Medication Prescribing and Administration Policy

Contents

1. Purpose

Medications are the most common interventions used to treat patients in health services. Medication related incidents are the most common clinical incident type recorded in WA Country Health Service (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.

The Medication Prescribing and Administration Policy is for application across WACHS adult and paediatric services and includes hospital in the home, Home Hospital, community health and public health settings, sub-acute care, mental health, residential aged care and remote area nursing posts. For additional considerations for Home Hospital patients see Home Hospital Medication Management.

This policy covers the prescribing, administration, and supply of medication to patients and residents across WACHS. The WACHS Medication Handling and Accountability Policy is a complementing policy that specifies medication ordering, storage, handling and accountability requirements.

WA Health Mandatory Policy referred to in this policy are to be read, understood and adhered to by WACHS employees and contractors.

2. Policy

2.1 Scope of Practice for Prescribing and Administration of Medications

Health professionals who are involved with the prescribing and administration 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:

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

Scheduling of medicines is outlined in the Therapeutic Goods (Poisons Standard – June 2024) Instrument 2024.

In addition to the above practice standards, all prescribers of schedule 4 or schedule 8 medications must be credentialed within WACHS, be a doctor in training working with a credentialed medical practitioner or be authorised to prescribe by a CEO Health Structured Administration and Supply Arrangement (SASA) or current WACHS endorsed SASA. Endorsed Midwives may prescribe medications within the lawful practice of their profession and as per the WACHS Clinical Midwifery Specialists (Endorsed) Policy. Schedule 8 medications can only be prescribed by an endorsed midwife if they are also being administered by a midwife. Endorsed Podiatrists may prescribe medications within the lawful practice of their profession and in accordance with the WACHS Podiatry Endorsement for Scheduled Medicines Policy.

2.2 Medications Resources

Policy documents for use within WACHS are to be consulted in the first instance:

- WACHS Wide Policy Documents (A-Z policy, procedures, guidelines)

Supportive documents and references can be consulted for further information:

- Women and Newborn Health Service (WNHS) clinical guidelines for obstetrics, gynaecology and neonatology
- Child and Adolescent Health Service (CAHS) Neonatology Policy Sets
- Perth Children's Hospital (PCH) Paediatric Medication Monographs
- ChAMP Children's Antimicrobial Management Program Monographs and Guidelines
- WACHS Library

Clinical areas including medication preparation and storage areas must have a device to access the latest electronic resources at the point of care. If clinical areas utilise hard copy resources, managers are responsible for maintaining current versions (aligned to electronically available versions through the WACHS Library Service).

2.3 Medication Review

Medication review is a multidisciplinary responsibility and must be patient centred. It is comprised of four Standards:

1. Medication reconciliation on admission
2. Medication chart review
3. Patient education
4. Medication reconciliation at discharge/transfer of care.

Refer to the WACHS Medication Review Procedure (which aligns with the WA Health MP 0104/19 Medication Review Policy) for minimum requirements. See the Adverse Drug Reaction section for guidance on documentation and processes.

2.4 Initiation of Medications

Must comply with:

- The WA Statewide Medicines Formulary (WA SMF) restrictions if the medication is a formulary item. When a specialty listed in the formulary restriction is not available in the region, prescribing teams must seek the advice of the appropriate specialty prior to prescribing.
- Individual Patient Approval (IPA) processes via the electronic platform WAIPAS if the medication is a non-formulary item or being initiated outside of formulary listed indications. **Note:** Off-label medications refer to initiation of medications for indications that are not TGA approved and not listed on the WA Statewide Medicines Formulary. Explicit written consent to treatment is required per the WACHS Consent to Treatment Policy.
- Medication Access Program (MAP) processes if the medication is initiated via an access program, refer to WACHS Medicines Access Programs Procedure
- Clinical trial processes if the medication is initiated as part of a trial.
- Relevant Commonwealth and Western Australian regulatory controls, e.g. additional requirements related to the prescribing of monitored medicines including opioids, ketamine, benzodiazepines, miscellaneous S8, stimulants, cannabis-based products,

opioid pharmacotherapy (e.g. CPOP) and Scheduled 4 monitored medicines. See the WA Health Medicines and Poisons Regulation Branch Monitored Medicines internet page and the Monitored Medicines Prescribing Code for more information on requirements for initiation. ScriptCheck WA must be used in accordance with the code when prescribing S8/monitored medicines.
- Health practitioner (who is not an authorised prescriber) circumstances and conditions for initiating medications, e.g. SASAs (including Kimberley Ambulance Service), health practitioner initiated non-prescription medications

2.5 Continuation of Regular Medications

Regular medications taken prior to admission must be reviewed for appropriateness. Refer to the WACHS Medication Review Procedure.

Illicit and recreational use of monitored medicines (e.g. cannabis, stimulants or opioids) is illegal. Products that are not legally prescribed and dispensed for the patient and/or not being used for legitimate medical or research purposes may be classified as prohibited substances. Refer to section Prohibited Substances in WACHS Medication Handling and Accountability Policy.

Legally prescribed monitored medicines (e.g. cannabis, stimulants and opioid pharmacotherapy) can be continued during inpatient admission, i.e. the prescriber does not have to be an authorised prescriber for a limited duration, after which authorisation is required. Refer to the Monitored Medicines Prescribing Code for requirements for continuation in hospital settings. ScriptCheck WA must be used to confirm a valid authorisation and prescription.

2.5.1 Continuation of medicinal cannabis products

Confirm that the prescription for any medicinal cannabis product was legally obtained before creating a medication order for continuation, i.e. Australian citizens must have obtained medications via a valid Australian prescription for Schedule 4 (S4) and Schedule 8 (S8) medications. For example, medicinal cannabis products obtained online or from a pharmacy/supplier outside of Australia are **not lawfully obtained.** Note:
- Some schedule 4 medications can be imported for personal use provided there is a valid Australian prescription.
- Medications on the list of controlled and prohibited substances are not available for personal importation.

Inhaled medicinal cannabis products - there is no evidence supporting the safe administration of inhaled cannabis in an enclosed space. If no clinical alternative is available for the treatment for the patient, the treating team can consider alternate therapy locations that mitigate the risk to staff, other patients and visitors.

2.5.2 Continuation of opioid pharmacotherapy

Opioid substitution therapy (OST) is available to drug dependent individuals through the Community Program for Opioid Pharmacotherapy (CPOP). The Department of Health (DoH) manages the regulatory aspects of the program, and the Mental Health Commission's Community Pharmacotherapy Program (CPP) provides clinical support, advice, training and resources for clients, prescribers and pharmacists.

Medicines used for OST in the CPOP are methadone (oral liquid) and buprenorphine (sublingual tablets, sublingual films and long-acting injections).
If a person currently 'in treatment' on the CPOP becomes an admitted patient, treatment can be continued by the hospital prescriber whilst the patient is admitted provided the requirements in the Monitored Medicines Prescribing Code are met (refer to section 7.6 Opioid substitution therapy in hospitals in Part 7 Opioid Pharmacotherapy).

If it cannot be determined whether the patient is 'in treatment', OST doses must not be administered. Withdrawal from OST is safer than dosing the patient and risking overdose. The risk of overdose is considerably higher when:

- a patient on oral maintenance OST, has not received their usual oral OST dose for four or more days, or
- a patient in the induction phase of OST, has missed a single oral OST dose.

'In treatment' means:

- a prescriber is authorised to treat the person
- the person has received their doses in accordance with their prescription
- the person has a current opioid substitution therapy (OST) prescription
- with the introduction of long-acting buprenorphine injections for OST, a person would only be considered 'in treatment' if they have received their OST injection within the recommended treatment interval.

The following tasks and decisions are to be undertaken by the most appropriate local team member/s:

- independently determining whether the patient is 'in treatment' prior to providing any OST doses
- independently confirming the patient's current prescription, including OST medication, dose and frequency prior to providing any OST doses
- documenting the most recent OST dose received, including the medication, dose, dosing location and date/time of dosing (including accounting for any 'take away' doses provided to the patient by their usual dosing location)
- ensuring the patient's usual dosing pharmacy is aware of the patient's admission, discharge and any leave during admission
- where the patient is on the CPOP but not 'in treatment', contacting the patient's CPOP prescriber, or the CPP during usual office hours on (08) 9219 1913 or (08) 9219 1907 or CPOP Advisory Service (CAS) 24/7 on (08) 9442 5042 if the patient's usual CPOP prescriber is unavailable, for advice prior to prescribing or administering any further doses
- where induction of OST during inpatient admission is contemplated, contacting the CPP or CAS and ensuring prescribing is only by an authorised CPOP prescriber
- ensuring any requirements for analgesia are appropriately managed
- supplying OST medications to patient care areas in a safe manner, including when the patient presents outside pharmacy department opening hours
- supervising dosing to minimise the risk of diversion
- monitoring the patient for signs and symptoms of both overdose and withdrawal
- ensuring appropriate discharge planning occurs.

'Takeaway' doses and discharge prescriptions for OST must not be provided to patients. Public health service facilities are only authorised to provide supervised doses, not 'takeaway' doses. Any 'takeaway' doses brought into hospital with the patient must not be used to treat the patient or returned to the patient under any circumstances.

Discharge planning for patients participating in the CPOP must include liaison with the patient's existing dosing location (pharmacy or Next Step), existing authorised CPOP prescriber (if necessary) and/or CPP to ensure continuity of dosing is maintained at discharge.

Missed OST doses are not considered a medical emergency, and the patient may be able to delay a dose until pharmacy has reopened, and supply of the medicine can be made to the ward.

In the event a doctor has determined the OST dose is required for the patient and it is not feasible to wait for the pharmacy to open or stock is unavailable, the Regional Chief Pharmacist (RCP) or on-call pharmacist can be contacted for guidance regarding access and administration. A documented risk assessment must be undertaken.

Further information is available in the DoH documents:
- MP 139/20 Medicines Handling Policy
- Opioid Pharmacotherapy in Hospitals: Continuation, Withdrawal, Initiation and Discharge Arrangements Guideline
- Risk based Requirements for Medicines Handling

2.5.3 Continuation of Complementary and Alternative Medicines

Examples of complementary and alternative medications (CAM) include:
- traditional herbal medicines – including Aboriginal Bush Medicine
- some nutritional supplements
- vitamins and minerals
- homeopathic (diluted) preparations
- aromatherapy preparations including essential oils
- traditional Chinese medicines
- Ayurvedic (traditional Indian) medicines

The WA Therapeutic Advisory Group (WATAG) endorsed Position statement for the use of complementary and alternative medicines should be used to guide the use of all complementary and alternate medicines, including Aboriginal Bush Medicine. This document is comprehensive and includes, but is not limited to, the following:
- In the absence of evidence of any clinical benefit, continued CAM use may be acceptable if the treating team considers that the available evidence indicates no risk of harm.
- All CAM should be prescribed on a medication chart. CAM will not be supplied unless a locally endorsed process (such as for Aboriginal Bush Medicine) is in place, but patient's own medication may be administered if prescribed. Local policy governing the use of a patient's own medicines should also be applied.
- Where a CAM has been legally obtained, hospitals cannot legally prevent them being brought into hospital by patients' carers, relatives or friends or enforce their removal.
- When the treating team considers a CAM may have potential adverse effects (or interactions), it may be appropriate to ask the patient to sign a written acknowledgment form. This would inform the patient of the potential adverse effects and indicate that the treating team does not endorse the use of the CAM.
- Hospital staff should not be involved in the procurement or administration of unendorsed CAM. However, to minimise risk of harm and, in so far as hospital staff

can ensure, CAM labelling, storage and any self-administration should be in accordance with local hospital policies.

2.6 Adverse Drug Reactions

Refer to the following documents regarding requirements and processes for adverse reactions to medications:

- MP 0053/17 Patient Alert Policy
- MP 0053/17 Patient Alert Procedure for Adverse Drug Reactions
- Guidelines for the WA Hospital Medication Chart (WA HMC)
- Adverse Drug Reaction Information for consumers and carers (brochure).

When commencing a new medication or administering medicines/vaccinations, patients must always be monitored for signs and symptoms of adverse drug reactions (ADRs). Follow site escalation plan for a Medical Emergency Response (MER), as appropriate.

For guidance on the management of anaphylaxis, refer to the ASCIA Guidelines – Acute management of anaphylaxis. In-line with these guidelines, note:

- In an emergency any health professional may administer, without a written order, intramuscular adrenaline at a dose consistent with the ASCIA guidelines (ASCIA Guidelines: Adrenaline (Epinephrine) Device Prescription)) if it is within their scope of practice. When practicable, document the order and administration on the most appropriate WACHS endorsed medication chart, e.g. the “Once Only, Pre-Medication and Nurse/Midwife Initiated Medicines” section of the front of the WA HMC.
- All patients, after an initial capacity assessment, and who are known to carry an adrenaline device to treat anaphylaxis must always have their adrenaline devicepersonally available for self-administration while admitted to hospital, to avoid harm resulting from delayed administration.
- All patients who presented with, or experienced anaphylaxis during their admission, must be provided with an ASCIA Anaphylaxis Action Plan by the treating team prior to discharge.

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

ADRs 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 healthcare record, on all medication charts, electronic medication management (eMM) systems, and in the patient’s discharge summary:

- the generic name of the medication 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 healthcare record.

For any preventable ADR that occurs during a patient's admission that requires treatment or cessation of the medicine, documentation must also be notified via the Clinical Incident Management System (CIMS). Refer to the Medication Errors section.

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 Patient Alert Policy).

2.7 Medication Prescribing

Prescribing, in this policy, is the action authorising treatment. It relates to three different mechanisms:

- creating a prescription for dispensing by a pharmacist or supply by an authorised health professional.
- creating a medication order on a WACHS endorsed medication chart for administration.
- authorising administration (e.g. verbal orders).

The process of good prescribing can be broken down into four broad stages:
Information gathering which include past medical history, current medications and current assessment of the patient.

1. Clinical decision making including making a diagnosis and reviewing appropriate treatment options.
2. Communication in the form of conveying the prescribing decision in an effective manner to the patient and other health professional involved in their care. This includes obtaining informed consent from a patient where appropriate.
3. Monitoring and review of the expected outcome and for adverse events[5]

2.7.1 Minimum Prescription Requirements

A prescription is required in every circumstance where a patient is being administered, supplied, or dispensed a medicine, unless a SASA is in place.

A prescription is a document, written or electronic, containing specific medication details for a person's use. It enables the supply and administration of the medication and meets regulatory requirements. This includes medication orders for patient administration and leave/discharge/outpatient/day patient prescriptions.

When preparing prescriptions for dispensing at a pharmacy, virtual services such as telehealth must prescribe via eMedication. Where eMedication is not possible, a paper prescription (a handwritten prescription signed in ink by the prescriber, or a printed form generated by an approved electronic prescribing system and signed in ink by the prescriber) may be issued.

If a paper prescription cannot be given directly to a patient, it must be transmitted to the dispensing pharmacy via a secure electronic platform (email or fax). The original copy must then be provided or posted by the prescriber to the dispensing pharmacy within 24 hours of issue. The prescription must be annotated to indicate that a copy has already been sent to the pharmacy to prevent duplicate supply.

Prescriptions must include all the following information:

- patient name, date of birth, address and Medical Reference Number (MRN) if applicable. When using a pre-printed patient label the following must also be handwritten on:
- the medication chart: the patient's name
- handwritten prescriptions: the patient's name, address, DOB and MRN. Handwritten prescriptions must have all requirements in handwriting, except for the prescriber's name, address and telephone number which can be pre-printed onto the prescription paper
- generic medication name, except combination products containing more than 4 active ingredients and insulin preparations. Immunisation products (i.e. vaccines and monoclonal antibodies) should be prescribed with both antigen (generic) and brand name.
- dosage form (e.g. capsule, tablet, eye drop, injection, patch, oral etc) and strength
- dose, frequency, route and, where applicable, administration times
- indication where known and possible to document (important for "when required" medicines)
- rate and dilution (if necessary)
- date prescribed and if applicable date treatment is to commence and/or cease.
- name (at least once per chart and on each controlled medicine order) and signature (on each medication order) and address/telephone of the prescriber, or via electronic authorisation (using their HE number and password) in an endorsed eMM system.

