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National Residential Medication Chart User Guide for Nursing and Care Staff

Audience

The National Residential Medication Chart User Guide for Nursing and Care Staff is intended for all nursing and care staff working in residential aged care facilities who are authorised to access and use resident medication charts.

The NRMC User Guides for pharmacists and for medical practitioners may be used in conjunction with this user guide.

Further information on the use of the NRMC can be obtained from the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au or by contacting the PBS Information Line on 132 290.

Exceptions

The National Residential Medication Chart (NRMC) is intended to be used as a record of orders, supply and claiming of PBS/RPBS medicines as well as the administration of prescription medicines, non-prescription medicines and nutritional supplements. All other clinical information should be available in the resident’s clinical record or equivalent.
1 Purpose

The National Residential Medication Chart (NRMC) is intended to be used as a record of orders and administration of prescription medicines, non-prescription medicines and nutritional supplements for residents living in approved residential aged care facilities (RACFs). The NRMC was developed by the Australian Commission on Safety and Quality in Health Care.

The NRMC reflects evidence based practice and is consistent with the requirements of the aged care Accreditation Standards and the Aged Care Act 1997 (Commonwealth) and other legislation related to the safe use of medicines. It is intended to assist health professionals and care staff working in the residential aged care sector by providing a consistent basis for safer prescribing, dispensing and administering of medicines. It is also intended to improve resident safety by reducing the risk of adverse medication events.

The NRMC enables the direct supply of many PBS/RPBS and non-PBS/private prescription medicines from the medication chart without the need for a traditional paper prescription. Some medicines however (such as S8 medicines and those medicines requiring an Authority) will still require a traditional prescription from the medical practitioner to the pharmacy to enable supply to the resident. The NRMC has specific fields adopted from traditional prescriptions which are embedded into the chart for the medical practitioner to complete. This is covered in more detail later in this guide.

The following are general requirements regarding use of the medication chart:

- Supply and claiming of PBS items is subject to Commonwealth legislation. This framework is established by Section 93A of the National Health Act 1953, the National Health (Pharmaceutical Benefits) Regulations 1960 and the National Health (Residential Medication Chart) Determination 2012.
- Prescribing and supply of all medicines, and special requirements for medicines supplied as private or non-PBS, is subject to the regulatory requirements of the relevant state or territory. Users should check carefully the relevant provisions in their state or territory. The appendices to this user guide contain useful information about specific state and territory requirements.
- An NRMC is to be completed for each resident living in a RACF and available for the prescribing, supply, administering and review of their medicines.
- The NRMC must be retained in a secure environment at the RACF as part of each resident’s clinical file according to the Records Keeping Principles Aged Care Act 1997.
- All medicines should be reviewed regularly by the medical practitioner to identify potential drug interactions and to discontinue medicines that are no longer required.

Note: If more than one NRMC is in use for a resident, then this must be indicated by entering “Chart ___ of ___” in the specified field on the lower right hand side of the front page of the NRMC. If additional charts are written, this information must be updated.
2 Introduction

This user guide to the National Residential Medication Chart (NRMC) has been developed for nursing and care staff working with the NRMC. Safe and correct use of medicines is important to residents and their families. It is also an important part of practice for a nurse or carer. Referring to this guide will enable nurses and carers to complete medication rounds with ease and confidence.

Medication management in residential aged care is a complex area. Understanding which medicines are prescribed for each resident and ensuring that the right resident receives the right medicine, at the right dose, by the right route and at the right time can be a challenge. Communicating this relies heavily on clear and accurate information that is easy to read and easily located in the medication chart.

A medication chart is an essential part of any medication system and is used by medical practitioners (usually the resident’s GP) to order medicines for residents. The medication chart is also a record of administration and provides important information about each resident.

For example:
- the resident’s name
- the resident’s preferred name
- their doctor’s name
- allergies or adverse drug reactions that the resident may have experienced
- things to consider, such as special considerations about each resident that may support them to take their medicines appropriately. Special considerations such as ‘the resident has difficulty swallowing’ or ‘the resident has dementia and may not understand instructions’ are important in the delivery of medicines safely and correctly.

Other important information, such as the resident’s age, gender and a recent photograph will help nurses and care staff to identify the right resident. Where and how this information is documented is covered in Sections 6 to 7 of this guide, which presents in detail the different parts of the NRMC that relate to resident and doctors details.

Note: A medication chart also provides a brief history of each resident’s medication and prescriber details, as such, must be kept safely to ensure confidentiality.
3 So what’s different about the NRMC?

3.1 The medication chart as a prescription
The NRMC enables the prescribing and supply of most medicines, and PBS/RPBS claiming where applicable, directly from the NRMC without the need for a separate written prescription.

