

Management of Medicines in Aged Care



Nursing Guidelines



Australian
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Federation

Nursing Guidelines: Management of Medicines in Aged Care

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Foreword

The review of the *Nursing Guidelines: Management of Medicines in Aged Care* has been a collaborative project between the Australian Nursing and Midwifery Federation (ANMF) and Royal College of Nursing *Australia* (RCNA). Now published by the ANMF, this document aims to ensure the safe and competent delivery of medicines to older people.

The *Nursing Guidelines* provide support and direction for registered and enrolled nurses¹ in the administration of medicines in aged care². These guidelines inform providers, consumers and families, medical practitioners, pharmacists, and allied health professionals of the expectations of registered nurses, enrolled nurses and assistants in nursing (however titled), in quality use of medicines.

The guidelines also establish the quality of care to which consumers of aged care services and the community are entitled, in relation to the competent use of medicines by nursing professionals.

A review of this document has been undertaken to ensure currency and relevance to both aged care and to nursing practice.

While this edition is primarily focused on care provided in residential aged care settings, it is also applicable to aged care services provided in the community.

Lee Thomas

Federal Secretary

Australian Nursing and Midwifery Federation

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- 1 Enrolled nurses have completed the education to allow them to administer medicines. Those who are not educated to this level will have a condition on their registration which prohibits them from administering medicines.
 - 2 Aged care settings include residential facilities and the community setting.

Background

Safe, quality care, reinforced by accreditation and funding requirements for aged care facilities, demands a safe medicines delivery system. As stated in previous editions of these *Nursing Guidelines* (APAC, 2002), registered or enrolled nurses, in consultation with medical practitioners and pharmacists, are the appropriate professionals to administer medicines to older people who are unable to self-administer their medicines. Management of medicines by appropriately qualified health professionals gives greater assurance of quality use of medicines.

Registered nurses are educated to be aware of the benefits and potential hazards in the use of medicines and to administer medicines safely and legally, as well as to monitor their efficacy and identify any adverse effects. Additionally, registered nurses have the necessary skills to assess the changing needs of the older person and their care; evaluate the person's response to medicines; and accurately communicate that information. In this way, registered nurses provide a vital link between the older person and other health professionals such as medical practitioners, pharmacists, enrolled nurses and allied health professionals.

Enrolled nurses work under the direction and supervision of registered nurses and practice within legislative and regulatory requirements. Under the *Health Practitioner Regulation National Law Act 2009* (the National Law), all enrolled nurses may administer medicines except for those who have a notation on the register against their name which reads 'Does not hold Board-approved qualification in administration of medicines' (NMBA, 2010). Employers and facility staff need to be aware of national legislation and state and territory drugs and poisons legislation relating to enrolled nurses and medicines administration, as well as professional scopes of practice.

The role of **assistants in nursing** (however titled) in medicines use is that of assisting older people with self-administering their medicines from pre-packaged dose administration aids. They should not be directed by employers or facility staff to practice outside of this role.

The following practices pose risks to quality use of medicines:

- polypharmacy and the excessive use of tranquillisers and psychotropic agents;
- lack of processes for medicines review; and
- the administration of medicines by unqualified or inappropriately qualified staff.

Registered and enrolled nurses are increasingly concerned that in some circumstances assistants in nursing (however titled) and other unqualified or inappropriately qualified care workers are being directed to administer medicines to residents in aged care facilities.

While unqualified or inappropriately qualified care workers *can* be made aware of correct procedure for medicines delivery, they do not have the necessary education and knowledge required for making clinical judgements on *why* they are administering a medicine or *when* not to administer. It is for this reason that medicines administration by unqualified or inappropriately qualified staff has the potential for error and possible dire consequences. Without the necessary education, staff will be unable to identify side effects or adverse reactions requiring intervention.

Adequate resources should be made available by both governments and service providers of aged care to ensure medicines are able to be administered safely and within legislative requirements.

1. Introduction

While medicines make a significant contribution to the treatment of ill health, the prevention of disease, increasing life expectancy and improving health outcomes, they also have the potential to cause harm. The quality use of medicines requires that the appropriate medicine is prescribed; that it is available at a price the individual can afford; and that it is prescribed, dispensed and administered correctly. The goal of any medicines service for older people is to promote quality of life.

