2.2 ADMINISTRATION OF SCHEDULE 4 AND SCHEDULE 8 MEDICATIONS

2.2.1 SCHEDULE 4 PRESCRIPTION ONLY MEDICATION ADMINISTRATION

AIMS

- Medications are given punctually and at the prescribed times, as ordered by a medical officer on the medication chart.
- The storage and recording requirements set out in the Operational Directive are followed for S4R medications.

KEY POINTS

1. Schedule 4 medications are restricted to medical, dental or veterinary prescriptions and are potentially harmful (e.g., antimicrobials, anticonvulsants, steroids). For this reason they are to be kept in a locked cupboard / medication trolley, with the key to the trolley held by a registered nurse/midwife.

2. S4R - There is a range of Schedule 4 medicines that are liable to abuse, such as the benzodiazepines and tramadol. For this group of medicines, the traditional storage and record keeping requirements for a Schedule 4 medicine are inadequate to provide the level of security and accountability required in the public health system. Therefore S4R medicines are to be kept in a separate locked cupboard, apart from other Schedule 4 medicines, accessible via a key held by a registered nurse/midwife or via a staff identifiable swipe card.

3. Operational Directive OD 0528/14 sets out the storage and recording requirements for S4R medicines in wards and pharmacies at a public hospital.

PROCEDURE

1. Check the medical officer's signed order for:
   - Name of patient
   - Time and date that medication is to be given
   - The dose calculation / dose to be given
   - Route of administration
   - Indication

2. Read the label
   - before taking the container from the shelf;
   - before issuing the medication,
   - before returning the container to the trolley or discarding it.

3. Measure the dose accurately, using standard weights and measures.

4. Immediately prior to administration, check the name and number on the medication chart with the patient’s identification bracelet. Ensure that the patient receiving the dose is the one for whom it was prescribed. Note: The nurse/midwife who prepares the medication must give it. See Clinical Guideline P 2.3.4 Checking and Administration of Intravenous Medications by Medical and Nursing / Midwivery Staff

5. Stay with the patient to ensure the medication is taken.

6. If the patient is absent, do not leave the medication on the locker.
7. When the medication has been taken, initial the medication chart.
8. If administering medications to the patient for the first time, print name in full and initial on the ‘Staff Initial / Signature Identification’ form (MR 810.12).
9. Any error in giving medications must be reported immediately to the shift coordinator and a medical officer so that treatment to the patient can be initiated as necessary.
10. A Clinical Incident form must be completed and forwarded to the Clinical Manager.
11. Medications must be stored and administered in accordance with the manufacturer’s and pharmacist’s recommendations regarding temperature, exposure to light and expiry dates.

For administration of intravenous medications, refer to Clinical Guidelines; Section A, 4 Parenteral Therapy

SECURITY

- Controlled Medications (S4R) cupboard where access is via a swipe card:
  - The staff member with approved access to the S4R drug cupboards will have current registration with the Australian Health Practitioner Regulation Agency (AHPRA); and
  - Will inform the Clinical Nurse/Midwifery Manager and Physical Resources Department immediately if the access control card is lost or stolen; and
  - Will abide by the conditions set out by WNHS Policy 057 Identification of Staff; and
  - Will know that each occasion of access to the S4R cupboards will be monitored and identification known.

REFERENCES (STANDARDS)

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<thead>
<tr>
<th>National Standards – 4- Medication Safety</th>
<th>Legislation - Nil</th>
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<tbody>
<tr>
<td>Related Policies - Nil</td>
<td>Other related documents – Nil</td>
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RESPONSIBILITY

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<tr>
<th>Policy Sponsor</th>
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