.79.260. Registered nursing practice also includes the performance of such additional acts requiring education and training that are recognized by the medical and nursing professions as proper and recognized by the commission to be performed by registered nurses. RCW 18.79.240.

Washington pharmacy laws define “dispensing” to mean “the interpretation of a prescription or order for a drug, biological, or device and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery.” RCW

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<sup>1</sup> Research shows that home dispensing of hormonal contraceptives by RNs may improve women's postpartum contraceptive use and should be explored as an intervention in communities where contraceptives are not easily accessible (Melnick, A., Rdesinski, R, Mario, M., Jacob-Files, E., Gipson, T., Kuyl, M., Dexter, E., and Olds, D.).

18.64.011(11). However, the pharmacy laws do not restrict the scope of authorized practice of any practitioner other than a pharmacist, duly licensed as such under the laws of this state. RCW 18.64.255. And the Legend Drug Act, RCW 69.41.030 does not apply to a practitioner acting within the scope of his or her license whose possession of any legend is in the usual course of business or employment. This exempts any licensed practitioner acting within the scope of his or her license from the law's prohibition of the sale, delivery, or possession of legend drugs. A licensed health practitioner with prescriptive authority may dispense medications or devices directly to a patient under his or her care. Neither the pharmacy law nor the nursing law prohibits a licensed health care practitioner with prescriptive authority from directing a RN to carry out the dispensing process following a standing order.<sup>2</sup>

The commission concludes that it is within the scope of practice of a properly trained registered nurse to administer, deliver, and dispense medications or devices pursuant to an appropriate standing order by a licensed provider with prescriptive authority in public health settings. These guidelines are intended to assist in the issuance and implementation of appropriate standing orders for public health registered nurses.

### **Recommendations**

Nurses are accountable and responsible for providing safe and competent care to their patients. These guidelines provide nurses with information needed to dispense medications or devices safely. Dispensing includes the preparation and transfer of a medication for a patient, taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended use, and taking steps to ensure its proper use. The organization should provide the organizational supports necessary for safe dispensing (e.g. documentation systems, quality assurance and audit, nursing training and competency assessment, supports for safe transport, storage and security of medications, and policies and procedures).

### **Standard Operating Procedures**

Standing operating procedures using the following framework for the dispensing process will improve consistency and quality of work:

1. Receive and validate the prescription or follow standing order;
2. Understand interpret the prescription or standing order;
3. Prepare and label items for use;
  - a. Select stock or prepack
  - b. Measure or count quality from stock containers (if not using prepack)
  - c. Pack and label medication/device
4. Make a final check;
5. Record the action taken; and
6. Issue medicine to the patient with clear instructions and advice.

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<sup>2</sup> RCW 69.41.030 further provides that a family planning clinic that is under contract with the health care authority may sell, deliver, possess, and dispense commercial prepackaged oral contraceptives prescribed by authorized, licensed, health care practitioners. And [RCW 70.41.480](#) allows a practitioner with prescriptive authority to prescribe and distribute prepackaged emergency medications to patients being discharged from a hospital emergency department during times when community or outpatient hospital pharmacy services are not available within fifteen mile by road, or when in the judgment of the practitioner and consistent with hospital policies and procedures, a patient has no reasonable ability to reach the local community or outpatient pharmacy." These statutes, while specifically allowing dispensing by these clinics, do not prohibit the use of appropriate standing orders.

