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PREAMBLE:

Scope of Practice

At the aged care facilities of Nambucca Valley Care (NVC), the following categories of staff are permitted to administer medications to the residents:

Nursing Home:
Registered Nurses. Enrolled Nurses and Certificate IV in Aged Care with medication competency and under the supervision of the Registered Nurse.

Hostel Cottages:
Registered Nurses, Enrolled Nurses, Enrolled Nurses (without medication qualification) who have attended the Medication Administration Course, Care Workers who hold a Certificate IV in Aged Care, and Care Service Employees who have been trained and are deemed competent in medication administration.

Restrictions:
Enrolled Nurses (without medication qualification), Certificate IV CSE and Care Service Employees are only permitted to administer medications that have been dispensed by a pharmacist and labelled for an individual resident. This does not include Nurse Initiated Medications or stock medications which can only be given by Registered or Enrolled Nurses.

PURPOSE:

➢ To ensure the safety of residents by appropriate prescription, administration, storage and disposal of drugs that complies with relevant legislative requirements.

➢ To ensure all medications administered by NVC staff are provided by a pharmacist who has a current service agreement with NVC or in an emergency situation, a Medical Practitioner or other pharmacist.

➢ To ensure that staff administering medications safely, (hereafter known as the medication competent staff), undertake the administration of medication within the role of his or her responsibility and registration requirements.

➢ To provide current medication information, relevant poisons and therapeutic goods legislation and best practice guidelines to all staff who will administer medications.

➢ To promote and facilitate inter-professional collaboration in promoting quality use of medicines in our facility.

➢ To regularly consult with the NVC Medication Advisory Committee in the development of best practice guidelines for medication management.

➢ The Medication Advisory Committee includes the: Pharmacist(s), Medical Practitioner(s), Executive Care Manager (ECM), Facility Managers, Hostel Supervisors and ACFI/Clinical Competency RN.
POLICY:

1. Pharmacy Service

   1. In the Nursing Home regular medications are provided in the Webster Pack (7 day single unit dose system) and S8's are provided in original containers. In the Hostel all medications in Webster Pack except items which cannot be packed.

   2. The Pharmacy service will provide an efficient, safe and accurate means of ordering, dispensing and documentation of medications.

   3. The Pharmacy service will provide current medication information for all prescribed medications and for Nurse-Initiated Medications.

   4. The Pharmacy service will provide information on the medication charts relating to the generic and brand names of commonly used medications in the facility.

   5. The Pharmacist undertakes the responsibility of liaising with the Medical Practitioner of each resident to ensure that all prescriptions are current, to organise repeat prescriptions as necessary, and to maintain records / prescriptions of the resident at the pharmacy.

   6. All Medication Nurses will have a thorough knowledge of the medication ordering system and will practice safe medication administration requirements. The Medication Nurse will acknowledge his or her role in the accountability of medication administration, storage and documentation within the legislative requirements.

   7. The Pharmacy Service will provide a 24 hours on call service for medication enquiries and emergency supply of medication.

2. Prescribing Medications:

   1. Prescribing drugs is the sole responsibility of the Registered Medical Practitioner (or Dentist for certain drugs).

   2. The prescription must include the resident's name and address, the generic or brand name and strength of the drug, the route of administration and frequency, the date of commencement and duration where applicable. The quantity to be dispensed and the number of repeats (if applicable). The prescriber's signature must be present.

   3. Medication Competent Staff shall not administer any medication (other than Nurse-Initiated Medications) to a resident except as prescribed by a Medical Practitioner or Dentist.

   4. An Enrolled Nurse (without medication qualification), Certificate IV CSE, and Care Service Employee shall not assist the resident to take any medication except as prescribed by a Medical Practitioner or Dentist. The medication must be dispensed and
labelled by the Pharmacist for the individual resident and the staff member must have been assessed as competent in medication administration.

3. Ordering Medication:

The Medication Competent Staff is responsible for:

1. **Prescribed medication** is ordered using the **Pharmacy Fax Form** and the **Pharmacy Order Sheet** for a new resident.

2. Note on the **Pharmacy Order Sheet** other items that are to be charged to NVC. These items include:
   - Nurse Initiated Medications (see list in Item 18 of this policy)
   - and as authorised by the ECM or FM

   The Medication Competent Staff will document the items and identify the resident area (cottage) and write their name on each order form.

