

Local Guideline and Procedure



Safe Administration of Medications in JHCH

Sites where Local Guideline and Procedure applies	All Clinical Units JHCH - NICU, J1, H1, J2, Outpatient Department, Oncology Day Stay Unit, J2 Day Stay Unit
This Local Guideline and Procedure applies to:	
1. Adults	No
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	Yes
Target audience	All Clinical staff who administer Medications to paediatric patients
Description	This has been developed to ensure that the risks of harm to the patient associated with medication administration are identified and managed.

[Hyperlink to Procedure](#)

Keywords	Medication, Administration, Medicine, Overdose, Z-track, intramuscular, subcutaneous, injection, nebuliser, gastrostomy
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Replaces existing document?	Yes
Registration number and dates of superseded documents	JHCH 13.3 and JHCH 13.43 from 2010
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> • Australian Commission for Safety and Quality in Healthcare NSQHS Standard 4 & Standard 5. • NSW Ministry of Health Policy PD 2013_043 Medication Handling in NSW Public Health Facilities • NSW Ministry of Health Policy Directive PD2014_036 Clinical Procedure Safety • NSW Ministry of Health Policy PD 2005_406 Consent to Medical Treatment • NSW Ministry of Health Policy Directive PD 2007_036 Infection Control Policy • Medication Safety in HNE Health PD2013_043:PCP 31 	
Prerequisites (if required)	Clinicians authorized to administer medications
Local Guideline and Procedure note	<p>This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients health record.</p> <p>If this document needs to be utilised in a Non-JHCH Area please liaise with the Pharmacy Service to ensure the appropriateness of the information contained within the Guideline and Procedure.</p>
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Safe Administration of Medications in JHCH 13.3

This document contains advice on therapeutics	Yes (If Yes) Approval gained from Local Quality Use of Medicines Committee on (12.3.15 JHH QUMC)
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

RISK STATEMENT

Research shows that many adverse events reported in Australian health service organisations are associated with medicines. Research also demonstrates that standardisation and improvements to medication chart design can improve the safety of medication processes (ACSQHC, 2009).

This local guideline has been developed to further educate clinicians on the correct use of the National Inpatient Medication Chart (NIMC) and the principles of safe medication administration for paediatric patients within JHCH. There by reducing medication administration errors and therefore reduce the risk of associated patient harm

Any unplanned event resulting in, or with the potential for, injury, damage or other loss to the patient as a result of this clinical procedure must be reported through the Incident Information Management System.

Open Disclosure procedures must be commenced to ensure the concerns of the patient are identified and managed in accordance with Ministry of Health Policy Directives.

Risk Category: Choose one category: Clinical Care & Patient Safety

GLOSSARY

Acronym or Term	Definition
EN	Enrolled Nurse qualified for medication administration
IIMS	Incident Information Management System
IM	Intramuscular
IT	Intrathaecal
IV	Intravenous
MO	Medical Officer
NICU	Neonatal Intensive Care Unit
NG	Nasogastric
NGT	Nasogastric Tube
OG	Orogastric
PEG	Percutaneous Endoscopic Gastrostomy
PR	Per rectum
RN	Registered Nurse
SC	subcutaneous