## Standing Orders

The standing order should address (at minimum):

1. Name of medication/device;
2. Strength of medication/device (as per age, weight, condition, etc.);
3. Frequency medication/device is to be taken (as per condition, etc.);
4. Exact dosage (as per age, weight, condition, etc.);
5. Quantity of medication/device;
6. Method of administration (as per age or condition, etc.);
7. Permission to refill;
8. Condition for which the medication/device would be dispensed (Example: patient with a positive gonorrhea culture);

## Principles

Nurses who dispense meet the following expectations:

1. Nurses dispense medications/devices when it is in the best interest of the patient;
2. Nurses dispense medications/devices only to patients under their care following a written order or a standing order approved by a licensed prescriber with prescriptive authority;
3. Take steps to ensure pharmaceutical and therapeutic suitability:
  - a. Review the order for completeness and appropriateness (e.g. drug, dosage, route, and frequency of administration);
  - b. Review the patient's medication history (including over-the-counter medications) and other personal health information;
  - c. Consider potential drug interactions, contraindications, allergies, therapeutic duplications, and any other potential problems (e.g. adverse reactions);
  - d. Use current, evidence-based resources to support their decision making; and
  - e. Consider the patient's ability to follow the medication regimen.
4. Take steps to ensure proper labeling of container prepared from stock or pre-packaged medications/devices:
  - a. Label the medication/device legibly meeting the prescription labeling requirements. To every box, bottle, jar, tube or other container a label must be affixed with the following:
    - i. Patient's name;
    - ii. Medication/device name, dosage, route, and (where appropriate) strength;
    - iii. Nature of the drug/device;
    - iv. Control number
    - v. Prescribing provider (provider who signed the prescription or the standing order);
    - vi. Directions for use;
    - vii. Quantity dispensed;
    - viii. Date dispensed;
    - ix. Cautionary statements and other relevant factors (if appropriate);
    - x. Refills authorized (if appropriate);
    - xi. Initials of the nurse dispensing the medication/device
    - xii. Name, address, and telephone number of the agency from which the medication/device is dispensed; and
    - xiii. Required statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."
  - b. Dispense in a child-resistant container as required by federal law unless:

- i. Authorization is received from the prescriber to dispense in a container that is not child-resistant;
- ii. Authorization is obtained from the patient or delegate of the patient to dispense in a container that is not child-resistant;
- iii. Authorization from the patient to use a regular container (non-child resistant) must be verified by signing a statement requesting a non-child resistant container;
- c. Hand the medication/device directly to the patient or their delegate;
- d. Provide education based on an assessment of the patient's abilities, and level of understanding regarding the medication/device, including:
  - i. Purpose of medication/device
  - ii. Dosage regime, expected benefits, potential side effects, storage requirements, and instructions required to achieve a therapeutic response; and
  - iii. Written information about the medication/device.

### **Applying the Principles to Practice**

1. Perform a patient assessment:
  - a. Need for medication/device;
  - b. Contraindications (including allergies or sensitivities);
  - c. Medical history, medication history, and other pertinent information; and
  - d. Ability to follow medication/device regimen.
2. Take action if a dispensing order does not seem to be evidence-based or does not appear to reflect the individual patient characteristics or wishes. Actions could include:
  - a. Getting more information from relevant resources or from the patient;
  - b. Consulting with a colleague or manager; or
  - c. Consulting with the health professional who gave the order.
3. In some situations, it may be more appropriate for a pharmacist to dispense ordered medications/device. In making these decisions, use nursing judgment and consider such things as:
  - a. The nurse's competence;
  - b. The complexity of the dispensing request;
  - c. The complexity of the patient's medication profile;
  - d. Access to relevant patient information; and
  - e. Access to resources to support decision-making.
4. Take all reasonable steps to identify potential drug interactions and therapeutic duplications.
5. Affix a properly prepared label to each container or prepack of medications/device. When dispensing using blister packets, attach the label to the envelope or box. Perform a final check review checking the label against the order.
6. Whenever possible, involve pharmacist in dispensing. Pharmacists are experts in safe medication/device dispensing and can help make nurse dispensing safer (for example, by creating labels that provide a template for required information, by providing education to nurses about safe dispensing practices, by reviewing dispensing scenarios with nurse to improve resources, processes, and systems).
7. Medication/device should not be dispensed if in the RN's judgment:
  - a. A patient's condition contradicts further medication/device until the nurse has consulted with an authorized prescriber;
  - b. The label is inaccurate (for pre-labeled medications/devices) or errors in labeling;

- c. Medication/device is outdated, obviously contaminated, or otherwise compromised; and
- d. Medication/device is improperly stored.

