

Index

Policy Number	Policy Title	Page No. in Manual
<i>Medication Policies</i>		
508	Medication Advisory Committee (MAC)	
509	Medication Administration for Enrolled Nurses and trained Personal Care Assistants	
510	Staff Medication Competency	
511	Medication Orders / Medication Charts	
516	Dose Administration Aid	
518	Injectable Medicines	
519	PRN Medication Administration	
520	Nurse Initiated Medications	
521	Self-administration of Medications	
523	Management of Controlled Substances	
524	Warfarin Management	
527	Medication Storage and Disposal	
528	Medication Incidents	
529	Imprest Medication Management	
Appendices		
A	Approved Nurse Initiated Medication and their indications	

Medication Policy & Procedures



Policy No: 508
Subject: Medication Advisory Committee
Authorised by: Director of Nursing
Effective date: June 2018

PURPOSE:

To provide leadership and direction in the safe use and administration of medicines to residents in accordance with best practice, legislative and statutory requirements.

POLICY:

The Medication Advisory Committee (MAC) will monitor, review and evaluate the safe and quality use of medicines at Village Baxter.

PROCEDURE:

1. MAC meetings are held at Village Baxter at least three times per calendar year
2. The MAC assists with the development of policy, reviews performance indicators relating to medication administration and advises on the implementation of standards, guidelines, and relevant legislation.
3. The MAC will advise on the Village Baxter medication monitoring and reporting system, reviews medication incidents such as adverse drug reactions or other medication related events with the objective of reducing medication issues.
4. The MAC will advise on the current information surrounding education and training resources to be maintained for residents, carers, staff and other health professionals.
5. Agenda items for the MAC Meeting should be submitted to the Director of Nursing prior to each scheduled meeting.

RELATED POLICIES AND DOCUMENTS

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

Medication Policy & Procedures



Policy No: 509

Subject: **Medication Administration for Enrolled Nurses and Trained Personal Care Assistants**

Authorised by: Director of Nursing

Effective date: June 2018

PURPOSE:

To Ensure Registered Nurses are guided in how they delegate to Enrolled Nurses and trained Personal Care Assistants

POLICY:

The Registered Nurse managing medication may delegate the administration of medication to an Enrolled Nurse or trained Personal Care Assistant in accordance with professional guidelines and the relevant legislation.

PROCEDURE:

1. Enrolled Nurses and trained Personal Care Assistants who have completed the Village Baxter Medication Competency are authorised to administer medication under the supervision and direction of a Registered Nurse.
2. Enrolled Nurses and trained Personal Care Assistants designated as being able to administer medication must work within Village Baxter policies, procedures and protocols at all times.
3. Enrolled Nurses and trained Personal Care Assistants designated as being able to administer medication have the skills and knowledge to administer and monitor medications and evaluate their effectiveness.
4. Enrolled Nurses and trained Personal Care Assistants are accountable for making decisions about their own practice and about what is within their own capacity and scope of practice.
5. Medication trained Personal Care Assistants may not complete suppositories or injectables.
6. It is Village Baxter policy that:
 - An Enrolled Nurse or trained Personal Care Assistants cannot administer PRN Medication without prior consultation with a Registered Nurse.
 - An Enrolled Nurse or trained Personal Care Assistants may not accept a verbal or telephone order but may be witness to an RN accepting the verbal or telephone order.
 - An Enrolled Nurse or trained Personal Care Assistants cannot administer Nurse Initiated Medication without prior consultation with a Registered Nurse.

RELATED POLICIES & PROCEDURES

510 - Staff Medication Competency

Health Practitioner Regulation National Law Act 2009

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

<http://www.health.vic.gov.au/dpcs/agedcare-requirements.htm>

Medication Policy & Procedures



Policy No: 510

Subject: **Staff Medication Competency**

Authorised by: *Director of Nursing*

Effective date: *June 2018*

PURPOSE:

To ensure Registered Nurses, Enrolled Nurses and trained Personal Care Assistants are competent in their medication administration role.

POLICY:

Registered Nurses and Enrolled Nurses are competent in the administration of medication as per their scope of practice.

Trained Personal Care Assistants - Medication Competency is granted on successful completion of the Medication Module training conducted by an external provider of the Village Baxter's choosing.

PROCEDURE:

1. RN's / ENs - in the event of medication issues or incidents, an additional competency may be required and is at the discretion of the Unit Manager and / or Director of Nursing.
2. Personal Care Assistants competency will be re-assessed on a regular basis at the discretion of the Unit Manager / or Director of Nursing.

RELATED POLICIES AND DOCUMENTS

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

Medication Policy & Procedures



Policy No: 511
Subject: **Medication Charts and Orders**
Authorised by: Director of Nursing
Effective date: June 2018

PURPOSE:

To provide clear understanding of the requirements regarding medication orders and charts.

POLICY:

Medications are dispensed individually for each resident and are only to be administered in accordance with relevant State & Federal legislation and guidelines.

PROCEDURE:

Medication orders are to be legible and written by the Doctor (or other lawfully authorised person) on the Long Term Medication Management Chart. Prescribers must ensure that medication orders are clear and not open to misinterpretation.

Each Medication Order must include:

- Medication name (brand or generic),
 - Medication Strength, Dose, Route and Frequency of Administration,
 - Commencement date and completion date (if limited term),
 - Date and signature of the Doctor or lawfully authorised person ordering the medication.
1. All details on the front of the Medication Chart are to be completed. The Administration Instructions label should reflect the information on the residents Medication Assessment and Care Plan.
 2. All internal pages are to be labelled with the resident's name, D.O.B. and an ID label attached to the Approved Nurse Initiated Medication List on the inside back cover.
 3. If an Allergy/Sensitivity is identified then an Allergy/Sensitivity sticker including details of the reaction (if known) is applied to the front page and Drug Alert Stickers applied to the other pages of the chart in the spaces provided.
 4. The non- packed Medication Box is marked and highlighted on the left hand side of the regular and PRN orders.
 5. When a new chart is written by a GP, the new chart becomes the current Medication Chart and all previous charts (completed or otherwise) are obsolete and are not to be used. The previous drug charts are to be marked "ceased" on allocated area of front cover.
 6. When a Medication Chart is altered or updated, the entire Medication Chart, including the front page is to be faxed to the Pharmacy
 7. In the absence of a Medication Chart, or where the hospital medication list is not signed by a Doctor or Pharmacist, the clear directions contained on the residents dose administration aid are acceptable orders. Medications given to residents when a Medication Chart is not available, or there is no space in the Medication Chart to sign, are to be recorded in the Progress Notes in Lee Care until the Doctor has reviewed and updated the Medication Chart.

8. Standing Orders are not generally appropriate in Aged Care as medicines are dispensed for individual residents and stocks of medication (other than NIMS) not kept.

RELATED POLICIES, PROCEDURES AND DOCUMENTS

519 - PRN Medication Administration

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

<http://www.health.vic.gov.au/dpu/reqhealth.htm>

Medication Policy & Procedures

Policy No:

516

Subject:

Dose Administration Aid



Authorised by: *Director of Nursing*

Effective date: *June 2018*

PURPOSE:

To implement best practice as per Guiding Principles for Medication Management in Residential Aged Care Facilities.

POLICY:

Village Baxter uses Dose Administration Aids for all solid oral medications.

PROCEDURE:

1. The Pharmacy packs each resident's tablets into a Dose Administration Aid. The Dose Administration Aid includes prescribed medications.
2. Separate Dose Administration Aids are packaged for antibiotics, PRN orders, Warfarin and short term orders.
3. The contents of a Dose Administration Aid is not to be transferred to any other container and stored prior to administration.
4. Advisory labels for special medication alerts are applied by the pharmacist to the Dose Administration Aid e.g. "before food", "do not crush" etc.
5. Each week a new supply of Dose Administration Aids will be provided with the used frames collected and returned to the pharmacy for repackaging.
6. Non-packed and PRN items are not included in the automatic weekly cycle for packed medication. These medications are replaced as required.
7. When a medication is ceased by an authorised prescriber, a ceased sticker is placed over the Dose Administration Aid containing the ceased medication until it can be returned for repackaging.
8. All Dose Administration Aids are labelled with the resident's name, date of birth, RACF, suite number, Doctor and allergy sticker.

Medication Policy & Procedures

Policy No: *518*

Subject: *Injectable Medicines*

Authorised by: *Director of Nursing*

Last reviewed: *June 2018*



PURPOSE:

To provide guidelines for Registered and authorised Enrolled Nurses to manage medication administered by injection.

POLICY:

All medication for injection will be stored as per pharmacy recommendations, administered in accordance with the medication order and as per the manufacturer's recommendations.

