



Government of **Western Australia**
Department of **Health**

National Standard Medication Chart (NSMC) Audit

Train the Trainer Workshop

National Standard Medication Chart (NSMC) Audit

- The Commission will coordinate an NSMC National Audit in October 2022.
- All hospitals must complete the audit including all data entry between 4th and 31 October 2022
- Using and auditing the NSMC are activities that can be used to demonstrate compliance with the NSQHS Standards for accreditation.

NSMC Audit Objectives

- Provides a baseline for NSMC use and future QI initiatives
- Improves the safety of medication charting in hospitals
- Evaluate the effect of the NSMC safety features
- Evaluate the implementation process on the safety and quality of prescribing and medication documentation
- Identify further areas for improvement in medication management.

NSMC Audit

- Frequency of auditing will depend on:
 - staff changes,
 - risk of medication errors
 - other local factors.
- If significant non-compliance is identified: focus audits should occur more frequently within a quality improvement cycle (PDSA), until compliance improves.
- Medication Chart Policy - Biennial national audit

NSMC Audit Data Collection Tools

- Paper based form, available at:
- <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-standard-medication-chart-nsmc-audit-form>
- The NSMC Audit System is a web-based application which provides an electronic version of the Audit Form and into which audit data can be entered directly

Preparing for the NSMC Audit

- Refer to Commission's:
 - National Standard Medication Chart Audit System User Guide
 - National Standard Medication Chart (NSMC) Audit System: Reporting user guide for coordinators
- Read local medication related procedures and guidelines,
 - e.g. approved list of trade names, list of acceptable abbreviations
- Decide on the number of charts to audit
- Decide how data will be entered

Preparing for the NSMC Audit

- Some of the audit criteria require subjective judgement and interpretation:
 - determining unclear orders
 - assessing completeness of documentation.
- It is important that auditors meet up prior to the audit to discuss the parameters for these areas, especially if there are no local guidelines or procedures.
- Conducting a pilot may be beneficial
 - Small sample of medication charts from different wards

Number and type of charts to audit

Initial audit

- Ideally all available active NSMC should be reviewed – allows identification of errors that occur infrequently and in different patient types.
- As many medication charts as possible should be reviewed to evaluate any significant changes to medication safety.
- To enable a large number of patient charts to be reviewed, data collection may take place over a number of weeks, e.g. 5 charts for each ward per week for one month.

Number and types of chart to audit

- Suggested initial audit sample size:

| Hospital bed numbers | Sample size |
|----------------------|---------------------------|
| 150 or more | 20% of current inpatients |
| 30-149 | 30 current inpatients |
| Less than 30 | All current inpatients |

Subsequent audits

- Where possible, these should be identical to the last audit (completed in 2018) to ensure a comparison of similar wards, patients and numbers.

Partial audits

- Hospitals may wish to target specific areas of concern where performance is suboptimal.

Audit teams

- Multidisciplinary to reflect the way in which clinicians use the NSMC
- Ideally it should be conducted by 2 people together:
 - To minimise observer bias
 - A registered nurse – interpretation of the prescription and administration information.
 - A pharmacist (or medical officer, or another nurse)
- The teams should be allocated and maintained for the audit period, to ensure consistency in the data collected.

Familiarisation with medication related policies and guidelines

- Local medication related procedures and guidelines – e.g. hospital's list of approved trade names for prescribing
- If no local procedures or policies exist, auditors will need to agree on some audit parameters – e.g. acceptable abbreviations and trade names.
 - Establish consistency between auditors for current and subsequent audits.

Piloting data collection

- Teams should consider testing their data collection methods, using the NSMC Audit Form.
- NSMCs selected should include a variety of medicines which utilise different safety features of the chart.
- Pilot testing and correlating data collection decisions will help to achieve consistency between audit team members.
- Reflective discussion after pilot testing may also be helpful in situations where there is disparity between auditors.

Recommendations

- It is recommended that sites collect data on the paper audit form, and then upload the information onto the database (NSMC Audit System).
- Maintain a log of frequently occurring errors/issues
 - These can justify results for each site
 - e.g. “i-ii drops” – non-standard abbreviation, minimal impact
 - e.g. “U” (for units) – non-standard abbreviation, major impact
 - Can be used for education/improvement at each site

Recommendations

- Take de-identified photos/photocopies of any major issues – present to site's DTC or MSG with report
 - May be once-off event
 - May be part of a pattern
- Obtain a list of acceptable trade names (may need to liaise with DTC or MSG)
- Determine the paediatric dosing reference used, and have it ready when auditing.
- Have a calculator handy – especially when auditing paediatric NIMCs

Completing the Audit Tool

National Standard Medication Chart (NSMC) audit form

i) Hospital name: _____
 ii) Date of audit: _____
Information for local use only
 a) UR number: _____
 b) Ward: _____

Chart type and age of patient

iii) Please specify chart type(s) being audited:

- NIMC (acute)
- NIMC (long-stay)
- NIMC (paediatric)
- NIMC (paediatric long-stay)
- PBS HMC (acute)
- PBS HMC (long-stay)

iv) The patient is aged 12 years or under Y / N

Only include charts that are 'active' and in current use at the time of audit (i.e. do not include charts where all orders have been ceased or have otherwise expired)

Section 1 Patient identification

1.1 Patient identification section is completed using:

- handwritten patient details
- printed patient identification labels
- a mix of printed patient identification labels and handwritten details

1.2 Patient identification section is completed on all pages of all active charts
Y / N

1.3 Handwritten patient details are legible and complete (i.e. at least 3 patient identifiers documented)
Y / N / NA

1.4 Patient's name is handwritten under patient identification label(s) by first prescriber
Y / N / NA

Section 2 Prescriber details

(PBS HMC only)

2.1 All prescribers who have ordered a medicine for the patient are listed in the prescriber details section of the PBS HMC
Y / N [if N, go to Q3.1]

2.2 The prescriber details section of the PBS HMC is legible and complete
Y / N

Section 3 Weight documentation

(Patients aged 12 years or under and using NIMC paediatric only)

3.1 Weight is documented on all charts
Y / N [if N, go to Q4.1]

3.2 Date weighed is documented with weight on all charts
Y / N

Section 4 Adverse drug reactions (ADR)

4.1 The following has been documented in the ADR section:

- details of any medicine (or other) allergies or ADR(s) [go to Q4.2]
- 'Nil known' or 'unknown' box marked with signature, name and date on all active charts [go to Q5.1]
- none of the above apply [go to Q5.1]

4.2 The medicine (or other) section and reaction type has been documented on all active charts
Y / N

4.3 The ADR documentation includes signature, name and date on all active charts
Y / N

Section 5 Medication history

5.1 Medication history for the current episode of care is: (select one option only)

- documented on the chart [go to Q6.1]
- documented elsewhere according to local procedure [go to Q5.2]
- not documented [go to Q6.1]

5.2 Where medication history is documented elsewhere according to local procedure, it has been cross-referenced on the chart^a
Y / N

Section 6 VTE risk assessment and VTE prophylaxis

(NIMC acute & PBS HMC acute only)

6.1 The following has been documented in the VTE risk assessment section: (select all that apply)

- 'yes' box marked
- 'prophylaxis not required' or 'contraindicated' box marked
- signature and date documented
- none of the above apply

6.2 VTE prophylaxis has been prescribed
Y / N [if N go to Q7.1]

6.3 Section in which VTE prophylaxis was prescribed: (select one option only)

- the VTE prophylaxis order section only
- the regular medicines order section only
- both the VTE prophylaxis and regular medicines sections

Section 7 Pharmaceutical review

7.1 Pharmaceutical review has been documented at least once on all charts (i.e. clinician initials are recorded in the pharmaceutical review box under the regular medicines section)
Y / N

Section 8 Chart numbering

8.1 All charts for the patient are correctly numbered
Y / N

Section 9 Anticoagulant education record

(NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only)

9.1 The patient has been initiated on an anticoagulant for ongoing treatment
Y / N [if N, go to section 10]

9.2 The anticoagulant education record has been completed
Y / N

Section 10 Regular medicine orders

- 10.1 Total number of regular medicine orders^b [If '0', go to section 11] No.
- 10.2 Record the number of orders in this section where the following errors are identified:^c
 order not legible
 order contains one or more error-prone abbreviation(s)
 medicine name not complete and correct
 route not complete and correct
 dose not complete and correct
 frequency not complete and correct
 prescriber name not legible on the chart^d
 order not signed by prescriber
 10.3 How many regular medicine orders contain one or more of the above errors?^e
 10.4 Total number of SR medicine orders^f
 10.5 Number of orders where SR box is not ticked for SR medicines
 10.6 Number of orders where indication is not documented
 10.7 Number of orders where dose calculation is not documented for patient aged 12 years or under (NIMC paediatric only)
 10.8 Total number of required doses prescribed in the regular medicines section^g
 10.9 How many doses were missed without a reason for not administering specified?^h

