# Issuing and Administering Medicines PHC Remote Guideline

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| **Target Audience** | All Clinical Employees |
| **Jurisdiction**<br>**Jurisdiction Exclusions** | Primary Health Care Remote CAHS; Primary Health Care Remote TEHS<br>N/A |
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| **Approval Authority** | Chair<br>Remote Health Pharmacy Group; Primary Health Care NT Wide Leaders Committee |
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

## Purpose

To provide Primary Health Care Remote staff with guidelines on on the responsibilities and procedures related to issuing and administering medicines.

## Guideline

### 1. General Information

All Primary Health Care Remote clinical staff are bound by the Medicines, Poisons and Therapeutic Goods Act (MPTGA) and Regulations which regulate the issue and administration of drugs in the Northern Territory. Nurses, Midwives and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) may only initiate medicines if they are listed in Section 250 Notices and have a corresponding approved Scheduled Substance treatment Protocol (SSTP), or in accordance with a Medical Practitioner's prescription or verbal directive.

The following topics are covered in this document:

- Administering or Issuing Medicines
- The Seven Rights, see Information Sheet Medicines - The Seven Rights for details
- Issuing Non-Scheduled Medicines
- Medicine Labels
- Informed Consent
- Instructions / Counselling
- Issuing Medicines – Specific Issues
- Documentation
- Medication Errors / Incident Reporting
- Resources Available to Clinical Staff

Related pharmacy documents developed to guide health centre staff are listed in Key Associated Documents.

## 2. Definitions

**Prescription:** a written or computer generated instruction authorising the supply or administration of a medicine to a particular person.

**Standard Drug List:** an endorsed list of the pharmaceuticals available in Department of Health (DoH) Primary Health Care (PHC) Remote health centres throughout the NT. It contains essential pharmaceuticals which must be held in every health centre and optional pharmaceuticals. See Standard Drug List.

**Section 250 NT MPTGA:** section of Medicines, Poisons and Therapeutic Goods Act that enables a nurse, midwife or ATSIHP working at a Declared Place to supply or administer a schedule 4 or 8 substance according to a SSTP approved by the Chief Health Officer (CHO) by Gazette Notice. See Section 250 NT MPTGA.

For the purposes of this document, the following definitions are used:

**Administration:** giving medicine to an individual client as immediate treatment.

**Issuing:** supplying medicine to an individual client for use as a continuation of a treatment course commenced in the health centre and to be used[1] at a later time.

## 3. Responsibilities

### 3.1 Clinical Staff

- Abide by the provisions of the NT MPTGA and Regulations
- Only issue or administer medicines:
  - ~ under a signed valid prescription or a verbal order from the Medical Practitioner for any scheduled or unscheduled medicine
  - ~ under an applicable approved SSTP for any Section 250 listed, schedule 2, schedule 3 or unscheduled medicine
- Issue or administer medicines according to scope of practice and level of competence
- Abide by Quality Use of Medicines principles

### 3.2 Medical Practitioner

- Ensure that prescriptions and verbal orders are clear, unambiguous and meet all legal requirements to ensure safe supply, administration and issue of drugs

### 3.3 Pharmacist

- Provide consultation and service to clinical staff to enhance the safe issue and administration of medicines
- Ensure supply of medicines to the health centre complies with legislation and PHC Remote policies
- Ensure that medicines are supplied using the current valid prescription
- Supply medicines and Dose Administration Aids to health centres in a timely manner
- Abide by the National Medicines Policy, NT MPTGA and the NT Medicines Management Framework

[1] Medicines may be issued to clients for self-administration or administration by a third party.

# 4. Procedure

## 4.1 Administering or Issuing Medicines

Information for clinicians involved in the administration or issue of medicines in remote health centres is also described in Section 250 NT MPTGA, Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline and Prescriptions.

A number of pharmaceutical references must be kept in all remote health centres. These references are to be used to guide the administration and issue of medicine.

## 4.2 The Seven Rights

The concept of 'The Seven Rights', provides an effective tool that should be applied whenever medicines are administered or issued: the **right medicine** must be administered to the **right person** in the **right dose** at the **right time** via the **right route**, with the **right documentation**, and the client has the **right to refuse** treatment (NT Medicines Management Framework).

For details see Information Sheet: Medicines - The Seven Rights.

