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**Medication Policy & Procedures**

**Policy No:** 501  
**Subject:** Quality Use of Medicines  
**Authorised by:** Director of Nursing  
**Effective date:** May 2014

### PURPOSE:
To ensure the safe and efficient use of medication.

### POLICY:
Village Baxter supports the National Strategy for Quality Use of Medicines (QUM) in making the best possible use of medicines to achieve optimal health outcomes for residents.

### PROCEDURE:
1. The MAC (Medication Advisory Committee) works in partnership with all stakeholders to facilitate safe quality use of medicines.
2. Collaboration with all stakeholders, and inclusion of residents and/or their representatives is considered an essential part of the medication management process.
3. Medication policies are available to guide staff practice.
4. Staff managing and administering medications are required to complete a medication competency reflective of their scope of practice.
5. Quality improvement activities including medication audits are used to monitor medication management.
6. Education and training opportunities on medication related topics are offered to staff on a regular basis.
7. Reference material and resources including MIMS and eMIMS are provided for staff and regularly updated.
8. Current plain language consumer medicine information is made available to the resident and/or their families through the Pharmacy or Doctor.
9. Regular medication chart reviews are conducted by each resident's doctor.
10. Resident's medication profiles are reviewed at least biennially by a consultant pharmacist who completes a RMMR (Residential Medication Management Review).
11. The provider pharmacy audits the Medication Charts/Orders on a periodic basis.
12. A staff signature register is maintained to enable follow up of questions and concerns.
13. An audit of Medication Charts for signature compliance is conducted each night and followed up by the Unit Manager.

### RELATED POLICIES AND DOCUMENTS
502 The Provider Pharmacy  
504 Medication Information  
507 Medication Review Services  
508 Medication Advisory Committee (MAC)  
510 Staff Medication Competency  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 502

Subject: The Provider Pharmacy

Authorised by: Director of Nursing

Effective date: May 2014

PURPOSE
To ensure the safe and efficient delivery of quality pharmaceutical and related services in accordance with Village Baxter policy/procedure, relevant legislation, guidelines and standards.

POLICY
The Village Baxter has contracted Pharmacy Neo Towerhill’s Pharmacy to provide pharmaceutical and related services directed at supporting all stakeholders to achieve optimal health outcomes for residents.

PROCEDURE
1. The Pharmacy will provide all medications either in the tamper-evident Unit Dose 7 Webster-paks or in the original manufacturer's pack in accordance with good dispensing practices.
2. Pharmacy services will be provided seven days per week - Monday to Friday 0830-2000 hours and Saturday and Sunday 0900-1800 hours. Special arrangements for public holidays or other schedule changes will be advised in writing.
3. The pharmacy will establish and maintain a comprehensive medication profile and accurate documentation of services provided to each resident.
4. The services provided to the Village Baxter will include the supply and delivery of prescription, non-prescription and appropriate complementary medicines, drug information services, medication chart reviews and assistance with Accreditation Processes.
5. In the event of an emergency medication requirement after hours, the Registered Nurse on duty should contact the Village Baxter DON/RN on call mobile telephone number for further advice.
6. The pharmacy will provide staff training and education, participate in the Medication Advisory Committee (MAC), contribute to continuous improvement activities and assist in the development of policy and procedures relating to medication management.
7. The pharmacy will conduct a monthly audit to verify the accuracy of Medication Charts and a comprehensive annual audit using a 10% data sample.
8. Pharmacy will ensure residents privacy and confidentiality at all times.

RELATED POLICIES AND DOCUMENTS
501 Quality Use of Medicines
503 The Provider Pharmacy Delivery Schedule
Policy No: 503

Subject: Provider Pharmacy Delivery / Collection Schedule

Authorised by: Director of Nursing

Effective date: May 2014

Guiding principles for medication management in residential aged care facilities 2012

PURPOSE:

To advise the RACFs of Pharmacy Delivery Schedule.

POLICY:

The Pharmacy Delivery Schedule will be available to the RACF.

PROCEDURE:

**MONDAY**
1000 Village Manor seven-day unit dose Webster routine weekly re-stock.
1300 Village Manor/Stanley Lodge/Amenities 2&3 order/script collections and ILU deliveries.
1500 Village Manor/Stanley Lodge/Amenities 2&3 order/script collection, ILU/Parkside collection/delivery.
1630-1930 Evening Deliveries to all facilities/ILU.

**TUESDAY**
0930 The Lodge seven-day unit Webster routine weekly re-stock for Stanley Lodge.
1300 Village Manor/Stanley Lodge/Amenities 2&3 order/script collections and ILU deliveries.
1500 Village Manor/Stanley Lodge/Amenities 2&3 order/script collection, ILU/Parkside collection/delivery.
1400-1700 Village Manor/Stanley Lodge Medication Chart Audits. (each facility on rotating basis, to ensure all charts are audited monthly).
1630-1930 Evening Deliveries to all facilities/ILU.

**WEDNESDAY**
0930 Independent Living Units Multi-dose Webster pack delivery.
1300 Village Manor/Stanley Lodge/Amenities 2&3 order/script collections and ILU deliveries.
1500 Village Manor/Stanley Lodge/Amenities 2&3 order/script collection, ILU/Parkside collection/delivery.
1630-1930 Evening Deliveries to all facilities/ILU.

**THURSDAY**
1300 Village Manor/Stanley Lodge/Amenities 2&3 order/script collections and ILU deliveries.
1500 Village Manor/Stanley Lodge/Amenities 2&3 order/script collection, ILU/Parkside collection/delivery.
1600-1930 Evening Deliveries to all facilities/ILU.

**FRIDAY**
1300 Village Manor/Stanley Lodge/Amenities 2&3 order/script collections and ILU deliveries.
1500 Village Manor/Stanley Lodge/Amenities 2&3 order/script collection, ILU/Parkside collection/delivery.
1630-1930 Evening Deliveries to all facilities/ILU.
SATURDAY
1200 Phone orders only, no order collection.
1300 AM Deliveries to Village Manor/The Lodge – deliveries made until 1600 hours.

SUNDAY
Emergency deliveries until 1600 hours.

RELATED POLICIES AND DOCUMENTS
502 - The Provider Pharmacy
512 – Ordering and Receipt of Medications
Medication Policy & Procedures

Policy No: 504

Subject: Medication Information

Authorised by: Director of Nursing

Effective date: May 2014

PURPOSE:

To ensure current and accurate medication information is available for staff, visiting health professionals, residents and their families.

POLICY:

Village Baxter staff will have access to up-to-date medication information references.

PROCEDURE:

1. The Medication Advisory Committee (MAC) will decide which references are to be made available at the Village Baxter. The Village Baxter will ensure these references are current.

2. The MIMS CD-ROM is installed on the computers which are used by staff who administer medication. Updates are made by the administrator as they become available. Hard copy MIMS are also available, and regularly updated.

3. Consumer Medicine Leaflets which are suitable to provide to residents and families requesting information on a specific medication are also available via the Essential Resources tab on E MIMS.

4. If specific or additional medication information is required then the Pharmacy should be contacted directly to source the information needed.

5. Medication Information should always be reviewed prior to administering a medication that is unfamiliar.

RELATED POLICIES & PROCEDURES

502 – The Provider Pharmacy.
508 – Medication Advisory Committee.
511 – Medication Orders / Medication Charts.

Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012.
**PURPOSE:**

To provide residents with a choice of a generic alternative medication.

**POLICY:**

The resident is to be given the choice of a generic alternative where the brand prescribed is associated with an increased cost.

**PROCEDURE:**

1. Residents or their representatives are to be given the choice of generic substitution where the prescribing Doctor allows substitution. The prescribing Doctor can at any time order that a particular brand be dispensed by marking the prescription “brand substitution NOT permitted”.

2. If the Generic brand is issued then the Pharmacy will label the dispensed container as the “same as original brand prescribed”.

