



**EXCELLENCE
THROUGH REGULATION**

**Standards of Medication Management
for Nurses and Midwives
2008**

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This standard has been adopted as part of the Nursing Code, pursuant to Section 11 of the *Nursing Act 1995*

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Section 1

Introduction

The primary function of the Nursing Board of Tasmania (the Board) is to protect the public by setting professional standards which provide direction on issues of professional responsibility to nurses¹ and midwives.

The *Standards of Medication Management for Nurses and Midwives 2007* have been developed by the Board for the purposes of Section 11 of the *Nursing Act 1995*. The Standards link with national standards², by-laws of the Board, local policies and all legislation relevant to nursing practice and medication management.

These Standards:

- ensure nursing and midwifery services provided to the public are of the highest possible standard;
- ensure nurses and midwives practice according to the highest professional standards of competence and conduct;
- make transparent the Board's expectations of nursing and midwifery practice; and
- clearly articulate the Standards the Board will use in assessing reports of unprofessional conduct, professional misconduct and/or competence to practice.

The nurse or midwife is required to have knowledge of related legislation³, standards of nursing regulatory bodies and local policy of health service providers related to the practice of prescribing, dispensing, storing and supply of scheduled substances.

Nurses and midwives must refer to the Board's *Standards for the Scope of Professional Practice for Nurses and Midwives July 2006* as the professions' responsibilities, activities and accountability involving medications are fundamentally linked to the individual's scope of practice.

¹ "Nurse" refers to all of the following: registered nurse, nurse practitioner, student nurse, and authorised enrolled nurse.

² The Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for Registered Nurses January 2006*, *ANMC National Competency Standards for Enrolled Nurses October 2002*, *ANMC National Competency Standards for the Midwife 2006* and *ANMC National Competency Standards for the Nurse Practitioner 2006*.

³ *Poisons Act 1971 (Tas)*, *Poisons Regulations 2002 (Tas)*, *Poisons List Order 2001 (Tas)*, and *Misuse of Drugs Act 2001(Tas)*.

Section 2

Accountability of Nurses and Midwives

The registered nurse or midwife is responsible for the accurate assessment, implementation, education, monitoring and evaluation of the patient response in the process of medication management. This duty cannot be delegated.

Authorised enrolled nurses undertaking delegated activities in medication management also have a duty of care which cannot be delegated.⁴

Registered nurses and midwives, when delegating activities in medication management to authorised enrolled nurses or students of nursing, have a duty to ensure that such delegation is appropriate/suitable and appropriately monitored.

All students, including, but not limited to Bachelor of Nursing students, Certificate IV in Health (Nursing) students and Re-entry to Practise Program participants, must only administer medications under the direct supervision of a registered nurse or midwife.⁵

⁴ Refer to *Standards for the Scope of Professional Practice for Nurses and Midwives July 2006*

⁵ Refer to *Standards for the Supervision of Students in the Practice Setting (2006)*

Section 3

Principles of Medication Management

Appropriate support systems in the form of policies and procedures and human and material resources are a necessary precondition for safe administration and management of medication.

The process of administering medications requires nurses and midwives to adhere to all of the following.

1. Initiate and administer medication in accordance with legal requirements and contemporary standards of nursing practice.
2. Refer directly to the medical practitioner or dentist order on the medication chart.
3. Verify that prescriptive orders are complete and include the name of patient, name of medication, dosage, route, time and frequency of the medication to be administered.
4. Adhere to the *five rights* of medication administration:
 - right medication;
 - right patient;
 - right dose;
 - right route and administration method as prescribed; and
 - right time, this includes the frequency and duration of the prescribed order.
5. Accurately record on the medication chart or appropriate document(s) all relevant details.⁶
6. Safely and appropriately store medication.
7. Assess medication effects to ensure optimal outcomes for patients.
8. Promptly manage misappropriation or misuse of medications.
9. Recognise the right of a patient to refuse or withdraw consent to the administration of medication at any time on any grounds.
10. Notify the responsible health practitioner about any concerns related to medication management.

⁶ Relevant details include but are not limited to the following: actual time of administration of medication, signature of the nurse or midwife and or reason for the nurse or midwife not administering prescribed medication. Refer to organisational policy for codes used to indicate on the medication chart the reason the nurse or midwife did NOT administer prescribed medication.

Section 4

Medication Orders and Instructions

4.1 Administration in a medical institution⁷ in accordance with a written order

A substance specified in Schedule 8 or Schedule 4 of the *Poisons List Order 2001* may be administered in the following circumstances:

- where a medical practitioner or dentist provides written instructions, completed and signed in his or her own handwriting; or
- where a medical practitioner or dentist verbally authorises the emergency administration of a substance to a patient (see verbal orders).

Verification or clarification of a prescription or medication order must occur prior to administration and with the appropriate health care professional.⁸

When it is appropriate to exercise professional judgement to withhold patient medication, the responsible medical practitioner must be contacted with details if contraindications of administration exist.

A decision by a patient, parent or guardian to refuse the administration of medication must be respected and the medical practitioner notified as soon as practical.

Accurate and contemporaneous documentation should be made for any medication withheld or refused. Any information or advice given to the patient, parent or guardian about the possible consequences of such a refusal should also be documented.

The *five rights* of medication administration must be verified for each patient encounter.

