Medication Management
For nurses and midwives practicing in Western Australia
Introduction

A sound understanding of the principles of safe medication management is essential for all nurses, midwives and health care agencies involved in the care of consumers of health care.

Nurses and midwives are accountable for their own practice. As with all aspects of care, practitioners should only undertake medication management activities for which they are legally entitled to perform, educationally prepared for, competent to undertake, and for which they are willing to be accountable.

Nurses and midwives need to be aware of the Health Practitioner Regulation Law (WA) Act 2010, the legislation governing nursing and midwifery practice, as well as the Poisons Act 1964 and the Poisons Regulations 1965 which is the legislation relating to medication use.

Nurses and midwives should also be familiar with and refer to the Nursing and Midwifery Board of Australia’s (NMBA) Practice Decision Flowchart (Flowchart) for their relevant profession in making decisions about scope of practice in relation to medication management. The Flowchart should always be used in conjunction with other tools and standards such as national competency standards, legislation and policies relating to nursing and midwifery practice.

To achieve the greatest benefit and best outcomes for consumers, health care agency policies, protocols and guidelines for medication usage should be developed collaboratively by all health professional groups, management and support staff. Medication management practices should be reviewed regularly to ensure effective, safe and quality care.

For the purpose of this document where the term nurse or midwife is used it refers to a registered nurse or registered midwives. The term enrolled nurse will be used where relevant.

The original document was produced authorised and endorsed by the Nurses and Midwives Board of Western Australia in June 2010. Since that time Western Australia along with other States and Territories moved to National Registration under the Health Practitioner Regulation Law (WA) Act 2010. As such the Medication management document required amending to bring the information in line with changes in Legislation. This has been carried out through the Nursing & Midwifery Office. Department of Health Western Australia and completed in May 2013.
Changing Health Care Environments

The environments in which nurses and midwives provide health care have evolved considerably over recent years. These include the hospital environment, residential care facilities, community-based agencies, occupational health care settings and consumers’ own homes. These guidelines take into consideration the range of settings in which nurses and midwives practice, and where required, provide specific guidelines to address these.

Unregulated Health Care Providers

Western Australia (WA) has seen a rise in the range of unregulated health care providers delivering care to consumers. These are:

- carers/care workers
- personal care assistants/attendants
- assistants in nursing and
- Aboriginal health workers (AHWs)

Note: Aboriginal and Torres Strait Islander Health Practitioners as opposed to AHWs are now regulated under National Law.

Nurses and midwives are responsible for assessing and differentiating between care that must be provided by a nurse/midwife and activities that may be delegated to an unregulated health care provider. This assessment incorporates the needs of the individual, the context of care, the activity to be performed, health care agency policy, and the preparedness of the unregulated health care provider to undertake the delegated activity.

Medication competence

In administering any medication, nurses and midwives are required to:

1. Have knowledge of:
   - relevant legislation
   - the specific medication being administered and its:
     - therapeutic purpose
     - usual dose
     - frequency
route of administration
specific precautions
contra-indications
side effects and
adverse reactions
the correct storage requirements for medications.

2. Adhere to agency policies and procedures for:
   - checking medications and
   - identifying individuals where they have no identification.

3. Determine if an individual has any known allergies to the medication.

4. Check with one of the following:
   - the prescriber
   - a current Australian pharmaceutical guide and/or
   - a pharmacist.

   if they have any doubt about any aspect of the prescription - before administering the medication.

5. Ensure, if possible that the individual (family where appropriate) knows why the medication has been prescribed.

6. With self-medication consider assessing an individual’s:
   - functionality, dexterity and cognition
   - knowledge of pharmacological interactions and
   - educational requirements.

7. Document the administration of the medication in the individual’s record as directed by the agency policy.

8. Assess the individual for the efficacy of the medication.

9. Report to the prescriber any side effects or adverse reactions experienced by the individual and document the episode.