However, certain medicines will still require a traditional prescription in addition to an order on the NRMC. These include:

- All Authority Required items requiring prior approval (including PBS/RPBS items with increased quantities)
- All items only available under Section 100 e.g. Highly Specialised Drugs
- Controlled drugs (‘Schedule 8’ medicines)
- Some other medicines depending on state and territory law – see the relevant appendix for state and territory details
- Other prescriptions for Schedule 4 medicines or dose forms of a medicine which are not Australian Register of Therapeutic Goods (ARTG) registered medicines, other than those extemporaneously compounded by a pharmacist on the order of a medical practitioner.

**Note:** Authority Required (STREAMLINED) items are eligible for supply from the NRMC, provided the Streamlined Authority Code is included on the NRMC.

3.2 A central point for information
A key feature of the NRMC is that prescriptions and the record of medicines administration are co-located on the NRMC. The resident’s details, including their photograph and adverse drug reactions, are visible from each page of the NRMC to enable correct identification when prescribing, supplying and administering medicines. Faxed, photocopied and scanned images of the NRMC will also contain this information to assist pharmacists in identifying the correct resident and their medication orders.

Relevant pathology (such as INR results and BGL levels), medical practitioner’s instructions and special considerations applying to the administration of medicines to a resident are all included in the NRMC. This results in central point information that is readily accessible at the time of prescribing, supply and administration.

Medical practitioner, pharmacy and RACF details are documented clearly on the front page of the NRMC and detailed resident identification, along with their allergies and adverse drug reactions, appears on each page of the NRMC.

The intention of the central point information layout is to support informed prescribing, accurate dispensing and administering, and the clinical monitoring of residents.
3.3 Duration/length of the NRMC and supply of medicines

The duration of the NRMC is a maximum of four months. As the NRMC nears its expiry date, there is a reminder in the administration area of the NRMC to alert RACF staff of the need to contact the medical practitioner to review the resident and re-chart their medicines. If the medicines are not re-charted, all orders on the NRMC cease to be valid for supply and administration after the chart expiry date.

Unlike the existing process for supply of medicines from prescriptions, the amount of each medicine supplied by the pharmacy will not be determined by a maximum quantity and repeats. The medical practitioner is able to specify a period of time for a medicine to be supplied, thereby removing the requirement for repeats.

There are three possible scenarios that inform the duration of supply authorised by the medical practitioner from a NRMC prescription:

- **Duration of medicine**: Prescribers must indicate the duration of medicine supply either by ticking the ‘Valid for duration of chart’ field or complete the ‘Stop date’ field. Note the completion of the ‘Start date’ field is optional.

- **Stop date**: Medical practitioners will fill in this field to indicate the date a medicine is to cease if the medicine is to be administered for a period shorter than the validity period of the chart. Pharmacists are not authorised to supply the medicine from the NRMC after this date.

- Where neither option 1 nor option 2 is indicated, authorisation for supply may be to up to one PBS maximum quantity as confirmed by the pharmacist with the prescriber by phone or email. The medical practitioner will need to re-chart this item if further supply is required.

3.4 Different sections for different types of medicines

The NRMC has different sections designed for different types of medicines. Nutritional supplements and over-the-counter (non prescription) medicines are also recorded on the NRMC as they are used in most residential aged care facilities and often given to residents during medication rounds. Including this information will assist nurses and carers to know exactly what has been ordered for residents and what they have chosen to take without a prescription or medical order. For example, a resident may choose to take vitamins, or choose to use a particular moisturising cream as part of their day to day healthcare.

While resident choice is an important part of residential aged care, it is also important that nursing and care staff, and the medical practitioner, are aware of these choices in case the resident becomes unwell or is prescribed a medicine that may affect other medicines. This information helps the resident’s GP and other medical practitioners or medical specialists to safely prescribe and the resident’s pharmacists to safely dispense their medicines.

In addition, weight monitoring for residents under 95 kilograms can be recorded. This is important as a person’s weight will often affect the dose of medicines ordered by the GP.
3.5 Evidence based

The NRMC has been designed and tested using safety and human factors evidence. It is designed to reduce medication errors and to ensure that residents receive their medicines as intended by their medical practitioner.

The NRMC is intended to be easy for nursing and care staff to use so that they can be confident when administering medicines that the right resident receives the right medicine, at the right dose, by the right route and at the right time.

The layout and specified fields of the NRMC have been derived from research undertaken by the Commission on medication charts in residential aged care. The national Analysis of Residential Aged Care Facilities Medication Charts 2012 and the Analysis of Residential Aged Care Facility Staff and Approved Provider Surveys (2012) are available on the Commission website at www.safetyandquality.gov.au

Design considerations include pre-population of fields with units to avoid misinterpretation of dose, the use of icons to distinguish between different sections of the NRMC, and the use of colour tints, specific fonts, horizontal and vertical cues and consistent labelling to assist users in accurately completing the required fields.

