Medication Prescribing and Administration Policy

1. Background

Medications are the most common interventions used to treat patients in health services. Medications related incidents are the most common incident recorded in WACHS. The Australian Commission on Safety and Quality in Healthcare publishes a set of standards to guide the safe use of medications and this policy enables structures to support the safe use of medicines in WACHS.

2. Scope

The Medication Prescribing and Administration Policy is for application across WA Country Health Service sites (adult and paediatric), including hospital in the home, community health and public health settings, sub-acute care, mental health and aged care facilities and remote area nursing posts. It covers the prescribing, administration and supply of medication to patients admitted to health services in WACHS. The WACHS Medication Handling and Accountability Policy is a supporting policy that should be referred to for supplementary information.

WA Health Operational Directives and Operational Circulars hyperlinked in this policy are to be read, understood and adhered to by WACHS employees and contractors.

3. Policy Statement

Principles of Medication Management

3.1. Scope of Practice

Health professionals who are involved with the prescribing, administration and supply of medications are accountable for their own practice and must only undertake medication management activities which are within their scope of practice and for which they are legally entitled to perform; educationally prepared for and competent to undertake. The code of conduct and practice standards are outlined in the following documents:

- APHRA Medical Board Good Medical Practice: a code of conduct for doctors in Australia
- APHRA Nursing and Midwifery Board Midwife Standards of Practice
- APHRA Nursing and Midwifery Board Registered Nurse Standards of Practice
- APHRA Nursing and Midwifery Board Enrolled Nurse Standards of Practice
- APHRA Nursing and Midwifery Board Nurse Practitioner Standards of Practice
- APHRA Pharmacy Board Code of Conduct

All prescribers of schedule 4 or schedule 8 medications must be credentialled within WACHS, be a doctor in training working with a credentialled medical practitioner or be authorised to prescribe by a CEO Health SASA or current WACHS endorsed SASA.

Endorsed Midwives may prescribe medications within the lawful practice of their profession and as per the WACHS Policy for Clinical Midwifery Specialists – Endorsed. Schedule 8 medications can only be prescribed by an endorsed midwife if they are being administered by a midwife.

Restrictions on prescribing are outlined within the Statewide Medication Formulary Policy. Restricted medications on the formulary are to be prescribed by practitioners working within the specialty teams defined within the Formulary. Where a specialty listed in the formulary is not available in the region, prescribing teams must seek the advice of the appropriate specialty prior to prescribing.

Where a clinician has undertakings against their registration with APHRA relating to medications a management plan is needed to ensure the conditions of the undertakings are met and are being monitored.

Health practitioners must consult appropriate resources and references when unsure of details of the prescription, preparation or administration of medications. These include but are not limited to:

- Australian Medicines Handbook
- Australian Injectable Drug Handbook
- Australian Medicines Handbook - Children's Dosing Companion
- eMIMs
- eTG (Electronic Therapeutic Guidelines)
- Perth Children's Hospital Drug Monographs
- Australian Medicines Handbook: Children's Companion
- Royal Flying Doctor Service (RFDS)
- product information
- WACHS Regional Clinical Pharmacist.

3.2. Medication Charts

All medication including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and oxygen must be written on an approved WACHS endorsed Medication Chart for inpatients in acute services. These charts are generally a MR170 series chart.

Medication orders should be completed on the chart following the Guidelines for the WA Hospital Medication Chart (WA HMC):

- Charts should include 3 points of identification as defined by the WACHS Patient Identification Policy
- Generic names should be used for prescribing medication except combination products containing more than 4 active ingredients and insulin preparations.
- Both generic and brand name should be used for high risk medications such as oxycodone where different formulations are available in the same strength.
- Dose times are written by the prescriber but may be adjusted where clinically appropriate by nurses or pharmacists. (e.g. to avoid interactions with food).
- Paediatric orders should include the per kg dose or aged based dose unless the medicine is fixed dosing regardless of weight/age.

- Specialised medication charts are used for specific purposes as per table below (many of the charts also have associated policy documents for specific guidance on prescribing and administration – available via HealthPoint policies).

Medication Chart	Purpose
MR 176 Intravenous Fluid Treatment MR 176P Neonatal-paediatric Intravenous Fluid Treatment Form	Intravenous fluid and medications administered as an additive to intravenous fluids.
MR 170C Anticoagulant Medication Chart	Oral, Subcutaneous and Intravenous anticoagulants
MR 156A WACHS Insulin subcutaneous order and blood glucose record – Adult form MR 156B WACHS obstetric Insulin subcutaneous order and blood glucose record	Subcutaneous insulin orders
MR 156A WACHS Insulin Infusion Order Chart	Insulin Infusion orders
MR 170H Continuous subcutaneous infusion chart	Palliative care subcutaneous infusions
MR 860 Fiona Stanley Standard Order Set or MR 170G WACHS Specific Cancer Treatment Chart	Chemotherapy, haematological cancer therapies and biological
MR170.4 WA Adult Clozapine Initiation and Titration chart	Initiation of clozapine in mental health units.
MR 170.8 WA Agitation and Arousal PRN Chart	Required for adult mental health units but may be used in other inpatient settings.
MR 170.9 WA Intramuscular Long-Acting Injection Chart (Depot Antipsychotic)	Antipsychotic Depot medication
MR 170.2 WACHS Epidural-spinal prescription and additional observation record	Epidural pain management
MR 170.5 WACHS PCIA-IC Opioid Infusion and additional observation chart	Patient controlled Intravenous Analgesia
MR 170.7 WACHS Ophthalmic Surgery Medication Chart	Eye drops for use prior to Ophthalmic Surgery
MR170i WACHS Intrathecal Therapy (Palliative) Prescription and Additional Observation Record	Intrathecal pain management for palliative patients
MR170K WACHS Regional Analgesia Prescription and Additional Observation Record	Regional analgesia
MR170.3 WACHS Epidural/Spinal Morphine Record	Epidural/spinal pain management

A RN, midwife and EN can only administer medication to a patient if the medication is authorised in writing on the approved Medication Chart or a WACHS approved electronic prescribing system. This includes verbal orders and nurse initiated medications which must also be recorded on an appropriate medication chart or within the electronic prescribing system. The documentation exceptions are aged care and MPS where an alternative approved chart may be used e.g. Webster Pak ® signing sheet or National Residential Medication Chart.

