

# National In-patient Medication Chart



# Using the Chart

Safer prescribing, dispensing and administration of medicines to minimise patient harm





# General Requirements



- ❖ Medical Officers must order medicines in accordance with legislative requirements (Poisons Act and Regulations)
- ❖ Chart to be completed for all admitted patients
- ❖ All medications should be reviewed regularly
- ❖ Specific charts are required for specialised medications such as insulin, intravenous fluids, anticoagulants etc

# General Instructions



- ❖ Write legibly in ink. Water-soluble ink should not be used (eg fountain pens)
- ❖ “Black” ink is preferred, except for clinical pharmacists  
“Purple”
- ❖ Medication order valid only if prescribing medical officer enters all required items
- ❖ All information is to be PRINTED
- ❖ Only acceptable abbreviations to be used
- ❖ Separate order required for each drug
- ❖ No erasers or “whiteout”

# Chart Layout



- ❖ 'Once off orders' on front page
- ❖ 'Regular orders' on middle two pages
- ❖ 'PRN orders' on last page
- ❖ Variable Dose medication separate section
- ❖ Warfarin separate section



# Rationale



- ❖ Attachment of ID label is an 'automatic' task that is subject to slip/lapse type error
- ❖ Printing the patient's name below their ID label on the medication chart is a checking mechanism to minimise the risk of ordering for the wrong patient

# Allergies & Adverse Reactions

- ✓ Attach ADR sticker to pages 3 and 4
- ✓ Ask about allergies including drugs, food, topical (e.g. Dyes/Lotions), sticking plasters, latex etc
- ✓ Document information, sign, print name and date
- ✓ Affix ADR alert sticker to front of patient record and complete
- ✓ Attach red ADR Alert Bracelet to patient's wrist

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

ALLERGIES & ADVERSE REACTIONS (ADR)

Nil known     Unknown (tick appropriate box or complete details below)


REGULAR MEDICATIONS

YEAR 20\_\_ DATE & MONTH \_\_\_\_

**Adverse Drug Reaction**

**ALLERGIES & ADVERSE REACTIONS (ADR)**

Nil known     Unknown (tick appropriate box or complete details below)



**ALLERGY/ADVERSE DRUG REACTION**

Date	Drug	Date of Reaction	M.O./Pharm Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE RECORDING OF THIS LABEL IS THE RESPONSIBILITY OF THE DOCTOR DETERMINING TREATMENT

# Rationale



- ❖ Often this information is located in other parts of the patient's medical record
- ❖ Information about a previous ADR or allergy can assist staff in making decisions about medication therapy and avoid re-prescribing, dispensing and administering a medication involved in a previous ADR
- ❖ Signing of ADR histories by the clinician helps to assign accountability for the information obtained
- ❖ Alerts provide a physical reminder to help prevent ADRs



# Rationale



- ❖ Facilitate accurate dosing
- ❖ Many high-risk and paediatric medication doses are calculated using bodyweight





AS REQUIRED  
"PRN"  
MEDICATIONS

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No:

Family Name:

Given Name:

Address:

DOB:

Sex  M  F

# Drugs Taken Prior to Admission

1st Prescriber to Print Patient Name and Check Label Correct:

## Medicines taken Prior to Presentation to Hospital (Prescribed, over the counter, complementary)

Own medications brought in?  Y  N Administration Aid (specify) .....

Medication	Dose & frequency	Duration	Medication	Dose & frequency	Duration
<b>NOT FOR ADMINISTRATION</b>					

GP:

Community Pharmacy:

Documented by:

(Sign)

(Date)

Medicines usually administered by:

Need to record:

- ✓ Over-the-counter and complementary medications
- ✓ Whether own medications brought in
- ✓ Administration aids
- ✓ GP and community pharmacist contact details
- ✓ Information available when discharging patient

MEDICATION CHART

# Rationale



- ❖ Medication history provides an essential source of information for staff when making decisions about appropriate medication therapy
- ❖ Current processes are disjointed and information often located in various parts of the record or with pharmacy staff
- ❖ Facilitates communication back to the GP of changes made to a patient's medications during admission