The assessment and evaluation of the administered prescribed medication should include observation of the patient for the following:

- vital signs and laboratory values prior to administration (as applicable);
- effectiveness of medication administration method;

⁷ Refer to Glossary of Terms

⁸ Refer to Glossary of Terms

- medication allergies, possible side effects, adverse reactions, toxicity, interactions and contraindications of medications administered; and
- effectiveness of administered medications.

4.2 Transcribing of medication charts

Nurses and midwives must not transcribe (re-write or copy) medication orders of a medical practitioner or dentist from one document to another: this includes but is not limited to a medication chart.

4.3 Computer generated orders

Medications must only be administered on the basis of a computer-generated order:

- if a printed copy of the order is signed and dated by the medical practitioner or dentist; or
- if there is an electronic medication record completed by the medical practitioner or dentist.

Where an electronic medication order is used, the nurse must take all reasonable steps to satisfy himself/herself regarding the integrity of the order.

4.4 Use of facsimile

A facsimile may be used to facilitate the provision of a written order. In situations where a facsimile is used, the medical practitioner or dentist must forward the original document as soon as possible after the issue of the order.

Where a faxed or emailed document is used to authorise the administration of medication, the nurse must take all reasonable steps to satisfy himself/herself regarding the integrity of the order.

4.5 Verbal orders

In an emergency situation, within a medical institution, a registered nurse or midwife may accept a verbal order from a medical practitioner or dentist for the administration of a medication.

Verbal orders should be 'read back' to the medical practitioner to ensure the order has been accurately communicated. A verbal order must include the name of the patient, the medication, dose, time, and route of administration on the medication chart. The registered nurse must sign and date such entries.

Best practice supports that the medical practitioner repeats a verbal order to a second person for confirmation of the verbal order with the first person.

The reason for accepting a verbal or telephone order must be documented by the registered nurse or midwife.

The medical practitioner or dentist who verbally authorises the emergency administration of a narcotic substance or restricted substance must sign an entry in the patient's medical history within twenty-four (24) hours of giving those instructions.⁹

A registered nurse, who is of the opinion it is necessary for the patient's wellbeing, may continue to administer a restricted or narcotic substance in accordance with a verbal authorisation even though the medical practitioner or dentist has not signed the order within twenty-four (24) hours of giving those instructions.¹⁰

4.6 Authorisation of Registered Nurses by the Minister of Health

The Minister may make an authorisation in writing under section 25A of the *Poisons Act 1971* for a registered nurse to be in possession of and to supply restricted or narcotic substances where he/she is satisfied that the prescribed circumstances exist.

The Minister may at any time vary or revoke this authorisation.

4.7 Possession and supply of certain narcotic and or restricted substances by registered nurses¹¹

Palliative Care Services

Subject to s25A of the *Poisons Act 1971* a registered nurse employed in an approved palliative care service¹² may possess and supply narcotic and restricted substances in accordance with conditions specified in the authorisation.

Community Health Centres

Subject to s25A of the *Poisons Act 1971* a registered nurse employed in an approved community health centre¹³, at which it is impractical for a medical practitioner to attend and the registered nurse is acting in accordance with the instructions of a medical practitioner, may possess and supply narcotic and restricted substances.

In-vitro fertilisation Clinic

Subject to s25A of the *Poisons Act 1971* a registered nurse employed in an in-vitro fertilisation clinic approved by the Secretary of the Department of Health and Human Services and acting in accordance with instructions of a medical practitioner may possess and supply restricted substances.¹⁴

⁹ Section 29(3) and 58(3) *Poisons Regulations 2002*

¹⁰ Section 29(4) and 58(4) of the *Poisons Regulations 2002*

¹¹ Restricted substance means a substance referred to in Schedule 4 of the *Poisons Order List 2001*

¹² Section 21(a) and 61(a) of the *Poisons Regulations 2002*.

¹³ Section 21(b) and 61(b) of the *Poisons Regulations 2002*

¹⁴ Section 61(d) of the *Poisons Regulations 2002*

Nurse Practitioner

Subject to s25A of the *Poisons Act 1971* a registered nurse, where the registered nurse is authorised under the *Nursing Act 1995* to practise as Nurse Practitioner, may possess and supply narcotic and restricted substances.¹⁵

Public Health Emergency

Subject to s25A of the *Poisons Act 1971* and where the Director of Public Health makes a declaration under s14(1) of the *Public Health Act 1997* that a public health emergency exists¹⁶ a registered nurse may possess and supply narcotic and restricted substances.

4.8 Possession and administration of narcotic and or restricted substances by registered nurses¹⁷

A registered nurse may possess and administer a narcotic and/or a restricted substance without instructions from a doctor if:

- the nurse is attending an emergency in a remote area and the person requires urgent treatment with medication; and
- it is not practicable to obtain instructions from a doctor; and
- the nurse has undergone an educational program approved by the Board; and
- the nurse has been authorised by the Board; and
- the nurse follows appropriate procedures approved by the Secretary of the Department of Health and Human Services.

4.9 Australian Red Cross Blood Service

Subject to s25A of the *Poisons Act 1971* a registered nurse employed by the Australian Red Cross Blood Service and acting in the course of his or her professional practice may possess and supply Lignocaine.¹⁸

4.10 General orders – Midwifery

Registered nurses authorised to practise midwifery in Tasmania are permitted to administer certain substances in accordance with section 97 of the *Poisons Regulations 2002*.

The circumstances of this administration is where a medical practitioner issues an order to the Director of Nursing of a hospital authorising midwives who practise midwifery in that hospital to, in their discretion, administer those medications¹⁹ specified in the order to a patient of that medical practitioner. This includes administration neonatally to a child born of a patient of that medical practitioner.

¹⁵ Section 61(e) of the *Poisons Regulations 2002*

¹⁶ Section 61(f) of the *Poisons Regulations 2002*

¹⁷ Refer to Section 20 and Section 60 of the *Poisons Regulations 2002*.

¹⁸ Section 61(c) of the *Poisons Regulations 2002*

¹⁹ Listed in Section 97 (1)(a-f) and (2)(b-c) of the *Poisons Regulations 2002*.

4.11 Vaccines

May only be administered by a nurse in accordance with a written order signed by a medical practitioner or dentist. The name of the person to whom the vaccine is to be administered must be stated on the written order. Adherence to checking procedures, including allergies and sensitivities as well as access to relevant resources to manage adverse reactions, including anaphylaxis, must also be available.

4.12 Nurse Immuniser

A registered nurse²⁰ who has:

- completed an educational program relating to the administration of vaccines; and
- been approved by the Director of Public Health in the Department of Health & Human Services to administer vaccines²¹ independently, may administer a vaccine in accordance with a vaccination program²² and as specified in the *Guidelines for Providers Employing Nurse Immunisers in Vaccination Programs*.²³

Note:

Amendments to section 63(c) of the *Poisons Regulations 2002* mean the approval of Nurse Immunisers is now facilitated by the Director of Public Health in the Department of Health & Human Services (DHHS).²⁴

4.13 Nurse Initiated Medications

Registered nurses and midwives may administer to another person a substance listed in Schedule 2 or 3 of the *Poisons List Order 2001* in the course of their nursing practice.²⁵

Best practice supports that registered nurses and midwives should only administer Schedule 2 or 3 substances and any unscheduled substances in accordance with their individual employer's Nurse Initiated Medication Policy.²⁶

4.14 Other Medications

Nurses or midwives must not administer or supply any scheduled medication that is not authorised, except as outlined in Sections 4.1 to 4.14.

²⁰ Section 63(c) of the *Poisons Regulations 2002*

²¹ Medications which may be specified are listed in Schedule 4 of the *Poisons List Order 2001*

²² Approved by the Director of Public Health

²³ Available at <http://www.dhhs.tas.gov.au/publichealth/immunisation/index.html> or by telephoning the Public and Environmental Health Service

²⁴ *Poisons Amendment Regulations 2007 Statutory Rules 2007, No.73*

²⁵ Section 63(b) of the *Poisons Regulations 2002*,

²⁶ Refer to Appendix

This includes “over the counter” medication, such as analgesics and laxatives, and other medication, such as herbal medicines. Patients must be advised to consult with their own medical practitioner if they wish to take medication in addition to that which is prescribed.

4.15 Medications in Research

Nurses and midwives should ensure they have relevant knowledge of the research project and associated medications and that adequate information is available to the recipient participating in the Research.

Nurses or midwives should also ensure the Research is approved by the relevant Ethics Committee. The responsibilities of a nurse or midwife administering medication in Research are the same as that in all other circumstances.

Section 5

Administration of Medications

5.1 Responsibilities of Nurses and Midwives

The responsibility of the nurse or midwife in medication administration includes:

- maintaining knowledge and skills in relation to pharmacology, pharmacokinetics, and health assessment;
- utilising the Scope of Practice Decision Making Framework²⁷;
- utilising professional judgement to withhold medication at the time it is due, and contacting the medical practitioner or dentist to seek verification;
- ensuring medications which require preparation are prepared in accordance with manufacturers instructions;
- ensuring appropriate precautions are used with medication administration e.g. standard precautions²⁸ and safety precautions in the preparation, handling and administration;
- checking the patient's potential for medication sensitivities, allergies, interactions and incompatibilities;
- ensuring the patient has a valid prescription or order;
- ensuring the correct patient receives the correct medication, the correct dose, via the correct route at the correct time;
- ensuring the patient receives medications that have not expired or been contaminated in any manner;
- ensuring that administration of a medication is given by direct administration from the pharmacy labelled container to the patient;
- ensuring that medications are not removed from the pharmacy supplied package prior to the scheduled time for administration;
- ensuring compliance with the requirements of documentation when checking, administering and or discarding a schedule 8 substance;
- documentation on the relevant medication chart including the time the medication was administered and, where a variable dose is ordered, the amount administered;
- observing, recording and reporting all relevant aspects of medication therapy, including adverse events; and
- documentation on the relevant medication chart to indicate the reason the nurse or midwife did not administer prescribed medication;²⁹ and
- ensuring a suitable locked receptacle is provided for a patient to store their medications if the patient is self-medicating.

