Policy 1

MANAGEMENT AND ADMINISTRATION OF MEDICATION

1. The Scope and Role of the Senior Registered Nurse (SRN)

The Senior Registered Nurse is responsible for overseeing medication management in the facility. They will investigate medication incidents; conduct or manage medication management audits; plan and implement strategies; and conduct regular checks of Controlled Drugs (CDs) and S4D processes (including checking and counting of all CDs stored at the facility and inspection of the CD Register). They will also monitor the skills and competencies of all staff responsible for the administration of medications. The SRN is the most senior clinician in the facility assigned to a clinical role. This will usually be the Clinical Manager.

The SRN can delegate the management of administration of medications to an RN only.

When deemed appropriate, the SRN can delegate the administration of medication to other staff who are appropriately qualified to administer medications, and who have been assessed as, or deemed competent.

2. The Scope and Role of the Registered Nurse (RN)

The RN may administer medication when a lawfully written or verbal order to do so has been received from a medical officer. RNs may delegate the administration of medication to the Enrolled Nurse (EN) and Personal Care Worker (PCW)/Assistant in Nursing (AIN) provided they believe at the time of the delegation that the individual:

- is educated and competent to undertake the task safely;
- is willing to accept and understands the delegated task;
- communicates with the SRN or the most senior clinical nurse on duty at the time, in a timely manner about concerns with medication administration; and
- knows the acceptable time frame for completion of the activity.

The RN must not delegate medication administration to any staff member who has not obtained the necessary qualifications required by state legislation to administer medication under these delegated conditions and the level of supervision that can be provided.
The RN is responsible for monitoring residents’ therapeutic regimes and respond to the changing needs of residents in relation to their medication.

The RN, in delegating medication administration tasks, must be available to carry out complete and ongoing clinical assessment, resident care planning and evaluation of the care delivery. The RN must successfully pass a medication competency on a regular basis.

3. The Scope and Role of the delegated Enrolled Nurse (EN)

ENs must be registered and approved to administer medications with the Nursing and Midwifery Board of Australia. An EN must NOT have a notation against their name on the registration of enrolled nurses stating that the EN ‘Does not hold Board-approved qualifications in the administration of medicines’.

An EN may administer regular order S2, S3, S4 and S4Ds that are packed into Dose Administration Aids (DAAs) under the supervision of a RN.

An EN must be assessed as competent by a RN prior to accepting any delegated task of medication administration as per the medical officer’s orders to a resident.

An EN must accept the delegated activity, have undertaken appropriate education, be assessed as competent by successfully passing a medication competency on a regular basis, and understand their responsibilities in regard to medication administration.

In accordance with the Quality of Care Principles 1997, Schedule 1 – Specified Care and Services for Residential Aged Care (Part 3 – Care and Services to be provided for residents receiving high level of residential care), the **EN must not administer rectal medication to ANY resident** (suppositories, enemas). This medication must be administered by an RN.

The EN must advise the RN of any concerns surrounding the administration of medication prior to administration, and concerns regarding resident condition.

The EN must accurately collect, document and communicate information regarding the residents health to the RN to assist them to conduct clinical assessment of the resident and evaluation of medication administration.

4. The Scope and Role of the Personal Care Assistant and Assistant in Nursing

A PCW/AIN must be assessed as competent by a RN prior to accepting any delegated task of assisting in the administrating of medication. The PCW/AIN must accept the delegated activity in assisting with medication administration, have undertaken appropriate education,
be assessed as competent on a regular basis by successfully passing a medication competency, and understand their responsibility.

The Medication Administration Competent PCW/AIN must be reviewed on a regular basis to ensure the area of practice is well defined.

The Scope of Practice in assisting in the administration of medication under the management of the nurse in charge includes:

- assisting the SRN in the administration of medication packed in DAAs at a specific day and time;
- assisting with the administration of regular medications from Pharmacy labelled packaging, e.g. regular inhalers, medicated creams and antibiotics;
- assisting in the administration of Controlled Drugs which are packed in a DAA and are a regular order;
- signing of the medication in the Medication Chart in the area allocated for PCW/AINs; and
- documenting notes in the resident progress notes.