3. The Medication Chart should indicate the generic brand name if ordered.

4. The Pharmacy will only substitute brands if the two brands are proven to be bio-equivalent.

**RELATED POLICIES & PROCEDURES**

502 – The Provider Pharmacy
511 – Medication Orders / Medication Charts
www.nps.org.au
PURPOSE:
To provide staff with knowledge of the pharmacy medication labelling system.

POLICY:
Medications are to be labelled in accordance with all state and federal legislative requirements.

PROCEDURE:
1. Only the Pharmacy provider can affix a medication label or modify/change the label on a medication container.
2. RN/EN staff are not permitted to alter, change, mark or modify a medication label. Highlighting is permitted.

The medication label will include:
- The resident’s details, including name and DOB.
- The medication name (brand or generic).
- If generic (same as original brand ordered).
- The strength of the medication.
- The dose and frequency of administration.
- The route of administration.
- The quantity dispensed.
- Specific directions for use if available.
- The prescribing Doctor’s name.
- The name, address and contact number of the Pharmacy provider.
- All cautionary and advisory labels: e.g. Cytotoxic medications.
3. Medications which are incorrectly labelled or have a damaged label are to be returned to the Pharmacy for relabelling.
4. A Medication Report should be completed for all medication labelling concerns as per Policy # 528

RELATED POLICIES & PROCEDURES
502 - The Provider Pharmacy
511 - Medication Orders / Medication Charts
http://www.legislation.vic.gov.au
Worksafe Victoria – Handling Cytotoxic Drugs in the Workplace – 2003
Medication Policy & Procedures

Policy No: 507
Subject: Medication Review Services
Authorised by: Director of Nursing
Effective date: May 2014

**PURPOSE:**

To ensure all resident’s medicines (prescription and non-prescription) are being used safely and for best effect.

**POLICY:**

A Residential Medication Management Review (RMMR) is a comprehensive medication review that is resident focused and involves the systematic evaluation of a resident’s complete medication regimen and management of that medication. An RMMR service agreement has been made between Village Baxter and PRN Consulting to provide this service in accordance with relevant legislation and guidelines.

**PROCEDURE:**

1. Medicare benefits entitle each resident to have an RMMR biennially however additional medication reviews may be clinically indicated when there has been a change in medical conditions or medication regimes.
2. Consent for Medication Review Services is included in the Resident General Consent Form which is completed on admission.
3. An accredited pharmacist from PRN Consulting conducts the review in collaboration with the resident’s GP and appropriate members of the residents’ health team.
4. Residents are reviewed upon referral by the Residents G.P.
5. The RMMR report is forwarded to the GP and a copy sent to the facility.
6. The RMMR report is filed in the resident’s history and confirmed with an entry on the residents Medication Chart.

**RELATED POLICIES AND DOCUMENTS**

- 501 Quality Use of Medicines
- Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 508

Subject: Medication Advisory Committee

Authorised by: Director of Nursing

Effective date: May 2014

PURPOSE:
To provide leadership and direction in the safe use and administration of medicines to residents in accordance with best practice, legislative and statutory requirements.

POLICY:
The Medication Advisory Committee (MAC) will monitor, review and evaluate the safe and quality use of medicines at Village Baxter.

PROCEDURE:
1. MAC meetings are held at Village Baxter at least three times per calendar year
2. Terms of Reference for the MAC are reviewed annually in December each year.
3. The MAC assists with the development of policy, reviews performance indicators relating to medication administration and advises on the implementation of standards, guidelines, and relevant legislation.
4. The MAC oversees the Village Baxter medication monitoring and reporting system, reviews medication incidents such as adverse drug reactions or other medication related events with the objective of reducing medication issues.
5. The MAC will advise on the current information surrounding education and training resources to be maintained for residents, carers, staff and other health professionals.
6. Agenda items for the MAC Meeting should be submitted to the Director of Nursing prior to each scheduled meeting.

RELATED POLICIES AND DOCUMENTS

501 - Quality Use of Medicines
504 - Medication Information
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
**Medication Policy & Procedures**

**Policy No:** 509  
**Subject:** Enrolled Nurses & Medication Management  
**Authorised by:** Director of Nursing  
**Effective date:** May 2014

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**PURPOSE:**

To ensure appropriate systems are in place to guide Registered Nurses and support authorised Enrolled Nurses in their medication administration role.

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**POLICY:**

The Registered Nurse managing medication may delegate the administration of medication to an authorised Enrolled Nurse in accordance with professional guidelines and the relevant legislation.

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**PROCEDURE:**

1. Enrolled Nurses who hold an AHPRA approved qualification in medication administration and who have completed the Village Baxter Medication Competency are authorised to administer medication under the supervision and direction of a Registered Nurse.
2. Enrolled Nurses designated as being able to administer medication must work within Village Baxter policies, procedures and protocols at all times.
3. Enrolled Nurses designated as being able to administer medication have the skills and knowledge to administer and monitor medications and evaluate their effectiveness.
4. Enrolled Nurses are accountable for making decisions about their own practice and about what is within their own capacity and scope of practice.
5. Authorised Enrolled Nurses may administer medication via the following routes:
   - Oral
   - Eye Drops/Ointments
   - Ear Drops
   - Nasal Drops and sprays
   - Inhalations/Nebulisers
   - Sub lingual
   - Intramuscular
   - Subcutaneous
   - Rectal
   - Vaginal
   - Enteral (i.e. through a nasogastric or enteral feeding tube)
   - Dermal/Transdermal
   - Transurethral
6. It is Village Baxter policy that:
   - An Enrolled Nurse cannot administer PRN Medication without prior consultation with a Registered Nurse.
   - An Enrolled Nurse may not accept a verbal or telephone order but may be witness to an RN accepting the verbal or telephone order.
   - An Enrolled Nurse cannot administer Nurse Initiated Medication without prior consultation with a Registered Nurse.

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**RELATED POLICIES & PROCEDURES**

510 - Staff Medication Competency  
517 - Medication Administration  
Health Practitioner Regulation National Law Act 2009  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012  
Purpose:
To ensure Registered Nurses and Enrolled Nurses remain competent in their medication administration role.

Policy:
Registered and Enrolled Nursing (RN and EN) Staff will be competent in the administration of medication as per their scope of practice. Competency will be re-assessed on a regular basis.

Procedure:
1. Registered and Enrolled Nurses must complete and pass a Medication competency within three months commencing employment.
2. Medication competency is granted after the practical and theory components have been completed with a 90% or greater result.
3. Staff who failed to obtain 90% are eligible to repeat the competency two weeks after initially failing the 90% mark.
4. If a repeat competency is completed and this also results in less than 90% correct then one on one education with the staff member and their Manager will be required prior to repeating the competency.
5. RN and EN staff must have completed a medication competency within one month of their bi-annual staff appraisal.
6. In the event of significant medication issues or incident/s, a repeat and additional competency may be required and is at the discretion of the Unit Manager and / or Director of Nursing.
7. No staff member will be eligible to administer any medication until deemed competent as per above guidelines.

Related Policies and Documents
501 - Quality Use of Medicines
510 - Staff Medication Competency
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 511
Subject: Medication Orders / Medication Charts
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To provide clear understanding of the requirements regarding medication orders and charts.

POLICY:
Medications are dispensed individually for each resident and are only to be administered in accordance with relevant State & Federal legislation and guidelines.

PROCEDURE:
Medication orders are to be legible and written in English by the Doctor (or other lawfully authorised person) on the Long Term Medication Management Chart. Prescribers must ensure that medication orders are clear and not open to misinterpretation. Staff must never transcribe medication orders onto medication charts with the exception of phone orders – refer Policy 513.

