Introduction

The administration of medications is an important component of your work as a nurse or midwife.

Adverse outcomes arising from errors in the administration of medication can and do arise, and can sometimes be catastrophic to the patient.

Accordingly, it is important that there are safe practice standards in place designed to minimise the risk of such errors arising, and wherever possible, to minimise the damage if an error is made.

Practice standards

Errors in drug administration can arise in a number of ways. For example, the wrong drug can be given, or the right drug can be given but in the wrong amount.

The principal objective in the administration of medications is that the right patient should receive the right dose of the right drug via the right route at the right time.

It is imperative, therefore, that there are practice standards in place designed to ensure, as best as possible, that principal objective is met.

Legislation

In addition, as a nurse or midwife, you should be familiar with the relevant legislation relating to the overall control of drugs and poisons in NSW, and your legal responsibilities that arise as a result of that legislation.

The relevant legislation in NSW is known as the Poisons and Therapeutic Goods Act 1966, as well as complementary legislative documents known as the Poisons and Therapeutic Goods Regulation 2008 and the Poisons List.

Taken together, these three documents deal with the regulatory control of all substances that you may be required to administer in the course of your work as a nurse or midwife.

The Poisons and Therapeutic Goods Act 1966

The Poisons and Therapeutic Goods Act divides the available poisons into specific schedules under broad term headings as to type.

There are eight applicable schedules of drugs and ones most familiar to nurses and midwives are Schedule 4 and Schedule 8 substances.

Schedule 4 substances are generally referred to as ‘prescription only’ substances and cover all drugs that are able and required to be provided on the prescription of a medical
practitioner, nurse practitioner, eligible midwife, dentist or veterinary surgeon. Clearly the majority of medications you would administer as a nurse or midwife would be a Schedule 4 drug such as an antibiotic or antihypertensive, amongst others.

Schedule 8 substances are generally referred to as ‘controlled drugs’ or ‘drugs of addiction’ and include the well-known pain relief drugs such as opium or opium derivatives such as morphine, and synthetic opium derivatives such as pethidine, amongst others.

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<td>Controlled Drug</td>
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<td>Prohibited Substance</td>
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Treatment of Schedule 4 and Schedule 8 drugs is discussed in NSW Health Policy PD2013_043 ‘Medication Handling in NSW Public Health Facilities’.

Standard 4 of the National Safety and Quality Health Service Standards is also relevant.

**The Poisons List**

The Poisons List is the document that lists, by generic name, all of the substances covered by the eight schedules as described in the Poisons and Therapeutic Goods Act. It is a separate but complementary document to the Act.

**The Poisons and Therapeutic Goods Regulation 2008**

Next, the Poisons and Therapeutic Goods Regulation is the document that spells out in specific detail those health professionals who have the authority to prescribe, dispense, control, possess, supply, administer and be responsible for the safe storage of Schedule 4 and Schedule 8 drugs.

You should be familiar with the Poisons Regulation so that you are aware of what your legal responsibilities are as a nurse or midwife.

It is worthwhile to highlight briefly those aspects of the Poisons Regulation pertinent to Schedule 4 and Schedule 8 drugs that are relevant to nursing and midwifery practice and the specific legal obligations that arise in relation to them.
Schedule 4 and 8 substances

Prescriptions for Schedule 4 substances can only be issued by specific people – which include nurse practitioners and eligible midwives.

The Prescription must contain specific details such as the name and address of the patient, the date, drug and dosage.

In an emergency, a nurse practitioner or eligible midwife can verbally direct the dispensing of a restricted substance, including by telephone, subject to certain requirements.

If administration is verbally authorised, the person giving authorisation must generally record the authorisation in the patient’s notes within 24 hours.

In hospitals where a pharmacist is employed, the pharmacist is responsible for the storage and recording of restricted substances. If no pharmacist is employed, the Director of Nursing, or the medical superintendent has this responsibility. In remote areas this responsibility may fall to a registered nurse in charge because there is no medical practitioner on the premises.

Whoever is responsible for supply and storage must not issue a restricted substance without a proper prescription or appropriate ward requisition slip from the nurse in charge of the ward.

Schedule 8 substances

Now let’s discuss Schedule 8 substances.

Part 4, Division 4 of the Poison and Therapeutic Goods Regulation 2008 specifies those persons who are authorised to be in possession and supply drugs of addiction. This does include nurses or midwives in charge of a ward in a public hospital and nurses or midwives employed by community health centres.

This authority can be removed if it is breached or exceeded.

A prescription for a Schedule 8 drug can be issued by the same health practitioners as for Schedule 4 drugs, and the requirements are the same.

There are specific storage requirements for Schedule 4 Appendix D drugs, and Schedule 8 drugs. The storage area should be a separate receptacle or cupboard, securely fixed to the premises, and should be kept securely locked when not in use. The authorised person must keep the key on them at all times.

The nurse or midwife in charge of the ward must also keep a register of controlled drugs (a ‘ward register’) in the ward. There are specific legislative requirements for how this ward drug book must be set out and maintained.

The regulations specify what a nurse should do if there is a discrepancy, or there are missing drugs. This requires notification to a relevant person or body.

Refer to NSW Health policy PD2013_043 and your health facility guidelines for more information.
Minimising risk with medications

Given that medication errors in hospitals and health services are a significant cause of adverse events experienced by patients, as a nurse or midwife you must be aware of your responsibilities in this area and ensure that appropriate practice standards are maintained, designed to minimise the risk of error arising, or, if it does, to minimise the damage that occurs.

One of the more significant steps undertaken since 2006 has been the introduction of a National Inpatient Medication Chart.

It was anticipated that this would reduce the potential for error where health professional staff have had to acquaint themselves with different charts in different hospitals and health services.

NSW Health has a series of Policy Directives and Guidelines that relate to the storage, supply and administration of drugs. You may want to familiarise yourself with these documents.

- PD2013_043 – Medication Handling in NSW Public Health Facilities
- PD2012_007 – High Risk Medicines Management
- PD2007_061 – Incident Management

A key consideration in relation to drugs of addiction is that two people who understand Schedule 8 medications must be present for the entirety of dispensing and administering the medication. Refer to Section 6.13.2 and Section 7 of PD2013_043.

At a facility or district level, there is likely to be a permanent drug committee that formulate specific policy related to drug control and administration. You may want to find out more about the committee relevant to your hospital.

Clinical considerations

As a nurse or midwife involved in the day-to-day task of administering medications, the following matters should be observed as a means of ensuring safe practice standards:

1. If you are ever unsure, question and clarify with the prescribing practitioner.
2. Read medications sheets carefully.
3. Check the labelling of the drug carefully.
4. Leave medications in the packaging they arrive in from the pharmacy. Do not transfer them to another container.
5. Do not transcribe a patient’s medication orders from their medication sheet to any other part of the patient’s notes or other documentation unless absolutely unavoidable.
6. Do question medication orders carefully if the dosage seems excessive, the drug seems inappropriate, or you have not encountered the drug before.
7. If you are still concerned, communicate that concern to a person in authority for further checking.


9. You should not be required to administer complicated drug regimes in specialised or high-dependency areas unless you are assessed as competent to do so.

10. Where certain drugs must be checked before administration, ensure two people check the drugs if possible.

   In some situations this may not be possible, for example for community nurses and midwives. You may want to discuss the drug with the patient, who is often highly knowledgeable about their own illness and regime.

To recap, the damage that flows from an error in administration in medications can be catastrophic to your patient, and to you professionally. It is important that you practice safe standards, and always remember as your guiding principle: if in doubt, question and clarify.