Age-related changes in physiology affect the manner in which the body responds to and metabolises medicines. In addition to pharmacokinetic changes that occur as a result of normal healthy ageing, the effects of pathology must also be considered. A significant number of older people suffer from more than one chronic illness. The concurrent use of multiple medicines (or polypharmacy) occurs due to co-morbid chronic disease processes and is characterised by complex medicine regimens which can have equally complex interactive patterns. This makes evaluation of adverse drug reactions difficult, particularly as the incidence of these reactions increases with age.

Polypharmacy also increases the risk of adverse medicines events such as falls, confusion and functional decline. Older people are more likely to experience poor vision, hearing and memory loss and have altered metabolic rates, such as declining renal function. Changes in physiology, as well as to social and physical circumstances, can also contribute to the risk of adverse medicines events in older people. However, adverse reactions may go undetected because symptoms may be similar to problems associated with older age such as forgetfulness, weakness or tremor. Adverse reactions may also be misinterpreted as a medical condition and lead to the prescription of additional medicines.

These altered pharmacokinetic and pharmacodynamic changes associated with age and polypharmacy in older people require the specific pharmacological knowledge and skills of medical practitioners, pharmacists, registered nurses and enrolled nurses. The following are best practice guidelines for registered nurses and enrolled nurses in medicines management in aged care and are regarded as **minimum** standards for safe care and competent practice.

The **overriding principles** on which these best practice guidelines are based are as follows:

- a) all persons receiving aged care services have the right to quality use of medicines;
- b) medicines have the potential for harm if not prescribed, dispensed and administered correctly;
- c) the right medicine in the right dose must be administered to the right person at the right time by the right route;
- d) all medicines administration should be documented;
- e) the person administering the medicine/s must know when and how to administer the medicine/s, why to administer, and when not to administer; and
- f) the person administering the medicine/s must be able to recognise adverse effects and respond appropriately, including reporting any adverse effects to the registered nurse or prescribing practitioner.

2. Rights of older people

2.1 Every person receiving aged care services is entitled to quality use of medicines through:

- a) ongoing assessment by a health professional who is qualified to assess the physical, mental and socio-emotional status of the person and the ways in which medicines may affect them;
- b) care from a health professional who is able to exercise clinical judgement with regard to medicines, integrating physical, mental and behavioural assessment with relevant contextual variables;
- c) care by a health professional who is competent to act alone with regard to medicines in a situation where medical advice is not available;
- d) care by a health professional who is able to collaborate with the person prescribing medicines (the prescribing practitioner) regarding the appropriateness of medicines in response to the older person's changing physical, mental and behavioural needs;
- e) care by a health professional who is skilled and experienced in communicating with the older person, their families and other health personnel with regard to medicines;

- f) care by a health professional who is skilled and experienced in teaching and assisting the older person and their families to use medicines in a way which enhances quality of life, and promotes the safe use of medicines; and
- g) care by a health professional who recognises the dynamic nature of the older person's health status and is constantly evaluating the need for a response to any health status change.

2.2 Recipients of aged care services have a right to:

- a) consent, or refuse consent, to a medicine;
- b) management of medicines by appropriately qualified health professionals;
- c) manage their own medicines regimen where possible;
- d) regular review of their medicines regimen by appropriately qualified health professionals;
- e) confidentiality in relation to their medicines regimen;
- f) a medicines storage system which maintains their privacy as well as the efficacy and security of their medicines;
- g) education, counselling and advocacy in relation to their medicine/s use;
- h) the administration of medicines by appropriately qualified registered nurses and enrolled nurses in a manner which maintains personal dignity and safety;
- i) know which pharmacist is dispensing their medicines; and
- j) nominate their preferred pharmacist.

2.3 All older people have a right to a medicines regimen that is characterised by regular reviews and re-issuing of their medicines instructions by their treating and prescribing practitioner. Regular reviews should address issues of polypharmacy. It is the prescribing practitioner's responsibility to ensure that such reviews and instructions are attended at regular intervals or in accordance with state or territory legislative or regulatory requirements.