3.3. Medication History and Management Plan

Nurses, midwives, pharmacist and medical practitioners should work in partnership to complete a medication history, to inform care planning and documentation.

Where a pharmacist is not available on site, medication reconciliation should be completed by nursing and /or medical staff to confirm patients are charted for correct medications on admission. Discharge medication information should be included in the patients discharge summary by the pharmacist or medical practitioner.

Document an accurate medication history for all inpatients by an appropriately qualified professional, as soon as possible but within 24 hours of admission. Documentation should be on the MR 170.1 Medication History and Management Plan, MR 170.1.1 WACHS Medication History and Reconciliation Record or on the front of the relevant MR170 hospital medication chart.

Medication history is the documentation of all medications (including over-the-counter medications and complementary therapies) that a patient is taking at the time of hospital admission or presentation and includes any recently ceased or changed medications. It is recommended that medication histories are confirmed using two sources of information.

On first encounter with the patient (i.e. admission to hospital, residential facility or outpatient clinic) the patient should be interviewed to determine whether they have experienced any previous adverse drug reactions or allergic responses when taking medications /drugs in the past.

Refer to the Adverse Drug Reaction section for guidance on documentation and processes.

Patients with any documented ADR should be issued with a RED patient identification band.

3.4. Pharmaceutical Industry Interaction

Hospital facilities are of significant commercial interest to pharmaceutical companies and their representatives. Interactions between medical professionals and the pharmaceutical industry are governed by the WA Health Code of Conduct MP 0124/19 and the WA Health Gifts Benefits and Hospitality Policy MP 0136/20. Pharmaceutical industry representatives are expected to abide by the Code of Conduct of Medicines Australia in all interactions with hospital and health service employees.

3.5. Medication Prescribing

The process of good prescribing can be broken down into four broad stages:

1. Information gathering which include past medical history, current medications and current assessment of the patient.
2. Clinical decision making including making a diagnosis and reviewing appropriate treatment options
3. Communication in the form of conveying the prescribing decision in an effective manner to the patient and other health professional involved in their care
4. Monitoring and review of the expected outcome and for adverse events [ref Lum 2013].

Prescribing medications is the responsibility of health professionals in line with their APHRA registration or via a structured administration and supply arrangement (SASA). Throughout this policy, medication charts include any WACHS approved electronic prescribing systems and medical records include any WACHS approved electronic medical record.

3.5.1. Verbal Orders

A registered nurse, midwife or nurse practitioner may receive a medication order for an inpatient or a non-admitted patient from a medical practitioner, nurse practitioner or endorsed midwife verbally, by telephone or other electronic means. The registered nurse or midwife who receives a ‘verbal order’ must:

5. confirm and record the identity of the prescriber
6. record the order in writing on the medication chart and repeat the medication order back to the prescriber
7. second checker (RN, midwife, NP or EN, or pharmacist) confirms the order with the prescriber.
8. both staff must ensure the verbal order is recorded and signed on the medication chart.
9. Locations where a second staff member is not on site, the second checker is not required.

Verbal orders are only valid for 24 hours and must be either reordered or transcribed onto the medication chart by an appropriate prescriber.

Where the prescriber attends a site in person the prescriber must sign the order to confirm the recorded medication is correct. In situations such as telehealth where the prescriber does not attend the site, additional documentation such as medical notes containing the full details of the order should be forwarded to confirm the verbal order.

3.5.2. Nurse Initiated Non-Prescription Medications

A list of Nurse initiated medications is available in Appendix 1

An EN (under RN delegation), RN or midwife may administer a non-prescription medication in Appendix 1 providing:

- The medication is recorded on the patient's medication chart by the nurse or midwife in the adult nurse initiated medication section or the paediatric once only section.
- The reason for the medication is documented within the patient medical record and the prescriber is advised.
- With the exception of nicotine replacement products for the management of nicotine withdrawal, a single dose is administered and not repeated more than twice in a 7 day period. Patients requiring regular nurse initiated medications must be reviewed by a medical practitioner.

Topical unscheduled products are not individually listed in Appendix 1 and may be given at the discretion of the RN. These products must be charted in the relevant section of the patient's medication chart.

3.5.3. Nurse Initiated STI Treatment

The WA Country Health Service nurses – STI, WA Country Health Service nurses – Trachoma and Registered nurses – Syphilis SASAs available via Department of Health website establishes the competencies which must be achieved and criteria to be met by a RN to administer treatment for Chlamydia, Gonorrhoea, Syphilis or *Chlamydia trachomatis*.
A combination therapy pack may be administered for the treatment of chlamydia and gonorrhoea in the Goldfields, Kimberley, Midwest and Pilbara regions and in accordance with the treatment indications and guidelines of the Silver Book and relevant recommendations in Silver Book Supplement.

An RN must only initiate treatment of adult clients and mature minors aged fourteen (14) years or older. The medication must be administered under direct observation of the RN. The RN must not supply a ZAP (aZithromycin 1000mg Amoxycillin 3000mg Probenecid 1000mg) Pack for an unsupervised client to self-administer.

Treatment must be recorded in the patient's medical record.

3.5.4. Guidelines for Use of Oxygen

No patient should be denied oxygen therapy in life-threatening hypoxic or cardiac arrest. Patients commenced on acute oxygen therapy should be assessed and reviewed promptly, carefully and regularly as per WACHS Oxygen Therapy and Respiratory Devices – Adults Clinical Practice Standard and PCH Oxygen Administration Guideline.

Once the patient is stable, oxygen therapy must be prescribed on a dedicated oxygen prescription sticker or oxygen prescription chart by a medical practitioner or nurse practitioner and reviewed at least daily for acute admissions.

3.5.5. Vaccinations / Immunisations

A WACHS RN fulfilling the requirements specified in the Registered nurses – Vaccination SASA or a WACHS EN fulfilling the requirements specified in the Enrolled nurses – Influenza vaccination SASA may administer vaccinations as specified in the SASA without a medical order.

