

# Nurse-Initiated Medications (NIM)

This list is for occasional use only and as a one-off procedure.

The below non-prescription medications may be administered after clinical assessment by a registered nurse.

All registered nurse-initiated medication is to be recorded on the medication chart and outcomes noted in the resident's progress notes.

Resident Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

GP to tick individual boxes below, OR this box to authorise all medications

GP to tick	Indication	Medication	Dose	Route of Administration	Notes
<input type="checkbox"/>	Pain or fever	Paracetamol 500 mg tablet	1-2 tablets every 4 hours	Oral	Maximum 8 tablets or 80mL in 24 hours. Verify no other paracetamol containing products are administered. Contact GP if no improvement in 24 hours
		Paracetamol elixir 240 mg/5 mL	10-20 mL every 4 hours		
<input type="checkbox"/>	Constipation	Docusate with sennosides e.g. Coloxyl with Senna	1-2 at dinner	Oral	Contact GP if constipation persists, or symptoms of faecal impaction
<input type="checkbox"/>		Macrogol 3550 sachet e.g. Movicol	1-3 sachets daily	Rectal	
<input type="checkbox"/>		Glycerol suppository	1 daily		
<input type="checkbox"/>		Sodium citrate enema e.g. Microlax	1 dose only		
<input type="checkbox"/>	Diarrhoea	Loperamide e.g. Imodium	2 immediately then 1 capsule for further loose bowel motion	Oral	Contact GP if not relieved after 3 capsules administered
<input type="checkbox"/>	Vomiting/ Diarrhoea	Electrolyte replacement solution e.g. Hydralyte	Use as per manufacturer's instruction		Contact GP if symptoms persist
<input type="checkbox"/>	Indigestion	Gastrogel liquid	10-20 mL after meals and at bedtime	Oral	Contact GP if symptoms persist for 24 hours
<input type="checkbox"/>	Cough	Senega and Ammonia mixture	10 mL every 6 hours	Oral	Contact GP if symptoms persist for 24 hours
<input type="checkbox"/>	Dysuria	Urinary alkaliniser e.g. Ural	1-2 sachets in water four times daily as per manufacturer's instruction	Oral	Cautious use in sodium/fluid restriction. May cause crystalluria with ciprofloxacin and norfloxacin; reduces efficacy of nitrofurantoin and hexamine hippurate (Hiprex).
<input type="checkbox"/>	Anaphylaxis	Adrenaline (epinephrine) auto-injection - EpiPen	300mcg/0.3mL IMI into anterolateral thigh. May repeat after 5-15 minutes if symptoms recur.	Intra-muscular	Do not give I.V. Do not give >2 sequential doses.
<input type="checkbox"/>	Hypoxia	Oxygen	1-2L/min (nasal prongs) or 2-4L/min (Hudson mask)	Inhaled	Use with pulse oximetry and contact GP if symptoms persist. In COPD/ chronic respiratory failure, target SpO2 is 88-92% and for other medical conditions, 92-96%. See flowchart & Aust Guidelines: <a href="https://www.thoracic.org.au/journal-publishing/command/download_file/id/34/filename/TSANZ-AcuteOxygen-Guidelines-2016-web.pdf">https://www.thoracic.org.au/journal-publishing/command/download_file/id/34/filename/TSANZ-AcuteOxygen-Guidelines-2016-web.pdf</a>

I, \_\_\_\_\_ (GP's name) approve the list of registered nurse-initiated medications for the above resident. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_