TABLE OF CONTENTS

GUIDELINE	5
PERSONNEL REQUIRED IN THE NICU & PAEDIATRIC WARDS	5
CONFLICT RESOLUTION	5
IN THE EVENT OF CONCERNS WITH THE LEGALITY OF A PRESCRIPTION	5
TIME-CRITICAL MEDICATIONS REQUIRE DOSING WITHOUT DELAY	6
TIME SENSITIVE MEDICATIONS REQUIRE DOSING WITHIN 1 HOUR AND INCLUDE “STAT” MEDICATIONS.	6
MEDICATION ADMINISTRATION FOR TOXICOLOGY PATIENTS (FOLLOWING DRUG OVERDOSE/POISONING)	6
PROCEDURE	7
<i>Establish that the prescription is legal and safe.</i>	<i>7</i>
<i>Prepare for the procedure</i>	<i>7</i>
<i>Prepare the medication</i>	<i>8</i>
<i>Medication administration process</i>	<i>9</i>
SPECIAL CONSIDERATIONS	10
<i>Medications brought into the health facility by a patient or family member</i>	<i>10</i>
<i>Unpleasant Oral Medications</i>	<i>10</i>
PROCEDURE FOR NEBULISER USE (ADDITIONAL)	10
PROCEDURE FOR GASTROSTOMY/NGT ADMINISTRATION (ADDITIONAL)	10
PROCEDURE FOR SUBCUTANEOUS OR INTRAMUSCULAR ADMINISTRATION (ADDITIONAL)	11
<i>Positioning and injection sites</i>	<i>11</i>
<i>Process of administration</i>	<i>12</i>
<i>Z-track method of intramuscular injection</i>	<i>12</i>
IMPLEMENTATION AND MONITORING COMPLIANCE	13
APPENDICES	13
REFERENCES	13
FEEDBACK	14
CONSULTATION	14
APPROVAL	14
APPENDIX 1: LABEL DESCRIPTORS AVAILABLE IN NSW HOSPITALS	15
<i>Containers</i>	<i>15</i>
<i>Line and catheter labels</i>	<i>16</i>
<i>Additional Container Labels</i>	<i>16</i>
<i>Conduits</i>	<i>17</i>
<i>Medicine/Label</i>	<i>17</i>

GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

The legal and safe administration of medications to patients via any designated route must be a key priority of all clinical staff.

The process starts with a legal and safe prescription of medications (See JHCH 13.2 Paediatric Medication Prescribing), and includes recognition of unsafe prescriptions with actions to rectify, safe systems of medication supply and storage, medication reconciliation, and administration of medications by professionally endorsed and competent clinicians practicing according to the legal requirements of their professional registration.

For Nurse Initiated Medications see JHCH 13.14 guideline

Infant formula is the only single check item.

ALL MEDICATIONS IN JHCH REQUIRE TWO INDEPENDENT CHECKS BY AUTHORISED CLINICIANS

Independent checking is done when two clinicians check the prescription and preparation of a drug independently of each other to avoid confirmation bias.

Expressed Breast Milk (EBM) requires a two person independent check from preparation through to administration, and may include the mother as the second checker with an RN or EN See Maternity, Newborn, Paediatrics: Breast Milk - Safe Management PD2010_019:PCP 1

PERSONNEL REQUIRED IN THE NICU & PAEDIATRIC WARDS

- TWO clinicians qualified for medication administration are required to independently check all medications for all routes with no exceptions.
- Clinicians who are qualified include:
 - RN's
 - NP's
 - EN's (to check with another type of clinician)
 - MO's
 - Pharmacists
- **Note:** Intrathecal and cytotoxic drugs require handling by accredited personnel only
- Clinicians engaged in medication administration should ensure that at least one of the pair engaged in the administration process is familiar with the type of medication being administered, the route to be used and administering medications to children of different ages

CONFLICT RESOLUTION

In the event of concerns with the legality of a prescription

The onus is on the prescriber to ensure that each prescription is a legible and legal entry as described in the following procedure. If a nurse or pharmacist has cause for concern over any aspect of the prescription considered to be unsafe or unclear, the medication should not be given, and the prescriber should be contacted to rectify the order.

If the prescriber is unavailable or unwilling to attend to the concern, the next most senior person in the team should attend to the correction by re-writing the prescription.

If a staff specialist has written the prescription and is unavailable to make the correction, the registrar should be contacted to re-write the order and address the concerns.

Any corrected prescription should be entered into IIMS as a near-miss.

(HNELHD 14_06 Medication Conflict Resolution: Managing Concerns over the safety of Medications Orders)

TIME-CRITICAL MEDICATIONS require dosing without delay

Time-critical medications are those where early or delayed administration of doses may cause harm or result in substantial sub-optimal therapy or pharmacological effect. They include rapid acting insulin, antibiotics for first dose sepsis or febrile neutropenia management, heparin, resuscitation fluids, first doses of injectable anti-convulsants, and acute bronchodilators.