# Note



Nurse initiated medications must be in accordance with the Poisons Act and Regulation and hospital policies related to nurse initiated drugs

# Telephone Orders

Remember..... Check your medication order against "Drugs Taken Prior to Admission"

Signature (To be signed within 24 hrs of order)

Nurse Initials Nr 1/ Nr 2	Dr Name	Dr Sign.	Date	RECORD OF ADMINISTRATION			
				Time/ Given by	Time/ Given by	Time/ Given by	Time/ Given by
				/	/	/	/
				/	/	/	/
				/	/	/	/
				/	/	/	/

- ✓ Must be countersigned by SECOND nurse, confirming verbal order heard and correct
- ✓ Must be countersigned by prescribing doctor within 24 HOURS



# Rationale



- ❖ To reduce risk, telephone order countersigned by **second nurse**

**TELEPHONE ORDERS ARE NOT ENCOURAGED, UNLESS ESSENTIAL FOR WORK PRACTICES IE. RURAL SETTINGS /NO RESIDENT MEDICAL OFFICERS**



# Rationale



- ❖ Variable dose medication section reduces risk of confusion when variable dose is written in regular section
- ❖ Structured to allow daily dosing of medications based on lab results or as a reducing protocol e.g.gentamicin and steroids
- ❖ Prompts for test results required to determine the next dose

# Warfarin

Date	<b>WARFARIN</b> (Marevan/Coumadin) select brand		DOSE
Route	Prescriber to enter individual doses	Target INR	
Indication	Pharmacy		
Prescriber Signature	Print Your Name	Contact	



Warning: High Risk Medication

- ✓ Specify the Brand  
*Note. Marevan is the preferred brand for WA*
- ✓ Complete 'Indication' and 'Target INR'
- ✓ Standardised dosing time of 4pm (1600) to enable review by day medical shift
- ✓ "mg" pre-printed and different colour to prevent confusion

# Warfarin

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

ALLERGIC REACTIONS (ADRs)

NO ALLERGY  UNKNOWN ALLERGY

REGULAR MEDICATIONS

YEAR 20\_\_ DATE MONTH

VARIABLE DOSE MEDICATION

**WARFARIN**

Warfarin in use

REFER TO ANTICOAGULATION CHART

DETAILS



- ❖ Modified Warfarin section for hospital with specialised anticoagulation chart
- ❖ Check box if Warfarin is prescribed
- ❖ All prescription details to go on anticoagulation chart

Form showing Warfarin prescription details with a red box highlighting the 'WARFARIN' label and a red arrow pointing to the 'Dose' field.

WARFARIN

Dose

Form showing Warfarin prescription details with a red box highlighting the 'WARFARIN' label and a red arrow pointing to the 'Dose' field.

WARFARIN

Dose

# Rationale



- ❖ A separate section for Warfarin has been included, as:
  - Nearly 10% of adult population on Warfarin
  - Drug that regularly causes adverse events
  - Enables staff to make informed decisions about a patient's dose based the prescriber's indication for Warfarin, INR targets and INR results

# Note



WAMSG currently developing a Warfarin Chart to be implemented in WA public hospitals

Further information about the WA Warfarin Chart will be available shortly on the NIMC website

[www.health.wa.gov.au/nimc](http://www.health.wa.gov.au/nimc)

# Warfarin Education

## WARFARIN EDUCATION RECORD

Patient Educated by: .....

Sign: .....

Date: .....

Given Warfarin Book: .....

Sign: .....

Date: .....

REGULAR MEDICATIONS  
YEAR 20\_\_\_\_ DATE & MONTH \_\_\_\_\_

VARIABLE DOSE MEDICATION

Code	Medication	Dose	Frequency	Route	Start Date	Stop Date	Notes
	WARFARIN	5mg	Once daily	Oral			

DOCTORS MUST ENTER administration times

Code	Medication	Dose	Frequency	Route	Start Date	Stop Date	Notes
	WARFARIN	5mg	Once daily	Oral			

WARFARIN EDUCATION RECORD

Code	Medication	Dose	Frequency	Route	Start Date	Stop Date	Notes
	WARFARIN	5mg	Once daily	Oral			

Check for updated or modified indication for use of Warfarin. Do not use for updated or modified indication.