10. Adhere to the ‘6 Rights’ of medication administration:
    1) Right drug
    2) Right individual
    3) Right dose
    4) Right time
    5) Right route
    6) Right documentation

11. Report and manage medication incidents and variations according to agency policy.
Legislation

The Poisons Act 1964 and the Poisons Regulations 1965 provide clear instructions for nurses and midwives in relation to the management of Schedule 4 and Schedule 8 medications, verbal orders from medical practitioners, nurse practitioners and dentists [Reg 38AA, Reg 50] and authority for nurses at designated remote area nursing posts (RANP) [Reg 11].

Standing Orders other than those for RANP are NOT provided for by the Poisons Regulations 1965 and therefore have no legal standing.

The Health Practitioner regulation National Law (WA) 2010 referred to as the National Law is the law governing the practice of nurses and midwives.

Schedule 4 and Schedule 8 medications

The administration of schedule 4 (S4) and schedule 8 (S8) medications must comply with prescription orders written by a medical practitioner, nurse practitioner or dentist. Under Reg 38AA (2) and Reg 50(2)(c) of the Poisons Regulations 1965, medical practitioners, nurse practitioners and dentists are authorised to issue verbal orders for the administration of medications.

Instructions for securing, handling, destroying and maintaining records of stock supply (refer glossary) S4 and S8 medications are documented within the Poisons Regulations 1965 [Reg 36A (2), 36B, 44 (2), 44A, 44B, 45, 56 and 56G]. A nurse/ midwife is responsible for holding the keys to a safe or locked cupboard, storing stock supply S8 medications, and also ensuring that the safe or cupboard is locked at all times when not in use [Reg 56C]. When administering a stock supply S8 medication, a nurse/ midwife is required to be involved in the removal of the medication from the cupboard, the subsequent checking procedure and recording procedure [Reg 44 (2) (3) (4)] and the administration procedure [Reg 42 (1)(f) & (ga)].

Under the Poisons Regulations 1965 a medication competent enrolled nurse is permitted to check stock supply of S8 medications with an authorised person and be a signatory in the register they are not permitted to administer stock supply S8 medications. Under this Legislation “a nurse” is defined as a registered nurse.

Health care agencies storing stock supply S8 medications are required to maintain records of the name, quantity, administration and dosage of medications held (Reg 44) in an approved S8 register. The register needs to demonstrate that all stock supplied to the agency is accounted for and checked regularly in line with organisational policy.
Students with no formal nursing/midwifery qualification are not permitted to be involved in the checking of drugs and in accordance with OD 0141/08 students are not permitted to be the signatory in the Register of S8 medicines.

This does not preclude a student from observing the checking process as a requisite to the student administering the medication – WHICH MUST BE under the direct supervision of a registered nurse or registered midwife.

**Storage and Recording of Restricted Schedule 4 Medicines (SR4)**

A directive on ordering, storage and recording requirements for restricted Schedule 4 medicines (S4R) in the public health system is set out in the Department of Health Operational Directive No. OD 0215/09. It is recommended that practices outlined in this OD are followed by private health care facilities in the management of S4R medicines.

As per OD 0215/09, the key that provides entry to the cupboard where S4R medicines are stored should not provide access to cupboards with other S4 or where S8 medicines are stored and must be kept on the person of the nurse or midwife in charge, or their delegate (who must be either a registered nurse/or midwife or a medication competent enrolled nurse).

All transactions of S4R medicines are to be recorded in a register approved by the health care facility or pharmacist. A daily stock check of each item is required with the names and signatures of two people in accordance with agency policy.

**Medication Orders**

Only medical practitioners, nurse practitioners and dentists are authorised to write prescriptions or make any alterations to a prescription on a person’s medication chart

Verbal medication orders by medical practitioners, nurse practitioners or dentists are permitted in circumstances where a medical practitioner, nurse practitioner or dentist is unable to attend the health care agency in person. [Reg 38 AA, Reg 50] A verbal order must include the name of the individual to receive the medication, the name of the medication and the dose, time, route of administration and date of expiry of the order and the details of the authorised person giving the verbal order.
Best practice recommends that the prescriber repeats the verbal order to a second person for confirmation of the verbal order with the first person. The nurse/midwife or medication competent enrolled nurse receiving the verbal order should then document the medication, with both the receiver and checker then signing the medication chart. The prescriber authorising medication administration by verbal instruction is required to write and dispatch a written order within 24 hours. [Reg 38 AA, Reg 50]

**Nurse Practitioner**

A person registered under the *Health Practitioner Regulation Law (WA) Act 2010* whose name is entered on the Register of Nurses kept under that Law as a being qualified to practise as a nurse practitioner.