Section 11 PRN medicine orders

- 11.1 Total number of PRN medicine orders^b [If '0', go to section 12] No.
- 11.2 Record the number of orders in this section where the following errors are identified:^c
 order not legible
 order contains one or more error-prone abbreviation(s)
 medicine name not complete and correct
 route not complete and correct
 dose not complete and correct
 hourly frequency not complete and correct
 maximum PRN dose in 24 hours not documented
 prescriber name not legible on the chart^d
 order not signed by prescriber
 11.3 How many PRN medicine orders contain one or more of the above errors?^e
 11.4 Number of orders where indication is not documented
 11.5 Number of orders where dose calculation is not documented for patient aged 12 years or under (NIMC paediatric only)

Completing the Audit Tool

National Standard Medication Chart (NSMC) audit form

Section 12 Once only, nurse initiated & phone orders

- | | No. |
|--|--------------------------|
| 12.1 Total number of once only and nurse initiated orders ^b | <input type="checkbox"/> |
| 12.2 Total number of phone orders ^b (If '0' for both Q12.1 and Q12.2, go to section 13) | <input type="checkbox"/> |
| 12.3 Record the number of orders in this section where the following errors are identified: ^c | |
| order not legible | <input type="checkbox"/> |
| order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| medicine name not complete and correct | <input type="checkbox"/> |
| route not complete and correct | <input type="checkbox"/> |
| dose not complete and correct | <input type="checkbox"/> |
| frequency not complete and correct (phone orders only) | <input type="checkbox"/> |
| double signature not complete (phone orders only) | <input type="checkbox"/> |
| prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| order not signed by prescriber | <input type="checkbox"/> |
| 12.4 How many once only, nurse initiated and phone orders contain one or more of the above errors? ^{2e} | <input type="checkbox"/> |
| 12.5 Total number of required doses prescribed in the once only, nurse initiated and phone order section ⁹ | <input type="checkbox"/> |
| 12.6 How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |

Section 13 Variable dose medicine orders

(NIMC acute & PBS HMC acute only)

- | | No. |
|--|--------------------------|
| 13.1 Total number of variable dose medicine orders ^b (If '0', go to section 14) | <input type="checkbox"/> |
| 13.2 Record the number of orders in this section where the following errors are identified: ^c | |
| order not legible | <input type="checkbox"/> |
| order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| medicine name not complete and correct | <input type="checkbox"/> |
| route not complete and correct | <input type="checkbox"/> |
| dose not complete and correct for each day of administration | <input type="checkbox"/> |
| frequency not complete and correct | <input type="checkbox"/> |
| time to be given not documented | <input type="checkbox"/> |
| prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| order not signed by prescriber | <input type="checkbox"/> |
| 13.3 How many variable dose medicine orders contain one or more of the above errors? ^{2e} | <input type="checkbox"/> |
| 13.4 Number of orders where indication is not documented | <input type="checkbox"/> |
| 13.5 Total number of required doses prescribed in the variable dose section ⁹ | <input type="checkbox"/> |
| 13.6 How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |

Section 14 Orders in warfarin section

(NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only)

- | | No. |
|--|--------------------------|
| 14.1 Total number of orders in the warfarin section ^b (If '0', go to Q14.9) | <input type="checkbox"/> |
| 14.2 Record the number of orders in this section where the following errors are identified: ^c | |
| order not legible | <input type="checkbox"/> |
| order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| brand name has not been selected | <input type="checkbox"/> |
| route not complete and correct | <input type="checkbox"/> |
| daily warfarin dose not documented and signed ^d | <input type="checkbox"/> |
| prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| order not signed by prescriber | <input type="checkbox"/> |
| 14.3 How many orders in the warfarin section contain one or more of the above errors? ^{2e} | <input type="checkbox"/> |
| 14.4 Number of orders where INR result(s) are not documented at least once on the chart | <input type="checkbox"/> |
| 14.5 Number of orders where INR target range is not documented | <input type="checkbox"/> |
| 14.6 Number of orders where indication is not documented | <input type="checkbox"/> |
| 14.7 Total number of required doses prescribed in the warfarin section ⁹ | <input type="checkbox"/> |
| 14.8 How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |
| 14.9 How many warfarin orders are prescribed in the regular medicines section? | <input type="checkbox"/> |

Explanatory notes

- Where medication history is recorded elsewhere (e.g. MMP or eMR), record Y if the patient's medication history is cross-referenced on at least one active chart. Note that this is not the same as reconciling medication history.
- Record the total number of orders in the specified section. If reviewing more than one chart for the patient, ensure that all medicine orders for each section (on all 'active' charts in current use) are included in the total.
- Reviewing all the orders in this section, record the number of orders where the specified error has been identified. Take care to record number of orders where the errors occur, not total number of errors. Put a 0 in the box if there are no orders with the specified error.
- Record any orders where prescriber identity cannot be determined from the chart with a legible name clearly printed. (Prescriber name needs to be printed only once on the chart).
- Record the total number of orders with one or more errors, not total number of errors.
- Record the number of medicine orders that are slow release (SR), regardless of whether the SR box has been ticked. Note that this is a subset of the total number of regular medicine orders.
- Record the total number of doses that are required to have been administered since the order was written, considering the current date and time.
- Record the number of doses that have been missed without an appropriate code for not administering documented.
- If one or more doses in the Warfarin section are not documented and signed, count this as one incorrect order only.

Completing the Audit Tool

- Complete one audit tool per patient.
- Complete all fields on top of page 1.

National Standard Medication
Chart (NSMC) audit form

i) Hospital name: _____

ii) Date of audit: _____

Information for local use only

a) UR number: _____

b) Ward: _____

- Hospital Name
- Date of Audit

Patient Confidentiality

- UR number and Ward – for local use only
- To ensure confidentiality of patient information, these fields are not saved in the online audit system
- The web-based NSMC audit system will automatically assign individual ID to each patient audited.
- Hospitals can reference this identifier to individual patient details by recording it locally against the patient's UR number

Chart type and age of patient

Chart type and age of patient

iii) Please specify chart type(s) being audited:

- NIMC (acute)
- NIMC (long-stay)
- NIMC (paediatric)
- NIMC (paediatric long-stay)
- PBS HMC (acute)
- PBS HMC (long-stay)

iv) The patient is aged 12 years or under Y / N

Only include charts that are 'active' and in current use at the time of audit (i.e. do not include charts where all orders have been ceased or have otherwise expired)

- For all **adult** charts - WA public hospitals select **NIMC acute** or **NIMC long stay**
- For paediatric chart select appropriate NIMC version
- Record the chart type being audited for the patient
- Only include charts that are 'active' and in current use at the time of the audit
- If patient has multiple charts in use, you can audit each chart type separately

Patient Identification

1.1 Patient ID section is completed using:

- Tick the appropriate option

1.2 Patient ID complete on all pages

Look at pages 3 and 4 of all current medication charts.

Section 1 Patient identification

1.1 Patient identification section is completed using:

- handwritten patient details
- printed patient identification labels
- a mix of printed patient identification labels and handwritten details

1.2 Patient identification section is completed on all pages of all active charts
Y / N

1.3 Handwritten patient details are legible and complete (i.e. at least 3 patient identifiers documented)
Y / N / NA

1.4 Patient's name is handwritten under patient identification label(s) by first prescriber
Y / N / NA

Page 3

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER

UR No: [redacted]
Family name: [redacted]
Given names: [redacted]
Address: [redacted]
DOB: [redacted] Sex M F

VALID IN UNLESS OTHERS PRESENT

1st Prescriber to print patient name and check label correct: [redacted]

Patient weight (kg):
Height (cm):

Page 4

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No: [redacted]
Family name: [redacted]
Given names: [redacted]
Address: [redacted]
DOB: [redacted] Sex M F

1st Prescriber to print patient name and check label correct: [redacted]

Patient Identification

1.3 Handwritten patient details are legible and complete

YES if at least 3 are present on (visible and correct):

- Medical record number (UMRN)
- Patient name (family and given names)
- Date of birth
- Gender
- Patient address

If patient ID label is used, the first prescriber must print the patient's name

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER

UR No: [REDACTED]

Family name: [REDACTED]

Given names: [REDACTED]

Address: [REDACTED]

DOB: [REDACTED]

Sex M F

VALID IN UNLESS OTHERS PRESENT

1st Prescriber to print patient name and check label correct: [REDACTED]

Patient weight (kg):

Height (cm):

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No: [REDACTED]

Family name: [REDACTED]

Given names: [REDACTED]

Address: [REDACTED]

DOB: [REDACTED]

Sex M F

1st Prescriber to print patient name and check label correct: [REDACTED]

Patient Identification

1.4 Patient's name is handwritten under patient identification label(s) by first prescriber

YES if it is first prescriber

NO if it is another prescriber or pharmacist

If patient ID label is used, the first prescriber must print the patient's name

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER

UR No: [Barcode]

Family name: [Redacted]

Given names: [Redacted]

Address: [Redacted]

DOB: [Redacted]

Sex M F

VALID IN UNLESS OTHERS PRESENT

1st Prescriber to print patient name and check label correct: [Redacted]