PCW/AINs must be under the supervision of an RN or EN.

The Scope of Practice **DOES NOT** include assisting in the administration of:

- injections;
- as required (PRN) medications, unless under direct supervision of an RN;
- suppositories/enemas;
- CDs which are not a regular order; or
- transdermal CDs.

**ADMINISTRATION OF MEDICATIONS IN DOSE ADMINISTRATION AIDS**

DAAs are used to support safe and correct medication administration.

Medications which are supplied in DAAs should be given in accordance with the administration times specified on the medication chart.

DAAs allow for administration of medications before and after each meal, at bedtime, and at other special specified times. Each pack is clearly marked according to time allocation. The administration chart is to be signed when administered.
A PCW/AIN will sign for the dose time but will check each medication in the DAA, the resident’s name on the DAA, and compare the photo with the resident for verification.

The RN/EN will sign for each medication packed in the DAA, check the resident’s name on the DAA, count the number of medications and ensure they correspond with the number on the medication chart and compare the photo with the resident for verification.

After the resident has been observed taking their medication, the RN/EN/PCW/AIN must sign the medication chart in the appropriate place.

If the medication is not correct then the pharmacy should be contacted immediately and a RiskMan Incident Report lodged immediately. Refer also to Medication Incidents Policy and Procedure 12. This action should also be taken if any medication is administered to an incorrect resident, at an incorrect time or using an incorrect dose.

**ADMINISTRATION OF MEDICATIONS NOT IN DAA CONTAINERS**

**Medication Administration must be authorised by RN/EN only.**

Additional medication should be given in accordance with the directions on the individual containers and on the medication charts supplied.

When the medication has been administered the medication chart must be signed in the appropriate place.

**ADMINISTRATION OF PRN AND ADDITIONAL MEDICATIONS**

**Medication Administration by authorised RN/EN or PCW/AIN under direct instruction.**

Before any PRN medication is administered, an RN must assess the resident’s need for this medication in accordance with their care plan and medication chart. An RN may then delegate the task of administration to an EN under supervision. An RN may delegate the task of assisting with the administration to a PCW/AIN under the supervision of an RN or EN.

Medications which are to be administered on a PRN basis should be given in accordance with the instructions on the individual containers, and the individual chart for that medication.

These individual charts have detailed instructions for use, including the frequency of administration, maximum number of administrations per day/week, and potential adverse side effects to look for.
The section for recording the date and time of administration should be completed and signed whenever the medication is given to the resident.

A follow up is required in the progress notes to document the resident's response to the medication administered.

**ADMINISTRATION OF REGULAR ORDER S4Ds PACKED IN DAAs**

**(NSW ONLY)**

In NSW, where a resident is receiving high-level care, the administration of drugs of addiction must be managed by an RN. This is required in high care and low care in other states and is already reflected in these policies.

Regular doses of S4Ds packed in a DAA will be administered the same way as any other packed medication. An RN oversees the management of the medication. An EN may administer the S4D under the supervision of the RN. An AIN may assist with administration under supervision of an RN/EN.
CONTROLLED DRUGS (CDs)

Schedule 8 medications/Controlled Drugs (CDs)/Drugs of Addiction have additional storage and recording requirements. Records of all incoming and outgoing transactions of CDs must be kept.

ADMINISTRATION OF REGULAR ORDER CDs PACKED IN DAAs

Regular doses of CDs packed in a DAA will be administered the same way as any other packed medication.

An EN may administer regular order CDs that are packed in a DAA under the supervision of an RN.

A PCW/AIN can assist with the administration under the supervision of an RN/EN.

The RN/EN will sign for the individual medication and the PCW/AIN will sign for the time and day.

ADMINISTRATION OF EMERGENCY STOCK CDs

This is not permitted in VIC and WA unless a poisons permit is granted.

