Guidelines for Nurses on the Administration of Medicines
NZNO supports the continuing development of the role of nursing in a way that protects professional standards to enhance the health of our communities. NZNO supports the development of nationally consistent nursing education that is accessible, affordable, appropriate and portable throughout nursing practice settings.

1 Introduction

Historically, nursing as a discipline has had a close association with the storage and administration of medicines and the assessment of the client in relation to them. Today, this association has expanded to include important and complex aspects regarding knowledge of medicines and appropriate dosage, their administration and control, side effects, suitability for the client, compliance, and nurses’ ethical and professional responsibilities. The laws regarding the regulation of medicines, their storage, administration and documentation are also a part of the awareness within which nurses practice.

Numerous inquiries from nurses/midwives, other health professionals, managers and employers seeking clarity and definition of the parameters surrounding the administration of medicines have prompted NZNO to develop this document.

The aims include:

a. An outline of the medicolegal issues related to medicine administration in the New Zealand (NZ) setting.

b. An aid to finding useful resources.

NZ is currently developing with Australia a joint agency to regulate therapeutic products. This is called the Australia NZ Therapeutic Products Authority project. Therapeutic products include medicines, complementary medicines, dietary supplements and medical devices. Information on this ongoing project is available from the following website: www.anztpa.org. Associated with the establishment of the new authority will be the update of the Medicines Act 1981 and its Regulations.

It is emphasised that the individual nurse needs to be familiar with local policies and guidelines related to medicines. NZNO staff are also available to discuss individual issues arising related to medicines, and the NZNO Colleges and sections are a resource for specialty knowledge.

2 Recommended Resources

Johnson, S. (Ed). (2004). Healthcare and the law. (3rd Ed.). Wellington: Brookers Ltd. This is a NZ text, and includes detailed information on the themes discussed in this guideline.

Medsafe is the New Zealand Medicines and Medical Devices Safety Authority, and has website with consumer and health professional information: www.medsafe.govt.nz.

Pharmacology textbooks for nurses and allied health professionals that are written from an Australasian perspective. These can be accessed via websites such as www.medical-books.co.nz


3 Glossary

Client
The word ‘client’ is used for convenience, but implies not only a patient in a hospital or nursing home, but also a resident of a residential home, a client in her or his own home or in a community home, a person attending a clinic or a general practitioner’s surgery and an employee attending a workplace occupational health service.

Unregulated caregiver
“Can be defined as a person who provides help to health or disability consumers while they are receiving treatment or services. The help that caregivers provide varies widely but usually includes assistance with activities of daily living, and simple aspects of the treatment or service. Caregivers may be employed but can also be voluntary in some areas of work. There is no special law that regulates either the training or the work of caregivers. They cannot undertake activities which are licensed, like prescribing medicines. But they could legally provide most nursing services which are not licensed” (NZNO, 1998).

Complementary Medicine
This term includes herbal medicines, homeopathic and traditional medicines, aromatherapy products, minerals, vitamins, and nutritional supplements (The Australia New Zealand Therapeutic Products Authority, 2006).

4 Regulatory Authority Requirements

This section presents a brief outline of the regulation of nurses/midwives by the Nursing Council of New Zealand and the Midwifery Council of New Zealand. This section aims to clarify titles used in New Zealand, and outline the significance of this regulation as related to medicine administration.

4.1 THE NURSING COUNCIL OF NEW ZEALAND

As the statutory regulatory authority, the Nursing Council of New Zealand (NCNZ) governs the practice of nurses. The Council sets and monitors standards in the interests of the public and the profession. The Council’s primary concern is public safety.

A regulated nurse means a nurse whose name appears on the register of nurses maintained by the NCNZ in one of the following scopes of practice:

- Enrolled nurse
- Nurse assistant
- Nurse practitioner
- Registered nurse

Each scope has a list of competencies. These competencies are available on the NCNZ website (www.nursingcouncil.org.nz) in the following documents:

- Competencies for the registered nurse scope of practice (NCNZa, 2005).
- Competencies for the nurse assistant and the enrolled nurse scopes of practice (NCNZb, 2005).

In addition to defining the scope of practice and competencies for each scope, the NCNZ publishes the Code of Conduct for Nurses.

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1 A Nurse Assistant has completed a NCNZ accredited programme for the Nurse Assistant scope of practice. In 2004 the title “Enrolled Nurse” was replaced by the title “Nurse Assistant” by the NCNZ. The title Enrolled Nurse remains on the NCNZ register for nurses who completed their Enrolled Nurse training in NZ prior to 2000. (This has been outlined to distinguish these regulated titles from the various titles used by unregulated caregivers, for example, healthcare assistant and nursing support worker).
4.2 THE NCNZ CODE OF CONDUCT FOR NURSES

“This code provides a guide for:

- the public to assess minimum standards expected of nurses.
- nurses to monitor their own performance and that of their colleagues”.

