

Northwest Territories Primary Care Formulary



Government of Northwest Territories Gouvernement des Territoires du Nord-Ouest

Approval of formulary

This formulary has been approved for use by the Minister of Health and Social Services pursuant to the Hospital and Health Care Facility Standards Regulations R-036-2005 43(2).

This formulary is placed in effect on 21 February 2020 by the Clinical Practice Information Notice 154.

The pharmaceutical agents listed for use and the classification in this formulary are specific for use within the Regional Primary Care sites.



Honourable Diane Thom

Minister, Health and Social Services

FEB 25 2020

Date

Contents

FORMULARY INFORMATION	1
RECOMMENDED RESOURCES	2
HIGH-ALERT MEDICATIONS IN THE REGIONAL PRIMARY CARE FORMULARY	5
STORAGE OF MEDICATIONS	6
MEDICATION.....	7
VACCINES & TOXOIDS.....	33
APPENDIX A: ABBREVIATIONS	35
APPENDIX B: RECOMMENDED EMERGENCY CART SUPPLIES	37
APPENDIX C: FACILITY STANDARDS REGULATIONS	39
APPENDIX D: NURSING PROFESSION ACT.....	40
APPENDIX E: RNANT/NU BYLAW 20	41
APPENDIX F: CONTAINER LABELING	42
APPENDIX G: NWT FORMULARY DECISION TREE	43
APPENDIX H: ANAPHYLAXIS PROTOCOL	44
APPENDIX I: NALOXONE PROTOCOL.....	45
APPENDIX J: REQUEST FOR ADDITION/DELETION/CHANGE.....	46
APPENDIX K: PHARMACEUTICAL AGENT STOCK LIST	48
INDEX.....	55
REFERENCES.....	57

This page left intentionally blank

Formulary Information

Formulary in Effect

The pharmaceutical agents listed for use and the classification in this formulary are specific for use in the Regional Primary Care sites in the Northwest Territories (NWT) – including Inuvik, Hay River, Fort Smith and Yellowknife Primary Care sites. Within these Primary Care sites the formulary can be utilized by Community Health Nurses – Primary Care, Nurse Practitioners and Physicians as per the formulary category codes.

Foreword

The Northwest Territories Primary Care Services formulary represents a review by the NTHSSA Pharmacy and Therapeutics (P&T) Committee comprised of Territorial Managers, the Director of Health Services, pharmacists and family physicians. All pharmaceutical agents were carefully reviewed to ensure they have met current evidence-based clinical practice guidelines for usage.

Acknowledgements

We gratefully acknowledge the contributions made by the following individuals in creating the Northwest Territories Primary Care Formulary:

Northwest Territories Pharmacy and Therapeutics Committee

Chris Bessey BSP (Chair) • Mark Bleakney • Candis Carleton BSP • Edith Lee Pharm.D.,P.E.B.C. • Shirley Johnson • Joanne Engram • Lisa Rayner • Christina Carter • Keith Carter • Victoria Savage • Rebecca Nash • Dr. David Urquart • Rafiq Salehmohamed

Consultants

Dr. Katherine Kohle • Jenna Long

Authority of Formulary

Regional Primary Care sites may only stock the pharmaceutical agents listed in this formulary. In accordance with the Hospital and Health Centre Facility Standard Regulations (R.R.N.W.T. R-036-2005) no other pharmaceutical agents may be stocked unless written authorization exists from the Minister of Health and Social Services. This does not include patient-specific pharmaceutical agents ordered by prescription.

Recommended Resources

The NTHSSA Pharmacy and Therapeutics Committee thoroughly reviewed the following resources and recommends them for clinical use in the NWT:

AcoRN:Acute Care of at-Risk Newborns (2012)

Available through: <https://bookstore.cps.ca/stock/details/acorn-acute-care-of-at-risk-newborns-2012-update>

Bugs and Drugs (2017)

Available online at: <http://www.bugsanddrugs.ca/> or <http://bugsanddrugs.org/>

Canadian Pharmacists Association RxTx (subscription cost)

Available through: <http://www.pharmacists.ca/products-services/>

NWT Clinical Practice Guidelines for Primary Community Care Nursing

Available at http://www.hss.gov.nt.ca/sites/default/files/clinicalpractice_guidelines.pdf

Ottawa Hospital Parental Drug Therapy Manual, 38th Edition, The Ottawa Hospital (2017)

Available annually for purchase from the Ottawa Hospital

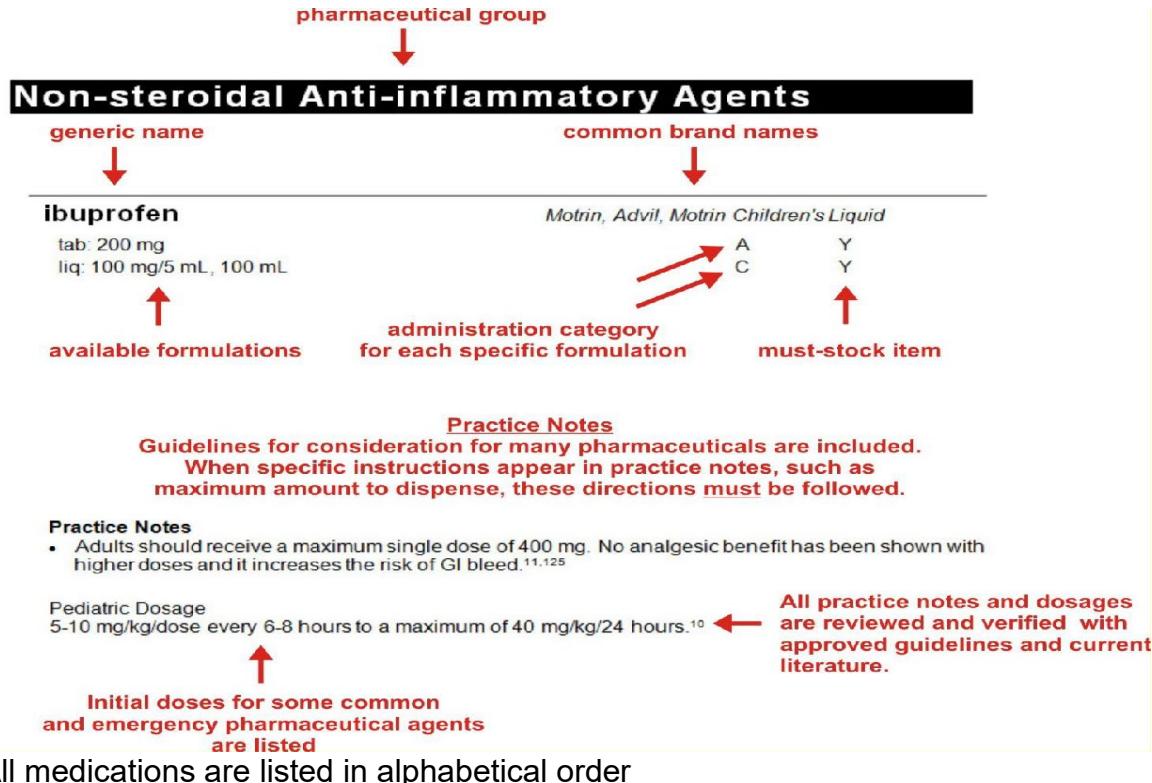
Taketomo, C. (2018-2019). Pediatric and Neonatal Dosage Handbook (25th Edition)

