PRACTICE

TE MAHI NĒHI

MEDICINE GUIDELINES

Guidelines for Nurses on the Administration of Medicines



NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

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1. Introduction

The New Zealand Nurses Organisation/Tōpūtanga Taphui Kaitiaki O Aotearoa (NZNO), as a bicultural partner to Te Tiriti o Waitangi, acts to ensure the obligations of active protection are upheld and honoured through supporting ways that are culturally specific to enhancing and empowering identity. NZNO is an organisation that seeks to improve the health status of all people in Aotearoa New Zealand, through participation in health and social policy development. We share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities. Further ensuring standards of cultural safety through adopting culturally appropriate approaches that recognise Māori as tāngata whenua, and acknowledge the diversity of all cultural needs, and guarantees positive equitable outcomes.

Historically, nursing as a discipline has had a close association with the storage and administration of medicines and the assessment of the client in relation to medicines used. This association has expanded to include important and complex aspects including knowledge of medicine pharmacokinetics and pharmacodynamics, administration, nurses' clinical judgement, ethical and professional responsibilities. The laws regarding the regulation of medicines, their storage, administration and documentation, are also a part of the context nurses and midwives practice within.

This document aims to provide:

- An outline of the medico-legal issues related to medicine administration in the Aotearoa New Zealand setting and an aid to accessing useful resources.

Individual nurses or midwives must be familiar with local workplace policies and guidelines related to medicines and the safe nurse administration of them. These policies and procedures must meet legislative or regulatory requirements and be updated regularly. NZNO staff are also available to discuss individual issues related to medicines and their administration, and NZNO colleges and sections are resources for specialty knowledge.

For the purpose of this document, we will refer to the 'prescribing health professional' to encompass all professions with authority to prescribe. Please refer to the glossary for further detail.

The requirements for nurse prescribers are on the Nursing Council of New Zealand (NCNZ) website at Nurse Prescribing (nursingcouncil.org.nz). Midwives are not included in this document as they have their own prescribing regulations and should refer to the Midwifery Council of NZ website at Home (midwiferycouncil.health.nz).

Standing orders and transcribing practice are detailed in NZNO position statements and can be found on NZNO's website at Publications (nzno.org.nz).

2. Recommended resources

The following resources have been used in this document and are recommended as reference material for all nurses and midwives.

- The Centre for Adverse Reactions Monitoring (CARM) has a lot of information about how to report and what to report. Any adverse reactions can be logged online at the following website New Zealand Pharmacovigilance Centre (otago.ac.nz).
- Keenan, R. (Ed). (2016). *Healthcare and the law.* (5th Ed.). Wellington: Brookers Ltd. This is a New Zealand text and includes detailed information on the themes discussed in this guideline. Chapter 10, *Prescribing and administration of medicines*, is particularly relevant.
- The Health and Disability Commissioner website has the full code of consumers rights

on its home page at https://www.hdc.org.nz/ and provides case notes.

- Te Tāhū Haorua Health Quality and Safety Commission (Health Quality & Safety Commission | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz) has significant resources on medication safety, including the national medication chart and medicines reconciliation.
- The New Zealand Medicines and Medical Devices Safety Authority is usually referred to as Medsafe. This website holds both consumer and health professional information: Medsafe Home Page.
- The Ministry of Health (MOH) has information and guidance on medicine administration, nurse prescribing, standing orders, health and disability services standards, Pae Ora | Healthy Futures for all New Zealanders, Rongoā Māori and the Therapeutics Products Bill: Ministry of Health NZ.
- The NZ Blood Service has information on transfusion, including adverse reactions and resources for healthcare professionals: New Zealand Blood Service (nzblood.co.nz).
- NZNO's publications page has a large number of position statements and guidelines relevant to the administration of medications: Publications (nzno.org.nz).
- NCNZ has all the scopes of practice for regulated nurses and prescribing guidance at Home (nursingcouncil.org.nz).
- All legislation regarding the control of medicines in New Zealand is available at New Zealand Legislation.

3. Statutory law regarding control of medicines in Aotearoa New Zealand

There are three statutes providing for the lawful and unlawful handling, possession, advertising, sale and administration of drugs:

- The Medicines Act 1981 and associated regulations and amendments (the most recent in 2016) outline the law related "*to the manufacture, sale, and supply of medicines, medical devices, and related products*" (Medicines Act, 1981, p.3). The Medicines Act and Regulations are reviewed regularly. It is important nurses keep up to date with changes that may affect their practice.
- The Misuse of Drugs Act 1975 and associated regulations. This contains provisions regarding the legal and illegal use of controlled drugs.
- The Therapeutic Products Act 2023 is relatively new legislation designed to protect, promote, and improve the health of all New Zealanders by ensuring medicines, natural health products and medical devices are safe and fit for purpose. **Note: The current government intends to repeal the Therapeutic Products Act 2023.**

These acts, statutes and regulations can be found at New Zealand Legislation and at some public libraries.

Important Note: The current government are asking for some of this legislation to be reviewed so this information is subject to change.

3.1 The Medicines Act 1981 and Associated Regulations

There are four classifications/schedules of medicines:

1. *Prescription medicines:* a medicine which can only be sold, supplied or administered pursuant to a prescription, by a person authorised to prescribe medicines, e.g. medical practitioner, dentist, registered midwife, veterinarian, nurse practitioner, optometrist, pharmacist, designated prescriber; by a delegated prescriber, or in accordance with a standing order.

2. *Restricted medicines (known as pharmacist-only medicines):* a medicine which can

only be sold or supplied by a pharmacist from a pharmacy or hospital, or in accordance with a standing order.

3. *Pharmacy-only medicines:* a medicine, which can be sold or supplied from a pharmacy or hospital or an isolated shop which has a license to sell specific medicines, or in accordance with a standing order.
4. *General sale medicines* are not scheduled or classified and can be supplied from any retail outlet.

3.1 Regulations regarding the prescription

Regulations on how prescriptions must be written and those who can prescribe medicines is established by the Medicines Regulations 1984 and subsequent amendments and regulations. A prescription issued or given under these regulations must be in paper or electronic form.

Every prescription must:

- be dated with the date on which it was issued; and
- set out the following information in relation to the prescriber:

  (i) the prescriber's full name; and

  (ii) the full street address of the prescriber's place of work or, in the absence of the prescriber having a place of work, the postal address of the prescriber; and

  (iii) the prescriber's telephone number; and
- set out —

  (i) the surname, each given name, and the address of the person for whose use the prescription is given; and

  (ii) in the case of a child under the age of 12 years, the date of birth of the child; and
- indicate by name the medicine and, where appropriate, the strength that is required to be dispensed; and
- indicate the total amount of medicine that may be sold or dispensed, or the total period of supply; and
- if the medicine is to be administered by injection, or by insertion into any cavity of the body, or by swallowing, indicate the dose and frequency of dose; and

A paper prescription must —

- be legible and indelible; and
- be signed physically by the prescriber in their own handwriting.

An electronic prescription must –

- be completed using, and transmitted through, an approved system.

Important Note: Before administration, the nurse must ensure all prescriptions meet these requirements. If all these elements are not present, then the nurse must not administer the medicine.

3.2.1 Nursing Implications

Nurses must be aware of potential issues with electronic prescribing and stay within their scope of practice. Generating and sending of an electronic prescription should be completed by a prescriber.

When a nurse encounters poor prescribing practice, it is essential this is addressed directly with the prescriber. NZNO recommends the nurse documents the poor prescribing practice and reports this to their manager. Completion of an incident report may be required. Where the prescriber is also the manager, the nurse may wish to seek further advice from NZNO.

3.3 The Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977 and Subsequent Regulations

The schedules of the Act classify controlled drugs into various classes depending on the risk to the public. The regulations provide for the prescription and storage of controlled drugs. Nurses need to be aware of legislation regarding the storage, recording and administration of medicines and controlled drugs, and the local workplace policies surrounding such requirements. If clarification is required, ask the liaison pharmacist.

3.4 The Therapeutic Products Act 2023

The Therapeutic Products Act 2023 came into force on the 22nd of July 2023. The purpose of this Act is to protect, promote, and improve the health of all New Zealanders by ensuring an acceptable level of quality, safety and efficacy of medicines and active pharmaceutical ingredients, natural products and medical devices. Further information is available from the ministry's website at: Therapeutic products regulatory regime | Ministry of Health NZ.

Important Note: Full implementation of the Therapeutic Products Act 2023 was expected by 2026 when it was to replace the Medicines Act 1981, Medicines Regulations 1984 and parts of The Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977 and Subsequent Regulations. The current Government has indicated the Act will be repealed.

4. The Medication Process

The treatment of a client with medicines for therapeutic, diagnostic or preventive purposes involves storage and handling, prescribing, dispensing, administering, receiving and recording medicine/s. The nursing process including assessment, planning, implementation and evaluation also applies to medicine administration.

Medication errors are often the result of poor communication, issues with packaging, transcribing issues, poor nurse patient-ratios, pharmacy processes, and inexperienced health professionals (Hammoudi, Ismaile, & Yahya, 2017; Isaacs et al., 2020). Responsibility for accurate medicine administration lies with individuals and with the organisational systems in place to support safe medicine prescription, supply and administration (McBride-Henry & Foureur, 2006). The following information outlines the relevant legal and professional aspects of the medication administration process and outlines the responsibilities of the multidisciplinary team members involved.

Important Note: It is vital to be familiar with local workplace policies as these may differ between providers and institutions across the health sector.

4.1 Prescribing medicines

Prescribing health practitioners include:

- Medical practitioners
- Pharmacists
- Registered midwives
- Nurse practitioners
- Optometrists
- Registered Nurses with Prescribing authority
- Dietitians
- Dentists
- Pharmacists

Information on RN prescribing can be found on the NCNZ website: Nurse prescribing.

4.1.1 Authorised prescribers

An authorised prescriber is a nurse practitioner, an optometrist, a practitioner (dentist or medical practitioner), a pharmacist, a registered midwife or a designated prescriber. Authorised prescribers are able to prescribe medicines under Medicines Act 1981 (MoH, 2021). Authorised prescribers are able to "independently supply, sell, administer or arrange for the administration of any medication" related to their area of practice (Key & Hore, 2020, p. 111).