In other situations, vaccines can be administered from a medication order. Vaccinations must be recorded on the Australian Immunisation Register (AIR).

3.5.6. Complementary Medicines

Complementary medicines may contain active substances. Administration of any complementary-type medicines during an admission must be authorised by the medical practitioner and accurately documented on the medication chart.

Complementary therapies will not be supplied, but patient's own medication may be administered if prescribed.

3.5.7. Prescribing Nutritional Supplements

Care is required when administering oral nutritional supplements. The same requirements for safer prescribing and administration of medicines apply to nutritional products. Oral and Enteral Nutritional supplements should be prescribed in the MR60.1.10 WACHS Adult Enteral Feeding Form or MR60.1.12 WACHS Oral Nutrition Support Chart. Supporting policies include:

- WACHS Enteral Tubes and Feeding – Adults Clinical Practice Standard
- WACHS Adult Parenteral Nutrition - WACHS Clinical Practice Standard
- WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care Policy

3.6. Administration Standards

Prior to administering any medication, a RN, midwife, NP or EN must:

- ensure the medication order is legible, complete, correct and has a legible signature of the prescriber.
    - For controlled drugs the RN, midwife, NP or EN must know the name of the prescriber
- have enough knowledge of the medication to ensure safe administration and monitoring of the patient. This would include knowledge of the therapeutic purpose, usual dose, frequency, route, contraindication and monitoring requirements for efficacy or adverse effects as appropriate.
- know the medicine has been stored correctly prior to administration

- adhere to the following six (6) principles of medication administration:
  - Right medication
  - Right individual (in accordance with WACHS Patient Identification Policy)
  - Right dose
  - Right time
  - Right route
  - Right documentation

- A RN or midwife may administer unrestricted, Schedule 2, 3 or 4 medications including oral, topical, vaginal, rectal, sublingual, buccal, intranasal, transdermal and oxygen therapy alone.
- A RN or midwife may administer intramuscular and subcutaneous injections medications alone when checked by a second nurse, medical officer or pharmacist prior to administration except when a second health professional is not available on site.
- Medications being administered to paediatric patients must always have a second check by an appropriate health professional at the bedside except where a second health professional is not available on site.
- Schedule 8 and Schedule 4 restricted medication must always have a second check by an appropriate health professional except where a second health professional is not available on site. The second checker is required for all stages of administration from removal from the safe or cupboard, preparation, administration to the patient and disposal of unused infusions or injections. Students on practical rotations are not permitted to be a second checker but may be involved in the process as a third party for teaching purposes.

3.6.1. Unregulated Healthcare Workers

Unregulated Heathcare Workers (UHW) when deemed competent under the WACHS Medication Assistance by Unregulated Health Workers Policy may support administration of medications including:

- Reminding / prompting patients to take medications
- Assisting with opening containers and dose administration aids
- Providing medication assistance not involving administration of medications.

Assistants in Nursing (AINs) are not permitted to support administration of medications in accordance with the WA Health Assistants in Nursing Policy MP 0080/18.

3.6.2. Patient's Self Medication

To prevent duplication of medication, patients own medication should be stored in a manner to prevent access by patients and other visitors. There are some instances where self-administration is appropriate. The medical practitioner is to document on the medication chart if the patient can self-medicate. In the residential aged care setting, refer to the WACHS Ability to Self-Medicate (Residential Aged Care) Chart RC26.

If the medical practitioner has documented such, the patient is to be advised by the EN, RN or midwife of the safety plan for the storage of medications at the bedside, such as the medications are to be kept on the person of the patient or stored in their bedside locked drawer, not in plain view of other persons.

The EN, RN or midwife is to confirm all self-administration medication and document on the medication chart using the appropriate code.

Schedule 4 Restricted and Schedule 8 medications must not be left with patient. In aged care settings such as MPS and home community care it may be appropriate to maintain patients own S4R and S8 medications in a locked draw or box with the key maintained by the patient and an appropriate staff member. Weekly balance checks, with an RN are required when stored within the health service facility.

Nursing and midwifery staff need to exclude evidence of delirium or temporary confused state in situations where patients are usually self-medicating such as in a residential setting e.g. low care hostel

3.6.3. Withholding Medication

Guidelines for the WA Hospital Medication Chart (WA HMC) - Appendix A provides information on withholding medications.
A nurse or midwife should withhold the administration of a medication if:

i. the order is not legible
ii. there is some doubt about the medication order or dosage
iii. it is not possible to identify the prescribing doctor
iv. an identified adverse drug reaction (ADR) occurs or has occurred previously, or
v. a change in the patient's condition warrants doing so.

If the medication is withheld due to above, the nurse or midwife must seek clarification of the order as soon as practicable and must document this on the medication chart and patient progress notes.

When patients are fasting, it is the responsibility of the nurse or midwife to check with the medical practitioner which medications should continue to be administered unless indicated on the medication chart.

3.6.4. Correct Documentation

The person who administers the medication must document the exact time of administration and sign the medication chart (e.g. medication due 0800 and given at 0830; the time of 0830 must be recorded and signed).

Time-critical medicines (refer to Definitions) must not be delayed or administered early by more than 30 minutes. Non-time-critical medicines will depend on the frequency of dosing.

i. For medicines administered more frequently than daily but less frequently than four hourly – may be administered within 60 minutes of the scheduled time;
ii. For medicines administered daily or less frequently – may be administered within two (2) hours of the scheduled time.

When two people have checked a medication, both are required to sign the medication chart after administration (see section S4R and S8).

Where alternative routes (oral/ PR) or a dose range (e.g. 5 -10mg) are ordered, the route chosen and the dose given must also be documented on the MR170 series medication chart.

When PRN medications are given, the reason why they are given and the results obtained are to be documented in the patient progress notes.

If a medication is not given, the reason is to be documented on the medication chart and patient progress notes using only the codes supplied on the WACHS medication charts. If a medication is not able to be sourced locally, clinical consideration for alternatives will need to be made with a prescriber.