3. When the Medical Practitioner changes the dosage, ceases a medication or prescribes a new medication, the Medication Competent Staff is required to attend to the following.

   ⇒ **Dose Change:**
   
   i. If a Medical Practitioner prescribes a dose change of an existing medication, the Medication Competent Staff notifies the pharmacy.
   
   ii. The **Pharmacy Fax Form** together with a **new prescription and updated medication chart or electronic medication chart** is faxed to the Pharmacist so that new medication can be provided.
   
   iii. Attach a green ‘Direction Change’ alert sticker to the medication card, and date and initial it.
   
   iv. When the new medication is received, return old medication to the Pharmacy.

   ⇒ **Ceased Medications:**
   
   i. If a Medical Practitioner ceases a medication, the Medication Competent Staff will notify the pharmacy by faxing an **updated medication chart** using a **Pharmacy Fax Form**, and place a ‘ceased’ sticker on the medication card.
   
   ii. The Medical Practitioner or Medication Competent Staff (if instruction received by phone) will indicate that the medication has been **ceased** by using a red ‘ceased’ sticker at point of cessation and drawing a line through the remainder of the medication chart. The phone instruction must be endorsed by the Medical Practitioner on his/her next visit and in any case within 24 hrs. A reminder for this should be entered into the Doctors’ Request Book. As phone orders for medication need to be signed by the
medical officer within 24 hrs it is preferable for orders to be faxed to NVC rather than phone orders.

⇒ **New Medication:**

1. If the Medical Practitioner prescribes a new medication for an existing resident, the Medication Competent Staff will notify the pharmacy by faxing an updated medication chart or electronic medication chart together with the new prescription using a Pharmacy Fax Form.

2. The Pharmacist will dispense the new medication chart to be filed with existing medication charts for that resident.

4. If GP has made any changes on photocopied medication chart, Pharmacy will write on the photocopy that GP original signature is on original medication chart and therefore the original chart can be filed away to afford confusion.

4. **Administration of Medication and PRN Medication:**

1. Medications are to be administered by a qualified person only ie. Medical Practitioner, Dentist, Pharmacist, suitably trained and Medication Competent Staff.

2. Medications can only be prescribed by a registered Medical Practitioner and Dentist with the exception of ‘Nurse Initiated Medications’ (refer to Item 18 of this policy). The original written order on the medication chart must be directly referred to on each occasion of administration of the medication.

3. All medications must be clearly labelled with a resident’s name. Any items which are not named must be disposed of appropriately. No medication is to be shared between residents or “borrowed” from another resident’s stock or Webster medication card.

4. All residents must be identified before being given medication. For this purpose an up to date photograph of the resident must be attached to their medication chart.

5. Medications must be administered immediately from their container or Webster medication cards by the person giving the medication, and signed as administered by initialling the medication chart in the appropriate square, immediately following administration to the resident, not before, and not at the end of the medication round.

6. Medications must not be left at the bedside/chair side, on tables or given to any resident for taking later. On no occasion are medications to be left set out in containers or spoons. It is the responsibility of the person administering medication to observe the medications being swallowed.

7. Medications ordered and not administered must be recorded as such, and this record must include the reason for non-administration by inserting and circling the relevant symbol as listed on the Resident Identification Sheet, and recording the reason in the resident’s progress notes.
8. Refusal by a resident to take medication must be recorded on the resident’s medication chart, the Medication Competent Staff is to document in the progress notes and, if the resident regularly refuses any or all medications, the attending Medical Practitioner is to be notified. Tablets which are not swallowed by the resident are to be discarded into the sharps container in the medication trolley.

9. Medication Competent Staff must never transfer medication from one container to another or relabel a pack.

10. Medication Competent Staff are to refer to the chart ‘Commonly Used Medications That Should Not Be Crushed For Use In Aged Care Facilities’ and ensure that only those medications that are not on the list may be crushed. Pharmacy should also identify the medication on the cards which must not be crushed. See attached protocol.

11. All sedations should be kept to a minimum and must only be given when necessary. Assessment of effectiveness should be documented, evaluated and reported to the attending Medical Practitioner on a regular basis.

12. All psychotropic medications must be regularly reviewed by the Medical Practitioner.

13. Registered Nurses and Enrolled Nurses are responsible for familiarising themselves with the medication they are administering, to ensure that they have basic knowledge of the ‘side effects’ the person may suffer as an effect of taking a medication. Current copies of MIMS (or Australian Drug Guide) are located in the medication trolleys.

