

## **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<sup>1</sup>

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**

Relieve or prevent symptoms of dry skin

## **CONTRAINDICATIONS**

Allergy or hypersensitivity to lanolin or wool products  
Skin fissure  
Signs of clinical infection

## **PRECAUTIONS**

Lanolin can be a trigger or allergen in some patients with eczema<sup>2</sup>

## **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**

<b>Caution: CHECK for allergies and/or contraindications</b>			
Drug	Dose	Route	Frequency
Lanolin	<b>A sufficient amount to cover the affected area</b>	Topical	Once
Apply to the affected area and massage in gently			

**MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS**

Some emollients can cause stinging<sup>3</sup>  
 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 POINTS<sup>3</sup>**

- Lanolin is an emollient which smooths the roughened surface of the stratum corneum by filling the spaces between dry skin flakes with oil droplets
- Excessive soaking in water or repeated washing and drying of skin surfaces should be discouraged where possible
- The best time to apply lanolin is immediately after washing or bathing.

**REFERENCES/FURTHER READING**

1. [PD2013\\_043 - Medication Handling in NSW Public Health Facilities](#)
2. [Australian Medicines Handbook](#). Australian Medicines Handbook Pty Ltd, January 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