The legislation allows the Facility Manager/RN of a facility to hold an emergency stock of Morphine provided it is used for the emergency treatment of residents on the authority of a medical practitioner. This emergency stock has not been ordered or supplied for a specific resident. The emergency stock must not exceed five (5) ampules of Morphine Sulphate 15mg/ml.

This medication is for emergency use only, on the direct written or verbal order from a medical practitioner. When directed, the RN may remove the required dose(s) from the stock store and must record this transaction in the CD register.

Only an RN can access CDs from the locked safe/cupboard.

The RN must be involved in all aspects of administering a CD from stock supply, including the removal of the medication from the locked safe/cupboard, the checking and recording procedure, and the administration procedure. The second witness should preferably be another RN, or an EN. If a second RN/EN is unavailable, a PCW/AIN can assist with the administration under the direct supervision of the RN.

When stock expires or becomes progressively diminished, emergency stock drugs can be obtained from a retail pharmacy (the supply pharmacy if available) on the signed written order of the Facility Manager. In the event of an assigned non-clinical Facility Manager, the senior RN should sign the written order under the direction, and with the collaboration of the Facility Manager.
ADMINISTRATION OF REGULAR ORDER TRANSDERMAL PATCHES CONTAINING CDs

The procedure for removing transdermal patches containing CDs from the locked safe/cupboard is identical to removing stock supply (see above). An RN must check the patch out of the safe/cupboard, and a second RN or an EN/PCW/AIN must act as witness and countersign the CD register.

An RN must administer (apply) transdermal patches containing CDs. A PCW/AIN/EN can assist with the administration (but not apply the patch) under the direct supervision of the RN.

CD ADMINISTRATION PROCEDURE – FROM STOCK OR DAA

- Administration of medication core principles apply.
- An EN can administer a CD packed into a DAA under the supervision of an RN.
- A PCW/AIN may assist with the administration under the supervision of the RN or EN (for CDs in DAA’s).
- Calculate and then prepare the medication dose.
- Check the medication three times:
  - When removed from CD safe/cupboard/DAA;
  - When preparing the medication; and
  - Prior to administration.
- Check the time of last dose and the mode of administration.
- Check the medication against the medication order, i.e. name of resident, medication name, dose, time, and frequency of administration, expiry date and strength.
- RN and witnessing nurse to take the medication to the resident and administer.
RECORDS OF CONTROLLED DRUGS

The record book used is the Controlled Drug Register (CD Register) which is often referred to as the ‘ward register’. In WA it is called the Register of Drugs (HA 14 Health Department of Western Australia). The CD Register records the ward transactions where CD drugs are being issued from storage and administered to residents. The RN in charge of the ward area is responsible for ensuring the record is correctly kept.

CD register records must be kept for at least 3 years from the date of the last entry.

The drug keys for the CD cupboard/safe must be kept separate from all other keys, including other drug keys. There must be only one CD key in use which should be held by the RN in charge only.

ENTRIES IN WARD CD REGISTERS

A separate page is required for each resident for each CD, form and strength. On-going administration of the same CD for a resident may continue to be recorded on the same page for that resident.

Using a separate page per resident, drug, formulation and strength, the following information must be recorded when a CD (and a S4D in NSW) is administered to a resident:

- the date;
- the time of day;
- the resident’s name, in the case of a CD being administered to a resident;
- the quantity or volume administered;
- the amount discarded where only part of an ampoule or tablet is administered (use ‘Amount given’ column but on a separate line to the actual amount administered, preferably the next line);
- the amount received, in the case of receipt of CDs from a pharmacy;
- the balance of stock (quantity or volume) CD remaining after administration;
- the amount destroyed (use ‘Amount given’ column), in the case of unwanted CDs;
- the full signature of the RN or EN (in the case of CDs packed in DAAs) who obtained and administered the CD;
• the full signature of the witnessing nurse; and

• the name of the prescribing medical practitioner (In QLD, add name in the comments section).

CORRECTIONS TO THE CD REGISTER

No entry in the CD register may be altered, erased or cancelled. If an error is made it must be left in its original state. No lines, scribbles, crosses, correction liquid or equivalent may be used to hide the original, incorrect entry. No numerals can be altered.