WARFARIN EDUCATION RECORD

Code	Medication	Dose	Frequency	Route	Start Date	Stop Date	Notes
	WARFARIN	5mg	Once daily	Oral			

✓ Document that the patient has received counselling about Warfarin

# Rationale



- ❖ Because of well documented risks associated with use of Warfarin, all patients should receive counselling and be provided with a Warfarin fact sheet



# Who is responsible?

Doctors  
'Bit'

Nurses  
'Bit'

## REGULAR MEDICATIONS

YEAR 20 _____		DATE & MONTH _____																			
DOCTORS MUST ENTER administration times																					
Date	Medication (Print Generic Name)			Tick if Slow release																	
Route	Dose	Frequency & NOW enter times																			
Indication				Pharmacy																	
Prescriber Signature		Print Your Name			Contact																

Medication order valid only if the prescribing doctor completes this 'bit'

# Rationale



- ❖ Medication errors can occur
  - when the medication dosage ordered by the prescriber is not correctly interpreted
  - when the frequency ordered by the prescriber is not correctly interpreted and administration times do not correspond with frequency prescribed
- ❖ Use of the generic name reduces the risk of confusion between trade names that sound alike or look alike





# Ceased Medicines

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

ALLERGENS & ADVERSE REACTIONS (ADR)		
<input type="checkbox"/> No known	<input type="checkbox"/> Unknown	<input type="checkbox"/> Allergic

UR No: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex  M  F

Date 13/1/24	Medication (use Generic Name) Print Dopamine	<input type="checkbox"/> Tick if Slow release
Route O	Dose 250mcg	Frequency & NOW enter times Bic
Pharmacy <i>[Signature]</i>	Indication AF	2000 2000 cease 15/1/24
Prescriber Signature <i>[Signature]</i>	Print Name Bob	

- ✓ Doctor to put single line through prescription section
- ✓ Doctor to put single line through administration section
- ✓ Write "cease", date and reason

The bottom section shows three identical prescription forms. Each form has a red box around the 'Tick if Slow release' checkbox in the top right corner. A black arrow points from this checkbox to the 'Frequency & NOW enter times' field in the middle row. The forms are otherwise blank, illustrating the specific fields mentioned in the instructions above.



# Pharmacists Review

- ✓ Two components
  - ✓ Drug Order: document source, date checked, initials
  - ✓ Clinical pharmacist review: confirms they have reviewed the medication chart

REGULAR MEDICATIONS		YEAR 20	DATE & MONTH
<b>VARIABLE DOSE MEDICATION</b>			
Code	Medication	Dose	Frequency
Code	WARFARIN	5mg	QD
DOCTORS MUST ENTER administration times			
Date	Medication (use Generic Name) Print	Route	Dose
13/06	Gliclazide MR	PO	30mg
			Frequency & NOW enter times
			MMNE
Pharmacy	Indication	Prescriber Signature	Print Name
S13/06	Diabetes type 2	[Signature]	Brown
		Contact	
			444
<b>Clinical Pharmacist Review:</b>			

# Rationale

- ❖ Process of review ensures:
  - ❖ orders are clear, safe and appropriate for patients
  - ❖ risk of adverse drug events are minimised
- ❖ Part of the evidence to support the Australian Health Ministers' pharmaceutical review initiative

(Joint Communiqué, April 2004)

“To also help safer use of medicines, by the end of 2006, every hospital will have in place a process of pharmaceutical review of medication prescribing, dispensing, administration and documenting processes for the use of medicines”



# Discharge Supply

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

**ALLERGIES & ADVERSE REACTIONS (ADR)**

NO ALLERGIES  UNKNOWN (PLEASE DISCLOSE ALL ALLERGIC REACTIONS TO YOUR PHYSICIAN)

Drug/Ingredient	Reaction/Response	Date

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site: \_\_\_\_\_

JRN No: \_\_\_\_\_  
 Home Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex  M  F  
 Health Insurance: Third Party \_\_\_\_\_  
 National Health Insurance Card No: \_\_\_\_\_  
 Health Card No: \_\_\_\_\_