Patient weight (kg):

Height (cm):

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No: [Barcode]

Family name: [Redacted]

Given names: [Redacted]

Address: [Redacted]

DOB: [Redacted]

Sex M F

1st Prescriber to print patient name and check label correct: [Redacted]



Patient Identification

Section 1 Patient identification

1.1 Patient identification section is completed using:

- handwritten patient details
- printed patient identification labels
- a mix of printed patient identification labels and handwritten details

1.2 Patient identification section is completed on all pages of all active charts

Y / N

1.3 Handwritten patient details are legible and complete (i.e. at least 3 patient identifiers documented)

Y / N / **NA**

1.4 Patient's name is handwritten under patient identification label(s) by first prescriber

Y / **N** / NA

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No: _____
Family name: _____
Given names: _____
Address: _____
DOB: _____ Sex M F

1st Prescriber to print patient name and check label correct:

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVERLEAF

UR No: _____
Family name: _____
Given names: _____
Address: _____
DOB: _____ Sex M F

1st Prescriber to print patient name and check label correct: Patient weight (kg):
Height (cm):

1.1: Printed patient identification labels

1.2: 'Y' if patient ID is complete on all pages of active charts

1.3: 'NA' for this example as patient ID is not handwritten

1.4: 'N' as patient full name has NOT been handwritten by the first prescriber under each printed patient ID label

Prescriber details

Section 2 Prescriber details

{PBS HMC only}

- 2.1 All prescribers who have ordered a medicine for the patient are listed in the prescriber details section of the PBS HMC
Y / N [if N, go to Q3.1]
- 2.2 The prescriber details section of the PBS HMC is legible and complete
Y / N

- This section is not applicable for WA public hospitals who do not use the chart for discharge prescriptions.
- For private hospitals,
 - 2.1 answer 'Y' if prescriber details are written on the front of the chart
 - 2.2 answer 'Y' if prescriber details are legible and complete

Weight documentation

Section 3 Weight documentation

{Patients aged 12 years or under and using NIMC paediatric only}

3.1 Weight is documented on all charts
Y / N [if N, go to Q4.1]

3.2 Date weighed is documented with weight on all charts
Y / N

- This question applies to all patients **aged 12 years and under** using the paediatric NIMC

Weight documentation

Only relevant for paediatric NIMC

3.1 Weight documented on all medication charts

APFIX PATIENT IDENTIFICATION LABEL HERE AND OVER LEAF

UR No.: _____

Family Name: _____

Given Names: _____

D.O.B.: _____ Sex: M F

1st Prescriber to print patient name & check label correct:

Age: _____

| | |
|---------------------------------|-------------|
| Weight (kg): _____ | Date: _____ |
| Weight (cm): _____ | Date: _____ |
| B.S.A. (m ²): _____ | Date: _____ |

Attach ADR Sticker
See front page for details

**AS REQUIRED
"PRN"
MEDICINES**

| |
|-------------|
| Weight (kg) |
| Date |

WARD/UNIT: _____

3.2 Date weighted is documented with weight on all charts

Adverse Drug Reaction (ADR) Details

4.1 The following has been documented in the ADR section (select one option only)


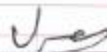
- Tick only one option and follow the prompt

Attach ADR Sticker

ALLERGIES AND ADVERSE DRUG REACTIONS (ADR)

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

| Drug (or other) | Reaction/Type/Date | Initials |
|-----------------|--------------------|----------|
| | | |
| | | |
| | | |
| | | |

Sign:  Print:  Date: _____

Section 4 Adverse drug reactions (ADR)

- 4.1 The following has been documented in the ADR section:
(select **one** option only)
- details of any medicine (or other) allergies or ADR(s)
[go to Q4.2]
 - 'Nil known' or 'unknown' box marked with signature, name and date on all active charts
[go to Q5.1]
 - none of the above apply **[go to Q5.1]**
- 4.2 The medicine (or other) section and reaction type has been documented on all active charts
Y / N
- 4.3 The ADR documentation includes signature, name and date on all active charts
Y / N

ADR Details

4.2 The medicine (or other) section and reaction type has been documented on all active charts

- The key word here is ALL active charts

4.3 The ADR documentation includes signature, name and date on all active charts

Adverse Drug Reaction (ADR)

In this example the following should be marked

Section 4 Adverse drug reactions (ADR)

- 4.1 The following has been documented in the ADR section: (select **one** option only)
 - details of any medicine (or other) allergies or ADR(s) [go to Q4.2]
 - 'Nil known' or 'unknown' box marked with signature, name and date on all active charts [go to Q5.1]
 - none of the above apply [go to Q5.1]
- 4.2 The medicine (or other) section and reaction type has been documented on all active charts
Y **N**
- 4.3 The ADR documentation includes signature, name and date on all active charts
Y **N**



- 4.2 should be 'N', as reaction type not documented on ALL active charts
- 4.3 should be 'N', as signature, name and date is not on ALL active charts

Medication History

5.1 Medication History for the current episode of care is:

Tick only one option and follow the prompt

- Documented on the chart:

Medicines taken prior to presentation to hospital (prescribed, over the counter, complementary) Own medication brought in? Y N Administration aid (specify):

| Medication | Dose and frequency | Duration | Medication | Dose and frequency | Duration |
|------------|--------------------|----------|------------|--------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

GP: _____ Community pharmacy: _____

Documented by: _____ Sign: _____ Date: _____ Medicines usually administered by: _____

Is the medication history documented here?

- Documented elsewhere according to local procedure

Section 5 Medication history

5.1 Medication history for the current episode of care is: (select one option only)

- documented on the chart [go to Q6.1]
- documented elsewhere according to local procedure [go to Q5.2]
- not documented [go to Q6.1]

5.2 Where medication history is documented elsewhere according to local procedure, it has been cross-referenced on the chart^a
Y / N

This form must remain with the current medication chart/s during admission Form ____ of ____

SITE: _____ Subward: _____

MEDICATION HISTORY AND MANAGEMENT PLAN

GP: _____ COMMUNITY PHARMACY: _____

WARD: _____ TEAM: _____

ALLERGIES & ADVERSE DRUG REACTIONS (tick appropriate box) Nil Known Unknown Reaction - refer to NMC

Identified Medication Management Issues

| Date / Time | Issue Identified | Proposed Action | Factor Responsible | Result of Action |
|-------------|------------------|-----------------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Medication Status Legend (tick appropriate box) Discharge Oral Medication/Spills Inhaler Topical
 NEW New medication Continued Changed Disposed Withheld Increased dose Decreased dose OTC OTC provided Self-administered Injections OTC Complimentary
 Recent Medication Changes in the Past 4 weeks: Nil Regular Medications (confirmed by _____)

Medication History - Medications Taken Prior to Admission

| Medication (Strength and Form (i.e. 500mg tablets)) | Dose, Frequency & Route | Received with NMC | Comments | Discharge Plan (refer to Legend) |
|---|-------------------------|-------------------|----------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Admission Date: ____/____/____ Time: _____ Discharge Date: ____/____/____ Time: _____

Date/Time Completed: ____/____/____ Name: _____ Page: _____ Doctor Pharmacist Nurse

MR000 - MEDICATION HISTORY AND MANAGEMENT PLAN

Medication History

5.2 Where medication history is documented elsewhere according to local procedure, it has been cross-referenced on the chart?

YES if : Medication history is cross-referenced on at least one chart (e.g. “See MMP” or “See previous chart”)

| Medicines taken prior to presentation to hospital (prescribed, over the counter, complementary) | | | | | |
|--|--------------------|----------|----------|--------------------|----------|
| Own medication brought in? <input type="checkbox"/> Y <input type="checkbox"/> N Administration aid (specify): | | | | | |
| Medicine | Dose and frequency | Duration | Medicine | Dose and frequency | Duration |
| See MMP 2-09/07/14 | | | | | |

| Medicines taken prior to presentation to hospital (Prescribed, over the counter, complementary) | | | | | |
|--|--------------------|----------|----------|--------------------|----------|
| <input type="checkbox"/> See WA MMP Own medicines brought in? Y <input type="checkbox"/> N <input type="checkbox"/> Administration aid (specify) | | | | | |
| Medicine | Dose and frequency | Duration | Medicine | Dose and frequency | Duration |
| Not for administration | | | | | |

VTE risk assessment and VTE prophylaxis

6.1 The following has been documented in the VTE risk assessment section

Section 6 VTE risk assessment and VTE prophylaxis
{NIMC acute & PBS HMC acute only}

6.1 The following has been documented in the VTE risk assessment section:
(select **all** that apply)

'yes' box marked

'prophylaxis not required' or 'contraindicated' box marked

signature and date documented

none of the above apply

- Section 6.1 'yes' box marked = VTE risk considered ticked

| Venous Thromboembolism (VTE) risk assessment / Anticoagulation | | Risk Assessment completed by: (name) | Date/Time | Continue Y / N |
|---|---|--|-----------|----------------|
| <input checked="" type="checkbox"/> VTE risk considered (refer guidelines) | <input type="checkbox"/> Bleeding risk considered | [REDACTED] | 0078 | |
| Pharmacological Prophylaxis: <input type="checkbox"/> Indicated* <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated <small>*Consider surgical and anaesthetic implications prior to prescribing</small> | | | | |
| Mechanical Prophylaxis: <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> IPC <input type="checkbox"/> VFP <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated | | If risk changes document VTE prophylaxis requirements on new chart | | |
| Key: GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps | | | | |

**Warfarin/
Anticoagulant
in use**
Refer to
Anticoagulation Chart for
administration details

VTE risk assessment and VTE prophylaxis

- Section 6.1 'prophylaxis not required' box marked = 'not indicated'

| Venous Thromboembolism (VTE) risk assessment / Anticoagulation | | Risk Assessment completed by: (name) | Date/Time | Continue Y / N | <input checked="" type="checkbox"/> Warfarin/ Anticoagulant in use Refer to Anticoagulation Chart for administration details |
|---|---|--|-----------|----------------|--|
| <input checked="" type="checkbox"/> VTE risk considered (refer guidelines) | <input type="checkbox"/> Bleeding risk considered | [REDACTED] | 00718 | | |
| Pharmacological Prophylaxis: <input type="checkbox"/> Indicated* <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated <small>*Consider surgical and anaesthetic implications prior to prescribing</small> | | | | | |
| Mechanical Prophylaxis: <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> IPC <input type="checkbox"/> VFP <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated | | If risk changes document VTE prophylaxis requirements on new chart | | | |
| Key: GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps | | | | | |

- Only refer to pharmacological prophylaxis
- Section 6.1 'contraindicated' box marked =

| Venous Thromboembolism (VTE) risk assessment / Anticoagulation | | Risk Assessment completed by: (name) | Date/Time | Continue Y / N | <input checked="" type="checkbox"/> Warfarin/ Anticoagulant in use Refer to Anticoagulation Chart for administration details |
|---|---|--|-----------|----------------|--|
| <input checked="" type="checkbox"/> VTE risk considered (refer guidelines) | <input type="checkbox"/> Bleeding risk considered | [REDACTED] | 00718 | | |
| Pharmacological Prophylaxis: <input type="checkbox"/> Indicated* <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated <small>*Consider surgical and anaesthetic implications prior to prescribing</small> | | | | | |
| Mechanical Prophylaxis: <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> IPC <input type="checkbox"/> VFP <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated | | If risk changes document VTE prophylaxis requirements on new chart | | | |
| Key: GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps | | | | | |

- Only refer to pharmacological prophylaxis

VTE Prophylaxis

6.2 VTE prophylaxis prescribed

Refer to WA Anticoagulation chart.*

YES if: Pharmacological VTE prophylaxis prescribed.

- WA public hospitals will only be looking at pharmacological VTE prophylaxis and not mechanical

VTE Prophylaxis

6.3 Section in which VTE prophylaxis prescribed in VTE section

Refer to WA Anticoagulation chart only.
'the VTE prophylaxis order section only'

=

| REGULAR DOSE ORDERS - PROPHYLACTIC DOSES | | | | | Chit |
|---|--------------------------------|--------------------------------------|------------|--|------|
| (Subcutaneous unfractionated and low molecular weight heparins and direct oral anticoagulants-DOAC) | | | | | |
| YEAR 20__ | | DAY AND MONTH → | | | |
| Date | Medication (Full generic name) | | | | |
| CoCl/mL/min | Route | Dose AND Frequency NOW enter times → | | | |
| Indication: VTE Prophylaxis | | Pharmacy | Creatinine | | |
| Prescriber sign | Print name | Contact No. | Platelets | | |
| YEAR 20__ | | DAY AND MONTH → | | | |
| Date | Medication (Full generic name) | | | | |
| CoCl/mL/min | Route | Dose AND Frequency NOW enter times → | | | |
| Indication: VTE Prophylaxis | | Pharmacy | Creatinine | | |
| Prescriber sign | Print name | Contact No. | Platelets | | |

VTE risk assessment and VTE prophylaxis

Section 6 VTE risk assessment and VTE prophylaxis

{NIMC acute & PBS HMC acute only}

6.1 The following has been documented in the VTE risk assessment section:

(select **all** that apply)

- 'yes' box marked
- 'prophylaxis not required' or 'contraindicated' box marked
- signature and date documented
- none of the above apply

6.2 VTE prophylaxis has been prescribed

Y N [if N go to Q7.1]

6.3 Section in which VTE prophylaxis was prescribed:

- the VTE prophylaxis order section only
- the regular medicines order section only
- both the VTE prophylaxis and regular medicines sections

| Venous Thromboembolism (VTE) risk assessment / Anticoagulation | | Risk Assessment completed by: (name) | Date/Time | Continue Y/N |
|---|---|--|-----------|--------------|
| <input checked="" type="checkbox"/> VTE risk considered (refer guidelines) | <input type="checkbox"/> Bleeding risk considered | [Redacted] | 00710 | |
| Pharmacological Prophylaxis: <input type="checkbox"/> Indicated* <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated <small>*Consider surgical and anaesthetic implications prior to prescribing</small> | | | | |
| Mechanical Prophylaxis: <input checked="" type="checkbox"/> GCS <input checked="" type="checkbox"/> IPC <input type="checkbox"/> VFP <input type="checkbox"/> Not Indicated <input type="checkbox"/> Contraindicated | | | | |
| Key: GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps | | If risk changes document VTE prophylaxis requirements on new chart | | |

**Warfarin/
Anticoagulant
in use**
Refer to
Anticoagulation Chart for
administration details

| REGULAR DOSE ORDERS - PROPHYLACTIC DOSES (Subcutaneous and fixed dose oral anticoagulants) | | | | | |
|--|---------------------------------|----------------------------------|------------|-------------------|--|
| YEAR 20 | DAY AND MONTH → | | | | |
| Date | Medication (Print generic name) | Dose | Frequency | NOW enter times → | |
| 3/7 | cleveane Enoxaparin | 0.800 | 4 | 4 | |
| CrCl mL/min | Route | Dose Frequency NOW enter times → | | | |
| >30 | (subcut) 40mg | mane | | | |
| Indication: VTE PROPHYLAXIS Pharmacy | | | | | |
| Prescriber Sign | Print name | Contact No. | Creatinine | Platelets | |
| [Redacted] | [Redacted] | 217 | 174 | | |
| Date | Medication (Print generic name) | Dose | Frequency | NOW enter times → | |
| | | | | | |
| Indication: VTE PROPHYLAXIS Pharmacy | | | | | |
| Prescriber Sign | Print name | Contact No. | Creatinine | Platelets | |

Assume prescriber's name is legible

■ 6.2 should be Y

Pharmaceutical Review

YES if : there is at least ONE initial in the *Pharmaceutical Review* section on the medication chart (regardless of length of stay)

Section 7 Pharmaceutical review

7.1 Pharmaceutical review has been documented at least once on all charts (i.e. clinician initials are recorded in the pharmaceutical review box under the regular medicines section)

Y N

| | | | | | | | | |
|------------------------|--|--|-------|---|--|--|--|--|
| Pharmaceutical review: | | | MM/MS | Ø | | | | |
|------------------------|--|--|-------|---|--|--|--|--|

- 7.1: Y should be chosen in this example

Chart numbering

Section 8 Chart numbering

8.1 All charts for the patient are correctly numbered
Y **N**

- 8.1: 'N' should be chosen as the first chart is not numbered.

Medication chart number of

Additional charts Variable dose

IV fluids BGL/Insulin Acute pain Other

Palliative care Chemotherapy Anticoagulation

MEDICATION Chart No. 11 of 11

ADDITIONAL CHARTS

IV Fluids BGL/Insulin Acute Pain Variable Dose

Palliative Care Chemotherapy Anticoagulation Other

Anticoagulant education record

Section 9 Anticoagulant education record

{NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only}

- 9.1 The patient has been initiated on an anticoagulant for ongoing treatment
Y / N [if N, go to section 10]
- 9.2 The anticoagulant education record has been completed
Y / N

- Refer to WA Anticoagulant chart for this question
- Ongoing treatment would be charted in the 'Therapeutic doses' and the 'variable warfarin section' of the anticoagulant chart
- Education should be marked on the bottom of this chart

| WARFARIN VARIABLE DOSE ORDERS | | | | | | | | | |
|--|-------------------------------|---|--|---|--|-----------------------------------|--------------------------------------|---|----|
| YEAR 20 | | DAY AND MONTH → | | | | | | | |
| Dose at admission: Dose _____ mg | | <input type="checkbox"/> Not applicable | | INR Result | | | | | |
| Brand: <input type="checkbox"/> Marevan® or <input type="checkbox"/> Coumadin® | | | | | | | | | |
| Date | Medication WARFARIN | | | DOSE | | | | | |
| Indication | Route ORAL | Dose Time 16:00 hr | | mg | mg | mg | mg | mg | mg |
| Target INR | Pharmacy | | | Prescriber | | | | | |
| Prescriber Sign | Print Name | | | Telephone order N1/N2 | | | | | |
| Contact No. | | Given by | | | | | | | |
| Warfarin Discharge Plan | | Dose mg | Target INR | Duration | next INR due / / | | | Prescriber | |
| ANTICOAGULANT DISCHARGE PLANNING | | | | | | | | | |
| <input type="checkbox"/> Warfarin | <input type="checkbox"/> DOAC | <input type="checkbox"/> LMWH | <input type="checkbox"/> Patient has booklet | <input type="checkbox"/> Patient given treatment plan | <input type="checkbox"/> Patient education completed | <input type="checkbox"/> Duration | <input type="checkbox"/> GP informed | <input type="checkbox"/> GP faxed chart | |