²⁷ Refer to *Standards for Scope of Professional Nursing Practice, for Nurses and Midwives July 2006*,

²⁸ Refer to Glossary of Terms

²⁹ Refer to organisational policy for appropriate codes to be used on patient medication charts

5.2 Administration of Medications by authorised Enrolled Nurses³⁰

Enrolled nurses, whose qualifications have been determined appropriate for the purpose of administration of medications, **AND** whose practising certificate has been endorsed by the Board, may administer medications listed in Schedule 2, 3, 4 or 8³¹ of the *Poisons List Order 2001* in accordance with the following:

5.2.1 Written authorisation of a medical practitioner or dentist.

5.2.2 The medication is administered under the supervision of a medical practitioner, dentist or registered nurse.

- a) Administration of medications contained within Schedule 2, 3, or 4 of the *Poisons List Order 2001*, by a route other than injection, under the **indirect supervision** of a registered nurse.
- b) Administration of medications contained within Schedule 2, 3 or 4 of the *Poisons List Order 2001* by **subcutaneous or intramuscular injection** may be given under **indirect supervision** of a registered nurse, medical practitioner or dentist, provided that the following conditions are met:
 - the medication is being administered to the patient in close proximity to the registered nurse or medical practitioner;
 - the registered nurse or medical practitioner has undertaken an assessment of the patient prior to administration of the medication;
 - there is a written order for the medication; and
 - the registered nurse or medical practitioner has checked the medication and dose.
- c) Administration of medications contained within Schedule 8 of the *Poisons List Order 2001*, must be given **under the direct supervision** of a registered nurse, dentist or medical practitioner.
- d) An authorised enrolled nurse must not, at any time, initiate the administration of medications that are dependent on a nursing assessment, such as PRN. medications.

³⁰ Section 59 of the *Poisons Regulations 2002*

³¹ *Poisons Amendment Regulations 2007, Statutory Rules 2007, No. 73*

5.2.3 Enrolled nurses whose practising certificate has been endorsed by the Board **AND** who have completed a Board approved Intravenous Management Module or equivalent, may:

Under direct supervision of a registered nurse:³²

- check an intravenous fluid flask;
- set the peripheral intravenous infusion rate; and
- commence the peripheral intravenous infusion via an infusion pump.

Under indirect supervision of a registered nurse:³³

- prime an infusion pump ; and
- discontinue a peripheral intravenous infusion.

The registered nurse is responsible for determining the stability of the patient prior to delegating peripheral intravenous management to an authorised enrolled nurse.

The registered nurse is also responsible for re-assessing the stability of the patient with a peripheral intravenous infusion throughout the shift.

It is the responsibility of the authorised enrolled nurse to report any changes in the patient's condition to the registered nurse.

Authorised enrolled nurses **can only** administer via the *subcutaneous* or peripheral intravenous route:

- Dextrose or Saline. and or a combination of both; and
- Hartman's Solution (Compound Sodium Lactate).

5.3 Narcotic Substances (Schedule 8)

The following practices must be carried out as a matter of routine and are a minimal requirement in the administration, storage, checking and disposal of these substances.

5.3.1 A registered nurse or midwife and another responsible person (preferably a registered nurse, midwife or enrolled nurse), must check the preparation and administration of all Narcotic Substances.

5.3.2 The medication must be immediately administered to the patient by the registered nurse or midwife or authorised enrolled nurse who prepared the medication in the presence of the person who has checked the preparation of the narcotic substance.

³² Refer to Glossary of Terms

³³ Refer to Glossary of Terms

- 5.3.3 The registered nurse, midwife or authorised enrolled nurse³⁴ administering the medication must record and sign in the Narcotic Substances Register when the narcotic substance is removed from the locked cupboard or receptacle and then on the patient's medication chart after administration.

The person witnessing the removal and preparation of the narcotic substance must countersign the entry in the Narcotic Substances Register at the time the substance is removed from the locked cupboard or receptacle.

In circumstances such as rural and remote practice or community practice it may not be possible for the administration of narcotic substances to be checked by a witness. In these situations the registered nurse or midwife should note in the register that no witness was available.

- 5.3.4 Narcotic substances should be checked at the commencement of each shift by the registered nurse in charge coming on duty and the registered nurse in charge going off duty. This practice enables early detection of any discrepancy and ensures accountability for Narcotic Substances is maintained by the registered nurse responsible.

No person is to sign a narcotic register as a witness to administration and or discarding³⁵ of a Schedule 8 substance unless that person was present during the administration or discarding of that drug.

An Incident Report must be completed immediately if there is any discrepancy and the appropriate senior personnel notified within the organisation.

5.3.5 **Destruction of a narcotic substance**

Any two (2) health professionals working jointly to destroy a narcotic substance must immediately make an entry to that effect in the Narcotic Substances Register.³⁶

An enrolled nurse, acting jointly with a registered nurse or health professional, may destroy narcotic substances.³⁷

Narcotic substances destroyed would generally be limited to expired stock or medication dispensed for a patient and no longer required by that patient. Narcotic Substances Registers must be kept for a period of at least two (2) years after the last entry in the Narcotic Substances Register is made.³⁸

³⁴ *Poisons Amendment Regulations 2007, Statutory Rules 2007, No. 73*

³⁵ The witness **must be present** during the **entire procedure**, ie: removal of the medication from the cupboard, recording in the ward register, transfer to the patient, and administration to the patient and discarding any unused portion of the medication.

³⁶ Section 13 of the *Poisons Regulations 2001*

³⁷ *Poisons Amendment Regulations 2007, Statutory Rules 2007, No. 73*

³⁸ Section 14(1) of the *Poisons Regulations 2001*

5.3.6 The following procedure is to be followed in a medical institution³⁹ if a narcotic substance is lost:

- the health professional⁴⁰ who discovers the loss must, as soon as practicable, inform another health professional; and
- both of those health professionals must, as soon as practicable, enter details of the loss in the narcotic register and sign that entry; and
- the health professional who discovered the loss must as soon as practicable, report the loss to the authorised officer.⁴¹

5.3.7 The following procedure is to be followed in a medical institution if a narcotic substance is spilt, broken or unintentionally destroyed:

- the person handling the narcotic substance when the spillage, breakage or destruction occurs must, as soon as practicable, inform a health professional; and
- the health professional and that person must both, as soon as practicable, enter details of the spillage, breakage or destruction in the narcotic register and sign that entry; and
- the health professional must, as soon as practicable, arrange for and witness the disposal of any residue of the narcotic substance in the presence of another health professional; and
- the health professional to whom the spillage, breakage or destruction was first reported must as soon as practicable report the spillage, breakage or destruction to the authorised officer.

