OPERATIONAL DIRECTIVE

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Supersedes: Operational Circular 1987/05
Date: 14/2/12

File No: F-AA-14683

Subject: Medication Administration – Role of the Enrolled Nurse

This Operational Directive outlines the role of Western Australian (WA) Health Enrolled Nurses (ENs) in medication administration. All WA Health organisations and employees must comply with this operational directive.

This operational directive has been developed in conjunction with WA Area Health Services and the United Voice, Enrolled Nurse and Nursing Assistant Department of Health Industrial Agreement 2011.

This Directive should be read in conjunction with the:

- Health Practitioner Regulation National Law (WA) Act 2010
- Poisons Act 1964 and Poisons Regulation 1965
- Nursing and Midwifery Board of Australia’s (NMBA)
  - Enrolled nurses and medication administration - explanatory note & FAQs
  - Code of Ethics for Nurses (2008)
  - Code of Professional Conduct Nurses (2008)
  - EN Competency Standards (2002)
- Australian Nursing and Midwifery Accreditation Council (ANMAC) Decision Making Framework-Nursing Flowchart and Summary Guides (2010)
- Medication Management Guidelines for Nurses and Midwives (NMBWA) June 2010

MEDICINES COMPETENCY

In October 2010 WA joined the National Registration and Accreditation Scheme (NRAS). WA ENs who had previously completed an EN medication competency program and have maintained their competence in medication management are recognised as oral medication competent by the NMBA.

ENs not medication competent under previous regulation schemes must notify the Australian Health Practitioner Regulation Authority (AHPRA) as soon as they are no longer competent. They will then have a notation applied to their EN registration indicating that they do not hold a Board approved qualification in medication administration. A practitioner may have this notation lifted on application to AHPRA after completion of:

- HLT51607 Diploma of Nursing (Enrolled/Division 2 nursing) or
- Health Training package approved units of study; ‘Analyse health information’ (HLTAP501A) and ‘Administer and monitor medications in the work environment’ (HLTEN507A)
- A NMBA approved medication administration educational program.

SCOPE OF MEDICINES PRACTICE

All WA health care facilities must have clear, policies and procedures differentiating the roles of Registered Nurses (RNs) and ENs in medication administration. ENs are required to work within organisational policies, guidelines and within their scope of practice.

An EN must not carry out medication administration procedure without first receiving appropriate education and having been assessed as competent. The management of medication must be delegated to the EN by RNs, Midwives, Nurse Practitioners (NP) or Medical Officers (MO) in accordance with the ANMAC Decision Making Framework-Nursing Flowchart and Summary Guides (2010)

Schedule 2, 3, 4 medicines:
Medication competent EN’s may administer prescribed Schedule 2, 3 and 4 medications, including Schedule 4 Recordable medications according to OD 0215/09.

An EN may administer a medication via the oral, intramuscular, subcutaneous, eye, ear, nasal, trans dermal / topical, inhaled / nebulised, rectal or vaginal routes, provided they are competent to do so [In all cases an RN, NP or Medical Practitioner must have delegated the task].

Schedule 8 medications:
A medication competent EN may administer prescribed and dispensed Schedule 8 medications when contained in a Dose Administration Aid (e.g. Webster packs) packaged by a pharmacy, as per Medication Management Guidelines for Nurses and Midwives (NMBWA) 2010.

A medication competent EN may act as a witness and double check Schedule 8 medication transactions (excepting destroying a medicine).

Intravenous medications:
An EN may administer intravenous (IV) medication after having completed a suitable IV medication competency program and where authorised to do so by local health service policy.

An IV competent EN may reconstitute or add medication additives to infusions under the direct supervision of the responsible RN. [Please note that direct supervision is considered to be in the company of a RN].

An IV competent EN may care for a patient receiving opioid infusions, cytotoxic or epidural / regional medications where a RN has already measured or commenced administering that medication and the EN is also:
- qualified / competent in the relevant opioid infusion, cytotoxic, epidural or regional medication respectively;
- directed to do so and under the direct supervision of the responsible RN;
- authorised to do so by local health service policy.
An EN may NOT care for unstable patients receiving continuous infusions of high risk drugs with low therapeutic index that are dependent on monitored drug levels or dose adjusted / dependent on frequent patient observations.

Other medicines tasks
A medication competent EN may receive a verbal order (emergency prescription) from an authorised prescriber according to local hospital policy on telephone orders. Orders must be documented on the National Inpatient Medication Chart (NIMC) and meet all order requirements of the NIMC. They must be independently confirmed with the prescriber by a RN or medication competent EN. All verbal orders must be countersigned by a medical practitioner or NP within 24 hrs.

Patient Safety and Accountability
An EN who measures or draws up a medicine remains responsible for administering that medication.

When administering a medication an EN must document all actions in the health care record and on the medication chart.

When measuring, administering or double checking a medication an EN is responsible for checking the ‘6’ rights:

1. Drug
2. Patient
3. Dose
4. Time
5. Route
6. Documentation.

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THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST.