Medication Prescribing and Administration Policy

Contents

1. Purpose

Medications are the most common interventions used to treat patients in health services. Medication related incidents are the most common clinical incident recorded in WA Country Health Service (WACHS). The Australian Commission on Safety and Quality in Healthcare publishes a set of standards to guide the safe use of medications and this policy enables structures to support the safe use of medicines in WACHS.

The Medication Prescribing and Administration Policy is for application across WACHS adult and paediatric services and includes hospital in the home, community health and public health settings, sub-acute care, mental health and aged care facilities and remote area nursing posts. This policy covers the prescribing, administration, and supply of medication to patients admitted to health services in WACHS. The WACHS Medication Handling and Accountability Policy is a complementing policy that specifies medication ordering, storage, handling and accountability requirements.

WA Health mandatory policy referred to in this policy are to be read, understood and adhered to by WACHS employees and contractors.

2. Policy

2.1 Scope of Practice

Health professionals who are involved with the prescribing, administration and supply of medications are accountable for their own practice and must only undertake medication management activities which are within their scope of practice and for which they are legally entitled to perform, educationally prepared for and competent to undertake. The code of conduct and practice standards are outlined in the following documents:

- AHPRA Medical Board Good Medical Practice: a code of conduct for doctors in Australia
- AHPRA Nursing and Midwifery Board Midwife Standards of Practice
- AHPRA Nursing and Midwifery Board Registered Nurse Standards of Practice
- AHPRA Nursing and Midwifery Board Enrolled Nurse Standards of Practice
- AHPRA Nursing and Midwifery Board Nurse Practitioner Standards of Practice
- AHPRA Pharmacy Board Code of Conduct

In addition to the above practice standards, all prescribers of schedule 4 or schedule 8 medications must be credentialed within WACHS, be a doctor in training working with a credentialed medical practitioner or be authorised to prescribe by a CEO Health SASA or current WACHS endorsed SASA (refer to Appendix A). Endorsed Midwives may prescribe medications within the lawful practice of their profession and as per the WACHS Clinical Midwifery Specialists (Endorsed) Policy. Schedule 8 medications can only be prescribed by an endorsed midwife if they are also being administered by a midwife.

Restrictions on prescribing are outlined within MP 0077/18 Statewide Medication Formulary Policy. Restricted medications on the formulary are to be prescribed by practitioners working within the specialty teams defined within the Formulary. Where a specialty listed in the formulary is not available in the region, prescribing teams must seek the advice of the appropriate specialty prior to prescribing. Where a clinician has undertakings against their registration with AHPRA relating to medications, a management plan is needed to ensure the conditions of the undertakings are met and are being monitored and reported.

Health practitioners must consult appropriate resources and references when unsure of details of the prescription, preparation, or administration of medications. These include but are not limited to:

- Australian Medicines Handbook
- Australian Injectable Drug Handbook
- Australian Medicines Handbook - Children's Dosing Companion
- eMIMs
- eTG (Electronic Therapeutic Guidelines)
- Perth Children's Hospital (PCH) Drug Monographs
- Royal Flying Doctor Service (RFDS)
- Product Information Leaflets
- WACHS Regional Clinical Pharmacist.

2.2 Medication Charts

All medication orders for patient administration (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and oxygen) must be documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed electronic medication management (eMM) system.

Medication orders must be complete and clear:

- Follow the principles in the Guidelines for the WA Hospital Medication Chart (WA HMC) to complete safe medication orders.
- Charts must include 3 points of identification as defined by the WACHS Patient Identification Policy.
- Generic names must be used for prescribing medication except combination products containing more than 4 active ingredients and insulin preparations.
- Both generic and brand name should be used for high risk medications e.g. oxycodone where different formulations are available in the same strength or where brands of high risk medications are not bioequivalent (warfarin / infliximab).
- Dose times are written by the prescriber but may be adjusted where clinically appropriate by nurses, midwives (RM) or pharmacists. (e.g. to avoid interactions with food).
- Paediatric orders must include the dose calculation (e.g. mg/kg/dose) or aged based dose, where appropriate (e.g. not required for medications with fixed dosing regardless of weight/age).
- Specialised medication charts are used for specific purposes. Many of the charts have associated policy documents for specific guidance on prescribing and administration – available via WACHS Policy Library.

For a complete list of WACHS endorsed charts, see the:

- Health Record Forms SharePoint page to view the:
  - WACHS Forms Catalogue
  - Regional Forms Registers
- Endorsed eMM system for electronic charts and order sets i.e:
  - the Oncology Management System - Charm®
- Table 1 for external Health Service Provider forms that are endorsed for use in WACHS.

Table 1: External Health Service Provider Forms Endorsed for use in WACHS

Medication Chart	Purpose	Access
MR 860 Fiona Stanley Standard Order Set	Cancer indications	Direct print from the WACHS Cancer Treatment Charts SharePoint page
MR 860 Fiona Stanley Standard Order Set	Non-cancer indications (e.g. Immunology, Gastroenterology etc)	Direct print from WACHS Cancer Treatment Charts SharePoint > select "other"

An individual (within their scope of practice) can only administer medication to a patient if the medication order is completed on a WACHS endorsed medication chart. This includes verbal orders and nurse-initiated medications which must also be documented on an appropriate medication chart. The exception is aged care and multi-purpose services (MPS) sites using community pharmacy generated signing sheets for administration.

2.3 Medication Review

Medication review is a multidisciplinary responsibility and must be patient centred. It is comprised of four Standards:
1. Medication reconciliation on admission
2. Medication chart review
3. Patient education
4. Medication reconciliation at discharge / transfer of care

Refer to the WACHS Medication Review Procedure (which aligns with the WA Health MP 0104/19 Medication Review Policy) for minimum requirements. See the Adverse Drug Reaction section for guidance on documentation and processes.

2.4 Pharmaceutical Industry Interaction

Hospital facilities are of significant commercial interest to pharmaceutical companies and their representatives. Interactions between medical professionals and the pharmaceutical industry are governed by the WA Health Code of Conduct MP 0124/19 and the WA Health Gifts Benefits and Hospitality Policy MP 0136/20. Pharmaceutical industry representatives are expected to abide by the Code of Conduct of Medicines Australia in all interactions with hospital and health service employees.

Medication sample packs are occasionally presented by pharmaceutical representatives to hospital staff. Sample packs must be treated in accordance with the purchasing and receiving of all other medicines. Please refer to WACHS Medication Handling and Accountability Policy - 2.1 Medication Purchasing and Receiving for further information.

2.5 Medication Prescribing

The process of good prescribing can be broken down into four broad stages:
1. Information gathering which include past medical history, current medications and current assessment of the patient.
2. Clinical decision making including making a diagnosis and reviewing appropriate treatment options.

3. Communication in the form of conveying the prescribing decision in an effective manner to the patient and other health professional involved in their care. This includes obtaining informed consent from a patient where appropriate.
4. Monitoring and review of the expected outcome and for adverse events [ref Lum 2013].

Prescribing medications is the responsibility of health professionals in line with their AHPRA registration or via a structured administration and supply arrangement (SASA).

When prescribing S8 medicines for a patient to use outside a public health service facility, compliance with the Schedule 8 Medicines Prescribing Code is mandatory. Substitution Therapy (methadone, buprenorphine etc) prescribing and supply should follow the FSFHG Management of Community Program for Opioid Pharmacotherapy (CPOP) for Inpatients Policy.

Minimum Prescription Requirements

A prescription is required in every circumstance where a patient is being administered, supplied, or dispensed a medicine, unless a SASA is in place.

