Issuing and Administering Medicines PHC Remote Guideline

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Purpose

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

Guideline

All Primary Health Care (PHC) 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. All staff are to also abide by Quality Use of Medicines principles.

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 Officer's prescription or verbal directive.

Medical Officers must ensure that prescriptions and verbal orders are clear, unambiguous and meet all legal requirements to ensure safe supply, administration and issue of drugs. Staff must issue or administer medicines according to their scope of practice and level of competence. Supplying pharmacies are available to provide consultation and service to clinical staff to enhance the safe issue and administration of medicines.

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, Schedule 2, Schedule 3 Medicines
- Medicine Labels

- Informed Consent
- Instructions / Counselling
- Specific Issues for Supply of Medicine
- 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.

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 medicines along with documents on the Policy Guideline Centre related to specific medicines, such as the Thyroxine – Storage, Supply and Issuing PHC Remote Information Sheet.

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

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 Officer 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 Medicine Labels

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.

4.2 Medicine Labelling

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.

4.3 Pharmacy Supplied Client Medicine Labelling

Supplying pharmacies must ensure the supply of medicines to the health centre complies with legislation and PHC Remote policies.

Client dispensed medicines from supplying pharmacies, including original packages and DAA's, will comply with the above labelling requirements.

In remote NT communities there are often people with the same name and naming conventions mean that people sometimes change their names or use different names for periods of time. To ensure that the medicine is given to the correct person, the supplying pharmacy must include a *minimum of three identifiers* on the medicine label medicine. Key items of identifying information include:

- Client name (family and given +/- cultural / skin)
- Date of birth
- Hospital Record Number (HRN)
- Address (may be recorded as: community / out station / home land)

4.4 Health Centre Medicine Labelling - Zebra Printers

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.

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.

PHC 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 per the table below for each Health Service:

PHC Remote CAHS	Health Procurement System: Catalogue Number 100571
PHC Remote TEHS	Remote Health Stock Order PHC Remote TEHS Form

Medicines decanted from original packaging (ie repackaged medicines) must also be appropriately labelled, see Repackaging Medicines and Thyroxine-Storage, Supply and Issuing.

4.5 Labelling of Pre-prepared Injectable 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.

Pre-Printed Emergency Medicine Labels

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.

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 (CAHS | TEHS).

Intravenous Bag Additive Labels

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

- client name (given and family names)
- client identifier (ID) (eg HRN)
- client date of birth (DOB)
- active ingredient/s (medicine/s) added to the bag or syringe
- amount of medicine/s added (including units)
- total volume of fluid (mL) in bag or syringe
- concentration (units/mL)
- diluent (for syringes)
- date and time prepared
- prepared by (signature)
- checked by (signature)
- route of administration (where not specified by wording and colour)

4.5 Labelling of Cytotoxic Agents

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

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 Officer through a PCIS Inbox Message

6 Instructions / Counselling

Instruction regarding the use of medicines is an important aspect of supply and administration, inlcuding those clients utilising Drug Administration Aids PHC Remote Guideline. See Medicine Counselling PHC

Remote Guideline 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.

7 Specific Issues for Supply of Medicine

7.1 Use of Health Centre Imprest Medicines for Client Prescriptions

Ideally medicines will be dispensed by the S100 Pharmacy for specific clients via prescription. For some medicines the preferred method is to use health centre imprest supplies, for example for thyroxine, imprest insulin, panadeine forte, diazepam, etc. This is due to limited storage capacity in health centre medicine refrigerators, drug storage safe and general drug storage areas.

Medicines taken from health centre imprest must be labelled prior to issuing to the client. See Section 4.4 for details.

7.2 Reconstitution of Oral Suspensions

'Purified Water BP' or 'Water for Irrigation BP' **must be used** as the minimum acceptable quality of water for reconstituting oral preparations (Professional Practice Standards p 39, Pharmaceutical Society of Australia).

To meet this quality measure health centres must:

- use purified water or water for irrigation - available from Regional Hospital Pharmacies (1 litre bottles)
  - once opened the bottle is to be marked with the date and time of opening then refrigerated
  - the bottle must be discarded if not used within seven (7) days
- in health centres where supply of antibiotic suspensions occurs less frequently, 'sterile water for injection' 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.

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.

7.3 Pharmaceutical Benefit Scheme Prescriptions

PHC 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 Officer if supply of the medicine/s is clinically warranted and the situation is not covered by existing authorised clinical protocols.

7.4 Residents Leaving a Section 100 Eligible Community

Residents who are leaving a remote S100 eligible community and moving 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 a relevant 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.

7.5 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 Officer review is possible a PBS prescription may be supplied. See Visitor Prescriptions PHC Remote Information Sheet for further details.

7.6 Benzathine Penicillin for RHD Prophylaxis

Benzathine Benzylpenicillin (Bicillin L-A) for RHD prophylaxis must be administered from a valid script which ensures that clients with a history of Rheumatic Fever receive regular review by a Medical Officer and also minimises barriers to achieving regular on-time dosing.

Where a prescription has expired, one dose of Benzathine Benzylpenicillin (Bicillin L-A) may be administered according to the approved SSTP for Rheumatic Heart Disease (RHD) prophylaxis protocol in the CARPA STM and recorded using the RHD/ARF prophylaxis service item while a valid prescription is sourced.

Although the RHD protocol does not stipulate that a prescription is required for Benzathine Penicillin administration, it is best practice that a valid prescription is available. This ensures adequate follow up and management of the client in terms of their chronic condition.

8 Documentation

All medicine administration / issue must be documented in full in the client's EHR. The medicine must always be documented in MedChart and then administration / issue recorded via a medication administered service item or relevant careplan service item. Detailed instructions for EHR documentation can be found in the PCIS User Reference Guides - Recording the Administration of Medicines and Recording the Issuing of Medicines.

Immunisations must be recorded as described in Vaccines PHC Remote Guideline.

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

9 Medication Errors / Incident Reporting

All clinical staff with responsibilities related to the administration / issue 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 PHC Remote Guideline for details and PHC CAHS staff also see the Medication Incident Reporting and Follow Up PHC CAHS Procedure.

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.

Quality Assurance		
	Method	**Responsibility**
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	PGC Administrators
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
Compliance	PCIS Documentation Audit completed to ensure medicines are correctly recorded within the clients EHR.	Relevant Clinical Manager **PHC CAHS**: Clinical Nurse Manager, Quality and Safety **PHC TEHS:** Safety and Quality Manager
	The presence of standard references in health centres will be audited per health centre and pharmacy routine audit processes	Relevant Manager S100 Contracted Pharmacist
	Adverse events are entered on RiskMan and managed by the relevant manager or referred for further investigation and management.	Relevant Manager **PHC CAHS:** Clinical Nurse Manager, Quality and Safety **PHC TEHS:** Safety and Quality Manager

Key Associated Documents	
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Prescription Forms, available via the EHR Rural Prescription Form (HM 190 – 8/95), available from Stores Additive Labels (LABL 002), available from Stores RiskMan down time form (ONLY to be used in the event of outages) Remote Health Stock Order PHC Remote Form (CAHS | TEHS) Refusal to Accept Medical Advice Form, available via the EHR Authorised Clinical Protocols and Procedures Manuals PHC Remote Guideline Cytotoxic Therapy PHC Remote Guideline Dose Administration Aids PHC Remote Guideline Drug Storage Room Standards PHC Remote Guideline Emergency Medical Kits PHC Remote Guideline Emergency Equipment and Drugs Overview PHC Remote Guideline Management On-Call PHC Remote CAHS Guideline Medicine Counselling PHC Remote Guideline Purchase Request PHC Remote TEHS Guideline Remote Health Stock PHC Remote TEHS Guideline

- Reporting Medication Incidents PHC Remote Guideline
- Prescriptions PHC Remote Guideline
- Return of Unwanted Medicines PHC Remote Guideline
- Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline
- Section 250 NT MPTGA PHC Remote Guideline
- Standard Drug List PHC Remote Guideline
- Standard Reference List PHC Remote Guideline
- Stores and Ordering Overview PHC Remote CAHS Guideline
- Vaccines PHC Remote Guideline

Emergency Outreach Drug Box Contents PHC Remote List

Obstetric Drug Kit Contents PHC Remote List

Medicine Labelling Zebra Printers PHC Remote Best Practice Communique

Medicines - The Seven Rights PHC Remote Information Sheet

Repackaging Medicines PHC Remote Information Sheet

Thyroxine – Storage, Supply and Issuing PHC Remote Information Sheet

Standard Clinical Equipment Contents PHC Remote Master List

Visitor Prescription PHC Remote Information Sheet

How to Access Interpreters PHC CAHS Information Sheet

NT Medicines, Poisons and Therapeutic Goods Act and Regulations

DoH Medicines and Poisons Control website

- Medical Practitioners webpage
- Gazette Notices (Section 250, 252, 254) – *provides links to relevant Gazettal Notices*
- Government Gazette G37 for Primary Health Care Centres

NT Medicines Management Framework

DoH - Library Services

Remote Primary Health Care Manuals website:

- Medicines Book for Aboriginal Health Workers
- Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual
- Minymaku Kutju Tjukurpa - Women's Business Manual
- Clinical Procedures Manual for Remote and Rural Practice

Australian Government Department of Health

- Quality Use of Medicines
- National Medicines Policy

Poisons Standard

Best Practice Guideline on Prescription Medicine Labelling

Prescribing Medicines – Information for PBS Prescribers

Assisting Aboriginal Patients with Medication Management

The Pharmacy Guild of Australia: Quality Care Pharmacy Program

Pharmaceutical Society of Australia: Professional Practice Standards Version 5 2017

Australian Immunisation Handbook

	General Requirements for Labels for Medicines Medicare Australia website: Approved Medical Practitioner National Health Act 1953 NT Government: Interpreting and Translating Service NT Aboriginal Interpreter Service Primary Care Information System (PCIS) website NT Health - Health Procurement System
References	As Above

Definitions, Acronyms and Alternative Search Terms	
Term	Description
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:	A 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.
Administration:	For the purpose of this document, is defined as giving medicine to an individual client as immediate treatment.
Issuing:	For the purpose of this document, is defined as 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.

Evidence			
Reference	**Method**	**Evidence Level (I-V)**	**Summary of Recommendation from this Reference**
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
Clinical Governance	Partnering with Consumers	Preventing and Controlling Healthcare Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
☐	☐	☐	☒	☐	☐	☐	☐

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