Available through: <http://webstore.lexi.com/Store/Pharmacology-Books/Pediatric-Dosage-Handbook>

Up to Date

Available through: <https://www.uptodate.com/contents/search>

Using the Formulary



Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Category Codes

A: RN Initiated

The pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient, consider limiting to three (3) dispensed doses²⁸, followed by obtaining of a prescription for the remaining doses. There is no limitation on the duration of treatment unless otherwise specified.

B: Physician/NP initiated

The pharmaceutical agent may be dispensed based on consultation with a physician or nurse practitioner. The duration and frequency is to be specified by the physician or nurse practitioner.

C: RN One Course

The pharmaceutical agent may be dispensed for one course of treatment based on the registered nurse's assessment of the patient. A course:

- is defined as a single dose or successive doses of a medication in which that specific pharmaceutical agent is expected to produce therapeutic effects.
- is to be determined through consultation of an appropriate approved reference.
- consider dispensing the amount of medication required until remainder of the course is available at a retail pharmacy and does not exceed (3) days without consulting a physician or nurse practitioner²⁸.
- If the condition does not resolve, the registered nurse shall consult a physician or nurse practitioner. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required

D: RN One Dose

A single dose of the pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required.

High-Alert Medications in the Regional Primary Care Formulary

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors and minimize harm. This may include strategies like providing mandatory patient education; improving access to information about these drugs; using auxiliary labels and automated alerts; employing automated independent double checks when necessary; and understanding the prescribing, storage, dispensing and administration of these products.

Classes/Categories of Medications	Specific Medications in this Formulary
Adrenergic agonists, IV	Epinephrine
Pregnancy Category X	Live vaccines Misoprostol Ulipristal

This list is provided in accordance with the 2017 Required Organizational Practice as set out by Accreditation Canada. The Institute for Safe Medication Practices (ISMP) High Alert Medication Lists formed the basis for this list, which has been established specific to the Northwest Territories Primary Care Formulary.

Storage of Medications^{28, 29}

- Medications are to be arranged in alphabetical order based on generic name
- Each dosage form of a medication is arranged in separate and distinct areas by route (e.g. oral, parenteral)
- Sufficient empty space should demarcate one medication dose from another
- Most recently received medications are placed behind old stock on the shelf, except where new medications have shorter expiration dates
- High alert medications are stored in red bins

Drug/Form	Brand Name	Category	Must Stock
Medication			
acetaminophen	<i>Tylenol, Tempra, Abenol</i>		
susp: 80 mg/mL, 24 mL		C	Y
tab: 325 mg		A	Y

Practice Notes

- Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children.
- Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies).

Dosage

- Pediatric dose: 10-15 mg/kg/dose to a maximum of 65 mg/kg/24 hours.¹

Drug/Form	Brand Name	Category	Must Stock
acetylsalicylic acid	<i>Aspirin</i>		
tab: 80 mg chewable		A	Y

Practice Notes

- This formulation is stocked for use as an antiplatelet agent in the management of actual or suspected myocardial infarction.
- ASA should not be used in children, teenagers or young adults with chickenpox, influenza, or flu-like illness due to the risk of Reye's syndrome.²

aluminum-magnesium hydroxides	<i>Diovol, Almagel</i>		
liq: 350 mL		A	N

Practice Notes

- A GI cocktail made with lidocaine viscous and an antacid ("Pink Lady") is no more effective at relieving dyspepsia than a plain liquid antacid alone.
- A "Pink Lady" should never be used as a diagnostic tool to rule out myocardial infarction³.
- "Pink Lady" recipe – 10 mL lidocaine viscous 2% + 20 mL aluminum-magnesium hydroxides

Drug/Form	Brand Name	Category	Must Stock
amoxicillin	<i>Amoxil</i>		
susp: 250mg/5mL, 100 mL		C	Y
cap: 500 mg		A	Y

amoxicillin/ clavulanic acid	<i>Clavulin</i>		
susp: 250 mg/5 mL, 100 mL		C	Y
tab: 875 mg/125 mg		C	Y
tab: 250 mg/125 mg		C	Y

Practice Notes

- Dosing based on amoxicillin component; dose and frequency is product specific; 4:1 and 7:1 formulations are not interchangeable. Do not exceed a total of 125 mg of clavulanic acid per dose.

Drug/Form	Brand Name	Category	Must Stock
azithromycin	<i>Zithromax</i>		
tab: 250 mg		B/C	Y

Practice Notes

- May be administered as Category C for treatment of suspected or confirmed sexually transmitted infection. All other indications require are category B.

betamethasone valerate	<i>Betaderm</i>		
cream: 0.1%, 15 g		C	N
ung: 0.1%, 15 g		C	N

Practice Notes

- Use with caution on face/skin folds due to increased risk of skin atrophy. Consider a lower potency topical steroid (hydrocortisone) for these treatment locations.
- Betamethasone is not to be used on the face without an order and consultation with a physician or nurse practitioner due to the risk of increased systemic absorption and skin atrophy.⁴

Drug/Form	Brand Name	Category	Must Stock
ceftriaxone	<i>Rocephin</i>		
inj: 250mg		B/C	Y

Practice Notes

- Category C for treatment of gonorrhea in adults and youth 9 years of age or older.
- Positive NAAT, or contact with positive partner or symptomatic and at risk
- Category B for all other indications

cephalexin	<i>Keflex</i>		
susp: 250 mg/5 mL, 100 mL		C	Y
tab: 500 mg		A	Y

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Drug/Form	Brand Name	Category	Must Stock
clotrimazole	<i>Canesten CombiPack, Canesten</i>		
vaginal ovules/cream: 200 mg/1%, 3 days, 3 day pack		C	N

cyclobenzaprine	<i>Flexeril</i>		
tab: 10 mg		A	N

Practice Notes

- A maximum 5-day course may be dispensed.
- May impair physical and mental abilities through CNS depression. Patients should be cautioned against driving while taking this medication.⁵

Drug/Form	Brand Name	Category	Must Stock
dexamethasone			
inj: 10 mg/mL, 10 mL		B	N

Practice Notes

- IV solution may be given orally mixed in a small quantity of juice.⁶
- PO/IV/IM dosages are equivalent.⁶

diphenhydramine	<i>Benadryl</i>		
inj: 50 mg/mL, 1 mL		C	Y
liq: 1.25mg/mL, 100 mL		A	Y
tab: 25 mg		A	Y

Practice Notes

- Children may experience paradoxical CNS excitation.⁸
- Use of this medication should be avoided in frail and or older adults.⁷
- Refer to Appendix H for use in anaphylaxis.