3. Service provider's responsibilities

- 3.1 Aged care service providers have a responsibility to ensure quality use of medicines by:
- a) employing registered nurses and appropriately qualified enrolled nurses to safely undertake the management, administration and (where appropriate) review of medicines;
 - b) providing resources to enable the medicines and the medicines chart to be available at the time and place of administration of the medicines. This may include use of the *National Residential Medication Chart (NRMC)*¹ and the *National Interim Residential Medication Administration Chart (NIRMAC)*² where these are legally permissible in the state or territory;
 - c) providing current medicines information (for example, on-line medicines information), which includes the name of each medicine, the schedule, the reason for its use in particular circumstances, the expected outcomes, contraindications for use, and possible side effects;
 - d) providing staff with current information and education on relevant drugs and poisons legislation and regulation;
 - e) providing registered nurses and appropriately qualified enrolled nurses with regular education regarding current trends in the use of medicines for older people and in specific age related health conditions;
 - f) providing a system for documentation of all medicines administration and medicines incidents where errors are accurately reported, assessed, and remedial action taken in a timely manner; and
 - g) providing a system of safe storage for all medicines, including those being self-administered by older people in residential aged care settings, which complies with relevant legislation and regulation.

1 www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/supply_and_pbs_claiming.jsp

2 www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/national-interim-residential-medication-administration-chart/

- 3.2 Aged care service providers have a responsibility to ensure there are written policies and protocols, which reflect relevant legislative and regulatory requirements and which include:
- a) the specific responsibilities of each health professional involved in medicines management, including the provision of information, prescribing, dispensing, administration, storage, disposal, and evaluation;
 - b) an acknowledgment of the arrangement of medicines into schedules, by clearly stating the organisation's policy, consistent with relevant legislation for each applicable division of the schedule, with particular and separate requirements for drugs of addiction and other restricted substances;
 - c) the specific requirements for the different routes of medicines administration;
 - d) the mechanism by which each older person can be correctly identified (for example, names or photographs); and
 - e) the mechanism by which medicines and medicines charts can accompany older people throughout the continuum of their care across a range of settings: if they are discharged from acute care; if they are receiving care in a community setting; if they are transferred to another facility, including a hospital; or if they are usually in residential care but are absent from the facility for any reason. This could be achieved by use of the *National Interim Residential Care Medication Administration Chart (NIRMAC)* where this is legally permissible in the state or territory.
- 3.3 Aged care service providers have a responsibility to provide medicines charts which contain:
- a) the older person's identifying information;
 - b) a record of allergies or medicines sensitivities;
 - c) the consent of the older person or their representatives to their medicines regimen (where possible);
 - d) the name, strength, dose, route and frequency of the medicine/s;
 - e) the date of commencement of a medicine/s and duration where applicable;

- f) an identified space for the signature of the prescribing practitioner (unless using the NIRMAC where this is permissible in the state or territory; and
- g) the date of the medicines review.

4. Medicine advisory committee

- 4.1 Each aged care service should have a medicines advisory committee, whose objectives are to develop, promote, monitor and evaluate activities which support quality use of medicines.

Such a committee should include:

- a nurse practitioner (where available);
- registered nurses - more than one position whenever possible (for example, Director of Nursing, Clinical Nurse Consultant, registered nurse) due to the extensive role they play in medicines administration;
- a medical practitioner;
- a pharmacist;
- a representative of the aged care provider; and,
- a consumer representative/s.

- 4.2 The responsibilities of the medicines advisory committee should include:
- a) promotion and support of intra and interdisciplinary communication, collaboration and co-operation;
 - b) development and review of medicines policies and protocols;
 - c) development and review of a list of medicines, including unscheduled substances, able to be initiated by registered nurses;
 - d) maintenance of a register of incidents or errors related to medicines to enable analysis on trends and action taken;
 - e) monitoring of compliance to medicines policies and protocols;
 - f) monitoring of compliance to the review of older person's medicines regimens;
 - g) the review of medicines usage generally within the facility;

- h) provision of advice on the implementation of national policies and relevant legislation and regulation;
 - i) implementing and overseeing education programs related to quality use of medicines; and
 - j) implementing and overseeing medicines quality improvement activities.
- 4.3 All activities of the committee must comply with requirements of the *Privacy Act 2001* and the privacy principles outlined in the Act.

5. Prescribing

- 5.1 Medicines should not be administered without a legible, signed and dated instruction from the prescribing practitioner, including: a nurse practitioner; medical practitioner; or dental practitioner, in the aged care service's designated medicines chart (this includes prescribing by electronic means).

Such instructions include:

- a) full name of the older person;
 - b) name and strength of the medicine/s;
 - c) dose, route and frequency of the medicine/s; and
 - d) date of commencement and duration where applicable.
- 5.2 The *National Interim Residential Care Medication Administration Chart* may be used where this is permissible in the state or territory.

