

Medication Management Guidelines for Nurses and Midwives



1. Introduction

As the statutory body responsible for the regulation of nursing and midwifery practice in Western Australia (WA), the Nurses & Midwives Board of Western Australia (NMBWA) has developed and reviewed these guidelines to improve the safety and quality of medication management by nurses and midwives practising within WA.

A sound understanding of the principles of safe medication management is essential for all nurses, midwives and health care agencies involved in the provision of health care.

Nurses and midwives are accountable for their own practice. As with all aspects of care, practitioners should only undertake medication management activities for which they are legally entitled to perform; educationally prepared for; competent to undertake; and for which they are willing to be accountable.

Nurses and midwives need to be aware of the *Nurses and Midwives Act 2006*, the legislation governing nursing and midwifery practice within WA, as well as the current legislation relating to medication use. In WA, this includes the *Poisons Act 1964* and the *Poisons Regulations 1965*. Nurses and midwives should also refer to the Australian Nursing and Midwifery Council's (ANMC) *National Framework for the Development of decision-making tools for nursing and midwifery practice 2007 (DMF)*, which assists in making decisions about scope of practice in relation to medication management. The *DMF* should always be used in conjunction with other tools and standards such as national competency standards, legislation, regulations, and policies relating to nursing and midwifery practice.

To achieve the greatest benefit and best outcomes for consumers, health care agency policies, protocols and guidelines for medication usage should be developed collaboratively by nursing, midwifery, medical, pharmacy, allied health, management and support staff. Medication management practices should be reviewed on a regular basis to ensure effective, safe and quality care.

2. Changing Health Care Environments

The NMBWA recognises that the environments in which nurses and midwives provide health care has changed considerably over recent years. These now include the hospital environment, residential care facilities, community-based agencies, occupational health care environments and the consumer's own home. These guidelines take into consideration the range of settings in which nurses and midwives practice, and where required, provide specific guidelines to address these.

3. Unregulated Health Care Providers

The NMBWA recognises that as a result of changing health care environments, there has been a significant increase in the range and number of unregulated providers delivering health care. Unregulated health care providers in WA currently include carers/care workers, personal care assistants/attendants, assistants in nursing and other health workers.

Registered nurses and midwives are responsible for assessing and differentiating between care that should be given by a nurse and/or midwife and activities that may be undertaken by an unregulated health care provider. This assessment should incorporate the needs of the individual, the context of care, the activity to be performed, health care agency policies, and the preparedness of the unregulated health care provider to undertake the delegated activity.

4. Medication Competence for Nurses & Midwives

There are a number of required elements in the demonstration of medication competence by nurses and midwives that contribute to the safe and quality use of medications.

In administering any medication, nurses and midwives are required to:

- Know the relevant legislation relating to medication administration
- Have adequate knowledge of the medication, its therapeutic purpose, usual dose, frequency and route of administration, specific precautions, contra-indications, side effects and adverse reactions. Nurses and midwives should also be aware of the correct storage requirements for medications.
- Adhere to required checking policies and procedures developed by agencies.

- Adhere to agency policies and procedures for identifying individuals where they have no identification.
- Determine whether an individual has any known allergies to the medication being administered.
- Check with the prescriber if there is any doubt about the accuracy of any aspect of the prescription and refer to a current Australian pharmaceutical guide; and/or a pharmacist before administering the medication.
- Wherever possible, ensure the individual and family (where appropriate) know why the medication has been prescribed.
- Consider self-medication issues in relation to knowledge, pharmacological interactions and education requirements according to the health care agency medication policy. Consider the assessment of the individual in relation to functionality, dexterity and cognition.
- Document the administration of the medication in the individual's record as directed by health care agency policies.
- Assess the individual for the efficacy of the medication.
- Report to the prescriber any side effects or adverse reactions experienced by the person and document the episode.
- At all times adhere to the '6 Rights' of medication administration:
 1. Right drug
 2. Right individual
 3. Right dose
 4. Right time
 5. Right route
 6. Right documentation.
- Report and manage medication incidents and variations according to health care agency policy.