Drug/Form	Brand Name	Category	Must Stock
doxycycline	<i>Vibramycin, Apprilon</i>		
cap: 100 mg		C	Y

Practice Notes

- Avoid use in pregnancy and in children under the age of 8.

epinephrine	<i>Adrenalin</i>		
inj: 1 mg/mL (1:1000), 1 mL		D	Y
PLS: 0.3 mg/0.3 mL	<i>Epipen</i>	D	Y
PLS: 0.15 mg/0.3 mL	<i>Epipen Jr.</i>	D	Y

Practice Notes

- For patients less than 14.5 kg, use the 1 mg/mL (1:1000) ampules.
- For patients greater than 14.5 kg and less than 30 kg, use the 0.15 mg/0.3 mL pre-loaded syringe.³⁰
 - All other patients should receive the 0.3 mg/0.3 mL pre-loaded syringe.
- See [Appendix H: Anaphylaxis Protocol for all dosing](#)

Drug/Form	Brand Name	Category	Must Stock
estrogen 30 mcg or more, monophasic	(combined oral contraceptives) Min-Ovral, Portia		
tab: levonorgestrel 150 mcg & ethinyl estradiol 30 mcg		A	Y

Practice Notes

- Initial course may be given from Primary Care stock. For further courses obtain a prescription.

estrogen under 30 mcg, monophasic	(combined oral contraceptives) Alesse, Aviane		
tab: levonorgestrel 100 mcg & ethinyl estradiol 20 mcg		A	Y

Practice Notes

- Initial course maybe given from Primary Care stock. For further courses obtain a prescription

Drug/Form	Brand Name	Category	Must Stock
glucose gel	<i>Insta-Glucose, Dex-4</i>		
tube: 31 g		D	Y

Practice Notes

- Single-patient use tubes of glucose gel will vary slightly in size depending on manufacturer (15 - 31g).

hydrocortisone	<i>Cortate, Hyderm</i>		
cream: 1%, 15 g tube		C	N
ung: 1%, 15 g tube		C	N

Drug/Form	Brand Name	Category	Must Stock
ibuprofen	<i>Motrin, Advil, Motrin Children's Liquid</i>		
tab: 200 mg		A	Y
liq: 100 mg/5 mL, 100 mL		C	Y

Practice Notes

- Adults should receive a maximum single dose of 400 mg. No analgesic benefit has been shown with higher doses and it increases the risk of GI bleed.¹⁰
- Increased risk of GI Bleed, CAD or CVA.
- Use with caution in patients with actual or risk of renal impairment.
- Use of this medication should be avoided in frail and/or older adults.
- Pediatric Dosage: 5-10 mg/kg/dose every 6 -8 hours.

MAXIMUM DOSE: 40 mg/kg/24 hours.¹¹

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Drug/Form	Brand Name	Category	Must Stock
intrauterine copper contraceptive			
IUD, each		*B	Y

Practice Notes

- *May be stocked in Primary Care Clinic for physician or nurse practitioner to insert but where possible should be obtained for the patient on prescription

Drug/Form	Brand Name	Category	Must Stock
lidocaine	<i>Xylocaine</i>		
inj: 1%, 5 mL		C	Y
inj: 2%, 5 mL		C	Y
inj: 2%, 20 mL		*B	Y

Practice Notes

- For infection control, single-use vials are recommended.
- * Nurse practitioner and physician only – to be used as appropriate for procedural purposes.

lidocaine with epinephrine	<i>Xylocaine with EPI</i>		
inj: 2%, epinephrine 0.1mg/mL, 20 mL		C	Y

Practice Notes

- For infection control, single-use vials are recommended.
- Do not use lidocaine with epinephrine in digits or appendages (fingers, toes, penis, ears, nose) as vasoconstriction may compromise blood supply.¹²

Drug/Form	Brand Name	Category	Must Stock
lidocaine, viscous	<i>Xylocaine, Lidodan Viscous</i>		
liq: 2%, 50 mL		A	N

Practice Notes

- A GI cocktail made with viscous lidocaine and an antacid ("Pink Lady") is no more effective at relieving dyspepsia than a plain liquid antacid alone.³
- A "Pink Lady" should never be used as a diagnostic tool to rule out myocardial infarction.³

medroxyprogesterone	<i>Depo-Provera</i>		
inj: 150 mg/mL, 1 mL		A	Y

Practice Notes

- Initial dose may be given from Primary Care stock, for subsequent doses obtain a prescription

Drug/Form	Brand Name	Category	Must Stock
MDI Spacer Device	<i>Aerochamber, OptiChamber</i>		
delivery device, adult without mask		A	Y
delivery device, child with mask		A	Y
delivery device, neonate with mask		A	Y

Practice Notes

- A spacer should be used by all patients to improve delivery of inhaled medications.
- When proper technique and a spacer device are used, therapy with an inhaler is as effective as nebulized therapy.¹³
- Cardboard spacers should be issued to most patients, except for the following:
 - Neonatal or pediatric patients.
 - Patients unable to source a reusable delivery device before the cardboard spacer wears out.
 - Patients without coverage for a reusable device.

Drug/Form	Brand Name	Category	Must Stock
methylprednisolone acetate suspension	<i>Depo-Medrol</i>		
inj: 40 mg/mL; 1, 2, or 5 mL vial		B	Y

Practice Notes

- Not for IV use.
- For injection by physician or nurse practitioner only.

metronidazole	<i>Flagyl</i>		
tab: 250 mg		C	Y

Practice Notes

- Alcohol must be avoided during the course of treatment and for 24 hours post treatment.¹⁴

misoprostol	<i>Cytotec</i>		
tab: 200 mcg		B	Y

Drug/Form	Brand Name	Category	Must Stock
mupirocin	<i>Bactroban, Taro-Mupirocin</i>		
ung: 2%, 15 g		C	Y

Practice Notes

- Mupirocin ointment is not formulated for use on mucosal surfaces. Intranasal use has been associated with isolated reports of stinging and drying.
- If required for use in nose, cream formulation is recommended and can be obtained by prescription.¹⁵
- For the topical treatment of impetigo and/or lesions which are moist and weeping.

naloxone	<i>Narcan</i>		
Nasal Spray: 4mg/0.1mL		C	Y

Practice Notes

- For any patient with a decreased level of consciousness consider the administration of the following based on assessment:¹⁶
 - Opiate Overdose for patients 2 years of age and older
 - [Refer to Appendix I: Naloxone Protocol](#)

Drug/Form	Brand Name	Category	Must Stock
nitrofurantoin	<i>Macrodantin</i>		
tab: 100 mg		C	Y

Practice Notes

- Use of this medication should be avoided in frail and/or older adults.
- Use of this medication is contraindicated in patients with compromised renal function.
- CrCl < 40 mL/min

nitroglycerin	<i>Nitrolingual spray</i>		
spray: 0.4 mg/dose, 200 doses		C	Y

Practice Notes

- Do not use within 24 hours of sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) as profound hypotension may occur.
- One course is 1 spray at five minute intervals up to a maximum of 3 sprays.

