Thames Valley Family Health Team

Medical Directive

Injectable Substances	**Assigned Number: 030**
Activation Date: November 2021	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Administration of injectable substances listed in directive.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN)

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

The Implementer must be an active Implementer for Medical Directive 007: Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections, Vaccines, or Injectable Medications prior to utilizing this directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Patient has an active prescription from a treating provider for one of the following injectable substances:

- **Denosumab** 60mg per 1 mL administered subcutaneously
- **Vitamin B12** dose varies by patient – administered intramuscularly
- **Long-acting antipsychotics** (paliperidone palmitate, risperidone prolonged-release, loxapine HCL, methotrimeprazine HCL, flupentixol decanoate, haloperidol decanoate, zuclopenthixol decanoate, aripiprazole extended-release) dose varies by patient and by medication - administered intramuscularly
- **Leuprolide** dose varies by patient – administered intramuscularly
- **Methotrexate** dose varies by patient – administered subcutaneously
- **Darbepoetin alfa** dose varies by patient – administered subcutaneously

Contraindications:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1: Injectable Substances and Contraindications

1. Known hypersensitivity, history of severe reaction, or contraindication to the substance being given per the product monograph on Appendix 1.
2. Fever in the past 48 hours or other signs of current illness.

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Confirm prescription—ensure there is a current prescription from a treating provider for the injectable substance to be administered.
2. Verify dosing interval— confirm the appropriate time has passed since the last dose, based on prescription or clinical guidelines.
3. Follow product monograph— Refer to and follow the substance's product monograph for preparation, administration, and monitoring instructions.
4. Provide the patient with an appointment or return date for their next injection.

Documentation and Communication:	Appendix Attached: ☐ Yes ☒ No

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.

Review and Quality Monitoring Guidelines:	Appendix Attached: ☐ Yes ☒ No

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	Appendix Attached: ☐ Yes ☒ No

Authorizer Approval Form signed in Citation Canada.

Appendix 1 - Injectable Substances and Contraindications

Medication	Contraindications to Administration
Vitamin B12 Monograph Link	• Hypersensitivity to cobalt
Denosumab (Prolia® or Jubbonti®) Monograph Link	• Discard solution if cloudy, discolored (normal is clear/colorless to pale yellow), or contains excessive particles. • Hypocalcemia risk (ensure adequate calcium and vitamin D before treatment). • Pregnancy or possible pregnancy *Avoid invasive dental procedures during denosumab treatment; if unavoidable, follow physician's clinical judgment based on individual risk-benefit assessment.
Leuprolide (e.g. Lupron®, Eligard®) Monograph Link	• Pregnancy • Breast/chest feeding
Methotrexate Monograph Link	• Pregnancy • Breast/chest feeding *Confirm indication before use; fatal errors have occurred with daily (vs. weekly) methotrexate dosing.
Darbapoetin Alfa (Aranesp®) Monograph Link	• Do not shake, dilute, or mix with other drugs; shaking may inactivate the drug. • Uncontrolled hypertension; monitor blood pressure at each visit
Long-Acting Antipsychotics Notify and consult the prescriber if a patient reports a new pregnancy or is trying to conceive. For all long-acting antipsychotics, the following contraindications should be considered: • Use caution with other QTc-prolonging drugs (e.g., certain heart meds, antipsychotics, antibiotics); check with provider if unsure. • **Stop medication and contact provider** if you notice: ○ **Neuroleptic Malignant Syndrome** – high fever, muscle stiffness, confusion ○ **Tardive Dyskinesia** – repetitive, involuntary movements (e.g., lip smacking, tongue movements) ○ **Oculogyric Crisis** – uncontrolled upward eye movement, possible muscle spasms	
Paliperidone Palmitate (Invega® Sustenna/Invega® Trinza) Sustenna Monograph Link Trinza Monograph Link	• Hypersensitivity to risperidone • **Invega Sustenna:** If last dose >6 wks ago, consult provider and monograph before restarting. • Invega Trinza: If last dose >4 months ago, consult provider and monograph before restarting. *Monitor for **orthostatic hypotension**, especially if on BP meds

Risperidone Prolonged-release (Risperdal® Consta) Monograph Link	• Hypersensitivity to paliperidone • Less than 2 weeks since last injection, dose should not exceed 50mg every two weeks *Monitor for orthostatic hypotension, especially if on BP meds
Loxapine HCL (Loxapac® IM) Monograph Link	• Acute intoxication with alcohol, barbiturates, hypnotics, or opioids • Use with metoclopramide (increases risk of EPS)
Methotrimeprazine HCL (Nozinan®) Monograph Link	• Hypersensitivity to phenothiazines • Acute intoxication with alcohol, barbiturates, hypnotics, or opioids • Narrow angle glaucoma *Monitor for orthostatic hypotension, especially if on BP meds
Flupentixol Decanoate (Fluanxol® Depot) Monograph Link	• Hypersensitivity to thioxanthenes • Severe constipation – consult with provider • Acute intoxication with alcohol, barbiturates, hypnotics, or opioids • Narrow angle glaucoma
Haloperidol Decanoate Monograph Link	• Sesame allergy • Acute intoxication with alcohol
Zuclopenthixol Decanoate (Clopixol® Depot or Acuphase) Monograph Link	• Hypersensitivity to thioxanthenes • Acute intoxication with alcohol, barbiturates, hypnotics, or opioids • Narrow angle glaucoma * Injection volumes over 2 mL should be split between two separate injections, each at a different site
Aripiprazole Extended-release (Abilify® Maintena) Monograph Link	• Less than 26 days since last injection • Greater than 5 weeks since last injection – consult provider as the patient may require concomitant oral aripiprazole * Monitor for orthostatic hypotension, especially if on BP meds