3.7. Intravenous (IV) Administration

3.7.1. Intravenous therapy and infusion and bolus medication administration

Intravenous therapy, infusions and bolus medications are to be checked at the bedside by two (2) nurses, one of whom must be an RN or midwife. It is the responsibility of the second nurse checker, to adhere to the following:

- Observe the written order
- Observe the preparation of the drug
- Identify the patient at the bedside with the person administering drug
- Check known allergies prior to administration of medication
- Check and confirm the rate / dose
- Observe the initiation of the drug administration, and
- Write signature, initial and document on the WACHS Series 170 medication chart and/or Fluid Therapy Order Chart.

Locations where a second staff member is not on site, the second checker is not required. The decision to imprest medications in these areas should consider this risk, timeliness of medication access and the availability of support (such as Emergency Telehealth Service).

Where a medication is administered via an IV infusion, the RN or midwife is to ensure an additive label is completed and attached to the infusion bag, syringe or pump. The label must be completed and signed by two nurses, one of whom is an RN or midwife. (refer to section Labelling of Intravenous Medications)

All IV therapy, including those with additives (if prepared immediately before use) must be used within 24 hours of commencement, or changed.

Intravenous S8 infusions may be administered by an RN, midwife or NP. This must be via a lockable infusion pump or syringe driver. The RN or midwife must monitor and document on the observation and response chart throughout the administration of the infusion and escalate as per the early recognition and response to clinical deterioration site escalation process.

The use of a burette is to prevent accidental rapid infusion of large fluid/ drug volumes. All IV infusions must be connected to a burette except for the following:

i. Those going through an infusion pump
ii. Intravenous maintenance fluids with a volume less than 500mL in adults.
iii. Blood products.
iv. Fluids used in resuscitation.

Paediatric IV fluid administration
Every paediatric patient 16 years and below receiving IV therapy must have an infusion pump, set at the appropriate pressure setting. If a pump is not available i.e. in operating room/ recovery area a burette must be used.

Burettes must be used in all patients aged 12 years and under and should not contain more than 2 hours' worth of maintenance fluid.

Babies under 18 months of age must NOT have antibiotics infused via the burette (due to excessive fluid volume). The drug must be administered via a syringe pumps or push if appropriate.

3.7.2. IV Flushes

Sodium Chloride 0.9% Injection for IV flush may be given without a medication order to maintain venous access patency (minimum once in 24 hours) and flushing, prior to and post prescribed medication. Consider compatible diluents by referring to Australian Injectable Drug Handbook. Refer to Peripheral Intravenous Cannulae (PIVC) Management Clinical Practice Standard for more information

3.7.3. Intravenous Additives and Bolus Dose

When administering an intravenous medication, the RN, EN, Midwife or NP must ensure:

i. there is a clear process for the Early Recognition and Response to Clinical Deterioration site clinical escalation process should an emergency occur
ii. they confirm that the patient is not allergic to the medication
iii. they access information regarding the effects, side effects, precautions, contraindications and the required patient monitoring/care specific to the medication is readily available
iv. is aware of the ASCIA Guideline for the Acute management of anaphylaxis
v. For the initial dose the medical practitioner prescribing the medication is aware the medication is being given and is available at the hospital to respond should an emergency situation arise, **or** the Early Recognition and Response to Clinical Deterioration site clinical escalation process is initiated to contact of the medical practitioner in the event of an emergency

Allergic and anaphylactic reactions may occur at the second or third dose of antibiotic administration and the nurse must always remain vigilant when monitoring the patient.

Bolus medication doses are only to be introduced into an IV line or burette containing other medications when the line is flushed with compatible IV fluid before and after the administration of the bolus dose, unless specific compatibility information on the combination is available or provided by the pharmacy department.

Provided a valid prescription exists, a RN or midwife may add any prescribed therapeutic substance to a 100mL bag of sodium chloride 0.9% or glucose 5%. This includes for the first dose with the exceptions of medications that may be considered to pose an occupational risk these include but are not limited to: Asparaginase; Azathioprine; Ganciclovir; cytotoxic drugs; monoclonal antibodies, kinase inhibitors and anti-angiogenesis agents - unless a risk assessment has been undertaken on the specified medication or WACHS endorse guideline exists.

The therapeutic substance must be prepared immediately prior to use.

3.7.4. Infusion Pump Safety Information

The Infusomat® space pump is an infusion delivery device that is designed to ensure accurate and controlled administration of intravenous fluids, additives and medications. This pump is used across WA Health and must be operated as per system operating manual for Infusomat®.

It is the nurse's responsibility to check the rate of infusion and to ensure that the pump is always working efficiently.

Confirmation of drug / fluid compatibility, concentration, delivery rates and volumes are suitable for piggyback or concurrent administration must be undertaken before administration.

All infusions of drugs are to be administered directly after reconstitution and connection.

Pressure Settings
Check the distal pressure setting each time an infusion is commenced. The pressure setting can be set using the profile library or if required the limit can be changed manually.

Profile library settings on the pump enable automation of the pressures as follows

- Adult setting 5
- Paediatric setting 3
- Neonate setting 1
- TCI/ TIVA pumps library setting 8.

3.7.5. Labelling, Changing Infusions and Intravenous Lines

In the case of infusions with additives - an Intravenous Additive Label must be completed and attached to the IV bag/ burette/syringe

When changing infusions and IV lines the following applies:

i. IV infusion bags and syringes are to be changed every 24 hours.
ii. IV fluid bags must not be taken down and reused once insertion port has been punctured.

iii. IV fluid bags must be discarded if the bag integrity is breached, i.e. the bag is punctured or leaking.
iv. Continuous IV lines are to have a completed IV change sticker attached to the line and are to be changed every 72 hours., and
v. Time and date of the change is to be recorded on the label and signed when completed on the nursing care plan.

IV fluids in warming cabinets is to remain in outer packaging to be labelled with a date timeframe of two (2) weeks and discarded if not used after the two week timeframe.