Administration of Medication via Injection

1. Only a Division 1 nurse or a Division 2 (endorsed) nurse who has completed the appropriate training may administer injectables

Insulin Administration

1. Only Registered and authorised Enrolled Nurses can administer insulin
2. Insulin is only administered after a Blood Glucose Level has been taken and recorded or as directed by a General Practitioner.
3. Two staff are required to check Insulin order and dose preparation.

RELATED POLICIES & PROCEDURES

Resident Care policy 130 – Diabetes
511 – Medication Orders and Medication Charts
521 – Self-Administration of Medications

Medication Policy & Procedures



Policy No: 519

Subject: **PRN Medication Administration**

Authorised by: **Director of Nursing**

Effective date: **June 2018**

PURPOSE:

To provide clear understanding of the process for managing PRN Medication Administration.

POLICY:

PRN medication may be administered on an "as needed" basis for the relief of specific signs & symptoms. All PRN medications must have a valid medication order and be authorised by a Registered Nurse.

PROCEDURE:

1. PRN orders must be written in the PRN section of the Medication Chart.
2. PRN orders must specify the reason for which the medication is to be administered, e.g. Stematil "for dizziness" or "for nausea". The authorised prescriber or pharmacist is permitted to complete the section next to the order, on the Medication Chart labelled "prescriber to complete reason".
3. PRN orders must specify the administration time range if applicable e.g. Nocte and the maximum daily dosage e.g. Temaze 1-2 Nocte PRN (Max. 2).
4. An EN must consult with the Registered Nurse if she/he believes a PRN medication is indicated. The subsequent administration of a PRN medication is based on the clinical judgement of the RN, and may be delegated to an EN.
5. Non-pharmacological strategies should be considered prior to PRN medication administration.
6. Prior to administering any PRN Medication RN/EN staff must cross reference the Regular and PRN Medication Orders to ensure the maximum daily dose is not exceeded, and appropriate time frames between administrations are maintained.
7. The administration of all PRN medication is to be recorded on the Medication Chart, Handover sheet and documented in the resident's Progress Notes in Lee Care. A follow up Progress Note must be written advising of effectiveness in Lee Care and where a PRN medication is not effective then a progress note will be required to advise what action has been taken.
8. The evaluation of the medication should be completed by the staff member administering the medication; however where evaluation is required after a change of shift, the oncoming RN/EN is responsible for the evaluation.
9. If the PRN medication administered is not effective or is required on a regular basis (e.g. 4-7 consecutive days) the R.N. must be notified, and the GP requested to review the order.

RELATED POLICIES AND DOCUMENTS

511 – Medication Orders / Medication Charts

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

Medication Policy & Procedures



Policy No: 520

Subject: **Nurse Initiated Medicines (NIM)**

Authorised by: Director of Nursing

Effective date: June 2018

PURPOSE:

To provide a clear understanding for the management for Nurse Initiated Medication (NIM)

POLICY:

The Village Baxter Medication Advisory Committee (MAC) has developed a list of approved non-prescription (S2 & S3 & non-scheduled products) medications which with the prior agreement of the residents GP may be given to a resident for the relief of indicated symptoms on NIM list.

PROCEDURE:

1. The list of approved NIMS for each resident is recorded by the general practitioner for each resident. Residents who do not have the approved list signed by their GP in their Medication Chart cannot receive NIMs. Note: It is the GPs responsibility to indicate on the list which medications are not suitable for a particular resident.
2. NIMs are only to be authorised by an RN after a clinical assessment of the resident has occurred. The RN may delegate administration of the NIM to an authorised Enrolled Nurse.
3. The RN records the NIM on the Nurse Initiated Medication page of the Medication Chart and in a progress note.
4. The RN will evaluate and document the effects of the medication administered and record a Progress Note.
5. The resident's GP is notified of the administration of the NIM at their next visit or contacted for a telephone order/further advice if the NIM is not effective.
6. NIMs are only intended for one-off or occasional use. If the use of a NIM becomes regular, the resident should be reviewed by their GP and if considered appropriate a regular or PRN order written on the Medication Chart.
7. Village Baxter will purchase a small impress stock of NIM from the approved NIM list which may be reordered from Pharmacy as required.
8. The list of NIM is reviewed annually by the Medication Advisory Committee at their first meeting of each calendar year.

RELATED POLICIES AND DOCUMENTS

511 – Medication Orders / Medication Charts

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

Appendix A – Approved nurse initiated medication.

Medication Policy & Procedures

Policy No: 521

Subject: **Self-Administration of Medications**

Authorised by: Director of Nursing

Effective date: June 2018



PURPOSE:

To provide guidelines for staff to support residents who are assessed as being able to self-administer their medications.