In a health care facility, notification may initially be to the Clinical Nurse Consultant or Manager of the unit or ward. In such cases an Incident Report should be completed and forwarded to the relevant authorised officer without delay.

5.4 Administration of medication to Paediatric patients

Paediatric patients are at particular risk because of their size, unique physiology, and immature ability to metabolise drugs.⁴² These factors expose

³⁹ Refer to Glossary of Terms

⁴⁰ Refer to Glossary of Terms

⁴¹ Refer to Glossary of Terms

⁴² Leonard, Michael S et al. Risk Reduction for Adverse Drug Events Through Sequential Implementation of Safety Initiatives in a Children's Hospital, *Paediatrics*, 2006;118:e1124-e1129

them to up to three times the rate of potentially dangerous medication errors compared to their adult counterparts⁴³ Both Adverse Drug Events (ADE) and potential ADE's have been observed as common among hospitalised children with greater disease burden and medication exposure.⁴⁴

Organisations are encouraged to include paediatric medication administration and calculations as part of their continuous education program for nursing and midwifery competency assessment.

The following practice must be carried out as matter of routine:

- two (2) nurses,⁴⁵ one of whom is a registered nurse or midwife, must independently check the calculation of drug doses and administration of all medications to paediatric patients.

5.5 Self Administration by Patients

A patient may choose to administer their own medication following an assessment by a medical practitioner that medication administration can be safely carried out by that individual. Documentation by the medical practitioner that the patient is to self-administer medications should be made on the patient's medication chart, care notes or health record.

It is recommended that organisations develop a policy regarding the procedures to be used when a patient chooses to self-administer medication. This policy should include the following:

- form of competency assessment for self medication;
- monitoring and documentation;
- frequency of re-assessment of competency;
- possible forms of assistance which will be made available;
- communication with prescriber and resident; and
- storage guidelines

5.6 Dose Administration Aids

A Dose Administration Aid (DAA) is a tamper-evident, adherence device developed to assist medication management by having medicines divided into individual doses arranged according to the dose schedule throughout the day. It can be either a unit dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment).⁴⁶ DAAs may not be suitable for all

⁴³ Walsh, K E, Kashual R, and Chessare J B, 2005, How to avoid paediatric medication errors: a user's guide to the literature. *Archives of Disease in Childhood*; 90: 698-702

⁴⁴ Holdsworth, Mark T, et al. 2003 Incidence and Impact of Adverse Drug Events in Paediatric Inpatients, *Archives of Pediatrics & Adolescent Medicine*;157:60-65

⁴⁵ where an enrolled nurse participates he/she must be medication endorsed.

⁴⁶ Australian Government Department of Health and Ageing. Professional Programs and Services Advisory Committee. Dose administration aids program questions and answers, April 2007.

patients and their use should be considered carefully.

Multidose medication systems should not be used in acute care or other settings where:

- the range and type of medication being administered to a patient is extensive;
- therapy changes frequently; and
- where the dose is variable or the dose may be frequently altered.

Schedule 8 substances

May be dispensed and packed by a pharmacist in a DAA and stored in compliance with legislative requirements.

Medications ordered on an 'as required' basis

Where a medication is required on an irregular or as required ('p.r.n.') basis it must be dispensed and packed by a pharmacist separately and clearly labelled as such. The quantity packed should not exceed the quantity that reasonably could be expected to be required during eight (8) weeks.^{47 48} The DAA should clearly show an expiry date of eight (8) weeks from the date of packing or the products expiry date, whichever is the shortest period.

5.6.1 Use of a Dose Administration Aid in a Patient's Home

Administration

It is preferable that a nurse⁴⁹ or midwife administer medication from the container in which the medication was originally dispensed, however, if a person has been supplied with a DAA⁵⁰ a nurse should only administer these medications if:

- they have a prescriber order; and
- the medications can be clearly identified from labels that state the name, colour, shape and details of the manufacturers' marks.

Medications that are not clearly identifiable must not be administered.

The use of dosette boxes and similar devices which are not tamper proof do not meet the standard of an approved DAA and is not supported by the Nursing Board of Tasmania due the inherent risks associated with using these devices.

⁴⁷ Anon. Report of the moisture permeability testing of monitored dosage systems. Pharm J 1994; 252:18-9

⁴⁸ Church C, Smith J., 2006, How stable are medicines moved from original packs into compliance aids? Pharm J; 276:75-81

⁴⁹ The registered nurse or midwife is accountable for any delegation regarding medication management.

⁵⁰ Which has not been packed by a nurse

5.6.2 Use of a Dose Administration Aid in a Health or Aged Care Facility

A Dose Administration Aid (DAA) must be packed and labelled either by a pharmacist or under the supervision of a pharmacist, in accordance with professional guidelines.⁵¹ The DAA must contain a signature by the pharmacist identifying the completed DAA has been checked prior to issue.

