

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

Sodium citrotartrate granules for urinary symptom relief

SESLHDPR/474

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) 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.

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

Urinary alkalinisation for relief of urinary symptoms in patients over 12 years of age

CONTRAINDICATIONS

Hypersensitivity to the active substance or to any of the excipients. Renal failure or hypernatraemia. Concurrent hexamine mandelate or hexamine hippurate treatment Concurrent quinolone antibiotic treatment

PRECAUTIONS

Low sodium diet - preparation contains sodium 644 mg/sachet
Use cautiously in patients with cardiac failure, hypertension, impaired renal function,
peripheral and pulmonary oedema and pre-eclampsia.
Use in pregnancy has not been studied.
Caution in breastfeeding

HISTORY/ASSESSMENT

Evaluate clinical condition of the patient including laboratory determinations (e.g. serum electrolytes, acid/ base balance), particularly in patients with renal disease.

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PROTOCOL/ADMINISTRATION GUIDELINES

| Caution: CHECK for allergies and/or contraindications | | | |
|---|---|---|--|
| Dose | Route | Frequency | |
| Children over 12 years: ONE sachet Adults: ONE to TWO sachets | Oral | Once | |
| | Dose Children over 12 years: ONE sachet Adults: | Dose Route Children over 12 years: ONE sachet Adults: Oral | |

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Adverse effects: Mild laxative effects

Interactions: Hexamine mandelate or hexamine hippurate, quinolone antibiotics, antacids. Alkalisation of the urine may result in a decreased therapeutic effect of lithium, salicylates and tetracyclines.

Alkalisation of the urine may result in an increased therapeutic effect of amphetamines, ephedrine/ pseudoephedrine.

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

Encourage patient to drink plenty of fluids

REFERENCES/FURTHER READING

- 1. PD2013 043 Medication Handling in NSW Public Health Facilities
- 2. Product Information Ural®. MIMS online. Accessed 17/05/2018.
- 3. Australian Medicines Handbook. Australian Medicines Handbook Pty Ltd, 2018.

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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 |
| August 2021 | DRAFT 3 | Reviewed by nursing and pharmacy staff. No changes required. |
| September 2021 | 3 | Approved by SESLHD Quality Use of Medicines Committee |

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