



URGENT USE (EMERGENCY) MEDICATIONS IN NSW

The NSW Pharmaceutical Services webpage for Residential Care Facilities <https://www.health.nsw.gov.au/pharmaceutical/Pages/residential-care-facilities.aspx>, provides information about the allowable urgent use and nurse-initiated medications that may be kept. Legislation allows a limited range of prescription (S4, S4D and S8) medicines to be kept for urgent treatment of residents.

Urgent use (emergency) medication allowed to be kept in NSW residential care facilities:

- Antibiotics in oral forms, no more than 5 (five) different antibiotic substances
- Atropine injection
- Clonazepam oral liquid 2.5 mg/mL, no more than 20 mL (S4D)
- Dexamethasone tablets
- Diazepam injection 10 mg/2 mL, no more than 5 (five) ampoules (S4D)
- Furosemide (frusemide) injection
- Glycopyrronium (glycopyrrolate) injection
- Hyoscine butylbromide injection
- Metoclopramide injection
- Midazolam injection 5 mg/5 mL or 5 mg/1 mL, no more than 10 (ten) ampoules (S4D)
- Morphine sulfate injection 5 mg/1 mL, 10 mg/1 mL, 15 mg/1 mL or 30 mg/1 mL, no more than 30 (thirty) ampoules (S8)
- Prochlorperazine injection

The aged care organisation/facility Medication Advisory Committee should determine which of the allowable urgent use (emergency) medications are to be kept and how they are managed

Meditrax recommended list of oral antibiotics

- 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 – cautious prescribing and dose adjustment of trimethoprim is recommended in residents with renal impairment (reduce dose if CrCl 10–30 mL/minute; use not recommended if CrCl <15 mL/minute)

NOTE: The antiviral agents approved for treating COVID-19 and influenza have separate requirements for management and use in RACFs when supplied from the National Medical Stockpile

A limited range of Schedule 3 medicines (non-prescription) may also be kept for **nurse-initiation (NIM)**, or if preferred, the facility could keep some of these only for urgent use on the authorisation of a medical or nurse practitioner as for allowable urgent use prescription (S4, S4D and S8) medicines.

The allowable S3 non-prescription medicines in NSW are:

- adrenaline (epinephrine) injection (ampoules or EpiPen)
- glucagon injection
- glyceryl trinitrate in tablet form and/or sublingual spray
- naloxone injection
- salbutamol metered aerosol

The Schedule 2 (non-prescription) medicines that may be kept as NIM is not restricted.

For nurse-initiation, a resident's medical or nurse practitioner must have pre-authorized the use in accordance with the facility's protocols and/or NIM List (e.g. must have signed to authorise use of the NIM list)

Consider adding naloxone for potential opioid overdose to 'urgent use (emergency) medications' if not kept as nurse - initiated medication

Urgent Use (Emergency) Stock Medication Management and Protocol for Use

Ordering and Supply

- The person in charge of the RCF (e.g. Director of Nursing, Care Manager, Facility Manager) must provide a signed and dated written order for the urgent use medications, to a retail pharmacist who must supply them in the manufacturer's original pack.
- They must not be supplied in dose administration aids such as blister packs.
- The cost of the medications is the responsibility of the facility, and must not be passed on to the resident.
- Note that dexamethasone tablets were added to the list of allowable Urgent Use medications in April 2022.

Storage and Stock Control

- Urgent use medicines must be stored according to the relevant legislation that applies, including in the case of Schedule 4D preparations (i.e. clonazepam, diazepam and midazolam).
- In all RCFs, morphine ampoules must be stored in a Schedule 8 drug storage unit (e.g. safe, cupboard), and transactions including receipt and administration must be recorded in a S8 drug register.
- The urgent use medications which are not required to be kept separately to other medicines, are suggested to be stored in a separate container or cupboard together with a list of the authorised agents to be kept and instructions detailing the facility's protocol for their management and use.
- Instructions should include a process with specified frequency (e.g. weekly) to regularly monitor and replenish stock levels, and to check expiry dates.
- Some facilities may prefer to keep a record of the use of the stock on each occasion it is administered and when stock is received.

Protocol for Use

- Only a registered nurse may administer urgent use medications on the order of a medical practitioner, nurse practitioner or dentist (may be a written or electronically prescribed order or an order received by telephone, email or fax as per legislated requirements).
- Note however that urgent use medications may alternatively be administered by the authorised prescriber on site at the RCF.
- If ongoing use of the medication is required, the prescriber must add it to the resident's medication chart if not originally ordered via a written or electronic chart, and a dispensed supply for the resident should be provided.
- The urgent use medications must be administered from the manufacturer's original pack as supplied.
- Strips of tablets/capsules must not be separated from the original pack, and repackaging of the supplied stock must not occur.
- Once the resident's dispensed supply is received for ongoing use of an urgent use medication, this must be used instead of the urgent use stock.
- In the case of oral antibiotics, only the total number of doses prescribed for the treatment course are to be administered, and any remaining doses from the resident's dispensed supply should be returned to the pharmacy for discarding.
- The resident's dispensed supply of medication must not be used to replace urgent use stock administered to the resident.
- A record of each use and receipt of the urgent use stock can be useful to assist with stock maintenance and control, but is not essential unless specified in facility policy/procedure.

Emergency Medications - helpful information for RNs

| Drug | Indication | Usual Dose | Important Information | Common side effects |
|---|---|--|---|---|
| Atropine Injection | Terminal Secretions | <i>Atropine injection is deleted from the list of therapeutic goods as stock can no longer be obtained, although remains to be listed on the NSW urgent use medication list. The use of glycopyrrolate and hyoscine are to be used alternatively for terminal secretions</i> | | |
| Clonazepam oral liquid 2.5 mg/mL | Anxiety, Terminal Agitation, Distressing breathlessness, Seizures | <u>Anxiety/Terminal Agitation/ Distressing Breathlessness</u> Sublingual 0.2-0.5mg (2-5 drops) 2 hourly as required* <u>For seizure prophylaxis:</u> Sublingual 1mg (10 drops) bd | *Monitor response and adjust dose and frequency as needed. Review therapy after 3 doses, or sooner if the patient is not responding to treatment - S4D medication - must be stored securely; no more than 20 (twenty) mL to be held as emergency stock - One drop = 0.1mg dose; count drops onto spoon (not directly into mouth) | Sedation |
| Dexamethasone tablets | confirmed COVID-19 and receiving oxygen | PO 6mg ONCE daily for up to 10 days | contraindicated with concomitant administration of live virus vaccines (the risk of severe systemic infection) | hypervolaemia, hypertension, hypokalaemia, hyperglycaemia |
| Diazepam injection 10 mg/2 mL | Seizures | Per Rectally using syringe 0.5mg/kg (maximum 20mg) | - S4D medication - must be stored securely; no more than 5 (five) ampoules to be held as emergency stock - not for IMI due to poor and erratic absorption | Sedation, ataxia |
| Furosemide (frusemide) injection 20mg/2mL | Oedema | IMI , 2-4mL (20–40mg) every 1–2 hours until the desired diuretic effect is obtained; increase dose by 20 mg each time if necessary. | IM use is recommended only where neither oral nor intravenous administration are feasible and is not suitable for acute conditions such as pulmonary oedema. Replace with oral therapy if possible and as soon as possible. | Dehydration, dizziness, electrolyte imbalances, postural hypotension |
| Glycopyrronium (glycopyrrolate) injection 200 mcg/mL | Terminal secretions | SCI 200 mcg 2 hourly as required, up to 1200 mcg in 24 hours | Respiratory secretions causing rattly breathing are unlikely to cause distress to the resident - may not require treatment. Most effective if given early as ineffective for existing secretions. Hyoscine butylbromide is preferred over hydrobromide as may cause fewer CNS effects. | Anticholinergic side effects: blurred vision, constipation, delirium, dry mouth, tachycardia, urinary retention |
| Hyoscine butylbromide injection 20mg/mL | | SCI 20 mg 2 hourly as required, up to 120mg in 24 hours | | |
| Metoclopramide injection 10mg/ 2mL | Nausea, Vomiting | SCI 10mg 8 hourly as required | - Precaution in Parkinson's disease - risk of worsening | Drowsiness, extrapyramidal reactions e.g. Parkinsonism, akathisia, hypotension |
| Midazolam injection 5 mg/5 mL or 5 mg/1 mL | Terminal agitation, restlessness, delirium, Acute Seizure | <u>Terminal delirium/ agitation:</u> SCI 2.5mg 1 hourly as required <u>Acute seizure:</u> SCI 5mg stat | S4D medication - must be stored securely, no more than 10 (ten) ampoules to be held as emergency stock | Sedation, decreased alertness, respiratory depression |
| Morphine sulfate injection 5 mg/mL, 10 mg/mL, 15 mg/mL or 30 mg/mL | Pain | opioid naive: SCI 2.5 - 5mg 1 hourly as required* Taking opioid: continue and review dose | *Monitor response and adjust dose and frequency as needed. Review therapy if 3 consecutive hourly doses or more than 6 doses are needed in a 24-hour period | Constipation, nausea, vomiting |
| | Dyspnoea causing distress | opioid naive: SCI 1 - 2.5mg 1 hourly as needed* If on opioid for pain: give a breakthrough dose of that opioid | - S8 medication - must be stored securely; no more than 30 (thirty) ampoules to be held as emergency stock | |
| Prochlorperazine injection 12.5mg/mL | Nausea, Vomiting | IMI 12.5 mg every 8 hours as required | - Precaution in Parkinson's disease - risk of worsening | Anticholinergic side effects (see above), extrapyramidal reactions, hypotension |

References: Palliative Care, Therapeutic Guidelines, June 2019, Accessed at www.tg.org.au

https://www.nswtag.org.au/wp-content/uploads/2021/11/4-GUIDELINE-for-DEXAMETHASONE-in-COVID-19_V1.4_13Apr2021-Copy.pdf