

Medicine Counselling PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
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Approval Authority	Chair Clinical Governance Committee PHC CAHS; Primary Health Care Safety and Quality Committee TEHS
Author	PHC Safety and Quality Team

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Purpose

To provide guidance on medicine counselling requirements provided to clients/carers when medicines are prescribed or supplied by clinicians in remote health centres.

Guideline

1. General Information

The [Northern Territory \(NT\) Medicines Management Framework](#) (intranet) provides the guiding framework for all aspects of medicines management in NT Department of Health services. Best practice standards in health care, including the NT Medicines Management Framework, require that all clients are actively informed about the medicines they are prescribed, their options, the risks and benefits, as well as their responsibilities in relation to the use of medicines. Furthermore the [NT Medicines Poisons and Therapeutic Goods Act](#) require that adequate instruction for the safe use of a medicine be provided at the time of supply.

It is Primary Health Care (PHC) policy that medicine counselling is provided to clients/carers when medicines are prescribed or supplied. Medicine counselling in NT PHC remote health centres provides a number of additional challenges including:

- limited direct access to pharmacy services and pharmacist counselling
- the range of health practitioners providing counselling and their scope of practice
- the diverse cultural, language and communication needs of PHC remote clients/carers
- variable health literacy levels
- the chronic condition burden in remote NT communities, and associated complexity of the medicine regimes used.

2. Procedure

Failure to achieve an adequate understanding of medicine regimes has been identified as a key factor in the high rate of non-adherence to taking medicines as prescribed. Instruction regarding the use of medicines is therefore an essential aspect of supply and administration of all medicines. Clients / carers must be provided with medicines information in a form that they can easily understand to ensure

medicines are used safely and effectively. Medicines counselling is also the final checking process to ensure the correct medicine is supplied to the correct client.

2.1 Instructions / Counselling

Each medicine supply event is an opportunity to provide medicine counselling. It is also recommended that clients on long-term medicine therapy have more formal medicines counselling at regular intervals, eg 6 monthly. This will provide ongoing medicines management support, an opportunity to address issues the client may have with their medicines, and assessment of whether the client is prescribed the most appropriate therapy.

2.1.1 Instruction / Counselling Information – Standard Requirements

Information must be presented to clients/carers in a format that is easily understood and meaningful. There are a number of resources available to assist clinicians with medicines counselling, see [section 2.3](#). Information given to clients / carers must address the following points as applicable:

- what the medicine is for, eg for infection
- when to take the medicine, eg daily, four times a day
- how to take the medicine or how the medicine must be administered, eg take after food, swallow the tablet whole with a glass of water
- how long to take the medicine for, eg take for five days until all of the medicine is finished
- how they will feel when they take the medicine, eg this medicine may make you feel a bit sick in the stomach, and if it becomes a significant problem come back to the health centre
- what unwanted effects / adverse effects may be associated with the medicine, eg if you get a rash come back to the health centre immediately
- how to store the medicine, eg store out of reach of children and in a cool dry place
- how soon they should see some improvement in symptoms and what they should do if symptoms do not improve
- when to return for subsequent supplies of regular or ongoing medicines, eg clients with chronic conditions

Always check whether the client / carer has understood the instructions. Provide an opportunity for the client to repeat the instructions back to you. Always provide an opportunity for clients to ask questions about their medicine. If the client does not speak English very well other communication methods may be used, for example, ask an ATSIHP to provide the information or contact an [interpreter service](#). PHC CAHS staff should refer to the [How to Access Interpreters PHC CAHS Information Sheet](#).

2.1.2 Instruction / Counselling Information – Additional Requirements

More detailed advice may be required when certain medicines are supplied, or in certain circumstances. Examples include:

- when the medicine is for a child
- medicines that can [sedate](#). Clients will need to be warned of this effect and the need to avoid activities such as driving or operating heavy machinery.
- if there are any specific medicine/medicine or medicine/food interactions, eg warfarin and green leafy vegetables
- medicines that have a narrow therapeutic index. These are medicines where there is only a very small difference between under-dosing and over-dosing.
- medicines that require ongoing therapeutic monitoring to ensure safe and effective use, eg Warfarin.
- unusual dose forms, eg inhalations and patches
- unusual frequency of use, eg weekly or monthly dosing
- when the brand of medicine has changed

- when the medicine is a [Schedule 8 or Restricted Schedule 4](#) substance
- with each supply of medicine for which there are valid reasons for regular reinforcement of information, eg for medicines contraindicated in pregnancy it is important to ensure the client is not planning to fall pregnant and is using contraception.