## 4.3 Issuing Non-Scheduled, Schedule 2, Schedule 3 Medicines

Non-scheduled, schedule 2, schedule 3 medicines do not require Section 250 listing to be initiated by a Nurse, Midwife or ATSIHPs without a Medical Practitioner consultation. However, these may only be given subject to the same considerations as scheduled medicines ie following clinical assessment and according to approved SSTP and/or according to doctor's orders.

## 4.4 Medicine Labels

### 4.4.1 Checking Medicine Labels

Clinical staff must only issue or administer medicines that are properly labelled. The checking of labels is an important behaviour for all clinicians involved in issuing and administering medicines. Scenarios where checking of medicines labels must occur include when reaching for or preparing the medicine, immediately prior to issuing or administering the medicine, and before discarding a container or returning a container to the drug storage room or other appropriate location.

### 4.4.2 Medicine Labelling

The labelling of all medicines is a legal requirement. While the intent is for health centres to produce medicine labels from the EHR using a ZEBRA Label Printer, some health centre staff may hand write labels depending on local systems. See Section 4.4.3 for EHR generated labels.

Medicines prepared for clients to take home must be labelled clearly and in such a way that instructions are easy for the client to understand. If necessary, modify the language on labels to make it more user-friendly and/or use symbol stickers (sun / moon stickers). This applies equally to individual medicines and to Dose Administration Aids. According to the General Requirements for Labels for Medicines and the Poisons Standard Appendix L, labels must include:

- client's name
- name of medicine, strength, form and the quantity supplied
- prescribed dose, frequency and route of administration
- date given to the client
- initials / electronic identifier of staff member supplying the medicine
- location and contact details of health centre
- specific storage requirements if applicable
- keep out of reach of children

For relevant medicines, labelling must also include:

- expiry date and/or batch number when this is not visible on the packaging or medicines are re-packaged
- date after which the medicine should not be used eg discard after 14 days
- special directions such as take before meals
- a statement on the label or an ancillary label eg causes drowsiness. See Appendix K of the Poisons Standard for a list of medicines for which this is a legal requirement.
- appropriate storage instructions eg refrigerate
- 'for external use' if the medicine intended for external use only, eg topical
- if the medicine is being supplied in the original manufacturer's packaging, care must be taken not to obscure important information with placement of the health centre label.

### 4.4.3 Medicine Labelling - Zebra Printers

Medicine labels generated by the EHR must meet legal requirements and the standards described in Poisons Standard. Prior to affixing these labels, staff must check the label to ensure correct and full information has been printed on the label.

Primary Health Care Remote has endorsed the use of Zebra printers. For further details see Best Practice Communiqué Medicine Labelling Zebra Printers PHC Remote Best Practice Communique.

Printer labels can be ordered using the Remote Health Stock order form (CAHS or TEHS).

### 4.4.4 Labelling of Pre-prepared Medicines for Administering by Clinicians

According to the National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines, medicines that are removed from the primary pack or container and prepared for administration must be labelled with all relevant details if the medicine is not given immediately. Also see the following Information Sheets for further guidance: Repackaging Medicines and Thyroxine-Storage, Supply and Issuing.

When injectable drugs are drawn up in advance there is a real potential for drug mix-ups and syringe or ampoule swap errors. Taping ampoules to syringes or keeping the ampoule in the kidney dish / tray creates a WH&S hazard. If possible, it is preferable to check and draw up the drug at the time of administration. If labelling syringes, take care not to obscure the incremental markings on the syringe where these are required for administration purposes.

**Additives**

Additive labels must be attached to IV bags, burettes or syringes whenever additives are used. All relevant details must be included on the label. The original label on the IV bag must not be obscured.

**Pre-Printed Emergency Medicine Labels**

A selection of pre-printed medicine labels is kept with health centre Emergency Outreach Drug and/or Obstetric Drug boxes for use in emergencies. All health centres should have a supply of medicine labels. These labels are ordered via the Remote Health Stock process.

### 4.4.5 Labelling of Cytotoxic Agents

Full details of the labelling of cytotoxic agents can be found in Cytotoxic Therapy.

## 4.5 Informed Consent

Before administering or issuing any medicine, provide clients with sufficient information on the purpose, importance and benefits of the treatment to allow them to make an informed decision about accepting the treatment or not. Refusal to accept the recommended medicine is:

- at a minimum, recorded in the progress notes in the clients EHR
- preferably recorded on the Refusal to Accept Medical Advice Form (also available via the EHR). The form must be completed and signed by the client / staff members and scanned into the client's EHR as described in Electronic Health Records Overview.
- notified to the Medical Practitioner through a PCIS Inbox Message / e-mail for EACS.

