SCOPE: Western Australia

STANDARD 1

The nurse needs to be aware of current legislation and guidelines relating to medication administration and management.

The nurse should have an understanding of and refer to:

- WA Poisons Act (1964)
- WA Poisons Regulations (1965) – reprint 11, as at September (2013)
- WA Mental Health Act (2014) in relation to clients on community treatment orders
- Nurse and Midwives Board of Western Australia Medication Management Guidelines (2013)
- Australian Nursing and Midwifery Council's (ANMC) Nursing Practice Decision Flowchart and ANMC Nursing Practice Decisions Summary Guide (2007) when considering delegation of medication management.
- Australian Commission on Safety and Quality in Health Care (NSQHS) (2012) Standard 4 – Medication Safety.
- WA Health Practitioner Regulation Law Act (2010)
- WA Department of Health (2005) Remote area nursing emergency guidelines, 4th Edition
- Therapeutic Goods Administration (TGA) Reporting adverse drug reactions (2012)
- VIC Drugs, Poisons and Controlled Substances Act (1981).
- WA Department of Health (2013) Medication Management for nurses and midwives practicing in Western Australia.
- WA Department of Health (2014) High Risk Medication Policy
- Department of Veterans Affairs 2014 Guidelines for the provision of commmnuity nursing services.

STANDARD 2

A comprehensive assessment of the client will be performed prior to the administration of medication.

The nursing assessment will include:

- Initial and on-going assessment of client's relevant physical, cognitive, cultural, psychological and safety needs;
- The need for medication therapy;
- The existence of any allergies;
- The optimal mode of administration, including client self medication;
- The therapeutic goals, effects and/or side effects and interactions.

STANDARD 3

The nurse has a professional and ethical obligation to encourage active client involvement in the process of care and education regarding their medication therapy.

The nurse will:

- Obtain informed consent by the client or authorisation by the client's representative/legal guardian.

- Reinforce the need to take medications as prescribed including correct dose, times and completing the full course of medication regimes as directed by the medical practitioner's instructions.
- Ensure the client/carer is aware of signs and symptoms relating to side effects of medications and to report these to the prescribing medical practitioner.
- Advise the client/carer to dispose of unused or expired medications by returning them to a pharmacy.
- Advise the client/carer to have their medications regularly reviewed by a medical practitioner.
- Encourage client/carer to maintain a current list of medications, including prescribed medications, non-prescription/ over the counter medications and complementary health care products.
- Consider requesting a referral for a Home Medicines Review (HMR) (by a registered nurse competent in HMR or other appropriately qualified health professional) when:
    - client is taking 5 or more regular medications;
    - client is taking more than 12 doses of medication per/day;
    - significant changes have been made to medication regimes in last 3 months;
    - clients on medication with narrow therapeutic index or medication requiring therapeutic monitoring.
    - clients who have difficulty managing their own medications because of literacy or language difficulties, dexterity, impaired sight, or cognitive difficulties.

Where a client is able to self administer all or part of the medications prescribed, as part of the normal ongoing assessment and review of the client the nurse will assess and document the client's ability to continue to self administer their medications safely. They will also implement strategies to address any change in the client's ability to self manage.

The sharing of care for medication administration with external providers or carers is not encouraged. Risk factors associated with shared care arrangements should be conducted by the nurse at assessment before accepting this method of medication management.

If accepted, the nurse will:

- Clearly document in the Progress Notes the collaborative process between Silver Chain Group and other agencies or the carer/s.
- Specify clearly Silver Chain's Group's involvement in the Care Plan.
- Ensure and document ongoing communication between Silver Chain Group and external provider/s or carer/s in regard to assessment and outcome/s which may impact on the medication regime.
- Identify precautions to be taken by the Silver Chain nurse, the external provider and carer/s, prior to the medication administration (ie to ensure medication not already given).
- Where possible, store faxed communication/s with external agencies re the agreed responsibilities of the medication administration times.
- If carer/s sharing medication administration, have copies of printed instructions for carer/s as to agreed times for medication administration by nurse and carer (copy for carer and copy for Home Notes).

STANDARD 4

Delegation of Medication Administration

The Australian Nursing and Midwifery Council's National Framework for the development of decision making tools for nursing and midwifery practice (2007) must be taken into consideration in the delegation of medication management by registered nurses to enrolled nurses and unregulated care workers.