Drug/Form	Brand Name	Category	Must Stock
nystatin	<i>Mycostatin</i>		
susp: 100,000 units/mL, 24 mL		C	Y

ondansetron	<i>Zofran</i>		
wafer: 4 mg		B/D	Y

Practice Notes

- Ondansetron is approved as a category D pharmaceutical for use in patients 15 kg and above for vomiting associated with gastroenteritis to facilitate administration of oral rehydration therapy.¹⁷
- All other uses require an order from a physician or nurse practitioner.
- Use with caution in pregnancy, avoid first trimester use.¹⁸

Drug/Form	Brand Name	Category	Must Stock
penicillin G benzathine	<i>Bicillin LA</i>		
inj: 600,000 units/mL, 2 mL		B	Y

Practice Notes

- Product is available through Stanton and Inuvik Hospital pharmacies.
- Product must be refrigerated.

penicillin V	<i>Pen V, Pen Vee</i>		
tab: 300 mg		C	Y

Practice Notes

- Penicillin is the drug of choice for streptococcal pharyngitis.
- Although cephalosporins are effective, they are very broad spectrum and should not replace penicillin as the drug of choice.¹⁹

Drug/Form	Brand Name	Category	Must Stock
permethrin	<i>Nix, Kwellada-P Creme Rinse</i>		
cream rinse: 1%, 59 mL		A	Y

Practice Notes

- For use in treatment of pediculosis (lice).
- Safe for use in infants 2 months and older.
- There is no evidence of risk during pregnancy and lactation.²⁰
- For effective lice removal, lice-comb must be used.
- Always re-examine patient to evaluate for repeat treatment in 7 - 10 days.²⁰
- Nonpharmacologic Adjunct for Head Lice - Wet Combing Technique

When performing wet combing, a lubricant such as a commercially available hair conditioner is used to wet the hair prior to the following procedure, which is also utilized for the dry combing method:

- The hair should be brushed or combed to remove tangles.
- The fine toothed comb is inserted near the crown until it gently touches the scalp, after which it is drawn firmly down and examined for lice after each stroke.
- The entire head should be combed systematically at least twice.
- Nonpharmacologic Therapies for Head Lice
 - Wrap hair in a vinegar-soaked towel for 30-60 minutes.
 - Cetaphil, hair styling gels, mayonnaise, petroleum jelly and tea tree oil

Drug/Form	Brand Name	Category	Must Stock
have all demonstrated some efficacy in treating head lice, but it is all anecdotal.			
<ul style="list-style-type: none"> Control of transmission:²⁰ <ul style="list-style-type: none"> Clothing, linens, stuffed animals, etc. should be machine washed with hot water or dry cleaned. Alternatively, items can be sealed in a plastic bag for 2 weeks or frozen. Combs and brushes should be soaked in a disinfectant solution. Treat all household contacts. 			

Drug/Form	Brand Name	Category	Must Stock
permethrin	<i>Kwellada-P Lotion, Nix Dermal Cream</i>		
topical cream: 5%, 30 g		A	Y

Practice Notes

- For use in treatment of scabies.
- Safe for use in infants 2 months and older.
- The safety of this pharmaceutical during pregnancy and lactation has not been established, however there is no evidence of risk.²⁰
- Ask patient to repeat treatment in 7 -10 days if not resolved.²⁰
- Control of transmission:²⁰
 - Clothing, linens, stuffed animals, etc. should be machine washed with hot water or dry cleaned.
 - Alternatively, items can be sealed in a plastic bag for 2 weeks or frozen.
 - Combs and brushes should be soaked in a disinfectant solution.
 - Treat all household contacts.

Drug/Form	Brand Name	Category	Must Stock
polymyxin B/bacitracin	<i>Polysporin, Polyderm</i>		
ung: 15 g		A	N

salbutamol	<i>Ventolin</i>		
MDI: 100 mcg/puff, 200 doses		C	Y

sodium chloride for irrigation, 0.9 %			
bottle: 0.9%, 500 mL		A	Y

Practice Notes

- Primary Care may stock 500 mL and/or 1000 mL bottles.

Drug/Form	Brand Name	Category	Must Stock
sodium fluorescein drops	<i>Fluoristrips</i>		
drops: 2%, 0.3 mL minimum		B	Y

sterile water for injection	<i>SWI</i>		
inj: 10 mL		A	Y

sulfamethoxazole/ trimethoprim	<i>Co- Trimoxazole, Septra, Septra DS</i>		
tab: 800/160 mg		C	Y

Practice Notes

- Do not use in infants less than 2 months of age, or in pregnant women unless risks outweigh the benefits, since folic acid metabolism may be affected.²²

Drug/Form	Brand Name	Category	Must Stock
tetracaine	<i>Ametop</i>		
drops: 0.5%, minim		A	Y

ulipristal	<i>Ella</i>		
tab: 30 mg		A	Y

Practice Notes

- Emergency contraception is more effective the sooner it is taken, but has been shown to be effective if administered up to 120 hours (5 days) after unprotected intercourse.

Vaccines & Toxoids

Regional Primary Care Centers must stock the following vaccines:

- All vaccines listed on the current NWT Immunization Schedule as determined by the Chief Public Health Officer, and as amended from time-to-time (available at <http://www.hss.gov.nt.ca/health/immunization-and-vaccines/nwt-immunization-schedule>)
- Seasonal influenza vaccine during the periods specified by the Office of the Chief Public Health Officer
- Rabies Vaccine
- Tuberculin Purified Protein Derivative (PPD) (Mantoux)

Respiratory Syncytial Virus

- Respiratory syncytial virus monoclonal antibody (palivizumab) may only be given by order of a pediatrician and should not otherwise be routinely stocked.

Other Vaccines

The following vaccines are not listed under the routine immunization schedule; they can only be stocked in community health and public health centres and administered to appropriate individuals.