A prescription is a document, written or electronic, containing specific medication details for a person's use. It enables the supply and administration of the medication and meets regulatory requirements. This includes medication orders for patient administration and leave/discharge/outpatient/day patient prescriptions:

Prescriptions must include all the following information:
- patient name, address and Medical Reference Number (MRN) if applicable
- generic medication name
- dosage form (e.g. capsule, tablet, eye drop, injection, patch, oral etc) and strength
- dose, frequency, route and where applicable administration times
- indication where applicable
- rate and dilution (if necessary)
- date prescribed and if applicable date treatment is to commence and /or cease.
- name (at least once per chart) and signature (on each medication order) and address/telephone of the prescriber, or via electronic authorisation (using their HE number and password) in an endorsed electronic medication management (eMM) system.

In addition to the above requirements, the following is required for:
- S8 prescriptions:
  - a minimum repeat dispensing interval
  - the patient's verified date of birth
  - must not include any Schedule 4 (S4) medicines on the prescription
  - prescribers are not required to write parts of computer generated (printed) S8 prescriptions by hand, however all copies must still be signed
  - prescribers must comply with the Schedule 8 Medicines Prescribing Code. For a number of Schedule 8 medicines, prior approval is required from the Department of Health. See Opioids, benzodiazepines and other Schedule 8 medicines (health.wa.gov.au)
- Prescriptions that are required to be PBS compliant i.e. discharge, outpatient, day patient also require:

  - To be written on PBS prescription stationary or generated electronically. Specify the PBS prescriber number, include applicable PBS Authorities, the quantity or length of treatment and number of repeats permitted (if any).
  - PBS and non-PBS may be included on same form
- Patients approved for leave that require medicines e.g. day leave:
  - Non-PBS prescriptions to supply or dispense, or
  - completion of relevant section on the WA HMC

Verbal Orders

A nurse or midwife may receive a medication order from an authorised prescriber for an inpatient or a non-admitted patient verbally (face to face), by telephone, visual platform or other verbal electronic means.

The nurse or midwife who receives a 'verbal order' must:
- confirm and record the identity of the prescriber
- confirm the identity of the patient with the prescriber using 3 patient identifiers
- record the order in writing on the medication chart and repeat the medication order back to the prescriber
- second checker (nurse, midwife, or pharmacist) confirms the order with the prescriber
- both staff must ensure the verbal order is recorded and signed on the medication chart
- Locations where a second staff member is not on site, the second checker is not required

Verbal orders are only valid for 24 hours and must be either reordered or transcribed onto the medication chart by an appropriate prescriber.

Where the prescriber attends a site in person the prescriber must sign the order to confirm the recorded medication is correct. In situations such as telehealth where the prescriber does not attend the site, additional documentation such as medical notes containing the full details of the order should be forwarded to confirm the verbal order.

Non-authorised Prescriber Initiated Medications – Unscheduled, S2 & S3

A limited number of unscheduled, S2 and S3 medications are approved for initiation by non-authorised prescribers (e.g. nurses, midwives). See the following Appendices for approved lists, approved individuals, and criteria for initiation:
- Adults – Appendix: B
- Paediatrics – Appendix: C
- Neonates (included in the midwife list) – Appendix: D

Nurse Initiated STI Treatment

The Registered nurses – STI including syphilis, and WA Country Health Service nurses – Trachoma SASAs available via Department of Health website establishes the competencies which must be achieved and criteria to be met by a RN to administer treatment for Chlamydia, Gonorrhoea, Syphilis or Chlamydia trachomatis.

A combination therapy pack may be administered for the treatment of chlamydia and gonorrhoea in the Goldfields, Kimberley, Midwest and Pilbara regions and in accordance with the treatment indications and guidelines of the Silver Book.

An RN must only initiate treatment of adult clients and mature minors aged fourteen (14) years or older. The medication must be administered under direct observation of the RN. The RN must not supply a ZAP (aZithromycin 1000mg Amoxycillin 3000mg Probenecid 1000mg) Pack for an unsupervised client to self-administer. Treatment must be recorded in the patient's healthcare record.

Guidelines for Use of Oxygen

No patient should be denied oxygen therapy in life-threatening hypoxic or cardiac arrest. Patients commenced on acute oxygen therapy should be assessed and reviewed promptly, carefully and regularly as per WACHS Oxygen Therapy and Respiratory Devices – Adults Clinical Practice Standard and PCH Oxygen Administration Guideline.

Once the patient is stable, oxygen therapy must be prescribed on a dedicated oxygen prescription sticker or oxygen prescription chart by a medical practitioner or nurse practitioner and reviewed at least daily for acute admissions.

Vaccinations / Immunisations Initiated by Non-authorised Prescribers

Health professionals identified in CEO of Health vaccination SASAs and WACHS vaccination SASA's may initiate and administer vaccines without an authorised prescriber providing training requirements are completed:

- completion of relevant/approved immunisation course
- completion of the Department of Health Immunisation clinical competency assessment tool as a once off on commencement with service. The RN/Midwife/NP assessor must be an immunisation provider with a minimum of two years of current immunisation practice
- attend annual immunisation education updates
- a medication administration competent EN assessed as vaccine competent also requires indirect supervision by a RN/Midwife/NP who meets the above requirements

Administration and supply must comply with requirements outlined in the SASA e.g.:

- Vaccinations must be recorded on the Australian Immunisation Register (AIR).
- Record of administration must be documented in the healthcare record
    - the name, quantity, strength, and form of the medicine supplied or administered
    - the address of the person treated
    - the date on which the medicine is supplied or administered.

Indirect supervision is when the supervisor works in the same facility as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access i.e. in the same building. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.

It is generally expected that in the case of indirect supervision that the registered nurse (RN) and enrolled nurse (EN) have the same employer. There may be situations where the RN and the EN may not have the same employer but work in the same facility or organisation. In these situations, clearly documented arrangements between the employers, supported by the RN(s) and the EN(s), must be in place. These documented arrangements should include details of all aspects of the supervision arrangements (including insurance) and describe how the RN will be available for reasonable access to

ensure effective timely direction and supervision so that the delegated practice is safe and correct and public safety is ensured.

Complementary Medicines

Complementary medicines may contain active substances. Administration of any complementary-type medicines during an admission must be authorised by the medical practitioner, nurse practitioner or endorsed midwife and accurately documented on the medication chart. Complementary therapies will not be supplied, but patient's own medication may be administered if prescribed.

Prescribing Nutritional Supplements

Care is required when administering oral nutritional supplements. The same requirements for safer prescribing and administration of medicines apply to nutritional products. Oral and Enteral Nutritional supplements should be prescribed in the MR60.1.10 WACHS Adult Enteral Feeding Form or MR60.1.12 WACHS Oral Nutrition Support Chart. Supporting policies include:

- WACHS Enteral Tubes and Feeding – Adults Clinical Practice Standard
- WACHS Adult Parenteral Nutrition - WACHS Clinical Practice Standard
- WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care Policy

2.6 Administration Standards

Prior to administering any medication, the individual (within their scope of practice) must:

- ensure the medication order is legible, complete, correct and has a legible signature of the prescriber.
- for S8 and S4R medications, must know the name of the prescriber.
- have enough knowledge of the medication to ensure safe administration and monitoring of the patient. This would include knowledge of the therapeutic purpose, usual dose, frequency, route, contraindication and monitoring requirements for efficacy or adverse effects as appropriate.
- know the medicine has been stored correctly prior to administration and confirm that the medicine is not expired.
- adhere to the following six (6) principles of medication administration:
    - Right medication
    - Right individual (in accordance with WACHS Patient Identification Policy)
    - Right dose
    - Right time
    - Right route
    - Right documentation

Nurses and Midwives

- A nurse or midwife may administer unrestricted, Schedule 2, 3 or 4 medications including oral, topical, vaginal, rectal, sublingual, buccal, intranasal, transdermal and oxygen therapy alone.
- A nurse or midwife may administer intramuscular and subcutaneous injections medications alone when checked by a second nurse, midwife, medical practitioner (MP), or pharmacist prior to administration except when a second health professional is not available on site.