1. Each Medication Order must include:
   • Medication name (brand or generic),
   • Medication Strength, Dose, Route and Frequency of Administration,
   • Commencement date and completion date (if limited term),
   • Date and signature of the Doctor or lawfully authorised person ordering the medication.
2. All details on the front of the Medication Chart are to be completed. The Administration Instructions label should reflect the information on the residents Medication Assessment and Care Plan.
3. All internal pages are to be labelled with the resident’s name, D.O.B. and an ID label attached to the Approved Nurse Initiated Medication List on the inside back cover.
4. If an Allergy/Sensitivity is identified then an Allergy/Sensitivity sticker including details of the reaction (if known) is applied to the front page and Drug Alert Stickers applied to the other pages of the chart in the spaces provided.
5. The non-packed Medication Box is marked and highlighted on the left hand side of the regular and PRN orders.
6. When a new chart is written by a GP, the new chart becomes the current Medication Chart and all previous charts (completed or otherwise) are obsolete and are not to be used. The previous drug charts are to be marked “ceased” on allocated area of front cover.
7. When a Medication Chart is altered or updated, the entire Medication Chart, including the front page is to be faxed to the Pharmacy.
8. In the event that a Doctor or Prescribing Health Professional cannot attend the facility to write up the Medication Chart, a Facsimile or Telephone order in accordance Policy # 513 shall be acceptable.
9. In the absence of a Medication Chart, or where the hospital medication list is not signed by a Doctor or Pharmacist, the clear directions contained on the residents Webster pack are acceptable orders in accordance with section 46 (4) of the Drugs Poisons and Controlled Substances Act.

10. Medications given to residents when a Medication Chart is not available, or there is no space in the Medication Chart to sign, are to be recorded in the Progress Notes until the Doctor has reviewed and updated the Medication Chart.

11. Standing Orders are not generally appropriate in Aged Care as medicines are dispensed for individual residents and stocks of medication (other than NIMS) not kept.

**RELATED POLICIES, PROCEDURES AND DOCUMENTS**

501 - Quality Use of Medicines  
502 – The Provider Pharmacy  
514 - Ceasing and/or Altering Medication Orders  
519 - PRN Medication Administration  
513 – Facsimile and Telephone Orders  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012  
Medication Policy & Procedures

Policy No: 512
Subject: Ordering & Receipt of Medications
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To ensure staff have clear guidelines for the ordering and receipt of medication.

POLICY:
A robust ordering and receipt process is established to maintain continuity of medicine supply for residents.

PROCEDURE:
1. All RN and EN staff are responsible for reordering PRN Webster-paks and non-packed medication when less than 72 hours supply remains. Orders are written in the Pharmacy Order Book unless urgent, orders for PRN medication should be made between Monday and Thursday.
2. Routine pick-ups of pharmacy orders from the RACF’s are scheduled twice daily Monday to Friday at 1300hrs and 1500hrs, as per the Provider Pharmacy Delivery/Collection Schedule.
3. For urgent new medication orders, e.g. antibiotics required for same day delivery, the complete medication chart is to be faxed and a follow-up phone call to the pharmacy.
4. Urgent existing medication orders, e.g. insufficient PRN oxynorm for shift, the pharmacy order book sheet is faxed, stamped as faxed and a follow-up phone call to the pharmacy to confirm receipt of order.
5. On weekends and public holidays there are no scheduled pick-ups. Only urgent requirements will be delivered if a fax and phone request is made before 1600hrs. To facilitate this process orders should be made as early in the day as possible.
6. The weekly Webster-pak delivery continues as normal on public holidays.
7. 48hrs prior to a weekend or public holiday the RN is responsible for checking/reordering stocks of non-packed medication to ensure they are adequate to last the duration of the limited service days.
8. Eye drops are routinely ordered 5-7 days before the end of the month by a designated staff member.
9. New admissions are notified to Pharmacy Neo Towerhill’s Pharmacy on the day of admission via a completed Pharmacy Neo Towerhill’s Registration Form contained in the Admission Pack.
10. Deliveries are prioritised and returned to the RACF by an authorised pharmacy staff member and must be checked against the pharmacy order book before being stored in the designated locked storage area.
11. Controlled substances deliveries must be entered into the DD register and locked in the DD safe by the authorised pharmacy delivery person and an authorised Village staff member.

RELATED POLICIES AND DOCUMENTS
502 – The Provider Pharmacy
503 – Provider Pharmacy Delivery/Collection Schedule
515 – Emergency Medication Orders After Hours
519 – PRN Medication Orders
524 – Warfarin Management
527 – Medication Storage and Disposal
(Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012)
**Medication Policy & Procedures**

**Policy No:** 513

**Subject:** Facsimile (Fax) and Telephone Orders

**Authorised by:** Director of Nursing

**Effective date:** May 2014

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**PURPOSE**

To provide guidance for the management of Medication Orders received by Fax or Telephone order.

**POLICY:**

Only Telephone and faxed orders from an authorised prescriber will be accepted by The Village Baxter.

**PROCEDURE:**

**Faxed Orders**

1. Fax orders are preferred to Telephone orders.
2. If a GP decides to fax a medication order, a photocopy of a blank medication chart is faxed to the G.P. for the drug and administration details to be completed and faxed back to the facility.
3. The faxed order and a copy of the resident’s current Medication Chart is sent to the Pharmacy for the medication to be dispensed.
4. Fax orders are then treated as follows:
   4.1 The original faxed order is photocopied and labelled “ORIGINAL” or “COPY” as appropriate.
   4.2 The original is filed in the Resident’s History in Section 7 as proof of the faxed order.
   4.3 The order is cut out from the COPY and attached it securely to the original Medication Chart in the appropriate place.
   4.4 At all times the original faxed order is to be retained as a complete document so that the origin of the faxed order can be confirmed and an audit trail of the order can be demonstrated. If no copy of the original faxed order is retained, then the order is NOT acceptable.
5. If a faxed order is not in the format above, the fax itself is an acceptable order, as are the directions on the resident’s Webster pack. The GP is to attend the RACF & provide a medical order in the resident’s drug chart as soon as practicable.

**Telephone Orders**

Telephone orders are only acceptable in an emergency situation. Staff are not permitted to accept telephone orders for routine medications.

1. The person receiving the telephone order must be a Registered Nurse.
2. All telephone orders must be read back to the prescriber for verification.
3. As a further check, the prescriber is required to repeat the order to a second person.
4. Telephone orders are recorded on the designated area of the Medication Chart and MUST be signed by the prescriber, or otherwise confirmed in writing, within 24hrs or as soon as practicable. A reminder note may be written in the Doctor’s Request Book.

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**RELATED POLICIES & DOCUMENTS**

504 – Medication Information
511 – Medication Orders / Medication Charts
*The Electronic Transactions (Vic) Act 2000*
*Drugs Poisons and Controlled Substances Act (as amended 8.12.2012)*

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Medication Policy & Procedures

**Policy No:** 514

**Subject:** Ceasing and/or Alteration of Medication Orders

**Authorised by:** Director of Nursing

**Effective date:** May 2014

**PURPOSE:**
To provide staff with a clear understanding and guidelines for the ceasing/altering of medications.

**POLICY:**
The ceasing and/or alteration of a medication is to be clearly documented on the Medication Chart and communicated to Pharmacy.

**PROCEDURE:**
1. Only an authorised prescriber may cease a medication order or alter a medication chart.
2. To cease a medication the resident's doctor or authorised prescriber is required to sign and date the appropriate section of the Medication Chart and advise staff of the change.
3. To alter or change a medication order, the resident's doctor or authorised prescriber is to cease the existing order as above, rewrite the changed order on the Medication Chart and advise staff.
4. A diagonal line or a “Ceased” stamp is to be made through the ceased medication order and all corresponding signing areas for the duration of the Medication chart, to make it very clear that an order is no longer current.
5. When a Medication Chart is altered or updated, the entire Medication Chart, including the front page is to be faxed to the Pharmacy.
6. Any change to a resident’s medication must be documented in the resident’s Progress Notes (or an entry that the doctor has made a change).
7. A Webster “Ceased” sticker is to be applied to the column of the ceased medication on the unit dose Webster package.
8. All ceased medication is returned to Pharmacy for disposal.