- Hepatitis A
- Cholera Vaccine
- Japanese Encephalitis
- Typhoid Vaccine
- Yellow Fever vaccine (May only be stocked in a facility designated by the Office of the Chief Public Health Officer. As of the date of formulary publication the Yellowknife Public Health Unit is the only facility with this designation.)

Immunizations required for travel or work in endemic countries are not considered an insured service and most authorities charge patients for these vaccines.

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

As brands and combinations of available vaccine products vary, the vaccine components are must - stock items rather than specific brands or formulations.

Refer to the latest version of the Canadian Immunization Guide for a listing of the approved immunizing agents available in Canada available at:

<http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

Appendix A: Abbreviations

Abbreviation	Translation
amp	ampoule
bid	twice daily
cap	capsule
CNS	central nervous system
EENT	eyes, ears, nose, throat
g	gram
h	hour
inj	injection
IV	intravenous
L	litre
liq	liquid
mcg	microgram
MDI	metered dose inhaler
mEq	milliequivalent
mg	milligram
mL	millilitre
mmol	millimoles
NIHB	Non-Insured Health Benefits
NP	Nurse Practitioner

NPO	Nothing to eat or drink
NS	normal saline
PLS	pre-loaded syringe
PO	by mouth
PR	by rectum
PRN	as needed
q[]h	every [] hours
SL	sublingual
sol	solution
supp	suppository
susp	suspension
tab	tablet
tid	three times daily
ung	ointment

Appendix B: Recommended Emergency Cart Supplies

AED

O2 Tank with wrench and gauge

Oxygen tubing

Suction device

Suction tubing

Yankauer suction catheter

Oral airways (00, 4, 6, 8, 10, 11, 12)

Anaphylaxis kit:

- Epinephrine 1 mg/mL (1:1000) x 1 ampule
- Epipen 0.3mg/0.3 mL
- Epipen Jr. 0.15mg/0.3 mL
- Diphenhydramine 50 mg/mL, 1 mL

ASA 80 mg chewable tablets [2]

Naloxone nasal spray 4mg/0.1mL

Nitroglycerin spray 0.4mg/dose, 200 doses

Adult & Peds bag-valve mask & tubing

Adult & Peds non-rebreather mask

Adult & Infant nasal prongs

Miscellaneous Items to consider

O2 Saturation monitor

Appendix C: Facility Standards Regulations

HOSPITAL INSURANCE AND HEALTH AND SOCIAL SERVICES ADMINISTRATION ACT

HOSPITAL AND HEALTH CARE FACILITY STANDARDS REGULATIONS R-036-2005

42. (2) Medical and professional staff and other hospital personnel who dispense drugs in a hospital or health care facility shall do so in accordance with a formulary approved by the Minister or other directions provided in writing by the Minister.

Appendix D: Nursing Profession Act ²⁹

NURSING PROFESSION ACT

S.N.W.T 2003, c. 15

In force January 1, 2004

SI-0042003

INCLUDING AMENDMENTS MADE BY

S.N.W.T. 2006, c. 24 In Force April 2, 2007 Si-001-2007

2. (1) A registered nurse is entitled to apply nursing knowledge skills and judgment
(g) to dispense, compound and package drugs where the bylaws so permit.

Appendix E: RNANT/NU Bylaw 20^{23 25 26 27}

Registered Nurses Association of the Northwest Territories and Nunavut

BYLAW 20: DISPENSING, COMPOUNDING AND PACKAGING DRUGS

Date Initiated: March 30, 2007

Approved by Board of Directors: March 23, 2007 Ratified by Membership: May 8, 2008

Recommended by Minister, Health and Social Services: March 30, 2007

Section 1

- 1) A registered nurse may dispense, compound or package drugs
 - (a) in accordance with employer policies and guidelines;
 - (b) on the instruction of a pharmacist, nurse practitioner, midwife, physician, dentist or veterinarian; or
 - (c) from a formulary of stocked drugs in accordance with employer policies and guidelines.
- 2) A registered nurse must have the specific knowledge, skills and judgment to dispense, compound or package the drug safely, effectively and ethically in accordance with the requirements of the policy and standards of practice.

Section 2

- 1) A registered nurse shall dispense, compound or package drugs in the interests of patient care.
- 2) A registered nurse shall not derive personal or commercial monetary gain from the dispensing, compounding or packaging of drugs other than employment remuneration.
 - (i) A registered nurse shall not sell drugs by retail.
 - (ii) A registered nurse may collect a specific fee for a specific drug on behalf of the employer in accordance with employer policy.

Appendix F: Container Labeling²⁹

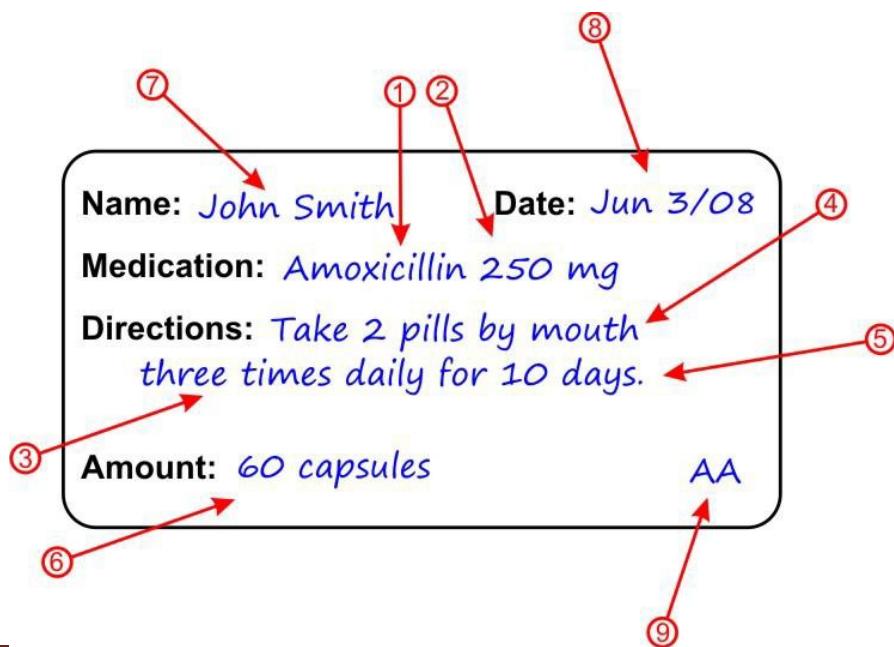
Labeling of Pharmaceutical Agent Containers²⁸

In the primary care setting all pharmaceutical agent containers shall be labeled in a standardized manner according to the Northwest Territories Health and Social Services Authority (NTHSSA) policy²⁹, applicable laws and regulations, and standards of practice.