TIME SENSITIVE MEDICATIONS require dosing within 1 hour and include “Stat” medications.

Time-sensitive medications are those where early or delayed administration of doses of greater than one hour before or after the scheduled dose may cause harm or result in substantial sub-optimal therapy or pharmacological effect. They include IV antibiotics (other than first dose as above), analgesia, and medications scheduled for 4th hourly or more frequent dosing. (For more information refer to Timely Administration of Medications – GNAH_0240).

MEDICATION ADMINISTRATION FOR TOXICOLOGY PATIENTS (following drug overdose/poisoning)

- **No** nurse-initiated medications are to be administered to patients admitted following deliberate or accidental poisoning
 - This section of the medication chart can have a line drawn through it to prevent medications being nurse-initiated
- Cessation of the “No Nurse Initiated Medications” requirement is at the discretion of the treating teams and should be documented in the patient progress notes.
- All medications including analgesics, antacids, and nicotine replacement therapy must be approved by the Paediatrician in the first instance or the Toxicology Team
- If after hours, the Paediatric Resident or Registrar must contact the Paediatrician on call (in the first instance) or the Toxicologist on call prior to ordering medications.
 - This is very important especially if sedation is required.

SAFETY ALERT

RMO's/Registrar's must ring the paediatrician or the toxicologist on call before ordering medications for patients who have been admitted with accidental or deliberate poisoning

- Ensure the patient swallows any ORAL medication administered to them.
 - Do not leave for the patient to take later
 - Do not leave medication out for other patients to access
 - In the past, toxicology patients have self poisoned again in hospital as they have been able to hoard or take other patient's medications
- All discharge medications must be approved by the Paediatric Consultant.
- Their own medication is not to be routinely returned to them on discharge
 - The Paediatrician or Toxicologist may decide to return a patient's medication preferably to be handed over to a relative or friend rather than directly to a patient

PROCEDURE

This procedure requires mandatory compliance.

It is mandatory to ensure that the patient/family/carer has received appropriate information to provide informed consent and, that patient identification, correct procedure and correct site process is completed prior to any procedure.

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: Hand hygiene Acknowledge, Introduce, Duration, Explanation, Thank you or closing comment.

Establish that the prescription is legal and safe.

- This includes:
 - A [Paediatric National Inpatient Medication Chart \(NIMC\)](#) has been used for the prescription if the child is under 16 years or has a weight of < 50 kg. [The Guidelines for NIMC 2009¹ suggest use for children less than 12 years of age, however Kaleidoscope Quality Use of Medications endorse extension of this to include children and young people <16 years of age or weight of < 50 kg to reduce the possibility of children having adult dosing regimes applied to them.] [The Paediatric NIMC may be used for neonates but it has not been extensively evaluated in this setting.](#)
 - Medication chart is labelled correctly and is for the designated patient
 - The designated patient’s name is printed by the first prescriber under the identification label or handwritten details
 - The patient’s weight is recorded
 - The Allergies & Adverse Reactions box is completed
 - The prescription is legible, with signed and printed prescriber’s name and contact details
 - The date (including the year), time, **single** route, dose calculation, and indication for the prescription is recorded. E.g. “IV/PO” is unsafe
 - The medication generic name, dose, and frequency are prescribed
 - Only accepted abbreviations are used (See [National terminology, abbreviations and symbols to be used in the prescribing and administering of medications in Australian hospitals](#)³)
 - The times of administration match the frequency of the prescription and have been entered by the prescriber
 - Slow Release medications have the “Tick if slow release” box marked

Prepare for the procedure

- Ensure that the correct numbers of personnel are **available and present throughout** the checking and administration process for the required drug and route
- Attend 5 moments of hand hygiene throughout the procedure
- **Set a mental and physical “timeout” space to allow you to concentrate on the task at hand.**
 - **Checking the medication/s should be the only task you are attending. Interruptions should be kept to a minimum.**
 - **If a person cannot complete the checking process due to interruption, the procedure should recommence**