4.1.2 Designated Prescribers

A person other than a medical practitioner, nurse practitioner, optometrist or registered midwife who is a registered health professional authorised to prescribe subject to the requirements specified in the regulations and who meets relevant requirements of training and competency (MoH, 2019).

Designated prescribers are expected to prescribe in consultation with, and supervised by, an authorised prescriber and can only prescribe from a list of medicines published by the Director-General of Health. This group includes pharmacist, dietitian and registered nurse prescribers (Healthify, 2022).

4.1.2 E-prescriptions

E-prescribing is becoming increasing more common. It is important to note that the Medicines Regulations 1984, Section 41(4), states that "an electronic prescription must be completed using, and transmitted through, an approved system". This means that **the system used for e-prescriptions must be approved by the Director General of Health** and be in the Gazette.

The prescribing health professional is the only person who can generate an e-prescription under their login using their personal electronic signature.

4.1.3 NZ E-prescription Service

This service enables a prescriber to generate a prescription, transmits this to the NZePS health information exchange broker, and allows the community pharmacy to download the prescription. The prescription can include the reason for prescribing the medication(s). Prescribers can also request to be notified if a prescription is not picked up by the patient. The NZeP Service is integrated with a variety of other electronic systems including Medtech, MyPractice, Indici, Profile for Windows, Medimap, Elixir and Expect Maternity practice management systems, and the Waikato District's Clinical Workstation Outpatient Prescribing service.

The Ministry of Health is continuing to link in with other Prescribing System providers and

residential care electronic charting services to improve access to this service. Controlled drugs can also be prescribed using this system (Te Whatu Ora, 2023).

4.2 Dispensing medicines

Dispensing is defined as the preparation of a medicine for sale to the public (whether in response to the issue of a prescription or a request by an individual to be supplied with the medicine) and the packaging, labelling, recording, and delivery of that medicine (Medicines Act, 1981).

4.2.1 Which health professionals can dispense?

The Medicines Regulations outline *"no person other than an authorised prescriber, veterinary surgeon, pharmacists, pharmacy graduate, a pharmacy technician, a [pharmacist] student, or dispensary technician may dispense a prescription medicine"* (Medicines Regulations, 1984 42(1)).

In the Medicine Act 1981, authorised prescribers include designated prescribers. It is not entirely clear if RN prescribers can dispense medications or not. In practice, it is often not advisable for an RN to both prescribe AND dispense or administer a medication - i.e. there is no double check if everything is done by one person.

4.2.2 What activities are classified as dispensing?

Transferring medication from the original container in which they were dispensed into another container for administration at a later time or date. For nurses managing clients going on leave from a service, this can be problematic. For example, if a nurse places medication into an envelope for the client to take later in the day, technically, this is dispensing. Most large organisations have policies to manage this, but smaller organisations must also be aware of these issues and develop appropriate policies. Nurses using an automated medication-dispensing device (such as pyxis) cannot refill these machines as this is considered dispensing and is outside their scope of practice.

Filling a client's compliance packaging aid (monitored dosage system) from other pharmacy-labelled containers is also considered dispensing. Compliance packaging aids or monitored dosage systems are defined for this document as blister packs, dispensing boxes, dosette boxes, and sachets. Nurses must **NOT** tamper with a seal on a monitored dosage system between its closure by the pharmacist and time of administration.

Re-labelling already dispensed medications is also classed as dispensing.

4.2.3 What activities are **not** defined as dispensing?

NZNO intermittently receives queries from nurses concerned that the preparation of two or more medicines in a syringe/infusion (for example, patient-controlled analgesia) is defined as dispensing. This is not dispensing. The preparation of two or more prescribed medicines in a syringe/infusion for imminent administration to a specific client is classified as an administering activity.

4.2.4 Nursing implications

- Dispensing activities must be avoided by nurses. If a nurse is exposed to dispensing situations, s/he must alert the manager/employer. The manager/employer has a responsibility to determine protocols and provide resources to deal with dispensing activities and these must meet legal requirements.

4.3 Administering Medicines

4.3.1 Who can administer medicines?

Any person may administer medicines (including controlled drugs), but whoever administers these is required to do so in accordance with the directions of the prescribing health professional, or in accordance with a standing order. All staff who administer medicines must be familiar with their employer's policies and guidelines regarding medicine administration. Regulated nurses/midwives must understand the responsibilities and accountabilities of their scope of practice concerning medicine administration (see Section 5.4). Health Care Assistants (HCAs) who administer medicines need to understand their responsibilities and accountabilities (see Section 5.6). This activity is by delegation from a regulated health practitioner and there must be current policies and procedures in place to support it.

4.3.2 NZNO position statement on medicine administration

NZNO believes the safe administration of medicines by the regulated nurse requires professional judgment. This means applying knowledge and experience to the situation and considering the context. This judgment is directed to fulfilling the standards for the administration of medicines. This is explained in Appendix 1.

NZNO acknowledges there is a wide range of situations in which medicines are administered. At one end of the continuum is the client in an intensive care unit receiving complex care whose medication can only be provided by qualified and highly skilled staff. At the other end of the continuum is the person in their own home administering their own medicines or being assisted in this respect by a relative or carer. The answer to the question *Who should administer a medicine?* largely depends on where within that continuum the recipient of the medicine is.

NZNO's position states that when a person is receiving complex care that can only be provided by qualified and highly skilled staff, the nurse must assess the client's response to the medication. The nurse must also be able to rapidly recognise and respond to any adverse reactions and side effects, and document them appropriately. NZNO recommends in acute care settings, medicines should only be administered by regulated nurses/midwives who are competent in the role and aware of their personal responsibility and accountability.

NZNO opposes the unregulated health workforce – Kaiāwhina and /or HCAs' involvement in administering medicines in acute care and/or to ill or medically unstable clients, because the requirements of the standards in Appendix 1 cannot be achieved. Providers/organisations must be aware of the responsibility they hold when allowing the unregulated health workforce to administer medicines.

4.3.3 National Medication Chart

A suite of five charts has been introduced to reduce medication errors and improve patient safety through the standardisation of paper-based medication charts used in Aotearoa New Zealand hospitals. The National Medication Chart (NMC) is to be used as a record of orders and administration of general medicines, intravenous and subcutaneous fluids, and oxygen. Supplementary charts are to be used in addition to the NMC, for more specialised purposes (e.g., insulin, specialised analgesia, warfarin). Further information about this can be found at National medication chart toolkit, user guide and medication charting standard (updated February 2021) | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz).

Standardised medication charts are also being prepared and utilized in the

community. Please see the HQSC's website for further guidance: New community medication chart makes prescriptions clearer | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz)

4.3.4 Preparing and checking medicines for administration

While many medicines can be prepared for administration by an individual regulated nurse, e.g. tablets that are not controlled drugs (see section 7.1 on controlled drugs), many providers/organisations require some medicines, particularly intravenous (IV) medicines for administration including blood products, and vaccines, to be checked by two regulated nurses (please see sections 7.2 & 7.5). It is important to check your individual provider/organisations policies for specific information on what medicines need to be checked and by whom.

Where an agency policy requires a medicine to be checked by two people, the second person must ensure they undertake any calculations independently of the first person, where necessary witness administration of the medicine, and document in the medication chart that they have checked and witnessed administration of the medicine.

Employers must ensure a clear, written policy exists on who can prepare and check medicines for administration. The policy must consider the complexity of the medicine, the client population and the context of the workplace. If such a policy does not exist, management must be informed.

The Ministry of Health provides a useful outline of the process for medicine administration in the aged residential care (ARC) sector. RNs, ENs and HCAs working in this sector should familiarise themselves with this document at: Medicines Care Guides For Residential Aged Care | Ministry of Health NZ. A guideline is also available for home and community care services. Nurses working in this sector should familiarise themselves with this document at: Medication Guidelines for the Home and Community Support Services Sector | Ministry of Health NZ.

4.3.5 Crushing or disguising medicines

The mechanics of crushing medicines may alter their therapeutic effects rendering them less effective or ineffective. Medicines should not be routinely crushed unless a pharmacist advises the medicine is not compromised by crushing and this form has been determined to be in the client's best interest. Talk to the pharmacist about the availability of alternative preparations, e.g. liquid form or suppository.

By disguising medicines in food or drink, a client may be led to believe they are not actually receiving medicines. Full consent of the client to have their medicine disguised in food or drink should be obtained before undertaking this practice. In situations where consent is not able to be obtained, the nurse would need to be certain that what they are doing is in the best interests of the client and recognise that they are accountable for this decision. This situation may involve a discussion with the whānau/family and the person with Enduring Power of Attorney (EPOA), if this is activated for health and wellbeing. Both the nurses clinical reasoning and any discussion with whānau/family and the person with EPOA must be clearly documented. It is also important to note that there is a risk of partial dosing if all the food or drink is not consumed. NZNO recommend that the person administering medicines in this way be present until all the medication is consumed. Medicines should be fully administered before they are signed as being given.

4.3.6 Documentation

All medicine 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 provider/organisation. The medicines chart should contain, at a minimum, the NHI, complete name and date of birth of the person. People with similar or the same names must have alerts written on their charts.

The medicines chart should have a separate section for 'pro re nata' (PRN) or 'as required' medicines; nurse-initiated medicines (see section 6.7); once only doses of medicines; medicines which are self-administered; any complementary, alternative Rongoā 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; if medicines reconciliation has occurred with general practitioner prescribed medications; and indicate when a review of the client's medicines is required.

If alternative methods of administering medicines are appropriate, e.g. 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 (refer to www.medsafe.govt.nz). Further information about general nursing documentation can be found in the NZNO Documentation guideline which can be found at: Publications.

4.3.6 Expiry dates

Expiry dates must be strictly adhered to. Exceptions may occur during emergencies such as pandemics where supplies are affected. Nurses must be aware of when such changes occur and their implications for nursing practice.

- An expiry date (month/year) is deemed to expire at the end of the month.
- A use by date (month/year) is deemed to expire the first day of the month.