Labels shall include the following information:

1. Manufacturer's pharmaceutical agent name
2. Strength
3. Frequency
4. Route
5. Duration
6. Amount dispensed
7. Client's name
8. Date dispensed
9. The initials of the registered nurse dispensing the pharmaceutical agent

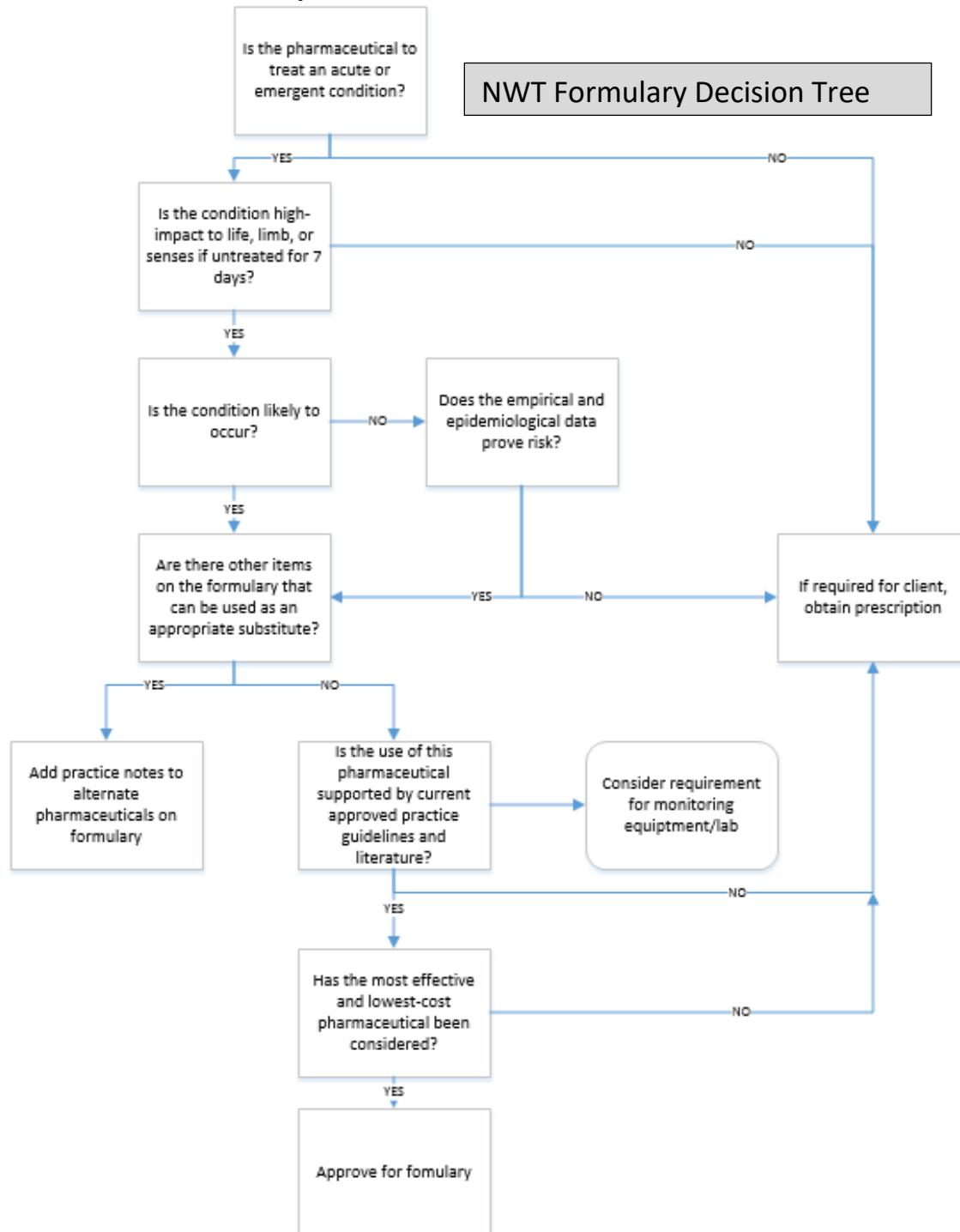
Every effort shall be made to affix the completed label directly to the pharmaceutical agent container.



Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Appendix G: NWT Formulary Decision Tree

To guide a consistent approach to determining necessary and appropriate pharmaceutical items the P&T Committee adopted the following decision tree tool in the review of this formulary



Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Appendix H: Anaphylaxis Protocol ^{8, 9, 32}

When in doubt give epinephrine			
There are no absolute contraindications to giving epinephrine for anaphylaxis			
Give dose intramuscularly into anterolateral thigh			
Call physician			
May repeat every 5-15 minutes			
Always give epinephrine before diphenhydramine			
EPINEPHRINE 1 mg/mL (1:1000) – Intramuscular dosing See <u>parenteral manual for routes other than IM</u>			
Age	Weight	Dose by injection (ampules)	Dose by autoinjector (EpiPen)
0 - 6 months	Up to 9 kg (20 pounds)	0.01 mg/kg body weight	Not applicable
7 - 36 months	9 - 14.5 kg (20 - 32 lb)	0.1 - 0.2 mg	Not applicable
37 - 59 months	15 - 17.5 kg (33 - 39 lb)	0.15 - 0.3 mg	Junior dose of 0.15 mg
5 - 7 years	18 - 25.5 kg (40 - 56 lb)	0.2 - 0.3 mg	Junior dose of 0.15 mg
8 - 12 years	26 - 45 kg (57 - 99 lb)	0.3 mg	If, less than 30 kg (66 lbs) give junior dose If 30 kg or more: give standard dose
13 years and older	46 + kg (100 + lb)	0.5 mg	Standard dose of 0.3mg
DIPHENHYDRAMINE 50 mg/mL – Intramuscular dosing			
12-23 months	7-12 kg (15-25 lbs)	6.25 - 12.5 mg	
2 to 4 years	12-25 kg (25-55 lbs)	12.5 - 25 mg	
5 to 11 years	25-45 kg (55-99 lbs)	25 - 50 mg	
12 years and older	45 kg + (99 lbs or more)	50 mg	

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Appendix I: NALOXONE PROTOCOL

NALOXONE PROTOCOL – INTRANASAL³¹

For patients 2 years of age and older

Remove nasal spray from packaging

Give 4 mg (1 spray) intranasal

Call physician

Repeat dose after 2-3 min (if product available) if needed –
use alternate nostril for repeat dose

Monitor patient closely – naloxone has ~ 20 min duration

Appendix J: Request for Addition/Deletion/Change

Formulary Request Form for Addition/Deletion/Change	
Request for: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	Date of Request:
Pharmaceutical Agent Generic Name:	
Pharmaceutical Agent Trade Name(s):	
Strength (include units):	Formulation (inj/susp/ung/etc.):
Usual dose and duration:	
Unit cost:	
Recommended Health Centre Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
Comparable pharmaceutical agents currently on formulary:	
Will this pharmaceutical agent replace an existing item on the formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Substantiation of request/notes: (Please include anticipated annual usage and any funding implications associated with the request)	

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

<p><i>Please include research literature or other current practice references where appropriate to support request.</i></p>	
Requested By:	Phone:
E-mail:	Fax:

For NTHSSA Formulary requests: submit to NTHSSA_PT_Formulary@gov.nt.ca

Removal of Non-Formulary Drugs from Regional Primary Care Sites:

Pharmaceutical items that are in regional primary care sites that are not listed within this formulary may not be dispensed once the new formulary comes into effect. These items shall be disposed of in accordance with your Health Authority's policy or returned to your local/regional pharmacy where applicable.

