National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines

June 2016







AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Presentation summary

- Labelling for safety
- Labelling Standard
 - Aims
 - Minimum requirements
 - Outline and content
- Application in clinical practice

Labelling for safety

- Labelling of injectable medicines, fluids and delivery devices is a major patient safety issue
- Medicines removed from original manufacturer's packaging must be identifiable
- Incomplete/omitted labelling is a source of medication error

Medicine administration errors

Errors relating to absent or inadequate labelling include:

- Wrong medicine
- Wrong route
- Wrong patient

Errors attributable to labelling have been associated with:

- Patient transfer
- Perioperative sterile field
- 0.9% sodium chloride flush
- Line misconnections

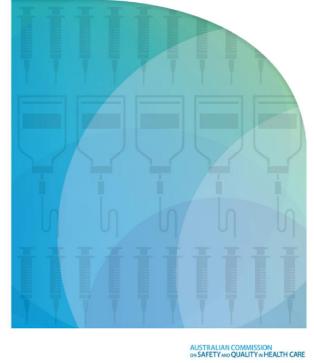
Medicine administration errors: case reports

- 10 mg morphine was given in error as the clinician thought the syringe contained 0.9% sodium chloride. The unlabelled syringe had a 0.9% sodium chloride ampoule attached (unpublished)
- A patient was given intravenous (IV) lignocaine with adrenaline solution intended for local anaesthetic infiltration. This syringe had been drawn up and placed in a kidney dish alongside IV morphine and midazolam for procedural sedation (unpublished)

The Labelling Standard

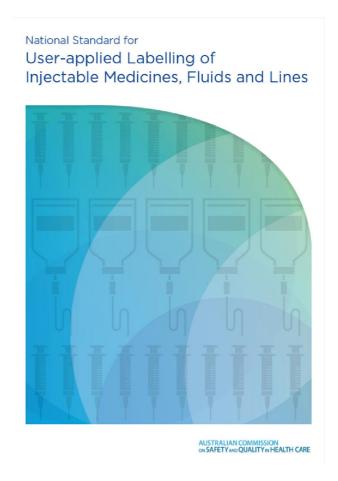
National Standard for Userapplied Labelling of Injectable Medicines, Fluids and Lines, September 2015

Replaces the previous Labelling Recommendations (2012) and Issues Register National Standard for
User-applied Labelling of
Injectable Medicines, Fluids and Lines



The Labelling Standard

- A national standard for clinical practice in Australia
- Identifies medicines and fluids removed from original manufacturer's packaging prior to patient administration
- Identifies line route



Labelling Standard aims

 Provide standardisation for user-applied labelling of injectable medicines

 Provide minimum requirements for userapplied labelling of injectable medicines

Promote safer use of injectable medicines

Labelling Standard development

- Draft recommendations developed by NSW
 Therapeutic Advisory Group Safer Medicines Group
- National consultation and pilot testing supported by the Australian Commission on Safety and Quality in Health Care commenced in 2009
- Labelling Recommendations endorsed by Australian Health Ministers in November 2010
- Further evaluation, particularly in perioperative areas and interventional procedure rooms
- Labelling Standard published September 2015

Labelling Standard development

- Based on:
 - International literature/recommendations
 - Australian Standard AS4940: 2002 Userapplied identification labels for use on fluid bags, syringes and drug administration lines
 - Expert opinion and consultation
 - Pilot testing
 - Reported medicine administration incidents

Labelling Standard consultation

Labelling Standard development since 2009 has involved:

- State and territory health departments
- State and territory safer medicines groups
- Australian Association of Nuclear Medicine Specialists
- Australian College of Critical Care Nurses
- Australian College of Nursing
- Australian College of Operating Room Nurses
- Australian and New Zealand College of Anaesthetists
- Australian and New Zealand Intensive Care Society
- Australian and New Zealand Society for Nuclear Medicine
- Australian Nursing and Midwifery Federation
- Australian Pharmaceutical Healthcare Systems
- Australian Private Hospitals Association
- Cancer Council Australia

- Cardiac Society of Australia and New Zealand
- Catheter Laboratory Nursing Council
- Clinical Oncological Society of Australia
- College of Emergency Nursing Australia
- Consumers Health Forum
- Council of Australian Therapeutic Advisory Groups
- Intensive Care Coordination and Monitoring Unit, New South Wales
- Renal Society of Australasia
- Royal Australian and New Zealand College of Radiologists
- SESIAHS Sterilising Services, Randwick Hospitals Campus
- Society of Hospital Pharmacists of Australia
- Women's & Children's Hospitals Australasia