- With the prescription available, check the 5 rights of medication administration
 - **Right drug** – and in correct form e.g. slow release
 - **Right dose** – this involves checking that the prescribed dose is correct based on the patient's weight (or in some cases, body surface area). Use the appropriate drug reference manual to check this e.g. the Australian Medicines Handbook- Children's Dosing Companion before proceeding. If an error is apparent, ask the prescribing doctor or RMO to review and correct
 - **Right time / date**
 - **Right route**
 - **Right patient**
- Check the expiry date of the drug
- Check parenteral fluid compatibility for all injectable drugs, along with drug compatibilities if more than one drug is used, or more than one line is attached
- Collect the required equipment
- Calculate the required dose with all checkers present

SAFETY ALERT

Packaged medications should be taken to the bedside in the manufacturer's packaging to be double checked against the prescription.

Prepare the medication

- Don gloves and goggles if handling liquids, cut tablets or reconstituting drugs
- Obtain the required dose and complete an independent check with the 2nd person
- Place the medication in the required receptacle
 - Tablets in medicine cups or dissolved into enteral dispenser
 - Larger volumes of oral liquid medications in medicine sup
 - Utilise kidney dish for transporting to the bedside

SAFETY ALERT

Enteral dispensers (formerly known as oral syringes) MUST be used for all medications administered by oral / NG / OG / PEG routes to avoid the risk of intravenous administration

- Do not crush slow release tablets or cytotoxic medications
- Topical ointments and creams, eye, nose, and ear drops may be carried directly to the bedside

SAFETY ALERT

Prepared medication must be individually labelled if it leaves the hand (or is left unattended in the kidney dish/tray) by the administrator or if there is more than 1 medication

- Chemotherapy intrathecal medications are dispensed in their original packaging with a black outer covering from pharmacy. They are placed on the IT oncology trolley and transported to the child
- General intrathecal medications are dispensed in their original packaging with black outer covering from pharmacy are placed on a dressing trolley and transported to the child

SAFETY ALERT

The final check at the bedside is to include the original drug containers

- All parenteral bags, burettes and syringes containing medications are to be labelled with the appropriate additive label for the route, and should include the drug name, strength, dose, time commenced, and administrator's & 2nd checker's name.
 - This label must not occlude the manufacturer's printed information.
 - Additionally the line that the infusion is running into must be labelled with a match label specific to the route 6 (See Appendix 1)
- All containers (e.g. bags and syringes) for injectable medicines and all lines and catheters for administering injectable medicines are labelled to identify the correct route of administration and are colour coded according to target tissue
 - All parental lines not intended for administration of medicines or fluids, such as invasive monitoring lines, are also labelled
- All containers (e.g. bags, syringes) containing medicine which leaves the hands of the person preparing the medicine before administration are labelled
- Only one medicine at a time is prepared and labelled before the preparation and labelling of any subsequent medicine
- Any medicine or fluid that cannot be identified, e.g. in an unlabelled syringe or other container, is discarded

Medication administration process

- Explain the medication and its action to the child and/or parent/carer
- **All persons involved in checking the medication must attend the patient's identification and allergy check** prior to administration of the drug

PATIENT AND ALLERGY IDENTIFICATION

Patient labels with patient name, date of birth and barcode ONLY are to be used in identification bands. If the patient has identified allergy/allergies they should have a red identification band with insert containing their name, date of birth and barcode only. The specifics of their allergy SHOULD NOT be written on their identification band.