In addition to the above requirements, the following is required for:

- S8 prescriptions for dispensing:
  - a minimum repeat dispensing interval
  - must not include any S4 medicines on the prescription
  - prescribers are not required to write parts of computer generated (printed) S8 prescriptions by hand, however all copies must still be signed
- Monitored medicines prescriptions:
  - prescribers must comply with the Monitored Medicines Prescribing Code and must use ScriptCheckWA when indicated.
- Prescriptions that are required to be PBS compliant i.e. discharge, outpatient, day patient also require:
  - to be written on PBS compliant prescription stationery or generated electronically. Specify the PBS prescriber number, include applicable PBS Authorities, the quantity or length of treatment and number of repeats permitted (if any).
  - PBS and non-PBS items may be included on same form.
- Patients approved for leave that require medicines, e.g. day leave:

- non-PBS prescriptions to supply or dispense, or
- completion of relevant section on the WA HMC.

2.7.2 Medication Orders for Patient Administration

An individual (within their scope of practice) can only administer medication to a patient if the medication order is completed on a WACHS endorsed medication chart. This includes verbal orders and nurse-initiated medications which must also be documented on an appropriate medication chart. The exception is aged care and multi-purpose services (MPS) sites using community pharmacy generated signing sheets for administration.

All medication orders for patient administration (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and medical gases such as oxygen and nitrous oxide) must be documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed eMM system.

Medication orders must be complete, legal and clear:

- Use the most appropriate WACHS endorsed chart. Dedicated medication charts must be used where available, unless not clinically appropriate, e.g. anticoagulation for dialysis can be charted on the WA HMC as this is more appropriate.
- Follow the principles in the Guidelines for the WA Hospital Medication Chart (WA HMC) to complete safe medication orders.
- Charts must include 3 core identifiers as defined by the WACHS Patient Identification Policy
- Only safe terminology is used (ACSQHC 'Recommendations for terminology, abbreviations and symbols used in medicines documentation').
- Generic names must 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, e.g. oxycodone where different formulations are available in the same strength, or where brands of high-risk medications are not bioequivalent (warfarin/infliximab).
  - immunisation products (i.e. vaccines and monoclonal antibodies), particularly where multiple products exist for the same disease (e.g. respiratory syncytial virus).
- Where medicines are available to be administered as a combination medicine (more than one medicine in the one product, e.g. tablet, capsule, inhaler, eyedrop, etc.), document on the medication chart as one order. If the combination medicine is not available for administration, the options are to:
  - clearly annotate on the one medication order which separate medicines to use for administration, e.g. "give one x 5 mg amlodipine tablet and one x 5 mg perindopril arginine tablet", or
  - chart as two separate orders (one for each medicine). For continuity of care, patients taking combination medicines pre-admission should have this reflected in their discharge summary medication list. Therefore, the following chart annotation on both orders may help: "Patient usually takes Coveram®
    - discharge on combination."
- Indication where known and possible to document (important for "when required" medicines).

- Dose times are written by the prescriber but may be adjusted where clinically appropriate by nurses, midwives (RM) or pharmacists (e.g. to avoid interactions with food).
- Paediatric orders must include the dose calculation (e.g. mg/kg/dose) or aged based dose, where appropriate (e.g. not required for medications with fixed dosing regardless of weight/age).
- Specialised medication charts are used for specific purposes. Many of the charts have associated policy documents for specific guidance on prescribing and administration – available via WACHS Policy Library.

For a complete list of WACHS endorsed charts, refer to:

- Health Record Forms SharePoint page to view the:
  - WACHS Forms Catalogue
  - Regional Forms Registers.
- Endorsed eMM system for electronic charts and order sets, i.e.:
  - the Oncology Management System - Charm®.
- Table 1 for external Health Service Provider forms that are endorsed for use in WACHS.

Medication Chart	Purpose	Access
MR 860 Fiona Stanley Standard Order Set	Cancer indications	Direct print from the WACHS Cancer Treatment Charts SharePoint page
MR 860 Fiona Stanley Standard Order Set	Non-cancer indications (e.g. Immunology, Gastroenterology etc)	Direct print from FSH – Pharmacy Charts

Table 1: External Health Service Provider Forms for use in WACHS

2.7.3 Verbal Orders

Verbal orders are prone to error and should only be used in emergency situations or situations where the time taken to create a medication order for administration is impractical or would adversely affect the patient.

A nurse or midwife may receive a verbal order from an authorised prescriber for a patient verbally (face to face), by telephone, visual platform or other electronic means.

The nurse or midwife who receives a verbal order must:

- confirm and record the identity of the prescriber
- confirm the identity of the patient with the prescriber using 3 core identifiers
- record the order in writing on the medication chart and repeat the medication order back to the prescriber
- second checker (nurse, midwife, or pharmacist) confirms the order with the prescriber, and co-signing.

For locations where a second staff member is not on site or accessible, the second checker is not required.

Verbal orders must be verified by the prescriber within 24 hours using one of the following methods:

- signing the verbal order which has been written onto the medication chart by the nurse or midwife
- providing a medication chart and clearly communicating that the medication order(s) have already been given verbally (i.e. not for administration)
- documenting the full details of the medication order(s) in the healthcare record.

Signing the verbal order is the most appropriate way to verify a verbal order when the prescriber can be on-site within 24 hours. Providing a medication chart or documentation in the healthcare record is relevant when the prescriber cannot be on-site within 24 hours (e.g. telehealth).

Verbal orders are only valid for 24 hours. If ongoing treatment is needed, another medication order is required.

2.7.4 Health Practitioner Initiated Non-Prescription Medications

A limited number of unscheduled, S2 and S3 medications are approved for initiation by a health practitioner (who is not a prescriber), e.g. nurses, midwives, pharmacists. See the following for approved lists, approved individuals, and criteria for initiation:

- Adrenaline (S3) in emergency situations - see Adverse Drug Reactions
- Nursing - Adults – Appendix: A
- Nursing - Paediatrics – Appendix: B
- Pharmacists – Appendix: C
- Pre-hospital – Appendix: D
- Sodium chloride 0.9% injection for IV flush – see IV Flushes.

Midwives employed in acute maternity settings can administer:

- medicines in accordance with circumstance/criteria included in SASAs.
- phytomenadione (Vitamin K) for newborns:
  - vitamin K is not a scheduled medicine and as such can be initiated by midwives without the need for a SASA. This is still required to be documented on the appropriate hospital medication chart.
  - administer in accordance with WNHS Neonatal Care Clinical Practice Guideline: Vitamin K Administration.

2.7.5 SASAs (Health Practitioner Initiated Prescription Medications)

Structured Administration and Supply Arrangements (SASA) can be used to authorise a health practitioner (who is not a prescriber) to supply or administer a medicine. Each SASA contains several important and mandatory conditions that must be observed by any person utilising the SASA. The SASA only applies to the persons and circumstances named within and are only valid when all the conditions are met, including any additional training required of the health practitioner. In WACHS there are two types of SASAs that apply to health practitioners, refer to Table 2 below.

<table>
<tr><th>SASA Type</th><th>Issued by</th><th colspan="2">Contact</th><th>How to Access</th></tr>
<tr><td>CEO of Health SASA</td><td>the Chief Executive Officer of Health</td><td colspan="2">Medicines and Poisons Regulation Branch
Mailing address: PO Box 8172, Perth Business Centre, WA 6849
Phone: 9222 6883
Email: MPRB@health.wa.gov.au</td><td>SASAs endorsed by the CEO of Health do not expire and can be found on the internet Structured Administration and Supply Arrangements (e.g. vaccination, STI – including syphilis, remote area nursing services, WACHS nurses starter packs etc).
Refer to the WACHS Medication Supply Procedure.</td></tr>
<tr><td rowspan="4">WACHS SASA</td><td rowspan="4">the Health Service Provider i.e. WACHS and applies to health practitioners employed in WACHS.</td><td>Midwifery SASA</td><td>Coordinator of Midwifery WACHS</td><td rowspan="4">SASAs endorsed internally by WACHS expire every 2 years. The ongoing need for the SASA and the information contained within the SASA must be reviewed by the relevant WACHS clinical lead (or equivalent) and submitted to the WACHS Chief Pharmacist for consideration and endorsed by the WACHS Medication Safety Committee and the WACHS Chief Executive Officer. A list of WACHS SASAs can be found on the WACHS Pharmacy SharePoint Page and individual WACHS SASAs can be found on the internet.</td></tr>
<tr><td>Nursing SASA</td><td>Coordinator of Nursing WACHS</td></tr>
<tr><td>Population Health SASA</td><td>Coordinator of Nursing - Community Health WACHS</td></tr>
<tr><td>Pre-hospital SASA</td><td>Regional Medical Director</td></tr>
</table>

Table 2: SASA types applicable to WACHS health practitioners (non-prescribers)

2.7.6 Nutritional Supplements

Care is required when administering oral nutritional supplements. The same requirements for safe 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 Clinical Practice Standard
- WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care Policy.