14. If the administration of PRN medication indicates a regular and/or frequent administration pattern, the Medical Practitioner is to be contacted to review / rewrite the medication chart to reflect times of administration/frequency.

15. Warfarin Medication Procedure
Where possible Warfarin is to be packaged in a Webster Pack as per the Medical Practitioners faxed instructions. Upon receipt of the Medical Practitioners faxed instructions for the residents Warfarin dose and the requirement for a repeat INR, the following procedure is to be followed:

1. The next INR test is to be booked (record date in the diary and mark INR on the medication chart on the date due as a prompt for medication competent staff member)
2. Notify the Pharmacy by faxing the Medical Practitioners order and next INR due date
3. Place the faxed instructions from the Medical Practitioner with the medication chart
4. Check that the Webster pack has been delivered with the correct warfarin dosage. RN initials and dates the pack that it has been checked
5. Prior to administering the Warfarin dose Medication Competent Staff member MUST check the faxed order from the Medical Practitioner and then check that the dose packaged corresponds with the order
6. The 5 R’s of Medication Management MUST be followed including the recording of dosage of Warfarin given is to be charted on the medication chart on the date it was given.

7. If Medical Practitioner instructions are not available when Warfarin dose is due, no dose is to be given. Contact Medical Practitioner for further orders.

8. Warfarin dose must be checked by 2nd person if not pre-packed or a standard order.

9. Cert III or Cert IV Medication Competent Staff must not administer from original packaging or from a Webster pack where the Warfarin dosage packed is incorrect.

Research has shown that some persons may react to a combination of medications. Consequently, consultation is necessary with the Medical Practitioner, pharmacist, qualified staff, resident and/or person responsible to assess ‘possible adverse effects’ to the resident because of a diagnosed condition(s) and/or age related problem.

The outcome may suggest that the Medical Practitioner will prescribe the medication to be given at staggered intervals to prevent ‘side effects’.

5. **Non Prescription and Unscheduled Substances:**

A resident has the right to request a non-prescription substance, including herbal, homeopathic, non-Australian and ‘over the counter’ S2, S3 and unscheduled substances.

1. If a resident and/or his or her representative chooses to request a non-prescription substance, the resident and/or his or her representative is required to consult with the treating Medical Practitioner to ensure the compatibility with other medications taken by the resident.

2. If the resident and/or his or her representative chooses to take a non-prescription substance that the treating Medical Practitioner does not endorse, the resident and/or his or her representative is required to **confirm in writing** to disclaim the treating Medical Practitioner’s responsibility. Storage, administration and management of any medication which is not ordered or endorsed by the Medical Officer will be the responsibility of the resident or their representative.

3. The treating Medical Practitioner is not required to write on the medication chart if he or she does not endorse the non-prescription substance requested.

4. The Medication Competent Staff should not administer such substances unless approved in writing by the Medical Practitioner and should document the use of such substances by the resident and/or his or her representative.

6. **Insulin Injections:**

1. The Registered Nurse or Enrolled Nurse is responsible to check procedure, before administering insulin by carrying out the following checks:
7. **Telephone Orders / Facsimile – Emergency Medication/s:**

1. In all instances a faxed order is the best option however if a telephone order is required the Registered Nurse or Enrolled Nurse taking a telephone order is responsible to immediately write the medication prescribed by the Medical Practitioner or Dentist, on the Medication Chart under heading **Telephone Order** and record ‘Drug, Dose, Route and Frequency’. Print the Medical Practitioner’s name prescribing the order. Registered Nurse or Enrolled Nurse is to sign and date confirmation of order and witnessed by a second signature i.e. RN / EN / EN (without medication qualification)/Certificate IV CSE / AIN / CSE. Emergency phone orders may not be received in the hostel if a Registered Nurse or Enrolled Nurse is not present.

2. To ensure accuracy of recording drug names and dosages, repeat the order back to the Medical Practitioner, with name of the resident; list any allergies; name of the medication; route of administration; strength of medication; dosage to be administered; time of frequency of administration and the number of doses or period for which administration is authorised.

3. The Registered Nurse or Enrolled Nurse is required to record the instructions directly onto the medication chart in the section for Telephone Orders on the back of the chart in permanent ink, sign and date the record.