- Attend a verbal and visual identification check by:
 - Asking the patient or parent the child's full name and date of birth
 - Visually checking the child's identification band for name, date of birth, and medical record number (MRN)
- Asking the child or parent about any allergies and checking this against the medication chart.
 - If allergies are identified but not recorded, complete the Allergies & Adverse Reactions box on the medication chart
- If the patient identification is correct, check that the required route is available (able to swallow if oral, or patent, not leaking, or inflamed if parenteral) and administer the medication as per the drug reference or manufacturer instructions
- Personnel involved in the checking and administration procedure then sign that the drug has been legally and safely administered on the medication chart and Schedule 4/8 DD book if applicable
- Dispose of waste and sharps as per OH&S Policy (i.e. a sharps container at the bedside)
- Monitor for any allergies and adverse reactions and respond accordingly

SPECIAL CONSIDERATIONS

Medications brought into the health facility by a patient or family member

- Are not administered to the patient and the family are requested to return the medication home.
- The medications from home are not to be left at the bedside
- If a medication is unable to be sourced from pharmacy an authorised prescriber has to approve their use and a pharmacist (or other qualified practitioner when a pharmacist is unavailable) has visually inspected the medications and containers to verify the drugs' identity and proper labelling and packaging to guide safe drug administration

Unpleasant Oral Medications

To assist in administering unpleasant tasting oral medications parents/carers may ask to mix a medicine with food:

- Medications should not be mixed into infant formula or expressed breast milk (EBM) due to the possibility of the infant not drinking the feed and making the infant averse to the formula.
- The same applies to mixing it with large quantities of food.
- Medications may be mixed with a small amount of puree e.g. apple, or added to a small amount of formula or EBM in a teat.
- Infants and young children requiring oral medications should be nursed, and the medications administered in small increments toward the inner aspect of the cheek to avoid choking, gagging or aspiration. If the infant starts to cough or gag, stop the procedure, settle the infant, and resume with smaller increments.

PROCEDURE FOR NEBULISER USE (additional)

- Ensure mask fits snugly over child's nose and mouth and is not removed whilst nebuliser is in progress.
- After each use, the mask, bowl and tubing to be washed in warm detergent water and rinsed well. Tubing is to be dried using medical air. Mask and bowl are to be drained dry and placed on the patient's bedside table or locker.
- Syringes used to draw up medications are discarded after single use.

SAFETY ALERT

Water for injection bags of fluid are ONLY for humidifier use and must be kept away from intravenous bags of fluid.

PROCEDURE FOR GASTROSTOMY/NGT ADMINISTRATION (additional)

- If possible, medications should be in a liquid form for easier administration and to reduce risks of blockage
- If the medication is tablet form AND IS NOT SLOW RELEASE OR A CYTOTOXIC DRUG, crush the tablet to form a fine powder, mix with water to dissolve powder and calculate correct volume. The liquid is then drawn up into an enteral dispenser for administration
 - Check "Don't Rush to Crush"⁹ reference for crushable medications.
 - If it is a cytotoxic medication in tablet form that must be dissolved – ensure use of PPE including gloves, apron, and protective eyewear
- In the event of several medications to be dispensed at one time, be aware of chemical reactions and seek Pharmacist advice with regard to administration

- Confirm the patency of the gastrostomy tube with 5mL water flush if feeds not infusing or stop feeds during administration. Confirm the correct position and patency of a NGT before any medication administration
- Administering the medication slowly as per the reference instructions and visually inspect the gastrostomy site or NGT for leakage, inflammation, swelling or signs of pain in the patient
- Flush the tube with 5-10 mL of water slowly before clamping the gastrostomy tube/capping NGT or restarting the feeds if in progress
- Terminate the procedure, ensuring that the patient is comfortable and the gastrostomy tube/NGT is secure

SAFETY ALERTS

Only administer medication via the giving sets provided with each gastrostomy button.

Do not under any circumstances push a syringe directly into the button as it will damage the valve in the button.

For size 6 or 8 tubes, Omeprazole should only be administered as pharmacy prepared suspension, and must be thoroughly flushed to prevent blocking the gastrostomy/NGT.

PROCEDURE FOR SUBCUTANEOUS OR INTRAMUSCULAR ADMINISTRATION (additional)

Ensure that:

- The infant/child is provided with appropriate pain relief and management of procedural pain is implemented.
- That the infant or child is positioned in either a sitting or lying position that ensures the person administering the injection is not required to bend or twist to administer the injection.
- That the required numbers of personnel are present to ensure that the infant/child and the person administering the injection are safe.
- The site is free of tenderness, scarring, itching, and inflammation and hypertrophied areas
- That the appropriate PPE and sharps safety is utilised and disposed of according to governing polices.