2.7.7 Oxygen Therapy

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.

2.8 Medication Administration

- Prior to administering any medication, the individual (within their scope of practice for administration) must:
- ensure the medication order is complete, legal, clear, safe, and has a legible signature of the prescriber (see medication prescribing)
- for S8 and S4R medications, 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 that the medicine has been stored correctly prior to administration and confirm that the medicine is not expired
- check the rate of infusion and to ensure that the infusion pump system is functioning
- ensure confirmation of medication/fluid compatibility, concentration, delivery rates and volumes are suitable for piggyback or concurrent administration must be undertaken before administration.
- adhere to the following six (6) principles of medication administration:
    - right medication
    - right individual (in accordance with the WACHS Patient Identification Policy)
    - right dose
    - right time
    - right route
    - right documentation.

2.8.1 Administration Record

Administration of medication to patients (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8 medicines, and medical gases such as oxygen and nitrous oxide) must be documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed eMM system.

The individual 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). If the medication requires an independent second check, the second checker
- is also required to sign the medication chart after administration.
- administer time critical medicines within 30 minutes of the scheduled dose. Non-time critical medicines will depend on the frequency of dosing:

  - for medicines administered more frequently than daily but less frequently than four hourly – may be administered within 60 minutes of the scheduled time
  - for medicines administered daily or less frequently – may be administered within two (2) hours of the scheduled time
- document the route and dose administered on the medication chart where alternative routes (oral/PR) or a dose range (e.g. 5 -10 mg) are ordered
- document the following when PRN medications are given:
  - the reason why they are given
  - the results obtained are to be documented in the patient progress notes.
- Administration of immunisation products (i.e. vaccines and monoclonal antibodies) must be recorded in Australian Immunisation Register within 24 hours, and no more than 10 working days after the relevant product is administered.

2.8.2 Reasons for Not Administering a Medication

When it is not possible to administer the prescribed medication, the reason for not administering must be recorded by entering the appropriate code and circling this code on the medication chart (circling the code will prevent being misread as someone's initials) and documenting in the patient healthcare record. Use the following codes available or document in full.

Reason for not administering Codes MUST be circled	
Absent	Ⓐ
Fasting	Ⓕ
On Leave	Ⓛ
Not available – obtain supply or contact prescriber	Ⓝ
Refused – notify prescriber	Ⓡ
Self-administered	Ⓢ
Vomiting	Ⓥ
Withheld – enter reason in clinical record	Ⓦ

Withholding administration of a medication should occur if:
- the order is not legal, clear or safe
- a change in the patient's condition warrants doing so.

Medications should generally be administered if the patient is pre-operative or nil by mouth (NBM) or fasting, unless specified by the treating team.

The prescriber/treating team must be notified as soon as practicable/possible if:
- the patient refuses a dose
- if the medication is unable to be sourced (after reasonable attempts have been made to obtain supply). Clinical consideration for alternatives must be made with a prescriber.
- if a medication or dose is withheld (see acceptable reasons for withholding administration above).

2.8.3 What requires an independent second check

An independent second check or independent double check is a process in which two clinicians independently check each component of prescribing, dispensing, and administering a medication.

Second check of preparation only (not administration to patient):
- IM, subcut, intradermal (e.g. vaccinations)

Second check required for all stages of administration:
- IV, epidural, intrathecal, regional therapies, rectus sheath
- S4R/S8
- Paediatric and neonatal administration (confirmation that the volume to be administered equals the prescribed dose).
- Cytotoxic/systemic anticancer therapies.
- Medications classed as High Risk Medications as determined in the WACHS High Risk Medications Procedure.

The following health practitioners can provide a second check:
- registered nurses
- medication competent enrolled nurses
- medical practitioners
- midwives
- nurse practitioners
- pharmacists
- enrolled nurses - as per Table 3.

Exception for second checks:
- when there is no one available on site, or accessible, to perform the second check e.g. single nurse sites, community administration (e.g. palliative care medicines) where the staff member is working alone.
- **note:** this exception does not apply to all Health Practitioners in all circumstances – for further details check the Health Practitioner restrictions below and Table 3.

Single nurse sites may seek support from remote services, e.g. Emergency Telehealth Service, to confirm the dose, preparation, and administration of high-risk medicines. This confirmation can be documented as such, i.e. not documented as a second check. Where a second check is not possible, the staff administering can document “single nurse site” or “second check not available”.

2.8.4 Who can administer Voluntary Assisted Dying substances

Voluntary Assisted Dying (VAD) substances are only to be administered by authorised people as per the WACHS Voluntary Assisted Dying Policy.

2.8.5 Registered Nurses and Midwives

Registered nurses and midwives may administer and check medications (within their scope of practice) as outlined in Table 3: Summary of Medication Administration Restrictions by Health Professional. Exception for second checks applies.

2.8.6 Medication Administration Competent Enrolled Nurses

Medication administration competent enrolled nurses (ENs) have completed medication administration education. They can administer the same as a registered nurse and midwife, however must:

- have an independent second check, i.e. exception does not apply
- have a second check at the bedside by a RN, NP, midwife, MP, or pharmacist when administering to paediatric and neonatal patients
- **not** administer epidural, rectus sheath or regional therapies - may check only
- **not** supervise medication administration by nursing/EN or midwifery students.

2.8.7 Enrolled Nurse

An EN will have a notation on their registration which advises that they have **not** completed medication administration education. They may:

- be allocated to patients who have IV infusions but will not be responsible for the IV therapy delivery
- check medications outlined in Table 3: Summary of Medication Administration Restrictions by Health Professional.

2.8.8 Students of Nursing and Midwifery

A student EN, registered nursing or midwifery student may check and administer medications under the direct supervision of an RN, NP, midwife, or MP after successful completion of medications content as per course requirements. The student:

- must have medication administration countersigned by their supervisor (listed above)
- is not permitted to act as 1st or 2nd checker for any medications
- may administer S4R/S8 medications but are not permitted to be a signatory in the registers
- **who is employed as a student midwife and who is also a RN can administer medications as per RNs.** Only administration of maternity specific medications and epidurals by a student midwife requires direct supervision of a midwife.
- in a Refresher Program RN/RM may only participate under supervision whilst on supernumerary placement.

A summary of medication administration restrictions by health professional is outlined in Table 3.

Key	Will include one or more of the following:
✓	Administer alone
✓✓	Administer alone after second check
✓✓	Administer at bedside with second checker
✓	Administer under RN/Midwife/NP direct supervision
C	check only
O	observe only
X	may not administer
©	Administer with evidence of competency
IS	Administer under indirect supervision

Medication, route, patient type	RN Midwife NP	EN	Medication administration competent EN	Nursing Students EN Students	Midwifery Students and Refresher Program
				• May only participate under direct supervision of a RN/Midwife/MP/NP after successful completion of medications content as per course requirements • Students must have medication administration countersigned by RN/Midwife/MP/NP • Not permitted to act as 1st or 2nd checker for any medications • Students not permitted to be a signatory in S4R/S8 registers checker • Refresher Program RN/RM may only participate under supervision whilst on Supernumerary placement • **Employed student midwives who are also RNs can administer medications as per RNs.** Only administration of maternity specific medications and epidurals by a student midwife require direct supervision of a midwife.	
Oral/Sublingual/Buccal	✓	C	✓	✓	✓
Eye, ear, nasal, topical, transdermal, inhaled	✓	C	✓	✓	✓
Vaginal or rectal	✓	C	✓	✓	✓
Intradermal, intramuscular, subcut	✓✓	C	✓✓	✓	✓
Intravenous	✓✓	C	✓✓	✓	✓
Epidural	✓✓©	X	XC	XO	✓©
Regional analgesia, rectus sheath, intrathecal	✓✓©	X	XC	XO	N/A
S4R and S8	✓✓	C	✓✓	✓	✓
Paediatric and neonate	✓✓	X	✓✓ 2nd checker must be an RN, NP, midwife, MP or pharmacist	✓	✓
Central access lines	✓✓©	X	✓✓©	XO	XO
Cytotoxic/systemic anticancer therapies	✓✓©	X	✓✓©	XO	XO
Dialysis	✓✓©	X	✓✓©	XO	XO
Vaccinations*	✓✓	X	✓✓	✓	✓
Vaccination SASAs**	✓©	X	✓© IS	XO	XO

Table 3: Summary of Medication Administration Restrictions by Health Professional

Vaccinations
Vaccinations (including other immunisation products i.e. monoclonal antibodies) that are prescribed by authorised prescribers can be administered by authorised health practitioners (within their scope of practice) in the inpatient setting or emergency department setting via a medication order (on an appropriate WACHS endorsed medication chart).
Administration must be recorded in Australian Immunisation Register within 24 hours, and no more than 10 working days after the relevant vaccination is administered.