To make a correction, mark the error with an asterisk and record the correct entry. Use the space available in the page margin or footer to explain the details of the correction. These details must then be initialled and dated by the person who made the error.

DELIVERY OF CDs TO THE FACILITY

The Pharmacy supplier will provide a maximum of seven (7) days of regular order CD medication at any one time, or the smallest quantity of PRN medications as approved by the Medication Advisory Committee.

When a pharmacy employee or secure carrier delivers a CD to a facility, the medication should be handed directly to an RN. CDs are delivered in sealed satchels.

The RN must break open the tamper evident satchel to confirm the CD has been delivered and provide the pharmacy employee with a signed and dated receipt. The employee should then give this receipt to the supply pharmacist. Alternatively, sign, date and enter the number on the package security seal into a delivery log. For CDs delivered by a secure carrier, the signature required upon delivery acts as the official receipt.

If an RN does not immediately break the tamper evident satchel, upon doing so, they must sign the Pharmacy CD form and fax it to the supply pharmacy.

The RN who received the CD medication must immediately place it into the CD safe/cupboard in the presence of a witness. DAAs containing CD medication must be kept in a locked trolley and stored in a locked room. A record of these transactions must be made in the CD register. The entry should include the name of the dispensing pharmacy.

For DAAs containing CDs, a check must be made to ensure no unused CDs remain. If so, these unused CDs must be removed from the CD Register before the new DAA pack quantity is entered. These unused CDs will then need to be destroyed.
WITNESS TO ADMINISTRATION AND DISCARDING OF CDs

An RN requires a witness

Administration of CD medication requires the presence of a witness. The witness should preferably be another RN, but if unavailable, an EN or PCW may act as witness as long as they are fully familiar with the procedure and understand their legal responsibilities in their role as witness. The witness must be present during the entire procedure relating to CD administration, which includes:

- removal of the CD from the safe/cupboard/trolley;
- recording in the CD register;
- transfer to the resident;
- administration to the resident; and
- discarding of any unused portion of the CD medication.

BALANCE CHECKS OF CD MEDICATION

The RN in charge must perform a balance check of all CDs each day.

The balance check must be carried out by the RN in charge and the next senior staff member on duty.

The balance check must be recorded on the ward CD Register on the relevant page for each CD (on at the rear of the register in QLD). The entry must state the date and time of the check and the quantity of medication held at that moment. The wording Balance on Hand is recommended.

In regards to morphine mixture, it is sufficient to use the volume graduations provided on the proprietary bottles of morphine to check the balance remaining during the time that the bottle is in use. The bottle must rest on a flat surface when reviewing the volume graduations.

Both RN’s must confirm this balance check by signing against the records.

If a discrepancy is found, the RN in charge who is performing the balance check must check the transactions in the register and medication charts. If any discrepancy remains, the Facility Manager must be immediately notified.
CD REGISTER AND CD STOCK AUDITS

In addition to the daily balance check of CDs, all records relating to CDs must be checked at least once a week by the facilities’ Senior RN (Facility or Clinical Manager). In the absence of the Facility or Clinical Manager, the audit must be carried out by staff member in charge of the facility at the time (usually the RN in charge).

Audits should consist of a:

- review of documentation and signatures for removal of CDs from the cupboard;
- balance check for all CDs (including morphine stock supply and CDs packed in DAAs);
- check of the recorded entries for medication received from the supply pharmacy;
- positive identification of staff signatures for the purpose of detecting forgeries;
- review of the frequency of broken ampoules or discarded portions of ampoules; and
- review of the presence of altered or crossed-out entries.

LOSS OF A CD

In the event that the RN in Charge has notified the Facility Manager about a potential loss of a CD, the Facility Manager must take the relevant action required in their state:

**NSW:** Immediately notify the Director-General of Health by contacting the Duty Officer, Pharmaceutical Services Branch on phone (02) 9879 3214 or fax (02) 9859 5165.