- Medications being administered to paediatric and neonatal patients must always have a second check by an appropriate health professional at the bedside except where a second health professional is not available on site.
- Schedule 8 and Schedule 4 restricted medication must always have a second check by an appropriate health professional except where a second health professional is not available on site. The second checker is required for all stages of administration from removal from the safe or cupboard, preparation, administration to the patient and disposal of unused infusions or injections. Students on practical rotations are not permitted to be a second checker but may be involved in the process as a third party for teaching purposes.
- Voluntary Assisted Dying substances are only to be administered by authorised people as per the WACHS Voluntary Assisted Dying Policy.
- May administer and check medications outlined in Table 2: Summary of Medication Administration Restrictions by Health Professional.

Enrolled Nurse

- An EN will have a notation on their registration which advises that they have **not** completed medication administration education
- May be allocated to patients who have IV infusions but will not be responsible for the IV therapy delivery
- May check medications outlined in Table 2: Summary of Medication Administration Restrictions by Health Professional.

Medication Administration Competent Enrolled Nurse

- Have completed medication administration education
- May administer the following unrestricted Schedule 2, 3 or 4 medications alone: oral, transdermal, topical, ear, eye, inhaled, nebulised, vaginal, rectal, sublingual, buccal, and intranasal preparations
- May administer intramuscular, subcutaneous & intradermal injections once checked by a second person i.e. Nurse/Midwife/MP/pharmacist, except when no other health professional is available on site
- May administer medications to paediatric and neonatal patients at the bedside with a second checker who is an RN, NP, midwife, MP, or Pharmacist
- May administer S4R/S8 medications with a second checker
- May NOT administer epidural or rectal sheath therapies, may check only
- Must not supervise medication administration by nursing/EN or midwifery students.

Students of Nursing and Midwifery

- A student EN, registered nursing or midwifery student may check and administer medications under the direct supervision of an RN, NP, midwife, or MP after successful completion of medications content as per course requirements
- Students must have medication administration countersigned by their supervisor (listed above).
- Students are not permitted to act as 1st or 2nd checker for any medications
- Student may administer S4R/S8 medications but are not permitted to be a signatory in the registers
- **Employed student midwives who are also RNs can administer medications as per RNs.** Only administration of maternity specific medications and epidurals by a student midwife require direct supervision of a midwife
- Refresher Program RN/RM may only participate under supervision whilst on Supernumerary placement.

A summary of medication administration restrictions by health professional is outlined in Table 2.

Table 2: Summary of Medication Administration Restrictions by Health Professional

Key	Will include one or more of the following:
✓	Administer alone
✓✓	Administer alone after second check
✓✓	Administer at bedside with second checker
✓	Administer under RN/Midwife/NP direct supervision
C	check only
O	observe only
X	may not administer
©	Administer with evidence of competency
IS	Administer under indirect supervision

Medication	RN Midwife NP	EN	Medication administration competent EN	Nursing Students EN Students	Midwifery Students and Refresher Program
				• May only participate under direct supervision of a RN/Midwife/MP/NP? after successful completion of medications content as per course requirements • Students must have medication administration countersigned by RN/Midwife/MP/NP • Not permitted to act as 1st or 2nd checker for any medications • Students not permitted to be a signatory in S4R/S8 registers checker • Refresher Program RN/RM may only participate under supervision whilst on Supernumerary placement • **Employed student midwives who are also RNs can administer medications as per RNs.** Only administration of maternity specific medications and epidurals by a student midwife require direct supervision of a midwife.	
Oral	✓	C	✓	✓	✓
Sublingual/Buccal/ Transdermal /Eye/Ear/Nasal/Topical /Nebulised	✓	C	✓	✓	✓
Vaginal/Rectal	✓	C	✓	✓	✓
Intramuscular	✓✓	C	✓✓	✓	✓
Subcutaneous	✓✓	C	✓✓	✓	✓
Intradermal	✓✓	C	✓✓	✓	✓
Intravenous	✓✓	C	✓✓	✓	✓
Epidural	✓✓©	X	XC	XO	✓©
Rectus Sheath	✓✓©	X	XC	XO	N/A
S4R	✓✓	C	✓✓	✓	✓
S8	✓✓	C	✓✓	✓	✓
Neonatal	✓✓	X	✓✓	✓	✓
Central access lines	✓✓©	X	✓✓©	XO	XO
Paediatric	✓✓	X	✓✓	XO	XO
Cytotoxic/systemic anticancer therapies	✓✓©	X	✓✓©	XO	XO
Dialysis	✓✓©	X	✓✓©	XO	XO
Vaccinations*	✓✓	X	✓✓	✓	✓
Vaccination SASAs See Vaccination / Immunisations Initiated by Non-authorised Prescribers for requirements	✓©	X	✓© IS	XO	XO

***Vaccinations**

- Vaccinations that are prescribed by authorised prescribers can be administered by a RN/Midwife/Medication administration competent EN in the inpatient setting or emergency department setting via a medication order on the WA HMC. Administration must be recorded in Australian Immunisation Register
- To comply with these instructions nursing and midwifery students may administer vaccinations while on placement in the health service if they are always under direct supervision.

Unregulated Healthcare Workers

Unregulated Healthcare Workers (UHW) when deemed competent under the WACHS Medication Assistance by Unregulated Health Workers Policy may support administration of medications including:

- reminding / prompting patients to take medications
- assisting with opening containers and dose administration aids
- providing medication assistance not involving administration of medications.

Assistants in Nursing (AINs) are not permitted to support administration of medications in accordance with the WA Health MP 0080/18 Assistants in Nursing Policy8.

Patient's Self Medication

To prevent duplication of medication, patients own medication should be stored in a manner to prevent access by patients and other visitors. There are some instances where self-administration by the patient or carer is appropriate. The medical practitioner is to document on the medication chart if the patient can self-medicate. In the residential aged care setting, refer to the RC26 WACHS Ability to Self-Medicate (Residential Aged Care) form. The following criteria must be met before a patient or carer is able to self-administer medications:

- the medication is prescribed on the relevant medication chart
- the medication is stored safely and appropriately while allowing access to it by the patient or carer
- the patient or carer is either:
  - accustomed to administering the medication; or
  - can demonstrate the knowledge and competency required to administer the medication.

The nurse or midwife caring for the patient will be responsible for ascertaining the dose and time administered from the patient or carer and recording this information in the relevant medication chart. In-line with the ACSQHC Acute Anaphylaxis Clinical Care Standard, all patients after an initial capacity assessment, and who are known to have anaphylactic reactions to medications and/or substances, should have access to a personal adrenaline injector in all healthcare settings, to avoid harm resulting from delayed administration of adrenaline to patients with anaphylaxis.

If the medical practitioner has documented such, the patient is to be advised by the nurse or midwife of the safety plan for the storage of medications at the bedside, such as the medications are to be kept on the person of the patient or stored in their bedside locked drawer, not in plain view of other persons. The nurse or midwife is to confirm all self-administration medication and document on the medication chart using the appropriate code.

Schedule 4 Restricted and Schedule 8 medications must not be left with patient. In aged care settings such as MPS and home community care it may be appropriate to maintain patients own S4R and S8 medications in a locked draw or box with the key maintained by the patient and an appropriate staff member. Weekly balance checks, with a nurse are required when stored within the health service facility. Nursing and midwifery staff need to exclude evidence of delirium or temporary confused state in situations where patients are usually self-medicating such as in a residential setting e.g. low care hostel.

Refer to the WACHS Voluntary Assisted Dying Policy with respect to storage and self-administration of the VAD Substance.

Withholding Medication

WA Health Guidelines for the WA Hospital Medication Chart (WA HMC) provides information on withholding medications.
A nurse or midwife should withhold the administration of a medication if:

- the order is not legible
- there is some doubt about the medication order or dosage
- it is not possible to identify the prescribing doctor
- an identified adverse drug reaction (ADR) occurs or has occurred previously, or
- a change in the patient's condition warrants doing so.

If the medication is withheld due to above, the nurse or midwife must seek clarification of the order as soon as practicable and must document this on the medication chart and patient progress notes.

