

URGENT USE (EMERGENCY) MEDICATIONS - QLD

Policy Statement

Access to urgent use (emergency) medicines is available to treat consumers in urgent situations where the supplying pharmacy may be unable to provide medication in an adequate time frame. This enables prompt treatment of consumers who may have a potentially life-threatening infection or require commencement of palliative care medications or medications to treat other medical conditions urgently.

Background information

Queensland (QLD)

The nurse manager (i.e. the registered nurse who is responsible for the day-to-day management) of an aged care facility is the responsible person for the facility's substance management plan and is authorised to issue a written purchase order for stock of Schedule 4 (S4) and Schedule 8 (S8) medicines for the treatment of consumers at the aged care facility.

Procedure

1. The Medication Advisory Committee (MAC) (which includes a medical practitioner or other authorised prescriber and pharmacist) and where required in conjunction with an organisational Medication Advisory Committee or other clinical management committees, is to determine the list of Schedule 4 and Schedule 8 medicines that are to be kept at the facility as urgent use (emergency) stock and in which quantity.
2. The following urgent use (emergency) medications may be kept as listed below, or an alternative list may be kept as agreed with the Medication Advisory Committee in consultation with the usual medical practitioners or other authorised prescribers who regularly care for the consumers of the facility.
 - clonazepam oral liquid 2.5 mg/mL
 - dexamethasone tablets 4 mg
 - furosemide (frusemide) injection 20 mg/2 mL
 - furosemide (frusemide) tablets 40 mg
 - glycopyrronium (glycopyrrolate) injection 200 mcg/mL
 - hyoscine butylbromide injection 20 mg/mL
 - haloperidol injection 5 mg/mL
 - *hydromorphone injection 2 mg/mL up to ten (10) ampoules (S8)
 - metoclopramide injection 10 mg/2 mL
 - metoclopramide tablets 10 mg
 - midazolam injection 5 mg/1 mL
 - morphine sulfate injection 10 mg/mL up to thirty (30) ampoules in total (S8)

- prednisolone tablets 5 mg
 - * Hydromorphone is 5-7 times more potent than morphine and is recommended to be stored on a separate shelf to morphine in the S8 safe to minimise the risk of error.

3. The following oral antibiotics may be kept for urgent (emergency) use, noting they are consistent with Therapeutic Guidelines' recommendations for treating common infections that may occur in consumers of a residential aged care facility. However, the number of different agents is not limited, and further agents may be kept with consideration of antimicrobial stewardship principles and the recommendations of Therapeutic Guidelines.

- amoxicillin capsules and powder for liquid (250mg, 500mg, 250mg/5mL)
- amoxicillin with clavulanic acid tablets and powder for liquid (500/125mg, 875/125mg, 400/57mg/5mL)
- cefalexin capsules and powder for liquid (250mg, 500mg, 250mg/5mL)
- doxycycline tablets (50mg, 100mg)
- trimethoprim tablets (300mg).

Note that all strengths and oral forms of each antibiotic may be kept but are not required to be kept. The Medication Advisory Committee should determine which strengths and oral forms of the antibiotics are to be kept.

4. Pharmacy medicines (S2) and Pharmacist Only medicines (S3) are available without a prescription in a pharmacy. In an aged care facility, they may be kept as urgent use (emergency) medicines where an order from a prescriber at the time of use is required for administration, OR they may be included on the facility Nurse Initiated Medication (NIM) list, where the prescriber has signed to authorise the administration of the listed medications on initiation of the nurse if the consumer requests or is assessed as requiring treatment.

The following Pharmacist only medicines (S3) are suggested to be included on the facility Nurse Initiated Medication (NIM) list due to their potential need for urgent administration where delay due to the otherwise need for prescriber authorisation at the time may compromise care:

- adrenaline (epinephrine) injection (EpiPen)
- glucacon injection (GlucaGen HypoKit)
- glyceryl trinitrate tablets and/or sublingual spray
- naloxone injection (Prenoxad) and/or nasal spray
- salbutamol metered aerosol.

Registered nurses at the facility are to undertake additional education, training and competency assessments as considered necessary to respond appropriately in urgent clinical situations through nurse-initiation or urgent use (emergency) medication procedures.

5. The purchase order for the urgent use (emergency) medications must be in writing. It must be sent to the supplying pharmacy to minimise the risk of tampering or fraud and is transmitted securely if sent electronically (e.g. by email).

- For a purchase order that is sent by fax or is delivered directly to the supplying pharmacy, there must no space left on the purchase order where additions or alterations to the purchase order

may be made (spaces must be crossed out). In addition, any amendments to the purchase order must be clearly shown and be initialled and dated by the nurse manager.