Labelling Standard: minimum requirements

- Medicines or fluid removed from original packaging must be identifiable
- All containers (e.g. bags and syringes)
 containing medicines must be labelled on
 leaving the hands of the person preparing the
 medicine
- Prepare and label one medicine at a time
- Discard medicines or fluids in unlabelled containers

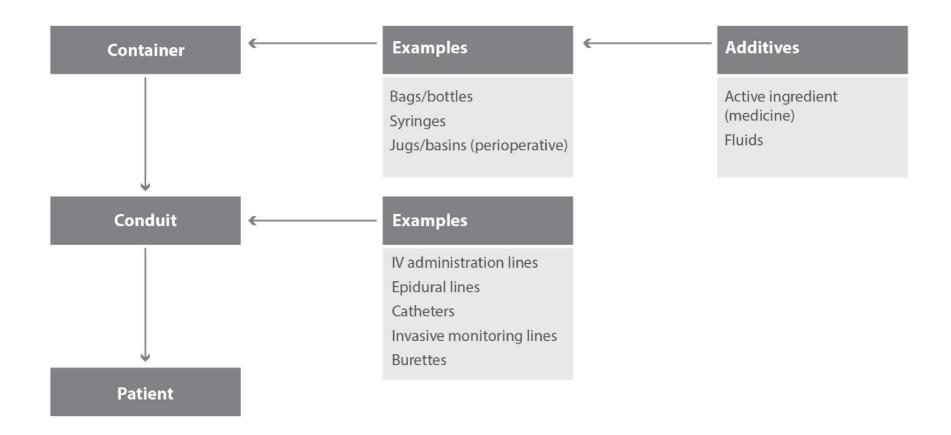
Labelling Standard: outline

- What should be labelled
- What should be included on the label
- Where the label should be placed





Labelling Standard: scope



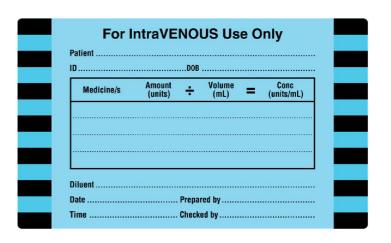
Labelling Standard: exclusions

- Injectable medicines and fluids:
 - prepared by hospital pharmacy departments, external manufacturers or compounding centres
 - not directly administered to the patient (e.g. ampoules)
- Administration portals
- Syringe drivers and pumps

Application in clinical practice

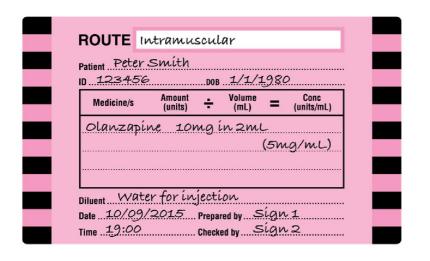
All containers: label content

- Patient: Given name and family name
- Identifier (ID): This is the URN or MRN or other local unique patient identifier
- DOB: Patient's date of birth
- For each medicine added to the container, specify:
 - Generic medicine name
 - Amount (total added to the container) including units
 - Volume (the total volume of fluid in the container) in mL
 - Concentration (units/mL)
 - Diluent (syringes only)
 - Date and time of preparation
 - Signed by personnel preparing and checking medicine