5. Legislation Relating to Medication Management

The *Poisons Act 1964* and the *Poisons Regulations 1965* provide clear instructions for nurses and midwives in relation to the management of Schedule 4 (S4) and Schedule 8 (S8) medications, verbal orders from medical practitioners, nurse practitioners and dentists (*Reg 38AA, Reg 50*) and authority for nurses at designated remote areas (*Reg 11*).

Standing Orders, other than those authorised for use at designated remote area nursing posts (refer Section 10), are not provided for by the *Poisons Regulations 1965*, and therefore have no legal standing.

6. Schedule 4 and Schedule 8 Medications

The administration of S4 medications must comply with prescription orders written by a medical practitioner, dentist or nurse practitioner. The administration of S8 medications must comply with prescription orders written by a medical practitioner or dentist (nurse practitioners are presently unable to prescribe S8 medications) (*Reg 37, Reg 51*). Under *Reg 38AA (2)* and *Reg 50 (d)* of the *Poisons Regulations 1965*, medical practitioners, dentists and nurse practitioners are also authorised to issue verbal orders for the administration of medications (refer Section 8).

Instructions for securing, handling and maintaining records of **stock supply** (refer section 11) S4 and S8 medications are documented within the *Poisons Regulations 1965* (*Reg 36A (2), 36B, 44 (2), 44A, 44B, 45 and 56*). A registered nurse and/or midwife is responsible for holding the keys to a safe or locked cupboard, storing **stock supply** S8 medications, and also ensuring that the safe or cupboard is locked at all times when not in use (*Reg 56C*). When administering a **stock supply** S8 medication, a registered nurse and/or midwife is required to be involved in the removal of the medication from the cupboard, the subsequent checking and recording procedure (*Reg 44 (2) (3) (4)*) and the administration procedure (*Reg 42 (1)(f) & (g)(a) (Poisons Amendment Regulations 2010)*).

Enrolled nurses are not permitted to administer **stock supply** S8 medications, due to the definition of a nurse (defined as Registered Nurse or Midwife) under the *Poisons Regulations 1965 & Poisons Amendment Regulations 2010*.

Health care agencies storing **stock supply** S8 medications are required to maintain records of the name, quantity, administration and dosage of medications held (*Reg 44*). Records need to demonstrate that all stock supplied to the health care agency is accounted for and checked on at least a monthly basis and in line with agency policies.

7. Storage and Recording of Restricted Schedule 4 Medicines (S4R)

Instructions for securing, handling and maintaining records of Restricted Schedule 4 medicines (S4R) in public health care facilities are outlined in the Department of Health Operational Directive No. OD 0215/09. The NMBWA recommends that the practices outlined in this operational directive are also followed by private health care facilities in the management of S4R medicines.

As per OD 0215/09, the key that provides entry to the cupboard where S4R medicines are stored should not provide access to cupboards where other Schedule 4 or Schedule 8 medicines are stored and must be kept on the person of the registered nurse or midwife in charge, or their delegate (who may be a registered nurse and/or midwife or a medication competent enrolled nurse).

All transactions of S4R medicines are to be recorded in a register approved by the health care facility or Chief Pharmacist. A daily stock check of each item is required with the names and signatures of two people in accordance with the health care agency policy. The administration of S4R medicines should be in accordance with the health care agency policy.

8. Medication Orders

Only medical practitioners, dentists and nurse practitioners are authorised to write prescriptions or make any alterations to a prescription on a person's medication chart. At the present time, Nurse Practitioners are not permitted to write prescriptions for S8 medications (*Reg 38 AA, Reg 50*).

Verbal medication orders by medical practitioners, dentists and nurse practitioners are permitted in circumstances where a medical practitioner, dentist or nurse practitioner is unable to attend the health care agency in person (*Reg 38 AA, Reg 50*). Nurse practitioners are only permitted to provide verbal orders for Schedule 4 medications. A verbal order needs to include the name of the individual, the medication, dose, time, route of administration and date of expiry of the order (*Reg 37*). Best practice recommends that the prescriber should repeat the verbal order to a second person for confirmation of the verbal order with the first person. The registered nurse, medication competent enrolled nurse or midwife receiving the verbal order should then document the medication, with both the receiver and checker then signing the medication chart. Medical practitioners, dentist and nurse practitioners authorising medication administration by verbal instruction are required to provide a written order within 24 hours (*Reg 38 AA, Reg 50*).