REGULAR MEDICATIONS

Continue on discharge?	Yes / No	Continue on discharge?	Yes / No	Continue on discharge?	Yes / No	Continue on discharge?	Yes / No	Continue on discharge?	Yes / No
Dispense?	Yes / No	Dispense?	Yes / No	Dispense?	Yes / No	Dispense?	Yes / No	Dispense?	Yes / No
Duration?	days/Qty?	Duration?	days/Qty?	Duration?	days/Qty?	Duration?	days/Qty?	Duration?	days/Qty?

Prescriber's Signature \_\_\_\_\_ Print Your Name \_\_\_\_\_ Date \_\_\_\_\_ Pharmacist \_\_\_\_\_ Date \_\_\_\_\_

**WARFARIN** Medication Dispensed

**Dose**

DOCTORS MUST ENTER administration times

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

**WARFARIN EDUCATION RECORD**

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Take 1 tablet  10% information

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

Remember.... Compare discharge supply with all information on NIMC

✓ Completed by prescribing medical officer

# Rationale



- ❖ Significant transcription errors (5-17%) on generation of discharge prescription
- ❖ Number of sites do not check discharge prescriptions vs in patient medication chart
- ❖ Use of medication chart to indicate what is required to be dispensed

AS REQUIRED  
"PRN"  
MEDICATIONS

Attach ADR Sticker

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No:

Family Name:

Given Name:

Address:

DOB:

Sex  M  F

# PRN Medicines (when required)

1st Prescriber to Print Patient  
Name and Check Label Correct:

Date	Medication (use Generic Name) Print	Date				
1/10/04	Paracetamol	1/10				
Route	Dose	Hourly frequency	PRN	Max dose/24 hrs	Time	
o	1g	4/24		4g	2400	
Pharmacy	Indication			Dose		
	Febrile			1g		
		Route				
		9				
Prescriber Signature	Print Name	Contact	Sign			
	V Good	Page 000				

- Doctor **MUST** write
  - ✓ Dose
  - ✓ Hourly frequency
  - ✓ Maximum daily does (24 hour period)
- Person administering **MUST** write
  - ✓ Dose and route given

MEDICATION CHART

# Rationale

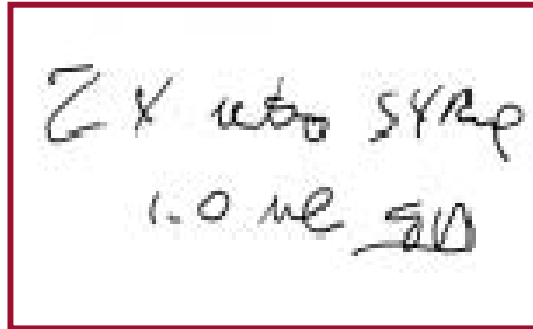


- ❖ Separated from “Regular Medicine” section to reduce risk of giving regularly
- ❖ Includes additional information to prevent overdose
  - dose with minimum hourly frequency to be administered
  - maximum dose to be given in 24 hours

# Key to success



- ❖ Print legibly  
“what is this?”



- ❖ Enter Frequency and then enter administration times
- ❖ Use only Generic Drug Names, except combination products
- ❖ Use “accepted” abbreviations, leave the rest
- ❖ Avoid decimal points (write 500mg instead of 0.5g)
- ❖ Never use terminal zeros (1mg instead of 1.0mg)
- ❖ Reconcile your medication orders

# Errors and Changes



- ❖ For medication errors you believe are a result of the NIMC, complete an AIMS form and include the phrase 'National Medication Chart'
- ❖ Recommendations for change should be lodged on the Change Register. Visit [www.health.wa.gov.au/nimc](http://www.health.wa.gov.au/nimc)

# For Further Information



The full set of guidelines for the use of the NIMC explains all sections of the chart with illustrated step by step instructions.

The guidelines are available on the NIMC Website

[www.health.wa.gov.au/nimc](http://www.health.wa.gov.au/nimc)



Questions?  
Comments?  
Queries?