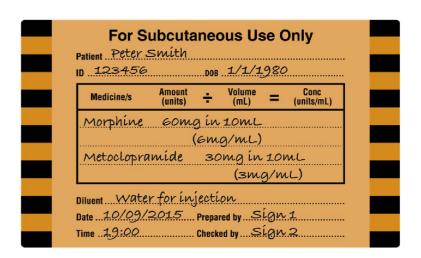


All containers: label content

Example of miscellaneous route syringe label



Example of subcutaneous route syringe label



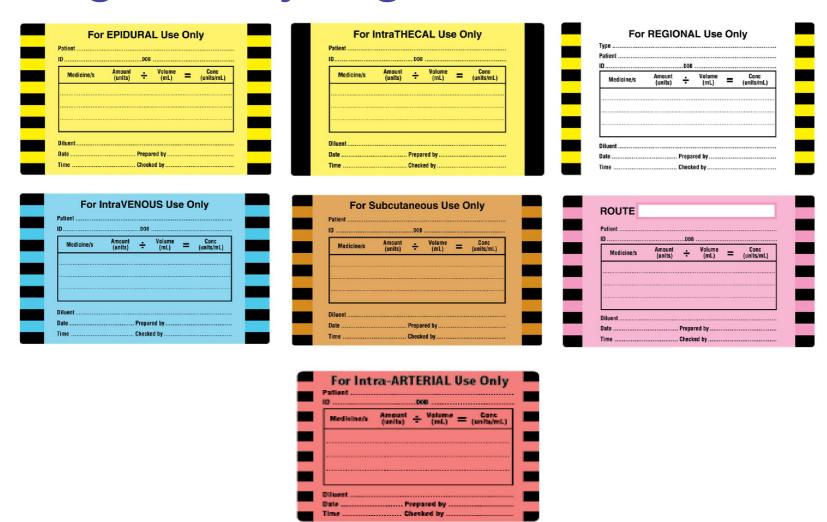
Identifying target tissue/route of administration

A standard colour system is used to identify the target tissue/intended route of administration*

Target tissue	Route of administration	Colour
Intra-arterial	Intra-arterial	Red
Intravenous	Intravenous	Blue
Neural	Epidural / Intrathecal / Regional	Yellow
Subcutaneous	Subcutaneous	Beige
Intragastric	Enteral	Green
Respiratory	Inhalational	White
Miscellaneous	Any other route not specified above	Pink

^{*}Modified from Australian Standard AS4940

Bag and syringe labels: 2 sizes



Bags with additives

- Bags (and bottles) require labelling when a medicine is added in the clinical/ward area
- Label IMMEDIATELY when an injectable medicine is added
- The 'diluent' should be identified on the label if the base fluid is not easily identifiable from the original manufacturer's label (see label placement)

Bags with additives (continued)

Placement:

- Place labels on the FRONT of the bag to ensure the name of base fluid, batch number and expiry date remain visible
- Place slightly off centre to ensure graduations on one side of the bag remain visible



Syringes for bolus or infusion

- Label IMMEDIATELY all injectable medicines drawn up in syringes that leave the hand of the operator
- Prepare and label multiple syringes sequentially in independent operations
- Exception: Labelling is not required when
 - preparation and bolus administration of a SINGLE medicine from a SINGLE syringe are one uninterrupted process, and
 - the syringe DOES NOT leave the hands of the person who prepared it, and
 - the same person administers the medicine IMMEDIATELY

Syringes for bolus or infusion

(continued)

Placement

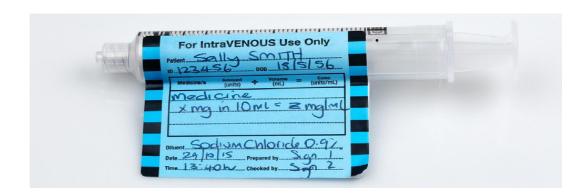
Place label so graduations on the syringe scale remain visible

Apply parallel to the long axis of the syringe barrel, top edge flush

with scale



 Apply label as a 'flag' for small syringes



Labelling IV flushes

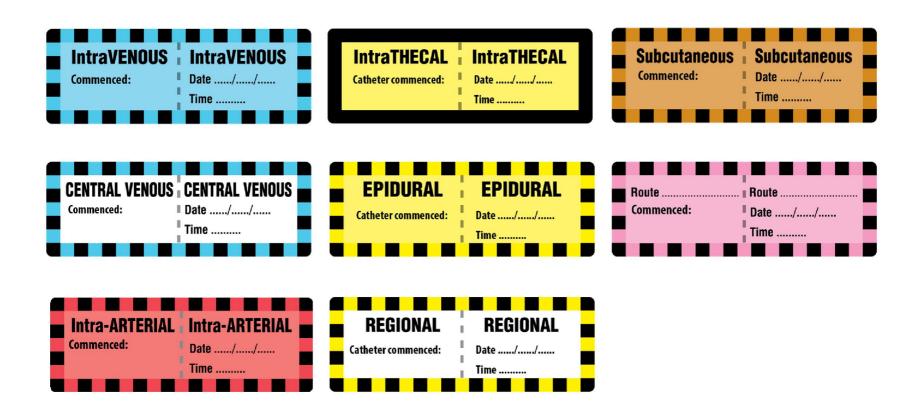
 Label any fluid drawn up in a syringe for use as an IV flush (e.g. 0.9% sodium chloride) unless preparation and bolus administration is one uninterrupted process.

