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# Emergency Medication for Community-based Palliative Care Patients Procedure

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## 1. Purpose

This procedure outlines the prescribing, sourcing, administration, and disposal of medications required for a palliative care patient who is unable to present to Broome Hospital's Emergency Department and medications are unable to be sourced through the community pharmacies or safely stored at the patient's location.

Community pharmacies are ordinarily the default source for the supply of all community patient medications. However, this procedure can be enacted if community pharmacies are unable to supply required medications due to lack of availability for that medication, or in the event of an after-hours crisis.

For a patient whose usual medication supply source is unavailable, a single dose of medication(s), or single syringe for continuous infusion of medication(s) may be required for immediate administration to relieve acute symptoms.

## 2. Procedure

This procedure applies to patients under the management of WACHS Kimberley Palliative Care Service.

Palliative Care (KPC) nurse is to telephone the After Hours Nurse Manager at Broome Hospital (Tel: 9194 2630) and provide handover of patient and medications required from General Ward imprest.

If available, two KPC nurses will attend the hospital together and transport and administer medications to the community patient. However, if only one KPC nurse is available and it has been assessed as safe for them to attend the patient, they will follow this procedure alone as described in the WACHS [Medication Prescribing and Administration Policy](#).

The KPC nurse(s) will present to the General Ward of Broome Hospital with a valid medication order prescribed on a [MR170A WA Hospital Medication Chart – Short Stay](#) and/or [MR170H.1 WACHS Continuous Subcutaneous Infusion via T34™ Pump Chart](#) or [MR170H WACHS Continuous Subcutaneous Infusion and Patient Controlled Dosing via CADD® Pump Chart](#). Prescriptions are for one episode of medication administration. A new prescription must be documented for subsequent orders.

The KPC nurse(s) to make themselves known to the ward Shift Coordinator or After-Hours Manager.

Schedule 8 and Schedule S4R medications must be signed out of Drug Register(s) by Ward Nurse and KPC Nurse(s) per WACHS [Medication Prescribing and Administration Policy](#). Document next to patient's name in the Drug Register that they are a "palliative care community-based patient".

Prescribed doses of medication(s) must be drawn up into syringes ready for administration and labelled as per WACHS [Medication Prescribing and Administration Policy](#) and the Australian Commission on Safety and Quality in Health Care (ACSQHC)'s [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#). If a dose range is prescribed, the larger dose may be drawn up into the syringe (with the dose to be administered decided by the nurse at the time of administration after assessment of the patient).

The KPC nurse(s) to transport medication directly to the patient's location and administer as per the medication order. The nurse(s) will sign the relevant medication chart(s) as per the WACHS [Medication Prescribing and Administration Policy](#). The medication chart(s) are to be kept within the patient's healthcare record.

The KPC nurse is to take a pharmaceutical waste container to the patient's location for disposal of needles and any unused medication. Unused medication is to be discarded and documented by the KPC nurse as per WACHS [Medication Handling and Accountability Policy](#), before leaving the patient's location.

Documentation in the patient's notes must include the requirement to access medications from Broome Hospital and the justification.

### 3. Roles and Responsibilities

The **WACHS Medical Officer** prescribes as per this procedure and the WACHS [Medication Prescribing and Administration Policy](#).

The **After Hours Nurse Manager** is responsible for:

- being the Governance lead in relation to access to medication at Broome Hospital
- escalation of any concerns with the application of this procedure and process to the Regional Chief Pharmacist.

The **Kimberley Palliative Care (KPC) nurse** is responsible for:

- assessment of:
  - the patient, including inability or unwillingness to present to the hospital for treatment.
  - nurse safety to attend to the patient after hours.
- accountability for the medicines until they are administered to the patient or discarded.
- completion of relevant documentation.

**All staff** are required to work within policies and guidelines to meet health service standards.

### 4. Monitoring and Evaluation

#### 4.1 Monitoring

Adverse events and clinical incidents relating to the prescriptions and administration of medicines for community-based palliative care clients are to be reported and managed as per the WACHS [Medication Prescribing and Administration Policy](#). The WACHS Medication Safety Committee and Regional Medicines and Therapeutics Committee reviews clinical incident data relevant to medication reconciliation and medicines review.

The regional Medicines and Therapeutics Committee is responsible for monitoring results of the WACHS Medication Prescribing and Administration Audits (S4R and S8 administration documentation crossmatch and destruction register audits) conducted at sites every 3 months; identifying trends and developing action plans to improve compliance. The Executive Director Kimberley Region is responsible for ensuring that risks arising from these Audit reports are managed.

Compliance is assessed through a bi-annual Kimberley Palliative Care documentation audit, highlighting when emergency medications have been utilised.

### 4.2 Evaluation

An evaluation of the effectiveness of this procedure will be undertaken via the Medication Prescribing and Administration audit and reporting process.

This procedure will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by the Regional Medicines and Therapeutics Committee.

## 5. Compliance

This policy is a mandatory requirement under the *Medication and Poison Act 2014*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

## 6. References

[Medicines and Poisons Regulations 2016](#)

[Medication Handling and Accountability Policy](#)

[Medication Prescribing and Administration Policy](#)

## 7. Definitions

Term	Definition
Pharmaceutical Waste Container	Pharmasmart P22 Specific pharmaceutical waste container (or equivalent) to be utilised for disposal of pharmaceutical waste. Even while the lid is open the contents remain secure and inaccessible.
Schedule 4 Restricted (S4R)	Medications defined by Mandatory Policy Risk based requirements for medicine handling as requiring additional controls due to the risk of abuse, dependence or diversion. Additional medications may be designated Restricted by regions where additional operational controls are needed to prevent diversion or inappropriate use under the authority of the Regional Chief Pharmacist.
Schedule 8 Medication	Controlled medication according to the Poison Standard. The packaging will have the descriptor "controlled medication"

## 8. Document Summary

<b>Coverage</b>	Broome Hospital and Community
<b>Audience</b>	Medical officers, nursing and pharmacy staff involved in the care of community-based palliative care patients in Broome.
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<ul style="list-style-type: none"> <li>• <a href="#">Medicine and Poisons Act 2014</a> (WA)</li> <li>• <a href="#">Medicine and Poisons Regulations 2016</a> (WA)</li> </ul>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0078/18 <a href="#">Medication Chart Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">High Risk Medications Procedure</a></li> <li>• <a href="#">Medication Handling and Accountability Policy</a></li> <li>• <a href="#">Medication Prescribing and Administration Policy</a></li> <li>• <a href="#">Working in Isolation – Minimum Safety and Security Standards for All Staff Policy</a></li> <li>• <a href="#">Subcutaneous Infusions in the Palliative Care Setting via NIKI T34™ Procedure</a></li> <li>• <a href="#">Subcutaneous Infusions in the Palliative Care Setting via CADD-Solis Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• Australian Commission on Safety and Quality in Health Care's - <a href="#">National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR170A WA Hospital Medication Chart - Short Stay</a></li> <li>• <a href="#">MR170H WACHS Continuous Subcutaneous Infusion and Patient Controlled Dosing via CADD® Pump Chart.</a></li> <li>• <a href="#">MR170H.1 WACHS Continuous Subcutaneous Infusion via T34™ Pump Chart</a></li> <li>• <a href="#">MR170H.2 WACHS Subcutaneous Infusion Medication Calculation Sheet for CADD® Pump</a></li> <li>• <a href="#">MR170H.3 WACHS Subcutaneous Infusion Medication Calculation Sheet for T34™ Pump</a></li> </ul>
<b>Related Training Packages</b>	<p>Via <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• Ambulatory Infusion Pump: NIKI T34 Declaration (EQ03 EL1)</li> <li>• CADD Solis V4 Ambulatory Infusion Pump Declaration (PCP03 EL2)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3037
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.07, 1.27, 4.01, 4.04, 4.14, 4.15, 5.18
<b>Aged Care Quality Standards</b>	Nil

<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil
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## 9. Document Control

Version	Published date	Current from	Summary of changes
1.00	15 May 2024	15 May 2024	New procedure.

## 10. Approval

<b>Policy Owner</b>	Executive Director Kimberley Region
<b>Co-approver</b>	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
<b>Contact</b>	Palliative Care Regional Nurse Coordination – Kimberley
<b>Business Unit</b>	Pharmacy Services
<b>EDRMS #</b>	ED-CO-24-117775
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