**VIC:** Notify the supplying pharmacist and the Drugs & Poisons Department of Human Services on 1300 364 545. Notification must also be made in writing to the Manager of the Drugs and Poisons Department of Human Services, PO BOX 1670N, Melbourne, 3001.

**WA:** Notify the police department in the first instance and then the State Pharmacist, WA Department of Health, 189 Royal St, East Perth 6004, and Phone (08) 9222 4222; fax (08) 9222 4046.

**QLD:** Notify the supplying pharmacist and The Supervisor, Brisbane South Public Health Unit, PO Box 594, Archerfield 4018.
SA: In the case of suspected theft, notify the local SA Police and the Department of Health. In the case of unaccounted loss, notify the Department of Health, who may require you to also notify the police. Drugs of Dependence Unit, Telephone 1300 652 584, Fax 1300 658 447 Drugs of Dependence Unit, Drug and Alcohol Services South Australia, Box 6, Rundell Mall, SA 5000.

**LOSS OF A FACILITY CD REGISTER**

The RN in charge must immediately report the loss or destruction of a CD register to the Facility Manager, who must then, in writing, notify the Director-General of Health and describe the circumstances of the loss. The notification should be addressed to:

**NSW**

Chief Pharmacist
Pharmaceutical Services Branch
NSW Health Department
PO Box 103
Gladesville NSW 1675
The notification may be faxed on (02) 9859 5165
For advice, telephone the Duty Officer on (02) 9879 3214

**VIC**

The Manager
Drugs and Poisons Unit
Department of Human Services
PO Box 1670N
Melbourne VIC 3001
The RN in charge of the ward area where the register was lost must immediately carry out a balance check of all CDs held in stock and enter the particulars in a new CD Register. An exercise book with consecutively numbered pages may be used if a new, official CD Register is unavailable.

CD register records that are disposed of at least 3 years after the last entry was made do not have to be reported to the Director-General of Health.
**DESTRUCTION OF UNWANTED CDs**

The term ‘unwanted CD’ refers to any CD (stock supply or packed in a DAA) that is no longer in use for a resident or that is deemed unsuitable for use for whatever reason. For example, this may include:

- CDs belonging to a deceased resident;
- CDs previously prescribed to a resident but now ceased by their medical practitioner;
- expired, contaminated or damaged CDs; and
- the resident’s own medication brought into the facility upon admission that is determined to be unsuitable for use.

Destruction of CDs in NSW must be carried out on site by:

- an authorised inspector from the relevant State Department (refer to details of individual State Departments in Sections 5.6 and 5.7); or
- a police officer; or
- the supply pharmacist in the presence of the Facility Manager.

Destruction of CDs in Qld, VIC and WA can be carried out on site by:

- the supply pharmacist in the presence of the Facility Manager/RN; or
- an authorised inspector from the relevant State Department (refer to details of individual State Departments in Sections 5.6 and 5.7); or
- two pharmacists; or
- a police officer.

In QLD, VIC and WA, CDs can also be destroyed by returning them to the supply pharmacy for destruction and reporting. An RN must notify the Facility Manager/Clinical Manager of expired or unwanted CDs who must notify the supply retail pharmacist of the need to return the stock for disposal.

CDs are collected by, or delivered to the supply retail pharmacy, by utilising a tamper evident satchel including a return for destruction form filled out by the RN. The CD to be returned is signed out of the CD register and signed by an RN and the next most senior staff, placed into a tamper evident satchel with the relevant documentation, and sealed. The supply pharmacy is notified to collect the satchel. Upon collection, the supply pharmacy will acknowledge the
receipt of the satchel, and sign and fax back the documentation within the satchel, to the facility.

CDs are collected by the supply retail pharmacist in the presence of the Facility Manager/RN. A record of the CD being returned to the pharmacy is made and signed by the pharmacist and Facility Manager/RN.

Unused contents of a previously sterile container (e.g. a partially used ampoule) may be destroyed by an RN provided the appropriate record is made in the CD Register. A second RN should act as witness. In the absence of a second RN, an EN or PCW/AIN may be used instead.