Legibility testing has also been undertaken to ensure that faxed and scanned copies of the NRMC are legible to facilitate use by medical practitioners and pharmacists.

4 Using the NRMC

The following sections describe how orders for administration of medicines are communicated to nursing and care staff delivering medicines to residents in aged care facilities. They also provide information on how to document medicines that are delivered and other information required on the NRMC.

Ensuring that the NRMC is up to date, recording all medicines currently in use for a resident, can improve the accuracy of medication delivery. It will also assist facilities to meet legislative and accreditation requirements.

This user guide assists nurses and care staff to provide residents with the right dose in the right way and at the right time. It is intended to be an introduction as well as an ongoing reference point for using the NRMC. Section 19 of this user guide also provides further information and additional resources.
5 Medication orders (fields for a valid prescription)

5.1 Medical practitioner details

Each medical practitioner is required to document their details clearly on the front of the NRMC. This is to ensure that the pharmacy has the correct information to identify the prescriber in the dispensing of medicines. This information can be pre printed and applied to the NRMC, however each prescriber MUST sign each NRMC to ensure signatures in the chart are matched with the correct prescriber.

Details must include:
- name and address of the medical practitioner
- medical practitioner prescriber number
- medical practitioner signature
- phone number/s including out of hours contact (see diagram below).

5.2 Resident details

The details of each resident must be clearly seen on each page of the NRMC. Details must include the resident’s full name as it appears on their Medicare card, their preferred name, gender, date of birth, a URN/MRN, a recent photograph that can be accurately used to identify the resident and an Individual Health Identifier (IHI), if the resident has one. This information is often completed on admission by the registered nurse of person responsible for admission. The medical practitioner may also complete this information. E-templates are available to generate stickers for placement onto the chart.

The Residential Aged Care Services Identification Number (RAC ID) should be clearly marked on the NRMC as this is the resident's address (see below). The RAC ID is a number assigned to each facility by the Department of Health and Ageing for identification. Each facility has a unique number.
5.3 Instructions for medical practitioners

This checklist has been designed for medical practitioners when they visit RACFs to ensure that the essential fields for the orders comply with requirement for the supply of medicines to residents. It is also supplied as a separate document as some RACFs keep this checklist at the nurses station or a place where the medical practitioner can use it.

### Medical Practitioners quick reference guide for completing the National Residential Medication Chart (NRMC)

**NOTE:** is it critical that all Medical Practitioners using the NRMC refer to the Medical Practitioners User Guide: Appendix 1 Protocol (pgs. 19-21)

<table>
<thead>
<tr>
<th>Item</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1 Are your details provided on the front page?  
*Note: there will be 2 charts if the resident is prescribed more than 11 regular medicines.*  
*Remember to sign your name with your details on the front page of the chart.* | Y/N |
| 2 Have you completed the relevant prescription information as required to indicate accurately your intention for medicines prescribed? (See below)  
*Note: as the medication chart constitutes a prescription, it is essential that required fields are completed so that your residents receive the correct benefits under the PBS.* | Y/N |
| 3 Have you informed the RN that you have reviewed and charted residents’ medications? | Y/N |
| 4 Have you written up separate paper prescriptions for:  
- ‘Schedule 8’ medicines/Controlled Drugs;  
- All Authority Required items requiring prior approval from DHS-Medicare;  
- All items only available under Section 100, e.g. Highly Specialised Drugs? | Y/N/NA |

### Essential fields for supply and PBS/RPBS claiming from the NRMC

The medical practitioner *MUST* complete the four digit streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The medical practitioner ticks this box if they want to disallow brand substitution for the prescription.

**Fields circled in red** must be completed by a medical practitioner to enable a pharmacist to supply and claim for a PBS/RPBS medicine.

**Fields circled in green** are to be completed by the medical practitioner where applicable.

The medical practitioner should complete the CTG box if their resident is registered for CTG.

CTG: Registered Aboriginal and Torres Strait Islander residents will receive their PBS medicines at a subsidised rate through the ‘Closing the Gap’ (CTG) PBS Co-payment initiative.

The medical practitioner ticks the box if they want to disallow brand substitution for the prescription.

The medical practitioner ticks this box if they want to disallow brand substitution for the prescription.

The medical practitioner ticks this box if they want to disallow brand substitution for the prescription.
Medical practitioners are provided with additional information on using the NRMC, but nurses and care staff may find the following information useful. It describes how medical practitioners use various parts of the NRMC to communicate important information both for supply and for PBS/RPBS claiming.