The registered nurse is responsible for assessing and differentiating between care that should be provided by a nurse and care that can be undertaken by unregulated care workers (when the unregulated care worker is working under the professional direction of a registered nurse).

Criteria 4.1: Delegation to Enrolled Nurse

Enrolled nurses are required to practice under the professional direction of a registered nurse as stated in the ANMC National Competency Standards for Enrolled Nurses (2002).

Enrolled nurses may administer **dispensed** Schedule 4 (S4) and Schedule 8 (S8) medications (see Standard 13, Criteria 13.6) however they are **not permitted** to:

- Administer stock supply of S8 medications [WA: Poisons Regulations Reg 42 (1) (f (2013) Reconstitute or add medication additives to infusions
- Administer intravenous S8 medications
- Administer cytotoxic therapy
- Be in any way responsible for clients who are unstable or potentially unstable with respect to narrow therapeutic range medications (WA: DOH OD 376/12)

Criteria 4.2: Delegation to Unregulated Care Workers

A registered nurse may delegate the administration of **dispensed** medications (except to those clients funded under the Department of Veteran's Affairs – refer Criteria 4.3) including dispensed S4 and S8 (see Standard 13, Criteria 13.6) to unregulated care workers, providing that:

- The unregulated care worker has been educated and deemed competent to manage medications (which must include additional education/competency subject to contractual obligations).
- The client's health status is stable and predictable, and
- The unregulated health care worker readily accepts the delegation.

Criteria 4.3: Delegation of Medication Administration to Clients Funded Under the Department of Veteran's Affairs

A registered nurse cannot delegate the administration of any prescribed medication to an unregulated care worker. All prescribed medications need to be administered by a registered nurse and/or enrolled nurse.

A registered nurse, following assessment to ensure the client is safe and appropriate with self medication, may delegate medication prompting only to an unregulated care worker as part of the client's personal care needs. DVA does not support unregulated care workers assisting the client with the self-administration of cytotoxic medications under any circumstances.

STANDARD 5

The nurse must work within their scope of practice.

The nurse will be aware of:

- The medications therapeutic purpose;
- Usual dose of the medication;
- Specific precautions, medication interactions, contra-indications, side effects and adverse reactions.
- Correct storage requirements of medications
- Medications that require therapeutic monitoring to determine medication concentrations and detect toxic accumulations.

The nurse uses clinical judgement to assess if medications should be administered or withheld in view of the client's clinical status. If dose is not administered for other than predetermined or prescribed reasons, the nurse will:

- Document appropriate code on the medication chart.
- Document rationale in the progress notes.
- Consult prescribing medical practitioner/nurse practitioner and document outcome.

STANDARD 6

Correct checking procedure must be adhered to prior to medication administration.

All prescribed medication prepared and dispensed by a pharmacist to be administered by a nurse must bear a label. The label must be clearly decipherable, written in English and state:

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

Prior to administering the medication, the nurse must attend to:

- Hand Hygiene as per CC-WI-050;
- Check with either the prescriber, a pharmacist or an Australian pharmaceutical guide if there is any doubt about any aspect of the prescription. In administering any medication, nurses are required to:
- Identify the client - client's first and surname, date of birth and address
- Determine if the client has any known allergies to the medication
- Medication has not already been administered
- Medication authority is dated within last 12 months
- A medication authority can be completed by an endorsed Nurse Practitioner working in collaborative arrangements with medical practitioners in tertiary hospitals, general practice and within Silver Chain
- Adhere to the “6 Rights” of medication administration:
    - Right drug including expiry date and that the medication is free from precipitate and is the correct colour
    - Right time
    - Right individual

- Right route
- Right dose
- Right documentation

STANDARD 7

A verbal Medication Order may be accepted by a Registered Nurses only.

- A verbal order needs to include the name of the client, the medication, dose, time, route of administration, date of expiry of the order and the name of the medical practitioner providing the order.
- The Registered Nurse must repeat the Medication Order to the Medical Practitioner and record the instruction on the Medication Chart and document the taking of the order in the Progress Notes.
- The Medical Practitioner authorising medication administration by verbal instruction is required to provide a written authority for the order, within 72 hours.
- Enrolled Nurses and Unregulated care workers are not permitted to accept verbal orders.

STANDARD 8

All medication registers, record sheets and medication authorities are legal documents and may be called in evidence.