4. Second person (other staff member – RN, EN, EN (without medication qualification), Certificate IV CSE, AIN, CSE) to confirm telephone order with Medical Practitioner or Dentist, and sign and date the order in the section for Telephone Order. **For S8 drugs, the 2nd person should be another Registered Nurse or Enrolled Nurse whenever possible.**

5. The Medical Practitioner is required to sign and date the telephone order within 24 hours or to at least provide written confirmation of the order (faxed) within this time.

6. In an emergency, when supply of medication for a resident is required from the pharmacy, the Medical Practitioner must telephone, fax or e-mail a prescription **directly to the pharmacist** and then send the original prescription without delay (and in any case within 24hrs) to the pharmacist. *(Ref: Clauses 35, 80, P&TG Regulation 2002)*

7. If the emergency medication order is originally received by facsimile, the Medical Practitioner is required to sign and date the order before issuance to the facility, and to notify the pharmacist of the medication prescribed and instructions if required. In some circumstances, the Medical Practitioner may require the Medication Competent Staff to notify the pharmacy by re-faxing the emergency medication order.
8. An emergency medication order may be faxed on the resident’s medication chart. The facsimile should be placed in the medication charts folder and stapled to the original medication chart. Administration of the medication is recorded on the faxed chart next to the new order.

9. On each occasion that a dose is given, the Medication Competent Staff should refer to the Medical Practitioner’s facsimile that is attached to the chart.

10. In the case of ongoing medication, the Medical Practitioner must rewrite the medication order in the regular medication or PRN order section on the medication chart as soon as possible. The facsimile order is then suspended to ensure that medication is not given twice.

11. If, for some reason, the Medical Practitioner has not visited during seven working days, the medication charts are to be couriered to the Medical Practitioner to rewrite the telephone and/or facsimile medication orders. The Medical Practitioner is to be informed that the medication will not be given until appropriate records have been completed. It is advised that the Medical Practitioner be reminded of his or her responsibility under regulations governing their practice.

12. Medications that have been suspended via telephone must be signed and dated by the Medical Practitioner as soon as practicable or within seven (7) working days. The Medication Competent Staff must clearly indicate on the medication chart that the medication has been suspended and apply ‘ceased’ stickers to the chart.

8. Emergency Medications – STOCK BOX (other than S8) (Ref: Clauses 17(4), 46, Poisons and Therapeutic Goods 2002)

A limited range of medications may be held at the nursing home for the emergency treatment of residents on medical practitioners’ authority, at times when pharmacy services are not immediately available. Only Registered nurses and medical practitioners may remove medications from this box for administration to residents.

1. The Medication Advisory Committee will determine which of the approved medications are needed for emergency use.

2. Only the Chief Nurse (ECM) or delegate has authority to order from the pharmacist, emergency medications from a limited range of medications as listed below, using a signed written order. (See Item 8 for approved list)

3. To access the emergency medications from the STOCK BOX, the resident’s attending Medical Practitioner must prescribe a medication which is required immediately and which cannot be dispensed by the pharmacy at that time.

4. The medication should be removed from storage as a whole pack and doses administered to the resident directly from the pack. Single blister strips should not be removed due to the risk of mix-up when the strip is returned to storage.
5. Where the Medical Practitioner has prescribed a course of medication or on-going medication (i.e. more than one or two doses), this should be obtained on prescription as soon as possible from the pharmacist as a dispensed supply and labelled for that resident.

6. On receipt of the resident’s labelled supply, the emergency pack must be withdrawn from use and placed back in storage. Other than removal of a few doses, the emergency pack must remain unaltered so that the remainder may be held in stock for future use. Residents’ dispensed supplies of medication must not be used to replace emergency stocks.

7. All stock held in the EMERGENCY MEDICATIONS STOCK BOX is recorded in the Emergency Medications Register. The Register identifies the medication that has been removed for emergency use; name of resident; date of removal; and stock supplied on the ECM’s order for return to stock box. This assures that the stock box always has a full supply of emergency medications. The contents of the stock box are checked weekly at the same time as the S8 drug check.