Anticoagulant education record

Section 9 Anticoagulant education record

{NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only}

9.1 The patient has been initiated on an anticoagulant for ongoing treatment

Y / N [if N, go to section 10]

9.2 The anticoagulant education record has been completed

Y / N

| REGULAR DOSE ORDERS - THERAPEUTIC DOSES (Subcutaneous low molecular weight heparins and direct oral anticoagulants-DOAC) | | | |
|---|--|---|--------------------------------|
| YEAR 20 <u>18</u> | | DAY AND MONTH → | |
| Date <u>27/7</u> | Medication (Print generic name) <u>Apixaban</u> | <u>0800</u> | |
| CrCl mL/min <u>39 mL/min</u> | Route <u>ORAL</u> | Dose AND Frequency NOW enter times → <u>5mg BD</u> | <u>2000</u> |
| Indication: <u>AF</u> Therapeutic | | Pharmacy | Creatinine |
| Prescriber Sign <u>[Signature]</u> | | Print Name <u>A. PROCKIBOR</u> | Contact No. <u>[Number]</u> |
| | | | Platelets |

| ANTICOAGULANT DISCHARGE PLANNING | | | |
|---|---|---|--|
| <input type="checkbox"/> Warfarin | <input type="checkbox"/> DOAC | <input type="checkbox"/> LMWH | <input type="checkbox"/> Patient has booklet |
| <input type="checkbox"/> Patient given treatment plan | <input checked="" type="checkbox"/> Patient education completed | <input type="checkbox"/> Duration | <input type="checkbox"/> GP informed |
| | | <input type="checkbox"/> GP faxed chart | |

- Refer to “Regular Dose Orders – Therapeutic Doses” section of WA Anticoagulant chart for this question
- Refer to the “Anticoagulant Discharge Planning” section of the WA Anticoagulant chart

Medicine Orders Section 10 - 14

- Orders should be considered complete and correct where there is no potential for misinterpretation or administration error, based on the documentation on the chart
- Section 10 Regular medicine orders
- Section 11 PRN medicine order
- Section 12 Once-only, nurse initiated and phone orders
- Section 13 Variable dose medicine orders
- Section 14 Warfarin orders

Medicine order section

Total number of medicines orders

- The following relate to questions
 - 10.1
 - 11.1
 - 12.1
 - 12.2
 - 13.1
 - 14.1
- This relates to all the medicines orders in the specified section (regular, variable, prn etc.) of all active charts
 - Includes only active orders
 - Exclude any ceased orders

Medicine Order Section

Record the number of orders in this section where the following errors are identified

- The following relate to questions :
 - 10.2 11.2 12.3 13.2 14.2
- Review all the orders in the specified medicines section
- Record the number of orders where the specified error was identified
- Record number of orders not the total number of errors
- Put a '0' in the box if there are no orders with the specified error

Type of errors

- Order not legible
- Order contains one or more error prone abbreviations
- Not complete and correct:
 - Medicine name
 - Route
 - Dose
 - Frequency
- Prescriber name not legible on the chart
- Order not signed by prescriber

Prescribing and Administration

Error Prone Abbreviations

Examples include

| Error prone abbreviation | Intended meaning | Correct Abbreviation |
|--------------------------|-----------------------|--|
| ug, mcg or μg | Microgram | Microgram or microg |
| U or u | Unit | Unit(s) |
| OD, od or d | Once daily | Daily, or specific time (e.g. mane, nocte) |
| QD or qd | Every day | Daily, or specific time (e.g. mane, nocte) |
| Q4H, q4h | Every 4 hours | Every 4hours, 4 hourly, 4hrly |
| SC or S/C | Subcutaneous | Subcut or subcutaneous |
| SL or S/L | Sublingual | Subling or sublingual |
| .5mg | 0.5mg | 0.5mg or 500microgram or 500microg |
| 5.0mg | 5mg | 5mg |
| Drug name abbreviations | e.g. AZT = zidovudine | Do not use abbreviations for medicine names. |

Prescribing and Administration

Error prone abbreviations (continued)

Refer to Commission's

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/01/Recommendations-for-terminology-abbreviations-and-symbols-used-in-medicines-December-2016.pdf>

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines

Introduction
One of the major causes of medication errors is the ongoing use of potentially dangerous abbreviations and dose expressions. This is a critical patient safety issue. A study to identify and quantify prescribing errors in a large US urban teaching hospital found that 20% of prescriptions contained a dangerous abbreviation. An abbreviation used by a prescriber may mean something quite different to the person interpreting the prescription. Abbreviations may not only be misunderstood but can also be combined with other words or numerals to appear as something altogether unintended. In addition, there have been changes to training of health care professionals, to health care delivery and to societal expectations, which also necessitate a rethinking of the language used to communicate medication prescribing and administration. Latin was once the language of health care and its use made medical literature universally readable among educated persons. Today, English is the predominant language of medical literature. Despite this, Latin abbreviations continue to be used amongst health professionals. Although this may be a time-saving convenience, their routine use does not promote patient safety. Changes to policy enabling staff with differing levels of training to administer medicines, also necessitate the use of English. This training does not include Latin nor does it include comprehensive training in terms used for the administration of medicines. In addition, patients and their carers have the right to understand what is being prescribed and administered to them. Prescribers should not contain ANY abbreviations other than those that are in universal and common use, such as the term 'm' meaning 'milligram' when required. All drug names, protocols and procedures should be written in an unambiguous and acceptable manner.

Objectives
In order to promote and ensure the safe and effective use of medicines, the Commission has established the following objectives:
• A set of recommended abbreviations and symbols to be used in prescribing and administering medicines.
• A list of error-prone abbreviations and symbols to be avoided.
• A list of error-prone abbreviations and symbols to be avoided.

Scope
The principles are applicable to:
• ALL medication prescriptions in any form.
• ALL communication records concerning the prescribing and administration of medicines, including orderlies, prescriptions, and other forms.
• ALL communication records concerning the administration of medicines, including orderlies, prescriptions, and other forms.

TABLE 3: Error-prone abbreviations, symbols and dose designations to be avoided
(Adapted from the Institute of Safe Medication Practices (ISMP) list of the same name*, with permission from ISMP)

| Error-prone Abbreviation | Intended Meaning | Why? | What should be used |
|--------------------------|----------------------------|---|---|
| mg, mcg or ug | microgram | Mistaken as 'mg' | microgram |
| tid or bid | twice daily | Mistaken as 'tid' (three times daily) | bid |
| lt or bt | bedtime | Mistaken as 'bic' (twice daily) | bedtime |
| cc | cubic centimetres | Mistaken as 'u' (units) | mL |
| DISC | discharge or discontinue | Potential discontinuation of medications if discharge intended | 'Discharge' or 'Discontinue' whichever is intended |
| ee or E | see or eye | Mistaken for 'see' when 'eye' intended or for 'eye' when 'see' intended | 'eye' or 'see' and specify whether 'left', 'right' or 'both' |
| gt or gtt | drops | Latin abbreviation meaning 'drops', not universally understood | 'drop' or 'eye drop' whichever is intended |
| HS | half-strength | Mistaken as bedtime | 'half strength' or 'bedtime' whichever is intended |
| hs | at bedtime, hours of sleep | Mistaken as half strength | |
| IJ | injection | Mistaken as 'IV' or 'intrajugular' | I/V injection |
| IN | intranasal | Mistaken as 'IN' or 'IV' | intranasal |
| IT | intrathecal | Mistaken as intravenous | intrathecal |
| IJ | International units | Mistaken as 'IV' (intravenous) or 'IU' (unit) | International units |
| IU | International injection | Mistaken as 'IV' | I/V IJ or I/V injection |
| M | morning | Mistaken for 'm' (night) | morning |
| N | night | Mistaken for 'm' (morning) | night |
| OC or OOC | eye ointment | Mistaken for eye drops | eye ointment |
| oral | orally | Latin abbreviation, not universally understood | orally |
| o.d. or OD | once daily | Mistaken as 'right eye' (OD=oculus dexter), leading to oral liquid medications administered in the eye. Can also be mistaken for QD (twice daily) | 'daily', preferably specifying the time of the day, eg 'morning', 'mid day', 'at night' |
| OJ | orange juice | Mistaken as 'OD' or 'OS' (right or left eye); drugs meant to be diluted in orange juice may be given in the eye | orange juice |
| OW | once a week | Not universally understood | once a week |
| po | per fortnight | Not universally understood | every two weeks, per fortnight |
| qd or QD | every day | Mistaken as 'Qd', especially if the period after the 'q' or the tail of the 'd' is misunderstood as an 'r' | daily |
| pkh | powder | Latin abbreviation, not universally understood | powder |
| qh | nightly at bedtime | Mistaken as 'qhr' or every hour | 'night', 'daily at bedtime' |
| Oh | every hour | Not universally understood | 'hourly' |
| qd or QOD | every day | Mistaken as 'qd' (daily) or 'qtd' (four times daily) | 'every second day', 'on alternate days' |
| QPM etc | every evening at 6pm | Mistaken as every six hours | '6pm daily', 'every night at 6pm', 'every day at 6pm' |

