

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 exceeded¹

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

Constipation in patients aged 2 years and over.

CONTRAINDICATIONS

Known hypersensitivity to the active substance or to any of the excipients.

Intestinal perforation or obstruction due to structural or functional disorder of the gut wall, ileus and severe inflammatory conditions of the intestinal tract, such as Crohn's disease, ulcerative colitis and toxic megacolon.

PRECAUTIONS

Renal impairment

Elderly

Pregnancy – limited data (Category B1)

Safe to use in lactation

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Macrogol oral powder for constipation

SESLHDPR/460

HISTORY/ASSESSMENT

- Assess patient’s usual bowel habits (frequency of stools, volume, colour, consistency)
- Patient’s current bowel status (last time bowel opened)
- Assess for alterations in bowel patterns
- Refer to medical officer if patient has the following symptoms: blood in stools, weight loss, abdominal pain
- Assess patient for faecal impaction
- Review patient’s current medication for medicines which may cause constipation
- Consider risk of fluid overload

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Macrogol 3350 with electrolytes Oral Powder (junior sachet)	2-5 years: 1 sachet in 62.5 mL of water	Oral	Once
	6-11 years: 2 sachets in 125 mL of water		
Macrogol 3350 with electrolytes Oral Powder (adult sachet)	12 years and over: 1 sachet in 125 mL of water		
<i>Mix each junior sachet in 62.5mL of water, or each adult sachet in 125mL of water. Stir briskly. Administer immediately with plenty of other fluid, preferably fruit juice.</i>			
Macrogol 3350 Oral Powder (sachet)	12 years and over: 1 sachet in 120 – 250 mL of liquid		
<i>Mix each sachet in 120 – 250 mL of any hot or cold beverage (e.g. water, tea, cordial, etc). Stir briskly. Administer with plenty of other fluid or water.</i>			

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitor bowel function and complete stool chart

Monitor fluid balance and electrolytes.

Common adverse effects (>1%): nausea, vomiting, diarrhoea, anal irritation, abdominal distension, cramps or pain.

Rare adverse effects: allergic reaction, fluid and electrolyte disturbance

Absorption of other medications could be transiently reduced during use with macrogol.

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

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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

- Onset of action varies, up to 2 days.
- Ensure adequate fluid intake
- Ensure adequate dietary fibre intake.
- Encourage mobility, where possible.
- Consider review by dietician, if appropriate.

REFERENCES/FURTHER READING

1. [PD2013_043 Medication Handling in NSW Public Health Facilities](#)
2. [Product Information Movicol[®], Movicol Junior[®]](#). MIMS online. Accessed 20/02/2018.
3. [eTG complete](#). Melbourne: Therapeutic Guidelines Ltd. November 2017. Accessed 20/01/2019.
4. Rossi S. [Australian Medicines Handbook](#), South Australia: Australian Medicines Handbook Pty Ltd, January 2019.
5. [Product Document ClearLax[®]](#). Perrigo Australia. Accessed 20/01/19.

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. Brand names removed. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
January 2019	DRAFT 3	Differentiated between macrogol products with and without electrolytes. References updated. Reviewed by nursing and pharmacy staff.
February 2019	3	Approved by SESLHD Quality Use of Medicines Committee
September 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. Minor wording updates
October 2021	3	Approved by SESLHD Quality Use of Medicines Committee