2.2 Effective Communication

An important part of the clinician–client / carer relationship is effective communication. This involves:

- listening to clients, asking for and respecting their views about their health and responding to their concerns and preferences
- awareness of health literacy issues and taking health literacy into account and/or adjusting their communication in response
- encouraging clients to tell a clinician about their condition and how they are managing it, including other health advice they have received, prescription or other medications prescribed and any other therapies they are using, eg traditional or herbal therapies
- informing clients / carers of the nature of and need for all aspects of their treatment, and giving them adequate opportunity to question or refuse intervention and treatment
- endeavoring to confirm that a client / carer understands what a clinician has said and responding to questions
- making sure, whenever practical, that arrangements are made to meet the specific language, cultural and communication needs of clients and being aware of how these needs affect understanding. When necessary use a qualified language [interpreter](#) or cultural interpreter to help meet the communication needs of clients / carers, including those who require assistance because they are speech or hearing impaired. PHC CAHS staff should refer to the [How to Access Interpreters PHC CAHS Information Sheet](#).
- Aboriginal and Torres Strait Islander Health Practitioners are a valuable resource to assist clients, families and carers in participating in collaborative decision making about the safe and quality use of medicines.

2.3 Resources Available to Assist Medicines Counselling

There are a number of resources available to staff who administer or issue medicines in remote health centres. These include the [Medicines Book](#) for ATSIHPs and Health Workers, and medicine reference manuals listed on the [Standard Reference List](#). More specific medicine related resources can be found on the [eLibrary](#) website and, for those who have access to the system, PCIS Medchart reference viewer provides excellent information. Consumer Medicines Information Leaflets (CMI) are also available from MIMS using the [eLibrary](#) website.

The [S100 contracted Pharmacist](#) is also a resource to assist with medicine counselling by providing:

- support to PHC remote clinicians to enable effective client medicine counselling
- additional pharmacist medicine counselling during the S100 Pharmacist site visits or using facilities such as [Telehealth](#) services.

2.4 Dose Administration Aids (DAAs)

Client education remains highly important for clients prescribed a [DAA](#). Adequate training must be given to the client/carer before commencing use of a DAA to ensure safe and effective use of medicines. Ideally, education should be reinforced over several consultations until the client and/or carer is comfortable with using the DAA.

In addition to DAA specific education, it is important that the relevant medicines information counselling points are also provided to clients / carers provided with DAAs. For details see Section 2.1 [Instruction / Counselling](#) above.

2.5 Labelling

All medicines supplied to clients are labelled in accordance with legislation. [Issuing and Administering Medicines](#) and [Repackaging Medicines](#) provides detailed information on labelling requirements.

The [Guide to providing Pharmacy Services to Aboriginal and Torres Strait Islander people](#) (p 15) provides guidance on issues to consider which may need discussion with the client / carer to clarify the label.

Ancillary warning labels for specific medicines can provide useful counselling points and act as a reminder for client's; eg "Swallow Whole – do not crush or chew", "take with or soon after food", etc.

Certain medicines are required by law to be labelled with a sedation warning label (label 1 or 1A). See [Appendix K](#) of the [Poisons Standard](#) for a list of medicines for which this is a legal requirement.

2.6 Documentation

Each episode of medicine counselling for a client should be recorded in the client's Electronic Health Record (EHR). Details of the counselling information provided should be written in the comments box of the 'advice/education; medication' service item (PCIS) or clinical item (EACS). See also [Health Records - Documentation](#).

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

Forms	Nil
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Dose Administration Aids PHC Remote Guideline Health Records Documentation PHC Remote Guideline Issuing and Administering Medicines PHC Remote Guideline Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline Standard Reference List PHC Remote Guideline Repackaging Medicines PHC Remote Information Sheet Drugs Required to be Labelled with a Sedation Warning PHC Remote Information Sheet How to Access Interpreters PHC CAHS Information Sheet

	NT Medicines, Poisons and Therapeutic Goods Act and Regulations Quality Medicine Use in Aboriginal Communities Pharmaceutical Society of Australia Guide to providing Pharmacy Services to Aboriginal and Torres Strait Islander people Professional Practice Standards (also available via the 'Supporting practice' tab) Professional Practice Standards Version 4 , Standard 8: Counselling Aboriginal Interpreter Service
References	As above

Definitions

Preferred Term	Description
Health Literacy	relates to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. (source: Australian Commission on Safety and Quality in Healthcare - Health Literacy)
Medicine Counselling	providing tailored verbal and written / pictorial information to ensure the client / carer has sufficient knowledge and understanding of their medicines and therapeutic devices to facilitate safe and effective use, and to make informed choices regarding their treatment. (adapted from: Pharmaceutical Society of Australia Professional Practice Standards , Standard 8 Counselling)

Evidence Table

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