8. List of Medications Approved by the Director-General – Ref: NSW Health Dept – Information Bulletin 2003/10 – and kept in the Emergency Medications stock box are:

   - Morphine injection x 5
   - Adrenaline injection
   - Atropine sulfate injection
   - Diazepam injection
   - Frusemide injection
   - Metoclopramide injection
   - Prochlorperazine injection
   - **Oral Antibiotics - 1 box of each kept in stock box unless stated otherwise**
     - Cephalexin 500mg
     - Cephalexin 250mg
     - Roxithromycin 300mg
     - Trimethoprim 300mg
     - Amoxycillin 500mg
     - Norflaxacin 400mg
     - Amoxycillin/Clav Acid 500/125mg

9. Medication Charts

   1. No medication is to be administered if a medication chart has expired or a medication is not prescribed. The Medication Competent Staff must contact the Medical Practitioner or the pharmacy to write up or reprint the medication charts prior to the next scheduled administration of medication.
2. New or changed medication orders are electronically generated using Medical Director or are hand written by the Medical Practitioner. Regular and ongoing medication orders are reprinted by the pharmacy on the **Webster Unit Dose 7 Dual Signing Medication Chart**. Regular (white), PRN (green), and Non-packed Regular (blue) medication charts are valid for 3 months (original plus 2 inserts).

3. On every occasion that a new medication chart is generated and/or authorised for a resident, the Pharmacist and/or Medical Practitioner must refer to a copy of the chart in current use at the time of checking the new chart, for the accuracy and currency of the orders. *(Ref. DOH Pharmaceutical Services Branch 3/2004)*.

4. Medication charts are to include the name of the aged care facility and orders must include the administration route and be signed and dated by the prescribing Medical Practitioner after their careful check of the accuracy and currency of the order, before being implemented. Each Medical Practitioner who has written input into the medication charts is to write their name on the chart as well as signing and dating the medication orders. *(Ref. DOH Pharmaceutical Services Branch 3/2004)*.

5. Signed charts are stored upside down in the residents' medication chart folder until required at the beginning of the next month.

6. Changes to a resident’s medication orders during the life of a printed chart are made by the Medical Practitioner in their handwriting in a spare space on the existing chart, rather than generating a new chart. In this situation, the medication profile must be updated on the Pharmacy’s computer so that the next chart generated at the end of the three months is up to date. Where there are no available spaces to enter a new medication order, an extra chart will have to be handwritten but should commence on the same starting date as the current chart’s, ie. within the same month, to avoid confusion. In this case, the administration record should be scored out until the commencement day of the new medication order. *(Ref. DOH Pharmaceutical Services Branch 3/2004)*.

7. A recent dated photograph with the resident’s name clearly printed is located on the Resident Identification Sheet with each resident’s medication charts in the chart folder, and where there are residents with similar names, green ‘alert’ stickers must be placed on their charts.

8. The Medical Practitioner must document known ‘adverse drug reactions’ and known ‘allergies’ on medication charts, or write ‘nil known’.

9. All medication orders documented (by hand) in the medication charts must be legibly written in black pen/biro and include:
   - The name of the facility either handwritten or stamped on the chart
   - Complete name of person for whom medication has been prescribed (or Medical Practitioner signature on printed name label)
   - Date of birth
   - Name of medication
   - Strength of medication
   - Dosage of medication
   - Route of medication
• Frequency of medication
• Number of doses required
• Period of time required to give medication (if necessary)
• Date of order for each medication
• Each medication order signed by prescriber (Medical Practitioner and/or Dentist)
• All allergies or state “Nil Known”
• Directive for use, if PRN

10. If the Medical Practitioner’s writing is not legible or has apparent inconsistencies, such as an excessively large or small dose or a seemingly inappropriate route or frequency specified, the medication is not to be given without referring the order to the Medical Practitioner for clarification. The Registered Nurse or Enrolled Nurse has the responsibility to check the order before the Medical Practitioner leaves the premises.

11. Document alternative methods of administering medications in accordance with ‘Commonly Used Medications That Should Not Be Crushed For Use In Aged Care Facilities’. Contact the Medical Practitioner to change a medication order to liquid form/or other suitable medication if the resident is no longer able to swallow medication in the tablet/capsule form.

10. **Documentation Requirements for Medication Nurses:**

   1. Medication orders should not be transcribed by the nursing or care staff to progress notes, care plans or order forms as this increases the margin for error. Reference should be made to change of medication in the progress notes as eg. ‘Seen by Dr. – change of medication recorded in medication chart’.

   2. Medication orders are never to be transcribed by nursing or care staff onto the regular sections of the medication charts.