4.3.7 Reporting adverse events (errors or incidents)

If an error is made in the administration of a medicine, the RN must take every action to prevent any potential harm to the client and report the error as soon as possible to the prescribing health professional, the line manager or employer (according to local workplace policy). The RN must document the incident and the action taken. A reportable event form must be completed. If an EN, kaiāwhina/HCA or student nurse makes an error, this must be reported to the supervising RN as soon as possible so the above actions can be taken.

4.3.8 Implications for nursing

- The RN and EN are accountable to the Nursing Council for their actions in the administration of medicines.
- Any error or incident should be subject to an investigation; this may be internal or, if serious harm has occurred, external.
- NZNO supports a thorough, open and multidisciplinary approach to investigating adverse events. This will ensure improvements in practice can be discussed,

identified and disseminated.

- An open culture is important to encourage the immediate reporting of errors or incidents in the administration of medicines.
- NZNO recommends organisations adopt the principles of a just and fair culture when investigating medication errors. This approach fosters a safe environment for reporting errors, helps identify underlying causes, and supports quality improvement to prevent patient harm.
- Information on just cultures in health care can be found on the following websites:
  - Introduction to Just Culture | Just Culture in Health Care.
  - Just and fair culture | Te Tāhū Hauora Health Quality & Safety Commission
  - NHS England » A just culture guide

4.3.8 Reporting adverse reactions

The Centre for Adverse Reactions Monitoring (CARM) in Dunedin is New Zealand's national monitoring centre for adverse reactions. It collects and evaluates reports of adverse reactions to medicines, vaccines, herbal products and dietary supplements from health professionals in New Zealand. Currently, the CARM database holds more than 80,000 reports and provides New Zealand-specific information on adverse reactions to these products and serves to support clinical decision-making when unusual symptoms are thought to be therapy related. Anyone can report adverse reactions to CARM. This link: Guide to Adverse Reaction Reporting (medsafe.govt.nz) describes the process for reporting such an event.

- NZNO publishes fact sheets on quality, harm event investigations and on police investigations. These are available on the NZNO website: Publications (nzno.org.nz).

The Health Quality and Safety Commission, Te Tahu Haorua, has also recently reviewed and released an updated National Adverse Events policy, now called Healing, learning and Improving from Harm (2023). This is available at: Healing, learning and improving from harm policy | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz).

- Further information on reporting adverse events can be found at www.medsafe.govt.nz.
- For further information on CARM and to report an adverse event go to https://nzphvc.otago.ac.nz/.

5. The multidisciplinary team: responsibilities and accountabilities

Responsibility for accurate drug administration lies with many individuals and, more importantly, the organisational systems in place to support medicine administration. The following outline of roles aims to inform nurses of the various team members' responsibilities and accountabilities, including direction and delegation. It is not definitive but presents an overview relevant to nurses. It is assumed all team members are familiar with relevant national standards and medico-legal issues.

5.1 The employer

- ensures appropriate orientation and education, including competence assessment for all involved in the administration of medicines
- provides safe systems for medicines storage, handling, administration and documentation which meet legislative requirements
- provide distraction free spaces for medication preparation
- provides job descriptions, policies and guidelines that outline the responsibilities of regulated and unregulated staff members in all steps of the medication process

- provides adequate resources for current medicine management
- informs staff members of risk management processes they can contribute to and/or participate in (Ministry of Health & Standards NZ, 2019; Keenan, 2016; Health and Disability Commissioner Act, 1994)

5.2 Prescribing health professionals

- ensure, wherever possible, the client is aware of the purpose of the treatment and that consent has been obtained
- ensures the prescription is clearly written, typed or computer-generated, the entry is permanent and dated, any subsidy coding requirements have been included, and the prescription/all entries on the drug chart have been signed individually by the prescriber
- ensures, that where a new prescription replaces an earlier prescription, the latter has been cancelled clearly and the cancellation signed and dated by an authorised prescriber
- ensures the prescription provides clear and unequivocal identification of the client for whom the medicine is intended
- ensures the substance to be administered is clearly specified and, where appropriate, its form (e.g. tablet, capsule, suppository) is stated, together with the strength, dosage, timing, frequency of administration, route of administration, quantity and/or duration of treatment
- in the case of controlled drugs, the prescription must be handwritten on a form approved by the Director-General of Health (currently triplicate controlled drugs prescription form H572). With the dosage and the number of dosage units or total course. and signed by the prescriber; or on an electronically generated form that is from an approved system, e.g. the New Zealand electronic Prescription Service (NZePS). The prescription must include the following: the date, the name and address of the patient, name of the medicine, the dose and frequency, the prescriber's name and address (MoH, 2024a)
- for children under 12 years prescriptions require the age in years and months to be included on the prescription form (MoH, 2024a)
- any amendments to controlled drug prescriptions must be made by the prescriber, who must:
  - sign the changes, on a handwritten controlled drugs prescription form (H572). And for an electronic prescription, either cancel the original prescription and issue a new amended prescription through NZePS or sign the changes on a paper copy of the electronic prescription (MoH, 2024a).

5.3 The pharmacist

- checks the prescription is written correctly (to avoid misunderstanding or error) and is signed by an authorised or designated prescriber
- refuses to dispense any medicine where the form of the prescription is incorrect
- checks that any newly prescribed medicines will not have adverse interactions with current medicines
- provides the medicine in a form relevant for administration to the particular client, in an appropriate container, and gives the relevant information and advice on storage and security conditions. Including providing education to patients and caregivers regarding administration/timing, possible adverse effects and cautions
- where the substance is prescribed in a dose or is to be administered by a route which falls outside the manufacturer's recommendation, the pharmacist will go back to the prescriber for clarification
- if the prescription contains any written amendments made and signed by the pharmacist, the prescriber has been consulted and advised and the amendments

have been accepted
- is available to be used for educational purposes by the multidisciplinary team and to the client and their family
- the pharmacist, in pursuit of her/his role in monitoring the adverse side effects of medicines, should be sent any information the administering health-care provider deems relevant

5.4 The registered nurse

- understands the legislative and professional/ethical issues outlined in these guidelines, including the standards outlined in Appendix 1
- HCAs administer medications under the instruction of the employer according to their employer's policies and guidelines and the NCNZ guidelines on direction and delegation (NCNZ, 2011)
- the RN **continues to be responsible and accountable** for appropriate direction and delegation when HCAs are involved with the administration of medicines, *"He/she* [the RN] *must be available for timely advice regarding any nursing needs* (NCNZ, 2011, p. 7)
- must report concerns about risks in the medication process to management and the prescriber
- for the RN working in the obstetric setting: Note that one of the competencies for entry to the register for midwifery states that the midwife *"directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurse, registered general nurses or registered comprehensive nurses*" (Midwifery Council of New Zealand, nd, 4.6)
- is aware of, and complies with, provider/organisational policies regarding the preparation, checking and administration medicines.
- While the employer has overall responsibility for the education and professional development of staff, the RN may be involved in teaching other team members about medicine administration and in developing medicine guidelines and policies. The RN needs to meet the Nursing Council's education competencies outlined in Competencies for Enrolled Nurses (NCNZ, 2024a) and Competencies for Registered Nurses (NCNZ, 2024b). The RN must also be aware of their role and responsibilities regarding direction and delegation; Guideline: delegation of care by a registered nurse to a health care assistant (NCNZ, 2011). These documents are available from the NCNZ website (www.nursingcouncil.org.nz).

5.5 The enrolled nurse

- understands the legislative and professional/ethical issues outlined in this guideline, including the standards outlined in Appendix 1
- understands the responsibilities and accountabilities of the RN/midwife as outlined above
- is familiar with the employer's policies and guidelines on medicine administration
- for the EN working in the obstetric setting: Note that Competency 4.6 for entry to the register for midwifery states that the midwife *"directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses"* (Midwifery Council of New Zealand, nd, 4.6)
- reports concerns about risks in the medication process to the RN/ management

Further information on the role of the EN in the administration of medicine can be found in the EN competencies: Standards and guidelines for nurses (nursingcouncil.org.nz).

5.6 The Kaiāwhina/health care assistant

- understands that the regulated nurse has responsibilities and accountabilities under their scope of practice to the relevant regulatory authority
- is familiar with their employer's policies and guidelines related to medicine administration, including their individual responsibilities related to achieving the standards in Appendix 1
- is aware that, when working in the obstetric setting, care provided by the Kaiāwhina/HCA may be directed, supervised, monitored and evaluated by the registered midwife
- when accepting delegated activities, the HCA understands that **s/he retains responsibility for their actions and remains accountable** to the RN/ midwife
- understands that the EN may co-ordinate and prioritise the workload for a team of HCAs and act as a resource for them (NCNZ, 2011)
- has a responsibility to inform the RN/ midwife/ EN if they do not believe they, as kaiāwhina/HCA, have the necessary skills and knowledge to carry out the delegated task
- raises concerns about risks in the medication process to the RN/ midwife/ EN and management

Please see Appendix 2 for more in depth information. Further guidance is provided by NCNZ at: Standards and guidelines for nurses (nursingcouncil.org.nz)

5.7 The student nurse

- understands the regulated nurse/midwife has responsibilities and accountabilities under their scope of practice to the relevant regulatory authority
- is familiar with their educational institution's policies and guidelines related to medicine administration, including their individual responsibilities related to achieving the standards in Appendix 1
- understands the agency's policies and guidelines on medicine administration and adheres to these
- understands they must never administer or supply medicines without direct supervision of a nurse/ midwife
- understands they may decline to undertake a task if they do not feel confident enough to do so

To achieve the outcomes and standards required for registration, students must be given opportunities to participate in the administration of medicines, but this must always be done under direct supervision. Where this is done, both the student and the nurse/midwife must sign the medication chart. The nurse/midwife is responsible for delegating to a student. If the student is not yet ready to undertake administration, this should be delayed until the student is ready. Students are unregulated under New Zealand law; therefore, **it is the nurse or midwife who is responsible and accountable for the actions of the student.**

> NZNO recommends, regardless of what year of training the student is year in, medicine administration is **always undertaken** under the direct supervision of the RN or midwife.