- **PBS/RPBS:** Strikethrough the option that does not apply.
- **Medical practitioner’s signature:** Sign the front page of the chart; and must sign and print their name in the prescription box for each medication order that they have written.
- **Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.
- **CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.
- **Streamlined Authority Code:** Write the 4 digit code in the space provided where applicable. Streamlined Authority Codes are available at www.pbs.gov.au
- **Duration of medicine:** Prescribers must indicate the duration of medicine supply either by ticking the ‘Valid for duration of chart’ field or complete the ‘Stop date’ field. Note the completion of the ‘Start date’ field is optional.

### 5.4 General instructions

**All orders and instructions are to be written legibly in ink**

- No matter how accurate an order or an instruction is, it may be misinterpreted if it cannot be read.
- Water soluble ink (e.g. fountain pen) should not be used.
- Black ink is preferred.
- A medication order is valid only if the medical practitioner enters all the required items (see Sections 5.1, 5.2 and 5.4).
- All information, including drug names, should be **printed**.
- Only abbreviations as specified in the NRMC are to be used when a medicine is not administered as per the order.
- A separate order is required for each medicine.
- No erasers or “whiteout” can be used. Orders MUST be rewritten if **any** changes are made, especially changes to dose and/or frequency.
- All instructions must be written in plain English for ease of understanding.

### 5.5 Communicating the medication order

When a resident’s NRMC is faxed, or scanned and emailed, or photocopied for delivery to the pharmacy in order to request a medication, the front page of the NRMC, containing the medical practitioner’s details, must always be included. A copy of the NRMC must be sent to the pharmacy by the RACF as a complete unit when first charted, with all pages kept together to avoid confusion.

**Note:** The pharmacy cannot supply medicine to residents unless they are in possession of the most current copy of page one and the most current copy of the page where the medicine being requested is prescribed.
5.6 Ceasing a medication

When ceasing a medicine, the original order must not be removed or obscured. The medical practitioner must draw a clear diagonal line through the order in the prescription box and two diagonal lines through the administration record section, taking care that the lines do not impinge on other orders. The medical practitioner must also write “ceased”, date and sign. See diagram below.

Note: It is also important to notify the pharmacy and also to supply the most current copy of page one and the most current copy of the page where the medicine being requested is ceased.

5.7 Medication changes

If a change to a medication order is required, the medical practitioner must cease the current order on the NRMC, as above, and complete a new entry on the NRMC reflecting the required change. Changes to medication orders (strength, drug, frequency, etc.) must not be conveyed by altering an existing medication order.

Note: The RACF must communicate these changes promptly to the pharmacy and also supply the most current copy of page one and the most current copy of the page where the medicine being requested is ceased.

5.8 Phone orders

When a phone order is required, the medical practitioner phones the RACF and two registered nurses confirm the order with the medical practitioner. This does not constitute a prescription. The medical practitioner contacts the pharmacist directly to inform them of the order, which permits the pharmacist to supply on an owing prescription. The medical practitioner must immediately write a traditional prescription, endorsing it with words to indicate that it is being issued in confirmation of an emergency order. The traditional prescription must be forwarded to the pharmacist to cover the owing prescription within 24 hours. If the pharmacist has not received the traditional prescription within 7 days of supply, the pharmacist must advise the Duty Pharmaceutical Officer at the Pharmaceutical Services Unit in their jurisdiction.
5.9 GP orders and faxes

Faxes from the prescriber to the RACF are not be used as a medication order for administration of medicines AND cannot be used as a prescription for the pharmacist to dispense medicine. Faxes from the prescriber to the RACF with medication orders are not permitted as part of this program.

Phone orders must be used when a prescriber is unable to visit the facility. Refer to page 19 of the medication chart.
6 Front page of the NRMC

6.1 Medical practitioner, pharmacy, RACF and government assigned details

The front page of the NRMC is intended to provide the required information relating to:

- medical practitioner/s
- pharmacy
- government assigned concession card numbers (Medicare, pension, DVA)
- dates for commencement and review of the medication chart
- name and address of the residential aged care facility.

This information is required for the pharmacist to supply and submit PBS/RPBS claims for the orders on their copy of the chart. See below.

Provide all of the requested resident information and RAC ID in this box.

The resident’s regular GP’s details and signature are entered in this box.

Medical practitioners who are not the resident’s regular GP – must enter their details and signature in one of the remaining boxes.

Resident concessional numbers are written in this box.

Chart and pharmacy details are entered in this box.

RACF information is entered in this box.
6.2 Resident considerations

Considerations related to the resident’s physical or cognitive health that may affect the administration of medicines are highlighted on the front page as this is the very first item of information that should be read. See below.