6. Dispensing and supply

- 6.1 Each aged care service should have access to a community pharmacist who can provide a medicines service, which includes:
- a) the dispensing and supply of medicines;
 - b) the provision of information and advice;
 - c) involvement in medicines education for the older person, health professionals and staff;
 - d) involvement in the medicines advisory committee; and
 - e) involvement in relevant quality improvement activities.

7. Management of medicine regimens

7.1 Administration

The registered nurse is the appropriate person to manage the medicines regimen for the older person receiving aged care services and is key to quality use of medicines in aged care. Registered nurses are educated and competent to understand the therapeutic action of medicines, including the reason for their use, the effects of their use and to recognise adverse reactions and respond appropriately. Registered nurses use clinical judgement to assess whether medicines should be administered or withheld with regard to the consumer's health and family history, diagnosis, co-morbidities and health status. Under the supervision of registered nurses, enrolled nurses also administer medicines unless there is a notation on their registration to the contrary.

7.2 Consent

Every individual, or their representative, has the right to consent, or refuse consent, to a medicine. Any refusal of medicines, even medicines which are self-administered, must be documented in the medicines chart, and the registered nurse in charge and the prescribing practitioner advised. The treating medical practitioner, prescribing practitioner (if different) and aged care service provider should also be notified so appropriate intervention can be undertaken if required.

The registered nurse is able to provide information and education to individuals to encourage compliance. The registered nurse exercises professional judgement in assessing non-compliance and recommending appropriate interventions.

7.3 Self administration

When an older person has been assessed by a registered nurse and prescribing practitioner as capable of safely administering their own medicines, the individual should be enabled to do so, within written policies and protocols. Assessment that the older person may self-administer their medicines should be documented in their health record and/or medicines chart. Persons other than registered nurses or enrolled nurses, such as enrolled nurses not authorised to administer medicines or assistants in nursing (however titled), may **only** assist the older person to self-administer their medicines.

All medicines administration should be documented, including self-administered medicines. Secure storage of medicines for self-administration must be provided. This is the responsibility of the aged care service provider.

7.4 The role of the registered nurse and enrolled nurse

- 7.4.1 Enrolled nurses may administer medicines unless there is a notation on their registration to the contrary. They must comply with relevant state and territory legislative requirements, and be covered by written organisational policies and protocols. Enrolled nurses work under the direction and supervision of registered nurses. At all times, the enrolled nurse retains responsibility for their actions and remains accountable to the registered nurse for all delegated functions.
- 7.4.2 Registered nurses may delegate medicines administration to appropriately qualified enrolled nurses, having regard to state/territory legislation and regulations and the Nursing and Midwifery Board of Australia (NMBA) policies, standards and guidelines.
- 7.4.3 Registered nurses and enrolled nurses have a duty of care to older persons receiving aged care services, are accountable for their actions within legislation and regulation, and have a professional responsibility within national nursing codes of professional conduct, codes of ethics and standards for practice.
- 7.4.4 In order to ensure safe care and competent practice, registered nurses and enrolled nurses must be provided with the resources and an appropriate environment to fulfill their responsibilities according to these best practice medicines management guidelines.
- 7.4.5 The role of the registered nurse and enrolled nurse includes:
- a) administration of medicines;
 - b) supervision of individuals who are self-administering medicines;
 - c) recording of any medicines administered, withheld or refused;
 - d) compliance with legislative requirements and organisational policies and protocols, in particular, medicine incident and error recording and reporting requirements;

- e) participation in medicines quality improvement activities;
 - f) maintenance of competence, contemporary knowledge and skills in relation to pharmacology and health assessment; and
 - g) a knowledge of pharmacokinetics, pharmacodynamics and pharmacogenetics, as well as polypharmacy issues for older persons.
- 7.4.6 Additionally, the role of the registered nurse in relation to quality use of medicines includes:
- a) assessment of the health status of the older person;
 - b) exercising decision making skills and professional judgement in relation to medicines use, including knowing why to administer, how to administer, when to administer, when not to administer, and when to report or refer to a medical practitioner, other prescribing practitioner, such as a nurse practitioner, or a pharmacist;
 - c) coordination, implementation, supervision, ongoing monitoring and evaluation of safe medicines administration practices;
 - d) monitoring and evaluation of medicines use, including reporting and recording of reactions to medicines and the initiation of required interventions in consultation with medical practitioners or other prescribing practitioners, and pharmacists;
 - e) monitoring and encouragement of compliance with medicines use;
 - f) consideration of utilisation of nursing interventions which do not involve medicines use, particularly in relation to medicines ordered 'when required', or in the situation where consent to medicine use has not been given or has been withdrawn by the older person;
 - g) provision of information and education to consumers of aged care services in relation to medicines use;
 - h) provision of education to carers, other health care workers and students in relation to all aspects of medicines use;
 - i) provision of advocacy on behalf of consumers of aged care services in relation to all aspects of their use of medicines; and
 - j) delegation of medicines administration to enrolled nurses.