9. Nurse Practitioners

A nurse practitioner has knowledge of specific pharmaceuticals applicable to their designated area of practice and an understanding of appropriate drug selection and therapeutic monitoring within their scope of practice. Nurse practitioners must be cognisant of the Poisons Regulations 1965 relevant to the role of the nurse practitioner.

10. Rural and Remote Practice

Nurses and midwives working in rural and remote practice must refer to relevant health care agency policies and guidelines in relation to the use of medications from the health care agency in emergency situations. The Department of Health's *Remote Area Nursing Emergency Guidelines 2005* also provide guidance in the management of medications in rural and remote areas.

A registered nurse at a designated remote area post (*Reg 11*) may provide up to 3 days supply of a S4 medication (excluding psychoactive poisons), for the treatment of an acute medical condition in compliance with the written standing orders of a medical practitioner, or in compliance with oral instructions of a medical practitioner for that particular person (*Reg 36 (1) (d)*). The S4 drugs and the acute medical conditions for which these drugs may be supplied are determined by the Director General of Health (or delegate) and issued as a Standing Order by the WA Department of Health.

The Poisons Regulations 1965 provide instructions for the supply, storage, labeling and handling of medications by registered nurses working at designated remote area posts (*Reg 56F, 56G, 56H and Reg 57*). Poisons Regulation 36AA also provides instructions for the provision of 'approved starter packs' by registered nurses at approved rural and remote health services.

11. Stock Supply and Dispensed Medications

As detailed in section 2, health care is now provided to consumers in a range of differing environments, and as a result there have been significant changes to the ways in which medications are managed. Whilst some health care settings such as hospitals hold a Poisons Permit, which allows them to store and dispense **stock supply** medications, other health care agencies such as residential aged care and community-based health care agencies may not hold stock supply medications and may instead utilise **dispensed** medications for their residents/clients. Medications administered from a stock supply (medications which have not been dispensed and labelled for an individual) may only be

administered by a registered nurse and/or midwife or medication competent enrolled nurse (excluding S8 medications), in accordance with the health care agency's medication policy.

Medications, including S4 and S8, that have been dispensed by a registered pharmacist or medical practitioner, packaged and labelled with specific directions for a consumer can be managed by nurses, midwives and unregulated care providers, providing that they have been deemed competent to do so and this practice is within organisational policy. This management may range from supervising a patient/resident/client in taking their own medication, to administering the medication to a fully dependent patient/resident/client who is unable to care for themselves. This may also include the administration of dispensed PRN (when necessary) medications, providing that these medications have been packaged and labelled with clear and precise instructions for their administration and the nurse, midwife or unregulated care provider has the necessary skills and competence to undertake the required assessment of the patient/resident/client prior to the administration of the PRN medication.

12. The Packaging of Medications

The packaging in which medications are supplied does not alter the responsibilities of registered nurses and midwives in relation to the administration of medications or the delegation to and supervision of enrolled nurses and unregulated health care providers in medication management. However the use of medication administration aids, in which medications have been dispensed, packaged and clearly labelled for an individual by a registered pharmacist or medical practitioner, can assist in safe medication management by unregulated care providers.

Registered nurses and/or midwives may assist patients/residents/clients in the refilling of dosette boxes with medications that have been dispensed by a registered pharmacist or medical practitioner, where;

- the dosette boxes are required for the safe and effective use of medications by the patient/resident/client and
- the use of dosette boxes is permissible under the health care agency's medication policy.

Nurses and/or midwives should be aware of the correct storage requirements for all medications and should take these into consideration prior to placing them in dosette boxes.

Unregulated care providers involved in the administration of medications from medication administration aids need to be deemed competent in this method of medication administration and

the application of the health care agency's medication policy, to ensure compliance with expected standards of practice and to minimise the risk of harm (*DMF*).

13. Delegation of Medication Administration

The *DMF* must be taken into consideration in the delegation of medication management by registered nurses and midwives to enrolled nurses and unregulated care providers.