6. Specific professional practices

6.1 Verbal and telephone medicine orders

Acceptance of verbal orders for the administration of medicines is not specifically provided for under legislation. Many health-care institutions have their own policies to cover this. However, the MoH has provided some guidance for ARC settings. If the RN records the name of the authorised prescriber, recipient, date, and medicine order (where possible the prescribing health professional emails a copy of the order to the pharmacy and facility), and the order is signed by the prescriber within 48 hours, then this is acceptable (MoH, 2019). This documentation process can also be applied in general hospital wards and primary health care settings. The documentation requirements for verbal orders (e.g. time frame within which the prescribing health professional is required to subsequently sign the medicine chart) should be described in an organisational policy.

In some circumstances, the prescribing health professional may also need to prescribe remotely. This may occur in the following situations:

- where a previously unprescribed medicine (e.g. in palliative care or remote/rural areas) is required urgently; or
- where medication (not including controlled drugs) has been prescribed before and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary.

It these situations, information technology (such as email) can be used to confirm the prescription **before** the medication is administered. This should be followed up by a new prescription signed by the prescriber who sent the email, confirming the changes within 24 hours. This needs to be clearly documented and added to the client's medication chart.

For remote prescriptions, a verbal order on its own is **not acceptable**. The email or photograph of the prescription must be attached to the client's existing medication chart. The RN is accountable for ensuring all relevant information has been communicated to the prescriber and they may refuse to accept a remote prescription if it compromises care to the client. In this instance, they should document accurately the communication that has taken place.

All nurses must follow local guidelines and policies on verbal and telephone medicine orders. The following table outlines an advisable procedure for taking telephone orders (Keenan, 2016, *p. 312*).

Table 1. How to take a telephone medication order

➢ write the order as it is to be given ➢ read it back to the prescriber ➢ always get a colleague to hear the order from the prescriber and write it down and repeat it to the prescriber ➢ resolve any discrepancy or difficulty in hearing the order before the telephone conversation is completed ➢ the order should be written, preferably on the medication administration form (not on the medication order form), and clearly marked as an *administration of a medicine pursuant to a telephone order,* this prevents it being considered a written order by the prescriber or the erroneous reading of the actual written

order as a fresh order for repeat administration
- enter administration of the medicine on the medication administration form as after checking and witnessing, as required
- record in the client's notes that special action is required, namely the writing up of the order by the prescriber

6.1.1 Text messaging

While not currently common practice in New Zealand, text messaging of prescriptions may slip into practice in remote communities. NZNO **does not** recommend the use of text messages as a form of prescribing. There are very few programmes available that allow text messages to be downloaded and added to electronic client records.

The Nursing Council (for consistency) does not recommend the use of text messaging for comprehensive health matters about a client and suggest a phone call or face-to-face meeting would be more appropriate (NCNZ, nd). An electronic meeting in platforms such as Zoom and Microsoft Teams may be of use in situations where a nurse is physically isolated from the prescriber.

If there is no alternative and text messaging is used (PXT, MMS or written text), the nurse is responsible for ensuring client confidentiality and documentation of any text message received. NZNO recommends this should include documenting the following:

- the complete text message
- the telephone number it was sent from
- the time it was sent
- any response given
- the date and signature of the nurse who received the text message
- the date and signature of a second person who has witnessed the text message (preferably another registered health professional)

All this information should then be added to the individual client care record, in particular the medication chart. It is important to note that there may be privacy issues with this type of communication.

6.2 Standing orders

A standing order is a **written instruction** issued by a medical practitioner, dentist, nurse practitioner, pharmacist or optometrist that authorizes a specified person or class of people (e.g. paramedics, RNs) who do not have prescribing rights, to administer and/or supply specified medicines and some controlled drugs (MOH, 2016; Medicine, Standing Order Amendment Regulations, 2016). Standing orders are useful for ensuring the administration of treatment or medicines in the absence of a prescribing practitioner. However, they need to be approached with caution. NZNO has developed a guideline on standing orders that can be found on the NZNO website: Publications (nzno.org.nz).

6.3 Unapproved medicines: Section 29 Medicines Act, 1981

Occasionally, nurses will encounter medicines labelled as "section 29". This means *"as well as registered medicines there are unregistered medicines whose distribution and use is unapproved, but are nevertheless safe and effective and approved overseas"* (Keenan, 2016, p. 296).

Medsafe provides information on the use of unapproved medicines: Unapproved

Medicines (medsafe.govt.nz).

Important Note: there is no accessible list of these medicines available for nurses. It is the pharmacist's responsibility to notify staff if a medicine is unregistered.

It is important *the prescriber* is aware of his/her responsibilities in relation to explaining to the client:

- what the implications of section 29 medicines are and obtaining verbal consent
- the use of a section 29 medicines is reported to Medsafe and recorded on a data base which also requires client consent

It is recommended that a guideline is developed locally with all relevant stakeholders, if section 29 medicines are used. Nurses need to be aware that Section 29 drugs can only be supplied if prescribed by a doctor.

6.3.1 Further information

- Is available on http://www.medsafe.govt.nz/profs/RIss/unapp.asp
- From your liaison pharmacist.
- See also section 8.6 for information on complementary medicines.

6.4 Monitored dosage dispensing

Monitored dosage systems (also known as compliance packaging aids, i.e. blister packs, dispensing boxes, dosette boxes, and sachets) are systems for supplying and dispensing medicines prepared by a community pharmacist. These systems involve dispensing a client's medicine into a special container, with sections for days of the week and times within those days.

The supply of the medicines in a special container or blister packs must be accompanied by the appropriate prescription information to the hospital/ARC/domestic residence. Systems must meet criteria established by Medsafe. To be acceptable for use in hospital/ARC/domestic residence, the containers for the medicine must:

- be filled by a pharmacist and sealed by them, or under their control and delivered complete to the medicine administrator or user
- be accompanied by clear and comprehensive documentation which forms the authorised prescriber's prescription
- be able to be stored in a secure place
- have a structure that makes it apparent if the containers (blister packs, spaces within a container or sachets) have been tampered with between the closure and sealing by the pharmacist and the time of administration

6.5.1 Nursing implications

- . For The introduction of a monitored dosage system transfers the responsibility for ensuring the container is filled and sealed correctly to comply with the prescription, to the pharmacist. This does not alter the fact the RN administering the medicines must still consider the appropriateness of each medicine at the time of administration.
- It is **not acceptable**, in lieu of a pharmacist-filled monitored dosage system container, for a health provider to transfer medicines from their original containers into an unsealed container for administration at a later stage. This is a dispensing activity (see section 5.3 for further detail).
- It is also **not acceptable** to interfere with a sealed section of a monitored dosage system at any time between its closure by the pharmacist and the scheduled time of administration, e.g. opening a sealed blister pack section, adding a charted

antibiotic and taping over the section.

- Where it is not possible for the boxes to be filled and sealed before supplying to the client, the nurse should mark the container with the day and time the medicines are to be taken only, rather than with the name of the medicine. The client should be well instructed (preferably in writing in addition to verbal instructions) on the name of the medicine and should be given any information regarding taking it, side effects, and relevant contra-indications (Keenan, 2016, p. 309).
- There are potential difficulties associated with individual medicine identification by staff in a monitored dosage system example, it may be necessary to withhold a specific tablet such as digoxin. The employer, nurses, doctors, and the liaison pharmacist need to establish a guideline for the management of such a procedure that ensures client/patient safety.

6.6 Transcribing

Transcribing is defined as by the Royal Pharmaceutical Society and Royal College of Nursing (2019) "the accurate copying of previously prescribed medicines details to enable their administration in line with legislation (i.e. in accordance with the instructions of a prescriber" (p. 6).

NZNO does not support transcribing as a routine practice, however, NZNO believes transcribing is an appropriate activity within the scope of nursing practice in certain circumstances (outlined in NZNO's Transcribing guideline). Please refer to NZNO guideline *Transcribing medicines* available at: Publications (nzno.org.nz).

Important Note: Photocopying/photographing a Medication Administration Record Chart **is not** transcribing.

6.7 Medicines reconciliation

Medicines reconciliation is an evidence-based process of obtaining, within 24 hours of admission, the 'most accurate' list of all medications a client is taking (HQSC, 2021, 2022). Medicine reconciliation has three core steps:

1. Collecting the 'most accurate' medicines list, using at least two different information sources, the primary source being the client.
2. Comparing the 'most accurate' medicines list against the current medication chart and clinical notes for any documented changes to medicines.
3. Communicating any discrepancies (i.e. undocumented changes, whether intended or not) to the prescriber to reconcile and action (HQSC, 2021, 2022).

6.7.1 Nursing implications

- Medicines' reconciliation should be carried out by any health professional with prescribing in their practice scope involved in the prescribing, dispensing or administering medications – this includes medical practitioners, NPs, other designated prescribers, pharmacists, and RN prescribers.
- Medicines' reconciliation should be carried out for all clients within 24 hours of admission, transfer or discharge from any setting.
- This should also provoke a consideration of possible interactions and/or prescribing cascades that need to be addressed.

Details on the Safe Medication Management Programme are available from Medicines | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz).

6.8 Nurse-initiated medication

Nurse initiated medicines (NIMs) are non-prescription (over the counter – OTC) medicines that can be administered by an RN when the need arises (Australian Commission on Safety and Quality in Health Care, 2014). NIMs are not to be used when a standing order is required (see section 6.2). OTC medicines can range from general sales to pharmacy-only medicines, therefore organisations that enable medicines to be initiated by a nurse usually have a specified list of these medicines. This list is usually developed in consultation with an authorized prescriber, e.g. NP or doctor and/or pharmacist, and should be reviewed regularly. NZNO recommend RNs only initiate medicines based on clinical assessment that is clearly documented by the RN.

NIMs **must be approved by a health-care facility,** with input from the prescribing health professionals before being administered by an RN or EN. NIMs are not specifically provided for under legislation. They are intended for a single dose, or for a very short course, until the care recipient's prescribing health professional can complete a full assessment**.**

Medicines that may be nurse-initiated in a health-care facility **must be approved** by that facility's medicines committee or clinical governance group. Nurses may then initiate a medicine that has been listed and endorsed by the health facility's medicines committee or equivalent group.