Minimum labelling requirements are outlined in National Standard for user-applied labelling of injectable medicines, fluids and lines

3.7.6. Adverse Drug Reactions

When commencing a new medication, patients should always be monitored for the sign and symptoms of adverse reactions. For guidance on the management of anaphylaxis, refer to the ASCIA Guidelines – Acute management of anaphylaxis

Adverse drug reactions (ADR) are reactions to a medication that are noxious, unintended and occur at normal doses. It is not always possible to determine if a reaction is dose related or idiopathic and hence a review of any reaction by the treating team should occur.

The treating team is responsible for determining whether an ADR is clinically important.

For each adverse drug reaction identified the following information must be documented in the health care record, on all Medication Charts, and in the patient's discharge summary:

- The generic name of the medication/drug implicated.
- The reaction which occurred.
- The date of the reaction (if known).

The person documenting the ADR must sign and date the record, apply an ADR sticker to the medication chart/s and ensure the patient has a RED identification band in place.

In addition to the above documentation and actions, the following actions are required for serious drug reactions or hypersensitivity reactions:

- Document details on MR ALERT 2 Clinical Alert Notification and initiate the clinical alert process for entry into the PAS
- Place an "ALERT" sticker on the front cover of the physical health care record

ADR details must be transferred to all new medication charts that are commenced.

If an allergy is identified subsequent to admission, the standard white identification band is replaced by a RED identification band (as per the WACHS Patient Identification Policy).

Where a reaction has resulted in admission to hospital or prolongation of the stay in hospital the reaction should be reported to the Therapeutic Goods Administration via the Adverse Event Management System (refer to MP 0053/17 – WA Clinical Alert MedAlert Policy - Appendix 4).

3.8. Discharge, Transfer, or Non-admitted Patient Medication Planning

Discharge planning ensures medication, or a prescription for medication, is available in a timely manner on discharge.

Patients should be provided with a list of current medications on discharge. The list should include medication changes and previous medications to be continued on discharge. The information should be communicated to health professionals and carers who are providing ongoing care of the patient including General Practitioner, Community Pharmacy, Aged Care Provider, Disability services provider.

It may be necessary for the prescriber to supply, where a pharmacist or retail pharmacy is unavailable, sufficient medication on discharge until a prescription can be filled. The prescribers to make a written record of the medication supplied at the time of supply. The medication is to be labelled in accordance with the Medicines and Poisons Regulations 2016. Supply on discharge for admitted patients from other areas requires approval of the regional chief pharmacist and appropriate procedures in place.

Nurses and midwives are not authorised to “dispense” or supply scheduled medications to a patient leaving the hospital except where authorised via structured administration and supply arrangement (SASA).

If the patient is transferred to another ward within the same hospital, their admission medications are to be transferred with them.

After discharge, any unclaimed medications are to be forwarded to the pharmacy department for disposal.

3.8.1. Labelling of medications for supply on discharge or leave

In circumstances where a medication is required on discharge/leave and the local community pharmacy is not open or available to dispense a prescription, a medical practitioner, nurse practitioner or endorsed midwife may prescribe and supply this medication in accordance with the below. The supply of medications on discharge must be recorded in the patient’s medical record.

Where a medication is supplied on discharge or for use when on leave by a medical practitioner or NP, it must be labelled in accordance with Part 9 of the *Medicine and Poison Regulations 2016.* These requirements are defined in the *Poison Standard 2020* appendix L.

- name, address and phone number of the hospital is on the label
- Approved name of the medicine
- Adequate directions for use
- Strength and form
- Total quality supplied
- The words "**Keep out of reach of children**"
- The name of the patient
- Medicines listed in Appendix K of the Poison Standard 2020 include a sedation warning, "**This medication may cause drowsiness. If affected do not drive a motor vehicle or operate machinery. Avoid alcohol**."
- Where the medicine is for external use it must include the words "**Not to be taken**".

The Medicine and Poison Regulations 83 prohibits the use of envelopes, plastic bags, paper bags or cardboard boxes for supply of medication unless the medication is also strip packaged (in foil or in individually sealed amounts). The risk associated with supply of loose tablets in an envelope, bag or box is high and alternative container should be sought from the pharmacy department where supply is required.

Where the medical or nurse practitioner is managing the patient by telehealth, the nurse can prepare the label, packaging and medication for the medical or nurse practitioner to perform a check via telehealth. A prescription for this medication must still be prepared and documented in the patient's notes.

3.8.2. Remote Area Nursing Post

An RN working at Remote Area Nurse Post listed in the Registered nurses – Remote area nursing posts SASA is authorised to supply medicines for acute treatment in accordance with the SASA.
The quantity administered or supplied on each occasion is:

i. The smallest commercially available original treatment pack; or
ii. One full course of acute treatment appropriate to the condition;
iii. That required according to the manufacturers recommended dose for that approved medical condition and the treatment duration specified.

Supply is not repeated for the same instance of the condition and must be record in the patient's medical record.

3.8.3. Supply of Approved Starter Packs

An RN at a WACHS health facility may supply a starter pack of medications listed in the WA Country Health Service nurses – Starter packs SASA.
Supply may only occur when:

i. there is a verbal order from an authorised prescriber.
ii. there is no medical practitioner, endorsed midwife or nurse practitioner onsite who can attend to the person.
iii. the service is more than 25km from the nearest open/available pharmacy.
iv. the medication is supplied in a pre-prepared pack supplied by the hospital pharmacy and the blank sections of the label have been completed.

Where less than a full pack is requested the balance of the pack should be discarded prior to giving to the patient and the discard recorded for Schedule 4 recordable medicines.

The supply should be recorded in the patient's medical record.

3.8.4. Fees and Charges for Medication

Medication and supply for inpatients and outpatients are in accordance with the WA Health Patient Fees and Charges Manual

3.8.5. Patient Education

Information about their current medications and planned medications should be provided to patients or their substitute decision makers during their hospital stay and on discharge to assist in making decisions about their current and future care.

This may include:

1. Provision of a medication list to assist patients to understand what the medications are for, how and when to administer them.
2. Written or verbal information about the medicines expected benefits and potential adverse effects and what to do about these.
3. Written or verbal information on the storage, preparation, measuring and administration techniques for medicines.
4. How to use specific devices to deliver medications including instructions for use, cleaning and any maintenance required.