**Midwives**

Under the *Health Practitioner Regulation Law (WA) Act 2010*, a registered midwife with endorsement under Section 94 is considered **qualified** to prescribe scheduled medicines. The WA *Poisons Act 1964* ([Section 23(4B)](https://legislation.wa.gov.au/Legislation/A Acts/1964/385)) **authorises** an endorsed midwife to prescribe schedule medicines under a NMBA prescribing formulary. Endorsed midwives can prescribe parenteral doses of pethidine, morphine or fentanyl. This is limited to initiating administration of these S8 medicines. They are not authorised to write a prescription for S8 medicines for dispensing at a pharmacy.

**Rural and Remote Practice**

Nurses and midwives working in rural and remote practice must refer to relevant health agency policies and guidelines in relation to the use of medications in emergency situations. The *Department of Health’s Remote Area Nursing Emergency Guidelines 2005* also provide guidance in the management of medications in rural and remote settings.

A nurse at a designated remote area nursing post may provide up to 3 days supply of S4 medication (excluding psychoactive poisons) for the treatment of an acute medical condition in compliance with the written standing orders of a medical practitioner which have been approved in writing by the Chief executive Officer (CEO) or in compliance with oral instructions of a medical practitioner or nurse practitioner for that particular patient [Reg 36 (1)].

The S4 drugs and the acute medical conditions for which the drugs may be supplied are determined by the Director General of Health (or delegate) and issued as a Standing Order by the WA Department of Health.

The *Poisons Regulations 1965* provide instructions for the supply, storage, labelling and handling of medications by nurses working at Remote Area Nursing Posts (Reg 56F, 56G, 56H and Reg 57).
Regulation 36AA provides instructions for the provision of ‘approved starter packs’ by nurses at approved rural and remote health services where there are limited pharmacy services available and where a medical or nurse practitioner is not onsite. Before an ‘approved starter pack’ can be supplied to a patient, the nurse must have received authorisation from a medical practitioner or nurse practitioner. The supply of a ‘starter pack’ must be recorded in a Starter Pack Supply Book.

Stock Supply and Dispensed Medications

Medication is managed in a number of differing ways depending on the health care setting. Some health care settings hold a Poisons Permit which authorises the agency to purchase, store and administer stock supply medications. Others such as many residential aged care and community-based agencies do not hold stock supply medications and utilize dispensed medications for residents/clients.

S4 medication administered from stock supply (see glossary) may be administered by nurses/midwives or medication competent enrolled nurses in accordance with the health care agency’s medication policy.

S8 medication administered from stock supply may be administered by nurses/midwives in accordance with the health care agency’s medication policy.

S4 and S8 medications that have been dispensed by a registered pharmacist or medical practitioner, packaged and labelled with specific directions for a consumer can be managed by nurses, midwives, medication competent enrolled nurses and unregulated care providers who have been deemed competent to do so and this practice is within organisation policy.

This management may range from supervising a patient/resident/client whilst taking the medication, to administering the medication to a fully dependent person unable to care for themselves.

The Packaging of Medications

The use of medication administration aids (however called) in which medications have been dispensed, packaged and clearly labelled for an individual by a registered pharmacist, assists in safe medication management by unregulated care providers.

Unregulated care providers involved in the administration of medications from medication administration aids should be deemed competent in this method of medication administration
and the application of the health care facility’s medication policy, to ensure compliance with expected standards of practice and to minimise the risk of harm.

The packaging in which medications are supplied does not alter the responsibilities of nurses/midwives in relation to the administration of medications or the delegation to and supervision of enrolled nurses and unregulated health care providers in medication management.