POLICY:

Village Baxter supports residents who wish to administer their own medication provided it has been assessed that medication administration can safely be carried out by that individual.

PROCEDURE:

1. Residents who self-administer some or all of their medications must have an accurate and up to date record of all medications being taken including any items they purchase "over the counter" recorded on their Medication Chart.
2. The residents' ability to self-administer all or some of their medications is assessed by the Registered Nurse in consultation with the resident and their GP using the Medication Administration Assessment.

3. If the resident becomes unsafe to self-administer medications, the Registered Nurse should intervene, remove medications from the resident and advise the general practitioner. RACF staff should continue to manage the resident's medication management until further assessment of the resident can be completed and they are deemed competent.
4. All medications are to be stored in the lockable drawer in the resident's room and the key appropriately and securely stored.
5. Reassessment of the resident's ability to self-medicate shall occur as clinically indicated.

RELATED POLICIES & PROCEDURES

Resident Care policy 168 – Risk Taking

Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012

Medication Policy & Procedures



Policy No: 523
Subject: **Management of Controlled Substances**
Authorised by: Director of Nursing
Effective date: June 2018

PURPOSE:

To assist Registered and Enrolled nursing staff to manage controlled drugs safely and correctly.

POLICY:

Controlled substances at Village Baxter will be managed in accordance with relevant Regulatory Guidelines.

PROCEDURE:

1. All controlled substances are to be delivered by an authorised pharmacy staff member in individually labelled tamper evident packaging and handed directly to the RN/EN on duty.
2. The authorised persons delivering and receiving the controlled drug enter the details of PRN DD in the DD Book and sign the entry.
3. The DD safe must be kept locked at all times except when actually in use. The keys for the DD storage safe/s in the RACFs are to be held on the authorised personnel.
4. The administration of a controlled PRN drug must be witnessed by two authorised staff. The witness must remain present throughout the entire procedure of accessing, checking, preparation, administration and recording the administration of a controlled drug. Drugs are to be taken to the bedside in an individual receptacle (dish).
5. The stock balance of every controlled drug stored in the DD safe must be checked and verified in the DD register daily by authorised personnel.
6. Any discrepancy in the DD register is to be noted in the DD Register and documented on a Medication Report form. The DON/RN on call must be notified regarding any discrepancies of controlled substances.
7. The DD register is not to be altered with correction fluid or an eraser. If an alteration is required then a single line is to be drawn through the change and countersigned. The change should be documented on a new line using a black pen.
8. If a medication is prepared and not used or only partly used, then the balance must be discarded in the presence of an authorised staff member and an entry made in the DD Register. Discarded medication should be placed in the sharps container.
9. Any controlled substance that is not required is to be returned to the Pharmacy and signed out of the DD register.
10. Large quantities of DDs should not be kept on-site unless required for administration or clinically indicated to reflect this action.
11. DD Books must be retained/archived for three years from the date of the last entry.
12. DD that are prescribed regularly are to be packed in a tamper proof DAA and can be stored and managed with the regular medication DAA. These medications do not require to be recorded in the DD register. Any discrepancies are to be managed through the incident management procedure.

RELATED POLICIES & PROCEDURES

527 – Medication storage

<http://www.health.vic.gov.au/dpcs/agedcare>

F:\Anstat

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/apac-medication-management-residential-aged-care-facilities-resource-kit>

Medication Policy & Procedures

Policy No: 524

Subject: **Warfarin Management**



Authorised by: *Director of Nursing*

Effective date: *June 2018*

PURPOSE:

To provide guidelines for the management of Warfarin therapy.

POLICY:

The Village Baxter prefers ALL residents who are prescribed Warfarin to have their dosing managed by the Warfarin Department at the Pathology Laboratory.