- 7.4.7 No medicine is to be administered to an older person unless it has been prescribed by a prescribing practitioner and dispensed by a pharmacist into an individual container or pack labelled with the person's name, the name and strength of the medicine and the dosage, frequency and route of administration. The only exception is for nurse initiated medicines, given in accordance with legislative regulation and organisational policy, for example, paracetamol, glycerine suppositories, coloxyl or coloxyl with senna.

If registered and enrolled nurses are administering medicines from a Dose Administration Aid (DAA), which can consist of an individualised medicine regimen blister pack, bubble pack or sachet, then the DAA must be packaged and fully labelled by a pharmacist. Nurses take responsibility for identifying each individual medicine to be given, prior to administration. Registered and enrolled nurses must not administer from DAA's where individual medicines cannot be clearly identified. Where this occurs, nurses must consult the pharmacist and return the DAA to them for repackaging.

- 7.4.8 Ideally medicines must be administered to older persons from their own dispensed medicine containers (see 7.4.7). The nurse who removes the medicine from the dispensed medicines container must also administer the medicine to the person and sign the medicines chart at the time of administration.
- 7.4.9 Medicines dispensed for one person must not be administered to any other person.
- 7.4.10 All medicines must be administered with consideration for infection control and standard precautions principles.
- 7.4.11 Work health and safety principles must be observed during medicines administration.
- 7.4.12 In addition to regular reviews by the prescribing practitioner of each person's medicines regimen, the registered nurse will exercise clinical judgement to determine if more frequent reviews, or instructions, are required.
- 7.4.13 Questions or concerns of the nurse regarding a person's medicines must be directed to either the prescribing practitioner or the pharmacist prior to administration.

7.5 The role of the nurse practitioner

Nurse practitioners are authorised to prescribe medicines and must meet the same standard of care that applies to medical practitioners and dentists. In aged care settings nurse practitioners have an important role in educating service providers, consumers and other nurses about quality use of medicines; and, being involved in quality improvement activities, including the review and evaluation of medicines systems.

7.6 'When required' (PRN) medicines

'When required' or PRN medicines are those which are ordered by a prescribing practitioner for a specific person and recorded on that person's medicines chart to be taken only as needed. The registered nurse, using clinical judgement, initiates, or delegates to an enrolled nurse to administer the medicine/s, when necessary. The administration of PRN medicines must be recorded on the person's medicines chart.

7.7 Nurse initiated medicines

Registered nurses may use their clinical assessment and judgement to initiate, or delegate to an enrolled nurse in certain circumstances, Schedule 2 (S2) medicines, in accordance with their state or territory legislation and organisational guidelines. When deciding to initiate a medicine for a person the nurse should consider the context of the resident's total daily medicines regimen, any known allergies or previous adverse medicines events or adverse drug reactions experienced by that person. All adverse medicines events or adverse drug reactions should be reported in accordance with the service provider's policy. The policy should specify that any doses of nurse-initiated medicine administered to a person should be recorded in a document that is accessible to other health care professionals and care workers. This documentation should include comment on the outcome of the medicine. A record of any nurse initiated medicines should also be included on the person's medicines chart.

7.8 Standing orders

Standing orders, covering Schedule 4 (S4), Schedule 8 (S8) medicines and other restricted substances, may be written by a prescribing practitioner for the administration of a medicine to an individual in the case that a particular circumstance arises. Currently all medicines in aged care services (with the exception of nurse initiated medicines detailed in 7.7) are dispensed for individuals on the written instructions of the prescribing practitioner, including: a nurse practitioner, medical practitioner, or dental practitioner. The absence of general stocks of S4, S8, or other restricted substances in aged care services makes the use of standing orders for the administration of these medicines in aged care services, inappropriate. Where standing orders are required in special circumstances in the community, service providers should have policies and procedures in place for their use.

Standing orders must be in accordance with state and territory drugs and poisons legislation.