Positioning and injection sites

For positioning technique descriptions/images and injection site techniques/images go to the Australian Immunisation Handbook 2013 on CIAP at

<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-2-2#figure2.2.5>

Suitable sites for injections are:

- **Subcutaneous** – Suitable sites are the upper outer third of the arm / upper outer aspect of the thigh / fatty abdominal region
- **Intra-muscular** – suitable sites are the deltoid muscle in the upper arm or the ventro-gluteal muscle or the outer aspect of the thigh.
 - When determining the site suitable for IMI injection it is important to remember that the volume of medication given per site is dependent on the size of the muscle that is 1-2mls for the deltoid site, ventrogluteal site up to 3mls and the Vastus Lateralis Site (thigh) up to 2mls
- Cleanse the injection site with an Alco-wipe, starting at the centre and wiping outwards in a circular motion for approximately 5cm diameter and allow to dry.
 - Time to dry is particularly important in regards to the administration of Clexane injections as the alcohol can remove the silicone coating on the needle thereby

increasing the probability of bruising

- Alco-wipes should not be used for insulin injections as it increases the risk of skin breakdown which is an important part of their care considering the frequency and long-term need for injections. The exception being any child who is immune deficient (i.e. oncology). Ensure the skin is clean and dry with normal bathing.

Process of administration

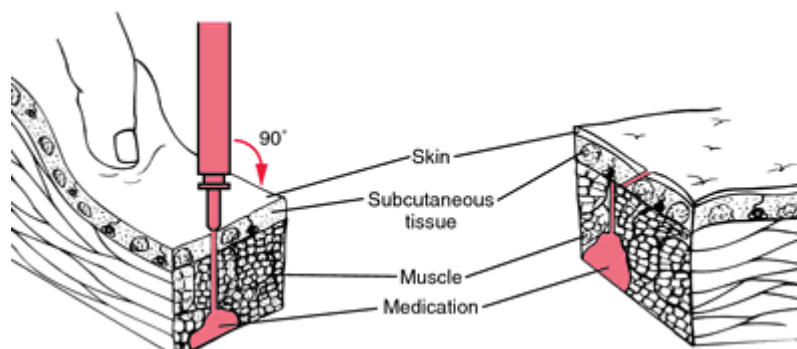
- **Subcutaneous** – Pinch the skin up with the forefinger and thumb to ensure the medication is delivered subcutaneously.
 - Needle is inserted at a 45° or 90° angle, depending on the medication to be administered.
 - Continue to hold the syringe in place and inject the medication with a slow even pressure.
- **Intra-muscular** – spread the skin tightly.
 - Inject the needle into client quickly and firmly and at an angle of 90°.
 - Pull back gently on plunger to ensure no blood apparent. If blood evident in syringe, discard in sharps container and recommence process. If no blood is evident, inject the medication with a slow even pressure.
- Remove needle quickly from insertion site and place alcohol swab over the site. Do not re-sheath needles. If using a Novopen or other insulin administration device (pen) the patient/family member should remove the needle and dispose in the sharps container at the bedside.
- Disposal of waste – only needle/s, syringe/s and glass ampoules are disposed of in sharps containers. Paper, cardboard, alco-wipes and plastic ampoules can be disposed of in the household waste. Antibiotic ampoules must not be disposed of into household waste.

Z-track method of intramuscular injection

This is used to administer drug in a large muscle that prevents the leakage of the medication into the layers of subcutaneous tissues. It is named Z-track because after the techniques of this medication administration are implemented a zigzag path is responsible for sealing the drug in the muscles.

Irritating medications and those that cause discoloration such as Iron Dextran and Inferon preparations are administered intramuscularly using this method. Tissue irritation is minimized by the lateral displacement of the skin during injection that seals the drug into the muscle tissue, thereby, inhibiting the escape of drug injected into the subcutaneous layer of the skin.

