

Nurse-Initiated Medications (NIM)

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



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 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.

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
<input type="checkbox"/>	Constipation	Docusate with sennosides	2 at night	Oral	Contact GP if constipation persists, or symptoms of faecal impaction
<input type="checkbox"/>		Macrogol 3350 sachet	1-3 sachets daily		
<input type="checkbox"/>		Glycerol suppository	1 daily	Rectal	
<input type="checkbox"/>		Sodium citrate enema (e.g. Microlax)	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 (e.g. Hydralyte, Gastrolyte)	Follow manufacturer’s instruction for oral solution, powder (sachet), tablets, e.g. Hydralyte: 1 sachet or 2 tablets in 200 mL of water.	Oral	Give frequently as per instructions, e.g. Hydralyte: 7-10 sachets or 8-14 tablets in first 6 hours, max 10 sachets or 26 tablets daily for dehydration due to acute vomiting/diarrhoea
<input type="checkbox"/>	Indigestion	Antacid (e.g. Gaviscon liquid/ tablets, Gatrogel Liquid)	Liquid: 10-20 mL after meals and at bedtime Gaviscon tablets: 2 tablets (chewed) Administer after meals and at bedtime	Oral	Contact GP if symptoms persist
<input type="checkbox"/>	Cough (chesty)	Senega and Ammonia mixture	10 mL every 6 hours	Oral	Contact GP if symptoms persist after 2 doses
		Bromhexine (e.g. Bisolvon Chesty oral liquid 0.8mg/mL or Bisolvon 8mg tab)	Liquid 0.8mg/mL: 10 mL every 8 hours Tablet 8mg: 1 every 8 hours	Oral	Contact GP if symptoms persist after 2 doses
<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.	Intramuscular	Call an ambulance. Do not give I.V. For severe reactions or if symptoms recur, dose may be repeated after 5-15 minutes as per guidelines and training*.
<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

*RNs are required to be familiar with the "Acute Management of Anaphylaxis":

https://www.allergy.org.au/images/stories/pospapers/ASCIAGuidelines_Acute_Management_Anaphylaxis_2019.pdf and are recommended to complete Health Professional e-training course at: <https://etraininghp.ascia.org.au/mod/page/view.php?id=23>.

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DOB: _____

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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 (note disposable spacers available). Prime Spacer by activating 3 puffs into the spacer before use. Contact GP for further instruction.
<input type="checkbox"/>	Hypoxia**	Oxygen	GP to specify safe range for rate: _____ L/min (nasal prongs) _____ L/min (Hudson mask)	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 400 mcg/ dose (e.g. Nitrolingual Pumpspray)	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. Pumpspray bottles are recommended for single-consumer use only.
		Glyceryl trinitrate tablet 300 mcg (e.g. Nitrostat)	1 tablet every 5 minutes (max. 3 doses)	Sublingual	Ensure consumer is seated prior to dosing. No more than three tablets are recommended within a 15-minute period. Call ambulance if chest pain persists after a total of 3 tablets in a 15-minute period 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)	1mg (1 mL after reconstitution)	Subcutaneous or intramuscular	Treat with Glucagon injection if consumer has reduced consciousness or is unable to swallow. 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

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: _____

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