7.9 Emergency medicine instructions

7.9.1 In an emergency, a medicine instruction may be given by telephone, facsimile or by email. Emergency medicines instructions are only for emergency use.

These instructions are not an acceptable substitute for a comprehensive medicines policy for the regular and routine management of medicines which is responsive to predictable changes in medicines requirements.

7.9.2 The registered nurse or enrolled nurse taking an emergency medicine instruction by:

- *telephone*, should verify the prescriber, write the instruction in permanent ink directly onto the person's medicines chart, confirm the instruction with the prescriber, and sign and date the chart. Best practice requires a second nurse be present to check the instruction with the prescriber.

Any emergency telephone medicines instruction must be confirmed in writing by the prescribing practitioner. It is the responsibility of the prescribing practitioner issuing an emergency telephone medicines instruction to notify the pharmacist, and to confirm the emergency medicines instruction in writing within 24 hours, or according to the requirements of state or territory legislation.

- *facsimile or email*, should write the instruction directly onto the person's medicines chart in permanent ink, and sign and date the chart. The facsimile or email should be placed in the person's medicines chart.

7.10 Monitoring

7.10.1 Registered nurses and enrolled nurses have a professional responsibility to participate in medicines audits as a part of routine quality improvement activities.

7.10.2 Registered nurses and enrolled nurses have a professional responsibility to report misuse or misappropriation of medicines. Organisations should have in place written policies and protocols which clearly identify the process by which this is to be undertaken, and the expected outcomes.

7.11 Evaluation

Registered nurses and enrolled nurses should monitor each person receiving a medicine/s, and exercise professional judgement to:

- a) evaluate all medicines use for appropriateness, unwanted side effects, allergies, toxicity, medicines intolerance, medicines interactions and adverse reactions, and document and report them; and
- b) ensure that medicines instructions are regularly reviewed for each individual, in conjunction with the provider of aged care services, the prescribing practitioner and the pharmacist.

7.12 Non prescription and unscheduled substances

7.12.1 An individual has the right to request a non-prescription substance, including herbal, homeopathic, non-Australian manufactured and 'over the counter' S2, S3, and unscheduled substances.

- 7.12.2 Older people and their carers have a responsibility to inform health professionals of all medicines being taken, including complementary, alternative or self-prescribed medicines.
- 7.12.3 The registered nurse or enrolled nurse should identify these medicines on the person's medicines chart.
- 7.12.4 It is important that the ingredients contained in the non-prescription substance are assessed by the prescribing practitioner and the pharmacist to determine compatibility with other medicines being taken by the person. The prescribing nurse practitioner, medical practitioner, or dental practitioner must document endorsement of the use of such substances in writing on the medicines chart.
- 7.12.5 The registered nurse or enrolled nurse should:
- not initiate, supply or administer non-prescription substances unless they have been approved in writing by the prescribing nurse practitioner, medical practitioner or dental practitioner or included in the list of nurse-initiated medicines by the medicines advisory committee; and
 - document the use of any such substances.

8. Documentation

- 8.1 All medicines administration must be documented in the medicines record or chart. Such documentation should occur simultaneously with administration and be legible, accurate and meet legislative and organisational requirements, as well as any specific policy requirements of the facility.
- 8.2 The medicines chart should contain at a minimum the complete name and date of birth of the older person, and, where possible, a current photograph for identification purposes. Older people with similar or the same names must have alerts written on their charts.
- 8.3 The medicines chart should have a separate section for PRN medicines; nurse-initiated medicines; once only doses of medicines; medicines which are self-administered by the individual; any complementary, alternative or self-prescribed medicines being taken; and emergency telephone/facsimile/email instructions. The medicines chart should also note any allergies or previous adverse drug reactions; and indicate when medicines review is required.

- 8.4 If alternative methods of administering medicines are appropriate, for example, crushing or dispersing tablets, this should also be indicated on the medicines chart. Nurses should be aware of the medicines which can or cannot be reconstituted for administration. (SHPA, 2011)
- 8.5 The transcription of medicines orders increases the margin for error, and should only be carried out where it is supported by legislation and organisational policies and protocols.

