

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

Protect or relieve symptoms of dry skin.

CONTRAINDICATIONS

Skin infections
Skin lacerations

PRECAUTIONS

Oils may increase the transdermal absorption of some drugs.

Be aware that moisturisers (especially oils) may make some surfaces slippery.

HISTORY/ASSESSMENT

Assess skin integrity and condition

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications

Drug	Dose	Route	Frequency
White soft paraffin	Apply to affected area	Topical	Once

Apply to dry (not damp) skin

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitor skin integrity

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

- Use a soap substitute as soaps and other detergents (including bubble baths and shower gels) can strip the skin of its natural oils. Avoid excessive bathing and use lukewarm water. Pat skin dry with a towel rather than rubbing.
- Avoid contact with chemicals that could dry the skin.
- Consider drugs that may contribute to dry skin (e.g. anticholinergics).
- Avoid skin contact with rough bed linen or clothing (e.g. wool).
- Keep patient's fingernails short to avoid skin irritation or damage from scratching.
- Regular use of a moisturiser helps reduce and prevent dry, rough or itchy skin.
Apply liberally at least twice a day.

REFERENCES/FURTHER READING

1. [PD2013 043 - Medication Handling in NSW Public Health Facilities](#)
2. [Australian Medicines Handbook](#), Australian Medicines Handbook Pty Ltd, January 2018

REVISION and APPROVAL HISTORY

Date	Revision Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, St George 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