When patients are fasting, it is the responsibility of the nurse or midwife to check with the medical practitioner which medications should continue to be administered unless indicated on the medication chart.

Correct Documentation

Administration of medication to patients (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and oxygen) must be documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed eMM system.

The person who administers the medication must document the exact time of administration and sign the medication chart (e.g. medication due 0800 and given at 0830; the time of 0830 must be recorded and signed). Time critical medicines (refer to Definitions) must not be delayed or administered early by more than 30 minutes. Non-time critical medicines will depend on the frequency of dosing.

- For medicines administered more frequently than daily but less frequently than four hourly – may be administered within 60 minutes of the scheduled time.
- For medicines administered daily or less frequently – may be administered within two (2) hours of the scheduled time.

When two people have checked a medication, both are required to sign the medication chart after administration (see section S4R and S8). Where alternative routes (oral/PR) or a dose range (e.g. 5 -10 mg) are ordered, the route chosen and the dose given must also be documented on the MR 170 series medication chart.

When PRN medications are given, the reason why they are given and the results obtained are to be documented in the patient progress notes.
If a medication is not given, the reason is to be documented on the medication chart and in the patient healthcare record. Use the codes available or document in full. If a medication is not able to be sourced locally, clinical consideration for alternatives will need to be made with a prescriber.

2.7 Intravenous (IV) Administration

Intravenous therapy and infusion and bolus medication administration

- Intravenous therapy, infusions and bolus medications are to be checked at the bedside by two (2) individuals (within their scope of practice). It is the responsibility of the second checker, to adhere to the following:
  - observe the prescribed/documented order
  - observe the preparation of the medication
  - identify the patient at the bedside with the person administering medication
  - check known allergies prior to administration of medication
  - check and confirm the rate / dose
  - observe the initiation of the medication administration, and
  - sign, initial and document on the WACHS endorsed medication chart, or document and authorise electronically (using their HE number and password) in an endorsed eMM system.
- Locations where a second health professional is not on site, the second checker is not required
- When a medication is drawn up for administration (either neat or to be added to a diluent), the total dose drawn up should not exceed the prescribed dose, except when otherwise supported by policy and/or Therapeutic Guidelines.
- Where a medication is administered via an IV infusion, the individual administering must ensure an additive label is completed and attached to the infusion bag, syringe or pump. The completed label must be signed by two individuals (within their scope of practice)-refer to section Labelling of Intravenous Medications.
- All infusions of medicines are to be administered directly after reconstitution and connection.
- All IV therapy, including those with additives (if prepared immediately before use) must be used within 24 hours of commencement, or changed.

Intravenous S8 infusions may be administered by individuals (within their scope of practice) via a lockable infusion pump or syringe driver. The individual administering must monitor and document on the observation and response chart throughout the administration of the infusion and escalate as per the early recognition and response to clinical deterioration site escalation process.

The use of a burette is to prevent accidental rapid infusion of large fluid/ medication volumes. All IV infusions must be connected to a burette except for the following:

- those going through an infusion pump
- intravenous maintenance fluids with a volume less than 500 mL in adults
- blood products
- fluids used in resuscitation.

Neonate and Paediatric IV administration

Every paediatric patient 16 years and below receiving IV therapy must have an infusion pump, set at the appropriate pressure setting. If a pump is not available i.e. in operating room/ recovery area a burette must be used. Burettes must be used in all patients aged 12 years and under and should not contain more than 2 hours' worth of maintenance fluid.

Babies under 18 months of age must NOT have antibiotics infused via the burette (due to excessive fluid volume). The medication must be administered via a syringe pumps or push if appropriate.

WACHS endorses the use of both CAHS (PCH) and Women and Newborn Health Service (KEMH) medication guidelines for the treatment of Neonatal patients.

In the above, specific medication guidelines and policies may have unique administration requirements (i.e. Neonatal gentamicin IV injection should be given over 10 minutes).

IV Flushes

Sodium chloride 0.9% injection for IV flush may be given without a medication order to:

- maintain venous access patency
- flushing the canula and/or IV line prior and post to prescribed medication

The smallest volume of fluid possible should be used and must be documented if the patient is either paediatric or fluid restricted. Consider compatible diluents by referring to the Australian Injectable Drug Handbook. Refer to WACHS Peripheral Intravenous Cannula (PIVC) Guideline for more information.

For paediatric or neonatal guidance (including *minimum* volumes) please refer to the PCH IV Sodium Chloride Flush Protocol

Intravenous Additives and Bolus Dose

When administering an intravenous medication, the individual (within their scope of practice) must ensure:

- they are aware of the Australian Society of Clinical Immunology and Allergy (ASCIA) Guideline for the Acute management of anaphylaxis
- For the initial dose the authorised prescriber initiating treatment is aware the medication is being given and is on site, available to respond should an emergency situation arise, **or** the Early Recognition and Response to Clinical Deterioration site clinical escalation process is initiated to contact of the medical practitioner in the event of an emergency.
- if the medication is added to a fluid, the fluid is confirmed as being compatible prior to administration.
- the medication does not pose an occupational risk. These include but are not limited to: Asparaginase; Azathioprine; Ganciclovir; cytotoxic medications; some monoclonal antibodies, kinase inhibitors and anti-angiogenesis agents - unless a risk assessment has been undertaken on the specified medication or WACHS endorse guideline exists.

Bolus medication doses are only to be introduced into an IV line or burette containing other medications when the line is flushed with compatible IV fluid before and after the

administration of the bolus dose unless specific compatibility information on the combination is available or provided by the pharmacy department.

Infusion Pump Safety Information

- It is the individual administering responsibility to check the rate of infusion and to ensure that the pump is always working correctly.
- Confirmation of medication / fluid compatibility, concentration, delivery rates and volumes are suitable for piggyback or concurrent administration must be undertaken before administration.
- Infusion delivery devices with the capacity for delivery protocols such as medication error reduction software and medication-based infusion guidance, must be endorsed by the WACHS Medication Safety Committee prior to being uploaded to the device or device library by biomedical engineering.

Labelling, Changing Infusions, and Intravenous Lines

In the case of infusions with additives - an Intravenous Additive Label must be completed and attached to the IV bag/ burette/syringe. When changing infusions and IV lines the following applies:

- IV infusion bags and syringes are to be changed every 24 hours.
- IV fluid bags must not be taken down and reused once insertion port has been punctured.
- IV fluid bags must be discarded if the bag integrity is breached, i.e. the bag is punctured or leaking.
- Continuous IV lines are to have a completed IV change sticker attached to the line and are to be changed every 72 hours., and
- Time and date of the change is to be recorded on the label and signed when completed on the nursing care plan.

IV fluids in warming cabinets are to remain in outer packaging to be labelled with a date timeframe of two (2) weeks and discarded if not used after the two-week timeframe.

Minimum labelling requirements are outlined in National Standard for user-applied labelling of injectable medicines, fluids and lines.

2.8 Adverse Drug Reactions

When commencing a new medication, patients should always be monitored for signs and symptoms of adverse reactions. For guidance on the management of anaphylaxis, refer to the ASCIA Guidelines – Acute management of anaphylaxis.

Allergic and anaphylactic reactions may occur at the second or third dose of antibiotic administration and the nurse must always remain vigilant when monitoring the patient.

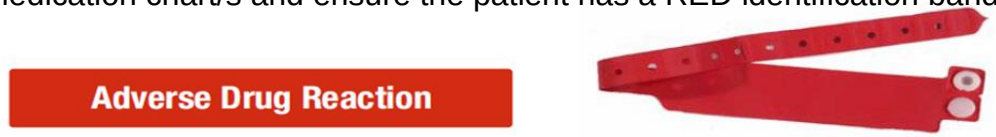
ADRs are reactions to a medication that are noxious, unintended and occur at normal doses. It is not always possible to determine if a reaction is dose related or idiopathic and hence a review of any reaction by the treating team should occur.

The treating team is responsible for determining whether an ADR is clinically important.