Labelling

The DAA should be clearly labelled with:

- identity of the person for whom the medications are prescribed.
- the name, address, and telephone number of the pharmacy or pharmacy department;
- the brand and active ingredient names, strength and form of all medications supplied in the DAA, to enable identification of individual medication(s), for example colour, shape, size and manufacturer marks;
- the date on which the DAA was packed and the expiry date of the DAA;
- the directions for use of each medicine, in plain English;
- cautionary and advisory labels for particular medicines where appropriate; and
- the words 'Keep out of reach of children'.

In health care facilities where DAAs are utilised, arrangements must be in place to ensure that a medical practitioner and or pharmacist can be contacted at all hours and that urgent repacking of medications can be undertaken when required.

⁵¹ Pharmaceutical Society of Australia, Dose Administration Aids Service, Guidelines and Standards for Pharmacists. July 2007

Section 6

Storage of Medications

Secure storage of all medications, including self-administered medication, should be provided by the medical institution, health or residential care facility and must be in accordance with State regulations.⁵² The recommended storage conditions and safety issues of all patients, staff and visitors should be considered when addressing the storage of medication(s).

In a medical institution or residential care facility all medications must be:

- stored according to manufacturer recommendations;
- stored in accordance with legislative requirements;
- stored in their original container;
- stored in a locked cupboard or room;⁵³
- held separate to antiseptics and disinfectants;
- under the control and possession of a registered nurse or midwife at all times while on duty, with the exception of any period where the responsibility is delegated to another registered nurse or midwife; and
- stored in mobile medication trolleys which are securely locked when not in use.

6.1 Transport of Medications by Registered Nurses or Midwives in the Community Setting

When registered nurses or midwives are required to pick up narcotic substances from pharmacies for delivery to patients or who may be required to remove narcotic substances from patient's homes for disposal, it is recommended:

- a register is maintained for the purposes of recording receipt of narcotic substances from a pharmacy and delivery of narcotic substances to the patient;
- all narcotics acquired in the course of professional practice through any source should be entered in the register in the appropriate section;

⁵² Refer to *Poisons Regulations 2002*

⁵³ The exception to this practice is in respect of emergency medication

- all narcotics to be disposed of for a nominated patient are recorded as disposed along with other relevant data in the register;
- all narcotics to be disposed of other than to a nominated patient should be returned to a pharmacist designated by the employing agency and entered as disposed in the register;
- all narcotics must be transported in a sealed container or one capable of being securely sealed at all times;⁵⁴ and
- medications other than narcotics no longer required by patients (as determined by a medical practitioner or the patient) should be returned to local pharmacies or a pharmacist designated by the employing agency for disposal. These medications must also be stored securely for transport.

⁵⁴ Section 12 of the *Poisons Regulations 2002*

Section 7

Evaluation of Medication Management

Nurses, midwives and employers have a mutual obligation to ensure high quality medication management.

7.1 Individual Nurse's Responsibility

Nurses and midwives have a responsibility to maintain and update their knowledge and skills in relation to their practice, including all aspects of medication management.

7.2 Organisational Responsibility

Employers are encouraged to ensure medication management competency by establishing a system of competency assessment. A nurse or midwife should only have a competency assessment undertaken within their defined scope of practice.

A system of maintaining competency in medication management should be in place in care settings for all nurses and midwives at orientation; at commencement in a new practice area and annually.

Examples of areas of medication management that may be appropriate for annual competency assessment are knowledge of:

- medication calculation;
- epidural management;
- patient controlled analgesia;
- administration of intravenous medications; and
- nurse initiated medications.

7.3 Risk Management

Medication error prevention is fundamental in the care of all patients. As part of an organisation's risk management policy, systems and procedures should be established that are designed to prevent the possibility of adverse events in relation to medication management.

All aspects of medication handling should be examined, including purchasing, supply, storage, prescribing, dispensing and administration, for their potential for error or for contributing to error

Audits to collect data and facilitate the competency of medication management by nurses and midwives may also include assessment of practice within an organisational safety and quality framework.

In addition to competency audits, the use of Medication Incident Reporting data also provides an excellent method of determining deficits in knowledge, guidance and resources. All medication incidents should be reported and analysed to enable the planning of proactive education or action to prevent the occurrence of errors.

Section 8

Misappropriation or Misuse of Medications

- 8.1** The registered nurse or midwife is responsible for all medications in her/his charge. Nurses and midwives need to be observant for any evidence that may indicate diversion or misappropriation of medications.
- 8.2** Any regular or recurring discrepancies involving the management of medications or any isolated discrepancy that is not satisfactorily explained warrants further action and investigation by an appropriate authority.
- 8.3** Health or residential care facilities or services should develop, and make known to staff as part of a Medication Management Policy, a procedure to be followed in the event of suspected medication diversion.

If a person suspects a member of staff, nursing or otherwise, is misappropriating medications, the matter should immediately be discussed with a senior manager.

The manager may determine it appropriate to refer the matter to the:

- Director of Nursing of the facility;
- Pharmaceutical Services Branch of the Department of Health and Human Services;
- Police; and
- If the person allegedly involved is a nurse, the Executive Officer, Nursing Board of Tasmania.

The Pharmaceutical Services Branch has requested that it be advised promptly where there is a reasonable suspicion that a registered health practitioner or other staff member has been involved in illegally diverting or using scheduled substances.