To comply with these instructions nursing and midwifery students may administer vaccinations while on placement in the health service if they are always under direct supervision.

**Vaccination SASAs*
See SASAs for requirements

Health professionals identified in the CEO of Health Vaccination SASAs may initiate and administer vaccines without an authorised prescriber provided the training requirements are completed:

- WACHS requires completion of the Department of Health Immunisation clinical competency assessment tool as a once off on commencement with service. The RN/Midwife/NP assessor must be an immunisation provider with a minimum of two years of current immunisation practice
- completion of relevant/approved immunisation course
- attend applicable annual immunisation education updates either online or via face-to-face modalities
- a medication administration competent EN assessed as vaccine competent also requires indirect supervision by an RN/Midwife/NP who meets the above requirements

Indirect supervision is when the supervisor works in the same facility as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access, i.e. in the same building. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.

It is generally expected that in the case of indirect supervision that the registered nurse (RN) and enrolled nurse (EN) have the same employer. There may be situations where the RN and the EN may not have the same employer but work in the same facility or organisation. In these situations, clearly documented arrangements between the employers, supported by the RN(s) and the EN(s), must be in place. These documented arrangements should include details of all aspects of the supervision arrangements (including insurance) and describe how the RN will be available for reasonable access to ensure effective timely direction and supervision so that the delegated practice is safe and correct and public safety is ensured.

2.8.9 Unregulated Healthcare Workers

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

- reminding/prompting patients/residents 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 MP 0080/18 Assistants in Nursing Policy.

2.8.10 Sample Packs Provided by Pharmaceutical Representatives

Medication sample packs presented by pharmaceutical representatives to prescribers must not be administered or supplied to patients. Obtain medications in accordance with the purchasing and receiving of all other medicines. For further information refer to section 2.1 Medication Purchasing and Receiving of WACHS Medication Handling and Accountability Policy. Hospital facilities are of significant commercial interest to pharmaceutical companies and their representatives. Interactions between medical professionals and the pharmaceutical industry are governed by MP 0124/19 Code of Conduct Policy and MP 0136/20 Gifts Benefits and Hospitality Policy. Pharmaceutical industry representatives are expected to abide by the Code of Conduct of Medicines Australia in all interactions with hospital and health service employees.

2.8.11 Patient's Own Medication (POM)

Patients are encouraged to bring their own medications to the hospital to facilitate an accurate admission medication reconciliation and subsequent prescribing. Patient's own medicines should be stored securely for the duration of their admission to facilitate medication reconciliation at the point of discharge and disposal of any medicines that are no longer required.

It may be appropriate to use a patient's own medications to continue therapy during their admission (e.g. medication is not available on site). Patient's own medication (POM) may be used if:

- The prescriber has assessed the need for each POM prior to creating a chart order on an appropriate medication chart (see Continuation of regular medications).
- The patient/carer has consented to use their own medication during the admission, and this is documented in the healthcare record.
- The medications are clearly identifiable, in date, confirmed to be current and intended for administration during admission (e.g. via medication reconciliation).
- The patient/carer can confirm that the medications have been stored appropriately prior to admission and since being brought into hospital.
- The patient is advised they are not to self-administer without the nurse present and appropriate documentation on the medication chart.

Medication packed in either commercially or self-prepared dose administration aids (e.g. Webster Pak®) must not be used to administer regular medications for acute admissions due to the risk of administering medications ceased or withheld on admission. A complete medication reconciliation is required prior to administering medication from a dose administration aid (DAA) following an acute admission.

For non-acute patients where it has been confirmed that the charted medications match the contents of the DAA, the DAA may be used for administration.

Where a particular medication is only available from a patient's DAA and the medication can be clearly identified it may be used but must be removed from the aid and the remaining tablets discarded.

Refer to WACHS Voluntary Assisted Dying Policy for details, including the requirement for the substances to remain with the patient at all times.

See WACHS Medication Handling and Accountability Policy for Storage of POM.

2.8.12 Self-Administration of Medication by Patients

There are some instances where self-administration by the patient or carer is appropriate.

The following criteria must be met before a patient or carer is able to self-administer medications:

- the medication is prescribed on the relevant medication chart
- the medication is stored safely and appropriately while allowing access to it by the patient or carer
- the patient or carer is either:
  - accustomed to administering the medication, or
  - can demonstrate the knowledge and competency required to administer the medication.
- the medical practitioner must document on the medication chart if the patient can self-administer medications.

The nurse or midwife caring for the patient will be responsible for ascertaining the dose and time administered from the patient or carer and recording this information on the relevant medication chart.

If the medical practitioner has documented such, the patient is to be advised by the nurse 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 nurse 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 drawer or box with the key maintained by the patient and an appropriate staff member. Weekly balance checks, with a nurse 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.

Refer to the WACHS Voluntary Assisted Dying Policy with respect to storage and self-administration of the VAD Substance.

2.8.13 Medication Administration in Residential Aged Care

For guidance around the administration of medicines within residential Aged Care sites refer to the WACHS Medication Administration in Residential Aged Care Procedure.

2.9 Intravenous Administration

2.9.1 Intravenous therapy and infusion and bolus medication administration

Administration of intravenous (IV) therapy, infusions and bolus medications are to be independently checked at the bedside by two (2) individuals (within their scope of practice). It is the responsibility of the second checker, to adhere to the following:

- observe the prescribed/documented order
- observe the preparation of the medication
- identify the patient at the bedside with the person administering medication
- check known allergies prior to administration of medication
- check and confirm the rate/dose. This includes the prescription and infusion pump system programming and any post commencement rate change.
- observe the initiation of the medication administration, and
- sign, initial and document on the WACHS endorsed medication chart, or document and authorise electronically (using their HE number and password) in an endorsed eMM system.

When a medication is drawn up for administration (either neat or to be added to a diluent), the total dose drawn up should not exceed the prescribed dose, except when otherwise supported by policy and/or the Therapeutic Guidelines.

Where a medication or therapy is administered via an IV infusion, the individual administering must:

- use the most appropriate infusion pump system with dose error reduction software per the WACHS Parenteral Infusion Pump System with Dose Error Reduction Software Policy. If an infusion pump system with DERS is not available or clinically appropriate, consider use of alternative infusion control devices, e.g. burettes when appropriate to prevent accidental rapid infusion of large fluid/medication volumes. See paediatrics below regarding burettes.
- ensure an additive label, if required, is completed and attached. The completed label must be signed by two individuals (within their scope of practice) - refer to section Labelling, Changing Infusions, and Intravenous Lines.
- administer infusions of medicines directly after reconstitution/dilution.
- ensure all IV therapy, including those with additives (if prepared immediately before use) be used within 24 hours of preparation, or changed.

Intravenous S8 infusions may be administered by individuals (within their scope of practice) via a lockable infusion pumps system. The individual administering 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.

2.9.2 Neonate and paediatric IV administration

When administering intravenously:

- Neonatal/paediatric patients receiving IV therapy must have an infusion pump, set at the appropriate pressure setting (see MR176P WACHS Neonatal/Paediatric Intravenous Fluid Treatment). Set the volume to be infused (VTBI) each hour. If a pump is not available or clinically appropriate, e.g. in operating room/recovery area, a burette should be considered.

- Neonatal/paediatric patients under 30 kg a burette must also be added into the line to prevent inadvertent over infusion of fluid, and the burette should not contain more than 2 hours' worth of maintenance fluid.
- Babies under 18 months, medications should be infused via a syringe pump, or pushed if permitted, rather than using the burette. This is due to the excessive fluid volumes (pre/post flushes) incurred with medication administration using a burette.
- Hourly pump pressure checks and recording of PIVAS on the MR144P WACHS Neonatal/Paediatric Fluid Balance Worksheet, must occur when fluids or medicines are infusing continuously, as per WACHS Peripheral Intravenous Cannula Guideline.