- The purchase order must be signed and dated by the nurse manager (or as otherwise named manager who is a registered nurse).
 - Details that must be included in the purchase order are:
 - a unique identifier or reference such as a unique username or account number
 - the name, title and authority of the nurse manager who issued it
 - the business address and contact information of the facility
 - the name of each medicine ordered and its form, strength and quantity.
6. The stock must be carefully checked, and a receipt must be signed at the facility on delivery of the stock. The signed receipt must be sent to and kept by the supplying pharmacy where Schedule 8 medicines have been supplied. It is suggested that a copy be kept at the facility together with a copy of the purchase order for all urgent use (emergency) medicines received.
 7. The urgent use (emergency) medications must be supplied in the manufacturer's original packs (may not be repackaged into a Dose Administration Aid or another container).
 8. A written procedure for managing the urgent use (emergency) stock is recommended to ensure appropriate stock rotation and checks of expiry dates.
 - A list of the approved urgent use (emergency) medications (antibiotics and other medications) and their stock levels is to be kept with the medications, together with a record log of the stock checks carried out (recommended to be weekly) to ensure adequate stock levels are maintained, and the stock has not expired.
 - The nurse manager at the facility who is authorised to order the urgent use (emergency) medications should ensure the stock is used appropriately and only on the authorisation of a medical practitioner or other authorised prescriber for a consumer.
 - A register or electronic recording system may be kept which has an accurate running balance of each stock item, with entries recorded for each transaction in relation to the stock (i.e. receipt, use, disposal). For the Schedule 8 urgent use (emergency) stock, only the record in the S8 register is required.
 - The stock must not be labelled with a specific consumer's name and placed with the consumer's specifically dispensed medications.
 - A container of medicine dispensed for a consumer on prescription must not be used to replace a container of medicine that was removed from the urgent use (emergency) stock.
 9. Protocols for the use of urgent use (emergency) medications are to be regularly reviewed by the Medication Advisory Committee, together with the list approved and the system set up to manage stock control.
 10. The medications may only be administered on the authorisation of the medical practitioner or other authorised prescriber by ordering on the current medication chart or by phone, fax or email order.
 11. Alternatively, the medications may be administered by the medical practitioner or other authorised prescriber on site at the facility.

12. A record of each administration of an urgent use (emergency) medication to a consumer must be made in the consumer's clinical record or in the medication administration signing system for the consumer.
13. If ongoing use of the medication is required, the prescriber must add it to the consumer's medication chart if not originally ordered via a written or electronic chart, and a dispensed supply for the resident is to be provided. If prescribed for ongoing administration, the urgent use (emergency) stock is only used until a dispensed supply for the consumer is received.
14. Morphine and HYDROmorphine ampoules must be stored in a locked Schedule 8 drug storage unit (e.g. safe, cupboard firmly fixed to a floor or wall), and transactions, including receipt and administration must be recorded in a S8 drug register.
15. HYDROmorphine ampoules are to be stored on a different shelf in the S8 safe to morphine ampoules to minimise the risk of errors in selecting the wrong medication.
 - Staff involved in the administration and witnessing of emergency stock morphine or HYDROmorphine should receive training and education to understand the risk of error and that HYDROmorphine is approximately 5-7 times more potent than morphine.
16. The urgent use (emergency) medications that are not S8 medications are suggested to be stored within the treatment room in a separately locked cupboard/drawer/container identifying them as the urgent use (emergency) stock so that they can be readily located when required. In addition, the approved list of the medications, instructions, and the relevant record log should be kept in the same location.

Procedure for Urgent Use (Emergency) Medication Administration

1. Where it is determined that an urgent use (emergency) medication is to be administered to a consumer, only a registered nurse or if there is no registered nurse available, a delegated enrolled nurse suitably trained and competent may carry out the administration of the medication according to the order of the medical practitioner or other authorised prescriber, OR alternatively, the prescriber may administer the medication if on site at the facility.
2. The registered nurse (or delegated enrolled nurse) is to follow the procedure for 'Administration of Medications' (non-packed), noting, however, that the medication is to be selected from the urgent use (emergency) stock and not dispensed individually for the consumer.
3. The registered nurse (or delegated enrolled nurse) is to confirm the medication form and dosage are suitable as ordered, according to the recommended use of the medication.
4. The administration must be recorded by signing the facility administration record for the consumer or by an entry in the consumer's clinical record.
5. The registered nurse (or delegated enrolled nurse) is to monitor the consumer's condition following the administration, maintaining communication with the consumer's medical practitioner or other authorised prescriber as clinically indicated and following the prescriber's instructions until the resident improves or requires further intervention or hospital transfer.

References

1. Medicines and Poisons (Medicines) Regulation 2021, Queensland Government Legislation, <https://www.legislation.qld.gov.au/view/html/asmade/sl-2021-0140>
2. Medicines and Poisons Act 2019, Queensland Government Legislation, <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2019-026>
3. Substance management plans (SMPs), Queensland Government, Queensland Health, <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines/substance-management-plans>
4. Guiding principles for medication management in residential aged care facilities, October 2012, Australian Government Department of Health and Ageing, <https://www.health.gov.au/resources/publications/guiding-principles-for-medication-management-in-residential-aged-care-facilities>