Written policies must be in place for each medication and must clearly outline the procedure to be adopted by the nurse, including sufficient detailed information so the nurse can make informed decisions as to when/when not to administer the medicine. The NIMs template provided for microlax enemas (Appendix 4) is an example of an appropriate guide. Such templates should be developed for all Medicines on the organisations NIMs list.

NIMs are appropriate for one-off or occasional medications. Any person with an ongoing need for medication should be referred to a prescribing health practitioner for assessment.

Before administering a NIM, the nurse must determine the following:

- the client's current health status/diagnosis and current medications
- that the client has not already been prescribed the medication
- that the medicine is not contraindicated with other medication that they are taking
- that the medicine is not contraindicated with client's current diagnosis, e.g. contraindications for enemas may include recent or current bowel perforation, undiagnosed abdominal pain, diverticulitis, ulcerative colitis, Crohn's disease, severe or internal haemorrhoids, and tumours of the rectum or colon
- the expected effects of the medicine
- any known allergies or previous reactions to medicines experienced by the care recipient
- as with all medication administration, the nurse must record the outcome in the client's progress notes once the medicine has been given

An example of a NIM would be a nurse working in the community or in an ARC facility initiating bowel management medication for a client who may otherwise be in significant discomfort awaiting a doctor to see them and prescribe appropriate bowel interventions.

The following must be documented for NIMs:

- date and time NIM administered
- generic name of medicine
- route of administration (approved abbreviations may be used)
- dose administered

- initiator to sign and print name
- the words ‘nurse-initiated medicine’

6.9 Working with children and infants

Children have specific needs and requirements regarding medicines – prescribing can be particularly challenging due to the weight-based dosing calculations, fractional dosing (grams versus milligrams) and the need for decimal points. Nurses need to be particularly vigilant in looking for prescribing and calculation errors, given the increased risk to an infant or child if an incorrect dose is given.

The following guidelines will help nurses working with infants and children:

- children and infants should only be weighed in kilograms (kg) and kilograms should be the standard weight on prescriptions, medical records and staff communications, height is also important for some medications e.g. chemotherapy
- children should be weighed upon admission to ensure medications are calculated on their current weight
- where electronic weights/centile charts are in use, nurses need to ensure that they are working on a “current” weight
- use oral syringes to administer oral medicines
- avoid storing adult and paediatric concentrations in the same automated dispensing machine cabinet drawer or other storage facility

> NZNO recommends all nurses working with children undertake regular updates on calculation competence. Where an agency policy requires a medicine to be checked by two people, the second person must ensure they undertake any calculations independently of the first person, where necessary, witness administration of the medicine, and document that they have checked and witnessed (where relevant) administration of the medicine on the medication chart.

6.10 Health professionals administering medicines to family and friends

Nurses involved in a personal capacity, such as giving medication to family members, are professionally accountable for their actions and must fulfil the standards outlined in Appendix 1. The advice of a community pharmacist should be sought when necessary.

Nurses must also be careful in self-administering medicines from anything other than a personal prescription or purchase of an OTC medicine. Nurses must not use medicines available in their workplaces as this risks being construed as theft, for which the nurse may be held liable under the Misuse of Drugs Act (1975) or the Crimes Act (1961).

6.11 Self-administration of medicines by clients

Where self-administration is introduced for all or some clients, arrangements must be in place for the appropriate, safe and secure storage of the medicines. The people who will access these medicines will be determined by local workplace policy.

For the long-stay client, whether in hospital, ARC or primary care, self-administration can help foster a feeling of independence and control. This can be facilitated by the nurse, via a self-administration policy.

For the hospital client approaching discharge, who will continue on a prescribed medicines regime following return home, there are obvious benefits to self-

administration while still having access to professional support. Health professionals need to be aware of maintaining the standards outlined in Appendix 1, if they are monitoring self-administration by a client.

6.11.1 Further information

Details on self-administration are available in the *Medicines care guides for residential aged care*, available to download from the MOH website: Medicines Care Guides For Residential Aged Care | Ministry of Health NZ

6.13 Automated medication dispensing devices and automated medication management

Automated dispensing systems are drug-storage devices or cabinets that electronically dispense medications in a controlled fashion and track medication use. Their principal advantage lies in permitting nurses to obtain medications for clients at the point of use. Most systems require user identifiers and passwords. Internal electronic devices track nurses accessing the system, track the clients for whom medications are administered, and provide usage data to the hospital's pharmacy.

Most hospitals are using this technology, an example of which is Pyxis. The use of this technology is now being taken up by the community health sector and ARC. The use of automated dispensing devices continues to evolve. Some health-care organisations deploy one or several devices in selected areas that are floor-stock intensive, such as hospital emergency departments. Some devices are used for selected categories of medications, e.g. controlled substances that have tracking and documentation requirements. Some organisations have devices throughout client care areas to cover nearly all medications used. Therefore, it is vital policy development involves all stakeholders using the devices and the policy must assign responsibility for and addresses issues of security. These systems are not fail-safe, and it is essential the employer provides adequate training on their use.

6.13.1 Implications for nursing

- Nurses cannot refill an automated dispensing machine. **This is considered dispensing** and is outside the scope of practice of the nurse.
- Nurses **ARE** allowed to return unused medications to an automated dispensing machine.
- The automatic tracking systems and other features on dispensing machines do not remove the responsibility or accountability of the nurse to meet the standards for medicine administration outlined in Appendix 1 – in particular the documentation in the client record of all medicines administered.

These systems require identifiers and passwords; therefore, it is essential to keep these up to date. Do not assist colleagues by accessing the system on their behalf; they must have their own identifier and password.

Important Note: Errors can still occur with stocking automated dispensing machines; nurses need to be vigilant that the item removed matches the intended medication.

6.14 New Zealand Formulary

The New Zealand Formulary (NZF) is an independent resource providing health-care professionals with clinically validated medicines information and guidance on best practice, enabling health-care professionals to select safe and effective medicines for individual clients.

The NZF is a free resource for all health-care professionals prescribing, dispensing and administering medicines in community and hospital care. It aids decision-making and contributes to best practice through standardised and evidence-based information on medicines. Over time, the NZF will be fully integrated into the e-health environment, including prescribing and dispensing systems across primary and secondary care. It can be accessed at: The New Zealand Formulary.

7. Specific medicine groups

The groups of drugs listed below are often seen across the health sector, from community-based institutions to hospitals, so it is important nurses are aware of, and familiar with these groups.

7.1 Controlled drugs

Controlled drugs are used in all parts of the health sector. A list of all controlled drugs is found in the Misuse of Drugs Act 1975, Schedules 1 - 4 (amendments and revocations as at April, 2024). A register of all controlled drugs must be maintained, and it is the responsibility of the employer to facilitate this (Misuse of Drugs Regulations 1977).

The following details are required in a controlled medicines register:

- client's name
- time and date of administration or destruction of medicine
- number of medicines
- names of prescriber
- two signatures: the person administering the medicine and the witness

There is no specific legal provision regarding the qualifications of the people who are signatories on the controlled medicines register. Entries in the controlled medicines register recording disposal must be made immediately following the administration of the controlled drug. It is recommended controlled medicine administration be witnessed – this means seeing the medicines being administered and signing as a witness (Keenan, 2016).

Section 28 of the Misuse of Drugs Regulations 1977 (SR 1977/37) (as at 04 July 2013) states every person in possession of a controlled drug in the course of their profession shall:

a. keep it in a locked cupboard or compartment constructed of metal or concrete or both,

b. ensure the cupboard or compartment is securely fixed to, or is part of, the building, ship, aircraft, or vehicle within which the controlled drug is kept for the time being, and

c. ensure the key of the cupboard or compartment is secure when not being used. If the building, ship, aircraft, or vehicle is left unattended, the key needs to be secured outside of that building, ship, aircraft, or vehicle

In addition, no person in possession of a controlled drug that is kept, for the time being, within any building, ship, aircraft, or vehicle, shall leave that building, ship, aircraft, or vehicle unattended, unless s/he has taken all reasonable steps to secure that building, ship, aircraft, or vehicle, and the part of it in which the controlled drug is kept, against unlawful entry.[1]

[1] Section 8(1)(d) of the Misuse of Drugs Act 1975 states "Any person having the care of a patient for whom a controlled drug is supplied by a medical practitioner or dentist or prescribed by a medical practitioner or dentist and legally supplied, may

See Appendix 3 for a full list of controlled drugs that are excluded from the locked cabinet requirement.

All people who administer controlled medications must familiarise themselves with their employer's policies and guidelines. If this issue is being discussed, it is vital to consider:

- the responsibilities and accountabilities of the regulated and unregulated team members, as outlined in section 5.0 of this guideline
- that the standards for medicine administration are met, as outlined in Appendix 1

> NZNO recommends clear policies and guidelines be available in all workplaces regarding access to the controlled drugs cabinet and who is able to witness the preparation, administration, and documentation of controlled drugs.

7.2 Injectable medicines

Injectable medicines are also administered throughout our health services. The preparation and administration of injectable drugs requires additional skills and knowledge over and above the standards outlined in Appendix 1. It is important nurses are familiar with local workplace policies and guidelines on which staff can administer injectable drugs, and what training and certification is required.

7.2.1 Further information

- Most DHBs have specialist nurse roles related to intravenous therapy.
- The HQSC (www.hqsc.govt.nz) has a growing resource on medication management and safety.
- NZNO colleges and sections are a resource for specialty expertise.
- Notes on Injectable Drugs (2023) – Resource for the safe administration of injectable medicines in New Zealand. Produced by New Zealand Hospital Pharmacy Association (NoIDs-flyer-Nov-2023-v2.pdf (nzhpa.org.nz).

7.3 Oxygen and other medical gases

Oxygen and any other medical gas (e.g. medical air, nitrous oxide, entonox, heliox, carbon dioxide) given to a client is a medicine and, as such, should be treated like any other medication using the Standards for the administration of medicine (see Appendix 1). A RN/EN involved with any of these therapies has a responsibility to practice within their scope and is accountable for all decisions in relation to initiating these medicines.