11. **Medication Management Review by Medical Practitioner and Pharmacist:**

   1. Medication Management Review is a structured and collaborative health care service provided by a Medical Practitioner and a pharmacist to ensure that medicine use is optimal, fully understood and that continuity of care is enhanced.

   2. The review process should involve consultation with the resident and or the resident’s representative, nursing staff and other health professionals involved in the resident’s care.

   3. The attending Medical Practitioner will undertake a formal medication management review at least every 12 weeks. If the attending Medical Practitioner is absent when the review is due, the appointed medical officer in his or her place will be requested to carry out the review.
4. The Medical Practitioner should document, on the medication chart and in the Doctor’s Notes, confirmation of the review.

5. An Accredited Pharmacist will carry out formal medication reviews 12 monthly or on a regular basis in line with his or her accreditation requirements. The Pharmacist will need to obtain consent from the attending Medical Officer, consult with the resident or his or her representative, and the Medication Competent Staff and as required with other health professionals during the process of the review.

6. The Accredited Pharmacist is responsible to give a full report of the medication review to the attending Medical Practitioner and consult directly with the relevant personnel about the findings of the review. Confirmation of the review will be made on the medication chart and on the resident’s medical records.

7. The Medical Practitioner and the Pharmacist will notify the ECM if any issues have arisen in the review process. If medication errors are found, they are documented in the reviewing Pharmacist’s Report and appropriate action will be taken.

8. Medication Competent Staff should participate in all medication management reviews as part of his or her professional responsibility.

12. Security of Medication Trolley:

1. Medication trolleys and drug storage cupboards to be locked when not in use.

2. In the nursing home, the RNs are responsible for the drug keys at all times. Schedule 8 drug keys are kept on a separate chain at all times.

13. Schedule 8 and Schedule 4 (Appendix D) Drugs:

1. **Nursing Home**: S8 drugs must be kept apart from other medications and locked in specified separate cupboards. Oral S8 medications are supplied by the Pharmacy in the original packaging and stored in the S8 drug safe. **No other items are to be stored in the S8 cupboard.**

2. **Hostel**: Regular S8 medications and PRN oral S8 medication are packed with other regular and PRN medication.

3. S8 drugs are kept only for residents who are currently prescribed them by attending Medical Practitioner or medical consultant, with the exception of the emergency stock.

4. **Emergency stock (S8)** – ‘The emergency stock must not exceed: 5 ampoules of morphine sulphate containing 30mg or less per ampoule
This stock may only be supplied by the Pharmacist with a **written order from the Chief Nurse (ECM)** to the Pharmacist. (*Ref: Clauses 102, 103, Poisons and Therapeutic Goods Regulation 2002 – Attachment I*).

5. Administration of S8 drugs can only be given when written authorisation is obtained by a Medical Practitioner. Under legislation, an emergency telephone order from a Medical Practitioner must be written on the medication chart within one (1) working day or confirmed in writing by facsimile.

6. In the Nursing Home all S8 drugs must be recorded in the Form 9 drug register. Two signatures are required on each occasion of administration. Record must show name of person, name of drug, dosage, date and time of administration, and name of prescriber.

7. In the Nursing Home the Registered Nurse must record all S8 drugs in the drug register immediately upon arrival in the facility. Records must show quantity received, date received, and the entry is dated and signed by the receiving Registered Nurse and countersigned.

8. A separate page of the register must be used for each kind of S8 and for each strength of the drug.

9. No alterations may be made in the drug register. Corrections must be noted with *(asterisk)* and footnote at bottom of page which must be signed and dated by the person who has made the correction and this must be countersigned by a 2nd person.

10. In the Nursing Home stock checks are done routinely by two Registered Nurses or a Registered Nurse and an Enrolled Nurse or Cert IV CSE if second nurse not available on a weekly basis. Regular checks on ‘expiry dates’ must be made during stock checks.

11. S8 drugs for destruction must first be checked by the ECM who will notify the supplying Pharmacist. These are held in the specified S8 cupboard until the supplying Pharmacist visits the facility and they are destroyed on the premises in the actual presence of the ECM. (*Ref: Clause 125, Poisons and Therapeutic Goods Regulation 2002*).

12. The Pharmacist must record the destruction of the drug by an entry in the drug register. The entry must be signed by the pharmacist and countersigned by the ECM.

13. The following barbiturates are classified as Schedule 8 of the NSW Poisons List with effect from **1st March 2002**. (*NSW Health Dept. – Information Bulletin 2002/2*).