Mandatory Reporting Requirement

Section 85 of *The Nursing Act 1995* requires that a nurse employer must provide a written report to the Board, of circumstances where the nurse or midwife's employment is terminated or suspended because of alleged or actual misconduct or physical or mental incapacity.

Appendix

Guidelines for the Development of Registered Nurse or Midwife Initiated Medication Policy.

Development of registered nurse or midwife initiated medication policy may be deemed necessary in some health service facilities or services. Subject to compliance with the *Poisons Act 1971* and other relevant legislation, the content of such a policy is based upon recognised best practice, current drug information, practitioner standards, codes of practice and professional liability.

It is recommended that the development of guidelines is under the auspices of a committee with formalised power to undertake such activities and endorsed by the agency.

The committee membership should include at least, registered nurses or midwives, medical practitioner(s), and pharmacist(s). The functions of this committee could include:

- developing criteria for a registered nurse or midwife initiated medication policy;
- developing in-service education for registered nurses or midwives who may initiate medications under the policy, including an ongoing assessment (e.g. competency assessment);
- annual review of all registered nurse or midwife initiated medication policies to ensure their continued appropriateness; and
- analysis of data collected in relation to the policy and its use.

The content of the policy should be clear, concise, and linked to the overall management of the patient in the particular situation that necessitates the initiation of the medication. The number of registered nurse or midwife initiated medication policies should be kept to the minimum possible.

Items that should be included in a registered nurse or midwife initiated medication policy are:

- medications which may be administered under the policy;
- which staff may administer medication within the policy;
- a clear description of the diagnosis and or symptoms by which the registered nurse or midwife should initiate the administration of a listed medication;
- the dose range, frequency of use and route of administration for each medication listed within the policy;
- expectations of the registered nurse or midwife when administering medication listed within the policy;
- duration that a registered nurse or midwife initiated medication may be administered without further consultation;
- evidence of endorsement of a medical practitioner, dentist or the health care facility Medication Advisory Committee; and

- documentation process for nursing or midwifery actions;
- a review date.

Registered nurse or midwife initiated medication policies must not be viewed as management in their own right, but that they form a component of the total management of the patient.

Glossary of Terms

Accountability

A nurse or a midwife must be prepared to answer to others, such as patients, the Nursing Board of Tasmania and employers, for their actions and for the roles and responsibilities inherent in their positions. Accountability cannot be delegated.

Administration

For the purpose of these Guidelines 'administration' refers to the situation where the medication is actually "applied" to or taken by the patient for the purpose of achieving an immediate and particular pharmacological benefit.

Appropriate

For the purposes of this document the term appropriate refers to the suitability of an action undertaken considered in the context of the situation in which it occurs and in line with the *Nursing Code*.

Authorised nurse

A nurse who holds a nurse's authority granted under section 30 of the *Poisons Regulations 2002*.

Authorised Enrolled Nurse

An enrolled nurse *who* holds qualifications that the Executive Officer of the Nursing Board of Tasmania determines are appropriate for the administration of that substance.⁵⁵

The practising certificate of an enrolled nurse, whose qualifications have been determined as appropriate for the purpose of administration of scheduled substances, will be endorsed as follows, *Authorised to administer scheduled substances pursuant to the Poisons Regulations 2002*.

Authorised Officer

For the purposes of this document an authorised officer means:

- pharmaceutical chemist employed as such in that health care facility, or where more than one pharmaceutical chemist is employed, the senior pharmaceutical chemist; or
- where no pharmaceutical chemist is employed in that health care facility, the medical practitioner in charge of that facility; or
- where no pharmaceutical chemist is employed in that facility and there is no medical practitioner in charge, the registered nurse or midwife in charge of that facility.

Close Proximity

For the purpose of this document, close proximity means within the same ward, unit area or an adjacent room.

⁵⁵ Section 59 of the *Poisons Regulations 2002*

Competence

The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional/occupational area.

Competent

The nurse or midwife has demonstrated competence across all domains of the ANMC National Competency Standards judged to be appropriate for that level of nurse, midwife, student or unlicensed health worker.

Competent Practice

Possession and application of required nursing or midwifery knowledge, skills, abilities, attitudes and experience.

Competency

Represents a stand-alone function or functional area underlying some aspect of professional performance.

Competency Standards

The ANMC National Competency Standards are core standards that describe the current practice of nurses and midwives. Competency Standards are used to regulate and determine nursing and midwifery practice. Competency Standards state the beginning level of competence expected of a nurse or midwife by specifying the knowledge, skills and attitudes expected of nurses or midwives.

The Competency Standards state what consumers can expect of nurses and midwives and are used by the regulatory authorities to determine eligibility for registration.

Context of Practice

Refers to the environment in which nursing or midwifery is practised. It includes:

- the characteristics of patients and the complexity of care required by patients;
- the type of service or health facility and setting;
- the amount of clinical support and/or supervision available from nurses and midwives; and
- resources available, including access to other health care professionals.

Delegation

The assigning of authority to a person to perform activities. There are two (2) types of delegation, new or established.

A **new** delegation is the assigning of authority to a person to perform activities which are **not normally part of their role, but is within their scope of practice**.

An **established** delegation is when the assignment of authority has already occurred and the context has not changed. Activities delegated by a registered nurse or midwife to a person **cannot** be delegated by that person to any other individual.