Individual institutions should also have their own oxygen/medical gas therapy policies covering all aspects of these therapies, whether it be within an institution or a home, (e.g. home-based oxygen therapy). Oxygen therapy/other medical gas therapy should be prescribed on the medication chart and regular monitoring of the individual is required. It may also be covered by a standing order for specific clients in specific settings. These standing orders should remain with the client's clinical record and medication chart.

The HQSC provides guidance to this in their national medication chart user guide at: National medication chart toolkit, user guide and medication charting standard (updated February 2021) | Te Tāhū Hauora Health Quality & Safety Commission (hqsc.govt.nz).

administer that drug to that patient in accordance with the advice of the medical practitioner or dentist who supplied or prescribed it".

7.4 Over the counter (OTC) medicines

An OTC medicine is any medicine that can be bought without a prescription, e.g., a nurse working in primary care might recommend an OTC for head lice. This does *not* include supplying medicines from a prescribers' practitioner supply order (PSO).

OTC medicines include the following:

- restricted medicines that can only be sold or supplied by a pharmacist
- pharmacy-only medicines, i.e. a medicine that can only be sold or supplied from a pharmacy
- general sale medicines that can be sold at any retail outlet (Thompson, 2008)

RNs and ENs who recommend an OTC medicine to a person (this may be a client, friend or family member) must know the associated responsibilities and accountabilities of doing so.

This should include their past medical history and current medications in order to ensure there are no contraindications e.g. ibuprofen should not be recommended to many patients due to the risk of worsening renal function (especially if they already have renal disease OR are on other medications that affect GFR).

> NZNO believes a RN or EN is accountable for their nursing advice on and off duty, 24-hours-a-day and must remain within their scope of practice. An RN or EN recommending OTC medicines must ensure they have sufficient knowledge of the medicine, be able to undertake a comprehensive assessment of the person, understand the limitations of their knowledge on OTC medicines, use appropriate referral, and know how to communicate this effectively to clients, friends and family members (Thompson, 2008).

RNs and ENs who recommend an OTC medicine to a person (this may be a client, friend or family member) must know the associated responsibilities and accountabilities of doing so. An OTC medicine is any medicine that can be bought without a prescription, e.g., a nurse working in primary care might recommend an OTC for head lice (see section 7.4).

Where nurses are registered as Quit Card providers, they can give people access to fully subsidised nicotine replacement therapy. The Nursing Council and NZNO have issued a joint statement on nurses becoming Quit Card providers. This document is available for free download from the standards and guidelines section of the NZNO website: Standards and guidelines for nurses (nursingcouncil.org.nz).

7.5 Immunisations

Regulated nurses across the health sector may be involved in vaccination and immunisation programmes. Information regarding this role is available in the *Immunisation Handbook 2024 ver 6 (MOH, 2024)* which is accessible on Immunisation Handbook – Health New Zealand | Te Whatu Ora. Vaccines can be administered by:

- a nurse practitioner
- a medical practitioner
- a registered midwife
- an enrolled nurse
- a designated prescriber (which includes a registered nurse fulfilling the designated

prescriber criteria)

- a person authorised to administer the medicine in accordance with a prescription or a standing order, e.g. registered nurses
- a registered pharmacist and a registered intern pharmacist (who has completed approved training on vaccinations)
- a person who is authorised by either the Director-General of Health or a Medical Officer of Health under Regulation 44A or 44AB of the Medicines Regulations 1984 (see A3.6)
- a person authorised as a vaccinating health worker by either the Director General of Health or the national Medical Officer of Health under Regulation 44AB of the Medicines Regulations 1984 (see A3.6)

(Ministry of Health, 2020)

Regulation 44A of the Medicines Regulations 1984 (as at 01 August 2011) states the director-general of health or a medical officer of health may authorise any person to administer a vaccine for the purposes of an approved immunisation programme, if that person, following written application, provides documentary evidence satisfying the director-general or the medical officer of health, that they:

- Can carry out basic emergency techniques, including resuscitation and the treatment of anaphylaxis.
- Have knowledge of the safe and effective handling of immunisation products and equipment.
- Can demonstrate clinical interpersonal skills.
- Have knowledge of the relevant diseases and vaccines in order to explain the vaccination to the client, or to the parent/guardian of the client who is to consent to the vaccination on behalf of the client, to ensure the client or the parent/guardian can give informed consent to the vaccination.

The regulations also state authorisation is valid for two years, is subject to conditions, and may be withdrawn at any time. Information about the process for becoming an Authorised Vaccinator is available from Authorised vaccinator – Health New Zealand | Te Whatu Ora.

7.5.1 Implications for nursing

- The onus is on the nurse to ensure they retain an up-to-date authorisation to vaccinate and that this is renewed every two years.
- Nurses authorised to vaccinate under Regulation 44A can only do so as part of an approved immunisation programme.
- Nurses must check their local workplace policies for gaining authorisation, and for information on the particular programmes that are authorised.

7.5.2 Student nurses participating in immunisations

In 2015, the MOH advised a standing order would be required allowing a student nurse to administer vaccines while on placement under the direct supervision of an authorised vaccinator. The MOH has also provided a standing order template for this which is also provided in Appendix 5.

7.6 The administration of complementary medicines

Some RNs have undertaken complementary medicine education. NZNO believes the nursing profession has a responsibility to provide evidence for the efficacy and safety of complementary therapies used as nursing interventions. Nurses who use complementary therapies as part of their nursing practice are responsible for ensuring this is within their scope of practice as defined by the Nursing Council.

Nursing implications

If clients are seeking advice from nurses about specific complementary medicines, a discussion involving all stakeholders (e.g. liaison pharmacist, medical practitioner, prescribing health professional and client) is advisable to help the client to make an informed decision. Issues to consider are:

- Whether there is any evidence-based information about the medicine.
- Whether the substance is appropriate for the client's condition.
- Potential side effects.
- Potential interactions with other prescribed medicines.

NZNO advises nurses not to administer complementary medicines unless they are prescribed by an authorised prescribing health professional and are a registered medicine. Not all complementary medicines are registered and unless the medicine is notified by a pharmacist as a section 29 medicine (see section 6.3). NZNO recommends **nurses do not administer unregistered complementary medicines.** In some circumstances, it may be appropriate to educate the client to self-administer complementary medicines.

7.7 Use of traditional– Rongoā Māori medicine

Rongoā is traditional Māori healing that involves massage (mirimiri), prayer (karakia) and native plant-based remedies (rongoā rākau) (Canopy, 2024). A strong spiritual element is involved in the preparation of Māori herbal medicine. The responsibility for traditional Māori medicines rests with the tohunga/practitioner.

Each tribal area has different karakia (prayer) and kawa (protocol), although some tohunga may have been taught from masters of other tribal areas or tohunga/practitioners may come from a different tribal area to see the person to whom they are administering rongoā.

If whānau are seeking advice from nurses about traditional Māori medicine, a discussion with all involved, including the tohunga/practitioner, is advisable to help the client make an informed decision.

Issues to consider are:

- what is the knowledge and experience of the practitioner
- whether the substance is appropriate for the client's condition
- potential side effects
- potential interactions with other prescribed medicines
- if there is any evidence-based information about the medicine

7.7.1 Further information

There is a range of useful resources to learn more about Rongoā Māori. Some of are listed below:

- Māori medicine | Te Papa
- Traditional Māori Healing - BPJ 13 May 2008
- ACC: What is Rongoa Māori https://www.youtube.com/watch?v=78VyvxpqNuQ
- Rongoā | Medicinal plants | Canopy

The findings of the Waitangi Tribunal include the expectation that Māori traditional health and healing practices are acknowledged and supported. The report can be accessed here: Wai 262 Report: Protecting and Nurturing Taonga Māori

8. Glossary of Terms

Administer

Administer means to administer to a person, either:

- orally, or by injection or by introduction into the body in any other way; or
- by external application, whether by direct contact with the body or not.

Aged Residential Care

A general term referring to all levels of care including rest home level care, hospital level care, specialised dementia care and psycho-geriatric hospital level care.

Cell and tissue therapies

These are derived from living cells and tissues of human or animal origin and include products such as skin grafts, ligaments, demineralised bone matrix, and dental-pulp derived stem cells.

Client

The word 'client' is used for convenience but implies not only a patient in a hospital or ARC, but also a client or care recipient in her or his own home or in a community home, a person attending a clinic or a general practitioner's surgery and an employee attending a workplace occupational health service.

Natural Health Products (NHPs)

Therapeutic Products Act 2023 states that NHPs include vitamin and mineral supplements, herbal remedies, animal extracts, probiotics, enzymes and essential fatty acids.

Compliance packaging aid/monitored dosage systems

For the purpose of this document, compliance packaging aids (sometimes known as monitored dosage systems) are defined as blister packs, dispensing boxes, dosette boxes, and sachets.

Designated prescriber

A designated prescriber is someone who is a registered health professional authorised by regulations under the Medicines Act 1981 to prescribe prescription medicines, for example diabetes nurse specialists who prescribe within diabetes care and under the supervision of a medical practitioner. RN prescribers in primary and specialty care is a much more common group that has included diabetes nurse specialists since 2016 and RN prescribers in community care since 2019.

The title differentiates them from practitioners (medical or dentist), registered midwife, nurse practitioner, pharmacist, or optometrist with full prescribing rights.

Dispensing

Dispensing includes:

- the preparation of a medicine for sale to the public (whether in response to the issue of a prescription, or a request by an individual to be supplied with the medicine); and
- the packaging, labelling, recording and delivery of a medicine.

General sales medicines

These are medicines sold (albeit in small quantities) in general shops with no pharmacy training required for sale. All products must be sold in the manufacturers original packets. (Also called Over-the-counter medicines (OTCs) – see below).

Medicines

This includes blood and blood products and work primarily through pharmacological, immunological or metabolic means. They comprise of substances that interact with human physiological and pathological processes and there may be a narrow margin between the amount required to produce a therapeutic effect and the amount that can cause a toxic effect.

Medical devices

These work primarily through physical and electrical/electronic means and include a vast range of apparatus, instruments and appliances from tongue depressors and bandages to implantable devices such as pacemakers, diagnostic tools, software, robotic surgery machines, MRI scanners, and in-vitro diagnostics.

