

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Glycerol 10% cetomacrogol aqueous cream (Glycerin in Sorbolene Cream) for protection / relief of dry skin

SESLHDPR/453

POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse initiated medication' to children greater than 16 years and adults. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.¹

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Dry skin

CONTRAINDICATIONS

Hypersensitivity to product ingredients
Skin fissure
Signs of infection

PRECAUTIONS

None

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HISTORY/ASSESSMENT

Assess skin condition. Refer to medical officer for assessment if:

- Dry skin is severe/inflamed or causing pain
- · Large area of skin is affected
- Skin has cracked or shows signs of clinical infection
- Dry skin is associated with a wound or medical condition (e.g. eczema, psoriasis, possible allergy).

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Glycerol 10% cetomacrogol aqueous cream	A sufficient amount to cover the affected area	Topical	Once

- Apply to the affected area and massage in gently
- The best time to apply the cream is immediately after washing or bathing.

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

If irritation occurs, discontinue use.

Moisturisers may make some surfaces slippery – consider potential falls risk depending on site of application and advise patient of accordingly.

Refer to medical officer for assessment and ongoing management if symptoms of dry skin continue.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS³

- Glycerol is a humectant which attracts and retains water from the epidermis to the skin surface and improves the retention of water in the stratum corneum.
- Excessive soaking in water or repeated washing and drying of skin surfaces should be discouraged where possible.
- Avoid soap and bubble bath and apply the cream liberally after washing or bathing.

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REFERENCES/FURTHER READING

- 1. PD2013 043 Medication Handling in NSW Public Health Facilities
- 2. Australian Medicines Handbook Pty Ltd, 2018.
- 3. eTG complete. Melbourne: Therapeutic Guidelines Ltd. August 2021.

REVISION and APPROVAL HISTORY

Date	Revision Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Prince of Wales Hospital
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor
		wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines
		Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. Minor
		wording updates made. References updated.
September 2021	3	Approved by SESLHD Quality Use of Medicines
		Committee

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