- Hospitals may have their own more extensive list of error prone abbreviations

Prescribing and Administration

Medicine name not complete and correct

| | | | |
|------------------------|---------------------------------|-------------------------------|----------------------|
| Date | Medication (print generic name) | | Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | | Pharmacy | |
| Prescriber's signature | Print your name | Contact | |

Is this complete and correct

- Record the number of orders where the medicine name is **not** complete and correct with potential for error identified
- Refer to local policy to determine if generic or brand name is considered correct

Prescribing and Administration

Route not complete and correct

| | | | |
|------------------------|---------------------------------|-------------------------------|----------------------|
| Date | Medication (print generic name) | | Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | | Pharmacy | |
| Prescriber's signature | Print your name | Contact | |

Is this complete and correct

- Record the number of orders where route is **not** complete and correct, with potential for error identified

Prescribing and Administration

Dose not complete and correct

| | | | |
|------------------------|---------------------------------|-------------------------------|----------------------|
| Date | Medication (print generic name) | | Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | | Pharmacy | |
| Prescriber's signature | Print your name | Contact | |

Is this complete and correct

- Record the number of orders where dose is **not** complete and correct, with potential for error identified
- Note: when referring to paediatric patients, consider correctness and consistency with any dose calculations documented on the chart

Prescribing and Administration

Frequency not complete and correct

| | | | | |
|------------------------|---------------------------------|--------------------|---------|-------------------------|
| Date | Medication (print generic name) | | | Check if new case |
| Route | Dose | Frequency and N.O. | | |
| Indication | | Pharmacy | | |
| Prescriber's signature | Print your name | | Contact | |

Does this match?

- Record the number of orders where frequency is **not** complete and correct with potential for error identified

Prescribing and Administration

Prescriber Name not legible on the chart

| | | | |
|------------------------|---------------------------------|-------------------------------|----------------------|
| Date | Medication (print generic name) | | Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | | Pharmacy | |
| Prescriber's signature | Print your name | Contact | |

Is prescriber's name legible?

- Record the number of orders where the prescriber's name is **not** legibly written somewhere on the chart containing the order.
- Note: Prescribers should print their surname at least once on the medication chart to enable other clinicians to identify their signature.

Prescriber Signature

- Record the number of orders where the prescriber has **not** signed the order

| | | | |
|------------------------|---------------------------------|-------------------------------|----------------------|
| Date | Medication (print generic name) | | Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | | Pharmacy | |
| Prescriber's signature | Print your name | Contact | |

Is the order signed?

Medicine Order Section

How many medicines orders contain one or more of the above errors

- The following relate to questions
 - 10.3 11.3 12.4 13.3 14.3
- Record the number of orders where one or more of the errors specified were identified
- Do not record the total number of errors

Prescribing and Administration

Doses Required

- Record the number of doses that **should have been administered** from the commencement of the order on the chart to the time of the audit.

Doses Missed

- Record the number of doses that **have been missed**, without a reason for not administering specified.

| REASON FOR NURSE/MIDWIFE NOT ADMINISTERING Codes MUST be circled | |
|--|-----|
| Absent | (A) |
| Fasting | (F) |
| Refused – notify Doctor | (R) |
| Vomiting | (V) |
| On leave | (L) |
| Not available – obtain supply or contact Doctor | (N) |
| Withheld – enter reason in clinical record | (W) |
| Self administering | (S) |

Regular Medicines Orders

- Applies to all medicine orders in the regular sections of all active charts in current use
- Excludes ceased medications

| Section 10 | Regular medicine orders | No. |
|------------|--|--------------------------|
| 10.1 | Total number of regular medicine orders ^b [If '0', go to section 11] | <input type="checkbox"/> |
| 10.2 | Record the number of orders in this section where the following errors are identified: ^c | |
| | order not legible | <input type="checkbox"/> |
| | order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| | medicine name not complete and correct | <input type="checkbox"/> |
| | route not complete and correct | <input type="checkbox"/> |
| | dose not complete and correct | <input type="checkbox"/> |
| | frequency not complete and correct | <input type="checkbox"/> |
| | prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| | order not signed by prescriber | <input type="checkbox"/> |
| 10.3 | How many regular medicine orders contain one or more of the above errors? ^e | <input type="checkbox"/> |
| 10.4 | Total number of SR medicine orders ^f | <input type="checkbox"/> |
| 10.5 | Number of orders where SR box is not ticked for SR medicines | <input type="checkbox"/> |
| 10.6 | Number of orders where indication is not documented | <input type="checkbox"/> |
| 10.7 | Number of orders where dose calculation is not documented for patient aged 12 years or under (NIMC paediatric only) | <input type="checkbox"/> |
| 10.8 | Total number of required doses prescribed in the regular medicines section ^g | <input type="checkbox"/> |
| 10.9 | How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |

Sustained Release

| | | |
|------------------------|---------------------------------|--|
| Date | Medication (print generic name) | <input checked="" type="checkbox"/> Tick if Slow Release |
| 12/10 | Metformin XR | |
| Route | Dose | Frequency and NOW enter times → |
| PO | 500mg | nocte |
| Indication | Pharmacy | Imprest |
| | 2. Whole | DD |
| Prescriber's Signature | Print your name | Contact |
| | Uma | |

10.4 Number of SR medicines ordered

Record the number of medicine orders that are slow release (SR) or modified release, regardless of whether the 'SR' box has been ticked

10.5 Number of orders where SR box is not ticked for SR medicines



Abbreviations used for slow release products include:

| Abbreviation | Meaning | Example |
|--------------|------------------------|------------------------------|
| SR | Sustained/slow release | Veracaps SR (verapamil) |
| MR | Modified release | Diamicron MR (gliclazide) |
| LA | Long acting | Ritalin LA (methylphenidate) |
| XL | Extended release | Toprol XL (metoprolol) |
| XR | Extended release | Diabex XR (metformin) |
| ER | Extended release | Felodur ER (felodipine) |
| CR | Controlled release | Tegretol CR (carbamazepine) |
| CD | Controlled delivery | Cardizem CD (diltiazem) |

Other common medications that are available as a SR preparations include –

oxycodone, oxycodone/naloxone (Targin®)
 morphine, hydromorphone, tramadol,
 tapentadol, paracetamol
 isosorbide mononitrate, nifedipine, potassium
 chloride, quetiapine, venlafaxine.

List not conclusive – please check if unsure

10.6 Number of orders where indication is not documented

What is this drug being used for?

| | | | |
|------------------------|---------------------------------|-------------------------------|---|
| Date | Medication (print generic name) | | <input type="checkbox"/> Tick if Slow Release |
| Route | Dose | Frequency and NOW enter times | |
| Indication | Pharmacy | | |
| Prescriber's signature | Print your name | Contact | |

10.7 Number of orders where dose calculation is not documented for patient aged 12 years or younger

(NIMC paediatric only)

Look here

| | | |
|---------------------------------|--------------------------------------|---|
| Date | Medicine (Print Generic Name) | <input type="checkbox"/> Tick if Slow Release |
| Route | DOSE | Frequency & now enter times |
| Pharmacy/Additional Information | | |
| Indication | Calculation of Dose (eg. mg/kg/DOSE) | |
| Prescriber Signature | Print Name | Contact/Pager |

Section 10 explanation


- 10.1 count up all medication orders (does not include nutritional supplements)
- 10.2
 - order not legible – relates only to handwriting (mane is difficult to read)
 - error prone = ‘ii’ and ‘mcg’ are both incorrect
 - Medicine name not complete and correct = ‘Targin’ and ‘Slow K’ (depends on hospital policy)’
- 10.3 = 3 (Targin, Slow K and Cholecalciferol orders) count all the orders that had 1 or more of the above errors

More examples of unapproved abbreviations and errors in charting

| Date and month | | Prescriber to enter administration times |
|--|--|---|
| Start Date 30/...5 | Medicine (print generic name)/form Pen - V | <input type="checkbox"/> Tick if slow release 0800 |
| Route | Dose and Frequency and now enter times → 500.0 mg 9/12h | 2000 |
| Indication Influenza | Pharmacy | |
| Prescriber signature <i>[Signature]</i> | SAC/AAN | |