Four principles with criteria form the framework for the NCNZ Code of Conduct for Nurses. The nurse:

- “Complies with legislated requirements.
- Acts ethically and maintains standards of practice.
- Respects the rights of patients/clients.
- Justifies public trust and confidence”.
  (NCNZ, 2006, p. 2).

This code of conduct is available for download on www.nursingcouncil.org.nz

Nursing implications of regulation related to medicine administration:

- A healthcare team involved in medicine administration may include registered nurses or midwives, enrolled nurses, nurse assistants, and unregulated caregivers. Each team member needs to understand:
  a. the competencies for his/her specific scope of practice, in conjunction with the principles of the relevant code of conduct. For example, these competencies include who can direct and delegate nursing activities such as medicine administration. This is explained in more detail under section 10.
  b. The scope of practice of their colleagues and its implications.

- Regulated nurses need to be aware that if their practice is investigated, the competencies for their scope of practice and the principles of the relevant code of conduct may be used as standards to assess their practice against.

- The Nursing Council of NZ may register Nurse Practitioners to independently prescribe medicines within their area of practice (see also section 9.2).

4.3 THE MIDWIFERY COUNCIL OF NEW ZEALAND

The Health Practitioners Competency Assurance Act (HPCA) 2003 established a separate midwifery council. This council is required by Section 11 of the HPCA Act 2003 to prescribe the Scope of Practice for Midwifery. This scope of practice and the competencies for the entry to the register of midwives is available on www.midwiferycouncil.org.nz.

4.4 THE CODE OF ETHICS AND STANDARDS FOR MIDWIFERY

The Midwifery Council of NZ intends to develop a code of conduct for Midwives. Meantime, the Council has endorsed the Code of Ethics and Standards for Midwifery Practice in the “Midwives Handbook for Practice” (NZ College of Midwives, 2005).
5 The Unregulated Caregiver

There is no standardised term within NZ for the caregiver. As stated in the glossary, “There is no special law that regulates either the training or the work of caregivers. They cannot undertake activities which are licensed, such as dispensing and prescribing medicines. But they could legally provide most nursing services which are not licensed” (NZNO, 1998).

A lack of regulation results in variable levels of training for caregivers, and various titles for the role. Because unregulated caregivers are not regulated by the Nursing or Midwifery Councils of NZ, their practice will not be investigated by these Councils when indicated. However, the practice of unregulated caregivers can be investigated by agencies such as the Health & Disability Commissioner.

Further information:
- Direction and delegation is defined by the Nursing Council guideline entitled “Competencies for the Nurse Assistant and the enrolled nurse scopes of practice” (2005b)
- The Australian Nursing Federation has guidelines on direction and delegation, download from www.anf.org.au

6 The Code of Health and Disability Services Consumers\(^2\) Rights:

6.1 OVERVIEW

The Code of Health and Disability Services Consumers’ rights applies to all health and disability services in NZ. This includes:

- Public and Private Services
- Paid and Unpaid Services
- Unregulated Caregivers
- People who care for family members

This code was developed as a result of the Health and Disability Commissioner (HDC) Act 1994. The purpose of this act is “to promote and protect the rights of health consumers and disability services consumers, and, in particular, to secure the fair, simple, speedy, and efficient resolution and complaints relating to infringements of these rights” (HDC, 2006).

This aim is completed through the implementation of the Code of rights, a complaints process to enable enforcement of these rights, and education for consumers and providers.

The rights are:

- Right 1. Right to be treated with respect
- Right 2. Right to freedom from discrimination, coercion, harassment, and exploitation
- Right 3. Right to dignity and independence.
- Right 4. Right to services of an appropriate standard.
- Right 5. Right to effective communication.
- Right 6. Right to be fully informed.
- Right 7. Right to make an informed choice and give informed consent
- Right 8. Right to support
- Right 9. Rights in respect of teaching or research.
- Right 10. Right to complain.

Full detail about each right is outlined on the Health and Disability Commissioner website: www.hdc.org.nz.

\(^2\) “Consumer” is defined as “a health consumer or a disability services consumer; and, for the purposes of rights 5, 6, 7(1), 7 (7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer” (hdc.org.nz, 2006, p. 6).
Nursing implications related to medicine administration:

- Every consumer has the rights in the above code, and every health and disability provider is subject to the duties in this code. It is vital to be familiar with the details of each right and apply these to the nursing role related to medicine administration eg. a client who refuses prescribed medicines.

- Employers are responsible under section 72 (2) of the HDC Act 1994 for ensuring that employees comply with the code.

- Under section 72(5) of the same act it is a defence for an employing authority to prove that it took such steps as were reasonably practical to prevent the employee from breaching the code” (HDC, 2006, p. 20). This emphasizes the importance for nurses to inform their employer of problems related to enacting the code, and documenting these discussions.