13.1. Delegation to Enrolled Nurses

Enrolled nurses are required to practise under the professional direction of a registered nurse, midwife or nurse practitioner, as stated in the *Nurses & Midwives Act 2006 and the ANMC National Competency Standards for the Enrolled Nurse 2002*. The *DMF* also needs to be taken into consideration in the delegation of medication management to enrolled nurses. As previously stated (section 6), enrolled nurses are only permitted to administer **dispensed S8** medications.

Enrolled nurses may perform at an advanced level and may be delegated a higher level of responsibility under the professional direction of a registered nurse and/or midwife. This expansion of enrolled nurse practice in the area of medication management may include the administration of intravenous drugs, providing this is supported by legislation, educational preparation, demonstrated competence and organisational policy. However this may not include:

- The administration of intravenous S8 medications (Poisons Regulations 42 (1) (f)).
- Reconstituting or adding medication additives to infusions or being responsible for narcotic infusions, cytotoxic or epidural therapy unless under the direct supervision of a registered nurse and/or midwife (*DOH OP 1987/05*).
- Being in any way responsible for patients who are unstable or potentially unstable with respect to narrow therapeutic range medications (*DOH OP 1987/05*).

13.2. Delegation to Unregulated Care Providers

As previously stated, registered nurses and midwives are responsible for assessing and differentiating between care that should be provided by a nurse and/or midwife and care that may be undertaken by an unregulated health care provider. In relation to medication administration, this assessment must include the health care agency's medication policy, the educational

preparation and competence of the unregulated health care provider in medication administration, and the individual needs of the patient/resident/ client. A registered nurse and/or midwife may delegate the administration of **dispensed** medications to an unregulated health care provider, providing that;

- it is permissible under the health care facility's medication policy,
- the unregulated health care provider has been educated and deemed competent to manage medications,
- the patient/resident/client's health status is stable and
- the unregulated health care provider readily accepts the delegation.

13.3. Delegation to Student Nurses & Student Midwives

A sound understanding of pharmacology and the principles and practice of safe medication administration are essential for all nurses and midwives. Nursing and midwifery courses that lead to initial registration should include education on relevant mathematical principles and dosage calculations for oral, injectable, intravenous and paediatric medications. Education providers and health care agencies should develop collaborative policies and procedures that protect consumers with regard to medication management by students in the clinical area.

At the present time, student nurses and student midwives may give a range of medications including Schedule 8 medications (excepting student enrolled nurses) under the direct supervision of a registered nurse or midwife depending on their stage of education, level of competency and organisational policy. Simulation may be used to give students experience in taking verbal medication orders.

All pre-registration nursing and midwifery students must achieve a score of 100% for medication calculations assessment and demonstrate clinical competence in the management of medications, to be eligible for registration with the NMBWA.

14. Nurse and/or Midwife Initiated Medications

Nurse and/or midwife initiated medications are medications that are approved by a health care facility to be administered by a nurse or midwife without a medical practitioner's written authorisation.

Nurse and/or midwife initiated medications may only include Schedule 2 and unscheduled medications. The list of nurse and/or midwife initiated medications must be approved by the health care facility's Medication Management Committee or an equivalent committee.

Written protocols must be in place to guide the administration of each nurse and/or midwife initiated medications. These protocols should clearly outline the circumstances under which the nurse and/or midwife initiated medications can be administered.

Patients/residents/clients requiring the regular or frequent administration of nurse and/or midwife initiated medications should be referred to a medical practitioner for assessment and a written order for the required medication.

Glossary

Competence

Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/ occupational area (ANMC, 2009).

Delegation

Delegation within the context of nursing/midwifery is the action by which a registered nurse/midwife delegates aspects of care to another care provider who has the appropriate education, knowledge and skills to undertake the activity safely. Decisions related to delegation must be based on the need to protect the health, safety and welfare of the public and to improve health outcomes (NBWA, 2004).

Designated Remote Area

A designated remote area site is a remote area in Western Australia that has been 'designated' in writing by the WA Director General of Health, as holder of the Poisons Regulations.

Direct and indirect supervision

Direct supervision is provided when the registered nurse/midwife is actually present, observes, works with and directs the person who is being supervised. Indirect supervision is provided when the registered nurse/midwife works in the same facility or organisation as the person being supervised, but may not constantly observe his/her activities. When providing direct supervision, the registered nurse/midwife must be readily accessible (NMBWA, 2004).