Nurses/midwives may assist patients/residents/clients in refilling of dosette boxes with medications that have been dispensed by a registered pharmacist or medical practitioner where:

- dosette boxes are required for the safe and effective use of medication by the patient/resident/client, or
- use of dosette boxes is permissible under the health care agency’s medication policy.

Nurse /midwives must be aware of the correct storage requirements for all medications and should take this into consideration prior to placing them in dosette boxes.

**Delegation of Medication Administration**

The Flow chart (see glossary) must to be taken into consideration in the delegation of medication management by nurses/ midwives to enrolled nurses and unregulated care providers.

**Delegation to Enrolled Nurses**

Enrolled nurses are required to practice under the professional direction of a registered nurse, midwife or nurse practitioner, and the ANMC National Competency Standards for the Enrolled Nurse 2002. The scope of practice needs to be considered when delegating medication management to medication competent enrolled nurses. As previously stated in Schedule 4 and Schedule 8 medications enrolled nurses are not permitted to administer undispensed S8 medications.

Enrolled nurses may perform at an advanced level and may be delegated a higher level of responsibility under the professional direction of a nurse/midwife. This expansion of enrolled nurse practice in the area of medication management may include the administration of intravenous drugs, providing this is supported by legislation, educational preparation, demonstrated competence and organisational policy.

This does not include:

- Administration of intravenous S8 medications (Poisons Reg 42 (1)(f)).
- Reconstituting or adding medication additives to infusions or being responsible for narcotic infusions, cytotoxic or epidural therapy unless under the direct supervision of a nurse/midwife. (DOH OD 0376/12)
- Being in any way responsible for patients who are unstable or potentially unstable with respect to narrow therapeutic range medications (DOH OD 0376/12)
Delegation to Unregulated Care Providers

As previously stated, nurses/midwives are responsible for assessing and differentiating between care that should be provided by a nurse/midwife and care that may be provided by an unregulated health care provider. In relation to medication administration, this assessment must include the health care facility’s medication policy, the educational preparation and competence of the unregulated health care provider in medication administration, and the individual needs of the patient/resident/client. A nurse/midwife may delegate the administration of dispensed medications to an unregulated health care provider, providing that:

- it is permissible under the health care facility’s medication policy
- the unregulated health care provider has been educated and deemed competent to manage medications
- the patient/resident/client’s health status is stable, and
- the unregulated health care provider readily accepts the delegation

Delegation to Undergraduate Student Nurses & Midwives

A sound understanding of pharmacology and the principles and practice of safe medication administration are essential for all nurses and midwives. Nursing and midwifery courses that lead to registration should include education on relevant mathematical principles and dosage calculations for oral, injectable, intravenous and paediatric medications. Education providers and health care agencies should develop collaborative policies and procedures that protect consumers with regard to medication management by students in the clinical area.

Undergraduate nursing student nurses and midwives may give a range of medications including Schedule 8 medications (excepting enrolled nurse students) under the direct supervision of a nurse/midwife, depending on their stage of training, level of competency and organizational policy. Simulation may be used to give students experience in taking verbal medication orders.

All undergraduate nursing and midwifery students must achieve a score of 100% for medication calculations assessment and demonstrate clinical competence in the management of medications in order to graduate.

Nurse / Midwife Initiated Non-Prescription Medications

Nurse and/or midwife initiated medications are non prescription medications that are approved by a health care facility to be administered by a nurse or midwife without a medical practitioner's written authorisation.
Adverse event to a medicine

Sometimes medicines have unexpected and undesirable effects. Please report these problems so the TGA can monitor the safety of medicines in Australia and follow site procedures for reporting any issue.

Health professionals, manufacturers and suppliers call the TGA on 1800 044 114.

GLOSSARY

Adverse event: medicine and vaccines:
An adverse event is any untoward medical occurrence in a patient administered a medicine and which does not necessarily have to have a causal relationship with this medicine. An adverse event can therefore be any unfavourable and unintended sign (for example, an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicine, whether or not considered related to this medicine.

Board:
The Nursing and Midwifery Board of Australia.

Competence:
The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area. (ANMC, 2009).

Competent:
The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.