Further information:

- Case reviews are available from the HDC website that outline cases related to medicine administration. These are available for education purposes, and are recommended reading. These can be accessed via www.hdc.org.nz, and are found under the heading “commissioners decisions”. An example is case 05HDC 05278 which is related to nursing training for syringe driver use.

6.2 CONSENT

The fundamental principle is that a client “should not be treated without their consent” (Johnson, 2004, p.136). A client or their guardian has the right to refuse consent to medicine administration. In such situations, the following general principles apply for the health professional involved:

a. Discuss the situation with the client and significant others as appropriate to establish reasons for refusal.

b. Consider whether the refusal of that medicine compromises the clients’ condition or the effect of other medicines.

c. Inform the prescriber or appropriate medical staff/senior staff member on duty.

d. Document an accurate record of the refusal and discussion.

It is emphasised that consent is potentially a complex issue, this guideline does not attempt to address issues related to clients with a mental health problem, intellectual disability, or children. Information can be found on these specific themes in Johnson (2004).

Further information:

- www.hdc.org.nz, commissioner decision: 01HDC02915. This is a case review related to adolescent consent for medicine administration.

7 Statutory Law re: Control of Medicines in NZ

There are two main statutes providing for the lawful and unlawful handling, possession, advertising, sale and administration of drugs:

a. The Medicines Act 1981 and Regulations which provides legal use drugs for medicinal purposes is provided (Please note: the Medicines Act is currently being updated).

b. The Misuse of Drugs Act 1975 and Regulations. Contains provisions regarding the legal and illegal use of drugs.

These acts can be found on www.legislation.govt.nz, or can be obtained from government bookshops or some public libraries.
7.1 THE MEDICINES ACT 1981 AND REGULATIONS 1981 and regulations

- This Act classifies medicines into four categories:
  1. **Prescription medicines**: a medicine which can only be sold or supplied pursuant to a prescription by a person authorized to prescribe drugs.
  2. **Restricted medicines**: a medicine which can only be sold or supplied in a pharmacy or hospital or in a shop with a license to sell medicinal drugs.
  3. **Pharmacy only medicines**: a medicine, which can be sold or supplied in a pharmacy or hospital or in a shop with a license to sell medicinal drugs.
  4. **Over the counter medicines**: medicines which can be supplied from any retail outlet.

- Provision for the form of prescriptions and those who can prescribe medicines is established by the Medicines Regulations 1984 and subsequent amendments.

- Regulation 41 sets out the form of the prescription and the requirements which include it to be legible and indelibly printed, signed, contain the name of the recipient, the medicine dosage, the route, adequate instructions for use and number of times the drug may be given.

7.2 THE MISUSE OF DRUGS ACT AND REGULATIONS

This act:

- Categorizes drugs according to their nature and effect into two classes: controlled drugs, (dangerous drugs) and non-controlled drugs.
- Provides for the form of prescription for controlled drugs and who may prescribe them.

*Nursing implications/ considerations:*

- Nurses need to be aware of legislation regarding the dispensing, storing and handling of drugs, and the local policies surrounding such requirements. Ask the liaison pharmacist for your service if clarification is required.

8 NZ Health and Disability Sector Standards

The Health and Disability sector standards have been developed for hospitals, rest homes and residential facilities under the Health and Disability Services Act (1993). These standards “are designed to establish consistently safe and reasonable levels of care for consumers/kiritaki of health and disability services in New Zealand” (Ministry of Health & Standards NZ, 2001, p.5).

These standards are outlined in the document entitled Health and Disability Sector Standards. They include standards related to medicine management, and other related topics such as quality and risk management systems. Workplaces are audited by independent audit agencies against these standards.

(Please note: at the time of printing this booklet, this document is being updated).

*Nursing implications:*

- These standards outline the employers responsibilities related to medicines management, including training and quality improvement.

- One of the criteria for auditing within the aged care sector is the guideline entitled Safe Management of Medicines: A Guide for Managers of Old People’s Homes and Residential Care Facilities. This is a useful guideline outlining the minimum standards to be achieved for medicine storage and administration. (Please note: at the time of printing this booklet, this
document is being updated). It is available to download from www.medsafe.org.nz or www.moh.govt.nz.

- When nursing practice is being investigated by agencies such as the Health and Disability Commissioner, these standards and guidelines are potentially used for judgement about what is a reasonable standard of practice.

Further information:

- Copies of the document entitled Health and Disability Sector Standards can be purchased on www.standards.co.nz.

- www.hdc.org.nz, commissioner decision: 05HDC18726. This is a case review related to medicine administration within a rest home setting, including issues related to medicine storage, information and record keeping.