PROCEDURE:

1. Warfarin is packed separately in a single dose administration aid.
2. All Warfarin medication should be administered as per medication chart.
3. The Pharmacy routinely package Warfarin doses to include the day of the next INR test. This is the dose to be administered on the day of the test, unless otherwise notified.
4. The G.P.'s preferred pathology laboratory will monitor INR blood testing requirements.
5. INR testing is used to keep Warfarin within safe and therapeutic levels. INR results and dose are faxed to the relevant RACF, GP and the Pharmacy within 24 hours of test date.
6. The Pathology Department will telephone if a dose is to be withheld and also advise of the next test date. If the Warfarin dose has already been administered then the Pathology Department will provide guidance on the appropriate action required. This process needs to be documented in a Progress Note.
7. The change of dose is managed by Pharmacy and will commence from the day after the test.
8. The Pharmacy or the Pathology INR Department can be consulted during business hours regarding Warfarin dosing. E.N. staff are required to consult with the R.N. on duty regarding any Warfarin dosing or administration issues prior to contacting Pharmacy or Pathology.
9. If a new resident is receiving Warfarin Therapy on admission, then the appropriate Pathology Department is to be advised on the day of admission. Notification should also be made if dental or surgical procedures are scheduled or if serious illness/hospitalisation occurs.
10. If a GP chooses to manage a residents Warfarin dosing (doctor dosing) then Warfarin can only be administered with a VALID doctor's order. If no order is available then the doctor MUST be contacted.

RELATED POLICIES AND DOCUMENTS

511 - Medication Orders / Medication Charts

516 – Dose Administration Aid

Medication Policy & Procedures

Policy No: 527

Subject: **Medication Storage & Disposal**

Authorised by: Director of Nursing

Effective date: June 2018

PURPOSE:

To ensure medications are stored in accordance with legislative requirements and the manufacturers recommended storage conditions for the drug (e.g. refrigerator or room temperature).

POLICY

All medications must be stored securely, in a way that protects the safety of all residents, staff and visitors and prevents unauthorised access.

PROCEDURES

1. Access to the locked medication storage areas is restricted to authorised personnel.
2. Ensure medications are locked, except when performing a specific action directly related to the medication, such as to administer the medicine or to do an inventory check.
3. The key/s to medication storage areas are kept by the person/s responsible for medication administration at all times whilst on duty. Any spare keys are to be secured in a separate location.
4. Medications not packaged in a dose administration aid are stored in their original packaging and only transferred from these containers when being administered.
5. Eye-drops are to be stored in individual containers and clearly identify the date opened.
6. The temperature (maximum and minimum) of the Medication storage refrigerator is checked daily and recorded on the Refrigerator Temperature Form in the Medication Room. Corrective action is taken if the temperature is outside the acceptable range of 2 - 8°C.
7. The Pharmacy will collect and dispose of any unwanted medication.

RELATED POLICIES & PROCEDURES

523 – Management of Controlled Substances

<http://www.health.vic.gov.au/dpu/reghealth.htm>

Guiding principles for medication management in residential aged care facilities 2012

Medication Policy & Procedures

Policy No: 528

Subject: Medication Incidents

Authorised by: Director of Nursing

Effective date: June 2018

PURPOSE:

To provide staff with clear guidelines for the management of medication errors and incidents.

POLICY:

Village Baxter has a medication incident reporting system to capture and appropriately manage Medication Incidents.

PROCEDURE:

1. All medication administration staff are required to report a medication incident (not limited to), error, or suspected adverse drug reaction, missed signatures, pharmacy packaging error, to the Registered Nurse in charge of the shift immediately. Medication incidents may be related to any of the steps in medication management, including prescribing, dispensing, administration and documentation.
2. The Registered Nurse in charge is responsible for the initial action and management of all medication incidents.
3. If the wrong medication is administered and the resident is allergic to the medication, or clinical signs of an adverse effect are evident, telephone advice from the GP, Pharmacy, or on-call Registered Nurse should be sought. If the reaction is potentially serious then hospital transfer is recommended.
4. The incident form is completed by the person identifying the incident. The Registered Nurse in charge is responsible for ensuring the appropriate corrective action, notifications and documentation.
5. The DON will ensure review of the incident form and appropriate follow up action has occurred. Staff based medication errors must be followed up with a Staff Practice Related Medication Incident Form and a Medication Competency Assessment. Where required additional education will be provided.
6. The Medication Advisory Committee (MAC) oversees the medication monitoring and reporting system all Medication errors, incidents and other concerns are referred to the MAC for review.

RELATED POLICIES & PROCEDURES

508 – Medication Advisory Committee

Guiding principles for medication management in residential aged care facilities 2012

Medication Policy & Procedures

Policy No:	529
Subject:	<u>Imprest Medication Management</u>
Authorised by:	Director of Nursing
Effective date:	June 2018



PURPOSE:

To ensure a safe Imprest system and safe administration of medication from the Imprest to residents.

POLICY:

The Village Baxter will hold the licence to have an impost system, with the Director of Nursing as the nominated responsible person for this licence

PROCEDURE:

1. The impost medications will be kept in a separate cupboard, labelled and locked in a location accessible by the designated person to provide medications for any resident in the facility should the need arise. Pharmacy will be notified of the location of the impost medication cupboard to facilitate delivery of replacement stock.
2. All required documentation and ordering forms will reside within the locked cupboard (balance book, reorder form, emergency medication list).
3. The designated person will dispense from an order from the GP/Locum/Nurse Practitioner prescribed on the resident's medication chart or from a fax order from the GP.
4. If the order is prescribed outside of pharmacy's trading hours, then the designated person can access the impost system to supply the prescribed medication to the resident.
5. Staff are to remove the entire box of medication from the impost cupboard and assign to the resident and should be recorded in the impost register as per order form.
6. If the medication is a DD (S8) medication, staff should adhere to facility's protocol for handling and management of the DD (S8).
7. The designated person will assign the removed box of medication to the individual resident and place a Bradma sticker onto the box.
8. The Emergency Imprest Medications Reorder Form is to be completed, indicating the medication removed from the cupboard for the particular resident. The form will then be faxed to the pharmacy, accompanied with relevant order that was previously given by the GP/Locum/Nurse Practitioner. This ensures that the medication that was used is replaced and the medication continues to be dispensed.
9. If the prescription is available at the time of prescribing, this will be placed in the pharmacy returns box.
10. If a resident is not a user of the Terry White Pharmacy, they will not be disadvantaged. Staff must seek authorisation by the family that they will make payment for the medications used prior to being dispensed and recorded in the progress notes.
11. For medications that **do not require packing into a Webster pack**, the pharmacy will provide a dosing label which will come to the facility on the next business day. This label will be placed over the Bradma by the designated person.

12. For medications that **require packing into a Webster pack**, pharmacy will come to the facility to collect the medication the morning of the next business day during the week, and will endeavour to deliver the medication, packed in a Webster pack, in the afternoon.
13. The imprest system will be audited by the aged care facility periodically to ensure compliance by all the staff. Pharmacy will audit the imprest system bi-monthly, in conjunction with pharmacy drug audit schedule. Any errors or discrepancies are to be reported and investigated as per facility's protocol.
14. If there are any medications that have been unused and have expired, pharmacy will dispense the medication to replace the expired stock and charge these medications to the facility. This medication can be reviewed at the next Medication Advisory Committee if it should still be kept in the imprest system.
15. The list of nominated medications to be kept in the imprest system will be ratified by the Medication Advisory Committee periodically, from the date of licence provision. Should additional drugs be required or added prior to this review, it will be advised at the MAC meeting and ratified at the meeting. The Emergency Medications list will be updated to reflect the change.

Affix Bradma

APPENDIX A:

APPROVED NURSE INITIATED MEDICATION LIST

Alterations to above approved list as required for Individual patient's care.

Drug and strength	Indication	Dosage	Max dose allowed to be administered
Paracetamol 500mg	Pain, headache, fever	1–2 every 4 hours	2 doses
Mylanta	Indigestion	20mls	2 doses
Bisolvon	Cough	10mls	4 doses
Oxygen (state indication)	2litre/minute	Continuous via nasal prongs and contact LMO.
Nulax	Constipation	1 teaspoon nocte	PRN
Coloxyl and Senna	Constipation	2-3 twice daily	2 doses
Movical 13.125 macrogol	Constipation	1 daily	1 satchel
Glycerine suppository	Constipation	1–2 if bowels not opened after 3 days	1 dose
MicroLax Enema	Constipation	1	1 dose
Imodium	Diarrhoea	2 stat and report to GP	1 dose and refer to GP

- These are the nurse-initiated medications that the Medication Advisory Committee (MAC) has agreed upon.
- This list will be kept with the Medication Chart belonging to this resident.
- GP is notified of administration of NIM on their next visit.
- GP is contacted for telephone order (or other medical plan/advice) if NIM is not effective.
- RN records NIM on the Medication Chart, signs and dates for administration, recorded in progress notes in Lee Care, written on handover sheet and verbal hand over to next shift.
- Medication is ordered from pharmacy on an as needs basis.
- Oxygen is kept in the treatment room or other appropriately identified area.
- The list of NIM's is reviewed annually by the MAC.

I, Dr

Have read the nurse initiated medication list and give my consent that the above medications can be given in accordance with the parameters set out for my patient (refer to Bradma label above or enter name below).

RESIDENT NAME:..... **DATE:**.....

GP SIGNATURE: