

Medicines – The Seven Rights PHC Remote Information Sheet

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](#)).

1. The Right Medicine

Clinicians administering or issuing medicines must:

- ensure that the correct medicine is selected and matches the current valid prescription
- understand the therapeutic action of the medicine, including the reason for its use and the effects of its use
- use clinical judgment to assess if medicines should be administered or withheld in view of a client's clinical status. For example, consideration should be given to:
 - ~ the client's allergy status
 - ~ whether the medicine interacts with the client's current medicine/s
 - ~ whether the client is pregnant or breast-feeding
 - ~ whether dose modification is required based on the client's condition (such as renal or liver problems) or the age of the client. This applies not only to children but also to the elderly and the very frail.
- must always consult with the authorised prescriber if they have any concerns about any aspect of administering a medicine.

See also [Vaccines](#) and [pre-vaccination procedures](#).

2. The Right Person

The importance of identifying the correct person before issuing or administering medicines cannot be overstated. In remote NT communities there are often a number of people with the same name or 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 person it is intended for clinicians must use a *minimum of three identifiers* to identify the client before administering or issuing any medicine. In the first instance clinicians should actively verify identification by asking the client to state his / her name. The three key items of information used to identify a client and approved identifiers 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)

Other client identifiers may include:

- cultural /country naming conventions including Aboriginal or Bush Name or Alternate Name
- family relationships
- the order in which the person was born in the case of multiple births; eg twin 1, twin 2
- gender

PHC Remote CAHS staff should also refer to the [Patient Identification PHC Remote CAHS Information Sheet](#).

The same identifiers must be used to identify:

- the health record
- the Rural Prescription
- the [Dose Administration Aid](#) or individually packed and labelled medicine

Checking the identity of the client and selecting the correct health record is no less important when medicines are given according to a telephone / verbal medicine order from an authorised prescriber or according to a Schedule Substance Treatment Protocol (SSTP).

3. The Right Dose

When clinical staff are sure that they have selected the correct medicine against the current medicine order (SSTP / valid prescription / verbal / telephone order) and have established the identity of the client, they must check the strength and form (tablet, liquid, soluble) of the medicine.

At this point it is also necessary to assure the integrity of the medicine by checking:

- the expiry date
- that the package or individual blister packs are intact
- that the medicine has been kept under the correct storage conditions.

For guidance on dosages and dose calculations, refer to CARPA STM¹, Women's Business Manual and other relevant resources included in the [Standard Reference List](#).

Where ever possible dose calculation must be checked by a second practitioner. Complex dose calculations or calculations where the practitioner has any doubt regarding the calculation, must always be checked by a second practitioner. If there is no other practitioner available at the health centre, ask the Medical Officer On-Call to check the calculation before administering the therapy.

4. The Right Time

Many medicines administered in health centres are administered when the client attends with a problem that requires immediate on site treatment. Where medicines are to be administered over an extended period of time, timed relative to other aspects of care or administered away from the health centre, it is important that measures are in place to ensure accurate timing of administration.

When issuing clients with medicines, the medicines must be correctly labelled including the 'right time' for dosing. See [Issuing and Administering Medicines](#), Section 4.4 Medicine Labelling.

5. The Right Route

Clinicians must ensure that medicines are administered according to the medicine order (SSTP / valid prescription / verbal / telephone). The correct route/s of administration for medicines will also be specified in the resources included in the [Standard Reference List](#) or other relevant product instructions. When issuing medicines to clients, ensure that they understand how the medicine is to be used, particularly if the client is unfamiliar with the appropriate route.

¹ CARPA STM - Central Australian Rural Practitioners Association Standard Treatment Manual

6. The Right Documentation

Clinicians must ensure that each time a medicine is administered it is [documented](#) in full in the client's EHR and other relevant documents such as the S8 / RS4 Drug Register. A medicine order must be entered into the client's EHR and the Administer Medicine service / clinical item used to record the event.

Documentation of medicine administration must be done at the time that medicine/s are given and include:

- the medicine/s, strength, amount and route of administration
- date and time of administration
- name of the person administering the medicine/s
- name of the person ordering the medicine/s or the SSTP used, eg CARPA STM
- where required, the client response to the therapeutic intervention
- any side effects or adverse reactions experienced by the person
- use of accepted terms and abbreviations as appropriate. See Australian Commission on Safety and Quality in Health Care provides the [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#).

Also see Primary Care Information System user Reference Guides:

[Recording the Administration of Medicines](#)

[Recording the Issuing of Medicines](#)

7. The Right to Refuse

The client has the right to refuse medication and/or treatment. Before administering or issuing any medicine, the client must be provided with sufficient information on the purpose, importance and benefits of the treatment to allow them to make an informed decision.

Refusal to accept the recommended medicine is:

- at a minimum, recorded in the progress notes in the client's EHR
- preferably recorded on the [Refusal to Accept Medical Advice Form](#) (also available via PCIS / EACS). 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 authorised prescriber through a PCIS [Inbox Message](#) / e-mail for EACS.