

## Nurse-Initiated Medications (NIM)

The below non-prescription medications may be administered for occasional use after clinical assessment by a registered nurse. The intention of NIM is for short-term management of symptoms and GP should be consulted based on RN clinical assessment, if symptoms persist beyond 12-24 hours or if the resident deteriorates. All nurse-initiated medication is to be recorded on the medication chart or other signing system and the outcome documented in the consumer's progress notes.

NOTE: There are 2 pages to this list with prescriber signature required to authorise use on page 2.

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



Consumer Name: \_\_\_\_\_

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

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

Tick	Indication	Medication	Dose	Route	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"/>		Paracetamol Suppositories 500mg	1-2 suppositories every 4 hours	Rectal	Maximum 8 suppositories in 24 hours. Verify no other paracetamol containing products are administered. Contact GP if no improvement in 24 hours
<input type="checkbox"/>	Constipation	Docusate with sennosides	1-2 at dinner	Oral	Contact GP if constipation persists, or symptoms of faecal impaction
<input type="checkbox"/>		Macrogol 3550 sachet	1-3 sachets daily		
<input type="checkbox"/>		Glycerol suppository	1 daily	Rectal	
<input type="checkbox"/>		Sodium citrate enema	1 dose only		
<input type="checkbox"/>	Diarrhoea	Loperamide	2 immediately then 1 capsule for further loose bowel motion	Oral	Contact GP if not relieved after 3 capsules are administered or if there is blood in the stool, fever or signs of dehydration
<input type="checkbox"/>	Vomiting/ Diarrhoea	Electrolyte replacement solution	Use as per manufacturer's instruction	Oral	Contact GP if symptoms persist
<input type="checkbox"/>	Indigestion	Gaviscon liquid	10-20 mL after meals and at bedtime	Oral	Contact GP if symptoms persist
<input type="checkbox"/>	Cough	Senega and Ammonia mixture	10 mL every 6 hours	Oral	Maximum 2 doses. Contact GP if symptoms persist
<input type="checkbox"/>	Dysuria	Urinary alkaliniser	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	300mcg/0.3mL IMI into outer mid-thigh. May repeat after 5-15 minutes if symptoms recur.	Intramuscular	Do not give I.V. Do not give >2 sequential doses. Call an ambulance after use
<input type="checkbox"/>		Adrenaline Vial 1: 1 000 = 1mg in 1 mL	Draw 0.5 mL (=500 mcg) from ampoule. Inject IMI into outer mid-thigh.	Intramuscular	Do not give I.V. Do not give more than 1 dose of 0.5 mL. Call an ambulance after use

\*RNs are required to be familiar with the "Acute Management of Anaphylaxis":  
[https://www.allergy.org.au/images/stories/pospapers/ASCIA\\_Guidelines\\_Acute\\_Management\\_Anaphylaxis\\_2019.pdf](https://www.allergy.org.au/images/stories/pospapers/ASCIA_Guidelines_Acute_Management_Anaphylaxis_2019.pdf)

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Consumer Name: \_\_\_\_\_

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

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

Tick	Indication	Medication	Dose	Route	Notes
<input type="checkbox"/>	Shortness of Breath	Salbutamol 100 mcg/ dose MDI	1-2 oral inhalations	Inhaled	Shake well before use. Prime MDI device (discard 2 activations) before first use or if unused for > 5 days. Administer via spacer. Prime Spacer by activating 3 puffs into the spacer before use. Contact GP for further instruction.
<input type="checkbox"/>	Hypoxia**	Oxygen	<p style="color: red; margin: 0;">GP to specify safe range for rate:</p> <p>_____ L/min (nasal prongs)</p> <p>_____ L/min (Hudson mask)</p>	Inhaled	Use with pulse oximetry where available and contact GP if symptoms persist. In COPD/chronic respiratory failure, target SpO2 is 88-92% and for other medical conditions, 92-96%.
<input type="checkbox"/>	Chest pain	Glyceryl trinitrate spray	1 spray every 5 minutes (max. 2 doses)	Sublingual	Prime spray (1 spray if not used > 7 days or 5 sprays if not used > 4 months). Consumer should be seated. Call ambulance if chest pain persists after 2 doses or systolic BP < 90 mmHg before use. Monitor for hypotension after use.
<input type="checkbox"/>	Hypoglycaemia (with reduced consciousness)	Glucagon injection 1 mg (GlucaGen Hypokit)	<p style="text-align: center;">1mg (1 mL after reconstitution)</p> <p>Injected into thigh, buttocks or upper arm.***</p>	Subcutaneous or intramuscular	Treat with Glucagon injection if consumer has reduced consciousness or is unable to swallow. Contact GP, refer to individual consumer diabetic care plan/ directive. Refer to facility policy and procedure for the management of hypoglycaemia

\*\* See flowchart & Aust Guidelines: [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)

\*\*\* Refer to manufacturer's instruction (<https://www.glucagenhypokit.com/instructions.html>)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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