**RELATED POLICIES AND DOCUMENTS**

502 – The Provider Pharmacy
511 – Medication Orders / Medication Charts
513 – Facsimile and Telephone Orders
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

**Policy No:** 515

**Subject:** Emergency Medication Orders After Hours

**Authorised by:** Director of Nursing

**Effective date:** May 2014

**PURPOSE:**

To provide a clear understanding of the process used to obtain emergency medications after business hours.

**POLICY:**

Emergency medication orders after hours will be managed in accordance with state and federal laws. The resident will receive their own medication supply. Emergency medications are not to be dispensed from another resident’s medication.

**PROCEDURE:**

1. If a medication order is received from a doctor outside the Pharmacy business hours then the doctor should be consulted as to the urgency of supply and whether it can be delayed until the Pharmacy re-opens.

2. The doctor may be able to dispense medications from his/her own supply of approved medications.

3. If the medication is considered urgent and the doctor is unable to supply the ordered medication then the RN in charge should contact the DON/RN on call via the on call mobile for further assistance/instructions.

4. If the above options do not resolve the medication requirement then the resident should be transferred to hospital.

**RELATED POLICIES & DOCUMENTS**

502 – The Provider Pharmacy
511 – Medication Orders / Medication Charts
519 – PRN Medication Orders
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 516
Subject: Unit Dose 7 – Webster-Pak System
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:

To implement best practice as per Guiding Principles for Medication Management in Residential Aged Care Facilities.

POLICY:

Village Baxter uses the Unit Dose 7 Webster system for all solid oral medications.

PROCEDURE:

1. Pharmacy Neo Towerhill’s Pharmacy packs each resident’s tablets into a single dose seven day Webster-pak. The Webster-paks may include prescription, non-prescription and complementary medicines.

2. Each dose is pre-packed separately in a single dose blister to allow the authorised personnel to administer to identify the tablets individually.

3. Separate Webster-paks are packaged for antibiotics, PRN orders, Warfarin and short term orders.

4. The contents of a Webster-Pak are not to be transferred to any other container and stored prior to administration.

5. Advisory labels for special medication alerts are applied by the pharmacist to the Webster-paks e.g. “before food”, “do not crush” etc.

6. Each week a new supply of Unit Dose 7 Webster-paks will be provided with the used frames collected and returned to the pharmacy for repackaging.

7. Non-packed and PRN items are not included in the automatic weekly cycle for packed medication. These medications are replaced as required. Monthly audits ensure medications do not expire.

8. When a medication is ceased by an authorised prescriber, a ceased sticker is placed over the Webster-pak blister containing the ceased medication until it can be returned for repackaging.

9. Webster-pak frames are colour coded as listed below

10. All Webster-Paks are labelled with the resident’s name, date of birth, RACF, suite number, Doctor and allergy sticker.

11. Each resident has a locked medication cupboard in their room with their photograph inside to assist identification. The Manor stores AM + PM + PRN Webster-paks in the medication cupboard. The Lodge stores PRN Webster-paks in the medication cupboard. ALL other medications are stored in the treatment room of the RACF.
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>BREAKFAST</strong></td>
<td>PINK</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td>YELLOW</td>
</tr>
<tr>
<td><strong>DINNER</strong></td>
<td>ORANGE</td>
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<tr>
<td><strong>BEDTIME</strong></td>
<td>BLUE</td>
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<tr>
<td><strong>PRN</strong></td>
<td>WHITE</td>
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<tr>
<td><strong>ANTIBIOTICS/SHORT TERM</strong></td>
<td>GREEN</td>
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<tr>
<td><strong>WARFARIN</strong></td>
<td>ORANGE</td>
</tr>
<tr>
<td><strong>SCHEDULE 8 (DDA)</strong></td>
<td>PURPLE</td>
</tr>
<tr>
<td><strong>MEDICATIONS AT OTHER TIMES</strong></td>
<td>GREEN</td>
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</tbody>
</table>

**RELATED POLICIES & PROCEDURES**

502 – The Provider Pharmacy  
503 – Provider Pharmacy Delivery/Collection Schedule  
511 – Medication Orders / Medication Charts  
**Medication Policy & Procedures**

**Policy No:** 517

**Subject:** Medication Administration

**Authorised by:** Director of Nursing

**Effective date:** May 2014

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**PURPOSE:**

To ensure the safe and correct administration of medications.

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**POLICY:**

Authorised Registered and Enrolled Nursing staff may administer medications as per relevant legislation and the scope of their registration.

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**PROCEDURE:**

1. All medications which are packaged and non-packaged are administered as per the medication chart, medication assessment/care plan and the 7R’s as listed below:

<table>
<thead>
<tr>
<th>Right Resident</th>
<th>Right Drug</th>
<th>Right Dose</th>
<th>Right Time</th>
<th>Right Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Technique</td>
<td>Right Documentation</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2. The staff member administering the medication must check the prescribers order on the medication chart and ensure it is complete and legible. Unclear orders will require clarification and correction.

3. If the staff member is concerned that the order may be incorrect or inappropriate for the particular medical condition then the medication must not be administered until the authorised prescriber has been contacted for clarification. A progress note and if required a medication report are to be completed.

4. A strict process must be followed for verifying the identity of the resident which includes confirming name/DOB/suite number with resident or another staff member. The resident photograph must also be confirmed prior to administration. Allergies/previous adverse drug reactions along with any special considerations section must also be checked prior to administration.

5. Medications are to be prepared (includes crushing) and administered directly after the removal from the Webster pack.

6. Doses must be prepared for one resident at a time only.

7. The RN/EN must stay with the resident until the medication has been administered. Medications are not to be left with a resident.

8. The Medication Chart is signed immediately after administration. Medication Charts are not to be pre-signed (prior to the medication-round) or post-signed (after the medication-round).

9. Medications prescribed and dispensed for one resident must never be given to another resident.

10. Medication trolleys must be locked when not under the direct control of the person doing the medication round. Webster-paks, unpacked medication and Medication Charts are not to be left on the top of the trolley.
11. Residents have the right to refuse medicines. Any refusal must be advised to the GP, documented on the Medication Chart, and a green “Medications Not Given” sticker completed which is then placed in the resident’s progress notes. The refused medication is to be destroyed and not kept for later use. The resident is to be monitored for adverse effects related to the medication refusal.

12. If medications are not administered as charted then staff are encouraged to use the recognised symbols on the back of the Medication Chart to indicate the reason the medication was not administered. See below:

<table>
<thead>
<tr>
<th>W</th>
<th>Withheld</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Refused</td>
</tr>
<tr>
<td>H</td>
<td>Hospital</td>
</tr>
<tr>
<td>F</td>
<td>Fasting</td>
</tr>
</tbody>
</table>

13. At the completion of the medication round a final check of all Medication Charts is to be made to ensure that all medications has been administered and chart signed. The Medication Trolley is to be left clean and tidy and ready for the next medication round.

**RELATED POLICIES & PROCEDURES**

522 – Alteration of Oral Dose Forms (Crushing Medication)
F:\Anstat
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 518
Subject: Medicines via Intramuscular and Subcutaneous Routes
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To provide guidelines for staff to manage medication administered by injection.

POLICY:
All medication for injection will be stored as per pharmacy recommendations, administered in accordance with the medication order and as per the manufacturer’s recommendations.