- Further general information on these standards is available on www.moh.govt.nz

9 The Medication Process

9.1 AN OVERVIEW

The treatment of a client with medicines for therapeutic, diagnostic or preventive purposes is a process which involves prescribing, dispensing, administering, receiving and recording.

The nursing process also applies to medicine administration, including assessment, nursing diagnosis, planning, implementation and evaluation.

As Cohen (2000, p. 11.1) states, “responsibility for accurate drug administration lies with multiple individuals and, more important, the organisational systems in place to support medicine administration”. This message is reinforced by the NHS (2004, p. 7) who state “safe administration cannot be entirely delegated to those actually giving the drug – risk management must be built in to the whole medication process”.

The objectives of the following information is to outline the relevant legal and professional aspects of each part of the medication process, and to outline the responsibilities of multidisciplinary roles. Once again, it is vital to be familiar with local policy.

9.2 PRESCRIBING MEDICINES

Which health professionals can prescribe?

Dentists, medical practitioners, designated nurse prescribers, and registered midwives (Johnson, 2004).

The Midwife

- A major amendment to the Misuse of Drugs Act 1975 and Medicines Act 1981 occurred in 1990. This enabled midwives to provide all maternity services without the supervision of a medical practitioner.

- Midwives are now permitted to prescribe prescription medicines. There is no defined list of medicines which they may prescribe. However, under an amendment to Regulation 39 of the Medicines Regulations, it states that no registered midwife shall “prescribe any prescription of medicine otherwise than for antenatal, intrapartum and postnatal care.” Under the Misuse of Drugs Act midwives may prescribe pethidine, but no other controlled drugs (The Misuse of Drugs Act, 1975).
The Nurse Practitioner
- Prescribing rights were originally extended to nurses working in aged care and child health who met specific requirements. In 2005 that was replaced with the Medicines (Designated Prescriber: Nurse Practitioners) Regulations. These regulations authorised nurse practitioners registered with the Nursing Council of NZ to prescribe a specified range of medicines if competence, qualifications and training requirements are met (Medicines (Designated Prescriber: Nurse Practitioners) Regulations, 2005).

9.3 DISPENSING MEDICINES

Definition
Dispensing is defined as "making a medicine available from a central supply for individual use, a process usually carried out by a pharmacist" (Johnson, 2004, p.262).

Which health professionals can dispense?
The Medicines Regulations 1984 outlines “no person other than an authorised prescriber, veterinary surgeon, pharmacist, pharmacy graduate, a pharmacy technician, a student, or dispensary technician may dispense a prescription medicine” (Medicines Regulations 42(1)).

What activities are classified as dispensing?
1. Transferring medication from the original container in which they were dispensed in to another container for administration at a later time or date.
2. Filling a client’s monitored dosage system from other pharmacy labelled containers. (Monitored dosage systems include blister packs, dispensing boxes, dosette boxes). See further information under section 11.4.

Nursing Implications:
- The above dispensing activities must be avoided by nurses.
- If a nurse is exposed to dispensing situations, he/she must alert the team leader/employer. The team leader/employer has a responsibility to determine protocols and provide resources to deal with dispensing activities that will meet legal requirements.

9.4 ADMINISTERING MEDICINES

Who can administer medicines?
There is no legal provision made for who may or may not administer medicines (including controlled and injectable drugs), but whoever administers these:

a. is required to do so in accordance with the directions of the Health Professional who prescribed the medicine.
b. all people in employment who administer medicines must familiarise themselves with their employers policies and guidelines regarding medicine administration.
c. Regulated nurses/midwives need to understand their responsibilities and accountabilities related to their scope of practice, and which are relevant to medicine administration.

NZNO position statement on medicine administration
NZNO believes the safe administration of medicines by the regulated nurse/ midwife requires the exercise of professional judgement, which involves the applications of knowledge and experience to the situation. This judgement is directed to fulfilling the standards for the administration of medicines as outlined in appendix one.

NZNO acknowledges that there is a wide spectrum of situations in which medicines are administered. At one extreme, is the client in an intensive therapy unit who is totally
dependent on qualified staff for her or his care. At the other extreme, the person in her or his own home administering her or his own medicines or being assisted in this respect by a relative or another person. The answer to the question of who should administer a medicine must largely depend on where within that spectrum the recipient of the medicines lies.

It is NZNO’s position that, at or near the first stated end of that spectrum, assessment of response to treatment and speedy recognition of contra-indication and side prescribed medicines should only be administered by regulated nurses/midwives who are competent for the purpose and aware of their personal accountability.

The NZNO is opposed to the involvement of unregulated caregivers in the administration of medicines in the acute care setting and with ill clients, as the requirements of appendix one cannot then be achieved.

Further information:
- www.hdc.org.nz, commissioner decision, 02HDC08692. This is a case review related to monitoring the effects of medicine post administration.
- www.hdc.org.nz, commissioner decision, 03HDC14664. This is a case review related to medicine administration by unregulated caregivers.

9.5 NZNO STANDARDS FOR THE ADMINISTRATION OF MEDICINES

These are outlined in Appendix one.

10 The Multidisciplinary Team: Responsibilities and Accountabilities

As previously stated, “responsibility for accurate drug administration lies with multiple individuals and, more important, the organisational systems in place to support medicine administration” Cohen (2000, p. 11.1).

The following outline of roles aims to inform nurses of the various team member’s responsibilities and accountabilities, including direction and delegation. It is not designed to be definitive but to present an overview relevant to nurses. It is assumed that all team members are familiar with relevant national standards and medicolegal issues.

10.1 THE TEAM LEADER/MANAGER/EMPLOYER

a. Ensures appropriate orientation and training is provided for the person administering the medication.
b. Provides safe systems for the storage, handling and administration of medicines to meet legislative requirements.
c. Provides job descriptions, policies and guidelines that outline the responsibilities of regulated and unregulated staff members in all steps of the medication process.
d. Provides adequate resources for current medicine information.
e. Informs staff members of risk management processes that they can contribute to and/or participate in.

10.2 THE PRESCRIBER

a. Ensures whenever possible, that the client is aware of the purpose of the treatment, and consent has been obtained.
b. Ensures the prescription is either, clearly written, typed or computer-generated, and that the entry is indelible and dated. Any coding requirements have been met and the prescription has been signed by the prescriber.
c. Where the new prescription replaces an earlier prescription, the latter has been cancelled clearly and the cancellation signed and dated by an authorized prescriber.
d. Ensures that the prescription provides clear and unequivocal identification of the client for whom the medicine is intended.
e. Ensures that the substance to be administered is clearly specified and, where appropriate, its form (for example tablet, capsule, suppository) stated, together with the strength, dosage, timing and frequency of administration and route of administration; quantity and/or repeats.
f. That, in the case of controlled drugs, the dosage is written, together with the number of dosage units or total course if in an out-patient or community setting, the whole being in the prescriber’s own handwriting and on the appropriate drug control form. For unusual or dangerous doses of controlled drugs the prescriber must underline the amount and initial in the margin.
g. Ensures that the drug prescribed is within the category which the prescriber is authorized to prescribe.

10.3 THE PHARMACIST

a. Checks that the prescription is written correctly so as to avoid misunderstanding or error and is signed by an authorized prescriber.
b. Checks that any newly-prescribed medicines will not have adverse interactions with current medicines.
c. Provides the medicine in a form relevant for administration to the particular client, in an appropriate container, as well as giving the relevant information and advice on storage and security conditions.
d. Where the substance is prescribed in a dose or to be administered by a route which falls outside the manufacturer’s recommendation, the pharmacist will have taken steps to ensure that the prescriber is aware and has chosen to exceed that license.
e. If the prescription contains any written amendments made and signed by the pharmacist, the prescriber has been consulted and advised and the amendments have been accepted.
f. Is available for education to the multidisciplinary team.
g. The pharmacist, in pursuit of her or his role in monitoring the adverse side effects of medicines, wishes to be sent any information that the administering healthcare provider deems relevant.

10.4 THE REGISTERED NURSE (RN)

a. Understands the legislative and professional/ethical issues outlined in this guideline, including the standard outlined in appendix one.
b. Delegates the administration of medicines to enrolled nurses, nurse assistants and unregulated caregivers according to his/her employer’s policies and guidelines.
c. Where enrolled nurses, nurse assistants and unregulated caregivers are involved with the administration of medicines, the RN continues to be accountable for directing and delegating the appropriate and safe administration of medicines. “The RN must be available for reasonable access”. (NCNZ, 2005b, p.10).
d. The RN needs to report concerns to the team leader/management regarding risks in the medication process, according to organisational guidelines.
e. The RN working in the obstetric setting: Note that one of the competencies for entry to the register for midwifery states that the midwife “directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled
nurses, registered general nurses or registered comprehensive nurses” (Midwifery Council of New Zealand, 2004, p. 6).

10.5 THE ENROLLED NURSE (EN)/ NURSE ASSISTANT (NA)

a. Understands the legislative and professional/ethical issues outlined in this guideline, including the standard outlined in appendix one.
b. Understands the responsibilities and accountabilities of the RN/Midwife as outlined above.
c. Is familiar with the employer’s policies and guidelines related to medicine administration.
d. For the EN/NA working in the obstetric setting: Note that one of the competencies for entry to the register for midwifery states that the midwife “directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses” (Midwifery Council of New Zealand, 2004, p. 6).
e. When accepting delegated activities, understands that he/she retains responsibility for their actions and remains accountable to the RN/Midwife.
f. Has a responsibility to inform the RN/Midwife if he/she does not believe they have the necessary skills and knowledge to carry out the delegated task.
g. Reports concerns to the RN/Team Leader/Management regarding risks in the medication process, according to organisational guidelines.