- The nurse who administers medication to the client must sign the medication chart after the medication has been administered to indicate the medication, dose, time and route of administration.
- The nurse must document clearly in black or blue indelible ink.
- Correction fluid must not be used.
- The nurse must be aware that the transcribing of medication orders is not an accepted practice and cannot be used as the Medical/Nurse Practitioner medication order.
- In situations where the Registered Nurse is having difficulty in obtaining a written Medication Authority for the client's medications, multiple attempts must be attempted with the prescribing medical officer or nurse practitioner. If a medication authority cannot be obtained, a verbal order should be sought. Alternatively medication should be withheld until a medication authority is obtained..
- (Remote rural centres who have Geraldton Hospital remote phone consult records are to staple these records to the rear of the Medication Chart and the nurse signs the medication chart).

STANDARD 9

All medication incidents (including near miss) must be reported and documented.

- The nurse will report any medication error or near miss as soon as possible to the Medical/Nurse Practitioner and their Line Manager.
- The nurse will document the following information regarding the medication error in FIMS and in the client's notes:

    1 Date and time the medication error occurred.
    2 Name, dose and route of medication given or not given.
    3 Specific objective description of the medication error and contributing factors

4 Nursing assessment of the client following the medication error.
5 Description of nursing intervention for the client in response to the medication error.
6 Nursing assessment of the client following the nursing intervention in response to the medication error.
7 Name, date and time of the Medical/Nurse Practitioner who was notified of the medication error.
8 Medical/Nurse Practitioners orders relative to the medication error.
9 Changes to the Care Plan, on-going nursing assessment and any intervention to control the incident/near miss to prevent reoccurance.

STANDARD 10

Injectable medications stored in multi-dose vials should be used once only except when intended for the sole use of an individual (eg Insulin).

Multi-dose vials may or may not require reconstitution. The nurse will ensure:

- The vial is stored as per manufacturers recommendation.
- The client's name and the date the vial was opened must be recorded on the vial.
- Medications must not be drawn up and left for another nurse, client or carer to give at a later time.
- Any unused portion of medication remaining in the vial no longer required by the client must be discarded.
- If the vial did not require reconstitution then the vial must be discarded at the time the manufacturer recommends.
- Unused portions of reconstituted medications (eg antibiotics) must be discarded after a single use and not stored for later use.

STANDARD 11

Nurses employed by Silver Chain Group will not administer, draw up or reconstitute medications that are deemed to be unsafe for use in the home environment.

Medications deemed to be unsafe are those which can cause serious allergic reactions, after initial or repeated courses of the medication, which require close supervision and adequate facilities for monitoring and managing the possible short and long term complications or place the nurse at risk of harmful exposure. These medications include:

- Colaspase
- Vesicant chemotherapeutic agents
- Cytotoxic eye medication or topical cream
- Pentamidine
- Cytotoxic medications are deemed to be unsafe to be drawn up from a vial or ampoule or reconstituted in the home environment. Pre-loaded syringes or IV flasks/bags must be used.

STANDARD 12

If a medication dispensing unit is required this must be in the form of a sealed Dose Administration Aid filled by a Pharmacist.

It is preferred that a nurse administers medication from the container in which the medicine was originally dispensed. If a client has been supplied with a Dose Administration Aid prepared by a pharmacist, the nurse can only administer these medications if a medication authority is available and the medications can be clearly identified from the label:

- First and surname, and Date of Birth of client
- Name and strength of all medicines
- Colour, shape and details of manufacturer's marks to enable identification of individual medications
- Date of filling
- Date and day of week the medication is to be administered
- Any cautionary and advisory labels
- An identification in a prominent position that other medications are contained in another Dose Administration Aid (eg 1 of 2).

The Dose Administration Aid should be returned to the pharmacy for repacking when there are any changes to the client's medications.

In situations where the client requires assistance to take their medication from the Dose Administration Aid, the registered nurse can delegate this task to another nurse or unregulated care worker as per Criteria 4.1 and 4.2 above.

Only stable medication regimes can be delegated to an unregulated care worker following appropriate competency based education and assessment of the worker.

The registered nurse may be required to fill a medication dispensing aid (e.g. dosette box) in 'special circumstances' where medications cannot be or may be affected if stored in a Dose Administration Aid. If this situation occurs:

- The Clinical Line Manager / must approve the appropriateness of the request.
- An enrolled nurse cannot fill the medication dispensing aid.
- The client must be able to self-medicate/administer from the dispensing unit.
- Another nurse or unregulated care worker cannot dispense medication contained in a medication dispensing aid that has been filled by a Registered Nurse.

