



Nurse Initiated Medications Procedure

Procedure Number
WCDHB-PN-0041

Version Nos:
6

1. Purpose

This Procedure is performed as a means of ensuring the safe administration of therapeutic medication to patients in accordance with all legislative and regulatory requirements.

2. Application

This Procedure is to be followed by all nursing staff throughout the West Coast District Health Board (WCDHB).

3. Definitions

For the purposes of this Procedure:

Prescribing medications is the responsibility of the Doctor;

Dispensing medications is the role of the Pharmacist;

Administration of medications is undertaken by nurses.

4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a:

- i) Registered nurse

5. Resources Required

This Procedure requires:

- i) Prescribed medication;
- ii) Drug treatment sheet

6. Process

- 1.00 Registered Nurses may initiate medication for a patient as long as the medication is included on the WCDHB List of Nurse Initiated Medications. However, no medications may be initiated for children under 14 years of age.
- 1.01 The Registered Nurse initiating the medication must ensure they are familiar with the medication's action, recommended dosage and precautions before initiating the medication.
- 1.02 The Registered Nurse initiating the medication must complete the "PRN" section of the drug treatment sheet recording the:
 - the medication (including form);
 - the dose;
 - the recommended frequency and maximum dose per 24 hour period;
 - the date.



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- 1.03 The medication shall be administered as per the requirements of the WCDHB Administration of medications Procedure and the WCDHB Medication Policy.
- 1.06 After the medication has been administered, the Registered Nurse who initiated the medication must also record the date, time, quantity administered and also sign and date.
- 1.07 Further doses may be administered within 24 hours of the initial dose, provided neither the recommended frequency or maximum dose for 24 hours have been exceeded. Each administration must be recorded by the Registered Nurse initiating the medication.
- 1.08 If a further dose of the same medication (including different forms) is required more than 24 hours after the medication was first initiated, the drug treatment chart must be countersigned by a doctor before any further doses of the medication are administered.
- 1.09 If the patient starts to exhibit side effect or problems after the administration of the medication, a doctor is to be notified immediately.

7. Precautions And Considerations

- ➔ Registered Nurses may initiate medication for a patient as long as the medication is included on the WCDHB List of Nurse Initiated Medications.
- ➔ The Registered Nurse initiating the medication must ensure they are familiar with the medication's action, recommended dosage and precautions before initiating the medication.
- ➔ The medication shall be administered as per the requirements of the WCDHB Administration of medications Procedure and the WCDHB Medication Policy.
- ➔ If the patient starts to exhibit side effect or problems after the administration of the medication, a doctor is to be notified immediately.

8. References

Code of Health and Disability Services Consumers' Rights (1995)
Health Practitioners Competence Assurance Act 2003
New Zealand Nursing Council Code of Conduct for Nurses and Midwives (1995)
Health Act (1956)
Hospitals Act (1957)
Hospitals Regulations (1993)
Medicines Act (1981)
Medicines Regulations (1984)



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9. Related Documents

WCDHB Administration of Medications by Students Procedure
WCDHB Controlled Drugs Procedure
WCDHB Emergency Orders and Verbal Orders Procedure
WCDHB Medication Errors Procedure
WCDHB Medication For On-Leave Patients Procedure
WCDHB Medication Policy
WCDHB Nursing Standards
WCDHB Practice Development Programme
WCDHB Refusal of Medications by Patients Procedures
WCDHB Self-Medicating Patients
WCDHB Storing and Labelling Medications Procedure
WCDHB Use of Traditional and Alternative Medications Procedure

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West Coast DHB List of Nurse Initiated Medications

1. Analgesics

(i) Paracetamol

- Use:** Non-opioid analgesic and antipyretic
- Rec. Dose:** 0.5g – 1g every 4-6 hours to a maximum of 4g per 24 hours (adults)
60mg/kg total daily maximum dose (for children)
- Cautions:** Hepatic and renal impairment
Alcohol dependence
- Notes:** Other analgesics such as Panadeine, Aspirin, Digesic, Nefopam and NSAIDS not allowable unless charted by doctor
Paracetamol may not be initiated if other Paracetamol containing Analgesics e.g. Panadeine or Digesic have already been prescribed.

2. Laxatives

(i) Coloxyl With Sena Tablets

- Use:** Laxative – faecal softener with peristaltic stimulant
- Rec. Dose:** 1-2 tablets at night, maximum of 4 tablets per day
- Cautions:** Acute abdominal pain, ileus, bowel obstruction
- Notes:** Assess diet and fluid intake before initiating laxatives
Maintain adequate fluid intake – laxative effect generally occurs 6-12 hours following oral administration.