10.6 THE UNREGULATED CAREGIVER

a. Understands that the regulated nurse/midwife has responsibilities and accountabilities under their scope of practice to the relevant regulatory authority.
b. Is familiar with the employer’s policies and guidelines related to medicine administration.
c. For the caregiver working in the obstetric setting: Note that one of the competencies for entry to the register for midwifery states that the midwife “directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses” (Midwifery Council of New Zealand, 2004, p. 6).
d. When accepting delegated activities, understands that he/she retains responsibility for their actions and remains accountable to the RN/Midwife.
e. Understands that the enrolled nurse/nurse assistant cannot delegate their specifically delegated activities to other colleagues.
f. Has a responsibility to inform the RN/Midwife if he/she does not believe they have the necessary skills and knowledge to carry out the delegated task.
g. Reports concerns to the RN/Team Leader/Management regarding risks in the medication process according to organisational guidelines.

11 Specific Professional Practices

11.1 VERBAL AND TELEPHONE MEDICINE ORDERS

The acceptance of verbal orders for the administration of medicines is not specifically provided for under legislation. However the Ministry of Health’s view is that if verbal approval from an authorized prescriber is gained before charting and is subsequently countersigned by an authorized prescriber within an agreed time frame, that complies with the legislation.

Further information:
• A useful checklist for telephone medicine orders is available in Johnson (2004).
11.2 STANDING ORDERS

Standing Orders are useful tools for procuring the administration of treatment or medicines in the absence of a qualified practitioner. However, they need to be approached with caution.

Under the Medicines (Standing Orders) regulations 2002, standing orders must meet all of the following criteria:

- Be in writing;
- Signed and dated by the issuer;
- Describe the people who are able to administer under the order and define their competency;
- Specify whether the standing order is for a fixed period or is ongoing, and all orders must be reviewed annually;
- Identify the group of patients to whom the order applies;
- Specify the circumstances in which it applies;
- List the relevant medicines, the indications, recommended dose/range, contraindications, method of administration and documentation required; and
- Specify the period in which the issuer must countersign the treatment.

Staff administering under a standing order must:

- Give the medicines in accordance with the standing order; and
- Record the assessment and treatment of the patient (including any adverse reactions) and any monitoring or follow-up needed.

Further information:
- NZNO has a position statement available, entitled Standing Orders Regulations: Guidance and information for nurses. (December 2002). This is available to purchase on the NZNO website under “resources”.

11.3 UNAPPROVED MEDICINES: SECTION 29

Occasionally nurses will encounter medicines that are labelled as “section 29”. This means that “as well as registered medicines there are unregistered medicines whose distribution and use is unapproved, but that are nevertheless safe and effective and approved overseas” (Johnson, 2004, p. 250).

(Note: There is no accessible list of these medicines available for nurses. It is the pharmacists responsibility to notify staff).

It is important that the prescriber is aware of his/her responsibilities in relation to explaining to the client:

- What the implications of section 29 are, and obtaining verbal consent
- That the use of a section 29 medicine is reported to Medsafe and recorded on a database. This also requires client consent.

It is recommended that a guideline is developed locally with all relevant stakeholders if section 29 medicines are used.
Further information:
- Is available on www.medsafe.org.nz, and search for “unapproved use of medicines”.
- Your liaison pharmacist

11.4 MONITORED DOSAGE DISPENSING

Monitored dosage systems, (blister packs, dispensing boxes, dosette boxes etc), for the purpose of this paper, are systems which involve a community pharmacist. These systems involve dispensing a client’s medicine into a special container with sections for days of the week and time within those days.

The supply of the medicines in a special container or blister packs, must be accompanied with the appropriate additional information, to the rest home or domestic residence. The systems must meet criteria established by Medsafe.

In order to be acceptable for use in hospitals or rest homes, the containers for the medicine must;

a. be filled by a pharmacist and sealed by her or him or under her or his control and delivered complete to the medicine administrator or user.

b. be accompanied by clear and comprehensive documentation which forms the authorized prescriber’s prescription.

c. Euan to review: bears the means of identifying tablets of similar appearance so that, should it be necessary to withhold one tablet (for example Digoxin), it can be identified from those in the container space for the particular time and day;

d. be able to be stored in a secure place; and

e. make it apparent if the containers (be they blister packs or spaces within a container) have been tampered with between the closure and sealing by the pharmacist and the time of administration.

**Nursing Implications**

- While the introduction of a monitored dosage system transfers to the pharmacist the responsibility for being satisfied that the container is filled and sealed correctly so as to comply with the prescription, it does not alter the fact that the RN administering the medicines must still consider the appropriateness of each medicine at the time administration falls due.