Delegation **cannot** be applied to a group of nurses or midwives as each step of the Scope of Practice Decision Making Framework must be applied to an individual nurse or midwife.

Dose Administration Aid (DAA)

A DAA is a tamper-evident, adherence device developed to assist medication management by having medicines divided into individual doses arranged according to the dose schedule throughout the day. It can be either a unit-dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment).⁵⁶

Direct Entry Midwife

A direct-entry midwife is educated in the discipline of midwifery in a program or pathway that does not also require him/her to become educated as a nurse.

Duty of Care

The obligation owed to anyone whom it is reasonably foreseeable would be injured by the lack of care of that person.⁵⁷

Enrolled Nurse

A person enrolled under the *Nursing Act 1995*.

Formalised Power

In the context of this paper, formalised power refers to the power granted, by an authority able to grant such power, to an individual or group to make abiding determinations.

General Order

An order issued by a medical practitioner pursuant to Section 97 of the *Poisons Regulations 2002*.

Health Professional

For the purposes of this document a health professional means:

- (a) a dentist; and
- (b) a medical practitioner; and
- (c) a pharmaceutical chemist; and
- (e) a registered nurse; and
- (d) a veterinary surgeon.

Health Care Facility/Service

Refers to any hospital, clinic, department, service or organisation that provides teaching, diagnostic and restorative procedures, health promotion, illness prevention, supportive care or palliative care.

Legislative requirements

Those requirements laid down by Commonwealth, and Tasmanian Acts and Regulations.

⁵⁶ Australian Government Department of Health and Ageing. Professional Programs and Services Advisory Committee. Dose administration aids program questions and answers, April 2007.

⁵⁷ Nygh, P (Editor) and Butt, P (Editor), Butterworths Concise Australian Legal Dictionary, Second Edition, Australia, 1998

Nurse Practitioner

A registered nurse authorised under the *Nursing Act 1995* to practise as a nurse practitioner.

Nursing Code

The Nursing Code is the collective name for the by-laws adopted by the Nursing Board of Tasmania and includes the Nursing Board of Tasmania Standards, the Australian Nursing and Midwifery Council (ANMC) Codes and the ANMC National Competency Standards.

Medical Institution

An institution which provides accommodation for persons suffering from any illness, injury, infirmity or mental disorder, or pregnant women or women immediately after childbirth, or persons who are substantially and permanently handicapped by illness, injury or by any other disability or persons who are aged.

Midwife

A registered nurse who holds an authorisation to practise midwifery under the *Nursing Act 1995*.

Nurse or Midwife Initiated Medication

Unscheduled substances and substances specified in Schedules 2 and 3 in the *Poisons List Order 2001* administered by a registered nurse or midwife in accordance with the employing organisation's nurse initiated medication policies.

Organisational Policy

A course of action, guiding principle or procedure, which guides the actions and interactions of the employees of an organisation.

Registered Nurse

A person who is registered under the *Nursing Act 1995*.

Residential Care

Residential care is personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential facility.

Residential care does not include any of the following:

- (a) care provided to a person in the person's private home;
- (b) care provided in a hospital or in a psychiatric facility;
- (c) care provided in a facility that primarily provides care to people who are not frail and aged.⁵⁸

Responsible Person

Any adult, and where possible health service employee, who is willing and has been assessed by the registered nurse as being able to perform as a witness.

⁵⁸ *Aged Care Act 1997 (Cth)*

Responsibility

Responsibility is the obligation of the nurse or midwife to utilise knowledge and perform at a level of skill that equals or exceeds that of a reasonably competent practitioner.

Restricted substance

A substance that is, for the time being, specified in Schedule 4 of the *Poisons Order List 2001*

Scheduled substance

Any substance that is, for the time being, specified in any of the schedules to the Poisons List.⁵⁹

Scope of Practice

Communicates to others the roles, competencies (knowledge, skills and attitudes) and the professional accountability of the nurse. It is defined within a legislative, and regulatory framework.

Standard Precautions

Standard operating procedures that apply to the care and treatment of all patients, regardless of their perceived infectious status. These precautions include aseptic technique, handwashing and the use of personal protective equipment.⁶⁰

Supervision⁶¹

Means the oversight, direction, guidance and/or support provided to an individual by the registered nurse or midwife responsible for ensuring such an individual is not placed in situations where they are required to function beyond his or her level of educational preparation or competence.

- **Direct Supervision**

Is provided when the registered nurse or midwife is actually present, observes, works with and directs the person being supervised

- **Indirect Supervision**

Is provided when the registered nurse or midwife works in the same facility as the supervised person but does not constantly observe his/her activities. The registered nurse or midwife must be available for reasonable access. What is reasonable will depend on the context, the needs of the patient and the needs of the person who is being supervised.

⁵⁹ Part 1, Section 3 of the *Poisons Act 1971*

⁶⁰ Infection Control Guidelines for the prevention of transmission of infectious diseases in the Health Care Setting, January 2004. Australian Government Department of Health and Aging

⁶¹ Australian Nursing and Midwifery Council, 2007, *A national framework for the development of decision-making tools for nursing and midwifery practice*,

Supply

Supply, in relation to a substance, includes:

- (a) administer a substance, whether orally, subcutaneously, or by any other means;
- (b) dispense a substance on a prescription; and
- (c) offer or agree to supply a substance.⁶²

Transcription

The act of copying information from one document to another.

⁶² Part 1, Section 3 of the *Poisons Act 1971*

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