   - Amylobarbitone, **except when packed and labelled for injection**,
   - Butobarbitone, Cyclobarbitone, Quinalbarbitone, Secutobarbitone,
   - Pentobarbitone, **except when packed and labelled for injection**.

The injectable forms of amylobarbitone and pentobarbitone remain in Schedule 4, Appendix D of the NSW Poisons List.

14. Staff will need to follow normal process with Pharmacy to have script filled and the Facility Manager is to be notified when medication has been delivered to arrange for replacement to be sent to the hospital.
14. New Admissions:

1. The Carer or Nurse must contact the nominated Medical Practitioner as soon as possible after resident has been admitted to confirm admission and to ask the doctor to review the medical details within 24 hours.

2. The Registered Nurse should contact the resident’s Medical Practitioner to confirm the transfer/discharge medication orders sent from the hospital if written by another Medical Officer. If any changes need to be made to the medications by the resident’s Medical Practitioner, a faxed medication order, along with any scripts required should be supplied and forwarded to pharmacy for supply of medications.

3. If there is no list of discharge medications, the Medication Competent Staff is to contact the resident’s Medical Practitioner to ensure medication orders are written up.

4. Pharmacy to be informed of a new admission by faxing a completed, Pharmacy Order Sheet and Pharmacy Notification Form with a copy of medication chart and prescriptions.

5. The Medication Competent Staff is to request the admitting Medical Practitioner to complete and sign a Nurse Initiated Medication – See attachment. (See Nurse-Initiated Medications Procedures – Item 18 of this policy).

15. Residents who choose to self medicate:

1. The resident will be assessed by the Medical Practitioner, and the Registered Nurse or Enrolled Nurse, using a Self-Medication Assessment tool, to ensure that medication administration can be safely carried out by the resident. This is documented by the attending Medical Practitioner in the Doctor’s Notes and by the Registered Nurse or Enrolled Nurse in the progress notes, in the resident's care plan, and on the Resident Identification Sheet (RIS) in the medication chart folder.

2. Regular monitoring for compliance with drug regimens and reassessments must be undertaken by the Registered Nurse or Enrolled Nurse and Medical Practitioner to ensure the resident’s competency.

3. Medications will be kept in a secure storage area at all times. It is the responsibility of the resident and the Medication Competent Staff to ensure that the medications are always stored in the designated safe place.
4. The Registered Nurse or Enrolled Nurse is responsible for monitoring the resident’s continuing ability to self-administer the selected medication.

5. Resident who self medicate will be responsible for the ordering, supply and administration of all medications required by them.

6. Notation will be made on the comments section of medication charts and stickers placed on the signing sheets for residents who wholly or partially self medicate.

16. Residents on leave:

1. A resident taking overnight leave is issued with the existing medication pack and a copy of the primary medication chart to ensure they are aware of the dose times. Medications may not be removed from the card/s prior to administration.

2. Directions for administration are recorded on the packs. Medications together with the copy of the medication chart are to be given to the resident or responsible carer. The medication chart is to be taken as reference for the resident or responsible carer and in the event that the resident may require seeing another doctor who may prescribe additional medication.

17. Return of Unwanted Medications:

1. Drugs may require to be returned to the pharmacy for the following reasons:
   i. Medication suspended
   ii. Death of a resident for whom medication was prescribed.
   iii. Out of date stock (other than S8 – see Item 13)
   iv. Deterioration or discolouration
   v. Stock damage through breakage
   vi. For repacking when medication orders are changed

2. Medication is returned to the pharmacist when any of the above reasons have occurred.

3. Medication that is no longer in use for the resident for whom it was dispensed must not be kept as ‘stock’ and administered to any other person.

4. Unwanted medication is to be placed in the yellow RUM (Return of Unwanted Medications) bins provided by Pharmacy.

5. Do not place unwanted medications in the daily Pharmacy delivery bag.

18. Nurse-Initiated Medications

1. The list of non-prescription medications, approved by NVC Medication Advisory Committee, may be administered by the Registered Nurse only, providing the resident has a signed authorisation by the Medical Officer approving the administration of such
medications to his/her patient.

2. All Nurse Initiated medications must be recorded on the reverse of the PRN medication chart, together with the dose, time, date, and the Registered Nurse's signature. The effect of the medication is to be documented in the resident's clinical record.