Delegation
Delegation within the context of nursing/midwifery is the action by which a nurse/midwife deluges aspects of care to another care provider who has the appropriate education, knowledge and skills to undertake the activity safely. (NBWA, 2004) Delegations are made to meet consumers’ needs and to ensure access to health care services; that is, that the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes. (ANMC, 2007).

Direct supervision:
Direct supervision is provided when the registered nurse/midwife is actually present, observes, works with and directs the person who is being supervised.

Dispensed medication:
Dispensed medications are medications, including S4 and S8 that have been dispensed by a registered pharmacist or medical practitioner, packaged and labeled with specific administration directions for an individual.
Eligible midwife:

An eligible midwife means a person registered under the Health Practitioner Regulation Law (WA) Act 2010, whose name is entered on the Register of Midwives kept under that Law who meets a registration standard in addition to that which is met by a registered midwife. On successful completion of a Board-approved program of study for prescribing midwifery medicines an eligible midwives can be endorsed to administer, obtain, possess, prescribe or supply specified schedule 2, 3, 4 and 8 medicines appropriately for the management of women and infants during the pregnancy, birth and post natal periods to the extent authorised under the WA Poisons Legislation.

Endorsed health practitioner:

In relation to a scheduled medicine or class of scheduled medicine, means a health practitioner who is registered under the Health Practitioner Regulation Law (WA) Act 2010, to practise a health profession and whose registration is endorsed to administer, obtain, possess, prescribe, sell, supply or use the scheduled medicine or class of scheduled medicine.

Endorsement:

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The endorsements for nursing and midwifery are:

- scheduled medicines:
- supply scheduled medicines (rural and isolated practice)
- scheduled medicines for eligible midwives
- nurse practitioner
- eligible midwife

Enrolled nurse (EN):

An associate to the registered nurse and means a person registered under the Health Practitioner Regulation Law (WA) Act 2010, in the nursing profession. Enrolled nursing practice requires the EN to work under the direction and supervision of the registered nurse/midwife. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care.

Flow chart:

Nursing or midwifery (ANMC) practice decision flowchart

Health Practitioner Regulation National Law (Western Australia) Act 2010:

This Law is to establish a national registration and accreditation scheme for the regulation of health practitioners; the registration of students undertaking programs of study that provide a qualification for registration in a health profession and the clinical training of a health profession.

Indirect supervision:

Indirect supervision is provided when the registered nurse/midwife works in the same facility or organisation as the person being supervised, but may not constantly observe his/her activities.
Medication administration aid:

A medication administration aid (also known as a dose administration aid) is a device into which medications have been dispensed, packaged and clearly labeled for an individual by a registered pharmacist. Medications can be packaged as either a single dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment), and the medicines are packaged according to the individual’s dose schedule throughout the day/week.

Medication competent enrolled nurse - intravenous medicines:

Not all enrolled nurses without a notation can administer intravenous (IV) medicines. This is because the intravenous unit of study is a separate and elective unit in the Diploma of Nursing. An EN may lack a notation but may also not have completed the required education specific to intravenous medicines.

An enrolled nurse who does not have a notation on their registration can expand their scope of practice to include IV medicines administration after successful completion of a course that has been developed to provide the enrolled nurse with the knowledge, skills and competence to administer IV medicines and the enrolled nurse has been assessed as competent to administer IV medicines.

Midwife:

A midwife means a person registered under Health Practitioner Regulation Law (WA) Act 2010, whose name is entered on the Register of Midwives kept under that Law.

Nurse practitioner:

A person registered under the Health Practitioner Regulation Law (WA) Act 2010, whose name is entered on the Register of Nurses kept under that Law as a being qualified to practise as a nurse practitioner.

Non medication competent enrolled nurse:

An enrolled nurse who has not undertake a Board approved qualification in medication administration will carry on their registration the notation ‘Does not hold Board-approved qualification in administration of medicines’.

This notation will remain in place until the enrolled nurse provides evidence of having completed a Board-approved administration of medicines unit.

Operational directive (OD):

A policy statement that is approved by the Director-General of Health. It is mandatory for all WA health staff to comply with an OD.