Acknowledgement - NPS NSMC 2018 Course

More examples of unapproved abbreviations and errors in charting

| Date and month | | 2/10 |
|--|---|------|
| Prescriber to enter administration times | | 2/10 |
| Start Date 2/10 | Medicine (print generic name)/form hydrocodone | 0800 |
| Route | Dose and Frequency 16 mg OD | |
| Indication pain relief | Pharmacy | |
| Prescriber signature  | SAC/AAN | |

- Acknowledgement – NPS NSMC 2018 Course

PRN Medicines Orders

Section 11

- Applies to all medicine orders in the PRN sections of all active charts in current use
- Excludes ceased medications

| Section 11 | PRN medicine orders | No. |
|------------|--|--------------------------|
| 11.1 | Total number of PRN medicine orders ^b [If '0', go to section 12] | |
| 11.2 | Record the number of orders in this section where the following errors are identified: ^c | |
| | order not legible | <input type="checkbox"/> |
| | order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| | medicine name not complete and correct | <input type="checkbox"/> |
| | route not complete and correct | <input type="checkbox"/> |
| | dose not complete and correct | <input type="checkbox"/> |
| | hourly frequency not complete and correct | <input type="checkbox"/> |
| | maximum PRN dose in 24 hours not documented | <input type="checkbox"/> |
| | prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| | order not signed by prescriber | <input type="checkbox"/> |
| 11.3 | How many PRN medicine orders contain one or more of the above errors? ^e | <input type="checkbox"/> |
| 11.4 | Number of orders where indication is not documented | <input type="checkbox"/> |
| 11.5 | Number of orders where dose calculation is not documented for patient aged 12 years or under (NIMC paediatric only) | <input type="checkbox"/> |

Prescribing and Administration

Hourly frequency not complete and correct

| | | | |
|----------------------|---------------------------------|------------------|-----|
| Date | Medication (Print Generic Name) | | |
| Route | Dose | Hourly Frequency | PRN |
| Indication | Pharmacy | | |
| Prescriber Signature | Print Your Name | Contact | |

Is this complete and correct?

Maximum PRN dose in 24 hours not documented

| | | | |
|----------------------|---------------------------------|------------------|-----|
| Date | Medication (Print Generic Name) | | |
| Route | Dose | Hourly Frequency | PRN |
| Indication | Pharmacy | | |
| Prescriber Signature | Print Your Name | Contact | |

Is this completed?

PRN medicine orders

Section 11 PRN medicine orders

11.1 Total number of PRN medicine orders^b
[If '0', go to section 12]

No.

4

11.2 Record the number of orders in this section where the following errors are identified:^c

order **not** legible

0

order contains one or more error-prone abbreviation(s)

2

medicine name **not** complete and correct

0

route **not** complete and correct

0

dose **not** complete and correct

1

hourly frequency **not** complete and correct

1

maximum PRN dose in 24 hours **not** documented

4

prescriber name **not** legible on the chart^d

0

order **not** signed by prescriber

0

11.3 How many PRN medicine orders contain one or more of the above errors?^e

4

11.4 Number of orders where indication is **not** documented

2

11.5 Number of orders where dose calculation is **not** documented for patient aged 12 years or under (NIMC paediatric only)

As required PRN medicines

| Start Date | Medicine (print generic name/form) | Date |
|-------------------------|--|----------------|
| 7/1/17 | Oxycodone IR | 7/1/17 |
| PO | Dose and hourly frequency 2.5 - 5mg q4h PRN | Time 11:05 |
| Indication Pain | Max PRN dose/24hr | Dose 2.5mg |
| SAC/IAN | Pharmacy Imprest SB SAR | Route PO |
| Prescriber signature | Print Name | Sign |
| 7/1/17 | Coloxyl → Jenna | Date 7/1/17 |
| PO | Dose and hourly frequency 11 BD | Time 12:00 |
| Indication Constipation | Max PRN dose/24hr | Dose 11 |
| SAC/IAN | Pharmacy Imprest SB SAR | Route PO PO |
| Prescriber signature | Print Name | Sign |
| 7/1/17 | Ondansetron | Date 7/1/17 |
| PO IV | Dose and hourly frequency 4mg TDS PRN | Time |
| Indication N+V | Max PRN dose/24hr | Dose |
| SAC/IAN | Pharmacy Imprest SB SAR | Route |
| Prescriber signature | Print Name | Sign |
| 7/1/17 | Hydrocodone | Date 7/1/17 |
| PO | Dose and hourly frequency 0.5 - 1mg hourly PRN | Time 11:00 |
| Indication Pain | Max PRN dose/24hr | Dose 0.5mg |
| SAC/IAN | Pharmacy Imprest SB SAR | Route PO |
| Prescriber signature | Print Name | Sign |
| 7/1/17 | Oxycodone IR | Date 7/1/17 |
| PO | Dose and hourly frequency 2.5 mg q4h PRN | Time 11:05 |
| Indication | Max PRN dose/24hr | Dose 2.5mg |
| SAC/IAN | Pharmacy Imprest SB SAR | Route PO PO PO |
| Prescriber signature | Print Name | Sign |
| 7/1/17 | Fentanyl Fofocal | Date 7/1/17 |
| IV | Dose and hourly frequency PACU PRN | Time |
| Indication | Max PRN dose/24hr | Dose |
| SAC/IAN | Pharmacy Imprest SB SAR | Route |
| Prescriber signature | Print Name | Sign |

Section 11 explanation

- 11.1 – only count the active orders on the chart
- 11.2
 - error prone abbreviation = ‘ii’ and ‘IR’
 - dose not complete and correct = the fentanyl protocol order only states PACU
 - hourly frequency = fentanyl protocol order dose not have an hourly frequency prescribed
- Depending on local protocol the fentanyl order may be considered complete and correct if it follows local guidelines

Once only, nurse initiated and phone orders

Section 12

- Applies to all medicine orders in the once only, nurse initiated and phone order sections of all active charts in current use
- Excludes ceased medications

| Section 12 Once only, nurse initiated & phone orders | | No. |
|--|---|--------------------------|
| 12.1 | Total number of once only and nurse initiated orders ^b | <input type="checkbox"/> |
| 12.2 | Total number of phone orders ^b [If '0' for both Q12.1 and Q12.2, go to section 13] | <input type="checkbox"/> |
| 12.3 | Record the number of orders in this section where the following errors are identified: ^c | |
| | order not legible | <input type="checkbox"/> |
| | order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| | medicine name not complete and correct | <input type="checkbox"/> |
| | route not complete and correct | <input type="checkbox"/> |
| | dose not complete and correct | <input type="checkbox"/> |
| | frequency not complete and correct (phone orders only) | <input type="checkbox"/> |
| | double signature not complete (phone orders only) | <input type="checkbox"/> |
| | prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| | order not signed by prescriber | <input type="checkbox"/> |
| 12.4 | How many once only, nurse initiated and phone orders contain one or more of the above errors? ^e | <input type="checkbox"/> |
| 12.5 | Total number of required doses prescribed in the once only, nurse initiated and phone order section ^g | <input type="checkbox"/> |
| 12.6 | How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |

Prescribing and Administration

Double signature not complete (phone order only)

| TELEPHONE ORDERS (to be signed within 24 hours of order) | | | | | | | | | | | | |
|--|------------------------------------|-------|------|-----------|--------------------------------------|---------|------------|------|--------------------------|-------------------|-------------------|-------------------|
| Date/ Time | Medication (print generic name) | Route | Dose | Frequency | Nurse/Midwife initials 1st/2nd | Dr name | Dr sign | Date | RECORD OF ADMINISTRATION | | | |
| | | | | | | | | | Time/ Given by | Time/ Given by | Time/ Given by | Time/ Given by |
| | | | | | | | | | | | | |

Are there two signatures here?

Once only, nurse initiated and phone orders

Section 12 Once only, nurse initiated & phone orders

- 12.1 Total number of once only and nurse initiated orders^b
- 12.2 Total number of phone orders^b [If '0' for both Q12.1 and Q12.2, go to section 13]
- 12.3 Record the number of orders in this section where the following errors are identified:^c
- order **not** legible
 - order contains one or more error-prone abbreviation(s)
 - medicine name **not** complete and correct
 - route **not** complete and correct
 - dose **not** complete and correct
 - frequency **not** complete and correct (phone orders only)
 - double signature **not** complete (phone orders only)
 - prescriber name **not** legible on the chart^d
 - order **not** signed by prescriber
- 12.4 How many once only, nurse initiated and phone orders contain one or more of the above errors?^e
- 12.5 Total number of required doses prescribed in the once only, nurse initiated and phone order section^g
- 12.6 How many doses were **missed** without a reason for not administering specified?^h

| ONCE ONLY, PRE-MEDICATION AND NURSE/MIDWIFE INITIATED MEDICINES | | | | | | | | | |
|---|------------------------------------|-------|------|-------------------|-----------------------------------|-----------------|------------|------------|----------|
| Date/Time prescribed | Medicine (print generic name)/form | Route | Dose | Date/Time of dose | Prescriber/Nurse/Midwife initials | | Given by | Time Given | Pharmacy |
| | | | | | Signature | Print your name | | | |
| 9/7/8 | Vitamin B12 | 1m | 1 mg | Stat | [Redacted] | [Redacted] | [Redacted] | 2300 | |
| 12/7/8 | Movicol | pc | ii | Stat | [Redacted] | [Redacted] | [Redacted] | 0800 | |

- 12.3 Movicol order is illegible
- Error prone = roman numeral 'ii'
- Medicine name not complete – depending on hospital policy the use of Movicol may not be appropriate and considered incorrect

← Record the total number of orders with one or more errors, not total number of errors.