3. When a Nurse-Initiated Medication (NIM) is administered to a resident, the resident's Medical Practitioner should be notified. Should the medication be required on an ongoing basis, the Medical Practitioner must authorise the order on the PRN or regular Medication Chart.

4. Nurses are reminded that there may be pre-existing medical conditions, or the resident may be taking certain medications which may deem certain Nurse Initiated Medications undesirable.

5. The Nurse Initiated list of medications is to be reviewed, re-signed and re-dated every 12 months by the Medical Officer. Medications can only be administered by the Registered Nurse from a current order ie: signed and dated within the previous 12 month period.

6. The Registered Nurse will organise the review and is responsible for the renewal of orders in the Medication Chart Folders. The Medication Advisory Committee will review the list of medications annually. (Refer Attachment D – List of Nurse Initiated Medications)

19. Medication Audits

1. Regular medication audits are conducted in accordance with the Audit Schedule and as deemed necessary through the reporting of medication incidents/errors. The audit process will identify the practice of the Medication Competent Staff in medication management to ensure compliance with legislative requirements and best practice guidelines listed in this policy.

2. The Medication Competent Staff who receives the weekly delivery of medication packs for each area of the facility is responsible for undertaking a random check of the medication pack as an additional quality control of the pharmacy packing procedures.

20. Medication Competencies for Medication Competent Staff

1. All Registered Nurses, Enrolled Nurses, Certificate IV Nurses and Care Service Employees with a nationally recognised medication module will undertake medication competencies on a regular basis.

2. NVC Medication competencies are to be reviewed and updated annually and signed off to support best practice standards.

21. Medication Errors
1. A ‘medication error’ is identified as when there has been non-compliance to the Medication Management Policy in any of the procedures set down and in any of the legislative requirements and best practice guidelines listed in this policy.

2. Medication Competent Staff are responsible to record any medication errors using the Medication Error Report on each occasion when an error has been made and/or where the Medication Competent Staff has found an error that another person/s has made.

3. The Medication Competent Staff must report the error immediately to the Registered Nurse in Charge.

4. If the resident is at risk to his or her health and safety as a result of the error, ie. incorrect medication, wrong dosage or a medication not given which is critical to the health and safety of the resident, the Medication Competent Staff must contact the attending Medical Practitioner immediately.

5. Each time a Medication Competent Staff acknowledges and reports a medication error, this confirms that he or she wishes to improve his or her practice and takes seriously the responsibility of quality medication management and risk management involved in the practice.

6. A Medication Competent Staff is **ethically and legally responsible** to acknowledge that he or she has made a medication error in accordance with the following:

   - Australian Nursing & Midwifery Council, Code of Professional Conduct for Nurses in Australia 2003
   - Nurses & Midwives Act 1991 & Regulations 2003
   - Poisons and Therapeutic Goods Act 1966 & Regulations 2003
   - Circular 2003/10 Guide to the Handling of Medications in Nursing Homes in NSW
   - Australian Nursing & Midwifery Council, National Competency Standards for the Registered Nurse, 4th Ed, January 2006
   - Delegation & Supervision, by Registered Nurses of Medication Administration within Age Care Facilities Nurses & Midwives Board of NSW 2006

22. **List of Attachments to Medication Management Policy:**

   1. List of Standing Orders for Nurse Initiated Medications
   2. Protocol for use when having difficulty administering medications
   3. NVC Medication Management Reference for Medication Competent Staff

**References:**

- Poisons and Therapeutic Goods Act 1966 & Regulations 2003
- Aged Care Act 1997
- Quality of Care Principles 1997
• Public Health Act Schedule 5
• Nurses & Midwives Act 1991 & Regulations 2003
• Circular 2003/10 Guide to the Handling of Medications in Nursing Homes in NSW
• APAC Guidelines for Medication Management in Residential Aged Care Facilities – 3rd Edition Nov 2002
• ACAA-NSW Guidelines for Medication Management in Residential Aged Care Facilities Version 2 Jan 2007
• Delegation & Supervision, by Registered Nurses of Medication Administration within Age Care Facilities Nurses & Midwives Board of NSW 2006
• Australian Nursing & Midwifery Council, Code of Professional Conduct for Nurses in Australia 2003
• Medication – Administration by Endorsed Enrolled Nurses (The), NSW Health – Policy Directive Pd2005_343