Dispensed Medication

Dispensed medications are medications, including S4 and S8, that have been dispensed by a registered pharmacist or medical practitioner, packaged and labelled with specific administration directions for an individual.

Enrolled Nurse

An Enrolled Nurse is a person who, having completed an approved course of study or equivalent, has had their name entered on the NMBWA Register in the category of 'Enrolled Nurse'. Enrolled nurses practice nursing under the professional direction of a registered nurse or midwife.

Medication Administration Aid

A medication administration aid (also known as a dose administration aid) is a device into which medications have been dispensed, packaged and clearly labelled for an individual by a registered pharmacist. Medications can be packaged as either a single dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment), and the medicines are packaged according to the individual's dose schedule throughout the day/week.

Medication Competent Enrolled Nurse

A medication competent enrolled nurse is an enrolled nurse who has undertaken education and demonstrated the required level of medication competence as detailed in section 4 of these guidelines. Enrolled nurses managing medications must work within their own scope of practice and adhere to health care agency policies and guidelines.

Midwife

A Midwife is a person who, having completed an approved course of study (or equivalent), has had their name entered on the NMBWA Register in the category of 'Midwife'.

Nurse Practitioner

A Nurse Practitioner is a Registered Nurse who, having completed an approved course of study (or equivalent), has had their name entered on the NMBWA Register in the category of 'Nurse Practitioner'. Nurse Practitioners practice in an advanced specialist clinical role and their scope of practice is determined by the context in which they are designated to practice.

Professional Direction

Professional direction is synonymous with management and for the purpose of these guidelines is interchangeable with professional supervision. This can be direct or indirect supervision as per the definition shown in this glossary.

Registered Nurse

A Registered Nurse is a person who, having completed an approved course of study (or equivalent), has had their name entered on the NMBWA Register in the category of 'Registered Nurse'. A registered nurse may provide generalist or specialist nursing services.

Schedule 4 Medication

A schedule 4 medication is a medication listed in Schedule 4 of the Poisons Act 1964.

Schedule 4 Restricted (S4R) Medication

A schedule 4 restricted medication is a medication listed in schedule 4 of the Poisons Act 1964 that is liable to misuse, such as benzodiazepines and tramadol hydrochloride. For this group of medicines, an increased level of security for their storage and management is required.

Schedule 8 Medication

A schedule 8 medication is a medication listed in Schedule 8 of the Poisons Act 1964.

Scope of Practice

The scope of nursing/midwifery practice is that in which nurses/midwives are educated, authorised and competent to perform. The actual scope of practice of individual practitioners is influenced by the setting in which they practise, the health needs of patients/clients, the level of competence of the nurse/midwife and the policies and guidelines of the health agency in which they practice. (NMBWA, 2004)

Simulation

Simulation is defined as a technique used to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba 2007).

Standing Order

In relation to medication management, a standing order is a written document that contains instructions for the administration of medications in a defined clinical situation. Standing orders specify the condition for which the orders apply and stipulate the medication to be given, dosage and route of administration. Their use is limited to the treatment of identified acute medical conditions at designated remote area nursing posts.

Stock Supply Medication

Medications that have not been dispensed to an individual and are stored in their original or pharmacy supplied packaging in the stock/imprest cupboard of a health care agency. In order for agencies to hold 'stock supply' medications, they must be the holder of a Poisons Permit, issued by the WA Director General of Health (as holder of the Poisons Regulations).

Unregulated Health Care Providers

Unregulated health care providers are paid employees, such as carers/care workers, personal care assistants/attendants, assistants in nursing and other health care workers. Whilst the term 'unregulated' refers to the fact that these care providers are not licensed, they are still subject to the regulation surrounding employer and employee relationships. Unregulated health care providers may undertake activities that have been delegated to them by a registered nurse or midwife.

Verbal Order

A verbal order is a medication order provided via phone by a medical practitioner, dentist or nurse practitioner. Verbal orders are only permitted in circumstances where the prescriber is unable to attend the health care agency in person.

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Authorisation and Endorsement

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