Information should be delivered in a way that meets the needs of the patient, their carers and families. Written information developed onsite must be developed in consultation with consumers who will be using the information.

Appropriate written information may include:

1. Consumer Medicines Information (CMI) accessible via MIMS or NPS Medicine Finder
2. Mental Health medicine information via Choice and Medicine
3. Oncology and Haematology medicine information via EViQ

3.8.6. Medication Errors

All medication incidents and near misses must be reported immediately to the medical practitioner and shift coordinator/ line manager. The patient is to be immediately assessed and monitored for any adverse effects of incidents or errors.

An incident occurs when any of the following occur:

i. there is a deviation from a documented standard (policy, procedure),
ii. a medication is omitted and the appropriate code has not been used, as per the medication chart codes,
iii. a medication is not signed for
iv. medications are not given within 30 minutes for time critical medications, or two (2) hours for all others of the specified time, except where there is a planned change due to patient circumstances,
v. a medication is given on the wrong date,
vi. an incorrect medication is administered,
vii. an incorrect dose is administered,
viii. the medication is given by the incorrect route,
ix. a medication is administered to the wrong patient,
x. an intravenous infusion is administered at the wrong rate, and/or
xi. where an adverse reaction requires treatment or cessation of the drug.

Documentation must be completed as soon as practicable and be reported via the clinical incident management system.

4. Definitions

Administration	May be defined as the actual giving of a medication orally, by injection, per rectum or other route.
Authorised person	Authorised person is a person authorised to possess, administer, prescribe or supply as defined within the Medicine and Poison Regulations 2016. In the case of Anaesthetic technicians, they may possess and administer Schedule 4 and Schedule 8 medicines if required within their JDF under the direction of a medical practitioner.
Authorised Prescribers	Medical practitioners and Nurse Practitioners authorised under the medicine and poison regulations to prescribe Schedule 4 and Schedule 8 medications. Endorsed Midwives may prescribe medications within the lawful practice of their profession and as per the WACHS Policy for Clinical Midwifery Specialists – Endorsed. Schedule 8 medications can only be prescribed by an endorsed midwife if they are being administered by a midwife.

Competency	Possess the knowledge, skills and behavioural attributes to perform a task.
Competent	Demonstrate the minimum nursing or midwifery standard for effective work performance.
Direct supervision	Direct supervision is considered to be in the company of an authorised practitioner or visually via the Emergency Telehealth Service.
Dispense	Means supply the medicine or poison on and in accordance with a prescription. Dispensing is a function that can only be completed by a pharmacist.
Dosage Administration Aid	A medication aid is a pre-packed medication dose in a container identified for a specific individual. It is used to support safe administration of medications. The client/ resident/ patient's name, medication name, dose and time the medication is to be given is to be clearly labelled on the preparation dispensed by the pharmacist. May also include a pharmacy filled aid e.g. Webster Pak®.
Dosage unit	Means an individual dose of a poison and includes a tablet, capsule, cachet, single dose powder, or a single dose sachet of powders or granules.
Medication support for UHWs	Medication prompting is described as assisting the client/ resident/ patient with self-medication and involves: i. reminding and/or prompting the client to take the medication ii. assisting (if needed) with opening of medication containers for the client, **and** iii. other assistance not involving medication administration.
SASA	Structured Administration and Supply Arrangement is a mechanism that permits a specific classification of practitioner to operate outside the scope defined within the medicine and poison regulations 2016. SASAs are either issued by CEO Health or by WACHS CE. SASAs issued by WACHS must be endorsed by the WACHS Medication Safety Group and published on healthpoint via policy or guidelines
Standing Orders	A written document that contains instructions for the administration of medications in a defined clinical situation. Standing orders specify the condition for which the orders apply and stipulate the medication to be given, dosage and route of administration. Their use is limited to the treatment of identified acute medical conditions at designated remote area nursing posts.

Supply	Provision of a medication for a patient to administer at a later time. The medications must either be dispensed by a pharmacist from a prescription previously or supplied by an authorised prescriber (including under the provision of a SASA)
Time-critical medicines	Medicines where delayed or early administration by more than 30 minutes may cause harm or sub-therapeutic effect.

5. Roles and Responsibilities

Authorised Prescribers

Authorised prescribers, including nurse practitioners and endorsed midwives are responsible for:

- Adequate assessment and history relative to the urgency of the situation is available before prescribing medications.
- Document relevant risk assessments prior to prescribing (ie. VTE risk assessment).
- All orders are written on a WACHS approved medication chart for administration within the health service.
- All orders are complete and unambiguous.
- Verbal orders are endorsed, or documentation has been provided confirming the verbal order.
- Medication supplied on discharge or leave has been prepared in accordance with labeling and packaging requirements and an appropriate prescription for this reply is kept in the patient's medical record.
- Medication administered has been recorded within the patient's medical record on an appropriate medication chart.

Registered Nurse and Midwife

The RN and midwife are responsible for ensuring:

- Medication administration and appropriate documentation has been completed during their shift and that relevant information about medications are included at handover.
- Training has been completed in accordance with the nursing framework including medication safety training, best possible medication history training and infusion pump training.
- They maintain competency in the medications available in their work environment.

Enrolled Nurse

All ENs are expected to have relevant medication administration competence. Those ENs who have not yet completed the required units will have the following notation against their name on the Nursing and Midwifery Board of Australia Register 'Does not hold a Board approved qualification in medication administration'.