The procedure requires a thorough concentration to the technique because leakage of the injected drug causes permanent staining of some tissues and patient uneasiness. A large and deep muscle must be used in this procedure. Preferably, the ventrogluteal muscle is usually selected as the site of IM injection.



TheFreeDictionary.com

<http://medical-dictionary.thefreedictionary.com/Z-track+injection>

Performing the Z-track method

- Place gloved fingers on the skin surface and pull the overlying skin and subcutaneous tissue approximately 2.5-3.5 cm laterally to the side.
- Holding the skin taut with the non-dominant hand, insert the needle at a 90 degree angle at the spot where the finger was initially placed before displacing the skin laterally.
- Aspirate for blood return with the dominant hand only. If there is no blood return on aspiration, inject the drug slowly.
- Wait for 10 seconds before withdrawing the needle to allow the medication to disperse evenly.
- Slowly remove the needle.
- Release the taut skin. A zigzag needle track is created (by sliding of the tissue planes across each other) preventing the escape of medication from the muscle tissue.
- Instruct the patient not to wear tight or constricting clothing because it can force out the injected medication to the subcutaneous layers. Do not massage the site.
- Encourage the patient to mobilize (walk or move in bed) to facilitate the absorption of medication.

IMPLEMENTATION AND MONITORING COMPLIANCE

The Kaleidoscope Quality Use of Medicines Committee will:

1. Provide education to prescribers, and administrators of medications via the monthly KQUMC poster that will be distributed via email and posters across the campus
2. Monitoring compliance will occur utilising IIMS reports monthly at the KQUMC meeting as well as a yearly retrospective review of relevant IIMS.
3. Auditing will occur through the already established MSSA process conducted across the campus and unit Medication Safety Audits.

APPENDICES

Appendix 1: Label Descriptors available in NSW hospitals

REFERENCES

Australian Commission on Safety and Quality in Health Care (2009), *National Inpatient Medication Chart User Guide*. ACSQHC, Sydney.

<http://www.safetyandquality.gov.au/wp-content/uploads/2014/07/NIMC-User-Guide.pdf>

Australian Commission on Safety and Quality in Health Care (2011) National terminology, abbreviations and symbols to be used in the prescribing and administering of medications in Australian hospitals

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32060v2.pdf>

Seminar Report: Paediatric NIMC implementation - Reducing the risk of harm from medicines in children. (2009)

<http://www.safetyandquality.gov.au/wp-content/uploads/2013/06/26516-Paediatric-NIMC-Seminar-07-May-2009-Report-PDF-50kb.pdf>

HNELHD PD2013_043:PCP 4 Nurse and Midwife Initiated Medicines

http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0010/72676/PD2013_043_PCP_4_Nurse_and_Midwife_Initiated_Medicines.pdf

HNELHD 14_06 Medication Conflict Resolution: Managing Concerns over the Safety of Medication Orders

http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0016/127240/HNELHD_Guideline_14_06_Medication_Conflict_Resolution.pdf

NSW Health. (2012). [PD2012_007 User applied labelling of injectable medicines, fluids and lines.](#)

NSW Health. (2012). [PD2012_006 Safe administration of liquid medicines by routes other than injection.](#)

Greater Newcastle HNELHD. (2011). [Timely Administration of Medicines PD2013_043: PCP 26.](#)

The Society of Hospital Pharmacists of Australia (2012). *Australian Don't Rush to Crush Handbook*. Canberra.

JHCH Guideline 13.2 Paediatric Medication Prescribing

http://www.kaleidoscope.org.au/site/content.cfm?page_id=356143¤t_category_code=8337&leca=930

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

CONSULTATION

Kaleidoscope Quality Use of Medicines Committee

Clinical Practice and Guideline Advisory Group

APPROVAL

CPGAG: 28th January 2015

JHH QUM: 12th March 2015

KQUM: 3rd February 2015

JHCH CQ&PCC: 24th March 2015

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APPENDIX 1: Label Descriptors available in NSW hospitals