DEFINITIONS:
Intramuscular Injection – is given into deep muscle tissue (max. 5ml)
Subcutaneous Medication – is given into subcutaneous tissue, under the dermis (max 2ml)

Administration of Medication via Injection
1. The resident’s name and the directions for use will be labeled on each supply of ampoules, vials or prefilled syringes supplied by the pharmacy for injection.
2. If a resident is having multiple injections then the injection sites should be rotated.
3. The injection site is observed for bruising, inflammation, local pain, numbness or bleeding.
4. Needles must never be recapped.
5. Ampoules and single-use vials should be discarded into a sharps container immediately after administration.
6. Residents are observed for any unexpected response to the medication.

Insulin Administration
1. Only Registered and authorised Enrolled Nurses administer insulin or supervise resident’s self-administering insulin.
2. Insulin is only administered after a Blood Glucose Level has been taken and recorded.
3. Two staff are required to check Insulin order and dose preparation.
4. Insulin is administered into the subcutaneous tissue of the abdomen, unless an alternative site is specified by the resident’s GP. The site of the Insulin administration should be rotated, and noted on the Medication Chart directly under the signature of the administering staff member.

Administration by Subcutaneous Access Device
1. The Village requires two nurses to prepare and administer medications via a Subcutaneous Access Device. A Registered Nurse must directly oversee the preparation and administration of medication when a Subcutaneous Access Device is used; this includes completing the relevant documentation.

RELATED POLICIES & PROCEDURES
Resident Care policy 130 – Diabetes
502 – The Provider Pharmacy
511 – Medication Orders and Medication Charts
521 – Self-Administration of Medications
**Medication Policy & Procedures**

**Policy No:** 519  
**Subject:** PRN Medication Administration  
**Authorised by:** Director of Nursing  
**Effective date:** May 2014

**PURPOSE:**

To provide clear understanding of the process for managing PRN Medication Administration.

**POLICY:**

PRN medication may be administered on an "as needed" basis for the relief of specific signs & symptoms. All PRN medications must have a valid medication order and be authorised by a Registered Nurse.

**PROCEDURE:**

1. PRN orders must be written in the PRN section of the Medication Chart.
2. PRN orders must specify the reason for which the medication is to be administered, e.g. Stematil "for dizziness" or "for nausea". The authorised prescriber or pharmacist is permitted to complete the section next to the order, on the Medication Chart labelled “prescriber to complete reason”.
3. PRN orders must specify the administration time range if applicable, e.g. Nocte and the maximum daily dosage e.g. Temaze 1-2 Nocte PRN (Max. 2).
4. An EN must consult with the Registered Nurse if she/he believes a PRN medication is indicated. The subsequent administration of a PRN medication is based on the clinical judgement of the RN, and may be delegated to an EN.
5. Non-pharmacological strategies should be considered prior to PRN medication administration.
6. Prior to administering any PRN Medication RN/EN staff must cross reference the Regular and PRN Medication Orders to ensure the maximum daily dose is not exceeded, and appropriate time frames between administrations is maintained.
7. The administration of all PRN medication is to be recorded on the Medication Chart, Handover sheet and a yellow PRN sticker which is placed in the resident’s Progress Notes. This sticker generally replaces the need for a written progress note. Where a PRN medication is not effective then a progress note will be required to advise of what action has been taken.
8. The evaluation of the medication should be completed by the staff member administering the medication, however where evaluation is required after a change of shift, the oncoming RN/EN is responsible for the evaluation.
9. If the PRN medication administered is not effective or is required on a regular basis (e.g. 4-7 consecutive days) the R.N. must be notified, and the GP requested to review the order.

**RELATED POLICIES AND DOCUMENTS**

502 – The Provider Pharmacy  
511 – Medication Orders / Medication Charts  
517 – Medication Administration  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 520
Subject: Nurse Initiated Medicines (NIM)
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To provide a clear understanding for the management for Nurse Initiated Medication (NIM)

POLICY:
The Village Baxter Medication Advisory Committee (MAC) has developed a list of approved non-prescription (S2 & S3 & non-scheduled products) medications which with the prior agreement of the residents GP may be given to a resident for the relief of indicated symptoms on NIM list.

PROCEDURE:
1. The list of approved NIMS for each resident is recorded on an A4 label which is attached to the inside back cover of each resident’s current Medication Chart. Residents who do not have the approved list signed by their GP in their Medication Chart cannot receive NIMs. Note: It is the GPs responsibility to indicate on the list which medications are not suitable for a particular resident.

2. NIMs are only to be authorised by an RN after a clinical assessment of the resident has occurred. The RN may delegate administration of the NIM to an authorised Enrolled Nurse.

3. The RN will check that the resident is not allergic to the NIM prior to its administration.

4. The RN records the NIM on the Nurse Initiated Medication page of the Medication Chart and on a PRN sticker which is placed in the progress notes. The administration is both written on the handover sheet and verbally to the next shift.

5. The RN will evaluate and document the effects of the medication administered.

6. The resident’s GP is notified of the administration of the NIM at their next visit or contacted for a telephone order/further advice if the NIM is not effective.

7. The resident’s GP must when reasonably practicable review the resident and sign the NIM dispensed by the RN.

8. NIMs are only intended for one-off or occasional use. If the use of a NIM becomes regular, the resident should be reviewed by their GP and if considered appropriate a regular or PRN order written on the Medication Chart.

9. Village Baxter will purchase a small impress stock of NIM from the approved NIM list which may be reordered from Pharmacy as required. The pharmacy will label all stock medications as belonging to the Village Baxter when they are dispensed. NIM stock is located in the Medication Trolley and the expiry dates are checked during the medication trolley audit. Refer to each facility for audit schedule.

10. The list of NIM is reviewed annually by the Medication Advisory Committee at their first meeting of each calendar year.

RELATED POLICIES AND DOCUMENTS
501 – Quality Use of Medicines
511 – Medication Orders / Medication Charts
512 – Ordering and Receipt of Medication
517 – Medication Administration
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Appendix A – Approved nurse initiated medication.
Medication Policy & Procedures

Policy No: 521

Subject: Self-Administration of Medications

Authorised by: Director of Nursing

Effective date: May 2014

PURPOSE:
To provide guidelines for staff to support residents who are assessed as being able to self-administer their medications.

POLICY:
Village Baxter supports residents who wish to administer their own medication provided it has been assessed that medication administration can safely be carried out by that individual.

PROCEDURE:
1. Residents who self-administer some or all of their medications must have an accurate and up-to-date record of all medications being taken, including any items they purchase “over the counter” recorded on their Medication Chart.
2. Residents are strongly encouraged to inform their GP/staff of any changes to their medication regimen. This includes side effects, adverse effects, or difficulties self-medicating.
3. The resident’s ability to self-administer all or some of their medications is assessed by the Registered Nurse in consultation with the resident and their GP using the Village Baxter Self Medication Assessment. The PAS Cognitive Assessment is referred to as part of completing this assessment.
4. If the resident is assessed as safe to administer their own medication, then the “Medication Self Administration Letter to Resident” is signed by the resident to indicate their understanding and responsibilities regarding self-administering medications. A copy of the signed letter is to be retained in the resident’s file.
5. If the resident is not considered safe to self-administer medications, the Registered Nurse should discuss the assessment result with the resident and advise the GP. If the resident continues to insist on self-medicating, a family meeting with the GP should be arranged to further discuss the risks involved.
6. If the outcome above in number 5 is the resident wishes to self-administer, then a Risk Agreement and an Against Medical Advice Form is to be completed.
7. Residents are encouraged to use Pharmacy Neo Towerhill’s Pharmacy for their medication requirements but may choose another pharmacy. If a pharmacy other than Pharmacy Neo Towerhill’s is chosen, the resident is responsible for organizing their own medication supply and is to be advised that should staff assistance become necessary, it is Village Baxter policy that Pharmacy Neo Towerhill’s Pharmacy is used.
8. Residents who self-administer medications are encouraged to use Webster-paks which are reordered and replaced weekly by Pharmacy. This process also assists staff to monitor for signs of actual or potential non-compliance with medication administration, e.g., medication remaining in Webster-pak.
9. The GP is required to rewrite the Medication Chart every six months and update it with any changes, when required. Medication for self-administration should be clearly marked on the Medication Chart.
10. Residents may take their Medication Charts to GP and Specialist appointments provided they are returned to staff in a timely manner.