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Appendix K: Pharmaceutical Agent Stock List

Must Stock Items		
Drug Name, Generic	Formulation	Minimum Stock
Acetaminophen	325 mg	100 tabs
Acetaminophen	80mg/mL	2 bottles
Acetylsalicylic acid (ASA)	80 mg chewable	8 tabs
Amoxicillin	500 mg	200 caps
Amoxicillin	250 mg/5 mL, 100 mL	3 bottles
Amoxicillin/clavulanic acid	200 mg/28.5 mg per 5 mL, 70 mL	3 bottles
Amoxicillin/clavulanic acid	875 mg/125 mg	28 tabs
Amoxicillin/clavulanic acid	250 mg/125 mg	42 tabs
Azithromycin	250 mg	16 tabs
Ceftriaxone	250 mg	2 vials
Cephalexin	500 mg	56 tabs
Cephalexin	250 mg/5 mL, 100 mL	3 bottles

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Diphenhydramine	50 mg/mL, 1 mL	2 vials
Diphenhydramine	25 mg	56 tabs
Diphenhydramine	1.25mg/mL 100mls	2 bottles
Doxycycline	100 mg	28 caps
Epinephrine ampule	1 mg/mL (1:1000)	2 ampules
Epinephrine - Epipen	0.3mg/0.3 mL	2 pens
Epinephrine – Epipen Jr.	0.15mg/0.3 mL	2 pens
Estrogen under 30 mcg, monophasic (combined oral contraceptive)	levonorgestrel 100 mcg & ethinyl estradiol 20 mcg	21 tabs
Estrogen 30 mcg or more, monophasic (combined oral contraceptive)	levonorgestrel 150 mcg/ethinyl estradiol 30 mcg	21 tabs
Ibuprofen	200 mg	100 tabs
Ibuprofen	100 mg/5 mL, 100 mL	2 bottles
Intrauterine copper contraceptive	Each	2
Lidocaine	1%, 5 mL	2 vials

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Lidocaine	2%, 5 mL	2 vials
Lidocaine	2%, 20 mL	2 vials
Lidocaine with epinephrine	1%/1:100 000, 20 mL	2 vials
MDI spacer device	Cardboard spacer	2
MDI spacer device	Adult with mask	2
MDI spacer device	Child with mask	2
MDI spacer device	Neonatal with mask	2

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Must Stock Items		
Drug Name, Generic	Formulation	Minimum Stock
Metronidazole	250 mg	42 tabs
Misoprostol	200 mcg	4 tabs
Mupirocin	2%, 15 g	2 tubes
Naloxone (Narcan) nasal spray	4mg/0.1ml nasal spray	2 bottle
Nitrofurantoin	100 mg	28 tabs
Nitroglycerin	0.4 mg/dose, 200 doses spray	2 bottles
Nystatin	100,000 units/ mL	2 bottles
Ondansetron	4 mg	8 wafers
Penicillin G benzathine	600 000 units/mL, 2 mL	4 vials
Penicillin V	300 mg	100 tabs
Permethrin	1%, 59 mL	2 tubes
Permethrin	5%, 30 g	2 tubes
Salbutamol	100 mcg/puff, 200 puff	2 MDI
Sodium Chloride 0.9%	0.9%, 500 mL	3 bottles

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Sodium Chloride 0.9%	0.9%, 1000 mL	3 bottles
Sodium fluorescein drops	2%, 0.3 mL minimum	10 minimum
Sterile water for injection	10 mL	10 minimum
Sulfamethoxazole/trimethoprim	800/160 mg	56 tabs
Tetracaine	0.5% minim	2 bottles
Ulipristal acetate	30 mg	6 tabs

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

Optional Stock Items		
Drug Name, Generic	Formulation	Stock Units
Aluminum-magnesium hydroxides	350 mL	1 bottle
Betamethasone valerate	0.1% 15 g – topical	1 tubes
Betamethasone valerate	0.1% 15 g – ung	1 tubes
Clotrimazole	20 mg/1%, 3 days, 3 day pack	1 pack
Cyclobenzaprine	10mg	tabs
Dexamethasone	10 mg/mL, 10 mL	1 vial
Hydrocortisone	1% 15 g - topical	1 tube
Hydrocortisone	1%, 15 g - ung	1 tube
Lidocaine Viscous	2%, 50 mL	1 bottle
Polymyxin B/bacitracin	15 g	1 tube

Category A: RN initiated B: Physician/NP initiated C: RN One Course D: RN One Dose