Sodium Chloride 0.9%

All containers: discarding content

- Any unlabelled container holding a solution must be immediately discarded
- Any container, where there is doubt over content, must be discarded
- Any medicine remaining in the container at the end of a procedure must be discarded

Lines and catheters: route of administration



Lines and catheters: route of administration (continued)

- Labelling administration lines and catheters
 - Label all lines to identify route
 - Add date and time the line was commenced
 - Identify catheters where there is a risk of wrong route administration (e.g. where the patient entry portal is distant from the administration site)
- Labelling invasive monitoring lines
 - Identify all lines, including those not primarily intended for medicine administration

Lines: active ingredient

- Identify the active ingredient in administration lines for dedicated continuous infusions.
- Labels may be preprinted. Colour should comply with ISO26825:2008. For example

 Potassium Chloride Sodium Nitroprusside

propOFol



- The pre-printed medicine line label guide has more examples
- Lines for intermittent infusions may be labelled for medicine content, but ensure label is removed on completion of infusion

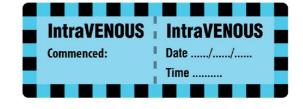
Pre-printed medicine line label guide

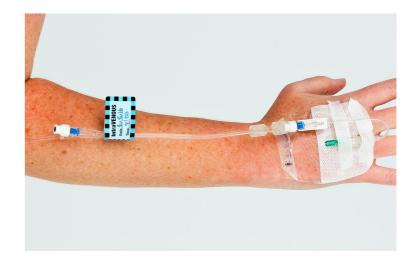


Lines

Label placement

- Route:
 - Use colour coded route
 label
 - Label near the injection port on the patient side*



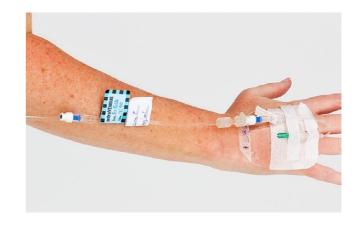


*Exception where there is a possibility of tampering (e.g. paediatric patients)

Lines (continued)

Label placement

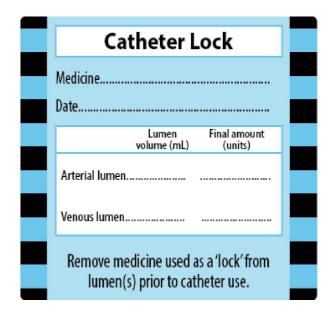
- Active ingredient:
 - Use medicine line label (preprinted where possible)
 - Label adjacent to route label
 - Label close to patient entry portal*



^{*}Exception where there is a possibility of tampering (e.g. paediatric patients)

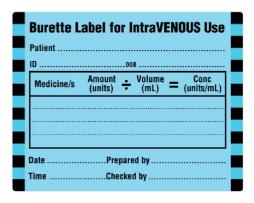
Catheter lock

- For central venous access devices that are locked with a medicine (e.g. heparin)
- Label to partially cover the catheter dressing
- Remove label after removing medicine from the lock
- ADD PHOTOGRAPH



Burettes

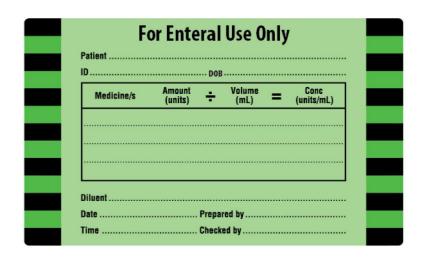
- Use 'peel-off' labels reserved for use on burettes ONLY
- Place label so that text is upright and ensure that the burette graduations are not obscured
- Burette labels must be removed once the medicine has been administered to the patient

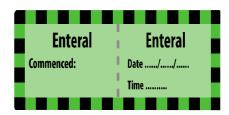




Non-injectable medicines: enteral route

- Syringe and line labels
- Syringes for noninjectable solutions must not be compatible with parenteral entry points





Non-injectable medicines: inhalation route

Label syringes used to measure nebuliser solutions

Medicine/s	Amount (units)	÷ Volume =	Conc (units/mL)

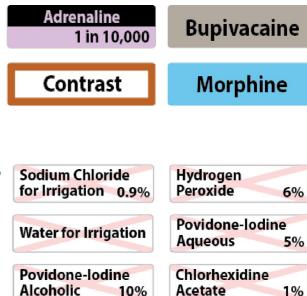
Closed-practice environments

Sterile field (i.e. aseptic conditions)

- Closed-practice environment: where patient identification is established and other means of recording labelling and preparation signatories are available
- Examples: perioperative sterile field, interventional cardiology and radiology procedure rooms

Sterile field (continued)

- Any container holding medicines or fluids on the perioperative sterile field must be identifiable
- Preprinted abbreviated container labels can be used
- Non-injectable medicines and fluids are identified with a red St Andrew's Cross watermark
- Sterile markers must be available to complete generic labels