- It is not acceptable, in lieu of a pharmacist-filled monitored dosage system container, for a health provider to transfer medicines from their original containers into an unsealed container for administration at a later stage. This is a dispensing activity (see section 9.3 for further detail).

- It is also not acceptable to interfere with a sealed section of a monitored dosage system at any time between its closure by the pharmacist and the scheduled time of administration eg. Opening a sealed blister pack section, adding an antibiotic that has been charted, and taping over the section.

11.5 TRANSCRIBING

This activity can include:

- “Writing out a patient’s current medication on to a Medication Administration Record Chart that is used as an audit record of medicines that have been administered

- Completing a list of a patient’s current medication in a care plan or medication history in the patients notes

- Producing a medication reminder chart to support patients or their carers in the administration of medicines

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3 Medsafe is the New Zealand Medicines and Medical Devices Safety Authority, and has a website with consumer and health professional information: www.medsafe.govt.nz.
Writing instructions for healthcare support workers when delegating the task of administration of medicines” (Standage, 2006, p.3).

**Nursing Implications**

- NZNO does not recommend this practice due to:
  a. The risk of errors being made during the transcription.
  b. The potential for staff to rely on secondary sources rather than the original medication order form, resulting in incorrect medication administration.

**Further information**

- Johnson (2004) outlines the risks associated with the practice of transcribing.

### 11.6 HEALTH PROFESSIONALS ADMINISTERING MEDICINES TO FAMILY & FRIENDS

Nurses involved in a personal capacity, such as giving drugs to family members, are professionally accountable for their actions and must fulfil the standards outlined in appendix one. The advice of a community pharmacist should be sought when necessary.

### 11.7 SELF ADMINISTRATION OF MEDICINES IN THE PRIVATE SECTOR

Where self-administration is introduced for all or some clients, arrangements must be in place for the appropriate, safe and secure storage of the medicines. People who will have access to these medicines will be determined by local policy.

For the long stay client, whether in hospital or in a rest home, self-administration can help foster a feeling of independence and control in one aspect of life.

For the hospital client approaching discharge, but who will continue on a prescribed medicines regime following the return home, there are obvious benefits in adjusting to the responsibility of self-administration while still having access to professional support. Health professionals need to be aware of maintaining the standards outlined in Appendix one if monitoring self administration by a patient.

**Further information:**


### 11.8 EDUCATION OF STAFF RE: MEDICINE ADMINISTRATION

The RN may be involved in teaching other team members regarding medicine administration and the development of medicine guidelines and policies. The RN needs to meet the NCNZ education competencies outlined in the document entitled Competencies for the RN scope of practice (NCNZ, 2005a).

### 12 Specific Medicine Groups

#### 12.1 IMMUNISATION

Regulated nurses/midwives may be involved in vaccination and immunization programs. Information regarding this role is available in the Immunisation Handbook 2006, which is accessible on www.moh.govt.nz.
12.2 CONTROLLED MEDICINES

A register of all controlled medicines must be maintained, and this is the responsibility of the Charge Nurse/Team leader.

The following details are required in a controlled medicines register:

- Client’s name
- Time and date of administration or destruction of medicine
- Number of medicines
- Name of prescriber
- Two signatures: one of the person administering the medicine and one witness

Controlled medicine administration must be witnessed.

There is no specific legal provision regarding the qualifications of the people who are the signatories of the controlled medicines register. All people in employment who administer controlled medications must familiarise themselves with their employers policies and guidelines on this topic. The guideline entitled Safe Management of Medicines: A Guide for Managers of Old People’s Homes and Residential Care Facilities (Medsafe, 1997, p.2) specifies “that nominated staff members must sign all entries in the (controlled drugs) register”. If this issue is being discussed, it is vital to consider:

a. the responsibilities and accountabilities of the various team members as outlined in section 10.

b. that the standards for medicine administration outlined in appendix one.

Further information

- Further detail re controlled medicine legislation is available in Johnson (2004).
- Your liaison pharmacist will also have expertise on this topic

12.3 INJECTABLE MEDICINES

- The preparation and administration of injectable drugs requires additional skills and knowledge to the standards outlined in Appendix one.
- Be familiar with local policies and guidelines related to which staff can administer injectable drugs, and what training and certification process is required.

Further information:

- Most District Health Boards have specialist nurse roles related to intravenous therapy.
- NZNO Colleges and sections are a resource for specialty expertise.
- NZNO has a guideline entitled Guidelines for Nurses initiating and administering intravenous therapy in community settings (May, 2006).

12.4 THE ADMINISTRATION OF COMPLEMENTARY MEDICINES

Some registered nurses and midwives have undertaken complementary medicine education. Their specialist knowledge and practice in these respects, as in all others, should be based upon sound principles. They are also responsible for meeting the competencies for their scope of practice, and fulfilling the principles of the relevant code of conduct as outlined in section four.