Information that helps staff enable residents to take their medicines can be written in this box. Things like ‘needs a special spoon’, ‘likes one pill at a time’, ‘has difficulties swallowing’, ‘crush medicines in jam’ or ‘holds pills in mouth’

Information that alerts you as to whether the resident is prescribed complex medications or not. It also acts as a prompt to check these sections
7 Resident identification

The resident name, preferred name, date of birth, gender and a recent photograph must be entered in the resident ID label. It is also important to enter the RAC ID as this constitutes the residents address and is required for supply of medicines. See below.

8 Resident alerts

Resident alerts are documented with the resident identification so that these can be seen on each page when prescribing and administering medicines. The alert boxes are in red to signify their importance. There are two resident alerts as discussed below.

8.1 Allergies and Adverse Drug Reactions

Medical practitioners and nursing staff are required to complete the Allergies and Adverse Drug Reactions (ADR) box for all residents and to sign and date their entries (see below). Write the name of the drug/substance, the reactions (i.e. rash, diarrhoea) and their type (i.e. allergy, anaphylaxis), and the date they occurred. If the resident is not aware of any allergies or ADRs, then circle Nil known.

8.2 Resident with similar name

The second alert is to let nurses and care staff know if there is a resident with a similar name living at the RACF. See above. This is important so that the resident receives the medicines prescribed for them and not the medicines prescribed for another resident with a similar name.
The ordering and recording of nutritional supplements is vital to maintaining or increasing a resident’s weight when they are identified as having a high risk of weight loss. This is often indicated by the Body Mass Index (BMI) which is calculated by using the resident’s weight and height. The medical practitioner, registered nurse or dietician, will write the instructions on how much and which type of nutritional supplement is to be given to the resident and enter the resident’s BMI, if known.

The NRMC provides space to document the nutritional supplement order, the resident’s daily intake at morning (indicated by a sun icon) and at night (indicated by a moon icon). The resident’s weight can also be recorded in this section. This is important as a person’s weight will often affect how much (the dose) should be prescribed or ordered by the medical practitioner. When completed, an evaluation of the chart may indicate that the resident’s nutritional supplements need to be changed.

The person responsible for weight monitoring writes instructions in this column on how much and which type of nutritional supplement is to be given to this resident.

This section is for residents identified at risk for weight loss and who are under 80kg.

This section is provided to record information about significant weight gain or loss for the resident (e.g. returned from hospital, nil by mouth, PEG inserted/palliative care/new diagnosis).

Directions for entering the amount of nutritional supplement

The BMI (if known) is written here

The dietician or registered nurse reviews and records the resident’s progress in terms of weight gain/loss and how they are managing the supplement.
Nutritional supplements daily intake record

**Start weight**

- Check the current day before signing
- Write the resident’s weight in this box and mark on the graph
- The resident’s weight when measured can be recorded on the graph in the chart
- Write your initials in this box (am)
- Write how much (serves) you gave the resident on the morning shift
- Write your initials in this box (pm)
- Write how much (serve) you gave the resident on the afternoon shift

**Weight progress**

- Place dots and join them on this graph to indicate the resident’s weight each week, or as often as directed by the medical practitioner or registered nurse

**BMI**

**Review and evaluation**

- Name
- Designation
- Allergies and Adverse Drug Reactions (ADR) Y / Nil known
- Drug (or other) Reaction / type / date
- Withheld (clinical reason) W
- Sleeping S
- Contraindicated C
- Refused R
- Refused A
- Not available N

**Sign Print**

- Date ___/___/___

**Insert photo**

- Resident name
- Preferred name
- Date of Birth   /  / Gender Photo date  /  /
- URN/MRN  IHI
- RAC ID RACF name

**ALERT**

- Resident with similar name? Y / N

**Comments**

- Start date ___/___/___
- Stop date ___/___/___
- Valid for duration of chart OR
- Stop date ___/___/___

**Nutritional supplement**

- Additional instructions
- Dose
- Route
- Frequency
- PBS/RPBS
- CTG
- Brand substitution not permitted

**Prescriber signature and name**

- Date of prescribing ___/___/___

**Non packed page 2**

- Circle the current month
- Write the resident’s weight in this box and mark on the graph
- Write your initials in this box (am)
- Write how much (serves) you gave the resident on the morning shift
- Write your initials in this box (pm)
- Write how much (serve) you gave the resident on the afternoon shift

**Place dots and join them on this graph to indicate the resident’s weight each week, or as often as directed by the medical practitioner or registered nurse**
Insulin is a commonly used drug in elderly populations with serious outcomes for residents if not monitored correctly. It is administered by subcutaneous injection into the upper skin layers via either a syringe (where the insulin is drawn up manually) or a specially designed insulin ‘pen’ that has a small needle which can be adjusted to administer a preloaded dose.

The insulin section of the NRMC facilitates the recording of the medical practitioner’s instructions, the resident’s blood glucose levels (BGLs) and the insulin prescription and administration. These are all recorded in a single place so that staff do not have to seek information from multiple points when administering insulin to a resident.