9. Dose administration aids

- 9.1 A Dose Administration Aid (DAA) may consist of a blister pack, bubble pack or sachet system. These were developed to make it easier for the older person to **self-administer** their medicines by arranging the medicines into individual doses according to the prescribed dose schedule. Assistants in nursing (however titled) may only **assist** the older person to **self-administer** their own medicines.
- 9.2 Assessment of a person who is likely to benefit from the use of a DAA should be undertaken by the prescribing practitioner in collaboration with other members of the medicines team who may include: nurse practitioner, registered nurse, medical practitioner, and pharmacist.
- 9.3 Confirmation that a person is competent to self-administer their medicines using a DAA should be documented in the person's health record and/or their medicines record, by the prescribing practitioner.
- 9.4 Where the person is not self-administering medicines, a registered nurse or enrolled nurse should administer **all** medicines (whether by use of a DAA or not).
- 9.5 DAAs are not intended to give direction to the person administering the medicine as to why a particular medicine is being administered, when not to administer the medicine, nor information about the appropriateness of a particular medicine, including: toxicity, intolerance, interactions and potential adverse reactions.

- 9.6 DAA packaging should ensure that:
- individual medicines can be readily identified,
 - information is of a size and layout that permits people with poor eyesight to read,
 - the quality and integrity of the medicines for each time slot is preserved,
 - medicines cannot become mixed with those not yet due, and
 - any tampering with the medicines is evident.
- 9.7 As per 7.4.7 the DAA should be packaged and fully labelled by a pharmacist.
- 9.8 If the prescribing practitioner alters the medicine instruction for a person and the medicines are being administered from a DAA, the DAA must be returned to the pharmacist for repackaging, at the time of the medicines change.
- 9.9 As per 7.4.7 all medicines administration by a registered nurse or enrolled nurse to an individual should, ideally, be from the original dispensed container. If registered nurses and enrolled nurses are administering medicines from a DAA, the DAA should be packaged and fully labelled by a pharmacist. These nurses take responsibility for identifying each individual medicine prior to administration. Registered nurses and enrolled nurses must not administer from DAA's where individual medicines cannot be clearly identified; there is evidence of tampering with the packaging; or, there are signs of deterioration of medicines (such as changes in colour or disintegration of the medicine/s). Where any of these occur, nurses must consult the pharmacist and return the DAA to them for repackaging.

10. Compartmentalised medicine box

In special circumstances where a registered nurse needs to provide medicines for the older person in a compartmentalised medicines box [dosette box], to self-administer, then they should only fill the box where:

- a) this is permitted by state or territory law;
- b) the person requiring the medicine is competent to self-administer. (It is recommended that no more than a seven day supply be provided in this way at any one time);

- c) the medicines are from the person's dispensed medicines; and,
- d) the box is then labelled with the:
 - full name of the person;
 - name and strength of the medicine;
 - dose, route and frequency of the medicine; and
 - date of commencement and the duration where applicable.

A registered nurse must not fill a compartmentalised medicines box with a person's own medicines for either themselves or another worker to administer. The purpose of filling the compartmentalised medicines box is for the older person to **self-administer** these medicines.

11. Storage

- 11.1 The provider of aged care services is responsible for ensuring there is provision for all medicines to be securely stored in a manner that meets legislative and manufacturer's requirements, which protects the individual's safety and privacy, and promotes the safety of staff. This may be in a cupboard or other designated area which should be locked and secure, when not in use. The provision of an alarm system should be considered.
- 11.2 Some medicines will need to be kept refrigerated. These should be kept in a secure refrigerator, only used for medicines. The refrigerator should be kept at correct temperature, which is monitored regularly.
- 11.3 The registered nurse in charge should be in possession of the keys to the medicines cupboard or other designated area, at all times while on duty.

12. Disposal

- 12.1 There must be a mechanism in place for the disposal of returned expired and unwanted medicines.
- 12.2 Medicines belonging to a person who is deceased, or any medicines that are out of date or discontinued should be returned to the pharmacist, or collected by the pharmacist, for disposal. S8 medicines must be disposed of according to legislative requirements.

13. Information

- 13.1 Older people have the right to information about their medicines regimen at their level of understanding, which takes into account any specific disability (such as visual impairment, poor literacy), and which is in their language of choice, using an interpreter if necessary.
- 13.2 The prescribing practitioner has the primary responsibility for informing the individual about their medicines regimen. However, the provision of information and education to older people in relation to their medicines is also a function of other members of the medicines team including the nurse practitioner, medical practitioner, pharmacist, registered nurse and enrolled nurse.
- 13.3 Consumer Medicine Information (CMI) should be made available to each individual in relation to their medicines - for each new medicine and when medicines are reviewed. Written policies and protocols should be in place to identify the process by which this is to be achieved. The responsibility for the provision of CMI rests with the prescribing practitioner and/or the pharmacist . Nurses should have ready access to CMI. Consideration should be given to computer linked CMI to facilitate access and ensure accuracy.