STANDARD 13

Storage, transport, disposal and administration of Schedule 8 medications must be in accordance with the Poisons Act (1964) (WA).

Enrolled Nurses are not permitted to administer stock supply of Schedule 8 medications due to the definition of a nurse under the Poisons Regulations (1965) Reg 42 (1) (f).(WA).

Criteria 13.1: Responsibilities and ordering of Schedule 8 medication

- The client is responsible for the storage, transport and disposal of any Schedule 8 medication they own.

- The registered nurse is responsible for the storage, transport and disposal of any Schedule 8 medication owned by Silver Chain Group.
- The person whose name is on the Poisons Licence (WA) is responsible for ordering Schedule 8 medications.

Criteria 13.2: Storage of Schedule 8 medication and maintenance of the medication register at a designated Silver Chain site

The Registered Nurse will:

- Keep Schedule 8 medications in a double locked, fixed cupboard or safe on the premises or on the nurses person.
- Be responsible for the key to this cupboard. This cannot be delegated to an enrolled nurse or unregulated care worker.
- Sign in the master register any new supply of medications.
- Check the master register weekly with a second registered or enrolled nurse and report irregularities to the Line Manager. The check must be documented in red pen. In remote/rural areas the master register should be checked monthly by a single registered nurse with audits being performed when visiting registered nurses or medical practitioners are available.
- Correct any mistakes made in an entry on the next available line in the Register with a second registered nurse to witness. In remote/rural areas this may be performed by a single registered nurse with audits being performed when visiting registered nurses or medical practitioners are available.

Criteria 13.3: Transport of Schedule 8 medication from a Silver Chain Group designated site to a client

The nurse will:

- Record date, time, client's full name and sign for the removal of any medications in the master register (print name and designation).
- Place Schedule 8 medications into a sealed envelope or container.
- Not leave Schedule 8 medications unattended.
- Record entry of Schedule 8 medications into client's Schedule 8 record form.

Criteria 13.4: Disposal of Schedule 8 medications from a client's home and a designated Silver Chain Group site

Disposal from a Client's Home

The Registered Nurse will:

- Take any Schedule 8 medications owned by Silver Chain Group directly to the nearest pharmacist for disposal. The pharmacist and the registered nurse must sign the schedule 8 count sheet. The pharmacist must also record their provider number by writing or by stamp.
- Encourage the client/family to return any Schedule 8 medication (owned by the client) that is no longer required to the pharmacy. Ensure carer and registered nurse sign Schedule 8 medication chart. If this is unable to be done the registered nurse may return the Schedule 8 medication to the pharmacy directly from the client's home. The pharmacist must sign the Schedule 8 medication chart or the client's notes documenting what has been returned.

Disposal of expired Schedule 8 medication from a designated Silver Chain Group site

In remote/rural areas, Schedule 8 medications should be disposed of in accordance with the Health Department of WA guidelines and the Department of Environmental Protection guidelines.
In metropolitan and country service areas, the expired Schedule 8 medication should be returned to a pharmacy. The pharmacist must sign the Schedule 8 medication register together with the registered nurse transporting the medication. The pharmacist must also record their provider number.

Criteria 13.5: Administration and documentation of Schedule 8 medications in the client's home

The Registered Nurse in WA will:

- Use a separate Schedule 8 medication sheet for each different medication concentration.
- Record all use of Schedule 8 medications on the Schedule 8 medication sheet in the client's home notes using black or blue indelible ink.
- Keep the client's current Schedule 8 medication sheet in the client's home notes for the duration of the therapy.
- Using black or blue indelible ink, record on the medication record sheet if any medication is discarded, wasted or removed from the home.
- Report any discrepancies or irregularities to the Line Manager and complete a FIMS incident report within 24 hours.
- NB: It is not necessary to keep a Schedule 8 medication sheet for any medication that the client/carer is administering and responsible for.

Criteria 13.6: Administration of Schedule 8 medications by Enrolled Nurses and Unregulated Care Workers

Enrolled nurses and unregulated care workers are not permitted to administer stock supply of Schedule 8 medications *however, may administer* ***dispensed*** *S8 medications that have:*

- Been authorised by a medical or nurse practitioner.
- Been dispensed by a registered pharmacist.
- Packaged and labelled with:
  - Client's first and surname and Date of Birth
  - Specific directions for the client
- The enrolled nurse may administer dispensed S8 medication which includes oral, intramuscular, subcutaneous injection, rectal and transdermal patch preparations.
- The unregulated care worker may administer dispensed S8 medication which includes oral, rectal and transdermal patch preparations.