The potential complexity of complementary medicine is acknowledged. An example is St John’s Wort which is used for the symptoms of depression. This medicine has few side effects at a therapeutic dose, but it reduces the effectiveness of various prescribed
medicines such as the oral contraceptive and antiepilepsy drugs (Medsafe, 2000). American research in 2003 also noted that there were 54 different preparations of St Johns Wort available with large variations in the levels of active ingredient (Consumer, 2006).

Nursing Implications

If clients are seeking advice from nursing staff about specific complementary medicines, a multidisciplinary discussion (ie. liaison pharmacist, medical practitioner) is advisable to assist the client to make an informed decision. Issues to consider are:

- Whether there is any evidence based information about the medicine
- Whether the substance is appropriate for the clients condition
- Potential side effects
- Potential interactions with other prescribed medicines

NZNO advises nurses not to administer complementary medicines unless they are prescribed by an authorised prescriber.

Further information

- Consumer (2006) Herbal Remedies Report: It’s only natural. Consumer, 461, 16-18. This is a useful article for both clients and nurses. It outlines current NZ developments regarding the regulation of complementary medicines, and provides advice and information resources.

- The New Zealand Guidelines Group (NZGG) has developed a website which provides information on complementary and alternative medicine for the public: www.cam.org.nz.

- The Australia New Zealand Therapeutic Products Authority Project has a website with information on the proposed regulation of medicines, including complementary medicine: www.anztpa.org.

12.5 USE OF TRADITIONAL MAORI MEDICINE

The administration of Maori herbal medicine involves a strong spiritual element in the preparation of the medicine.

Whanau’s will choose the guidelines for the preparation and method of administration for all Maori herbal medicines.  Failure to follow the strict kawa (protocol) may reduce the mana or strength of the medicines and hinder the client’s recovery.

Each tribal areas has different karakia (prayer) and kawa (protocol). Although some tohunga may have been taught from masters of other tribal areas, or may come from a different tribal area to the one they are administering to.

The correct storage of traditional Maori medicines is important and the use of plastic containers is not recommended.

The preparation vessels are also very important. Vessels used for cooking medicines and the preparation vessels for administering medicines will not normally be the same vessels that are used for cooking other kai.

The responsibility for the taking of traditional medicines rest with the family and the prescriber.
APPENDIX ONE

Standards for the administration of medicines

This is designed to be generic standards. Refer to local policy and guidelines.

Training and education requirements

The person who is administering the medicine will be satisfied that she or he:

a. understands his/her scope of practice as determined by the appropriate regulatory authority.

b. has had adequate training/orientation for types of medicines being administered.

c. is familiar with local area policy and guidelines related to medicine administration.

d. understands professional and legal issues regarding medicine administration.

Prior to administration of medication, the regulated nurse administering the medicine:

a. confirms the correctness of the prescription/medication chart, and the information provided on the relevant containers.

b. ensures that she or he is aware of the client’s current assessment and planned program of care; and makes a clinical assessment of the suitability of administration at the scheduled time of administration.

c. checks the five rights: the right medicine in the right dose must be administered to the right person at the right time by the right route.

d. checks the expiry date of medicine.

e. checks that the client is not allergic to the medicine.

f. contacts the prescriber/pharmacist, designated senior health professional as appropriate, if

- the prescription/medication chart or container information is illegible, unclear, ambiguous or incomplete
- where it is believed that the dosage or route of administration falls outside the product license for the particular substance
- there are potential adverse interactions with other medicines
- where contra-indications to the administration of any prescribed medicine are observed.

g. when believed necessary, refuses to administer the prescribed substance. If this situation arises, document clearly the reason and inform the prescriber/medical staff.

h. prepares the drug as specified by manufacturer/area policy and protocols.

i. pays due regard to the environment in which that care is being given eg. appropriate cardiac monitoring available.

j. is certain of the identity of the client to whom the medicine is to be given.

k. informs the client of the purpose of the medicine as appropriate, and provides access to relevant client information leaflets.
Standards for the administration of medicines (continued)

During the administration of medication, the regulated nurse administering the medicine:

a. monitors the patient for adverse effects of the medicine and takes appropriate action as determined by local guidelines eg. anaphylaxis management.

b. uses the opportunity, when appropriate, for emphasizing to the clients and significant others about:
   - the importance and implications of the prescribed treatment and
   - enhancing their understanding of its effects and side-effects.

Post administration:

a. makes clear and accurate recordings of the administration of all medicines administered or deliberately withheld, ensuring that any written entries and the signature are clear and legible. Documentation must be timely.

b. records the positive and negative effects of the medicine and make them known to the authorized prescriber.

(Nursing Midwifery Council, 2002).
References


Medicines Regulations 1984 and amendments.


Misuse of Drugs Act 1975 and amendments.

Misuse of Drugs Regulations 1977 and amendments.


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