11. All medications (packed and non-packed) are to be stored in the lockable drawer in the resident’s room and the key appropriately and securely stored. A spare key accessible by management or a management representative is to be retained in the facility and noted in the Key Register.

12. Reassessment of the resident’s ability to self-medicate shall occur at 3 months, 6 months and 12 months after the initial assessment or more frequently if required. A new Self Medication Assessment Form is completed every 12 months.

**RELATED POLICIES & PROCEDURES**

Resident Care policy 168 – Risk Taking  
502 – The Provider Pharmacy  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012  
Appendix E – Self administration assessment form  
Appendix F – Sample Letter to Resident regarding self-administration
Medication Policy & Procedures

Policy No: 522
Subject: Alteration of Oral Dose Forms (Crushing Medication)
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To provide clear guidelines for staff regarding the alteration of oral dose forms of medication.

POLICY:
Administration of medications in the manufacturers original dosage form is preferred. When this is not possible and it is appropriate and safe to do so, medications may need to be crushed to facilitate administration.

PROCEDURE:

1. Before deciding to alter a dose form, consideration should be given to:
   - The reason the resident is unable to swallow the medicine in its usual form and any other alternative therapy that may provide the same therapeutic outcome.
   - Whether the resident is ordered any medications that should not be modified.
   - Whether the medicine is still indicated.
   - If there are any alternative dosing forms available (refer to Pharmacy).
   - If there are any alternative medicines available.

2. The resident’s GP is to be notified if a resident’s medication is to be crushed.

3. If there are medications which are not able to be crushed and alternative dose forms are available, then the GP should be requested to consider such alternatives.

4. When medication is to be crushed, the front cover of the drug chart and the Medication Assessment and Care Plan are clearly marked CRUSH MEDICATION.

5. Some medications cannot be crushed. A list of these medications is available on each Medication Trolley and in each Medication Room. Lists are updated at least annually or earlier if required. A copy of the list is provided in Appendix A of this manual.

6. Where a resident has crushed medications, the Pharmacy will label Webster-paks which contain medications that cannot be crushed. This relates to medication where no other alternative exists.

7. If a tablet needs to be halved or quartered this will be done at the Pharmacy and placed in the Webster in the dosage that needs to be administered.

8. Crushed medications are to be mixed with pureed fruit and administered as soon as possible to avoid degradation of the medicine.

9. Containers of pureed fruit are available from the kitchen in dated disposable containers. The fruit containers are to be refrigerated when not in use and disposed of after 24 hours.
10. A mortar & pestle lined with a single use paper patty pan is recommended to crush medication. Tablets should be crushed first and then capsules may be opened and added to the crushed tablets.

11. If patty pans are not available, then the mortar and pestle must be washed and dried after each use.

**RELATED POLICIES & PROCEDURES:**

501 – Quality Use of Medicines
525 – Cytotoxic Therapy
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

**Policy No:** 523
**Subject:** Management of Controlled Substances
**Authorised by:** Director of Nursing
**Effective date:** May 2014

**PURPOSE:**
To assist Registered and Enrolled nursing staff to manage controlled drugs safely and correctly.

**POLICY:**
Controlled substances at Village Baxter will be managed in accordance with relevant Regulatory Guidelines.

**PROCEDURE:**
1. All controlled substances are to be delivered by an authorised pharmacy staff member in individually labelled tamper evident packaging and handed directly to the RN/EN on duty.
2. The authorised persons delivering and receiving the controlled drug enter the details in the DDA Book and sign the entry.
3. The DD safe must be kept locked at all times except when actually in use. The keys for the DD storage safe/s in the RACFs are to be held on the person of the RN on duty.
4. The administration of a controlled drug must be witnessed by two authorised staff. The witness must remain present throughout the entire procedure of accessing, checking, preparation, administration and recording the administration of a controlled drug. Drugs are to be taken to the bedside in an individual receptacle (dish).
5. The stock balance of every controlled drug stored in the DD safe must be checked and verified in the DD register at the commencement of each shift.
6. Any discrepancy in the DD register is to be noted in the DD Register and documented on a Medication Report form. The DON/RN on call must be notified regarding any discrepancies of controlled substances.
7. The DD register is not to be altered with correction fluid or an eraser. If an alteration is required then a single line is to be drawn through the change and countersigned. The change should be documented on a new line using a black pen.
8. If a medication is prepared and not used or only partly used, then the balance must be discarded in the presence of an authorised staff member and an entry made in the DD Register. Discarded medication should be placed in the sharps container.
9. Any controlled substance that is not required is to be returned to the Pharmacy.
10. Large quantities of DDs should not be kept on-site unless required for administration or clinically indicated to reflect this action.
11. DD Books must be retained/archived for three years from the date of the last entry.

**RELATED POLICIES & PROCEDURES**
512 – Ordering and Receipt of Medications
527 – Medication storage
F:\Anstat
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 524
Subject: Warfarin Management
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To provide guidelines for the management of Warfarin therapy.

POLICY:
The Village Baxter prefers ALL residents who are prescribed Warfarin to have their dosing managed by the Warfarin Department at the Pathology Laboratory.

PROCEDURE:
1. Warfarin is packed in a mustard framed Webster-pak. The Pharmacy packages warfarin for administration at 1700hrs.
2. All Warfarin medication should be administered as close to the standard time of 1700hrs as possible, to support successful INR Management.
3. The Pharmacy routinely package Warfarin doses to include the day of the next INR test. This is the dose to be administered on the day of the test, unless otherwise notified.
4. The G.P.’s preferred pathology laboratory will monitor INR blood testing requirements. The RACF registered nurses are to notify pathology of any changes to a resident’s health state or medication regime, which could affect INR levels e.g. antibiotic therapy when attending to take an INR blood test.
5. INR testing is used to keep Warfarin within safe and therapeutic levels. INR results and dose are faxed to the relevant RACF, GP and the Pharmacy within 24 hours of test date.
6. The Pathology Department will telephone if a dose is to be withheld and also advise of the next test date. If the Warfarin dose has already been administered then the Pathology Department will provide guidance on the appropriate action required.
7. The change of dose is managed by Pharmacy and will commence from the day after the test.
8. The Pharmacy or the Pathology INR Department can be consulted during business hours regarding Warfarin dosing. E.N. staff are required to consult with the R.N. on duty regarding any Warfarin dosing or administration issues prior to contacting Pharmacy or Pathology.
9. If a new resident is receiving Warfarin Therapy on admission, then the appropriate Pathology Department is to be advised on the day of admission. Notification should also be made if dental or surgical procedures are scheduled or if serious illness/hospitalisation occurs.
10. If a GP chooses to manage a residents Warfarin dosing (doctor dosing) then Warfarin can only be administered with a VALID doctor's order. If no order is available then the doctor MUST be contacted.

RELATED POLICIES AND DOCUMENTS
502 - The Provider Pharmacy
511 - Medication Orders / Medication Charts
512 - Ordering & Receipt of Medications
516 - Unit Dose 7 Webster-pak System
Medication Policy & Procedures

Policy No: 525
Subject: Cytotoxic Medications
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE:
To guide staff to manage the risks associated with cytotoxic medication including the handling of body fluids, linen or other items from a resident receiving these drugs.

POLICY:
The Village Baxter will ensure best practice related to cytotoxic medication in the workplace.