THIS PAGE INTENTIONALLY LEFT BLANK

Index

A

Acetaminophen, 7

Acetylsalicylic acid, 8

Aluminum-magnesium hydroxide, 8

Amoxicillin, 10

Amoxicillin/clavulanic acid, 10

Azithromycin, 10

B

Betamethasone valerate, 10

C

Ceftriaxone, 11

Cephalexin, 11

Clotrimazole, 12

Cyclobenzaprine, 12

D

Dexamethasone, 13

Diphenhydramine, 13

Doxycyline, 14

E

Epinephrine, 14

Estrogen 30 mcg or more, monophasic, 15

Estrogen under 30 mcg, monophasic, 15

F

-

G

Glucose gel, 16

H

Hydrocortisone, 16

I

Ibuprofen, 17

Intrauterine copper contraceptive, 17

J

-

K

-

L

Lidocaine, 19

Lidocaine with epinephrine, 19

Lidocaine, viscous, 20

M

Medroxyprogesterone, 20

MDI spacer device, 21

Methylprednisolone acetate suspension, 22

Metronidazole, 22

Misoprostol, 22

Mupirocin, 23

N

Naloxone, 23

Nitrofurantoin, 24

Nitroglycerin, 24

Nystatin, 25

O

Ondansetron, 25

P

Penicillin G benzathine, 26

Penicillin V, 26

Permethrin, 27, 28

Polymyxin B/bacitracin, 30

Q

-

R

-

S

Salbutamol, 30

Sodium chloride for irrigation, 0.9%, 30

Sodium fluorescein drops, 31

Sterile water for injection, 31

Sulfamethoxazole/trimethoprim, 31

T

Tetracaine, 32

U

Ulipristal, 32

V

-

W

-

X

-

Y

-

Z

-

References

1. Acetaminophen. (2013). In Compendium of Pharmaceuticals and Specialties. Retrieved Oct 21, 2013 from the e-CPS database at <http://www.e-therapeutics.ca>
2. Acetylsalicylic acid. (2013). In Compendium of Pharmaceuticals and Specialties. Retrieved Oct 21, 2013 from the e-CPS database at <http://www.e-therapeutics.ca>
3. Reeder, G.S. et al. (2015). Initial evaluation and management of suspected acute coronary syndrome in the emergency department. Retrieved from: http://www.uptodate.com/contents/initial-evaluation-and-management-of-suspected-acute-coronary-syndrome-myocardial-infarction-unstable-angina-in-the-emergency-department?source=search_result&search=pink+lady&selectedTitle
4. Corticosteroids: Topical. (2015). In Compendium of Pharmaceuticals and Specialties. Retrieved August 10, 2012 from the e-CPS database at <http://www.e-therapeutics.ca>
5. Cyclobenzaprine. (2013). In Compendium of Pharmaceuticals and Specialties. Retrieved Oct 23, 2013 from the e-CPS database at <http://www.e-therapeutics.ca>
6. Woods, C.R. (2015). Croup: Pharmacologic and supportive interventions. Retrieved from: http://www.uptodate.com/contents/crouppharmacologicandsupportiveinterventions?topicKey=PEDS%2F6008&elapsedTimeMs=8&source=search_result&searchTerm=can+intravenous+dexamethasone+be+given+orally&selectedTitle=6%7E150&view=print&displayedView=full#
7. American Geriatrics Society (2015) Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/jgs.13702/pdf>
8. Diphenhydramine (systemic): Pediatric drug information. Retrieved from: http://www.uptodate.com/contents/diphenhydramine-systemic-pediatric-druginformation?source=search_result&search=paroxysmal+excitation+with+diphenhydramine&selectedTitle=2%7E150
9. STHA 2007 memo: Racemic Epinephrine. PDF
10. Nonsteroidal Anti-inflammatory Drugs (2014). Retrieved from: <https://www.etherapeutics.ca/print/new/documents/MONOGRAPH/en/m702535>
11. Hauer, J. et al. (2015) Evaluation and management of pain in children. Retrieved from: <http://www.uptodate.com/contents/evaluation-and-management-of-pain->

http://www.uptodate.com/contents/infiltrationoflocalanesthetics?source=search_result&search=pediatric+weight+based+dosing+of+analogics&selectedTitle=1~150

12. Hsu, D.C. (2015). Infiltration of local anesthetics. Retrieved from: http://www.uptodate.com/contents/infiltrationoflocalanesthetics?source=search_result&search=lidocaine+with+epinephrine+and+appendages&selectedTitle=3~150
13. Cates, C.J., Welsh E.J., Rowe, B.H. (2013). Holding Chambers (spacers) versus nebulizers for beta-agonist treatment of acute asthma. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000052.pub3/abstract>
14. Metronidazole. Retrieved from: http://www.uptodate.com/contents/metronidazole-systemic-druginformation?source=search_result&search=metronidazole&selectedTitle=1~148
15. Mupirocin (2014). Retrieved from: <http://www.etherapeutics.ca/print/new/documents/MONOGRAPH/en/m703101>
16. Bédard M., Massicotte A. & Gregoire N. (2013). Ottawa Hospital Parenteral Drug Therapy Manual (34th ed.). Ottawa: The Ottawa Hospital
17. Joubert, G.I. (2014). Dehydration in children. Retrieved from: <https://www.etherapeutics.ca/print/new/documents/CHAPTER/en/c0083>
18. Briggs, G. G. & Freeman, R. K. (2015). Drugs in Pregnancy and Lactation, 10th Edition. P. 1027. PDF
19. Steer A.C (2014). Streptococcal sore throat. Retrieved from <https://www.etherapeutics.ca/print/new/documents/CHAPTER/en/c0089>
20. Knowles, S. and Shear, N. H. (2015). Scabies and lice. Retrieved from: <http://www.etherapeutics.ca/print/new/documents/CHAPTER/en/c0071>
21. Kamin, W. et al. (2013) Inhalation solutions – which ones may be mixed? Physico-chemical compatibility of drug solutions in nebulizers – update 2013. Retrieved from: http://ac.els-cdn.com/S1569199313001562/1-s2.0-S1569199313001562-main.pdf?_tid=5e37af72-c6b311e5a0060000aacb35d&acdnat=1454091118_6edcd31ce3ecf8a6b5c80a5927334e21
22. Trimethoprim-sulfamethoxazole. Retrieved from http://www.uptodate.com/contents/trimethoprimssulfamethoxazole-co-trimoxazole-pediatricdruginformation?source=search_result&search=sulfamethoxazole+trimethoprim&selectedTitle=2~150

23. Registered Nurses Association of the Northwest Territories and Nunavut (2007). Bylaw 21: Dispensing, compounding and packaging drugs. Retrieved from:

- <https://www.rnantnu.ca/sites/default/files/documents/BYLAWS%20021%20DISPENSING%20COMPOUNDING%20AND%20PACKAGING%20DRUGS.pdf>

24. Northwest Territories Health and Social Services Policy #700 (2009). Pharmaceutical and Therapeutics Inventory Control Program. PDF

25. Northwest Territories Health and Social Services Policy #705 (2009). Dispensing Pharmaceutical Agents. PDF

26. Northwest Territories Health and Social Services Policy #706 (2009). Packaging of Pharmaceutical Agents. PDF.

27. Northwest Territories Health and Social Services Policy # 710 (2009). Labeling and documentation of pharmaceutical agents. PDF

28. Northwest Territories Health and Social Services (2019), Medication Orders and Administration Policy #15-02-V1

29. Northwest Territories Health and Social Services (2019). Medication Storage and Labeling Policy #04-04-V1

30. Prescribing Information: Epipen and EpiPen Junior (2017).
https://pdf.hres.ca/dpd_pm/00039519.PDF

31. Bédard M., Massicotte A. & Gregoire N. (2017). Naloxone monograph. In the Ottawa Hospital Parenteral Drug Therapy Manual (38th ed.). Ottawa: The Ottawa Hospital.

32. Public Health Agency of Canada. (2013). Canadian Immunization Guide. Vaccine Safety: Early vaccine reactions including anaphylaxis. Retrieved June 6, 2018 from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>