Containers

Bag, bottle, syringe labels


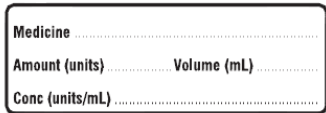
Two sizes available: 100mm x 60mm for bags and large syringes (e.g. 50mL) and 60mm x 50mm for syringes and small bags (e.g. 50mL and 100mL)

Sample (not to scale)	HIMF	Proposed CDMT Descriptor												
<p>For IntraTHECAL Use Only</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551687	LABEL, INTRATHECAL USE, 60x50mm, YELLOW
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551672	LABEL, INTRATHECAL USE, 100x60mm, YELLOW													
<p>For IntraVENOUS Use Only</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551675	LABEL, INTRAVENOUS USE, 60x50mm, BLUE
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551939	LABEL, INTRAVENOUS USE, 100x60mm, BLUE													
<p>For EPIDURAL Use Only</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551669	LABEL, EPIDURAL USE, 60x50mm, YELLOW
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551667	LABEL, EPIDURAL USE, 100x60mm, YELLOW													
<p>For Subcutaneous Use Only</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551676	LABEL, SUBCUTANEOUS USE, 60x50mm, BEIGE
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551673	LABEL, SUBCUTANEOUS USE, 100x60mm, BEIGE													
<p>For REGIONAL Use Only</p> <p>Type</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551674	LABEL, REGIONAL USE, 60x50mm, WHITE
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551668	LABEL, REGIONAL USE, 100x60mm, WHITE													
<p>ROUTE</p> <p>Patient ID</p> <table border="1"> <tr> <td>Medicine/s</td> <td>Amount (units)</td> <td>÷</td> <td>Volume (mL)</td> <td>=</td> <td>Conc (units/mL)</td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>Diluent</p> <p>Date</p> <p>Time</p> <p>Prepared by</p> <p>Checked by</p>	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)							551677	LABEL, MISCELLANEOUS ROUTE, 60x50mm, PINK
	Medicine/s	Amount (units)	÷	Volume (mL)	=	Conc (units/mL)								
551686	LABEL, MISCELLANEOUS ROUTE, 100x60mm, PINK													

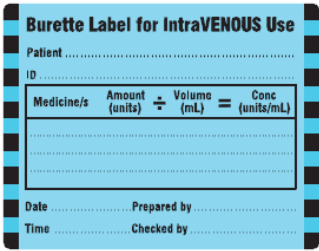
Line and catheter labels

Sample (not to scale)	HIMF	Proposed CDMT Descriptor
	551688	LABEL, INTRATHECAL, LINE, 70x25mm, YELLOW
	551678	LABEL, INTRAVENOUS, LINE, 70x25mm, BLUE
	551679	LABEL, EPIDURAL, LINE, 70x25mm, YELLOW
	551681	LABEL, CENTRAL VENOUS, LINE, 70x25mm, WHITE
	551680	LABEL, REGIONAL, LINE, 70x25mm, WHITE
	551682	LABEL, SUBCUTANEOUS, LINE, 70x25mm, BEIGE
	551670	LABEL, INTRA-ARTERIAL, LINE, 70x25mm, RED
	551683	LABEL, MISCELLANEOUS ROUTE, 70x25mm, PINK


Additional Container Labels

Sample (not to scale)	HIMF	Proposed CDMT Descriptor
	502115	LABEL, 0.9% SODIUM CHLORIDE, 37x10mm, WHITE
	551685	LABEL, ABBREVIATED CONTAINER, 70x25mm, WHITE

Conduits

Sample (not to scale)	HIMF	Proposed CDMT Descriptor
 <p>Burette Label for IntraVENOUS Use Patient ID Medicine/s Amount (units) ÷ Volume (mL) = Conc (units/mL) Date Prepared by Time Checked by</p>	551684	LABEL, INTRAVENOUS-BURETTE USE, 76x59mm, BLUE

Medicine/Label

Sample (not to scale)	HIMF	Proposed CDMT Descriptor
 <p>Medicine Medicine</p>	551671	LABEL, MEDICINE, 70x25mm, WHITE