Professional direction:

Professional direction is synonymous with management and for the purpose of these guidelines is interchangeable with professional supervision. This can be direct or indirect supervision as per the definition shown in this glossary.
Register:
Record of a S8 medication which retains the amount of each S8 medicine procured, used, supplied or kept by the authorised person.

Registered nurse (RN):
A registered nurse means a person registered under the Health Practitioner Regulation Law (WA) Act 2010, in the nursing and midwifery profession whose name is entered on Division 1 of the Register of Nurses kept under that Law as a registered nurse.

Registration standard:
Registration standards define the requirements that applicants, registrants or students need to meet to be registered

Remote area nursing post:
A remote area site (WA) designated as a remote area nursing post by the CEO of Health under regulation 11 of Poisons Regulations 1965.

Schedule 4 medication:
Prescription only medicines. Substances, the use or supply of which should be by or on the order of persons permitted under the Act to prescribe and should be available from a pharmacist on prescription.

Scheduled medicine registered nurses (rural and isolated practice) – registration standard:
This standard sets out the qualifications and other requirements that must be met in order for a registered nurse or applicant for registration as a nurse to be granted an endorsement under section 94 of the National Law as qualified to obtain, supply, and administer scheduled medicines.

Scheduled 4 restricted (S4R) medication:
A S4R is a medication liable to abuse, such as the benzodiazepines and Tramadol. OD 0215/09 outlines the storage and recording requirements as determined by the Department of Health.

Schedule 8 medication:
Controlled Drug. Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

Scope of practice:
The scope of nursing/midwifery practice is that in which nurses/midwives are educated, authorised and competent to perform. The actual scope of practice of individual practitioners is influenced by the setting in which they practise, the health needs of patients/clients, the level of competence of the nurse/midwife and the policies and guidelines of the health agency in which they practice.
Signatory:
A signer or one of the signers, of the Register. Assistants with no formal medical or nursing qualifications are not permitted to be involved in the checking of S8 drugs and signing of the Register.

Simulation:
Simulation is defined as a technique used to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. (Gaba 2007).

Standard:
See registration standard.

Standing order:
A standing order is for the treatment of an acute medical condition by a registered nurse working at a designated remote area nursing post (Reg 11), in compliance with:

- written standing orders of a medical practitioner which have been approved in writing by the CEO (of Health), or
- oral instructions of a medical practitioner or nurse practitioner for that particular patient.

NOTE: Standing orders are only valid at designated Remote Area Nursing Posts.

Stock supply medication:
Medications that have not been dispensed to an individual and are stored in their original or pharmacy supplied packaging in the stock/imprest cupboard of a health care agency. In order for agencies to hold ‘stock supply’ medications, they must be the holder of a Poisons Permit, issued by the WA Director General of Health (as holder of the Poisons Regulations).

Student nurse/midwife:
A person enrolled in an approved program of study leading to registration as a nurse or midwife

Therapeutic Goods Act 1989 (Commonwealth):
The Therapeutic Goods Act, Regulations and Orders set out the requirements for inclusion of therapeutic goods in the Australian Register of Therapeutic Goods, including advertising, labeling, product appearance and appeal guidelines. Some provisions such as the scheduling of substances and the safe storage of therapeutic goods, are covered by the relevant State or Territory legislation

Therapeutic goods administration (TGA):
Australia’s regulatory authority for therapeutic goods.

Unregulated health care provider:
Unregulated health care providers are paid employees, such as carers/care workers, personal care assistants/attendants, assistants in nursing and other health care workers. Whilst the term ‘unregulated’ refers to the fact that these care providers are not licensed, they are still subject to
the regulation surrounding employer and employee relationships. Unregulated health care providers may undertake activities that have been delegated to them by a registered nurse/midwife.

**Verbal order:**

A verbal order is a medication order provided via phone by a medical practitioner, nurse practitioner or dentist. Verbal orders are only permitted in circumstances where the prescriber is unable to attend the health care agency in person.
REFERENCES

Australian Government ComLaw


Poisons Act 1964, State Law Publisher, Western Australia.

Poisons Regulations 1965, State Law Publisher Western Australia.