Medicines – The Seven Rights PPHC Information

'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 Person

The importance of identifying the correct person before issuing or administering medicines cannot be overstated. In NT communities there are often many people with the same name, or naming conventions eg following a death, mean that people sometimes change their names or use different names for periods of time.

Clinicians must use a *minimum of three identifiers* to identify the client before administering or issuing any medicine. 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 / outstation / homeland)
- **IJIS Number,** must also be used to confirm the clients identification in Corrections / Watchhouse.

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
- for the Sexual Health unit, clients who may have privacy concerns, may be provided with a special coded number (SAS number) that can be used in place of their name to confirm their identity.

PPHC Central Australia and Barkly Region staff should also refer to the Patient Identification PPHC CAHS Information Sheet.

The same identifiers must be used to identify:

- the health record
- the prescription / order
- 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 verbal or telephone medicine order from an authorised prescriber or according to a Schedule Substance Treatment Protocol (SSTP) / Nurse Initiated Medicine Protocol (NIMP).

2. The Right Medicine

Clinicians administering or issuing medicines must:

- ensure that the correct medicine (checking the generic and brand name) is selected and matches the current SSTP / NIMP / valid prescription / verbal or telephone order
- 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 because of 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 clients age. This applies not only to children but also to the elderly and the very frail.
- ~ clinicians must always consult with the authorised prescriber if they have any concerns about any aspect of administering medicine.

See also Vaccines and pre-vaccination procedures.

3. The Right Dose

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

Relevant medicine resources should be consulted prior to administration to familiarise clinicians with common dosages, side effects and other medicines information. The Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners provides useful information to assist in counselling clients.

For PPHC remote health centres, guidance on dosages and dose calculations, refer to CARPA STM[1], 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 clinician. High risk drugs[2], doses and routes must always have dose calculation done independently by two (2) clinicians. If there is no other clinician available at the remote health centre, the Medical Officer On-Call should be contacted to check the calculation before administering the therapy.

Prior to administration 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.

Note: PPHC Urban home visits, the clinician may check medications with the client or carer.

4. The Right Time

Many medicines administered in health facilities 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 relative to other aspects of care, or administered away from the health facility, it is essential 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. For PPHC remote health centres, refer to labelling in Issuing and Administering Medicines.

5. The Right Route

Clinicians must ensure that medicines are administered according to the medicine order (SSTP / NIMP / valid prescription / verbal or telephone order). 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

[2] High Risk Drugs - High risk medicines (HRMs) are medications that have an increased risk of causing significant patient harm or death if they are misused or used in error. See the Australian Commission on Quality and Safety in Health Care APINCHS classification of high risk medicines.

Relevant medicine resources should be consulted prior to administration to familiarise clinicians with medicines information. For PPHC remote health centres 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.

6. The Right Documentation

Clinicians must ensure that each time a medicine is administered it is documented in full in the client's Electronic Health Record (EHR) and other relevant documents such as the S8 / RS4 Drug Register. A medicine order must be:

Remote health centres, Corrections and Watch Houses	- scripted and dispensed in MedChart, and - use the Primary Care Information System (PCIS) Administer Medicine service item to record the event.
Urban health centres	- enter in the Community Care Information System (CCIS) under a service event for medication.
Oral Health	- record in the client health record on the Titanium system

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 and the name of 2nd independent check in the case of high risk drugs
- name of the person ordering the medicine/s or the SSTP / NIMP 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.

PPHC remote health centres, also see Health Records Documentation.

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 and any potential side effects, 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, and for:

Remote health centres, Corrections and Watch Houses	- notify the authorised prescriber through a PCIS Inbox Message - it is preferable to record refusal on the Refusal to Accept Medical Advice Form (also available via PCIS). 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.
Urban health centres	- notify the prescriber directly as prescribers do not send medication orders through CCIS

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