- The EN can administer medications alone within their scope of practice including oral, transdermal, topical, ear, eye, inhaled, nebulised, vaginal, rectal, sublingual, buccal, and intranasal unrestricted Schedule 2, 3 or 4 medications.
- The EN can administer intramuscular, subcutaneous injections when these have been checked by a second person who must be an RN, medical officer or pharmacist.
- An EN may administer medications to paediatric patients, but the medications must be checked by an RN, and must be checked at the bedside by both parties.
- To administer intravenous therapy and medications, the EN must complete an intravenous (IV) medication training and competency program. The EN may only administer intravenous therapy via peripheral devices, excluding Peripherally Inserted Central Catheters and Central Venous Lines.
- An EN without an IV medication competency may be allocated to patients who have IV infusions, but will not be responsible for the IV therapy delivery.
- An EN with an IV medication competency (refer to 5.3.5) may administer IV therapy, including setting the rate; add to a mini bag and administer a bolus dose
- An EN working within their scope of practice in a renal dialysis unit may administer intravenous therapy, under RN supervision.
- An EN may take care of a patient receiving IV narcotic infusion, cytotoxic or epidural therapies however these therapies are the **exclusive responsibility of a RN or midwife**.
- An EN may check Schedule 8 medication but **cannot administer a Schedule 8 medication.** The exception being an EN may administer a dosage administration aid containing a Schedule 8.

Note: Under **no** circumstances is the EN to hold the Schedule 8 keys.

Enrolled Nursing or Registered Nursing or Midwifery Students

A student EN, registered nursing or midwifery student may check and administer medications under the supervision of an RN or midwife, provided the student is directly **supervised at all times** by an RN or midwife.

- A student can sign the medication chart; however this must be countersigned by the supervising RN or midwife.
- The student must have completed the relevant theoretical preparation.
- Where there is a requirement for two nurses in medication administration, the student cannot be one of those two unless the second nurse is only required to check the medication.
- A registered nursing student is able to administer Schedule 8 medication and complete the Schedule 8 register, but this must be countersigned by the supervising RN or midwife and second RN or midwife who is the checker.
- **Student midwives who are RNs can administer drugs as per RNs.** Only administration of maternity specific drugs and epidurals by a student midwife require direct supervision of a midwife.
- An EN student may be the **third** checker of a Schedule 8 medication and complete the Schedule 8 register but **cannot administer a Schedule 8 medication.**
- An EN student cannot be supervised by another EN.

Pharmacists

- Assessment and documentation of medication history prior to admission to hospital
- Clinical review of the prescribed medications during the course of the admission
- Assist in preparation of medication list on discharge for complex patients and communication of the list to other care providers. ‘

Unregulated Health Worker

An Unregulated Health Worker (UHW) includes: patient care assistant (PCA); assistant in nursing (AIN); Home and Community Care (HACC) support worker and an aboriginal health care worker (AHW).

- Whilst an AIN is classified as unregulated health workers, they are governed by WA Health Assistants in Nursing Policy MP 0080/18 and as such they are only able to undertake duties as stated within the MP. Therefore are unable to assist with medication support
- WACHS Medication Assistance by Unregulated Health Workers Policy outlines the responsibilities of UHWs

Regional Medical Directors/District Medical Directors

Where a clinician has undertakings against their registration with APHRA relating to medications, a management plan is needed to ensure the conditions of the undertakings are met and are being monitored. This management plan must be communicated to the Regional Chief Pharmacist and the WACHS Chief Pharmacist.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Medication incidents are the one of most commonly reported incidents in Australian hospital incident monitoring systems. Organisations can learn about the safety of medication management processes by reviewing incidents and undertaking in depth analyses of incidents causing, or with the potential to cause, patient harm (NSQHSS Medication Safety Standard).

Evaluation of this policy is to be carried out by the Medication Safety Governance Groups (Regional and WACHS). The following means or tools are to be used:

- SAC 1 incidents where medication processes are identified as part of the causes must be reported to the regional medication safety governance group for action and for noting at the WACHS Medication Safety Group.

- Reports on the trends relating to SAC 2 and SAC 3 clinical incidents should be reported annually to the medication governance groups in WACHS to identify risks associated with medications.

- WACHS Regional resource centres are encouraged to participate in the Medication Safety Self-Assessment® for Australian Hospitals. This audit reviews safety mechanisms and provides potential directions to improve medication safety within the region. The Assessment is not designed as a pass/fail audit but provide guidance on potential projects for improving medication safety.

- WA Medication Reconciliation Audit at the should be every 6 months and reported to the WACHS central office for co-ordination and reporting to Department of Health Patient Safety and Clinical Quality Directorate as per MP 0104/19 Medication Review Policy. Recommended audit numbers are as below

    - Regional Resource Centres – 30 patients
    - District hospitals (if participating) – 10 patients

- National Standard Medication Chart Audit should be completed every 2 years at regional resource centres. It is appropriate to conducted quality improvement audits between national audits to monitor improvement initiatives as required within each region which are reported to regional medication safety governance groups. Recommended number of charts to be audited for the national audit are:
    - Regional Resource Centres – 30 patients
    - District Hospitals (if participating) – 10 patients

8. Standards

National Safety and Quality Health Service Standards (Second edition 2017) - 1.7, 1.8, 2.5, 2.6, 2.7, 4.1, 4.3, 4.4, 4.6, 4.6, 4.7, 4.8, 4.9, 4.11, 4.12, 4.13, 6.5.

9. Legislation

The WA Country Health Service (WACHS) provides safe medication administration in accordance with the national and state legislative requirements as per the:

- *Health Practitioner Regulation National Law (WA) Act 2010*
- Australian Health Practitioner Regulation Agency (AHPRA) Code of Ethics and Professional Code of Conduct for Nurses August 2008
- *Carers Recognition Act (WA) 2004*
- *Medicine and Poison Act 2014* and Medicine and Poison Regulations 2016
- *Therapeutic Goods Act 1989*
- *Occupational Safety and Health Act 1984*.

10. References

- Lum E, et al. The Competent prescriber: 12 core competencies for safe prescribing. Aust Prescr 2013;36:13-6
- Australian Injectable Drug Handbook, 8th Edition [online] Available at https://aidh-hcn-com-au.wachslibresources.health.wa.gov.au/browse/about_aidh.