## 4.6 Instructions / Counselling

Instruction regarding the use of medicines is an important aspect of supply and administration, inlcusi=ding those clients utilising DAAs. See Medicine Counselling for detailed information.

Always check whether the client has understood the instructions. Provide an opportunity for the client to repeat the instructions. If clients do not speak English very well other communication methods may be used, for example, ask an ATSIHP to provide the information or contact the Aboriginal Interpreter Service. PHC CAHS staff should refer to How to Access Interpreters PHC CAHS Information Sheet.

Also provide an opportunity for clients to ask questions about their medicine. Clients should have access to adequate information about medicines to enable them to use them safely and effectively. The Medicines Book for Aboriginal Health Workers may be a useful resource for staff to use when providing information to clients.

## 4.7 Issuing Medicines – Specific Issues

### 4.7.1 Residents Leaving a Section 100 Eligible Community

Residents who are leaving a remote S100 eligible community and moving back to town to live will no longer be clients of the health centre and therefore will no longer be eligible to receive S100 medicines. Residents planning to leave the community under these circumstances should be provided with sufficient medicines until medical review can be reasonably anticipated at their destination. Where possible and relevant a PBS prescription may be supplied. Any client specific medicines remaining in the health centre should be given to the client, however further medicines should not be ordered. To supply long term medicines for these clients is a breach of S100 conditions.

Clients travelling to regional centres for medical appointments must be given sufficient medicines to last for the duration of their stay or until a medical review can be reasonably anticipated at their destination.

### 4.7.2 Visitors / Travellers to Remote Locations

Town-based visitors / travellers who attend the health centre may be provided with sufficient medicines for travel if the supply of medicines is clinically justified. If a Medical Practitioner review is possible a PBS prescription may be supplied.

See Visitor Prescriptions PHC Remote Information Sheet for further details.

### 4.7.3 Pharmaceutical Benefit Scheme Prescriptions

Primary Health Care Remote does not support health centre staff supplying medicines against a PBS prescription. In the event of a PBS prescription being presented, a clinical consultation must be undertaken. A medication order can be obtained from a Medical Practitioner if supply of the medicine/s is clinically warranted and the situation is not covered by existing authorised clinical protocols.

### 4.7.4 Thyroxine – Storage, Supply and Issuing

Changes in the manufacturer storage specifications now require that thyroxine must remain both **refrigerated** and in the **original foil packaging** in order to maintain the manufacturer specified shelf life.

The shelf life of thyroxine must be limited to 14 days if these storage specifications are not met. See Thyroxine – Storage, Supply and Issuing PHC Remote Information Sheet.

#### 4.7.5 Reconstitution of Oral Suspensions

In relation to reconstitution of oral suspensions 'Purified Water BP' **must be used** as the minimum acceptable quality of water for reconstituting oral preparations (Dispensing Practice Guidelines, p3, Pharmaceutical Society of Australia.

To meet this quality measure health centres must:

- use purified water (water for irrigation) available from Regional Hospital Pharmacies (1 litre bottles)
- in health centres where supply of antibiotic suspensions occurs less frequently, sterile water ampoules (10mL) may be used. Based on current contract costs for 50 x 10mL amps the preparation of one suspension has a lower cost to the use of one 1 litre bottle as above. However this is tedious and will be less cost effective if multiple suspensions are prepared.
- once opened the bottle is to be marked with the date and time opening then refrigerated
- the bottle must be discarded if not used within seven (7) days

**Cask water is not to be used for reconstituting oral suspensions.** Casks contain a larger volume of water which may not be cost effective and potentially could be used beyond the seven (7) days expiry recommended for water used for reconstituting oral suspensions.

A plastic measuring beaker (100mL with 1mL graduations) to accurately measure the water must be used. This is obtained via a Purchase Request and listed on the Standard Clinical Equipment List – Master.

### 4.8 Documentation

All medicine administration / issue must be documented in full in the client's record. Immunisations must be recorded as described in Vaccines.

Whenever required, documentation must include the client response to the therapeutic intervention.

Instructions for EHR documentation can be found in the relevant User Reference Guides.

### 4.9 Medication Errors / Incident Reporting

All clinical staff with responsibilities related to the administration of medicines are at risk of making errors related to organisational, systems or professional factors. To help identify factors that contribute to errors, staff must report all medication errors or near-misses using the RiskMan system found on the staff intranet. Incident reporting is not intended to identify or punish those involved in the incident, but to inform risk minimisation strategies. See Reporting Medication Incidents for details.