For each adverse drug reaction identified the following information must be documented in the healthcare record, on all Medication Charts, eMM systems, and in the patient's discharge summary:

- the generic name of the medication/drug implicated
- the reaction which occurred
- the date of the reaction (if known).

The person documenting the ADR must sign and date the record, apply an ADR sticker to the medication chart/s and ensure the patient has a RED identification band in place.



In addition to the above documentation and actions, the following actions are required for serious drug reactions or hypersensitivity reactions:

- Document details on MR ALERT 2 Clinical Alert Notification and initiate the clinical alert process for entry into the PAS.
- Place an "ALERT" sticker on the front cover of the physical healthcare record.

For any new ADR that occurs during a patient's admission that requires treatment of cessation of the medicine, documentation must also be notified via DATIX Clinical Incident Management System (CIMS). Refer to the Medication Errors section.

ADR details must be transferred to all new medication charts that are commenced.
If an allergy is identified subsequent to admission, the standard white identification band is replaced by a RED identification band (as per the WACHS Patient Identification Policy).

Where a reaction has resulted in admission to hospital or prolongation of the stay in hospital the reaction should be reported to the Therapeutic Goods Administration via the Adverse Event Management System (refer to MP 0053/17 Patient Alert Policy).

2.9 Discharge, Transfer, or Non-admitted Patient Medication Planning

Discharge planning ensures medication, or a prescription for medication, is available in a timely manner on discharge.

Patients should be provided with a list of current medications on discharge by the treating team. The list should include medication changes and previous medications to be continued on discharge. The information should be communicated to health professionals and carers who are providing ongoing care of the patient including General Practitioner, Community Pharmacy, Aged Care Provider, Disability services provider.

If the patient is transferred to another ward within the same hospital, their admission medications are to be transferred with them.

In-line with the ASCIA Guideline for the Acute Management of Anaphylaxis, all patients who presented with, or experienced anaphylaxis during their admission, should be provided with an ASCIA Anaphylaxis Action Plan by the treating team prior to discharge. After discharge, any unclaimed medications are to be forwarded to the pharmacy department for disposal. For the transfer and disposal of Voluntary Assisted Dying Substances please refer to the WACHS Voluntary Assisted Dying Policy.

It may be necessary for the prescriber to supply, where a pharmacist or retail pharmacy is unavailable, sufficient medication on discharge until a prescription can be filled. The prescriber is to make a written record of the medication supplied at the time of supply on the Record of Medication Supply Register, in addition to notes in the patient's records. The medication is to be labelled in accordance with the Medicines and Poisons Regulations 2016. Supply on discharge for admitted patients from other areas requires approval of the regional chief pharmacist and appropriate procedures in place.

Non-authorised prescribers are not authorised to "dispense" or supply scheduled medications to a patient except:

- In the circumstances described below per the authorisation of health professional detailed in the Medicines and Poisons Regulations 2016, or
- where authorised via a structured administration and supply arrangement (SASA)
- See the Non-authorised Prescriber Supplied Medications section for approved circumstances.

Minimum requirements for supply (when no pharmacy service to dispense):

- The supply of medications must be recorded in the patient's healthcare record.
- Medications must be labelled in accordance with Part 9 of the Medicine and Poison Regulations 2016. These requirements are defined in the Poisons Standard appendix L.
    - name, address and phone number of the hospital is on the label
    - Approved name of the medicine
    - Adequate directions for use
    - Strength and form
    - Total quality supplied
    - The words "**Keep out of reach of children**"
    - The name of the patient
    - Medicines listed in Appendix K of the Poisons Standard include a sedation warning, "**This medication may cause drowsiness. If affected do not drive a motor vehicle or operate machinery. Avoid alcohol**."
    - Where the medicine is for external use it must include the words "**Not to be taken**".

The Medicine and Poison Regulations 83 prohibits the use of envelopes, plastic bags, paper bags or cardboard boxes for supply of medication unless the medication is also strip packaged (in foil or in individually sealed amounts). The risk associated with supply of loose tablets in an envelope, bag or box is high and alternative container should be sought from the pharmacy department where supply is required.

Where the medical or nurse practitioner is managing the patient by telehealth, the nurse can prepare the label, packaging and medication for the medical or nurse practitioner to perform a check via telehealth. A prescription for this medication must still be prepared and documented in the patient's notes.

If the patient is transferred to another ward within the same hospital, their admission medications are to be transferred with them.

In-line with the ASCIA Guideline for the Acute Management of Anaphylaxis, all patients who presented with, or experienced anaphylaxis during their admission, should be provided with an ASCIA Anaphylaxis Action Plan by the treating team prior to discharge.

After discharge, any unclaimed medications are to be forwarded to the pharmacy department for disposal. For the transfer and disposal of Voluntary Assisted Dying Substances please refer to the WACHS Voluntary Assisted Dying Policy.

2.10 Non-authorised Prescriber Supplied Medications

The supply of medicines by non-authorised prescribers is only allowed:

- In the circumstances described below per the authorisation of health professional detailed in the Medicines and Poisons Regulations 2016; **or**
- In the circumstances identified in a SASA that applies to the authorised health professional in respect of the medicine.

Supply of Chronic PBS Medications in Remote Clinics

The following health professionals may supply a medicine that is a Schedule 2, 3 or 4 (excluding S4R's) that meets the below criteria:

- Aboriginal and Torres Strait Islander health practitioners & health workers who have completed a course of training approved by the CEO of Health.
- RN and medication administration competent EN
- Midwife.

Supply may only occur when:

- Supply is for continuation of a chronic S2, S3 or S4 (excluding S4R's) PBS medicines for a person seen by a medical practitioner regarding the medical condition for the medicine requested to supply within the previous 6 months, and
- Supply is not for acute care or treatment relating to the implementation of a public health program, and
- The place of supply is a remote clinic i.e. a site participating in the S100 Remote Area Aboriginal Health Services Program (S100 RAAHS) or approved to be a remote clinic under section 39a of the Medicines and Poisons Regulations 2016:
  - Midwest – Burringurrah
  - Goldfields – Laverton, Leonora and Menzies
  - Kimberley – Fitzroy Crossing and surrounding clinics, Halls Creek, Kalumburu, Lombadina, Looma, One Arm Point and Warmun
  - Pilbara – Marble Bar, Nullagine and Yandeyarra
- The place of supply is more than 25 km of an open/accessible pharmacy, and
- Direction to supply is given by the prescriber by:
  - Entering the minimum prescription requirements in the patients healthcare Record and signing the entry, **or**
  - Giving a verbal order (telephone, orally or direction by other electronic means). The health professional who receives a 'verbal order' must:
    - confirm and record the identity of the prescriber, and
    - confirm the identity of the patient with the prescriber using 3 patient identifiers
    - record the order, and details above, in the healthcare record and repeat the medication order back to the prescriber, and
    - the second checker (nurse, midwife, or pharmacist) confirms the order with the prescriber.
    - both individuals must ensure the verbal order is recorded and signed in the healthcare record.
    - Locations where a second Health Professional is not on site, the second checker is not required.

  - The authorised prescriber must complete minimum prescription requirements in the healthcare record and sign the entry within 24 hours. In situations such as telehealth where the prescriber does not attend the site, the healthcare record entry must be forwarded to confirm the verbal order.
- Medications must be labelled per section 3.8 and do not require an authorised prescriber to check.
- PBS quantity is the maximum supply amount. Supply must be documented in a Medication Supply Register.

Supply of Acute Medications in Remote Clinics

An RN working at Remote Area Nurse Post listed in the Registered nurses – Remote area nursing posts SASA is authorised to supply medicines for acute treatment in accordance with the SASA.

The quantity administered or supplied on each occasion is:
- The smallest commercially available original treatment pack; or
- One full course of acute treatment appropriate to the condition;
- That required according to the manufacturers recommended dose for that approved medical condition and the treatment duration specified.

Supply is not repeated for the same instance of the condition and must be record in the patient's medical record.