### 10.1 Insulin orders and BGL recording

It is important to note the acceptable range of BGLs, as per instruction, for the resident and to contact the medical practitioner, as indicated in the order, when a BGL is above or below this specified range. Up to three BGL readings per day and/or three doses of insulin per day can be recorded in the insulin section (see below).

**The medical practitioner or registered nurse writes instructions for how often the BGLs are to be taken and when to notify the medical practitioner if the BGL is outside the specified range for this resident**

- Check the current day
- Circle the current month

Blood glucose level (BGL) are documented in this area in 24 hour time (i.e. 0700 = 7am) and the BGL result as a number (e.g. 3.2)

**This section is for information related to the resident that may be relevant to BGL readings. (e.g. ‘had lunch out’, ‘ate some lollies’ or ‘not eating today’. It is important to date and sign this information)**

**Place a dot on the graph to indicate the resident’s BGL progress. You may plot up to 3 BGLs if required in different colours (i.e Blue for morning, red for lunch and green for evening)**
10.2 Insulin orders and administration

Insulin orders (prescriptions) are written to the left of the administration signing section (see below). There is space for the medical practitioner to prescribe three different insulins if this is required for the resident. Each prescription box is to be used for one insulin dose only.

The insulin administration section is designed to assist staff to accurately deliver the prescribed dose of insulin at the correct time. (Some facilities do not require two staff members to sign for insulin so staff need to check the home’s procedures.)

It is important to check the insulin order carefully, as the order (prescription) from the medical practitioner may not correlate directly with the administration section. For example, if the top prescription box states that Mixtard is to be given BD (twice per day), this insulin needs to be administered in the evening as well, despite the prescription box being next to the ‘Breakfast’ administration section.

All staff delivering insulin must check the insulin order prior to administration, and in particular, the prescribed frequency of administration.

Staff only need to record the BGLs and doses of insulin given to a resident as ordered by the medical practitioner.

It is important to note that this will vary from resident to resident. Staff need to check the medical practitioner’s orders prior to BGL testing and insulin administration.
The variable dose section is designed to prescribe, administer and monitor a medicine for which the dose is variable (e.g. warfarin). Frequent pathology is often required for these medicines and their dose may vary depending on the levels indicated by the pathology results. This is why this group of medicines is referred to as 'variable dose'. Although insulin is also a variable dose medicine, the NRMC has separate pages dedicated to its use. It is important to note the range of pathology results and contact the medical practitioner, as indicated in the order, if a result is above or below the specified range (see diagram below).

**Variable dose medicine (not insulin)**

The medical practitioner will write instructions detailing how often pathology is required, the appropriate range of pathology results and when to contact the medical practitioner.

Write the pathology result (e.g. INR) in this box. **If result is outside the range specified in the medical practitioner’s instructions above, contact the medical practitioner**

Note: it is unlikely that pathology is ordered for each day. Write the results in when available.

Check the current day before signing

Circle the current month

Write the dose as ordered in this box

Write the dose as given in this box

Write initials in these boxes

Note: some homes will not require two signatures for insulin administration

Write the time given in this box in 24 hour time (1800 = 6pm)
Residents often require some medicines only occasionally, or they may require additional doses between their regular prescribed doses. These are referred to as PRN (or as required) medicines. They can keep a resident well and assist the medical practitioner to monitor the amount of medicine required, without increasing a regular dose and/or adding another regular medicine. It is important therefore to refer to the regular medicine section to see if the PRN medicine is ordered as a ‘breakthrough’ or ‘rescue dose’ to be sure that the time between regular doses and PRN doses is consistent with the orders of the medical practitioner.

Nurses and carers will also need to check the maximum dose on the PRN order and ensure that the reason for giving the resident the PRN medicine matches the medical practitioner’s indication for when to administer the dose. For example, the PRN dose may be prescribed for back pain, increased agitation or for general pain such as headache. Noting the effectiveness of the PRN medicine (such as a lessening in pain or agitation) is important in understanding whether the desired effect has been achieved. This means that the medical practitioner may be able to adjust or cease the PRN order.

This box identifies the drug, the reason the medical practitioner wants it given (i.e. back pain) and the maximum dose in any 24-hour period.

Write the date in this box in the format of day/month/year.

Write the time given in this box in 24-hour time (i.e. 1800 = 6pm).