The CAHS (PCH) and Women and Newborn Health Service (KEMH) medication guidelines for the treatment of neonatal patients can be used at WACHS. Specific medication guidelines and policies may have unique administration requirements (i.e. neonatal gentamicin IV injection should be given over 10 minutes).

2.9.3 Obstetric and gynaecological IV administration

WACHS endorses the use of the Women and Newborn Health Service (KEMH) clinical guidelines for obstetrics and gynaecology. These guidelines may have unique administration requirements, e.g. magnesium sulfate is given at a higher dose and concentration than standard magnesium replacement (see the WACHS High Risk Medications Procedure).

2.9.4 IV Flushes

Sodium chloride 0.9% injection for IV flush may be given without a medication order to:

- maintain venous access patency
- flushing the canula and/or IV line prior and post to prescribed medication.

The smallest volume of fluid possible should be used and must be documented if the patient is either paediatric or fluid restricted. Consider compatible diluents by referring to the Australian Injectable Drug Handbook. Refer to WACHS Peripheral Intravenous Cannula (PIVC) Guideline for more information.

For paediatric or neonatal guidance (including minimum volumes) refer to the PCH Peripheral Intravenous Cannula (PIVC) Insertion and Maintenance guideline, which includes a section on intravenous sodium chloride 0.9% flushing..

2.9.5 Intravenous Additives and Bolus Dose

When administering an intravenous medication, the individual (within their scope of practice) must ensure:

- they are aware of the Australian Society of Clinical Immunology and Allergy (ASCIA) Guideline for the Acute management of anaphylaxis
- that for the initial dose the authorised prescriber initiating treatment is aware the medication is being given and is on site, available to respond should an emergency 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
- that if the medication is added to a fluid, the fluid is confirmed as being compatible prior to administration

- that the medication does not pose an occupational risk. These include, but are not limited to: asparaginase, azathioprine, ganciclovir, cytotoxic medications, some monoclonal antibodies, kinase inhibitors and anti-angiogenesis agents - unless a risk assessment has been undertaken for the specified medication or an WACHS endorsed guideline exists.

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.

2.9.6 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:

- IV infusion bags and syringes are to be changed every 24 hours.
- IV fluid bags must not be taken down and reused once the insertion port has been punctured.
- IV fluid bags must be discarded if the bag integrity is breached, e.g. the bag is punctured or leaking.
- continuous IV lines are to have a completed IV change sticker attached to the line and are to be changed every 72 hours.
- 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 are 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.

2.9.7 Intravenous Medications Requiring Protection From Light

The table below lists medications which require protection from light. An amber IV administration set/line (pictured) is to be used when administering these medications.

Protect From Light IV Medications Requiring Amber Line
Alemtuzumab
Alglucosidase
Dacarbazine
Furosemide continuous infusions (not required for intermittent infusions)
Hydromorphone
Multivitamin (Cernevit®) Vitamins Multi
Nimodipine >10 hours
Phytomenadione
Vitamins Water Soluble

2.10 Fees and Charges for Medication

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

2.11 Medication Errors

Medication errors involving high risk medicines can lead to significant patient harm or death. Refer to WACHS High Risk Medications Procedure.

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:

- there is a deviation from a documented standard (policy, procedure)
- a medication is omitted, and the appropriate code has not been used, as per the medication chart codes
- a medication is not signed for
- 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
- a medication is given on the wrong date
- an incorrect medication is administered
- an incorrect dose is administered
- the medication is given by the incorrect route
- a medication is administered to the wrong patient
- an intravenous infusion is administered at the wrong rate
- where an adverse reaction requires treatment or cessation of the medicine.

Documentation must be completed as soon as practicable and be notified via the Clinical Incident Management System (CIMS).

For medication incidents pertaining to psychiatric patients, in addition to notification via CIMS, the error must be reported to the Office of the Chief Psychiatrist within 48 hours of the event.

3. Roles and Responsibilities

District Directors are responsible for ensuring implementation of this policy in their district.

Medical Directors / Directors of Nursing & Midwifery are responsible for:

- developing a management plan for health practitioners with undertakings on their registration in relation to medications requiring a management plan.
- communicating the development plan to the Regional Chief Pharmacist and the WACHS Chief Pharmacist

Authorised prescribers, including medical practitioners (MP), nurse practitioners (NP), endorsed podiatrists and endorsed midwives are responsible for:

- adequate assessment and history relative to the urgency of the situation is available before prescribing medications
- documenting relevant risk assessments prior to prescribing (i.e., VTE risk assessment)
- ensuring that all orders are documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed eMM system for administration within the health service.
- ensuring that all orders are complete and unambiguous
- ensuring that verbal orders are verified
- ensuring that medication supplied on discharge or leave has been prepared in accordance with labeling and packaging requirements and an appropriate prescription for this supply is kept in the patient's healthcare record
- ensuring that medication administered has been recorded within the patient's healthcare record on an appropriate medication chart.

The **nurse** or **midwife** is accountable for the safe administration of medications. This requires:

- sound knowledge of the use, action and usual dose, frequency of use, route of administration, precautions and adverse effects of the medications being administered
- that training has been completed in accordance with the nursing framework including medication safety training, best possible medication history training and infusion pump system with dose error reduction software training
- maintenance of competency with the medications available in their work environment.

Pharmacists are responsible for:

- assessment and documentation of medication history prior to admission to hospital
- clinical review of the prescribed medications during the admission
- assisting in the preparation of medication lists on discharge for complex patients and communication of the list to other care providers.

Any **registered health practitioner** with undertakings on their registration in relation to medications is required to declare the undertakings to their line manager and director.

An **Unregulated Health Worker (UHW)** including patient care assistants (PCA), assistant in nursing (AIN), Home and Community Care (HACC) support workers and Aboriginal healthcare workers (AHW)) are responsible for:

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

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Adverse events and clinical incidents relating to the management of medication, including the prescribing and administration of medicines, are to be notified via the approved clinical incident management system (CIMS), and managed as per the WACHS Medication Prescribing and Administration Policy and the WA Health MP 0122/19 Clinical Incident Management Policy 2019. The WACHS Medication Safety Committee and regional Medicines and Therapeutics Committees reviews clinical incident data relevant to medications.

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by WACHS Pharmacy Services.

The following means or tools are to be used in the review:

- National Standard Medication Chart Audit per MP 0078/18 Medication Chart Policy.

5. References

1. WA Health. MP 139/20 – Medicines Handling Policy [Internet]. Aug 2021 [cited 12 Aug 2024]. Available from: https://www.health.wa.gov.au/~/media/Corp/Policy-Frameworks/Public-Health/Medicines-Handling-Policy/Medicines-Handling-Policy.pdf

2. WA Health. MP 0131/20 - High Risk Medication Management Policy [Internet]. Feb 2020 [cited 12 Aug 2024]. Available from: High Risk Medication Management Policy.

3. Australian Government Department of Health and Aged Care. Access to Medicines [Internet]. Sep 2022 [cited 12 Aug 2024]. Available from: https://www.health.gov.au/topics/medicines/access.

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5. Lum E, et al. The Competent prescriber: 12 core competencies for safe prescribing. Aust Prescr 2013;36:13-6

6. Australian Injectable Drug Handbook, 8th Edition [online] Available at https://aidh-hcn-com-au.wachslibresources.health.wa.gov.au/browse/about_aidh.

7. Australian Commission on Safety and Quality in Health Care. Electronic medication management systems: a guide to safe implementation, 2nd edition. Sydney: ACSQHC; 2011

8. Department of Health, Disability and Ageing. Australian Immunisation Register Rules 2026 [internet]. 24 March 2026 [cited 01 May 2026]. Available from: Australian Immunisation Register Rules 2026 - Federal Register of Legislation

6. Definitions

Term	Definition
Administration	Administration may be defined as the actual giving of a medication orally, by injection, per rectum or other route.
Authorised person	An 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	Authorised prescribers are medical practitioners, nurse practitioners and podiatrists 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	When not otherwise defined by AHPRA, direct supervision is 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	An individual dose of a poison and includes a tablet, capsule, cachet, single dose powder, or a single dose sachet of powders or granules.
Dose Error Reduction Software (DERS)	Integrated safety software that uses a medication library with predefined limits for dosing and administration rates to prevent medication errors. The medication library is configured by specialist clinicians and tailored to local policies and patient requirements.
Electronic Medication Management systems	The electronic medication management (eMM) system is the entire electronic medication process, including software and associated hardware used to create and document the prescriber's medication order, the pharmacist's review of the medication order, the supply of medication, the documentation of medication administration, and all the processes in between. eMM can apply to:

	• Prescribing systems, such as general practitioner desktop systems or hospital clinical information systems that have electronic ordering • Decision support systems, such as evidence-based order sets, allergy checking and medicine interactions • Dispensing systems, such as pharmacy software and automated dispensing systems • Ordering and supply solutions, such as the electronic transfer of prescriptions (ETP) and inventory solutions • Electronic medical records. For the purposes of prescribing on a digital platform only the following systems are endorsed for use in WACHS: • eMedication • Oncology Management System (OMS) - Charm®. For the purposes of documenting the administration of medications digitally the following systems are endorsed for use in WACHS: • Oncology Management System (OMS) - Charm®
Infusion pump systems	Any mechanical device that applies pressure to administer medication or fluids in a controlled manner, and any associated hardware that forms a technology ecosystem. e.g. B. Braun Space Platform.

Medication charts	Are WACHS endorsed and used to document medication orders for patient administration, document pharmacist's review of the medication order and document medication administration within WACHS (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and oxygen). The chart is completed in a printed or written form or by means of an approved electronic medicines management (eMM) system.
	
	For a complete list of WACHS endorsed charts, see the:
	• Health Record Forms SharePoint page to view the:
	  ○ WACHS Forms Catalogue
	  ○ Regional Forms Registers
	• Endorsed eMM system for electronic charts and order sets, i.e: the Oncology Management System - Charm®
	• Table 1 for external Health Service Provider forms that are endorsed for use in WACHS.

Medication order	A type of prescription used as a direction to administer a medication by an authorised individual on a WACHS endorsed medication chart, e.g. the WA HMC, a speciality medication chart (including where approved as a State Form), an electronic order in an approved eMM system, and verbally (face to face) or by telephone, visual platform or other verbal electronic means.
Medication support for Unregulated Healthcare Workers	Medication prompting is described as assisting the client/resident/patient with self-medication and involves: • reminding and/or prompting the client to take the medication • assisting (if needed) with opening of medication containers for the client, **and** • other assistance not involving medication administration.

Monitored medicines	Monitored medicines are considered high-risk due to their potential to result in medication dependence and other harms, including in overdose. While these medications are widely prescribed and will help many patients, they may also be misused and diverted for non-medical use. See the Monitored Medicines Prescribing Code (previously the Schedule 8 prescribing code) for a complete list and requirements.
Nurse	Includes RNs and Medication Administration Competent ENs (i.e. excludes ENs who have a notation on their registration which advises that they have not completed medication administration education).
Prescription	A prescription is a document, written, printed or electronic, containing specific medication details for a person's use. It enables the supply and administration of the medication and meets regulatory requirements. This includes medication orders for patient administration and leave/discharge/outpatient/day patient prescriptions.
ScriptCheckWA	Real time prescription monitoring system and clinical tool with up to date information about which monitored medicines have been prescribed and dispensed for their patient. The information in ScriptCheckWA will help prescribers and pharmacists make safer decisions about the prescribing and dispensing of these higher risk medicines.
Structured Administration and Supply Arrangement	A Structured Administration and Supply Arrangement (SASA) 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 the Chief Executive Officer of CEO Health or by WACHS Chief Executive. SASAs issued by WACHS must be endorsed by the WACHS Medication Safety Group Committee and published on HealthPoint via policy or guidelines. For a list of WACHS SASAs and contacts see the Pharmacy SharePoint page A SASA **cannot** be used for **Schedule 8** medicines.
Systemic Anticancer Therapy	Systemic Anticancer Therapy (SACT) are medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy.
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, supplied by an authorised prescriber or supplied by an authorised health practitioner (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.

7. Document Summary

Coverage	WACHS-wide
Audience	Medical, nursing, midwifery, pharmacy, and any staff who work with medicines
Records Management	Health Record Management Policy
Related Legislation	• *Health Practitioner Regulation National Law (WA) Act 2024* (WA) • *Carers Recognition Act 2004* (WA) • *Medicine and Poison Act 2014* (WA) • Medicine and Poison Regulations 2016 (WA) • *Therapeutic Goods Act 1989* (Cth) • Therapeutic Goods Regulations 1990 (Cth) • Therapeutic Goods (The Poisons Standard) (Cth) • Work Health and Safety Act 2020 (WA) • *Voluntary Assisted Dying Act 2019* (WA) • *Mental Health Act 2014* (WA) • *Australian Immunisation Register Rules 2026* (Cth)
Related Mandatory Policies/Frameworks	• MP 0080/18 Assistant in Nursing Policy • MP 0136/20 Gifts Benefits and Hospitality Policy • MP 0104/19 Medication Review Policy • MP 0078/18 Medication Chart Policy • MP 0053/17 Patient Alert Policy • MP 0158/21 Smoke Free Policy • MP 0131/20 High Risk Medication Management Policy • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	• Central Venous Access Device (CVAD) and Long Peripheral Venous Catheter (Long PVC) Management Clinical Practice Standard • Clinical Midwifery Specialists (Endorsed) Policy • Critical Care Medication Administration for Adults Guideline • High Risk Medications Procedure • Medication Access Programs Procedure • Medication Administration in Residential Aged Care Procedure • Medication Assistance by Unregulated Health Workers Policy • Medication Handling and Accountability Policy • Medication Supply Procedure • Nitrous Oxide Policy • Oxygen Therapy and Respiratory Devices – Adult Clinical Practice Standard • Parenteral Infusion Pump System with Dose Error Reduction Software Policy • Patient Identification Policy • Peripheral Intravenous Cannula (PIVC) Guideline • Prevention of Maternal and Newborn Sepsis Policy

	• Primary Postpartum Haemorrhage Guideline • Voluntary Assisted Dying Policy
Other Related Documents	• PCH Oxygen Administration Guideline • WHNS Blood group and antibody screening in pregnancy clinical practice guideline • WHNS Group B streptococcal disease clinical practice guideline • WHNS Labour: third stage clinical practice guideline • WHNS Pain management (including labour non-pharmacological) clinical practice guideline • WHNS Perineal care and repair: Protection, assessment and management clinical practice guideline • WHNS Postpartum complications (including postpartum haemorrhage and uterine inversion) clinical practice standard • WHNS Neonatal care clinical practice guideline • WHNS Use of RhD Immunoglobulin (RhD Ig) in pregnancy protocol • WA Health Patient Fees and Charges Manual
Related Forms	All WACHS endorsed medication forms
Related Training Packages	Available from MyLearning: • High Risk Medications: High Risk Medications: Introduction (HRMINT EL2) • National Standard Medication Charts Declaration (NMCWA EL2) • Get it right! Taking the Best Possible Medication History Declaration (MDGIR EL2) • Medication Safety (MDSWA EL2) • High Risk Medications: Introduction (HRMINT EL2) • High Risk Medications: Insulin Declaration (HRMI EL2) • High Risk Medications: Anticoagulants Declaration (HRMA EL2) • High Risk Medications: Clozapine Declaration (HRMC EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3658
National Safety and Quality Health Service (NSQHS) Standards	1.03, 1.07, 1.08, 1.11, 1.23, 1.27, 2.05-2.07, 4.01, 4.02 4.03-4.09, 4.11-4.13, 6.05
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
5.00	18 June 2025	18 June 2025	Major amendments have been made to meet legislative changes, mandatory policy requirements, align with other WACHS policies, increase scope of practice and improve readability/clarity, including: • Requirements for the initiation and continuation of medications, including opioid pharmacotherapy (CPOP/OST), cannabis-based medicines, stimulants, complementary and alternative medicines • Podiatrist prescribing, health practitioner initiated medicines update e.g. adrenaline in anaphylaxis, pharmacist initiation/prescribing of medications restrictions, pre-hospital administration of medications • Prescribing specific information amended to meet updated legislative requirements and improve clarity • New SASA section added to condense all content related to SASAs within the policy and include links to the internet documents and Pharmacy SharePoint page • Amended administration information to summarise and increase clarity around independent second check and health practitioner requirements, aligned information with the implementation of infusion pump systems with dose error reduction software, included medications that require protection from light lines • Included patients own medication that was removed from the Medication Handling and Accountability policy • Removed content relating to supply that is now included in the Medication Supply Procedure.
5.01	05 March 2026	18 June 2025	Amendments have been made to align with WACHS requirements and improve readability and clarity, including: • Amended wording and formatting of Endorsed Medications Resources and included a caveat regarding maintenance of current versions of hard copy resources in clinical areas. • Inclusion of Kimberley Ambulance Service under initiation of medicines as per the SMF requirements for clarity. • Addition of the oversight of Regional Chief Pharmacist (RCP) to provide guidance regarding

