

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 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.

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 | |
| <input type="checkbox"/> | | 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 | 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, Gastrogel 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 | |
| <input type="checkbox"/> | | 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 | 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* | |

*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 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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|--------------------------|--|---|---|-------------------------------|--|
| <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: _____

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