3. Antacids

(i) Mylanta Liquid

- Use:** Antacid with antiflatulent
- Rec. Dose:** 10-20ml 3-4 times daily generally between meals and at bedtime (adults)
- Cautions:** Renal insufficiency
- Interactions:** Affects absorption of drugs particularly Iron, Tetracyclines, Digoxin, Warfarin, Isoniazid, H² antagonists (Cimetidine, Ranitidine, Famotidine, Nizatidine).
- Notes:** Generally other medications should not be given within 2 hours of an antacid



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4. Urinary Alkalinisers

(i) Citravescent Sachets

- Use:** Urinary alkaliniser generally used to relieve discomfort associated with cystitis and lower urinary tract infection (also in the treatment of some poisoning cases, metabolic acidosis and as a gastric antacid).
- Rec. Dose:** 1-2 sachets in water 3-4 times daily (adults)
1 sachet 2-3 times daily (for children)
- Cautions:** Severe renal disease
Metabolic disturbances with alkalosis
Patients on low-sodium diets (each sachet contains 28mmol sodium)

5. Cough And Cold Preparations

(i) Cepacol Lozenges

- Use:** Antiseptic lozenge for throat and mouth infections
- Rec. Dose:** 1 lozenge every 3 – 4 hours
- Cautions:** Moist, productive cough, as may cause sputum retention which may be harmful in patients with chronic bronchitis and bronchiectosis

6. Miscellaneous

(i) Bonjela Gel

- Use:** Local anaesthetic sugarfree gel for the relief of pain associated with lesions and ulcers of the mouth and nose
- Rec. Dose:** Massage well into the affected area 3-4 times per day (before meals and at bedtime)
- Cautions:** Hypersensitivity to local anaesthetics, severe local trauma.

7. Nicotine Replacement Therapy (NRT)

NOTE: No NRT may be initiated for children under 14 years of age.
Only Registered Nurses who have completed NRT training may initiate and administer NRT

(i) Transdermal Patch

- Use:** Apply patch to clean, dry and hairless skin. Remove old patch, and apply new patch daily, alternating sites.
- Rec. Dose:** People who smoke 10 or more Cigarettes per day can commence on full – strength patches
- Charting:** Nicotine patches (21mg/24hr) – use one patch daily
- Cautions:** See below



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(ii) Gum

- Use:** Give gum to patient
Instruct patient to chew each piece slowly to release the nicotine. When they taste a hot peppery flavour park gum. Park gum between cheek and gums to allow nicotine absorption. After a few minutes the gum can be chewed again, and then parked. This is to be repeated for twenty to thirty minutes. When parking the gum it is important to use both right and left side of cheek
- Rec. Dose:** Two strengths (2mg and 4 mg). Use 4 mg with those patients that smoke within 30 minutes of waking
- Charting:** Nicotine Gum 2mg or 4mg – use hourly / PRN
- Cautions:** See below

(iii) Lozenge

- Use:** Give lozenge to patient
Instruct patient to suck until taste becomes strong. Park between the cheek and gum. Suck again when taste has faded. Park again and continue as above until lozenge has finished. When patient parks the lozenge it is important to use both right and left sides of cheek, and to avoid drinking fluids when using the lozenge
- Rec. Dose:** Two strengths (1mg and 2mg). Use 2 mg with those patients that smoke within 30 minutes of waking
- Charting:** Nicotine Lozenges 1mg or 2mg – use hourly/PRN
- Cautions:** See below

(iv) Inhaler

- Use:** Give Inhaler to patient
Instruct patient to puff on the inhaler for 20 minutes each hour. After four 20-minute puffing sessions the cartridge is to be changed.
- Rec. Dose:** Max 6 cartridges per day.
- Charting:** Max 6 cartridges per day. Use hourly / PRN
- Cautions:** See below

NRT Cautions and Considerations

Overdose

- Nicotine overdose, from NRT, in smokers is unlikely to occur.
- However, symptoms of nicotine overdose include: nausea, vomiting, salivation, abdominal pain, diarrhoea, and sweating.

Exclusions

- Patients who have suffered a serious cardiovascular event or stroke within the previous two weeks
- Patients with unstable or worsening angina pectoris
- Patients with serious cardiac arrhythmias
- Women who are pregnant or breast feeding
- Patients undergoing skin flap surgical procedures
- Children under 14 years of age