			CPOP dosing for patients admitted where supply is a barrier. • Re-included nursing vaccination competency standards as a WACHS requirement as this is not explicitly indicated in the CEO of Health Vaccination SASA. • Inclusion of the Critical Care Medication Administration for Adults Guideline in Section 7 document summary
5.02	07 April 2026	18 June 2025	Minor amendment • Spelling correction in Appendix A
5.03	23 June 2026	18 June 2025	Amendments have been made to align with updated legislation and WACHS requirements for readability and clarity. • Amended wording of section 2.7.1 and 2.7.2 Minimum Prescription Requirements and Medication Orders for Patient Administration to include generic and brand name when prescribing immunisation products. • Added to 2.8.1 Administration Record and 2.8.8 Table 3, the requirements to record administration of immunisation products in the Australian Immunisation Register as previously not explicitly indicated. • Updated the References to include the Australian Immunisation Register Rules 2026. Which guide the updated reporting requirements.
5.04	25 August 2026	25 August 2026	Minor amendments: • additional details for medications requiring an independent second check • updated ASCIA links • addition of reference to patients in residential aged care.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery
Contact	WACHS Chief Pharmacist
Business Unit	Pharmacy Services
EDRMS #	ED-CO-21-63325

This document can be made available in alternative formats on request.

Appendix A: Nurse Initiated Medications - Adult Patients

Setting: Hospital
Patient scope: Adults
Individuals approved: RN, medication administration competent EN
Criteria:

The following medications may be initiated and administered to an **adult patient** by the above approved individuals without an authorised prescriber's written or verbal order, after patient assessment:

- Initiate for approved indications per the Australian Medicines Handbook. Document the indication in the patients' healthcare record and inform the medical practitioner
- Dose must be appropriate and may involve multiple tablets of formulations listed below. Topical unscheduled medications listed on the WA SMF may also be initiated.
- Document the medication order and administration details on the adult "Once Only, Pre-Medication and Nurse/Midwife Initiated Medicines" section of the WA Hospital Medication Chart (MR170A or MR171).
- The maximum number of doses allowed before medical practitioner review is required is two doses within a 7-day period, or > 24hrs of nicotine replacement therapy (NRT).
- If a medical practitioner is not available to review, a verbal order must be received before further medication is administered.
- Supply of these medications for discharge is only permitted for unscheduled medicines unless a SASA is in place.

Analgesics/Anti-inflammatory • Paracetamol mixture or 500 mg tablet • Aspirin • Ibuprofen tablet • Topical local anaesthetics **Anaphylaxis** • Adrenaline intramuscular **Antacids** • Aluminium hydroxide (Gaviscon®, Mylanta®) **Antihistamine** • Loratadine • 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	**Incidentals** • Glucose oral solution • Sodium citro-tartrate (Citravescent®/Ural®/ Uricalm®) • Saliva substitute • Antiseptic throat lozenges • Sodium citrate 8.8% 0.3M (single dose) • Glyceryl trinitrate sublingual • Simethicone capsules • Hyoscine butylbromide tablets • Hirudoid®/Lasonil® • Head lice treatments • Permethrin 5% cream (Lyclear®) • Topical unscheduled products **Nicotine Replacement Therapy** • Nicotine chewing gum, inhalator, lozenge, spray, or patch per WACHS Administration of the Alcohol and Tobacco Screening Tool and Brief Intervention Procedure **Ocular** • Ocular lubricants • Fluorescein sodium 2% stain (emergency department only) **Respiratory** • Salbutamol metered dose inhaler (MDI) with spacer • Nebulised saline

Appendix B: Nurse Initiated Medications - Paediatric Patients – Hospital Setting

Setting: Hospital
Patient scope: Paediatrics
Individuals approved: Registered nurse, medication administration competent EN
Criteria:

The following medications may be initiated and administered to a **paediatric patient** by a nurse without an authorised prescriber's written or verbal order, after patient assessment:

- Initiate for approved indications per the Australian Medicines Handbook. Document the indication in the patients' healthcare record and inform the medical practitioner
- Consult an appropriate paediatric guide for administration of medications handbook e.g. Australian Medicine Handbook Children's Dosing Companion for **weight related dosing**.
- Document the medication order and administration details on the 'Once Only and Pre-Operative Medication' section of the WACHS MR170D National Inpatient Medication Chart - Paediatric Short Stay including documenting the basis for dose calculation e.g. mg/kg. Administration, including the dose calculation, must have a second check at the bedside by a RN, midwife, medical practitioner, nurse practitioner or pharmacist.
- **Subsequent repeat dose requires medical practitioner review**. If a medical practitioner is not available to review, a verbal order must be received before further medication is administered.
- Supply of these medications for discharge is only permitted for unscheduled medicines unless a SASA is in place.

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®)
- Sodium chloride 0.9% nose drops or spray
- Ocular lubricants
- Glycerine suppository (infant/child)
- Head lice treatments
- Permethrin 5% cream (Lyclear®)
- Electrolyte rehydration solution (e.g. ORS®)
- Sodium chloride flushes – Refer to section 3.7.3
- Topical unscheduled products

Anaphylaxis
Adrenaline intramuscular

Appendix C: Pharmacist Initiated Medications

Setting: Hospital
Patient scope: Adults, paediatrics, neonates, obstetrics
Individuals approved: Pharmacist
Criteria:

A pharmacist, within their scope of practice, can initiate unscheduled, S2 and S3 medications without an authorised prescribers documented or verbal order, after patient assessment provided:

- initiation complies with section 2.3 (e.g. the formulary) and approved indications per the Australian Medicines Handbook
- initiation is in consultation with the treating team
- the rationale for initiating is documented in healthcare record and the medicines outlined as unscheduled, S2 or, S3
- if requiring administration, the medication order is documented on an appropriate WACHS endorsed medication chart and is completed
- supply of pharmacist-initiated medication for discharge is permitted.

Appendix D: Pre-hospital Initiated Medications

Setting: Pre-hospital

Patient scope: Adults, paediatrics, neonates, obstetrics as indicated per WACHS endorsed clinical guideline

Individuals approved: Paramedic, registered nurse, medication administration competent EN

Criteria:

An approved individual within their scope of practice, can initiate and administer the following list of unscheduled, S2 and S3 medications in the pre-hospital setting without an authorised prescribers documented or verbal order, after patient assessment provided:

- administration complies with the circumstances and requirements outlined in the WACHS clinical guideline for the specific medicine, formulation, strength, indication and patient type
- consulting with a prescriber when required per the indication
- documenting the rationale for administration in the healthcare record and outlining the medicines as unscheduled, S2, S3
- documenting administration on an appropriate WACHS endorsed medication chart.

Medicines per WACHS clinical guidelines

- Adrenaline (epinephrine) injection 1 mg/1 mL (1:1000) ampoule
- Adrenaline (epinephrine) auto-injector pen devices
- Aspirin 300 mg dispersible tablet
- Lidocaine and phenylephrine nasal spray 5%/0.5 % bottle
- Loratadine oral tablet 10 mg
- Glucagon hydrochloride 1 mg in 1 mL vial (hypokit)
- Glucose 10% intravenous infusion
- Glucose 5% intravenous infusion
- Glucose oral gel 15 g
- Glyceryl trinitrate 400 microg sublingual spray
- Naloxone hydrochloride nasal spray 1.8 mg/actuation (100 microL) single dose
- Oxygen medical gas cylinders
- Paracetamol 500 mg tablet
- Paracetamol oral liquid
- Salbutamol sulfate metered dose inhaler (MDI) 100 microg/dose
- Sodium chloride 0.9% intravenous infusion bag
- Water for injection 10 mL ampoules