

**CONTENTS**

1	SCOPE .....	3
2	POLICY STATEMENT .....	3
3	PURPOSE .....	3
4	GOVERNANCE AND LEADERSHIP .....	3
	4.1 Delegation .....	3
5	PROCEDURAL DETAILS .....	4
	5.1 Consent .....	4
	5.2 Infection Prevention and Control .....	4
	5.3 Medication Orders .....	4
	5.3.2 Standing Orders .....	5
	5.4 Assessment, Medication History and Reconciliation .....	6
	5.5 Principles for Safe Medication Administration .....	6
	5.5.1 Prior to Administration .....	6
	5.5.2 At Administration .....	7
	5.5.3 Documentation Following Administration .....	7
	5.5.4 Withheld/Missed Doses .....	7
	5.6 Medication Diversion/Misuse .....	8
6	CLIENT MANAGED MEDICATIONS .....	8
	6.1 Client’s Own Medication .....	8
	6.2 Shared Care for Medication Administration .....	8
	6.2.1 Sharing of Care When There Is a Planned Medication Regime or Care Plan ....	8
	6.2.2 Sharing of Care for the Management of Uncontrolled Symptoms e.g. Palliative Care .....	8
	6.3 Dose Administration Aids .....	9
	6.3.1 Pre filling of Dose Administration Aids .....	10
7	INJECTABLE MEDICATION .....	10
	7.1 Multi Dose Vials .....	11
	7.2 Vaccines .....	11
	7.3 Medication Labels .....	11
	7.3.1 Injectable Medication Labelling .....	11
8	CLINICAL TRIALS .....	12
9	COMPLEMENTARY MEDICATIONS .....	13
10	HAZARDOUS MEDICATIONS .....	13
11	HIGH RISK MEDICATIONS .....	13
	11.1 High Risk Medication Checking Processes .....	14
12	MANAGEMENT OF MEDICATION IMPREST SYSTEMS .....	15

12.1 Imprest and High Risk Medication Lists ..... 15

12.2 Storage and Imprest Management of Schedule 2, 3, 4 Medications at a Silver Chain Site  
15

12.3 Schedule 8 and Restricted Schedule 4 Medications ..... 16

    12.3.1 Storage ..... 16

    12.3.2 Imprest Management..... 16

    12.3.3 Transport Schedule 8 and Restricted Schedule 4 Medications to the Client’s  
Home ..... 16

    12.3.4 Auditing ..... 17

12.4 Remote Primary Health Starter Medication Packs ..... 17

12.5 Medication Imprest Cupboard Keys ..... 17

12.6 Registered Nurses Medication Bag Supplies – Palliative Care Services and Remote  
Primary Health Services Only. .... 17

    12.6.1 Palliative Care Services..... 17

    12.6.2 Remote Primary Care..... 18

12.7 Disposal of Expired Medications ..... 18

    12.7.1 Disposal of Expired Medications from a Silver Chain Group Site Imprest  
Cupboard and Any Medications Provided to the Client. .... 18

    12.7.2 Disposal of the Clients Own Medication (Including Schedule 8s) From the  
Clients Home..... 19

12.8 Medication Discrepancies Including Mandatory Reporting ..... 19

13 REGISTERED NURSE AND MIDWIFE INITIATED MEDICATIONS ..... 20

14 DEFINITIONS ..... 20

15 REFERENCES ..... 22

16 RELATED DOCUMENTS ..... 23

APPENDIX 1: LEGISLATION, GUIDELINES AND STANDARDS ..... 24

APPENDIX 2: DELEGATION BY A REGISTERED NURSE TABLE..... 29

APPENDIX 3: HIGH RISK MEDICATIONS AND CLIENT DOMAINS ..... 32

APPENDIX 4: INJECTABLE FLUIDS, MEDICATION AND LINE LABELLING ..... 46

APPENDIX 5: REGISTERED NURSE AND MIDWIFE INITIATED MEDICATIONS (ADULTS ONLY)  
..... 47

APPENDIX 6: REGISTERED NURSE AND MIDWIFE INITIATED MEDICATION (PAEDIATRICS)  
..... 48

## 1 SCOPE

This national document incorporates some policy statements and procedural guidance and is intended for use by direct care nursing staff, their direct supervisors and managers. This document should be read in conjunction with:

- *Medication Management and Authority to Prescribe CC-PP-003*
- *Medication Policy - Unregulated Care Workers CC-PP-002*
- All other medication policies, procedures, clinical protocols, clinical pathways and work instructions relevant to the appropriate Service.
- Documents and procedures relating to oxygen therapy.

## 2 POLICY STATEMENT

Silver Chain Group is committed to providing safe and highest quality care to all clients by meeting its obligations in relation to medication management as outlined in the *Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards (NSQHS), Standard 4 Medication Safety*, other relevant standards and legislation.

## 3 PURPOSE

The purpose of this medication policy/procedure is to provide a framework and instructions regarding safe medication management for Silver Chain Group nursing and midwifery staff.

This policy also applies to the management and administration of oxygen therapy.

## 4 GOVERNANCE AND LEADERSHIP

*Medication Management and Authority to Prescribe CC-PP-003* provides an overview of the organisation's medication management framework to ensure the safe and effective use of medicines in the community, specifically:

- Governance
- Leadership and responsibilities of Medical and Nurse Practitioners, Pharmacy Providers, Registered and Enrolled Nurses and Midwives and Unregulated Care Workers.
- Medication incident management including medication incidents or near miss incidents, adverse drug reaction reporting and medication discrepancies including mandatory reporting.
- Storage and imprest management including poisons permit/licence requirements
- Medication misuse and diversion
- High risk medications.

### 4.1 Delegation

Refer to *Medication Management and Authority to Prescribe CC-PP-003* and section 5.3 of this policy and Appendix 2 – Delegation Table (Competency Requirements for Checking and Administering Medication).

## 5 PROCEDURAL DETAILS

### 5.1 Consent

The organisations *Informed Decision Making and Consent Policy CC-PP-001* outlines the conditions under which implied and explicit consent should be applied.

### 5.2 Infection Prevention and Control

Appropriate infection control procedures apply when administering medications. This includes, but is not limited to, standard precautions including hand hygiene. Refer to *Infection Prevention and Control COR-PP-036*.

### 5.3 Medication Orders

Note: The label on a medication box/container is not a medication order.

All medications administered by Silver Chain Group nurses and midwives must have a current medication order. This order must be from an authorised prescriber, ie. medical or nurse practitioner. These orders can be on any Silver Chain Group referral forms, medication charts, telephone Verbal Orders forms or Standing Orders forms. The medication order must be the primary document or copy of a primary document with no evidence of transcription. The order may also be in the form of a letter from a medical practitioner.

Medication orders must be reviewed by the clients medical or nurse practitioner in accordance with a time frame that is appropriate in the particular circumstance. In the management of chronic disease clients this must not be greater than yearly.

Medication orders must be clear, legible and not open to misinterpretation and must contain:

- Three client identifiers - Client name and PID/date of birth/address
- Medication
- Dose of medication to be given
- Frequency of administration and rate of administration if relevant
- Route of administration
- Date of order
- Practitioners signature and printed name
- Practitioner's prescriber number.

In services such as Remote Primary Health in W.A. during urgent situations where Royal Flying Doctor Service is involved in providing medication orders, a consult number is appropriate and will replace the need for the Practitioner's prescriber number.

5.3.1 Telephone Verbal Orders When a medical/nurse practitioner is unable to be present to complete a medication chart, the order may be given verbally via telephone for a 24-hour period only and:

- Only a registered nurse or midwife is approved to receive a telephone verbal order for a 24-hour period.
- Medication competent Enrolled Nurses can receive a telephone verbal medication order. This order is only valid for the enrolled nurse receiving the order for a single occasion. The Enrolled Nurse must also communicate the order to his/her supervisor.

- Prior to receiving a telephone verbal order, the nurse must make the medical/nurse practitioner aware of any allergies/adverse reactions or client assessments that may be of significance.
- The registered nurse, medication competent enrolled nurse or midwife must repeat the medication order to the medical/nurse practitioner with the numbers as separate words, for example 50mg as *five zero milligrams* and record the instruction on the relevant medication chart and in the client's medical record.
- When administering medications from a telephone verbal order, all the relevant actions in line with Safe Administration of Medication Section 5.5 in this document must apply.
- If a written order is not received within 24 hours, another telephone verbal order must be obtained from the medical or nurse practitioner.
- The medical/nurse practitioner prescriber must provide written confirmation of the telephone verbal order within 24 hours.
- If a telephone verbal order is not signed in the required timeframe, an incident must be recorded in the electronic incident reporting system and reported to the direct line manager.
- In Remote Primary Health sites, emergency medications may be prescribed via a telephone order or through the Emergency Telehealth Service (ETS). If a telephone order is received;
  - the Primary Health Remote Medication Record is faxed to the Prescriber for signing and returned within 24 hours
  - If a medication order is received via ETS, the signed ETS summary and medication order is imported into the client electronic notes in Best Practice
  - If a starter pack of a medication is dispensed, this must be done in accordance with CC-WI-123
  - Emergency medication administration should be documented as per Silver Chain procedures and Department of Health Medication guidelines and recorded in the:
    - Appropriate Drug Register book
    - *Primary Health Remote Medication Record CC-FRM-339*
    - Client electronic notes in Best Practice.