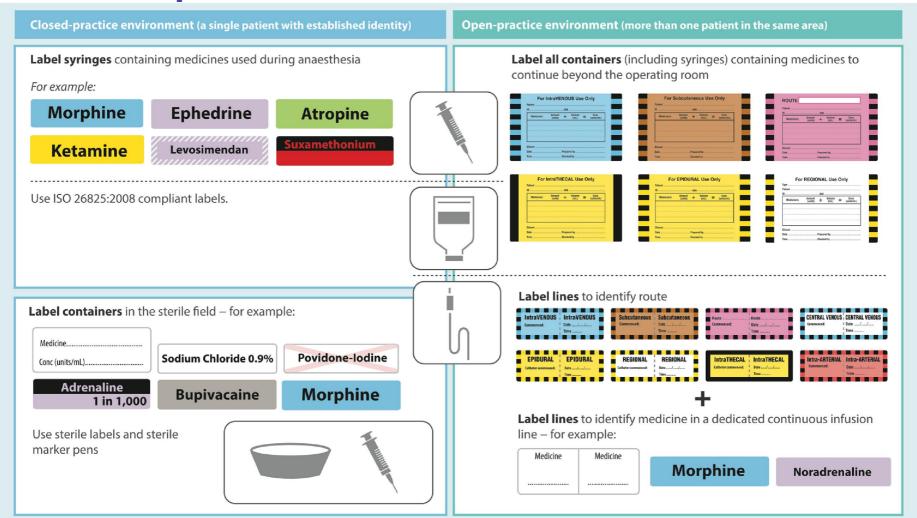


Perioperative environments

Perioperative environments

- Continue to label syringes containing drugs used during anaesthesia to comply with ISO26825:2008
- Use preprinted labels or the 'peel off' abbreviated container label where patient identity is established and there are other means of recording labelling and preparation signatories

Perioperative environments

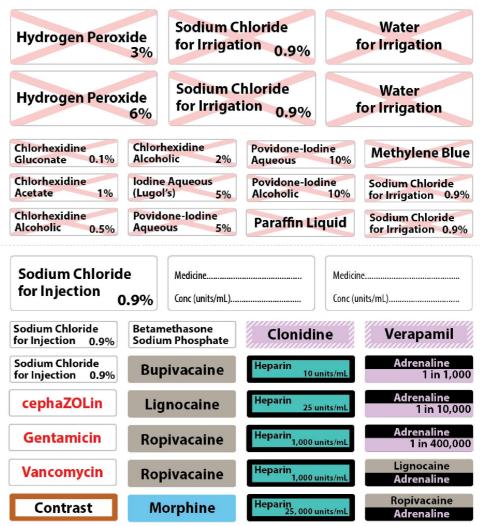


Perioperative sterile field

- Use preprinted label sheets with medicine name and concentration. Colour coding to follow ISO26825:2008 (Anaesthetic Labelling Standard)
- Use abbreviated container label where preprinted labels unavailable
- Labels must remain intact for duration of procedure
- Labels must adhere for duration of procedure
- Labels should be removed at the end of the procedure for reusable hollowware containers

Perioperative sterile field

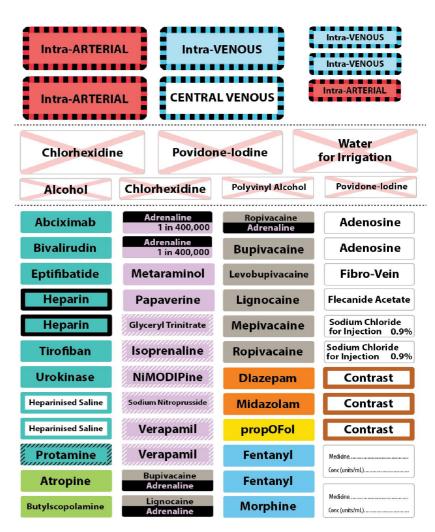
- Example of preprinted label sheet for perioperative sterile field
- Note that labels for non-injectable fluids (with the St Andrew's Cross) are in a separate section on the sheet



Interventional cardiology, radiology and other low-light procedure areas

Low-light procedure areas

- Use preprinted label sheets with medicine name
- Colour coding to follow ISO26825:2008 (Anaesthetic Labelling Standard)
- Example preprinted label sheet for cardiac catheter laboratory



Further information: Australian Commission on Safety and Quality in Health Care www.safetyandquality.gov.au