Medicine reconciliation

Obtaining the most accurate list of a client's medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Discrepancies are document and reconciled.

Nurse-initiated medicines

These are non-prescription (over the counter – OTC) medicines that can be administered by an RN when the need arises. Organisations that enable medicines to be initiated by a nurse, must have a specified list of these medicines. This list is usually developed in consultation with an authorised prescriber, e.g. Nurse Practitioner or doctor and/ or pharmacist, and should be reviewed regularly.

Over-the counter medicines

OTC medicines must be licensed in New Zealand. There are four types:

- Prescription medicines
- Pharmacy-only medicines
- Pharmacy medicines
- General sale medicines

Pharmacy medicines

Can only be sold in licensed pharmacies. These are often larger pack sizes of products sold in supermarkets, e.g. Ibuprofen.

Pharmacy-only medicines

Pharmacist-only medicines (also known as restricted medicines) are a small group of medicines that can be purchased from a pharmacist without a doctor's prescription. They are not available for self-selection from the pharmacy shelves, and the sale must be made by a pharmacist. When selling these medicines, pharmacists must fulfil some special requirements designed to make sure consumers properly informed about the safe and correct use of the medicine.

Practitioner Supply Order (PSO)

'A practitioner supply order is a written order made by a practitioner on a form supplied by the Ministry of Health, or approved by the Ministry of Health, for the supply of community pharmaceuticals to the practitioner (Pharmac, 2023). The pharmaceuticals are for emergency use, for teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable'.

The strictly limited list of subsidised pharmaceuticals and the quantities that can be used can be found in Section E part 1 of the Schedule. There is a larger schedule for remote rural practices.

Prescribing

While there is no legal definition of prescribing, a generally accepted definition is *'...to designate or order the use of a medicine, remedy or treatment'* (dictionary.com, 2023). The Nursing Council also defines prescribing as *"The steps of information gathering, clinical decision making, communication and evaluation which result in the initiation, continuation or cessation of a medicine"* (NCNZ, 2017b, p. 9).

Prescribing health professional (prescriber)

For the purpose of this document, this person is someone who has authority to prescribe medication. This maybe a doctor, midwife, NP, or a RN designated prescriber.

Self-administration of medicines

Where a person administers their own medicines. The person must be assessed by an RN and prescribing practitioner as capable of safely being able to self- administer, and this must be within written policies and procedures.

Standing order

A standing order is a written instruction issued by a medical practitioner, dentist, NP or optometrist that authorises a specified person or class of people (e.g. paramedics, RNs) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs.

Supply

To supply is to furnish or provide a person with the medicine or controlled drug.

Therapeutic product

An umbrella term for products that are intended to be used in or on human beings for a therapeutic purpose. Examples of therapeutic purposes include bringing about a physiological response to prevent, diagnose, monitor, alleviate, treat, or cure a disease, ailment, defect, or injury. These include:

- medicines
- medical devices, and
- cell and tissue therapies

There are also hybrids which combine these product types. For example, a metal stent coated with a matrix and endothelial cells is a medical device-cell and tissue hybrid, and a coronary stent with a heparin coating is a medicine-medical device hybrid.

Transcribing

The legitimate copying of prescription information from one source to another without any alterations or additions.

Unregulated health care workers and health care assistants

Health care workers who are not licensed or regulated by any governmental or regulatory body. This includes HCAs and "other" unregulated health care workers, such as paramedics, physician assistants, operating department practitioners and practice assistants. HCAs are employed under various titles, including caregivers, health care workers, health assistants, kaimahi hauora, support workers, and HCAs (NZNO, 2011c). HCAs and other unregulated health care workers are defined by their level of education and their relationship with RNs, ENs and NPs.

An HCA is '*a person employed within a health care, residential or community context who undertakes a component of direct care and is not regulated in law by a regulated authority'* (Nursing Council of New Zealand, 2011b, p.9). HCAs do not usually hold a health qualification above level 4 on the New Zealand Qualifications Authority (NZQA) Framework.

For further information please refer to the NZNO position statement on unregulated health care workers available on the NZNO website: New Zealand Nurses Organisation Home page

'When required' (PRN) medicines

These are medicines ordered by a prescribing practitioner for a specific person and recorded on that person's medicine chart and are to be taken only as needed.

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Appendix 1: Standards for the administration of medicines

These are generic standards. Refer to local workplace policy and guidelines for further information specific to your place of work.

Training and education requirements

The person administering the medicine or delegating responsibility for administration of the medicine will be satisfied that they:

- understand their scope of practice as determined by the appropriate regulatory authority or understand their role and responsibilities as per their job description in the case of HCAs. If delegating the regulated nurse or midwife should be satisfied the individual to whom they are delegating the administration of medicines has an appropriate level of education and training and has been assessed as competent. Where this is not the case, the regulated nurse or midwife may refuse to delegate, even when requested to do so by another health professional
- The regulated nurse or midwife is accountable for their actions including delegation
- has had adequate training/orientation for the type of medicine being administered
- is familiar with local area policy and guidelines related to medicine administration; and
- understands the relevant professional and legal issues regarding medicine administration

Prior to administration

Prior to administration of medication, the regulated nurse or midwife administering the medicine:

- within the limits of the available information, confirms the correctness of the prescription/medication chart, and the information provided on the relevant containers
- ensures they are aware of the client's current assessment and planned programme of care; and makes a clinical assessment of the suitability of administration at the scheduled time of administration
- ensures appropriate protocols regarding the preparation, administration and documentation of controlled drugs are followed (all controlled drugs must be stored in a locked cabinet)
- checks the folowing:
    - the right medicine
    - the right dose
    - the right person
    - the right time
    - the right route
    - the nurse is certain the client is showing the right indications and
    - completes the right documentation before and after administration
    - the nurse is aware that the person has the right to refuse the medication
    - the expiry date of the medicine
    - the client is not allergic to the medicine
- in the case of children and where the dosage of medication is related to weight or surface area (e.g. cytotoxics), or where clinical condition dictates, ensures the correct weight has been recorded in kilograms only, and that the medicine to be administered has been prescribed in accordance with the correct weight

is aware of the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications (see p. 24 of this guideline for more information)

- contacts the prescriber/pharmacists, designated senior health professional as appropriate if:
  - the prescription/medication chart or container information is illegible, unclear, ambiguous or incomplete
  - it is believed the dosage or route of administration falls outside the product license for the particular substance
  - there are potential adverse interactions with other medicines
  - where contra-indications to the administration of any prescribed medicine are observed
- prepares the medicine as specified by manufacturer/area policy and protocols
- when believed necessary, refuses to administer the prescribed substance. If this situation arises, document clearly the reason and inform the prescriber/medical staff
- pays due regard to the environment in which care is being given e.g. appropriate cardiac monitoring is available
- is certain of the identity of the client to whom the medicine is to be given
- informs the client of the purpose of the medicine as appropriate, and provides access to relevant client information leaflets
- if checking the calculations and preparation of a medicine undertaken by a colleague, is certain the calculations and preparation are accurate. NZNO recommends the nurse checking the calculations and preparation repeats the calculations independently of the colleague
- where dose or administration is dependent on parameters, these need to be checked e.g. sliding scale insulin, warfarin, gentamicin

During administration

During the administration of medication, the regulated nurse or midwife administering the medicine:

- monitors the client for adverse effects of the medicine and takes appropriate action as determined by local guidelines, e.g. anaphylaxis management
- uses the opportunity, if appropriate, to emphasise to the client and significant others:
  - the importance and implications of the prescribed treatment
  - to enhance their understanding of its effects and side effects

After administration

After administration, the regulated nurse administering the medicine:

- makes clear and accurate recordings of the administration of each individual medicine administered or deliberately withheld, or refused, ensuring any written entries and the signature are clear and legible
- documentation must be timely
- records the positive and negative effects of the medicine and makes them known to the authorised prescriber
- ensures the record is completed, when the task of administering medication has been delegated

Appendix 2: Summarised information for Health Care Assistants

The term 'unregulated health care worker' is used to describe the variety of health care workers who are not licensed or regulated by any governmental or regulatory body. Within this definition are both HCAs and "other" unregulated health care workers such as paramedics, physician's assistants, and operating department practitioners.

HCAs and other unregulated health care workers are defined by their level of education, their relationship with RNs, ENs and NPs, and by the Health Practitioners Competence Assurance Act, 2003.

An HCA is 'a person employed within a health care, residential or community context who undertakes a component of direct care and is not regulated in law by a regulated authority' (Nursing Council of New Zealand, 2011b, p.9). HCAs do not usually hold qualifications above level 4 on the New Zealand Qualifications Authority (NZQA) Framework. HCAs are employed under various titles, including caregivers, health care workers, health assistants, kaimahi hauora, practice assistant and health care assistants (NZNO, 2011c).

For further information please refer to the NZNO position statement on unregulated health care workers (NZNO, 2011) available on the NZNO website: www.nzno.org.nz

Although not regulated under the Health Practitioners Competence Assurance (HPCA) Act 2003, HCAs are expected to work within other legislative requirements, such as the Code of Health & Disability Services Consumers' Rights (Health and Disability Commissioner, 2004) and the Health and Disability Services Standards (Ministry of Health & Standards New Zealand, 2008). Although they *cannot* undertake activities regulated by law, such as dispensing and prescribing medicines, HCAs could legally provide most nursing services. However, HCAs will not be investigated by the Nursing or Midwifery Councils if there is an adverse outcome or complaint. HCAs can be investigated by agencies such as the Health and Disability Commissioner and the Human Rights Review Tribunal.

Direction and delegation

RNs, registered midwives and NPs may direct and delegate the work of HCAs, and ENs may co-ordinate the work of HCAs. The Nursing Council guideline on delegation of care by a RN to a HCA (Nursing Council of New Zealand, 2011) outline the responsibilities of RNs, ENs, HCAs and employers in circumstances where direction and delegation is taking place. The guidelines are available on the Nursing Council website: www.nursingcouncil.org.nz.