### **5.3.2 Standing Orders**

Silver Chain Group has a number of Standing Medication Orders, all of which are available electronically from the Nursing Procedure Manual/Nursing Procedures/Standing Medication Order.

All Standing orders are reviewed every 12 months.

When administering from a standing medication order:

- All the principles of Safe Medication Administration section 5.5 of this policy must apply to standing orders.
- Standing orders must contain sufficient information for staff administering the medication (or supplying for administration where applicable) including the medication's form, strength, dose, route of administration and frequency of administration.

- Each medication on a standing medication order must be signed by the medical practitioner on the standing order documentation.
- A copy of the standing order must be available either in the client's medical record or visible electronically.
- Any medication administered according to a standing order must be recorded in the client's medication record and will reflect the Standing Order.

#### **5.4 Assessment, Medication History and Reconciliation**

A comprehensive medication assessment and reconciliation is completed with the client, using any available information from discharge summaries and their General Practitioner prior to the administration of medications and at any subsequent client reviews. This needs to be as comprehensive as possible but also needs to take into consideration those services that provide urgent and emergency care.

The nursing assessment includes:

- Assessment of the client: initial and on-going assessment of client's relevant physical, cognitive, cultural, psychological and safety needs.
- Medication history: including all medication that has been prescribed, over the counter and complementary medicines, the need for medications, any known allergies or previous adverse reactions.
- Medication reconciliation: is completed with the client as well as using any available information from discharge summaries, pharmacy and their General Practitioner while taking into consideration their clinical condition. This includes escalating any discrepancies or concerns to the client's medical practitioner.

#### **5.5 Principles for Safe Medication Administration**

Safe administration of medication requires:

- Conduct of checks including consent, identification, documentation and medication rights prior to and at administration of medication.
- The same person should select, prepare, administer and record the medication administered.
- Medications should be prepared for immediate administration to a single client and not retained for later use due to the risks of contamination, potential instability, mix-up with other medications and to maintain security of the medication.
- Unwanted portions of ampoules and tablets must be discarded at the time the dose is prepared.
- In those services where there is an urgent and emergency response, medications may be drawn up and administered for the acute event and discarded at the end of that event.

##### **5.5.1 Prior to Administration**

Prior to administration of medication, nurses and midwives will:

- Ensure there is a current and valid medication order as per section 5.3 of this policy and that the order is clear, legible and not open to misinterpretation.
- Determine whether the Medication is High Risk (Refer to Appendix 3) and section 11 of this policy to ensure the medication is safe to be administered in clients' environment and the correct checking processes are in place.
- Know the medications' therapeutic indication, contra indications, interactions, side effects, usual dose and potential for clients to experience an adverse event.
- Know the correct storage requirements of the medication.
- Know of any therapeutic monitoring required for the prescribed medication.
- Ensure all equipment for the safe handling and disposal of the medication is available.

### **5.5.2 At Administration**

At administration of medication, nurses and midwives will:

- Confirm consent.
- Ensure the medication has not been previously administered
- Client has no known allergies to the prescribed medication.
- Client is aware of the indication for the medication
- All appropriate checking processes have been applied in relation to high risk medications, medication calculations and any therapeutic monitoring.
- All medications are appropriately labelled as per section 7.3 of this policy.
- Apply the "6/8 rights of medication administration":
  - Right client
  - Right medication which also includes right indication and right effect
  - Right dose
  - Right time
  - Right route
  - Right documentation.

### **5.5.3 Documentation Following Administration**

- Nurses and midwives who administer medication to a client must sign the relevant medication charts including standing orders and telephone verbal orders.
- Where electronic medical records are used, the medication chart is then imported into the clients electronic file.
- Document clearly in black or blue indelible ink.
- Errors are scored out and the entry re-written. Errors are not to be obscured, eg with correction fluid.
- Transcribing of medication orders is not an accepted practice and any transcription is not a medication order.

### **5.5.4 Withheld/Missed Doses**

Nurses and midwives should use clinical judgement to assess the client's clinical status and determine if medications should be administered.

If a dose is not administered for other than a predetermined or prescribed reason, the nurse or midwife must:

- Document appropriate code on the medication chart.
- Document the event in the progress notes with any relevant client assessment information and rationales.

- Consult the prescribing medical practitioner/nurse practitioner and document outcome.
- Report on the electronic incident management system.

## 5.6 Medication Diversion/Misuse

Silver Chain Group are committed to looking at all options that allow staff to care for clients as well as ensure the safe management and administration of medications, particularly when there are challenges around the use of Schedule 8 and Restricted Schedule 4s.

In situations where the client or their family have a history of medication misuse or diversion and require provision of Schedule 8 or Restricted Schedule 4 medications, the nurse or midwife together with the prescribing medical/nurse practitioner must:

- Complete a medication contract (*Treatment Contract Service CC-FRM-725*).
- Consider other actions to assist in safe management, such as but are not limited to: provision of a locked box; single prescriber and negotiation with pharmacists to control the medication supply.

## 6 CLIENT MANAGED MEDICATIONS

### 6.1 Client's Own Medication

In the community setting, any medication prescribed and purchased by the client is their own and in most circumstances, they or their carer are responsible for the administration of the medication.

The client is responsible for the storage, transport and disposal of any medication that they own. In the case when a Silver Chain Group staff member is administering the client medication, all the principles outlined in Section 5.5 Safe Administration of Medication must apply.

### 6.2 Shared Care for Medication Administration

The sharing of care for medication administration (including injectable medication) with external providers or carers is not encouraged. Risk factors should be assessed by the nurse before accepting this method of medication management.

#### 6.2.1 Sharing of Care When There Is a Planned Medication Regime or Care Plan

If sharing of care for medication administration with external providers or carers is accepted, nurses and midwives will ensure that the medication regime is planned, predictable, safe and ensure:

- Carers are supported and educated in relation to safe administration of medication, the care plan, documentation, and actions to take if they have any concerns.
- Clear documentation in the client medical record regarding each person's/organisation's responsibility in the medication management plan.
- Documentation must be available to all providers and the carer involved that clearly identifies who has given the medication and when it was given.
- External providers must obtain a medication order for the medications they are to administer.

#### 6.2.2 Sharing of Care for the Management of Uncontrolled Symptoms e.g. Palliative Care



Sharing of care for medication administration when there is a requirement for a carer or client to be involved in the management of uncontrolled symptoms where an injectable medication is required to be drawn up by the registered nurse and left for the client / carer to administer e.g. Palliative Care Services, must be considered carefully.

In deciding if it is appropriate or safe to involve a carer or client in managing uncontrolled symptoms by administering injectable medication drawn up by a registered nurse, the following should be considered:

- Oral medication remains the preferred route for the involvement of clients and carers in the management of uncontrolled symptoms.
- It has been established that there is no reversible cause for the symptom.
- If possible, a registered nurse should visit and review the client's symptoms, discuss with the medication practitioner or administer the appropriate medication from a standing or PRN order.
- In situations where carer involvement in administering injectable medications will provide the best outcome for the client, the first consideration should be to instruct the client or carer how to draw up and administer the medication. If this is not able to be achieved and the only option is for the nurse to draw up and leave the medication for the client/carer to administer, then the following should apply:
  - Medications can be drawn up and left in a safe, secure place for a **24-hour period only**.
  - Medications should be labelled as per Medication Labelling Table Appendix 4 and include a label explaining what symptom the medication controls e.g., pain, vomiting.
  - Client/carer must want to be involved in administering the medication and can comfortably perform all aspects of safely administering the medication, including identifying why they are administering the medication, to control what symptom and which medication they are going to administer.
  - Prior to administering the medication, the client/carer should call the nurse to verify they are administering the correct medication for the correct symptom. If this is not possible then greater vigilance in regards to the client/carers comfort and ability to administer should be in place.
  - It should be clearly documented in the client's notes what medication has been drawn up.
  - The following day the client/carer must be visited to assess what medication has been administered. All unused medications should be discarded.
  - If medication has been administered, the nurse should discuss what actions should be taken with the medical practitioner in relation to ongoing symptom management.