STANDARD 14

Nurses employed by Silver Chain Group will not administer experimental medications used in clinical trials

The Registered Nurse will:

- Contact an expert clinical line manager prior to accepting the referral for the client with the details of the medication/therapy being requested for the client.

- Escalate to the appropriate clinical risk management committee who will decide whether or not all legal and ethical obligations have been considered and if it is appropriate for Silver Chain Group to be involved in the care of the client and what level of involvement this will include.

If it is decided that Silver Chain Group will be involved in the client's care, then:

- Appropriate information regarding the medication/therapy regime must be obtained from those taking responsibility for administration of the medication/therapy, and be available in the client's notes. Silver Chain Group registered nurses 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).

STANDARD 15

Administration of Vaccines

Administration of vaccines should be carried out in accordance with Silver Chain *Immunisation Policy CC-NPM-6.17.*

The Registered Nurse will:

- Obtain medication authority for the vaccine.
- Have current competency in anaphylaxis management.
- Maintain cold chain requirements of vaccine, including transport, storage and handling of medication.

STANDARD 16

High Risk Medication Management

Silver Chain will raise awareness amongst all clinical staff that prescribe or administer high risk medications to clients. Governance activities will include:

- Defining and maintaining a list/register of identified high risk medications.
- Defining Silver Chain client populations deemed as high risk related to how their medication is required to be managed (e.g. children and infants, geriatric, obese, low weight, organ impairment, dementia, dexterity or hearing/sight impairment).
- Periodical review of work practices related to high risk medications.
- The establishment of locally-based safeguards and strategies to reduce the risk of high risk
- medication errors.
- Monitor compliance with high risk medication nursing procedure documents and policies.
- Monitor and analyse incidents and near miss events related to high risk medications and formulate corrective actions.

High risk medication register should include, but is not limited to:

A Antimicrobials
P Potassium, other electrolytes, psychotropic medications
I Insulin
N Narcotics/Opiods

C Chemotherapeutic agents (including cytotoxic medications)
H Heparin and other anticoagulants
S Systems (safe administration of liquid medications). (ASQHC, 2012)

REFERENCES

Australian Nursing and Midwifery Council's (ANMC) (2007). National Framework for the Development of Decision Making Tools Flow Chart. . Retrieved from: www.nursingmidwiferyboard.gov.au.

Commonwealth of Australia. (2006). Guiding principles for medication management in the community.

http://www.legislation.sa.gov.au Contolled Substances Act 1984 and Controlled Substances Poisons Regulations 2011 (SA)

Nurses and Midwives Board of Western Australia. (2013). Medication Management Guidelines for Nurses and Midwives. http//www.nursing.health.wa.gov.au/docs/nmo/NMBWA_Medication_Management_Guidelines.pdf

State Law Publisher. (Reprinted 1999). Poisons Act 1964. Western Australia.

State Law Publisher. (Reprinted 2000). Poisons Regulations 1965. Reprint 11 as at November 2013, Western Australia.

Department of Veterans Affairs (DVA) 'Gudielines for the provision of community nursing services. 6.5.4 Personal Care – Assisting with self-administered medication'. 2014 October, pg 43-44.

Mental Health Act Western Australia 2014 Version 00-a0-01. November. P 1-325. www.slp.wa.gov.au.

Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 4: Medication Safety (October 2012), Sdyney. ACSQHC, 2012.

Health Practitioner Regulation National Law (WA) 2010 Number 35 of 2010. Pg 1 -364. www.slp.wa.gov.au

Therapeutic Goods Administration (TGA) 2012 Reporting adverse drug reactions.

Victoria Drugs, Poisions and Control Substances Act 1981 Section 4 Amendment www.vic.gov.au.

Government of Western Australia, Depertment of Health 2013 'Medication Management – For nurses and midwives practicing in Western Australia'. P 1- 17.

Department of Health (2005) Remote Area Nursing Emergency Guidelines. Fourth Edition, Quality Press, Western Australia.

Government of Western Australia, Department of Health 2014 'WA Health High Risk Medication Policy'. September Office of Patient Safety and Clinical Quality. Pg 1-42.