

ACCREDITATION OF STAFF TO GIVE DRUGS IN SPECIFIC UNITS

This policy has two categories of approval for registered nurses (RN), Registered Midwives (RM) and Endorsed Enrolled Nurses (EEN) without notation to administer medications. These are:

Category 1 Accreditation for ALL STAFF

All RN / RM / EEN must complete the Medication Calculations Worksheet in orientation. They must also sign the RHW Agreement to Comply with Policy form and pass the First Dose Medication Administration Accreditation Assessment. Casual pool and agency staff must also ensure that they meet the criteria for this category.

NB: Accreditation is completed by CNE/CME, NE/ME, CNC, CNS, or Manager of Nursing and Midwifery Education.

Category 2 Adults

Additional learning consists of the completion specific worksheets and competency assessments by CNE/CME, NE/ME, CNC, CNS, or Manager of Nursing and Midwifery Education. They are identified in the following table under the specialty areas.

Category 2 Neonates

All RN/RM working in NCC or postnatal must pass Neonatal Antibiotics Administration assessment to administer the first dose of antibiotics to neonates.

Additional learning consists of a worksheet and competency assessment by CNE/CME, NE/ME, CNC, CNS, or Manager of Nursing and Midwifery Education.

Emergency drugs

Administration of emergency drugs as ordered by a Medical Officer must be checked by the Medical Officer and given under their supervision.

Administration of medication by RN/RM/EEN who has not completed required assessments and or without compliance with this policy will result in disciplinary action.
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NB: Annual re-accreditation is the employee's responsibility

ENs must not administer S8 medications

All medications not listed below may be given by a RN/RM who has completed the Category 1 – Medication Calculations Worksheet and IV Assessment and who are familiar with the actual drugs and side effects.

The following table indicates the additional learning required for RN/RMs to administer specific medications in their specialty areas.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
21 May 2015

ACCREDITATION OF STAFF TO GIVE DRUGS IN SPECIFIC UNITS cont'd

Table: Additional learning for each ward/unit

ADULTS

Ward / Unit	Drug / Protocol	Theory - Worksheet	Education Session	Competency Assessment
Acute Care Unit	Adrenaline	■		
	Amiodarone	■		
	Dopamine	■		
	Glyceryl Trinitrate	■		
	Heparin	■		
	Hydralazine	■		
	Labetalol - IV	■		
	Magnesium Sulfate - Eclampsia	■		
	Noradrenaline	■		
	Potassium (concentrated)	■		
	Ketamine infusion	■	■	■
	Epidural Infusion -program & commence	■		■
PCA	■		■	
Macquarie Ward including Chemo-therapy Clinic	Cytotoxic / Antineoplastic agents	■		
	Heparin	■		
	PCA	■		■
	Ketamine infusion	■	■	■
Maternity Services Antenatal, Birthing Services, Postnatal, Pregnancy Day Stay	Hydralazine		■	
	Magnesium Sulfate - Eclampsia		■	
	Dinoprostone gel or pessary		■	
	Remifentanyl		■	
	Epidural Infusion -program & commence	■		■

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Ward / Unit	Drug / Protocol	Theory - Worksheet	Education Session	Competency Assessment
Recovery	Pain Protocol	■		■
	Epidural Infusion - program & commence	■		■
				■
	Ketamine Infusion	■	■	■
	PCA	■		■

Medical Officer ONLY (adults)	Gemeprost	May only be given by medical officer
	Mifepristone	May only be given by medical officer
	Misoprostol	May only be given by medical officer
	Dinoprost	May only be given by medical officer

NEONATES

Ward / Unit	Drug / Protocol	Theory - Worksheet	Education Session	Competency Assessment
Postnatal and Neonatal areas (except ACC)	<i>Neonatal Antibiotics Administration</i>			■

NCC	Alprostadil	■		
	Ionotropes	■		

Medical Officer ONLY (neonates)	Digoxin (must be IV)	May only be given by medical officer
	Methyl Blue 1%	May only be given by medical officer
	Neostigmine	May only be given by medical officer
	Propofol	May only be given by medical officer
	Pyridoxine (Vitamin B6)	Given with EEG monitoring May only be given by medical officer
	Surfactant (Beractant or Poractant alfa)	May only be given by medical officer
	Tissue plasminogen activator alteplase	May only be given by medical officer

ACCREDITATION OF STAFF TO GIVE DRUGS IN SPECIFIC UNITS cont'd

Medications must be drawn up and administered immediately for each patient. Under no circumstances should medications be prepared for more than one patient at a time. Refer to RHW Medication- Administration LOP for details

- If a patient is ordered more than one medication at a time the medications must be clearly labeled as per NSW Health Policy
- Where medications were to be administered via different routes they should be separated into individual tray/kidney dishes.
- No registered nurse/midwife should administer a medication unless he/she is confident of all aspects regarding the preparation delivery and monitoring for effect/side effect pertaining to that medication
- Prior to administering all parenteral medications, patient ID must be checked both against the medication chart and with the patient by an accredited RN/RM/EEN and a second person (RN/RM/EEN)
- Intravenous medications are to be drawn up by the person administering the drug; RN/RM/EEN/MO
- Endorsed enrolled nurses are not permitted to administer Schedule 8 drugs via any route
- Undergraduate student nurses/midwives may administer intravenous medications *only* under the direct supervision of a registered nurse/midwife
- Undergraduate student midwives must have successfully completed pharmacology (year 2) before giving IV medications

All burette infusions of medications/antibiotics must be diluted and administered over the specified period in compatible fluids as recommended by the manufacturer's instructions or RHW Policies.

No additive should be placed in the following fluids:

BLOOD
BLOOD PRODUCTS
INTRALIPID
ALL BICARBONATE SOLUTIONS
MANNITOL

References:

NSW Ministry of Health PD2013_043. [Medication Handling in NSW Public Health Facilities](#). November 2013.

NSW Ministry of Health PD2012_007 User applied Labelling of Injectable Medicines, Fluids and Lines January 2012

Risk rating: Low- review in 5 years

REVISION & APPROVAL HISTORY

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 14/4/15
Approved Quality & Patient Safety Committee 21/10/10
Gynaecology Services Management Committee 14/10/10

FOR REVIEW : APRIL 2020