Circle yes or no (Y/N) in this box to indicate whether you think the medicine has been effective for the resident (i.e. Did the pain lessen? Was the agitation reduced?) Note: you will also need to write in the progress notes whether the PRN medicine has been effective or not, and how (i.e. Did the pain lessen? Was the agitation reduced?)
Residents often need short term medicine in addition to their regular prescribed medicines. This may be because of a change in their health, such as an infection, that requires a short term treatment. It is important to note that when the administration of the medicine is complete, the medical practitioner may want to repeat pathology tests (e.g. a blood test or a urinalysis) to be confident that the treatment has worked and that the resident does not require any further medicine. Nurses and care staff will need to check the resident’s notes to confirm that the medical practitioner’s instructions for any pathology tests are carried out.
**14 Nurse initiated medicines**

Nurse initiated medicines are non prescription (over-the-counter) medicines that can be administered by a registered nurse when the need arises and, in most cases, with the prior agreement of the resident’s medical practitioner. Registered nurses may use their clinical judgment to initiate administration of over-the-counter medications within their state or territory legislative requirements and according to the organisational and registered nursing professional guidelines. A record of any nurse initiated medicines should be included on the resident’s medication chart.

Many facilities have nurse initiated medication lists approved by their local Medication Advisory Committee (MAC). In most cases, nurse initiated medicines are administered in consultation with the medical practitioner. Registered nurses working in RACFs need to be familiar with their facility’s requirements, policies and procedures for nurse initiated medicines. Protocols for nurse initiated medicines should include information about the indication(s) for each drug, the dosage, and related contraindications, allergies and adverse drug reactions.

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**Check any previous drug allergies and/or adverse reactions as well as any contraindications for this resident prior to administration.**

Write the name of the drug to be given, within your registered nurse scope of practice, in this box.

Note: You will need to check if your facility also has an approved list of nurse initiated medicines. Also document this administration in the resident’s progress notes.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Date</th>
<th>Time</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoclopramide</td>
<td>1</td>
<td>1</td>
<td>tid</td>
<td>06.12.13</td>
<td>1800</td>
<td>Constipation</td>
</tr>
<tr>
<td>Omeprazole</td>
<td>1</td>
<td>0</td>
<td>bid</td>
<td>07.12.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write the date in this box in this format day/month/year.

In this box write the time given in 24 hour time (i.e. 1800 = 6pm).

Write the dose given in this box.

Write your signature in this box.

Write the dose, route and frequency given in this column.

Write your initials in here once the medicine is given.

The reason you have decided to give the medicine needs to be written in here (i.e. constipation).
Phone orders occur in residential aged care for various reasons, but mostly because the resident’s medical practitioner is unable to visit the resident and the medical practitioner wants the medicine to be ordered as a priority, due to the resident’s condition. Phone orders are to be used for all orders where the medical practitioner cannot attend the home. Faxed pages of a medication chart are not to be utilised.

Important elements need to be taken into consideration when taking a phone order for a medicine, including the facility’s policies and procedures. Phone orders must include the following:

- Resident’s name
- Date the phone order is prescribed
- Route, time and frequency ordered
- Reason for administration
- Medical practitioner’s name
- Signature of two nurses to confirm the order given by phone
- Route, time and frequency medicine is administered
- Initials of the person administering the medicine.

When a phone order is required, the medical practitioner phones the RACF and two nurses confirm the order with the medical practitioner. This does not constitute a prescription. The medical practitioner contacts the pharmacist to directly inform them of the order, which permits the pharmacist to supply on what is known as a “an owing prescription”. The medical practitioner must immediately write a traditional prescription, endorsing it with words to indicate that it is being issued in confirmation of an emergency order. The traditional prescription must be forwarded to the pharmacist to cover the owing prescription within 24 hours. The medical practitioner must attend the facility within a reasonable timeframe to sign the phone order. If the pharmacist has not received the traditional prescription within 7 days of supply, the pharmacist must advise the Duty Pharmaceutical Officer at the Pharmaceutical Services Unit in their jurisdictions.

Ensure that two nurses listen to this order separately over the phone and that they verify with each other what the order is. Print legibly the name of the medicine and the prescriber in this section. Clearly write the prescriber’s directions for administering the medicine in this column, and the start and stop. Write the prescriber’s reason for the order and any additional instructions (e.g. take with food) in this box. In this column write the date, time and dose given. Use _/_/_ (day/month/year) for the date and record the time given in 24-hour time (i.e. 1800 = 6pm). Prescriber to sign here to confirm order as soon as reasonably able to.
The prescribed medicines (regular dose) section is where the medical practitioner orders the medicines that the resident takes on a regular basis, at the same dose, and usually at regular times throughout the day. The NRMC has space for up to 11 regular dose prescribed medicines. The resident may also be taking other medicines classified as short term, PRN (as required), variable dose, insulin or non prescribed medicines. Nurses and care staff need to check the other pages on the chart for these medicines to ensure that none of the resident’s medicines are missed.

The prescribed medicines (regular dose) section has two different areas to indicate that the resident has received their prescribed medicines. The blue area is for multi-dose packaged prescribed medicines (regular dose) and the purple section is for single packaged prescribed medicines (regular dose).