### 4.10 Resources Available to Clinical Staff

There are a number of resources available to staff who administer or issue medicines in remote health centres. These include the Clinical Procedures Manual and medicine reference manuals listed on the Standard Reference List. More specific medicine related resources can be found on the Library Services website and, for those who have access to the system, PCIS Medchart reference viewer provides excellent information.

## Document Quality Assurance

| | Method | Responsibility |
|---|---|---|
| **Implementation** | Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas | Health Policy Guidelines Program |
| **Review** | Document is to be reviewed within three years, or as changes in practice occur | Atlas Development Officer, Primary Health Care CAHS |
| **Evaluation** | Evaluation will be ongoing and informal, based on feedback. | Atlas Development Officer, Primary Health Care CAHS |

## Key Associated Documents

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| **Forms** | Prescription Forms, available via the EHR<br>Rural Prescription Form (HM 190 – 8/95), available from Stores<br>Additive Labels (LABL 002), available from Stores<br>RiskMan down time form (ONLY to be used in the event of outages)<br>Remote Health Stock Order Form (Central Australia or Top End)<br>Refusal to Accept Medical Advice Form, available via the EHR |
| **Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents** | Additional Clinical Protocols PHC Remote Guideline<br>Cytotoxic Therapy PHC Remote Guideline<br>Dose Administration Aids PHC Remote Guideline<br>Drug Storage Room Standards PHC Remote Guideline<br>Emergency Medical Kits PHC Remote Guideline<br>Emergency Equipment and Drugs Overview PHC Remote Guideline<br>Management On-Call PHC Remote CAHS Guideline<br>Medicine Counselling PHC Remote Guideline<br>Purchase Request PHC Remote TEHS Guideline<br>Remote Health Stock PHC Remote TEHS Guideline<br>Reporting Medication Incidents PHC Remote Guideline<br>Prescriptions PHC Remote Guideline<br>Return of Unwanted Medicines PHC Remote Guideline<br>Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline<br>Section 250 NT MPTGA PHC Remote Guideline<br>Standard Drug List PHC Remote Guideline<br>Standard Reference List PHC Remote Guideline<br>Stores and Ordering Overview PHC Remote CAHS Guideline<br>Vaccines PHC Remote Guideline<br>Emergency Outreach Drug Box Contents PHC Remote List<br>Obstetric Drug Kit Contents PHC Remote List<br>Medicine Labelling Zebra Printers PHC Remote Best Practice Communique<br>Medicines - The Seven Rights PHC Remote Information Sheet |

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| | Repackaging Medicines PHC Remote Information Sheet<br>Thyroxine – Storage, Supply and Issuing PHC Remote Information Sheet<br>Standard Clinical Equipment Contents PHC Remote Master List<br>Visitor Prescription PHC Remote Information Sheet<br>How to Access Interpreters PHC CAHS Information Sheet<br>NT Medicines, Poisons and Therapeutic Goods Act and Regulations<br>DoH Medicines and Poisons Control website<br>Medical Practitioners webpage<br>Gazette Notices (Section 250, 252, 254) – *provides links to relevant Gazettal Notices*<br>Government Gazette S34 for Primary Health Care Centres<br>NT Medicines Management Framework<br>DoH - Library Services<br>Remote Primary Health Care Manuals website:<br>Medicines Book for Aboriginal Health Workers<br>Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual<br>Minymaku Kutju Tjukurpa - Women's Business Manual<br>Clinical Procedures Manual for Remote and Rural Practice<br>Australian Government Department of Health<br>Quality Use of Medicines<br>National Medicines Policy<br>Poisons Standard<br>Best Practice Guideline on Prescription Medicine Labelling<br>Prescribing Medicines – Information for PBS Prescribers<br>Assisting Aboriginal Patients with Medication Management<br>The Pharmacy Guild of Australia<br>Quality Care Pharmacy Program<br>Australian Immunisation Handbook 10th Edition<br>General Requirements for Labels for Medicines<br>Medicare Australia website<br>Approved Medical Practitioner<br>National Health Act 1953<br>NT Government: Interpreting and Translating Service NT<br>Aboriginal Interpreter Service<br>Primary Care Information System (PCIS) website<br>East Arnhem Communicare System (EACS) website |
| **References** | As above |

## Evidence Table

| Reference | Method | Evidence level (I-V) | Summary of recommendation from this reference |
|---|---|---|---|
| N/A | N/A | N/A | N/A |