### 6.3 Dose Administration Aids

It is preferred that nurses and midwives administer medications from the container in which the medicine is dispensed. If a medication-dispensing unit is required, it must be in the form of a sealed Dose Administration Aid (SDAA) filled by a Pharmacist. Pharmacists must adhere to current PSA guidelines for provision of a SDAA service. If a client has a SDAA prepared by a pharmacist, the

nurse can only administer these medications if a medication order is available. *SA nurses also need to refer to Admission of a Client using a Sealed Dose Administration Aid CC-WI-485.*

In addition, the following needs to be visible:

- First name, surname, date of birth and address of client.
- Name and strength of all medicines.
- Colour, shape and details of manufacturer's marks to enable identification of individual medications (this is a requirement for SA).
- Date the pharmacist has prepared the SDAA.
- Date, day of week and time the medication is to be administered.
- Any cautionary and advisory labels.
- An identification in a prominent position that other medications are contained in another SDAA (eg 1 of 2).
- If a client is also receiving a Schedule 8 medication in South Australia (only), these medications are packed into a separate, labelled SDAA.

When there is a change to the client's medication regime, the SDAA is to be returned to the pharmacy.

### **6.3.1 Pre filling of Dose Administration Aids**

In rural and remote areas and for some state specific programs (e.g., HIV and Homeless programs) where there is a need for an administration aid and there are no pharmacies available to pre-fill them, the nurse may be required to do so. In the following circumstances:

- It can only be filled by a registered nurse.
- It is preferred that the client or their carer is able to administer the medications.

However, delegation of administration from an administration aid to an unregulated care worker is supported when:

- Care provision in the area is reliant on the support of providers other than registered nurses.
- The care worker has successfully completed appropriate competency based education.
- The care worker has been assessed and is competent to do so.
- The medication regime is stable.

## **7 INJECTABLE MEDICATION**

No injectable medication should be drawn up and left for the client or carer to administer except in circumstances outlined in section 6.2.2 of this policy.

Some injectable and oral medications are considered to have an increased risk of anaphylaxis or are considered to be high risk. Prior to administering any injectable medication, the following sections of this policy should also be considered:

- Section 11 High Risk Medications
- Appendix 3 – High Risk Medications
- 7.3.1 Injectable medication labelling
- Appendix 4 - Injectable Fluids, Medication and Line Labelling
- Any policies, procedures, clinical protocols, clinical pathways, care plans and work instructions related to intravenous medications, the use of access devices, pumps etc.

## 7.1 Multi Dose Vials

Injectable medications stored in multi-dose vials are single use except when intended for the sole use of an individual (eg insulin).

The nurse/midwife will ensure:

- The vial is stored and discarded as per manufacturers' recommendation.
- The client's name and the date the vial was opened is recorded on the vial.
- Any unused portion of a medication in a vial or unused portions of reconstituted medications are to be discarded.

## 7.2 Vaccines

This section should be read in conjunction with *Vaccine and Pharmaceutical Fridge Monitoring CC-WI-761* and *Medications – Immunisations CC-NPM-6.17* for information in relation to:

- Safe and effective delivery and administration of vaccines.
- The competency and educational requirements for registered nurses and midwives

Vaccinations are **NOT** to be administered to clients except in the following Services:

- SA - Hutt Street Nursing Clinic in Hutt Street Homeless Centre
- SA - Westcare Nursing Clinic at Westcare Homeless Centre
- WA - Remote Primary Health Services.

## 7.3 Medication Labels

All prescribed medication (any route) prepared and dispensed by a pharmacist to be administered by a nurse or midwife must bear a pharmacy label. The label must be clearly decipherable, written in English and state:

- Clients' first and surname
- The name of the medication
- Strength of the medication
- Diluent (if appropriate)
- Expiry date

### 7.3.1 Injectable Medication Labelling

Labelling is **NOT** required when preparation and bolus administration of a single medicine from a single syringe are one uninterrupted process where the syringe remains in the hand of the person who prepared it and the same person administers the medicine immediately.

Preparation of injectable medicines for bolus injection or infusion is complicated with multiple opportunities for error. The Australian Commission on Safety and Quality in Healthcare released the *National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (the Labelling Standard)* in September 2015 to mitigate the risk in the safe administration of injectable medicines. Refer to Injectable Fluids, Medication and Line Labelling Appendix 4.

When the nurse or midwife is required to prepare, and administer medications to align with the above standard the practice principles for labelling are:

- All medicines and fluids removed from the manufacturer's or pharmacy's original packaging must be identifiable.
- Any medication leaving the hands of the person preparing the medicine must be labelled. In an emergency, where there are staff available and labelling can occur without compromising the speed of the emergency, labelling of medication should apply.
- Labels used must comply with the Australian Commission on Safety and Quality in Healthcare standards for User applied labelling of injectable medicines, fluids and lines.
- Labelling containers - all containers (e.g. bags, syringes) containing medicines leaving the hands of the person preparing the medicine must be labelled and:
  - Only one medicine should be prepared at a time and labelled before the preparation and labelling of a subsequent medicine.
  - Labels must be applied immediately
  - Labels must be located on the front of containers, bags, be applied to the barrel of the syringe and should not obscure any graduations.
- Labelling of administration lines – all administrations lines must be labelled:
  - With the name/route of the line if the clients' medication is going to continue beyond the time of when the nurse is present in the clients' residence eg 24 hour infusions – IV, SC, intrathecal and epidural.
  - With the name/route of the line and the name of the medication if more than one line is being used. This is to ensure the same line is being used each time for the same medication.
- Any medicine or fluid that cannot be identified (e.g. in an unlabelled syringe or other container) it is considered unsafe and should be discarded.

## 8 CLINICAL TRIALS

Silver Chain Group nurses and midwives will not be involved in the administration of any medication or therapy as part of a clinical trial, or any medication or therapy that is in any way experimental or without sanction from the Therapeutic Goods Administration (TGA).

Any medication ordered by a route other than is recommended will be escalated to the appropriate clinical risk management committee for approval.

If a referred client is participating in a clinical trial the registered nurse will:

- Contact the clinical line manager prior to accepting the referral for the client, with the details of the medication/therapy being requested for the client and all other clinically pertinent information.
- Escalate to the appropriate governance committee outlined in *Medication Management and Authority to Prescribe CC-PP-003* to decide whether or not all clinical, legal, financial and ethical obligations have been considered and if it is appropriate for Silver Chain Group to be involved in the care of the client or not. If there is to be involvement in the client's care, the conditions under which Silver Chain Group will be involved needs to be clearly documented and discussed with all relevant parties.

## 9 COMPLEMENTARY MEDICATIONS

Clients may wish to continue any complementary therapy. The client and their carer are responsible for the care and administration of any complementary therapies.

If the client has had a specific device, e.g., a central venous access device inserted for the administration of a complementary therapy, Silver Chain Group staff will not be involved in the management of the central venous access line (including regular flushing).

## 10 HAZARDOUS MEDICATIONS

- Nurses and midwives employed by Silver Chain Group will not administer, draw up or reconstitute medications that are deemed unsafe for use in the home environment.
- Only those medications stated on the High Risk Medication list (refer to Appendix 3) are deemed to be safe to be administered by Silver Chain Group nurses and midwives except in an emergency situation at a Remote Primary Health sites under the instruction and guidance of a Medical Practitioner.

## 11 HIGH RISK MEDICATIONS

### Refer to Appendix 3 High Risk Medications

High risk medications can be defined as those which have a heightened risk of causing significant or catastrophic harm when used in error. These medications require increased vigilance when used and include medications with a low therapeutic index and medications that present a high risk when administered via the wrong route or when other system errors occur. These include vaccinations and the following groups of medications:

- A** Antimicrobials
- P** Potassium, other electrolytes, psychotropic medications
- I** Insulin
- N** Narcotics/Opioids
- C** Chemotherapeutic agents (including cytotoxic medications)
- H** Heparin and other anticoagulants
- S** Systems

High risk medications permitted to be administered from each of the categories above, together with any risk mitigation or additional considerations, are outlined in *CC-INF-568* and attached as Appendix 3. No high risk medication other than those listed in *High Risk Medication and Client Domain Register CC-INF-568* can be administered without the approval of the appropriate governance committee outlined in *Medication Management and Authority to Prescribe CC-PP-003* except for:

- Those oral medications dispensed by a Pharmacist in a sealed dose administration aid (SDAA). Nurses and unregulated care workers may administer from a SDAA in any Silver Chain Group service.
- Remote Primary health staff under the direct instruction of ETS, RFDS or an Emergency Department Consultant.

It is also recognised that certain client domains also seem to have increased risk and include:

- Paediatrics
- Palliative
- Remote Primary Health Service Clients
- Pregnant
- Bariatric

Risk mitigation strategies for the above client domains are also outlined in *CC-INF-568* and attached as Appendix 3.