PROCEDURE:
1. A risk management approach will be used to reduce the risks associated with cytotoxic drugs. This may include the completion of a risk assessment in consultation with staff.
2. Cytotoxic drugs will be separately packaged, appropriately labelled by the Pharmacy, and delivered in a separate container or bag to other medications. A Material Safety Data Sheet or other safety information will accompany the medication at the time of delivery.
3. All Nursing and Care Staff as well as catering, cleaning, and laundry staff will be provided with information about cytotoxic drugs as well as the risks and precautions to be taken while caring for residents. A Cytotoxic Medication Alert sheet (Appendix J) is available to be placed inside the front cover of the Medication Chart.
4. Personal Protective Equipment (PPE) and appropriate containers for disposal of waste and equipment will be provided. A Spill Kit for the handling of spills of cytotoxic drugs or waste is also available.

Standard Procedures for Administration

- Oral Cytotoxic Medications are not to be crushed, and ointments, creams or lotions should be applied with a spatula. Tablets or Capsules should be returned to the Pharmacy if any loose powder is observed.
- Avoid unnecessary contact with substance. “No touch” technique to be used from transfer of medication from dispensed contained to disposable cup.
- Gloves are to be worn for all preparation and administration and discarded at completion of administration as contaminated or cytotoxic waste. Contact with clothing should be avoided and plastic aprons worn if appropriate.
- Dispose of used equipment, including used medication cups as cytotoxic waste. A dedicated set of equipment must be used for each resident and any specific precautions required followed.
- Linen contaminated with cytotoxic substances or related waste should be placed in alginate (yellow) plastic bags for subsequent laundering separate to non-contaminated linen.
- Incontinence aids, dressings and other disposable materials are classified as contaminated waste and must be disposed of in cytotoxic or contaminated waste bin.
- Body Fluids, such as urine may be disposed of in the normal sewerage system using a double flush and closed toilet lid.
Cytotoxic medications and associated equipment are identified with a universal purple label and carry a high risk of serious harm if administration or system errors occur. Close monitoring of the resident is essential, to ensure a timely response to adverse events or side effects associated with the treatment.

**RELATED POLICIES AND DOCUMENTS**

501 – Quality Use of Medicines
Worksafe Victoria – Handling Cytotoxic Drugs in the Workplace – 2003
Cytotoxic Risk Management in Aged Care Homes Meditrax
**Medication Policy & Procedures**

**Policy No:** 526  
**Subject:** Complementary and Alternative Medicines (CAMS)  
**Authorised by:** Director of Nursing  
**Effective date:** May 2014

**PURPOSE:**

To provide guidelines for the management of Complementary and Alternative Medication.

**POLICY:**

Village Baxter supports safe use of complementary, alternative and self-selected non-prescription medicines used by residents.

**PROCEDURE:**

1. CAMS include herbal, vitamin and mineral products, nutritional supplements, homeopathic medicine, traditional medicines and some aromatherapy products regulated under the Therapeutic Goods Act 1989. All CAMS used in Village Baxter RACF must have an “Australian Listed” or “Australian Registered” designation number clearly printed on the manufacturer’s label.

2. Residents and/or family must notify the facility of their use of any complementary, alternative and non-prescription self-selected medicines. Information is collected at the time of admission and residents should be encouraged to take a Quality Use of Medicines approach (QUM) and inform their GP and staff of any subsequent additions.

3. Comment from the resident’s GP or Pharmacist should be sought regarding the clinical appropriateness of any CAMS taking into account the resident’s medical condition(s) and concurrent therapy.

4. If the GP/Pharmacist advises that continuation of use of CAMS should be reconsidered in light of possible adverse health outcomes, then this should be discussed with the resident/family and documented in the resident’s Progress Notes. If the resident insists on continuing with CAMS, then a further meeting with the GP, nurse and family (where consent obtained) should be arranged. A Risk Assessment & against medical advice form may be required.

5. Use of CAMS must be documented on the resident’s Medication Assessment and Care Plan.

6. Staff may administer CAMS provided the GP or other authorised prescriber has documented the substance in the appropriate section of the Medication Chart.

7. Complementary and alternative preparations should be kept in secure storage, as with all other medications in the facility.

8. All complementary and alternative preparations must be used in accordance with manufacturer’s instructions. Staff should ensure the safe and timely disposal of unwanted or expired products.

**RELATED POLICIES AND DOCUMENTS**

Guidelines for medication management in RACF – APAC 2002  
Guiding Principles for medication management in RACF 2012  
Dept. Health & Ageing Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 527

Subject: Medication Storage & Disposal

Authorised by: Director of Nursing

Effective date: May 2014

PURPOSE:

To ensure medications are stored in accordance with legislative requirements and the manufacturers recommended storage conditions for the drug (e.g. refrigerator or room temperature).

POLICY

All medications, including self-administered medication must be stored securely, in a way that protects the safety of all residents, staff and visitors and prevents unauthorised access.

PROCEDURES

1. Medication trolleys, the DD safe, medication refrigerator, resident’s medication cupboards and other areas containing medication must be locked, or be within a locked area when not in use.

2. Schedule 8 medications must always be stored in a dedicated safe, separate from all other medication.

3. Access to the locked medication storage areas is restricted to authorised personnel and Pharmacy staff.

4. The key/s to medication storage areas are kept by the person/s responsible for medication administration at all times whilst on duty. Any spare keys are to be secured in a separate location.

5. Medications not packaged in a Webster-pak are stored in their original packaging and only transferred from these containers when being administered to the resident.

6. Eye-drops are to be stored in individual containers with the eye drop container clearly identifying the date opened.

7. Prescribed creams are stored in the Medication cupboards and medication trolleys (dependant on RACF) in each resident’s suite, disposed of and reordered according to expiry date.

8. Where the manufacturer recommends medications to be refrigerated then medications must be stored in a medicines-dedicated refrigerator.

9. The temperature (maximum and minimum) of the Medication storage refrigerator is checked daily and recorded on the Refrigerator Temperature Form in the Medication Room. Corrective action is taken if the temperature is outside the acceptable range of 2 - 8°C.

10. Medications requiring disposal within a specified time frame after opening are clearly marked with date opened at time of first administration.

These include, but are not limited to the following:

- Eye drops (30 days after opening - all changed on the 1st day of the month, or as per manufacturer’s instructions
- Anginine (dispose 3 months after opening)
- Mylanta (dispose 6 months after opening ) Note: To be stored in refrigerator after opening.
11. The Pharmacy will collect and dispose of any unwanted medication. Medication no longer required should be separated from the medication available for administration. Schedule 8 drugs for disposal remain in the DD safe until collected by Pharmacy.

**RELATED POLICIES & PROCEDURES**

501 – The Provider Pharmacy  
506 – Medication Labelling  
523 – Management of Controlled Substances  
Guiding principles for medication management in residential aged care facilities 2012
Medication Policy & Procedures

Policy No: 528
Subject: Medication Incidents
Authorised by: Director of Nursing
Effective date: May 2014

PURPOSE

To provide staff with clear guidelines for the management of medication errors and incidents.

POLICY:

Village Baxter has a medication incident reporting system to capture and appropriately manage Medication Incidents.

PROCEDURE:

1. All medication administration staff are required to report a medication incident, error, or suspected adverse drug reaction to the Registered Nurse in charge of the shift immediately. Medication incidents may be related to any of the steps in medication management, including prescribing, dispensing, administration and documentation.

2. The Registered Nurse in charge is responsible for the initial action and management of all medication incidents.

   This will include:
   - Checking the allergy profile of the resident receiving the medication to identify known risks.
   - Ensuring the full and correct completion of a Medication Report (both sides).
   - Notification of GP/Pharmacy by fax.
   - Notification of family by telephone.
   - Ensuring a Progress Note is written to record the incident and follow up action.

3. If the wrong medication is administered and the resident is allergic to the medication, or clinical signs of an adverse effect are evident, telephone advice from the GP, Pharmacy, or on-call Registered Nurse should be sought. If the reaction is potentially serious then hospital transfer is recommended.