11. Related Forms

MR 156A WACHS Insulin Infusion Order Chart
MR 156A WACHS Insulin subcutaneous order and blood glucose record – Adult form
MR 156B WACHS obstetric Insulin subcutaneous order and blood glucose record
MR 170.1 Medication History and Management Plan
MR 170.1.1 WACHS Medication History and Reconciliation Record
MR 170.2 WACHS Epidural-Spinal Prescription and Additional Observation Chart
MR170.3 WACHS Epidural/Spinal Morphine Record
MR 170.4 WA Adult Clozapine Initiation and Titration chart
MR 170.5 WACHS PCIA-IV Opioid Infusion and Additional Observation Chart
MR 170.7 WACHS Ophthalmic Surgery Medication Chart
MR 170.8 WA Agitation and Arousal PRN Chart
MR 170.9 WA Intramuscular Long-Acting Injection Chart (Depot Antipsychotic)
MR170A WA Hospital Medication Chart – Adult Short Stay
MR 170C Anticoagulant Medication Chart
MR170D National Inpatient Medication Chart - Paediatric Short Stay
MR170E National Inpatient Medication Chart - Paediatric Long Stay
MR 170G WACHS Specific Cancer Treatment Chartst
MR 170H Continuous Subcutaneous Infusion Chart
MR170i WACHS Intrathecal Therapy (Palliative) Prescription and Additional Observation Record
MR170K WACHS Regional Analgesia Prescription and Additional Observation Record
MR 176 Intravenous Fluid Treatment
MR 176P WACHS Neonatal-Paediatric Intravenous Fluid Treatment Form
MR 60.1.10 WACHS Adult Enteral Feeding Form
MR 60.1.12 WACHS Oral Nutrition Support Chart
MR 860 Fiona Stanley Standard Order Set

12. Related Policy Documents

WACHS Central Venous Access Device (CVAD) and Long Peripheral Venous Catheter (Long PVC) Management Clinical Practice Standard
WACHS Patient Identification Policy
WACHS Oxygen Therapy and Respiratory Devices – Adult Clinical Practice Standard
PCH Oxygen Administration Guideline
WACHS Medication Assistance by Unregulated Health Workers Policy
WACHS Peripheral Intravenous Cannulae (PIVC) Management Clinical Practice Standard
WACHS Policy for Clinical Midwifery Specialists - Endorsed

13. Related WA Health System Policies

MP 0104/19 Medication Review Policy
MP 0078/18 Medication Chart Policy
MP 0104/19 Medication Review Policy
MP 0078/18 Medication Chart Policy
MP 0136/20 WA Health Gifts Benefits and Hospitality Policy
MP 0053/17 WA Clinical Alert MedAlert Policy
WA Health Patient Fees and Charges Manual

14. Policy Framework

Clinical Governance, Safety and Quality

15. Appendix

Appendix 1: Nurse Initiated Medications

This document can be made available in alternative formats on request for a person with a disability

Contact:	WACHS Chief Pharmacist		
Directorate:	Medical Services	**EDRMS Record #**	ED-CO-21-63325
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APPENDIX 1: Nurse Initiated Medications

Adult Patients

The following medications may be administered to an **adult patient** by a RN, or an EN (after consultation with an RN) who has undertaken an assessment of the patient without a medical officer's written or verbal order.

Supply of nurse initiated non-prescribed medication for discharge is only permitted for unscheduled medicines unless a SASA is in place.

The administration of these medications must be documented on the 'Once Only and Pre-Operative Medication' section of the MR170 series medication chart.

Dose prescribed should be appropriate for the patient and may involve multiple tablets of formulations listed below. Topical unscheduled medicines may also be prescribed.

Analgesics / Anti-inflammatory
- Paracetamol mixture or 500mg tablet formulation
- Aspirin
- Ibuprofen 200mg tablet
- Topical local anaesthetics

Antihistamine
- Loratidine
- Fexofenadine
- Promethazine (oral)

Bowel Stimulants
- Docusate (Coloxyl oral or rectal formula)
- Paraffin emulsion (Agarol mixture)
- Docusate with Senna
- Senna tablets
- Bisacodyl tablets
- Fruit Laxative (Nulax)

Bulk Laxatives
- Fibre supplements (Metamucil, Benefibre)
- Sterculia (Normacol, Granacol)
- Movicol

Enemas and Suppositories
- Microlax enema
- Glycerin suppositories
- Bisacodyl suppositories

Antacids
- Aluminium hydroxide (Gaviscon™, Mylanta™)

Ocular
- Ocular lubricants
- Fluorescein Sodium 2% stain (emergency department only)

Respiratory
- Salbutamol MDI with spacer
- Nebulised saline

Incidentals
- Glucose oral solution
- Sodium citro-tartrate (Citravescent/Ural/ Uricalm)
- Saliva Substitute
- Antiseptic throat lozenges
- Sodium citrate 8.8% 0.3M (single dose)
- Pholcodine linctus
- Glyceryl trinitrate sublingual
- Simethicone capsules
- Hyoscine butylbromide tablets
- Hirudoid/Lasonil
- Head Lice Treatments
- Permethrin 5% cream (Lyclear®)

Anaphylaxis
- Adrenaline Intramuscular

Paediatric Patients

The following medications may be administered to a **paediatric patient** by a RN, who has undertaken an assessment of the patient without a Medical Officers written or verbal order. **Subsequent repeat dose require medical review**.

Supply of nurse initiated non-prescribed medication for discharge is only permitted for unscheduled medicines unless a SASA is in place.

The RN must consult appropriate paediatric guide for administration of medications handbook e.g. Australian Medicine Handbook Children's Dosing Companion for **weight related dosing**.

The administration of these medications must be included in the 'Once Only and Pre-Operative Medication' section of the WACHS MR170D medication chart including documenting the basis for dose calculation e.g. mg/kg.

Analgesics/ Anti-inflammatory
- Paracetamol oral or rectal
- Ibuprofen
- Topical Local Anaesthetics
- Sucrose 25% solution

Antihistamine
- Loratadine

Respiratory
- Salbutamol (inhalational)
- Nebulised saline

Incidentals
- Wax removal ear drops (e.g. Cerumol®; Waxsol®)
- NaCl 0.9% nose drops
- Ocular lubricants
- Glycerine suppository (infant/child)
- Head Lice Treatments
- Permethrin 5% cream (Lyclear®)

Anaphylaxis
- Adrenaline Intramuscular