Supply of Approved Starter Packs

An RN at a WACHS health facility may supply a starter pack of medications listed in the WA Country Health Service nurses – Starter packs SASA.
Supply may only occur when:
- there is a verbal order from an authorised prescriber.
- there is no medical practitioner, endorsed midwife or nurse practitioner onsite who can attend to the person.
- the service is more than 25km from the nearest open/available pharmacy.
- the medication is supplied in a pre-prepared pack supplied by the hospital pharmacy and the blank sections of the label have been completed.

Where less than a full pack is requested the balance of the pack should be discarded prior to giving to the patient and the discard recorded for Schedule 4 recordable medicines.

The supply should be recorded in the patient's healthcare record.

2.11 Fees and Charges for Medication

Medication and supply for inpatients and outpatients are in accordance with the WA Health Patient Fees and Charges Manual.

2.12 Medication Errors

All medication incidents and near misses must be reported immediately to the medical practitioner and shift coordinator/ line manager. The patient is to be immediately assessed and monitored for any adverse effects of incidents or errors.
An incident occurs when any of the following occur:

- there is a deviation from a documented standard (policy, procedure),
- a medication is omitted, and the appropriate code has not been used, as per the medication chart codes,
- a medication is not signed for
- medications are not given within 30 minutes for time critical medications, or two (2) hours for all others of the specified time, except where there is a planned change due to patient circumstances,
- a medication is given on the wrong date,
- an incorrect medication is administered,
- an incorrect dose is administered,
- the medication is given by the incorrect route,
- a medication is administered to the wrong patient,
- an intravenous infusion is administered at the wrong rate, and/or
- where an adverse reaction requires treatment or cessation of the drug.

Documentation must be completed as soon as practicable and be notified via the Clinical Incident Management System (CIMS) e.g. DATIX CIMS.

For medication incidents pertaining to psychiatric patients, in addition to notification via CIMS, the error must be reported to the Office of the Chief Psychiatrist within 48 hours of the event.

3. Roles and Responsibilities

Regional Medical Directors/District Medical Directors/Directors of Nursing & Midwifery

Where a clinician has undertakings against their registration with AHPRA relating to medications, a management plan is needed to ensure the conditions of the undertakings are met and are being monitored. This management plan must be communicated to the Regional Chief Pharmacist and the WACHS Chief Pharmacist.

Authorised prescribers, including medical practitioners (MP), nurse practitioners (NP) and endorsed midwives are responsible for:

- Adequate assessment and history relative to the urgency of the situation is available before prescribing medications.
- Document relevant risk assessments prior to prescribing (i.e., VTE risk assessment).
- All orders are documented on a WACHS endorsed medication chart. The chart is completed in a printed or written form or by means of an endorsed eMM system for administration within the health service.
- All orders are complete and unambiguous.
- Verbal orders are endorsed, or documentation has been provided confirming the verbal order.
- Medication supplied on discharge or leave has been prepared in accordance with labeling and packaging requirements and an appropriate prescription for this reply is kept in the patient's healthcare record.
- Medication administered has been recorded within the patient's healthcare record on an appropriate medication chart.

The **nurse** or **midwife** is accountable for the safe administration of medications. This requires:

- a sound knowledge of the use, action and usual dose, frequency of use, route of administration, precautions and adverse effects of the medications being administered.
- Training has been completed in accordance with the nursing framework including medication safety training, best possible medication history training and infusion pump training.
- They maintain competency with the medications available in their work environment.

Pharmacists are responsible for:
- Assessment and documentation of medication history prior to admission to hospital
- Clinical review of the prescribed medications during the course of the admission
- Assist in preparation of medication list on discharge for complex patients and communication of the list to other care providers.

An **Unregulated Health Worker (UHW)** includes patient care assistant (PCA); assistant in nursing (AIN); Home and Community Care (HACC) support worker and an aboriginal healthcare worker (AHW).
- Whilst an AIN is classified as unregulated health workers, they are governed by WA Health Assistants in Nursing Policy MP 0080/18 and as such they are only able to undertake duties as stated within the MP. Therefore, are unable to assist with medication support.
- WACHS Medication Assistance by Unregulated Health Workers Policy outlines the responsibilities of UHWs.

All staff must adhere to the policies and guidelines applicable to their area of service.

4. Monitoring and Evaluation

4.1 Monitoring

Adverse events and clinical incidents relating to the management of medication, including the prescribing and administration of medicines, are to be notified via the approved clinical incident management system (CIMS) e.g., DATIX, and managed as per the WACHS Medication Prescribing and Administration Policy and the WA Health MP 0122/19 Clinical Incident Management Policy 2019. The WACHS Medication Safety Committee and regional Medicines and Therapeutics Committees reviews clinical incident data relevant to medications.

4.2 Evaluation

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by the WACHS Medication Safety Committee. The following means or tools are to be used in the review:
- WACHS Regional resource centres are encouraged to participate in the Medication Safety Self-Assessment® for Australian Hospitals. This audit reviews safety mechanisms and provides potential directions to improve medication safety within the region. The Assessment is not designed as a pass/fail audit but provide guidance on potential projects for improving medication safety.
- National Standard Medication Chart Audit per MP 0078/18 Medication Chart Policy.

5. Compliance

This policy is a mandatory requirement under the *Medicines and Poison Act 2014* (WA).

Failure to comply with this Medication Prescribing and Administration Policy 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

Lum E, et al. The Competent prescriber: 12 core competencies for safe prescribing. Aust Prescr 2013;36:13-6

Australian Injectable Drug Handbook, 8th Edition [online] Available at https://aidh-hcn-com-au.wachslibresources.health.wa.gov.au/browse/about_aidh.

Child and Adolescent Health Service Neonatal Guidelines

King Edward Memorial Hospital Medication Protocols

Perth Children's Hospital Medication Monographs

Australian Commission on Safety and Quality in Health Care. Electronic medication management systems: a guide to safe implementation, 2nd edition. Sydney: ACSQHC; 2011

7. Definitions

Term	Definition
Administration	May be defined as the actual giving of a medication orally, by injection, per rectum or other route.
Authorised person	Authorised person is a person authorised to possess, administer, prescribe or supply as defined within the Medicine and Poison Regulations 2016. In the case of Anaesthetic technicians, they may possess and administer Schedule 4 and Schedule 8 medicines if required within their JDF under the direction of a medical practitioner.
Authorised Prescribers	Medical practitioners and nurse practitioners authorised under the medicine and poison regulations to prescribe Schedule 4 and Schedule 8 medications. Endorsed Midwives may prescribe medications within the lawful practice of their profession and as per the WACHS Policy for Clinical Midwifery Specialists – Endorsed. Schedule 8 medications can only be prescribed by an

	endorsed midwife if they are being administered by a midwife.
Competency	Possess the knowledge, skills and behavioural attributes to perform a task.
Competent	Demonstrate the minimum nursing or midwifery standard for effective work performance.
Direct supervision	When not otherwise defined by AHPRA, direct supervision is considered to be in the company of an authorised practitioner or visually via the Emergency Telehealth Service
Dispense	Means supply the medicine or poison on and in accordance with a prescription. Dispensing is a function that can only be completed by a pharmacist.
Dosage Administration Aid	A medication aid is a pre-packed medication dose in a container identified for a specific individual. It is used to support safe administration of medications. The client/ resident/ patient's name, medication name, dose and time the medication is to be given is to be clearly labelled on the preparation dispensed by the pharmacist. May also include a pharmacy filled aid e.g. Webster Pak®.
Dosage unit	Means an individual dose of a poison and includes a tablet, capsule, cachet, single dose powder, or a single dose sachet of powders or granules.
Electronic Medication Management systems	The electronic medication management (eMM) system is the entire electronic medication process, including software and associated hardware used to create and document the prescriber's medication order, the pharmacist's review of the medication order, the supply of medication, the documentation of medication administration, and all the processes in between. eMM can apply to: • Prescribing systems, such as general practitioner desktop systems or hospital clinical information systems that have electronic ordering. • Decision support systems, such as evidence-based order sets, allergy checking and medicine interactions. • Dispensing systems, such as pharmacy software and automated dispensing systems. • Ordering and supply solutions, such as the electronic transfer of prescriptions (ETP) and inventory solutions. • Electronic medical records. For the purposes of prescribing on a digital platform only the following systems are endorsed for use in WACHS: • eMedication • Oncology Management System (OMS) - Charm®

	For the purposes of documenting the administration of medications digitally the following systems are endorsed for use in WACHS: Oncology Management System (OMS) - Charm®

Medication Charts	Are WACHS endorsed and used to document medication orders for patient administration, document pharmacist's review of the medication order and document medication administration within WACHS (including unscheduled medicines such as vitamins and complementary medicines, Schedules 2, 3, 4 and 8, and oxygen). The chart is completed in a printed or written form or by means of an approved electronic medicines management (eMM) system.
	For a complete list of WACHS endorsed charts, see the:
	• Health Record Forms SharePoint page to view the:
	  ○ WACHS Forms Catalogue
	  ○ Regional Forms Registers
	• Endorsed eMM system for electronic charts and order sets i.e: the Oncology Management System - Charm®
	• Table 1 for external Health Service Provider forms that are endorsed for use in WACHS.

Medication order	A type of prescription used as a direction to administer a medication by an authorised individual on a WACHS endorsed medication chart e.g. the WA HMC, a speciality medication chart (including where approved as a State Form), an electronic order in an approved eMM system, and verbally .(face to face) or by telephone, visual platform or other verbal electronic means.
Medication support for Unregulated Healthcare Workers	Medication prompting is described as assisting the client/ resident/ patient with self-medication and involves: • reminding and/or prompting the client to take the medication • assisting (if needed) with opening of medication containers for the client, **and** other assistance not involving medication administration.
Nurse	Includes RNs and Medication Administration competent ENs (i.e. excludes ENs who have a notation on their registration which advises that they have not completed medication administration education)
Prescription	A prescription is a document, written, printed or electronic, containing specific medication details for a person's use. It enables the supply and administration of the medication and meets regulatory requirements. This includes medication orders for patient administration and leave/discharge/outpatient/day patient prescriptions.
Structured Administration and Supply Arrangement	A Structured Administration and Supply Arrangement (SASA) is a mechanism that permits a specific classification of practitioner to operate outside the

	scope defined within the Medicine and Poison Regulations 2016. SASAs are either issued by the Chief Executive Officer of CEO Health or by WACHS Chief Executive. SASAs issued by WACHS must be endorsed by the WACHS Medication Safety Group Committee and published on HealthPoint via policy or guidelines. For a list of WACHS SASAs and contacts see the Pharmacy SharePoint page A SASA **cannot** be used for **Schedule 8** medicines
Systemic Anticancer Therapy	Systemic Anticancer Therapy (SACT) are medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy.
Supply	Provision of a medication for a patient to administer at a later time. The medications must either be dispensed by a pharmacist from a prescription previously or supplied by an authorised prescriber (including under the provision of a SASA)
Time-critical medicines	Medicines where delayed or early administration by more than 30 minutes may cause harm or sub-therapeutic effect.

8. Document Summary

Coverage	WACHS-wide
Audience	Medical, nursing, midwifery, pharmacy, and any staff who work with medicines
Records Management	Health Record Management Policy
Related Legislation	• *Health Practitioner Regulation National Law (WA) Act 2024* • *Carers Recognition Act 2004* (WA) • *Medicine and Poison Act 2014* (WA) • Medicine and Poison Regulations 2016 (WA) • *Therapeutic Goods Act 1989* (Cth) • Therapeutic Goods Regulations 1990 (Cth) • Therapeutic Goods (The Poisons Standard) (Cth) • *Work Health and Safety Act 2020* (WA) • *Voluntary Assisted Dying Act 2019* (WA) • *Mental Health Act 2014* (WA)
Related Mandatory Policies / Frameworks	• MP 0080/18 Assistant in Nursing Policy • MP 0136/20 Gifts Benefits and Hospitality Policy • MP 0104/19 Medication Review Policy • MP 0078/18 Medication Chart Policy • MP 0053/17 Patient Alert Policy • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	• Central Venous Access Device (CVAD) and Long Peripheral Venous Catheter (Long PVC) Management Clinical Practice Standard • Clinical Midwifery Specialists (Endorsed) Policy • Medication Assistance by Unregulated Health Workers Policy • Medication Handling and Accountability Policy • Oxygen Therapy and Respiratory Devices – Adult Clinical Practice Standard • Patient Identification Policy • Peripheral Intravenous Cannula (PIVC) Guideline • Prevention of Maternal and Newborn Sepsis Policy • Primary Postpartum Haemorrhage Guideline • Voluntary Assisted Dying Policy
Other Related Documents	• PCH Oxygen Administration Guideline • WHNS Blood group and antibody screening in pregnancy clinical practice guideline • WHNS Group B streptococcal disease clinical practice guideline • WHNS Labour: third stage clinical practice guideline • WHNS Pain management (including labour non-pharmacological) clinical practice guideline • WHNS Perineal care and repair: Protection, assessment and management clinical practice guideline

	• WHNS Postpartum complications (including postpartum haemorrhage and uterine inversion) clinical practice standard • WHNS Neonatal care clinical practice guideline • WHNS Use of RhD Immunoglobulin (RhD Ig) in pregnancy protocol • WA Health Patient Fees and Charges Manual
Related Forms	All WACHS endorsed medication forms
Related Training Packages	• High Risk Medications: High Risk Medications: Introduction (HRMINT EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: N/A as minor amendment to guideline.
National Safety and Quality Health Service (NSQHS) Standards	1.03, 1.07, 1.08, 1.11, 1.23, 1.27, 2.05-2.07, 4.01, 4.02 4.03-4.09, 4.11-4.13, 6.05
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
4.02	2 September 2024	14 September 2023	Minor amendments have been made to remove barriers preventing the use of WACHS endorsed eMM systems and their associated charts/order sets when prescribing and administering medications; replacement of 'Medication History and Management Plan' section, and 'Patient Education' section with Medication Review" section; removed ambiguity relating to student nurse administration of SASA; removal of Ivermectin WACHS CE SASA; reordering of appendices.
4.03	4 September 2024	14 September 2023	• minor amendment to update list of SASAs in Appendix A

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery
Contact	WACHS Chief Pharmacist
Business Unit	Pharmacy Services
EDRMS #	ED-CO-21-63325

This document can be made available in alternative formats on request.

Appendix A: WACHS Structured Administration and Supply Arrangements (SASA)

SASAs endorsed by the CEO of Health do not expire and can be found on the internet.

SASAs endorsed internally by WACHS expire every 2 years. The ongoing need for the SASA and the information contained within the SASA must be reviewed by the relevant WACHS clinical lead (or equivalent) and submitted to the WACHS Chief Pharmacist for consideration and endorsed by the WACHS Medication Safety Committee and the WACHS Chief Executive Officer.

All WACHS SASAs must be available on the WACHS Intranet, either as a direct link or as a link within a relevant policy, procedure or guideline document. A list of WACHS SASAs and their contact can be found on the WACHS Pharmacy SharePoint Page.