4. The Medication Report is completed by the person identifying the incident. The Registered Nurse in charge is responsible for ensuring the appropriate corrective action, notifications and documentation, including completion of the action plan on the reverse side of the Medication Report before countersigning the report.

5. Completed Medication Reports are forwarded to the Area Manager for further investigation and follow up.

6. The DON will ensure appropriate follow up action has occurred. Staff based medication errors must be followed up with a Staff Practice Related Medication Incident Form and a Medication Competency Assessment. Where required additional education will be provided.

7. The Medication Advisory Committee (MAC) oversees the medication monitoring and reporting system all Medication errors, incidents and other concerns are referred to the MAC for review.

RELATED POLICIES & PROCEDURES

517 – Medication Administration
508 – Medication Advisory Committee
Guiding principles for medication management in residential aged care facilities 2012
APPENDIX A: APPROVED NURSE INITIATED MEDICATION LIST

<table>
<thead>
<tr>
<th>Drug and strength</th>
<th>Indication</th>
<th>Dosage</th>
<th>Max dose allowed to be administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol 500mg</td>
<td>Pain, headache, fever</td>
<td>1–2 every 4 hours</td>
<td>2 doses</td>
</tr>
<tr>
<td>Mylanta</td>
<td>Indigestion</td>
<td>20mls</td>
<td>2 doses</td>
</tr>
<tr>
<td>Senega and ammonia</td>
<td>Cough</td>
<td>10mls</td>
<td>4 doses</td>
</tr>
<tr>
<td>Oxygen</td>
<td>.............................................</td>
<td>2litre/minute</td>
<td>Continuous via nasal prongs and contact LMO.</td>
</tr>
<tr>
<td>Nulax</td>
<td>Constipation</td>
<td>1 teaspoon nocte</td>
<td>PRN</td>
</tr>
<tr>
<td>Coloxyl and Senna</td>
<td>Constipation</td>
<td>2-3 twice daily</td>
<td>2 doses</td>
</tr>
<tr>
<td>Lactulose</td>
<td>Constipation</td>
<td>10ml – 30ml evening</td>
<td>1 dose</td>
</tr>
<tr>
<td>Glycerine suppository</td>
<td>Constipation</td>
<td>1–2 if bowels not opened after 3 days</td>
<td>1 dose</td>
</tr>
<tr>
<td>Microlax Enema</td>
<td>Constipation</td>
<td>1</td>
<td>1 dose</td>
</tr>
<tr>
<td>Imodium</td>
<td>Diarrhoea</td>
<td>2 stat and report to GP</td>
<td>1 dose and refer to GP</td>
</tr>
</tbody>
</table>

Alterations to above approved list as required for their individual patient’s care.

- These are the nurse-initiated medications that the Medication Advisory Committee (MAC) has agreed upon.
- This list will be kept with the Medication Chart belonging to this resident.
- GP is notified of administration of NIM on their next visit.
- GP is contacted for telephone order (or other medical plan/advice) if NIM is not effective.
- RN Div1 records NIM on the Medication Chart, signs and dates for administration, recorded in progress notes, and verbal hand over to next shift.
- Medication is ordered from pharmacy on an as needs basis.
- Oxygen is kept in the treatment room or other appropriately identified area.
- The list of NIM’s is reviewed annually by the MAC.

I, Dr .................................................................

Have read the nurse initiated medication list and give my consent that the above medications can be given in accordance with the parameters set out for my patient (refer to Bradma label above or enter name below).

RESIDENT NAME:............................................................................. DATE................................................................

GP SIGNATURE: ..............................................................................

Authorised by: Medication Advisory Committee  Issue: 1/18.2.11
# Common Medications used in the Elderly which CANNOT be Crushed or require Special Precautions to Aid Administration

<table>
<thead>
<tr>
<th>GENERIC NAME</th>
<th>BRAND NAME/S</th>
<th>INFORMATION</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>COXYLEDEN</td>
<td>Not to be crushed or broken</td>
<td>Aspirin, Dispersible Coxyleden</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>DISPEREL</td>
<td>Not to be crushed or broken</td>
<td>Acetaminophen, Dispersible Coxyleden</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>TELMISARTAN</td>
<td>Not to be crushed or broken</td>
<td>Lisinopril, Dispersible Telmisartan</td>
</tr>
<tr>
<td>Metformin</td>
<td>METAVIC</td>
<td>Not to be crushed or broken</td>
<td>Metformin, Dispersible Metavict</td>
</tr>
<tr>
<td>Glimepiride</td>
<td>TEGMET</td>
<td>Not to be crushed or broken</td>
<td>Glimepiride, Dispersible Tegmet</td>
</tr>
<tr>
<td>Sitagliptin</td>
<td>TASSARIN</td>
<td>Not to be crushed or broken</td>
<td>Sitagliptin, Dispersible Tassarin</td>
</tr>
<tr>
<td>Insulin</td>
<td>LANTUS</td>
<td>Not to be crushed or broken</td>
<td>Insulin, Dispersible Lantus</td>
</tr>
<tr>
<td>Digoxin</td>
<td>PROCTON</td>
<td>Not to be crushed or broken</td>
<td>Digoxin, Dispersible Procton</td>
</tr>
<tr>
<td>Carvedilol</td>
<td>ENALIVAL</td>
<td>Not to be crushed or broken</td>
<td>Carvedilol, Dispersible Enalival</td>
</tr>
<tr>
<td>Atorvastatin</td>
<td>LIPLAV</td>
<td>Not to be crushed or broken</td>
<td>Atorvastatin, Dispersible Liplav</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>TESSAFLO</td>
<td>Not to be crushed or broken</td>
<td>Clopidogrel, Dispersible Tessaflo</td>
</tr>
</tbody>
</table>

**Patients:**
- **Aspirin:** COXYLEDEN
- **Acetaminophen:** DISPEREL
- **Lisinopril:** TELMISARTAN
- **Metformin:** METAVIC
- **Glimepiride:** TEGMET
- **Sitagliptin:** TASSARIN
- **Insulin:** LANTUS
- **Digoxin:** PROCTON
- **Carvedilol:** ENALIVAL
- **Atorvastatin:** LIPLAV
- **Clopidogrel:** TESSAFLO

**Additional Information:**
- Patients should consult their healthcare provider before making changes to their medication regimen.
- Special attention should be given to patients with underlying conditions such as heart disease, diabetes, and kidney failure.

**Contact:**
- For more information, contact your healthcare provider or WebsterCare at 1-800-331-4444.
Dear Resident,

As you may be aware, as a resident of an approved residential aged care service (RACS) you have a number of rights, including the right to administer your own medicine. This includes the right to choose to administer all or some of your medicines. Similarly, as an approved RACS, we have a duty of care to ensure that your medication is managed safely and effectively, and we seek your cooperation to make this possible.

This includes the need to formally assess your ability to self-administer medicines. This is a similar process to other assessments undertaken to determine your care needs. We will also need to check with you from time to time that you are still managing this task and to determine whether there is any further support or assistance we may need to provide.

Should you be able to and choose to self-administer your medicines, we ask you to do the following:

Please provide us with an up to date list of all of your current medicines and inform us of any changes that may occur to this list. This list should include complementary medicines or self-selected (non-prescription) medicines that you may be taking.

Please ensure that all of your medicines are within their expiry date. (If any of your medicines have passed their expiry date please, please discuss this with our staff).

- Please inform us of any difficulties that you may encounter while self-administering your medicines.
- Please ensure that you have sufficient supply of all of your medicines at all times.
- Please advise us if you are taking any non-prescription medicines such as Panadol on an’ as required basis (e.g. for pain relief).
- Please speak to a member of staff if you are having difficulties with administering your medicines or if you have any questions.

Yours sincerely,

[Name]
[Designation]
[Contact telephone number and email address]

-----------------------------------------------------------------------------------------------

Acknowledgement that resident has read and understood the above information.

Resident name: 
Resident signature: 
Date: 

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