14. Quality Improvement

- 14.1 Formal quality assurance programs must be established which are able to:
 - a) evaluate the degree to which best practice standards have been met;
 - b) evaluate the satisfaction level of those involved in the delivery of medicines (individual, provider of aged care services, nurse practitioner, pharmacist, medical practitioner, registered nurse and enrolled nurse); and
 - c) make recommendations for better practice.

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Additional Resources

Australian Nursing Federation relevant policies, position statements and guidelines. Available from: <http://anf.org.au/pages/anf-policies>

Australian College of Nursing (formerly Royal College of Nursing, *Australia*) relevant position statements. Available from: http://www.acn.edu.au/position_statements

Glossary

Administration of medicines - The process of giving a dose of medicine to a person (in this case a resident) or a person taking a medicine.

Assistant in nursing (however titled), (AIN) - An unlicensed health care worker providing direct care in the aged care environment. **Some** workers may have completed vocational training. They are supervised by the registered nurse and are accountable to both the registered nurse and their employer for delegated actions.

Dose administration aid (DAA) - A device or packaging system such as blister packs, bubble packs or sachets for organising doses of medicines according to the time of administration, which has been prepared and labeled by a pharmacist.

Compartmentalised medicine box - A reusable device that is usually filled by the user or a carer (family member); sometimes filled by qualified health professionals. There are many varieties, with one, two or four compartments for each day of the week. Some devices have the days and times labelled in brail for people with vision impairment. Some contain a built in alarm that can be set to remind the user when it is time to take their medicines. Unlike other types of device, these are usually not tamper-evident.

Consumer Medicine Information (CMI) - Brand-specific leaflets produced by a pharmaceutical company in accordance with the Therapeutic Goods Regulations to inform consumers about prescription and pharmacist-only medicines. Available from a variety of sources, for example, enclosed with the medicine package, supplied by a pharmacist as a leaflet or computer printout, provided by a doctor, nurse or hospital, or available from the pharmaceutical manufacturer.

Consent - The procedure whereby a person consents to, or refuses, an intervention based on information provided by a health care professional regarding the nature and potential risks (consequence and likelihood) of the proposed intervention.

Enrolled nurse (EN) - A person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered by the Nursing and Midwifery Board of Australia to practice as an Enrolled Nurse, under the *Health Practitioner Regulation National Law Act 2009*, and its Regulations.

Medicine advisory committee (MAC) - A group of advisors to the Residential Aged Care Facility (RACF) who provide medication management leadership and governance, and assist in the development, promotion, monitoring, review and evaluation of medication management policies and procedures that will have a positive impact on health and quality of life for residents.

Nurse Practitioner (NP) - A registered nurse endorsed by the Nursing and Midwifery Board of Australia to function autonomously and collaboratively in an advanced and extended clinical role as a Nurse Practitioner, under the *Health Practitioner Regulation National Law Act 2009*, and its Regulations.

'When required' (PRN) medicines - are those which are ordered by a prescribing practitioner for a specific person and recorded on that person's medicine chart to be taken only as needed.

Quality use of medicines (QUM) - The National Strategy for Quality Use of Medicines is part of the *National Medicines Policy* (2000). QUM involves selecting management options wisely, including non-medicine alternatives; choosing suitable medicines if a medicine is considered necessary; and using medicines safely and effectively to get the best possible health results.

Registered nurse (RN) – A person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered by the Nursing and Midwifery Board of Australia to practise as a Registered Nurse, under the *Health Practitioner Regulation National Law Act 2009*, and its Regulations.

Self-administration of medicines – where a person administers their own medicines. They must be assessed by a registered nurse and prescribing practitioner as capable of safely being able to self-administer, and this must be within written policies and procedures.

Standing orders - Legal written instructions for the administration of medicines by an authorised person. The authorised person must have a valid and current written instruction for the specific use of the standing order. A standing order is NOT the same as a "When required" (PRN) order.

For additional definitions refer to:

Australian Government, Department of Health and Ageing. 2012. *Guiding principles for medication management in residential aged care facilities*. Commonwealth of Australia. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-resguide-cnt.htm>