The current WACHS SASAs are:

- Administration of Intramuscular Benzathine Benzylpenicillin G (BPG) for the Rheumatic Heart Disease (RHD) Program
- Administration of benzylpenicillin for intrapartum prophylaxis of Group B Streptococcal Disease (GBS)
- Administration of cefazolin for intrapartum prophylaxis of Group B Streptococcal Disease (GBS)
- Administration of clindamycin for intrapartum prophylaxis of Group B Streptococcal Disease (GBS)
- Administration of Japanese Encephalitis (JE) Vaccines by Enrolled Nurses
- Ergometrine for management of Primary Post-partum Haemorrhage (PPH)
- Misoprostol for management of Primary Post-partum Haemorrhage (PPH)
- Lidocaine 1% for perineal infiltration
- Intrapartum Nitrous Oxide
- Oxytocin for management of third stage labour and prophylaxis or therapeutic management of post-partum haemorrhage
- Prophylactic Rh D Immunoglobulin for Antenatal and Postnatal Rhesus Negative Women
- Ergometrine / Oxytocin (Syntometrine) for management of third stage of labour
- Tranexamic acid for emergency management of Primary Post-partum Haemorrhage (PPH)

Appendix B: Nurse Initiated Medications - Adult Patients

Individuals approved:

- RN, medication administration competent EN

Criteria:

- The following medications may be initiated and administered to an **adult patient** by the above approved individuals without an authorised prescribers written or verbal order, after patient assessment.
- Supply of these medications for discharge is only permitted for unscheduled medicines unless a SASA is in place.
- Document the medication order and administration details on the adult "Once Only, Pre-Medication and Nurse/Midwife Initiated Medicines" section of the WA HMC.
- Initiate for approved indications per the Australian Medicines Handbook. Document the indication in the patients healthcare record and inform the Medical Practitioner.
- The maximum number of doses allowed before medical practitioner review is required is two doses within a 7-day period, or > 24hrs of NRT
- If a medical practitioner is not available to review, a verbal order must be received before further medication is administered.
- Dose must be appropriate and may involve multiple tablets of formulations listed below. Topical unscheduled medications listed on the SMF may also be initiated.
- Supply of nurse initiated non-prescribed medication for discharge is only permitted for unscheduled medicines unless a SASA is in place.

Dose prescribed should be appropriate for the patient and may involve multiple tablets of formulations listed below. Topical unscheduled medicines may also be prescribed.

Analgesics / Anti-inflammatory

- Paracetamol mixture or 500mg tablet
- Aspirin
- Ibuprofen 200mg tablet
- Topical local anaesthetics

Antihistamine

- Loratidine
- Fexofenadine
- Promethazine (oral)

Bowel Stimulants

- Docusate (Coloxyl oral or rectal formula)
- Paraffin emulsion (Agarol mixture)
- Docusate with Senna
- Senna tablets
- Bisacodyl tablets
- Fruit Laxative (Nulax)

Bulk Laxatives

- Fibre supplements (Metamucil, Benefibre)
- Sterculia (Normacol, Granacol)
- Movicol

Enemas and Suppositories

- Microlax enema
- Glycerin suppositories
- Bisacodyl suppositories

Nicotine Replacement Therapy

- Nicotine chewing gum, inhalator, lozenge, spray, patch per WACHS Administration of the Alcohol and Tobacco Screening Tool and Brief Intervention Procedure (health.wa.gov.au)

Respiratory

- Salbutamol MDI with spacer
- Nebulised saline

Incidentals

- Glucose oral solution
- Sodium citro-tartrate (Citravescent/Ural/ Uricalm)
- Saliva Substitute
- Antiseptic throat lozenges
- Sodium citrate 8.8% 0.3M (single dose)
- Glyceryl trinitrate sublingual
- Simethicone capsules
- Hyoscine butylbromide tablets
- Hirudoid/Lasonil
- Head Lice Treatments
- Permethrin 5% cream (Lyclear®)
- Topical unscheduled products

Anaphylaxis

- Adrenaline Intramuscular

Antacids

- Aluminium hydroxide (GaviscomTM, MylantaTM)

Ocular

- Ocular lubricants
- Fluorescein Sodium 2% stain (emergency department only)

Appendix C: Nurse Initiated Medications - Paediatric Patients

The following medications may be administered to a **paediatric patient** by a nurse, who has undertaken an assessment of the patient without a Medical Officers written or verbal order. These medications are permitted for nurse administration as they are either classified as unscheduled or over the counter medicines. All medications should only be used as per their approved indication recommended in the Australian Medicines Handbook. **Subsequent repeat dose require medical review**.

Supply of nurse initiated non-prescribed medication for discharge is only permitted for unscheduled medicines unless a SASA is in place.

The nurse must consult appropriate paediatric guide for administration of medications handbook e.g. Australian Medicine Handbook Children's Dosing Companion for **weight related dosing**.

The administration of these medications must be included in the 'Once Only and Pre-Operative Medication' section of the WACHS MR170D National Inpatient Medication Chart - Paediatric Short Stay including documenting the basis for dose calculation e.g. mg/kg and must have a second check at the bedside by a RN, midwife or Pharmacist.

Analgesics/ Anti-inflammatory
- Paracetamol oral or rectal
- Ibuprofen
- Topical Local Anaesthetics
- Sucrose 25% solution

Antihistamine
- Loratadine

Respiratory
- Salbutamol (inhalational)
- Nebulised saline

Incidentals
- Wax removal ear drops (e.g. Cerumol®; Waxsol®)
- NaCl 0.9% nose drops or spray
- Ocular lubricants
- Glycerine suppository (infant/child)
- Head Lice Treatments
- Permethrin 5% cream (Lyclear®)
- Electrolyte Rehydration Solution (eg. ORS)
- Sodium chloride flushes – Refer to section 3.7.3
- Topical unscheduled products

Anaphylaxis
- Adrenaline Intramuscular

Appendix D: Midwife Initiated Medications

WACHS midwives employed in acute maternity settings can administer certain medicines in accordance with the below guidance.

Each authorised medicine requires an individual SASA which sets out the:
- medicine name, dose, strength, route and administration instructions
- approved circumstances /conditions for administration
- inclusion /exclusion criteria
- applicable clinical guideline/s.

Prevention and management of Primary Post-partum Haemorrhage (PPH):
- WACHS Maternity SASA - Oxytocin
- WACHS Maternity SASA - Syntometrine (Ergometrine/oxytocin)
- WACHS Maternity SASA - Misoprostol
- WACHS Maternity SASA - Ergometrine
- WACHS Maternity SASA - Tranexamic Acid

In accordance with the following guidelines
- KEMH Clinical Practice Guidelines – Labour: Third Stage
- KEMH Clinical Practice Guideline: postpartum complications (Postpartum haemorrhage [PPH] section)
- WACHS Primary Postpartum Haemorrhage Guideline
- World Health Organisation Recommendation of Tranexamic Acid for the Treatment of PPH

Intrapartum analgesia:
- WACHS Maternity SASA - Nitrous Oxide (inhaled)

In accordance with KEMH Clinical Practice Guideline: Pain Management (Nitrous Oxide + Oxygen section)

Intrapartum antibiotic prophylaxis
- WACHS Maternity SASA - Benzylpenicillin
- WACHS Maternity SASA - Cefazolin
- WACHS Maternity SASA - Clindamycin

In accordance with the KEMH Clinical Practice Guidelines – Group B Streptococcal Disease

Perineal infiltration:
- WACHS Maternity SASA - Lidocaine 1%

In accordance with the following guidelines
- KEMH Intrapartum Care – second stage of labour – Episiotomy and infiltration of the perineum
- KEMH Clinical Practice Guideline – Episiotomy / Genital Laceration: suturing

Prevention of Rhesus isoimmunisation:
- WACHS Maternity SASA - RhD immunoglobulin

In accordance with the following guidelines

- KEMH Blood group management & clinically significant antibodies: R D negative & Rh D positive women
- KEMH Transfusion Medicine Protocols - RhD Negative Women: RhD Immunoglobulin Products & Applications

Vaccines:
Midwives can administer vaccines in accordance with the WA Health SASA for Midwives vaccination after completing the approved training listed in appendix one of the SASA. Midwife vaccination includes (see SASA Appendix 1):

- Diphtheria
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pertussis
- Rubella
- Tetanus

Phytomenadione (Vitamin K) for newborns:
Vitamin K is not a scheduled medicine and as such can be initiated by midwives without the need for a SASA. This is still required to be documented on the appropriate hospital medication chart.

Administer in accordance with KEMH Neonatal Care: Vitamin K Administration