### **Security, Storage, and Accountability**

Dispensing environments must be clean and organized so that dispensing can be performed accurately and efficiently. Stock containers and prepacked medicines must be stored in an organized way and be clearly labeled to ensure safe selection. Records (including invoices or other records necessary to account for the receipt and disposition of the drugs) must be maintained for at least two years. Medications/devices must be stored following the manufacturer's recommendations. Systems must be in place to monitor for expired drugs. The organization should maintain a dispensing record for security, storage, and accountability. Records containing confidential material and should be handled accordingly. Records may be kept using a paper system or electronic record documenting the following:

- Patient's name;
- Name of medication/device (or generic name), name of manufacturer, and lot number;
- Prescriber's name;
- Strength, and dose of the drug;
- Quantity dispensed; and
- Date of dispensing.

### **Patient Education**

The RN should provide the following information to the patient:

- Condition for which the medication/device has been prescribed
- Effects of medication/device, expected and adverse reactions;
- How, when, what, and amount of medication/device to take;
- Other factors as indicated by patient need and type of medication/device;
- Other appropriate interventions as indicated by the assessment; and
- Warning to keep the medication/device out of the reach of children.

### **Documentation**

Document the following in the patient's record:

- Date;
- Findings of assessment that indicate or contraindicate need for medication/device. In situations where medication/device is not dispensed, document the justification and any consultation.
- Reference to the standing order;
- Name of medication/device dispensed, strength, dose, route, frequency, and amount dispensed; and
- Signature of RN dispensing medication/device.

### **Conclusion**

In conclusion, RNs employed by public health programs may dispense medications/devices for reproductive health and control of communicable diseases under standing orders. The nurse assumes responsibility and accountability and must have the training, knowledge, skills, and abilities, to perform the activity competently.

**References**

Delaware Nursing Law: <http://delcode.delaware.gov/title24/c019/>

Dispensing Medications, College of Registered Nurses of British Columbia:  
<https://www.crnbc.ca/Standards/PracticeStandards/Pages/dispensing.aspx>

Missouri Public Health Nursing Manual (2016):  
[http://health.mo.gov/living/lpha/phnursing/pdf/PHNManual\\_Finalapproved5.2016\\_000.pdf](http://health.mo.gov/living/lpha/phnursing/pdf/PHNManual_Finalapproved5.2016_000.pdf)

Standing Orders and Verbal Orders Advisory Opinion, Nursing Care Quality Assurance Commission (2014): <http://www.doh.wa.gov/Portals/1/Documents/6000/StandingAndVerbalOrders.pdf>

Nurse Dispensing, Maryland, Declaratory Ruling:  
<http://dhmh.maryland.gov/tsd/cat/NurseDisp/Definitions040909.pdf>

Policy and Economic issues-Management Support Systems-Ensuring Good Dispensing Practices: Management Sciences for Health, World Health Organization (2012):  
<http://apps.who.int/medicinedocs/documents/s19607en/s19607en.pdf>

Randomized Controlled Trial of Home-Based Hormonal Contraceptive Dispensing for Women at Risk of Unintended Pregnancy: Trial of Home-Based Contraceptive Dispensing:  
[https://www.researchgate.net/publication/303379344\\_Randomized\\_Controlled\\_Trial\\_of\\_Home-Based\\_Hormonal\\_Contraceptive\\_Dispensing\\_for\\_Women\\_At\\_Risk\\_of\\_Unintended\\_Pregnancy\\_Trial\\_of\\_Home-Based\\_Contraceptive\\_Dispensing](https://www.researchgate.net/publication/303379344_Randomized_Controlled_Trial_of_Home-Based_Hormonal_Contraceptive_Dispensing_for_Women_At_Risk_of_Unintended_Pregnancy_Trial_of_Home-Based_Contraceptive_Dispensing)