The blue section is for care staff to sign when the resident receives their medicines from a multi-dose packaged system, often referred to as a dose administration aid (DAA). Staff should initial this section to confirm that the resident has received the packed medicines to be given at that particular time of day (i.e. breakfast, midday or evening). Staff delivering medications this way do not sign in the purple section, as this is intended for staff who administer individual prescribed medicines (regular dose) from a single packaged system. These can be pre-packed containers such as blister packs or sachets or they can be from the original packaging such as bottles or boxes. See below for the correct signing areas.
Key information and abbreviations

This section outlines the requirements for prescribers, abbreviations to be used on the NRMC and the six rights of medication administration. It is intended to provide a baseline for consistent and commonly understood meanings for medication prescribing and administration.

Prescribing and administration

<table>
<thead>
<tr>
<th>For prescribers</th>
<th>Commonly used abbreviations in aged care</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBS/RPBS: Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.</td>
<td>Route</td>
</tr>
<tr>
<td>Brand substitution not permitted: Indicate if the specified brand must be supplied by flicking the box.</td>
<td>PO: per oral (via the mouth e.g. tablets)</td>
</tr>
<tr>
<td>CTG: Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people.</td>
<td>PR: per rectum (via the rectum e.g. suppository for constipation)</td>
</tr>
<tr>
<td>Streamlined authority code: Write the 4 digit code in the spaces provided, where applicable. Streamlined authority codes are available at <a href="http://www.pbs.gov.au">www.pbs.gov.au</a></td>
<td>topical: per the skin (applied to the skin e.g. cream)</td>
</tr>
<tr>
<td>Remember: Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:</td>
<td>subcut: subcutaneous (an injection into the upper skin layers e.g. insulin)</td>
</tr>
<tr>
<td>• All Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)</td>
<td>subling: sublingual (under the tongue)</td>
</tr>
<tr>
<td>• All items only available under special arrangements (Section 100)</td>
<td>NG: nasal gastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)</td>
</tr>
<tr>
<td>• Controlled Drugs (Schedule 8 medicines).</td>
<td>IM: intramuscular (an injection into the muscle e.g. influenza vaccination)</td>
</tr>
</tbody>
</table>

Abbreviations when medicine not administered

- Withheld (clinical reason)
- Sleeping
- Contraindicated
- Refused
- Absent
- Not available

<table>
<thead>
<tr>
<th>Allergies and Adverse Drug Reactions (ADR)</th>
<th>Resident name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / Nil known</td>
<td>Preferred name</td>
</tr>
<tr>
<td></td>
<td>Date of Birth</td>
</tr>
<tr>
<td></td>
<td>Sign</td>
</tr>
<tr>
<td></td>
<td>Print</td>
</tr>
<tr>
<td></td>
<td>Date</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The six rights of medicine administration

1. Right resident
2. Right medicine
3. Right dose
4. Right time
5. Right route
6. Right documentation

Remember: Each chart MUST be completed by a valid prescriber. The date of prescribing MUST be completed for the NRMC to be a valid prescription. This is often pre populated by the aged care facility.

The medical practitioner MUST complete the following sections for medicines to be supplied as Authority Required STREAMLINED.

- The medical practitioner MUST write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box.
- The medical practitioner MUST complete the four digit streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.
- The medical practitioner MUST complete this box.

PBS/RPBS: Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.

Brand substitution not permitted: Indicate if the specified brand must be supplied by flicking the box.

CTG: Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people.

Streamlined authority code: Write the 4 digit code in the spaces provided, where applicable. Streamlined authority codes are available at www.pbs.gov.au

Remember: Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:

- All Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
- All items only available under special arrangements (Section 100)
- Controlled Drugs (Schedule 8 medicines).

Essential Prescription Fields required for a valid prescription

All fields circled in RED must be completed by a medical practitioner to enable a pharmacist to supply and claim for a PBS/RPBS medicine.

All fields circled in GREEN are to be completed by the medical practitioner where applicable.

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The medical practitioner MUST fill a start and indicate a stop start date by either ticking the box.

The medical practitioner MUST write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box.

The medical practitioner MUST complete the four digit streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The medical practitioner MUST complete this box.

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Summary and further resources

Thank you for taking the time to read this user guide. The NRMC hopes that you found it helpful and user friendly. This user guide also has further resources as listed below. Contact your manager or supervisor if you need help in locating them.

**Interactive power point:**
User guide for nursing and care staff

**Medication skills assessment** for nursing and care staff in residential aged care

**Follow the medication safety links @**
www.safetyandquality.gov.au

**Contact the PBS Information Line on** 132 290

The Australian Commission on Safety and Quality in Health Care (the Commission) has a range of resources available on its web site, with links to other resources, at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)