NZNO opposes HCAs administering medicines in acute care, and to ill clients, as the requirements of the standards in Appendix 1 cannot be achieved. The HCA has the following responsibilities if they are involved in the administration of medicines:

- understands their role and responsibilities as per their job description
- understands that the regulated nurse/midwife has responsibilities and accountabilities under their scope of practice to the relevant regulatory authority
- is familiar with their employer's policies and guidelines related to medicine administration, including their individual responsibilities related to achieving the standards in Appendix 1

- is aware that when working in the obstetric setting, care provided by the HCA may be directed, supervised, monitored and evaluated by the registered midwife
- when accepting delegated activities, the HCA understands that he/she retains responsibility for their actions and remains accountable to the RN/midwife
- understands that the EN may co-ordinate and prioritise the workload for a team of HCAs and act as a resource for them (Nursing Council of New Zealand, 2011a)
- has a responsibility to inform the RN/midwife/EN if they do not believe they have the necessary skills and knowledge to carry out the delegated task
- reports concerns about risks in the medication process to the RN/management
- understands they must undergo and pass competency training before administering medicines

Appendix 3: Controlled drugs that are excluded from the locked cabinet requirement

(Note, some institutions may still choose to keep these drugs in the locked cabinet for various reasons – make sure you are aware of local policies)

Refer Section 28(4d – Part 5 of Schedule 3.) of the Misuse of Drugs Regulations 1977 (SR 1977/37) for current revocations and amendments.

Codeine phosphate syrup
Codeine phosphate linctus
Pholcodine linctus:
Pholcodine linctus, strong
Alprazolam
Amfepramone (2-(diethylamino) propiophenone)
Aminorex
Barbital (5,5-diethylbarbituric acid)
Bromazepam
Brotizolam
Camazepam
Chlordiazepoxide
Clobazam Clonazepam
Clorazepate
Clotiazepam
Cloxazolam
Delorazepam
Diazepam
Estazolam
Ethchlorvynol (ethyl-2-chlorovinylethynyl-carbinol)
Ethinamate (1-ethynylcyclohexanol carbamate)
Ethyl loflazepate
Fludiazepam
Flunitrazepam
Flurazepam
Halazepam
Haloxazolam
Ketazolam
Loprazolam
Lorazepam
Lormetazepam
Mazindol (5-(4-chlorophenyl)-2, 5-dihydro-3H-imidazo [2, 1-a]-isoindol-5-ol)
Medazepam
Meprobamate (2-methyl-2-propyl-1,3-propanediol dicarbamate)
Methylphenobarbital (5-ethyl-1-methyl-5-phenylbarbituric acid)
Methylprylon (3,3-diethyl-5-methylpiperidine-2,4-dione)
Midazolam
Nimetazepam
Nitrazepam
Nordazepam
Oxazepam
Oxazolam
Pemoline

Phenobarbital (5-ethyl-5-phenylbarbituric acid)
Phentermine (2-amino-2-methyl-1-phenylpropane)
Pinazepam
Pipradrol (1,1-diphenyl-1-(2-piperidyl)methanol)
Prazepam
Pseudoephedrine (other than a preparation referred to in clause 6 of Part 3) SPA ((−)-1-dimethylamino-1,2-diphenylethane)
Temazepam
Tetrazepam
Triazolam.

Misuse of Drugs Act 1975 No 116 (as at 01 October 2023), Public Act Schedule 3 Class C controlled drugs – New Zealand Legislation

Appendix 4: Example of Nurse-Initiated Medication Policy for Microlax Enema

Source: Lake Taupō Hospice 2018, shared with permission.

Insert Organisation logo

Nurse-Initiated Medication

Microlax Enema

Issued: Insert date	**Review date:** Insert date
Bowel Care	For treatment of constipation for palliative patients in the care of Insert Organisation
Rationale	This Nurse-Initiated Medication aims to provide patients with treatment for the immediate relief of constipation without delay
Organisation/Clinic	For the use by Registered Nurses employed at Insert Organisation details
Scope (the condition and patient group)	For the immediate treatment of constipation in adults over the age of 16yrs who have been admitted to Insert Organisation
Medicine/s	Microlax enema
Dosage instructions for each medicine	1 prn
Route of administration	Per rectum
Indication/circumstances for activating the Nurse-initiated medication	To provide relief from constipation where there is evidence of a rectum loaded with hard faecal matter without impaction
Precautions and exclusions that apply to this Nurse-initiated medication	Precaution: A rectal examination is recommended on all patients with constipation to decide on appropriate treatment required Precaution: Contraindications to enemas include recent or current bowel perforation, undiagnosed abdominal pain, diverticulitis, ulcerative colitis, Crohn's disease, severe or internal haemorrhoids, and tumours of the rectum or colon. Other conditions of concern include recent lower gastrointestinal surgery and a history of heart disease or renal failure, due to the potential for electrolyte imbalance
Persons authorised to administer the Nurse-initiated medication	Registered Nurses employed by Insert Organisation
Competency/training requirements for the person(s) authorised to administer	Prior to administering a microlax enema under this NIM, the registered nurse is required to undergo the in house training on the policy, procedure and documentation requirements for nurse-initiated medicines and to have followed the The Palliative Care Handbook: guidelines for clinical management and symptom control (8th ed.) Auckland, New Zealand: Crucial Colour.
Countersigning	Countersigning is not required Routine documentation in insert organisations requirements is required
Definition of terms used in Nurse-Initiated medication	Nurse-initiated medicines are non-prescription (over-the-counter – OTC) medicines that can be administered by a registered nurse when the need arises (Australian Commission on Safety and Quality in Health Care, 2014). NIM are not to be used when a Standing Order is required (see section 6.2). OTC medicines can range from general sales to pharmacy only medicines therefore organisations that enable medicines to be initiated by a nurse, usually have a specific list of medicines that can be initiated. This list is usually developed in consultation with an authorised prescriber e.g. nurse practitioner or doctor and/ or pharmacist, and should be reviewed regularly. NZNO recommend only registered nurses initiate medicines.
Additional information	Associated Document Examples Insert Organisation Nurse-Initiated Medication Policy/procedure/guideline/templates MacLeod, R., Vella-Brincat, J., & Macleod, S. (2016). *The Palliative Care Handbook: guidelines for clinical management and symptom control* (8th ed.). Auckland, New Zealand: Crucial Colour. Lakes District Health Board Lippincott Procedures and Nursing Reference Centre http://midlandlearning.elearning.ac.nz Insert additional documents, reference

Prescribing Health Professional:

Name:		Date:	
Title:			

Example

Appendix 5: Ministry of Health guidance on Student Nurses administering vaccines

Available to download from http://www.nzno.org.nz/resources/medicines_-_guidelines_and_information

Example standing order

Issued: 00/00/0000	Review date: 00/00/0000
Medicine Standing Order Title	Administration of vaccines from the National Immunisation Schedule by undergraduate student nurses on placement, under the supervision of an Authorised Vaccinator.
Rationale	Any vaccines administered by any person other than an Authorised Vaccinator must be administered under a Standing Order or prescription (Section 44A Medicines Regulations 1984). Student nurses on clinical placement need experiences that will prepare them for the registered nurse role. This includes administration of vaccines in primary health care (administration means all activities related to the immunisation event i.e. assessment, informed consent, communication, providing education and administering the vaccine dose).
Organisation/clinic	Insert Name of DHB / PHU / PHO / Practice / Clinic
Scope (the condition and patient group)	Administration of vaccines from the National Immunisation Schedule for the prevention of vaccine preventable diseases in children aged between birth and under 18 years. Administration of vaccines from the immunisation schedule for the prevention of vaccine preventable diseases in adults aged 18 years and over.
Medicine/s	Vaccines as per the current on-line version of the National Immunisation Schedule
Dosage instructions for each medicine	Dose as per the current on-line version of the National Immunisation Schedule
Route of administration	Route as per the current on-line version of the National Immunisation Schedule
Indication/circumstances for activating the standing order	• An undergraduate student nurse on placement is working under the supervision of an Authorised Vaccinator. • The vaccine is scheduled. • Informed consent is achieved. • The authorised vaccinator accepts responsibility for supervising the student nurse to administer the vaccine.
Precautions and exclusions that apply to this standing order	**Anaphylaxis to a previous dose or any component of the vaccines is an absolute contra indication to further vaccination with that vaccine.** See sections 2 and 4 of the on-line Immunisation Handbook for pre vaccination checklists and precautions.

Example

Persons authorised to administer the standing order	Undergraduate student nurses on placement in the service/practice and working under the supervision of an authorised vaccinator.
Competency/training requirements for the person(s) authorised to administer	• Safe administration of oral and injectable vaccines • Basic emergency techniques including resuscitation and treatment of anaphylaxis • Code of Health and Disability Consumer Rights and informed consent process; relevant legislation (Medicines Act; Standing Orders Regulations).
Countersigning and audit	The standing order does not require counter signing. The Standing Order must be included in the monthly audit of 20% of Standing Order treatments in the practice.
Definition of terms used in standing order	**National Immunisation Schedule** –The schedule issued by the Ministry of Health which stipulates the timing, medicine name, dosage and route for administration of vaccines. **Registered nurse** – a health practitioner deemed to be registered with the Nursing Council of New Zealand as a practitioner in the profession of nursing. **Authorised vaccinator** – a registered nurse authorised to administer vaccines under section 44A of the Medicines Regulations (1984). **Undergraduate Student nurse** – a student enrolled in an approved Bachelor of Nursing programme and on placement for clinical experience as part of that programme.
Additional information	• The Authorised Vaccinator supervising the undergraduate student nurse must satisfy themselves that the student is adequately prepared to undertake the administration of the vaccine. • The Authorised Vaccinator is responsible for the supervision and oversight of the student nurse administering a vaccine under this standing order. • The Authorised Vaccinator is responsible for all documentation related to the vaccination event. • This standing order does not apply to any registered nurse working under the supervision of an Authorised Vaccinator. • Any adverse event that occurs in the course of administration of this Standing Order must be reported within 48 hours and investigated as a critical incident.

Signed by issuer:

Name:		Date:	
Title:	Medical practitioner		

Notes: This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

The organisational standing order policy and procedure must be signed by management, the issuer and every person operating under standing orders, and attached to the standing order.

Example