### 11.1 High Risk Medication Checking Processes

In addition to the above requirements, increased vigilance is required. *High Risk Medications CC-INF-568* attached as Appendix 3 describes the requirements necessary for checking high risk medications and whether a single nurse or two person check is required prior to and at administration. The following principles need to apply when checking:

- All single and double checking procedures must be in line with *Section 5.5* in this policy – Safe Administration of Medication *Section 5.5.1* Prior to Administration and *Section 5.5.2* At Administration.
- The identity of the person who checked the medication needs to be clearly documented on the medication chart.
- Any breaches to the checking process must be recorded on the electronic incident management system.
- Single check - One nurse or midwife can check and administer the medication.
- Double check - Refers to performing the medication checking procedure by two people. The two people in the checking procedure **MUST** involve the nurse or midwife administering the medication and a second person. The second person could be:
  - Another nurse or midwife present with the nurse or midwife administering the medication
  - The client/carer, provided the client or carer can read and understand English, can participate in the checking procedure confidently and are willing to be involved. For High Risk medications that require a calculation prior to administration a second RN should be used for the double check.
  - Another nurse or midwife available virtually via blue jeans or another video conferencing system or on the telephone. The second nurse or midwife must be able to view the medication order electronically (on line) while the nurse administering the medication clearly articulates slowly all aspects of the checking procedure out loud so the second nurse can hear and confirm the medication order. If possible, the client needs to also identify themselves using three identifiers e.g., name, date of birth and address.
- In Remote Primary Health Care in WA where there is only one remote area nurses and remote nurse practitioners present at a Silver Chain site and they are located in remote rural regions, a single checking process may be the only option. However, consideration should be given to all aspects of the double-checking options prior to a single checking process being chosen.
- When telephone verbal orders have been received, the double check is initially with the medical practitioner and can only be performed using a single checking process for a 24 hour

period only or until the written medication order has been received. Once the written medication order has been received then a double checking process where appropriate should apply.

- All Paediatric and infant medication requiring a calculation are double checked with another RN as outlined above however in SA must be done with the use of a video conferencing system.

## 12 MANAGEMENT OF MEDICATION IMPREST SYSTEMS

This section should also be read in conjunction with *CC-WI-036 Management of Pharmaceuticals*.

Management of medication imprest systems includes the storage, managing imprest cupboards and medication refrigerators, disposal of medications, maintaining and auditing Schedule 8 and Restricted Schedule 4 registers and managing medication discrepancies.

For those Silver Chain Services where medications are stored the following systems and processes must be in place.

### 12.1 Imprest and High Risk Medication Lists

- There must be an approved imprest list for all Schedule 2/3/4/8 and Restricted Schedule 4 medications stored at a Silver Chain Group site. These lists must be appropriate to the client population and kept to a minimum.
- The Imprest list (including high risk medications) must be visible at a Silver Chain Group site to all staff.
- Annual review of imprest lists including high risk medications must be performed and approved by the appropriate governance committee outlined in *Medication Management and Authority to Prescribe CC-PP-003*. These lists will also be available electronically from the Nursing Procedure Manual/Imprest Lists.

### 12.2 Storage and Imprest Management of Schedule 2, 3, 4 Medications at a Silver Chain Site

- Schedule 2, 3, 4 medications must be stored according to state legislation in a lockable storage facility (eg. cupboard, drawer, fridge, filing cabinet) to which the public does not have access.
- Schedule 2, 3 and 4 medicines requiring refrigeration must be stored according to state legislation in a locked room with a refrigerator, or a locked refrigerator see *Management of Pharmaceuticals CC-WI-036* and *Vaccine and Pharmaceutical Fridge Monitoring and Escalation CC-WI-761*.
- No medications other than those on an imprest list should be stored on a Silver Chain Group site, except for elastomerics and other Schedule 4 medication delivered from Silver Chain approved pharmacy provider for a particular client. These medications must be labelled by the pharmacist with the client's details, stored separately to imprest medications and delivered to the client as soon as is reasonable.
- All registered nurses removing medication from the imprest cupboard should only remove the amount required for an individual client.
- No medication can be returned to the imprest cupboard once it has been removed.

- Registered nurse midwife will take precautions to protect all Schedule 2, 3, and 4 against theft or loss and ensure a cold chain is maintained for temperature dependent medications while in transit – keeping them out of sight in the boot of the car.
- In the remote primary health clinic, on receipt of all medical and pharmaceutical supplies with expiry dates, details are to be entered on the *Expiry of Consumables Register Form CC-FRM-165* that is kept onsite and may be audited by LARU.

### **12.3 Schedule 8 and Restricted Schedule 4 Medications**

#### **12.3.1 Storage**

- Schedule 8 and Restricted Schedule 4 medications must be stored according to state legislation in a lockable storage facility to which the public does not have access.
- Schedule 8 and Restricted Schedule 4 medications – on receipt of these drugs, the confirmation form is to be signed and returned to the supplier with a copy kept onsite.
- Schedule 8 and Restricted Schedule 4 medications are to be stored separately from Schedule 2,3 and 4 medications in a double locked, fixed cupboard or safe on the premises. Schedule 8 and Restricted Schedule 4 medications must not be stored with any other items.
- All Schedule 8 and Restricted Schedule 4 medications must be recorded and monitored using a register. This register must be a bound book with consecutively numbered pages. A separate page must be used for each form, each strength and each brand of medication. The register should be an approved HA14 register.

#### **12.3.2 Imprest Management**

- Separate registers must exist for Schedule 8 and restricted Schedule 4 medications.
- When adding or removing medications to/from the Schedule 8 and Restricted Schedule 4 cupboards, the registered nurse or midwife will perform a double checking process with a second midwife or nurse (can be a medication competent enrolled nurse) except in situations when there is only registered nurse present (e.g., at Remote Primary Health sites or afterhours in Palliative Care Services when only one registered nurse is at a Silver Chain Group site).
- In all circumstances, the registered nurse will also:
  - Complete the medication register at the time the medications are added, removed or destroyed.
  - Correct any mistakes made by making an entry in the next available line in the register with an entry on the next available line in the register and a second registered nurse to witness.
  - Report all irregularities in the count to the line manager immediately and on the electronic incident management system.
- All Schedule 8 and Restricted Schedule 4 medication registers must be stored for seven years and be able to be produced on request for inspection to authorised inspectors.

#### **12.3.3 Transport Schedule 8 and Restricted Schedule 4 Medications to the Client's Home**

When transporting Schedule 8 and Restricted Schedule 4 medications to a clients' home, the registered nurse:



- Must take precautions to protect all Schedule 8 and Restricted Schedule 4 medications against theft or loss and ensure a cold chain is maintained for temperature dependent medications while in transit – keeping them out of sight in the boot of the car. *Refer Management of Pharmaceuticals CC-WI-036.*
- Record entry of any Schedule 8 and Restricted Schedule 4 medication into the client's medication record. *Palliative Schedule 8 Medications Record CC FRM-301 and Palliative Restricted Schedule 4 Medications CC-FRM-537.*

#### **12.3.4 Auditing**

Auditing of medication registers are performed regularly as per the audit schedule:

- In Remote Primary Health, a single registered nurse should check the master register monthly with audits being performed when visiting registered nurses or medical practitioners are available.
- In all other Silver Chain Group sites, a weekly audit of the registers will be performed by a registered nurse and a second nurse (can be a medication competent enrolled nurse).

#### **12.4 Remote Primary Health Starter Medication Packs**

Starter pack medications are only to be used in Remote Primary Health sites in WA.

Starter medication packs are to be used and a register maintained in accordance with *Primary Health Remote – Starter Pack Pharmaceuticals CC-WI-123.*

#### **12.5 Medication Imprest Cupboard Keys**

In WA, medication keys are always kept in the possession of the registered nurse/midwife or locked in a key safe, only accessible by registered nurses/midwives.

In SA, QLD, NSW and Victoria, medication keys are kept in the possession of the registered nurse OR medication competent ENs, as approved by the RN or midwife if there are no RNs available.

Medication cupboard keys are not to leave the Silver Chain Group site.

Any discrepancy or lost keys are reported to the supervisor/CNCM and recorded in the electronic incident reporting system.

#### **12.6 Registered Nurses Medication Bag Supplies – Palliative Care Services and Remote Primary Health Services Only.**

Only registered nurses working in a Palliative Care Service and Remote Primary Health Services may carry minimal supplies of medications to respond to uncontrolled symptoms in a timely manner or provide an urgent or emergency response.

##### **12.6.1 Palliative Care Services**

- The medications kept in the registered nurses' bag must be kept to a minimum without compromising the response for client.

- The list of medications and quantities must be approved by the appropriate governance committee outlined in *Medication Management and Authority to Prescribe CC-PP-003*.
- All medication bags must be kept securely and in the possession of the nurse at all times either on their person, locked in the boot of the car in a secure garage or secured in a safe place in their residence.
- Monthly audit of these medications must be performed.

### **12.6.2 Remote Primary Care**

Medications taken out of the clinic to provide an urgent or emergency response should be transported in the Remote Primary Health Emergency bag. Schedule 8 drugs must be carried securely by the Registered Nurse on their person.

The list of medications and quantities is included in the Primary Health Remote Emergency Drug List and must be approved by the appropriate governance committee outlined in *Medication Management and the Authority to Prescribe CC-PP-003*.

## **12.7 Disposal of Expired Medications**

Silver Chain is committed to the safe disposal of medications in the community.

### **12.7.1 Disposal of Expired Medications from a Silver Chain Group Site Imprest Cupboard and Any Medications Provided to the Client.**

For those medications provided by Silver Chain from an imprest cupboard the following should apply in relation to disposal. Refer to *Waste Management, General, Clinical and Related Wastes CC-WI-053*.

- No medications can be returned to the imprest cupboard.
- In Country Primary Health Remote sites in WA Schedule 8 and Restricted Schedule 4 medications should be disposed of in accordance with the Health Department of WA guidelines and the Department of Environmental Protection guidelines.
- In all other sites, expired medications can either be:
  - Returned to a pharmacy: All Schedule 8 and Restricted Schedule 4 medication must be returned to a pharmacy. The pharmacist must sign the medication register together with the registered nurse transporting the medication. The pharmacist must also record their provider number or the pharmacist can provide a receipt confirming the medications were returned and this can then be recorded in the medication register by two nurses. The receipt must also be attached.
  - Schedule 2,3,4 medications can be returned to a pharmacy if the pharmacy is willing to take them or disposed of in a tamper proof bin registered for the disposal of medications (red top bins) and collected by an approved clinical waste disposal provider. This method of disposal is NOT suitable for Schedule 8 or Restricted Schedule 4 medication disposal or elastomerics.
  - Elastomerics can be disposed of in a clinical waste bin, provided the client details on the label have been de-identified, or return elastomerics to the pharmacy that dispensed them if the pharmacy is willing to take them.

### 12.7.2 Disposal of the Clients Own Medication (Including Schedule 8s) From the Clients Home

Nurses and midwives will not dispose of the client's own medications. The nurse and midwife will encourage the client to dispose of them safely by returning them to their local pharmacist and not to keep supplies of expired medication or medication that is no longer required.

In Palliative Care Services in WA where the client was a child and the medications were supplied by the public hospital there is a requirement that, after death of the client, all medications are removed from the home and taken to a community pharmacy.

In all Palliative care type services where is a concern in relation to medication diversion all attempts should be made to gain permission to remove the client's unused medications from the home and taken to a community pharmacy.

## 12.8 Medication Discrepancies Including Mandatory Reporting

Silver Chain Group are committed to the correct storage and use of medications in the community and any Silver Chain site. All medication discrepancies that occur either in the client's place of residence or a Silver Chain site will be investigated and appropriate actions taken.

For Silver Chain Group Services where all medication including Schedule 8 and Restricted Schedule 4 medication are the **property of the client**.

The nurse or midwife must report any discrepancies to:

- Direct line manager at the time of the incident.
- Enter the incident on the electronic incident management system.
- If the medication is a Schedule 8 medication the client should be provided with a copy of *Report of Missing Schedule 8 Medication CC-INF-513* that encourages clients to report the incident to the police.

For Silver Chain Group Services where medications including Schedule 8 and restricted Schedule 4 medication are the **property of Silver Chain – imprest stock**.

The nurse or midwife must report any discrepancies to:

- Direct line manager at the time of incident.
- Enter the incident on the electronic incident management system.
- If there is discrepancy between the inventory of the Schedule 8 or Restricted Schedule 4 stock and the register balance, there is are additional mandatory reporting requirement:
  - The poisons permit holder must report within 24 hours the incident to relevant state department.
  - If the loss or discrepancy is unexplained or identified as suspected misconduct or theft, it must also be reported to police.

Refer to *Client Incident and Feedback Management COR-PP-021* for additional information on Mandatory reporting requirements

### 13 REGISTERED NURSE AND MIDWIFE INITIATED MEDICATIONS

Registered Nurse and Midwife initiated medications should not be confused with providing medication advice to a client. The clients' medical/nurse practitioner should provide any medication advice and Registered Nurses and midwives should encourage the client to seek this advice.

- When administering registered nurse and midwife initiated medications, the registered nurse, midwife and medication competent enrolled nurse will do so according to specific medication related medications found in:
  - Product information supplied from the manufacturer with the medication
  - Australian Medicines Handbook
- Medication competent enrolled nurses must consult with a registered nurse prior to initiating any medication.
- Registered nurses and midwives are not to administer any medication in the absence of a medication order, with the exception of those approved as registered nurse and midwife initiated medications attached as Appendix 5 and Appendix 6.
- Registered Nurses and midwife initiated medication will not be administered on an ongoing basis without a discussion/review with an appropriate medical practitioner.
- The registered nurse and midwife will apply all the principles of Section 5.5 Safe Administration in this policy prior to administering any nurse initiated medication.
- If a client requires more than 2 doses of a registered nurse and midwife initiated medication within 24 hours or more than 2 doses on consecutive days, then a medical/nurse practitioner discussion/review should occur and a formal medication order obtained.

### 14 DEFINITIONS

Any reference to Silver Chain Group means Silver Chain Group Limited and each of its related bodies corporate (including but not limited to the Access Care Network Australia Pty Ltd) and Royal District Nursing Service SA Ltd.

<b>Must</b>	Indicates a mandatory practice required by legislation or considered by Silver Chain Group to be necessary in the interest of client safety.
<b>Should</b>	Indicates a recommended action that should be followed unless there is a sound reason or taking a different course of action.
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency.
<b>Adverse Drug Reaction (ADR)</b>	A harmful, unintended reaction to medicines that occurs at doses normally used for treatment.
<b>Cytotoxic</b>	An agent or process that is toxic to cells commonly used to control proliferation of cancerous cells. Includes chemotherapy and radiotherapy.
<b>Chemotherapy</b>	The use of any chemical agents that bind to and kills microbes and tumor cells.

<b>Complementary Medicines</b>	A group of diagnostic and therapeutic disciplines used together with conventional medicine. Examples include acupuncture and diet therapy.
<b>Enrolled Nurse</b>	Is a person who provides nursing care under the direct or indirect supervision of a Registered Nurse. They have completed the prescribed education preparation and demonstrate competence to practice under the Health Practitioner Regulation National Law as an enrolled nurse in Australia <sup>1</sup> .
<b>Medication Incident</b>	Any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the healthcare professional or client <sup>2</sup> .
<b>Medication Reconciliation</b>	A formal process of obtaining and verifying a complete and accurate list of each client's current medicines, and matching the medicines the client should be prescribed to those they are prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented. When care is transferred (eg between wards, hospitals or home) a current and accurate list of medicines, including reasons for change, is provided to the person taking over the client's care.
<b>Medication Near Miss</b>	An incident or potential incident that was averted and did not cause harm, but had the potential to do so <sup>2</sup> .
<b>Medical Practitioner</b>	A person whose primary employment role is to diagnose physical and mental illnesses, disorders and injuries and prescribe medications and treatments that promote or restore good health.
<b>Medicine</b>	Is any poison for therapeutic use <sup>3</sup> . The term " <b>Drug</b> " also refers to any poison for therapeutic use <sup>3</sup> .
<b>Midwife</b>	Is a person who has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or is legally licenced to practice midwifery.
<b>Nurse Practitioner</b>	A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes the assessment and management of clients using nursing knowledge and skills and may include but is not limited to initiation of diagnostic investigation, prescribing of medications and direct referral of clients to other health care professionals.
<b>Oxygen Therapy</b>	Oxygen is a prescribed treatment that has both positive and negative therapeutic effects.
<b>Scope of Practice</b>	Is that in which nurses are educated, competent to perform and permitted by law <sup>1</sup> .
<b>Standards of Practice</b>	Are the expectations of nursing and midwifery practice <sup>1,4</sup> .
<b>Unregulated Care Workers</b>	Paid employees, such as carers/care workers, personal care assistants/attendants, assistants in nursing and other health care workers not registered with the Australian Health Practitioner Regulation Agency.

<b>Schedule 2 Medication</b>	Pharmacy Medicine: Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.
<b>Schedule 3 Medication</b>	Pharmacist Only Medicine: Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.
<b>Schedule 4 Medication</b>	Prescription Only Medicine, or Prescription Animal Remedy: Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.
<b>Schedule 8 Medication</b>	Controlled Drug: Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
<b>Restricted Schedule 4 Medication</b>	As for Schedule 4 plus the propensity for misuse, abuse or illicit use is higher: as a result, strict controls are in place regarding maintaining ledgers.
<b>High Risk Medication</b>	Medications that are associated with a high risk of death or serious injury when inadvertently misused or administered incorrectly. High risk medications are linked to risk and therefore include medications from a number of the scheduled groups; client categories and systems of administration of the medication
<b>Temperature Dependant Medications</b>	Delicate biological substances than can become less effective or destroyed if they are frozen, allowed to get too hot, exposed to direct sunlight or fluorescent light.
<b>Cold Chain</b>	The system of transporting and storing vaccines and other temperature dependant medications within the safe temperature range of +2 <sup>0</sup> C to +8 <sup>0</sup> C <sup>5</sup> .

## 15 REFERENCES

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## 16 RELATED DOCUMENTS

This medication policy and procedure document is supported by:

- CC-PP-001 Informed Decision Making and Consent
- CC-PP-002 Medication Policy – Unregulated Care Workers
- CC-PP-003 Medication Management and Authority to Prescribe
- CC-PP-007 Management of Pharmaceutical, Clinical Consumables and Medical Equipment
- CC-PP-032 Aseptic Technique
- COR-PP-021 Client Incident and Feedback – Mandatory Reporting and Management
- COR-PP-036 Infection Prevention and Control
- CC-NPM-6.02A Medications - Insulin Administration
- CC-NPM-6.17 Medications – Immunisation
- CC-NPM-9.05 Medications - Cytotoxic Drugs - Safe Handling and Related Waste
- CC-WI-036 Management of Pharmaceuticals
- CC-WI-761 Vaccine and Pharmaceutical Fridge Monitoring and Escalation
- CC-WI-485 Admission of a Client Using a Sealed Dose Administration Aid (SA)
- CC-WI-053 Management of General, Clinical and Related Wastes

**APPENDIX 1: LEGISLATION, GUIDELINES AND STANDARDS**

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**APPENDIX 2: DELEGATION BY A REGISTERED NURSE TABLE**

DELEGATION BY A REGISTERED NURSE						
Medication	State	Advance Skills Intravenous Medication Competent Enrolled Nurse	Medication Competent Enrolled Nurse	Unregulated Health Care Worker	Tertiary Student Nurse or Re-registration Student	Enrolled Student Nurse
<b>Schedule 2: Pharmacy Medication</b>	NSW QLD SA VIC	Yes	Yes	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable. Clients funded under the Department of Veteran's Affairs may also be assisted with self-administered over the counter medication or prescribed/non-prescribed cortisone cream.	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
	WA	Yes	Dispensed medication only.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable. Clients funded under the Department of Veteran's Affairs may also be assisted with self-administered over the counter medication or prescribed/non-prescribed cortisone cream.	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
<b>Schedule 3</b>	NSW QLD SA VIC	Yes	Yes	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable.	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
	WA	According to scope of practice under direction of RN	Dispensed medication only.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
<b>Schedule 4</b>	NSW QLD VIC	Dispensed medication only	Dispensed medication only	Dispensed medication only	Only under the direct observation of registered nurse/midwife.	Only under the direct observation of registered nurse/midwife.

DELEGATION BY A REGISTERED NURSE						
Medication	State	Advance Skills Intravenous Medication Competent Enrolled Nurse	Medication Competent Enrolled Nurse	Unregulated Health Care Worker	Tertiary Student Nurse or Re-registration Student	Enrolled Student Nurse
<b>Schedule 4</b>	SA	Dispensed medication only.	Dispensed medication only.	Dispensed medication only	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
	WA	Dispensed medication only.	Dispensed medication S4 only. May check S4 preparation, administration or discard.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable.	Only under the direct observation of registered nurse/midwife	Only under the direct observation of registered nurse/midwife
<b>Schedule 4 Restricted</b>	NSW QLD SA WA	Dispensed medication only.	Dispensed medication only.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable.	Only under the direct observation of registered nurse/midwife	No
	VIC	Dispensed medication only.	Yes	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable	Only under the direct observation of registered nurse/midwife	No
<b>Schedule 8</b>	NSW QLD SA VIC	Dispensed medication only.	Dispensed medication only. May check S8 preparation, administration or discard.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable.	Only under the direct observation of registered nurse/midwife.	No

DELEGATION BY A REGISTERED NURSE						
Medication	State	Advance Skills Intravenous Medication Competent Enrolled Nurse	Medication Competent Enrolled Nurse	Unregulated Health Care Worker	Tertiary Student Nurse or Re-registration Student	Enrolled Student Nurse
	WA	Dispensed medication only. May check S8 preparation, administration or discard.	Dispensed medication only. May check S8 preparation, administration or discard.	Dispensed medication only from an approved DDA filled by a pharmacist when client is stable).	Only under the direct observation of registered nurse/midwife.	No
Intravenous, epidural or intrathecal Schedule 2, S3, S4 S8	NSW QLD SA VIC WA	No  S2 IV only	No  No	No  No	No	No
Infusions: reconstitute and add medications to infusions	All	No	No	No	No	No
Administer Infusions	All	No	No	No	No	No
Cytotoxic Medications	All except SA	No	No	No	No	No
	SA	Can administer under <b>Direct</b> supervision of an RN	Can administer under <b>Direct</b> Supervision of an RN	No	No	No

### APPENDIX 3: HIGH RISK MEDICATIONS AND CLIENT DOMAINS

High risk medications can be defined as those which have a heightened risk of causing significant or catastrophic harm when used in error. These medications require increased vigilance when used and include medications with a low therapeutic index and medications that present a high risk when administered via the wrong route or when other system errors occur.

No high risk medication other than those listed below can be administered without the approval of the appropriate governance committee outlined in *Medication Management and Authority to Prescribe CC-PP-003* except for those oral medications dispensed by a Pharmacist in a sealed dose administration aid (SDAA). Nurses and unregulated care workers may administer from a SDAA in any Silver Chain Group service.

Please Note: in South Australia - for medications that are not on the SCG approved list further escalation and discussion must occur with the referral source regarding safety of administration in the community setting prior to accepting the referral. If, following that discussion there are still safety concerns, then the SCG National Medical Director needs to be consulted.



HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
A	<p><b>Antimicrobials</b></p> <p>Penicillins and Cephalosporins are <b>NOT</b> considered to be high risk.</p>	<p><b>ANTIBIOTICS</b></p> <p><b>Only the following Aminoglycosides can be administered:</b></p> <p>Vancomycin Gentamicin Amikacin Tobramycin Daptomycin</p> <p><b>Only the following Carbopenems can be administered:</b></p> <p>Ertapenem Meropenem Imipenem Aztreonam</p> <p>Can be administered primarily in acute type services, palliative care type services and Remote Primary Health</p>	<p>IV via a volumetric pump or an elastomeric device.</p>	<p>Double checking process as per CC-NPM-6 section 11.1</p>	<p>Medical governance should be under a Medical Consultant preferably Infectious Disease or Respiratory Consultant for antibiotics listed as high risk. In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer.</p> <p>All state specific clinical protocols and Service Delivery Models articulating which Services can administer should apply.</p> <p>Anaphylaxis kits should be present when administering <b>ALL</b> antimicrobials.</p> <p>Any additional requests for administering antibiotics other than those listed and the penicillins and cephalosporins must be approved by the National Medical Director or appropriate Service specific governance committee.</p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
A	Antimicrobials	<p><b>ANTIFUNGALS</b></p> <p><b>Only the following to be administered:</b> Amphotericin Caspofungin Andulafungin</p> <p>Can be administered primarily in acute type services, palliative care type services and Remote Primary Health</p>	IV via a volumetric pump or an elastomeric device	Double checking process as per CC-NPM-6 section 11.1	<p>Medical governance should be under a Medical Consultant preferably Infectious Disease or Respiratory Consultant for all antifungals. In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer.</p> <p>All state specific clinical protocols and Service Delivery Models articulating which Services can administer should apply.</p> <p>Anaphylaxis kits should be present when administering <b>ALL</b> antimicrobials.</p> <p>Any additional requests for administering antifungals other than those listed must be approved by the National Medical Director or appropriate Service specific governance committee.</p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
<b>A</b>	<b>Antimicrobials</b>	<p><b>ANTIVIRALS</b></p> <p><b>Only the following can be administered:</b> Ganciclovir Foscarnet</p> <p>Can be administered primarily in acute type services, palliative care type services and Remote Primary Health</p>	<p>IV via a volumetric pump or an elastomeric device.</p> <p>Refer also to Medications – Cytotoxic Drugs – Safe handling and related waste CC-NPM-9.05.</p>	<p>Double checking process as per CC-NPM-6 section 11.1</p>	<p>Medical governance should be under a Medical Consultant preferably Infectious Disease or Respiratory Consultant for all antivirals. In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer.</p> <p>All state specific clinical protocols and Service Delivery Models articulating which Services can administer should apply.</p> <p>Anaphylaxis kits should be present when administering <b>ALL</b> antimicrobials.</p> <p>Any additional requests for administering antivirals other than ganciclovir must be approved by the National Medical Director or appropriate Service specific governance committee.</p>
<b>P</b>	<b>Potassium and other Electrolytes</b>	<p><b>Magnesium</b> can be administered in Remote Primary Care, Palliative Care type services and acute care type services.</p>	<p>IV via a volumetric pump</p>	<p>Double checking process as per CC-NPM-6 section 11.1</p>	<p>Medical governance should be under a Medical Consultant and administered in Acute Care Services and Palliative Services only. In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP</p> <p>Any additional requests for administering any other electrolytes in Acute Care or Palliative Services must be approved by the National Medical Director or appropriate Service specific governance committee.</p> <p>All state specific clinical protocols and Service Delivery Models articulating which Services can administer should apply.</p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
		<b>Calcium Chloride/Gluconate</b> for administration in Remote Primary Care only	IV via IV injection or a volumetric pump	Double checking process as per CC-NPM-6 section 11.1	In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP
		<b>Phytomenadione</b> for administration in Remote Primary Care only	Oral or IV	Double checking process as per CC-NPM-6 section 11.1	In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP
		<b>Sodium Bicarbonate</b> for administration in Remote Primary Care only	IV	Double checking process as per CC-NPM-6 section 11.1	In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP
		<b>Potassium</b> for administration in Remote Primary Care only	Oral	Single checking process	In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
P	<b>PSYCHOTROPICS</b>  <b>Benzodiazepines</b>	<b>Midazolam</b> for administration primarily in Palliative Care type services and Remote Primary Health  <b>Clonazepam</b> for administration primarily in Palliative Care type services and Remote Primary Health	Buccal, sub-cutaneous (SC) injection, SC infusion and intrathecal  Oral, SL, SC injection, SC infusion	Single check for all routes except for intrathecal and IV which is a double checking process as per CC-NPM-6 section 11.1 Single checking process	<p>Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.</p> <p>Any additional requests for administering benzodiazepines other than those listed should be approved by the appropriate Service specific governance committee.</p> <p>Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.</p> <p>Any medical practitioner and nurse practitioner (who are authorised to prescribed opioids and benzodiazepines) need to comply with the appropriate state based requirements which includes applying for authority to prescribe benzodiazepines using the following links:</p> <p><a href="http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines">http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines</a></p> <p><a href="http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx">http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx</a></p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
P	<b>PSYCHOTROPICS</b>  <b>Anti-psychotic</b>	<b>Haloperidol</b> for administration primarily in Palliative Care type services and Remote Primary Health  <b>Levomepromazine</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, sub lingual, SC/IV injection and infusion  SC/IV injection and infusion	Single checking process for all routes except for IV which is a double checking process  Single checking process for SC and double checking process for IV	Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.  Any additional requests for administering anti-psychotics other than those listed should be approved by the appropriate Service specific governance committee.  Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.
P	<b>PSYCHOTROPICS</b>  <b>Anti-emetic</b>	<b>Metoclopramide</b> for administration primarily in Palliative Care type services and Remote Primary Health  <b>Hyoscine Butylbromide</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, SC /IV injection and infusion  Oral, SC injection, SC infusion	Single checking process for SC and double checking process for IV  Single checking process	Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.  Any additional requests for administering anti-emetics other than those listed should be approved by the appropriate Service specific governance committee.  Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
<b>P</b>	<b>PSYCHOTROPICS</b>  <b>Anti-epileptic</b>	<b>Phenobarbitone</b> for administration primarily in Palliative Care type services and Remote Primary Health	SC injection and SC infusion	Double checking process	<p>Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.</p> <p>Any additional requests for administering anti-epileptics other than those listed should be approved by the appropriate Service specific governance committee.</p> <p>Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.</p>
<b>I</b>	<b>Insulins</b> Routine maintenance regimes are NOT considered to be high risk.	<b>All insulins</b> used during an <b>acute event</b> requiring a sliding scale or increased clinical decision making.	SC only except in Remote Primary Health	Double checking process as per CC-NPM-6 section 11.1	Insulins used will be the client's own insulin except in Remote Primary Health Service sites.
<b>N</b>	<b>Narcotic (Opioids) and other Sedative Agents</b>	<b>Morphine Sulphate</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, liquid, SC/IV injection, infusion and intrathecal.	<p>Single checking process for oral and SC injections</p> <p>Double checking process for all SC and intrathecal infusions and IV as per CC-NPM-6 section 11.1</p>	<p>Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.</p> <p>Routes (other than oral) should be administered primarily in Palliative Care type services and Remote Primary Health.</p> <p>Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.</p> <p>Any medical practitioner and nurse practitioner (who are authorised to prescribed opioids and benzodiazepines) need to</p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
		<b>Hydromorphone</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, SC /IV injection, infusion and intrathecal	Single checking process for oral and SC injections  Double checking process for all SC, IV and intrathecal infusions as per CC-NPM-6 section 11.1	comply with the appropriate state based requirements which includes applying for authority to prescribe benzodiazepines using the following links:  <a href="http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines">http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines</a>  <a href="http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx">http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx</a>
		<b>Oxycodone</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral	Single checking process	
		<b>Fentanyl</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, buccal, sub-lingual transdermal. SC /IV injection, infusion, intrathecal	Single checking process for oral, transdermal and SC injections  Double checking process for all SC, IV and intrathecal infusions as per CC-NPM-6 section 11.1	



HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
<b>N</b>	<b>Narcotic (Opioids) and other Sedative Agents</b>	<b>Methadone</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, SC injection, SC infusion and IV	Double checking process for routes as per CC-NPM-6 section 11.1	<p>Oral medications dispensed by a pharmacist may be administered in a SDAA by unregulated care workers and nurses.</p> <p>Requests for administration of this type of medication outside of the Palliative Care type services and Remote Primary Health must be approved by the appropriate Service specific governance committee through the direct line manager.</p> <p>Any medical practitioner and nurse practitioner (who are authorised to prescribed opioids and benzodiazepines) need to comply with the appropriate state based requirements which includes applying for authority to prescribe benzodiazepines using the following links:</p> <p><a href="http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines">http://ww2.health.wa.gov.au/Articles/N_R/Opioids-benzodiazepines-and-other-S8-medicines</a></p> <p><a href="http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx">http://www.health.nsw.gov.au/pharmaceutical/Pages/default.aspx</a></p>
		<b>Ketamine</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral, SC infusions and IV	Double checking process for all routes as per CC-NPM-6 section 11.1  Also, apply CC-INF-011 special considerations.	
		<b>Tramadol</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral	Single checking process	
		<b>Tapentadol</b> for administration primarily in Palliative Care type services and Remote Primary Health	Oral	Single checking process	

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
		<b>Buprenorphine</b> for administration primarily in Palliative Care type services and Remote Primary Health	Sub lingual and transdermal	Single checking process	
<b>C</b>	<b>Chemotherapeutic Agents (Ganciclovir is considered under anti virals)</b>	<p><b>Only</b> the following can be administered:</p> <p><b>Methotrexate</b></p> <p><b>Cytarabine</b></p>	<p>IM through a prefilled syringe only</p> <p>SC</p>	Double checking process as per CC-NPM-6 section 11.1	<p>Refer also to Medications – Cytotoxic Drugs – Safe handling and related waste CC-NPM-9.05.</p> <p>Any additional requests for administering chemotherapeutic agents other than what is listed must be approved by the National Medical Director or appropriate Service specific governance committee.</p>
<b>H</b>	<b>Heparins and Anticoagulants</b>	<p><b>All oral anticoagulants including:</b></p> <ul style="list-style-type: none"> <li>• Warfarin</li> <li>• NOACs</li> </ul>	Oral	<p>Double checking process as per CC-NPM-6 section 11.1</p> <p>Single check if from a SDAA</p>	<p>All state specific clinical protocols and/or Service Delivery Models should apply.</p> <p>Ensure all clients are provided with relevant state based client information booklets.</p>
		<p><b>Low molecular weight heparins (LMWH) all:</b></p> <ul style="list-style-type: none"> <li>• Enoxaparin</li> <li>• Dalteparin</li> <li>• Dabigatran</li> <li>• Apixaban</li> </ul>	SC – prefilled syringes only	Single checking process	<p>All state specific clinical protocols and/or Service Delivery Models should apply.</p> <p>Anaphylaxis kits should be present when administering <b>ALL</b> LMWH.</p>

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
		<b>Any other heparin regimes</b>  Administration in Primary Health Services only	All routes	Single checking process	In Remote Primary Health Medical Governance should be under the Medical consultant via RFDS, ETS, or Hospital Emergency Medical Officer, GP or NP.
Other	<b>Inotropes</b>  <b>Negative Inotrope</b>	<b>Dobutamine</b>  <b>Lignocaine</b>	IV  SC/IV/transdermal	Double checking process as per CC-NPM-6 section 11.1  Double Check	Only to be administered in the Home Hospital Service in WA and then only after the Home Hospital Medical Practitioner has discussed and formally accepted the client with the referring Hospital Medical Practitioner.  Only to use in Palliative Care Services under the direction of Palliative Care Specialist Physician ONLY
Other	Iron	<b>Ferric Carboxymaltose</b>	IV	Double checking process as per CC-NPM-6 section 11.1	Medical governance should be under a Medical Consultant except in WA where the governance can be held by a credentialed Home Hospital General Practitioner.  All state specific clinical protocols and/or Service Delivery Models should apply.  Anaphylaxis kits should be present when administering
Other	Vaccinations	<b>All child hood and adult vaccinations</b>	SC	Single check. Refer also to <i>Medications – Immunisations CC-NPM-6.17</i> and CC-NPM-6 section 7.2	Vaccinations are <b>only</b> to be administered in the following Services:  WA - Remote Primary Health Services SA - Hutt Street Nursing Clinic in Hutt Street Homeless Centre SA - Westcare Nursing Clinic at Westcare Homeless Centre

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
Client Domain	Paediatrics	All medications requiring calculations	All routes	Double checking process as per CC-NPM-6 section 11.1	<b>Risk mitigation strategies</b> Only those services that include paediatrics as part of the Service Delivery Model can administer medications to paediatric clients with appropriate evidence based protocols and work instructions, clinical governance and escalation. Doses should be co-written in mg/kg format as well as total dose so that the nurse can check the calculation.
Client Domain	Palliative Care Services	Medications listed above	All routes	Double checking as per this table and CC-NPM-6 section 11.1	<b>Risk mitigation strategies</b> Palliative care medication management in SCG is supported and guided by specific evidence based protocols and work instructions, appropriate clinical governance and escalation.
	Remote Primary Health Service clients	Medications administered in urgent and emergency	All routes	Single as usually only one nurse is present. However, if there is more than one nurse present then the double checking process should apply.	<b>Risk mitigation strategies</b> Urgent or emergency situations are managed, supported and guided by specific evidence based protocols and work instructions, appropriate clinical governance and escalation, and collaboration with partner agencies as appropriate.
	Pregnant women	All medications	Injectable	Double checking as per this table and CC-NPM-6 section 11.1	<b>Risk mitigation strategies</b> Only those services that include the administration of medication to women who are pregnant as part of the Service Delivery Model can administer medications to these clients.

HIGH RISK MEDICATION REGISTER				ADDITIONAL CONSIDERATIONS	
	Medication Type or Client Domain	High Risk Medicines	Route	Administration Checking Process by Nursing Staff	Governance, Protocols and Other Considerations
	Bariatric clients	All medications	Injectable	Double checking as per this table and CC-NPM-6 section 11.1	<p><b>Risk mitigation strategies</b>            Medication management for bariatric clients should be assessed individually and guidance obtained from the appropriate medical governor in the administration of high risk medications or to clarify medication orders for bariatric clients. Any concerns should be escalated to their direct line manager</p>

**APPENDIX 4: INJECTABLE FLUIDS, MEDICATION AND LINE LABELLING**

	INTRAVENOUS	SUBCUTANEOUS	INTRATHECAL	EPIDURAL	INTRAMUSCULAR & OTHER
<b>CONTAINER BAG, SYRINGE LABELS</b>					
<b>LINE LABEL</b>	Administration line is to be labelled with the name of the line if the clients' medication is going to continue beyond the time of when the nurse is present in the clients' residence.				
<b>LINE LABEL</b>	<p><b>IV cannula insitu:</b></p> <p><b>PICC line in situ:</b></p>				
					<p><b>MEDICATION LABEL:</b> A label with the name of the medication must be located on each administration line if there is more than one administration line insitu.</p>
<b>EXAMPLE OF HOW TO POSITION MEDICATION AND LINE LABELS USING THE INTRAVENOUS LABELS</b>					
<b>CONTAINERS AND BAGS</b>	<b>SMALL SYRINGE</b>	<b>LARGE SYRINGE</b>	<b>LINE LABEL</b>	<b>MEDICATIONS LABEL</b>	
Front slightly off centre so graduations are visible	Place so graduations are visible Apply parallel to long axis of the syringe barrel		Label near the injection port on the client side	If more than one line	

**APPENDIX 5: REGISTERED NURSE AND MIDWIFE INITIATED MEDICATIONS (ADULTS ONLY)**

Indication/Class	Medication	Dosage recommendation	Precaution/Contraindication
<b>Mild to moderate pain</b> <b>Simple analgesic</b>	<b>Paracetamol</b> 500mg tablet; 120mg/5mL elixir; 240mg/5mL elixir; 250mg & 125mg suppository	<b>Adults (16 yrs &amp; greater than 50kg):</b> 500mg-1g every FOUR hours. Maximum 4g/24 hours	Check client is not receiving any other form of paracetamol. Caution in clients with liver disease or taking warfarin. Check ALLERGY status.
<b>Chest pain</b> <b>Nitrate</b>	<b>Glyceryl trinitrate</b> (Anginine™) 600microg sublingual tablet  <b>Glyceryl trinitrate spray</b> (Nitrolingual spray) 400microg/acutation	300-600microg sublingual (half to 1 tablet) repeated every 3-4 minutes until pain resolved (max 2 or 3 tablets)  1 metered dose should be sprayed under the tongue. If the pain persists after five minutes, administer a second metered dose	Orthostatic hypotension is a common adverse effect: Do not use in hypotensive (SBP<100mmHg) and hypovolaemic clients  <b>Contraindications:</b> <ul style="list-style-type: none"> <li>Known hypersensitivity</li> <li>Recent use of phosphodiesterase 5 inhibitors (within 24 hours of sildenafil and vardenafil; within 48 hours of tadalafil)</li> </ul> <b>Medical Practitioner to assess as soon as possible following administration of first dose</b>
<b>Symptomatic relief of dyspepsia, peptic ulcer disease and GORD</b>  <b>Antacids</b>	Including, but not limited to Mylanta™ and Gaviscon™	According to the manufacturer's instructions	May interfere with the absorption of other medications. Do not give within 2 hours of other medications. May exacerbate both diarrhoea and constipation.
<b>Constipation</b>	Numerous laxatives are available and they are classified by mechanism of action. The appropriate laxative for a client depends on the cause of constipation, the client's comorbidities and preference, and the adverse effect profile of the laxative. For the purpose of this document, only the laxatives listed below can be administered in line with <i>Section 14</i> of this policy. All other laxatives and episodes of acute constipation should be discussed with the clients' Medical/Nurse Practitioner.		

Indication/Class	Medication	Dosage recommendation	Precaution/Contraindication
<b>Constipation</b>  <b>Osmotic laxatives</b>	<b>Macrogol</b> laxatives (Movicol™)	ONE sachet dissolved in 125mL of water ONCE daily	Use caution in clients with heart failure and electrolyte disturbance.  <b>Contraindications:</b> Sodium restricted clients
	<b>Glycerol</b> suppositories	ONE suppository stat	Used for rapid relief of constipation when stool is present in the lower rectum.
	<b>Saline</b> laxatives (Microlax™)	ONE enema stat	Use caution in clients with heart failure and electrolyte disturbance.  <b>Contraindications:</b> Intestinal obstruction and active inflammatory bowel disease
<b>Constipation</b>  <b>Stimulant laxatives</b>	<b>Bisacodyl</b> (Dulcolax™) 10mg suppository	10mg ONCE daily	<b>Contraindications:</b> <ul style="list-style-type: none"> <li>• Intestinal obstruction</li> <li>• Acute abdominal conditions</li> <li>• Inflammatory bowel conditions</li> </ul>

#### APPENDIX 6: REGISTERED NURSE AND MIDWIFE INITIATED MEDICATION (PAEDIATRICS)

Indication/Class	Medication	Dosage recommendation	Precaution/Contraindication
<b>Mild to moderate pain</b>  <b>Simple analgesic</b>	<b>Paracetamol</b> 500mg tablet: 120mg/5mL, 240mg/5mL & 100mg/mL elixir; 250mg & 125mg suppository	15mg/kg every SIX to EIGHT hours 3 months to 18 years:15mg/kg (up to 1g) every FOUR to SIX hours Max 60mg/kg/day	Check client is not receiving any other form of paracetamol.  Caution in clients with liver disease  Check ALLERGY status.  Shake the bottle before use for oral suspensions