Variable dose medicine orders

Section 13

- Applies to all medicine orders in the variable dose medicine order section of all active charts in current use
- Excludes ceased medications

| Section 13 Variable dose medicine orders | | No. |
|--|--|--------------------------|
| {NIMC acute & PBS HMC acute only} | | |
| 13.1 | Total number of variable dose medicine orders ^b (If '0', go to section 14) | <input type="checkbox"/> |
| 13.2 | Record the number of orders in this section where the following errors are identified: ^c | |
| | order not legible | <input type="checkbox"/> |
| | order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| | medicine name not complete and correct | <input type="checkbox"/> |
| | route not complete and correct | <input type="checkbox"/> |
| | dose not complete and correct for each day of administration | <input type="checkbox"/> |
| | frequency not complete and correct | <input type="checkbox"/> |
| | time to be given not documented | <input type="checkbox"/> |
| | prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| | order not signed by prescriber | <input type="checkbox"/> |
| 13.3 | How many variable dose medicine orders contain one or more of the above errors? ^e | <input type="checkbox"/> |
| 13.4 | Number of orders where indication is not documented | <input type="checkbox"/> |
| 13.5 | Total number of required doses prescribed in the variable dose section ^g | <input type="checkbox"/> |
| 13.6 | How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |

Prescribing and Administration

Frequency not complete and current

Check that these match – especially important if more than once daily dosing

| Variable dose medicine | | | Date and month | | | | | | |
|-----------------------------|------------------------------------|--|------------------|--|--|--|--|--|--|
| Start Date / | Medicine (print generic name)/form | | Drug level | | | | | | |
| Route | Frequency | Prescriber to enter dose times and individual dose | Time level taken | | | | | | |
| Indication | Pharmacy | Imprest | Dose | | | | | | |
| Prescriber signature | Print name | SAC/AAN | Prescriber | | | | | | |
| | | | Time to be given | | | | | | |
| | | | Nurse initial | | | | | | |

Is this completed up to the date and time of the audit?

Time to be given not documented

Variable dose medicine order

Assume audit day occurs on 12/7/18

Section 13 Variable dose medicine orders No.

- (NIMC acute & PBS HMC acute only)
- 13.1 Total number of variable dose medicine orders^b [If '0', go to section 14] 1
 - 13.2 Record the number of orders in this section where the following errors are identified:^c
 - order **not** legible 0
 - order contains one or more error-prone abbreviation(s) 0
 - medicine name **not** complete and correct 0
 - route **not** complete and correct 0
 - dose **not** complete and correct for each day of administration 0
 - frequency **not** complete and correct 0
 - time to be given **not** documented 1
 - prescriber name **not** legible on the chart^d 0
 - order **not** signed by prescriber 0
 - 13.3 How many variable dose medicine orders contain one or more of the above errors?^e 1
 - 13.4 Number of orders where indication is **not** documented 1
 - 13.5 Total number of required doses prescribed in the variable dose section^g 3
 - 13.6 How many doses were **missed** without a reason for not administering specified?^h 0

Regular Medicines

| Variable dose medicine | | Date and month | 12/7 | 12/8 | 12/9 | 12/10 | 12/11 | 12/12 | 12/13 | 12/14 |
|------------------------|--|------------------|------|---------|---------|---------|---------|---------|---------|-------|
| Start Date | Medicine (print generic name) form | Drug level | | | | | | | | |
| 10/7/18 | Prednisolone | Time level taken | | | | | | | | |
| Route | Frequency * Prescriber to enter dose times and individual dose | Dose | X | 37.5 mg | 37.5 mg | 37.5 mg | 37.5 mg | 37.5 mg | 37.5 mg | |
| oral | Daily | Prescriber | | CYC | CYC | CYC | CYC | CYC | CYC | |
| Indication | Pharmacy | Imprest | | | | | | | | |
| | WITH CEROID | | | | | | | | | |
| Prescriber name | Pharm name | Time to be given | 0800 | 0945 | 0830 | 0800 | | | | |
| | BRACMAN MC | Nurse initial | BB | M | MO | | | | | |

- Chart audited on 12/7 hence the medication was not given at the time of auditing therefore 13.6 should be '0'
- If chart audited after 14/7, then 13.6 would be '2'
- It is the prescribers responsibility to write the time the dose should be administered

Orders in warfarin section

Section 14

- Applies to all medicine orders in the warfarin section of the active WA Anticoagulant chart
- Excludes ceased medications

| Section 14 | Orders in warfarin section | No. |
|--|--|--------------------------|
| {NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only} | | |
| 14.1 | Total number of orders in the warfarin section ^b [If '0', go to Q14.9] | <input type="checkbox"/> |
| 14.2 | Record the number of orders in this section where the following errors are identified: ^c | |
| | order not legible | <input type="checkbox"/> |
| | order contains one or more error-prone abbreviation(s) | <input type="checkbox"/> |
| | brand name has not been selected | <input type="checkbox"/> |
| | route not complete and correct | <input type="checkbox"/> |
| | daily warfarin dose not documented and signed ⁱ | <input type="checkbox"/> |
| | prescriber name not legible on the chart ^d | <input type="checkbox"/> |
| | order not signed by prescriber | <input type="checkbox"/> |
| 14.3 | How many orders in the warfarin section contain one or more of the above errors? ^e | <input type="checkbox"/> |
| 14.4 | Number of orders where INR result(s) are not documented at least once on the chart | <input type="checkbox"/> |
| 14.5 | Number of orders where INR target range is not documented | <input type="checkbox"/> |
| 14.6 | Number of orders where indication is not documented | <input type="checkbox"/> |
| 14.7 | Total number of required doses prescribed in the warfarin section ^g | <input type="checkbox"/> |
| 14.8 | How many doses were missed without a reason for not administering specified? ^h | <input type="checkbox"/> |
| 14.9 | How many warfarin orders are prescribed in the regular medicines section? | <input type="checkbox"/> |

Warfarin – Section 14

WA uses the WA Anticoagulation Medication Chart (WA AMC) for prescribing all anticoagulants. Refer to this chart

To keep WA consistent:

14.1 If warfarin is prescribed this should be 1

14.2 Order not legible = 0 (unless actual dose prescribed is illegible)

- Route not complete and correct = 0
- If one or more doses in the warfarin section are not documented and signed, count this as one incorrect order only.

14.9 should be 0

Orders in warfarin section

Section 14 Orders in warfarin section

{NIMC acute, NIMC long-stay, PBS HMC acute & PBS HMC long-stay only}

14.1 Total number of orders in the warfarin section^b [If '0', go to Q14.9]

No. 1

14.2 Record the number of orders in this section where the following errors are identified:^c

- order **not** legible 0
- order contains one or more error-prone abbreviation(s) 0
- brand name has **not** been selected 0
- route **not** complete and correct 0
- daily warfarin dose **not** documented and signedⁱ 0
- prescriber name **not** legible on the chart^d 0
- order **not** signed by prescriber 0

14.3 How many orders in the warfarin section contain one or more of the above errors?^e 0

14.4 Number of orders where INR result(s) are not documented at least once on the chart 0

14.5 Number of orders where INR target range is **not** documented 0

14.6 Number of orders where indication is **not** documented 0

14.7 Total number of required doses prescribed in the warfarin section⁹ 11

14.8 How many doses were **missed** without a reason for not administering specified?^h 0

14.9 How many warfarin orders are prescribed in the regular medicines section? 0

| WARFARIN VARIABLE DOSE ORDERS | | | | | | | | | | | | | |
|---|----------------------------|----------------------|---|------|-------------------------|------|------|------|------|------|-------|------------|------|
| Year 20 <u>18</u> | | DAY AND MONTH → | | | | | | | | | | | |
| | | 1/18 | 2/18 | 3/18 | 4/18 | 5/18 | 6/18 | 7/18 | 8/18 | 9/18 | 10/18 | 11/18 | |
| Dose at admission: Dose _____ mg <input type="checkbox"/> Not applicable | | INR Result | | 1.8 | | | | 2.3 | | | | | |
| Brand: <input checked="" type="checkbox"/> Marevan [®] or <input type="checkbox"/> Coumadin [®] | | | | | | | | | | | | | |
| Date <u>1/7</u> | Medication WARFARIN | Dose | DOSE | | | | | | | | | | |
| Indication <u>AF</u> | Route <u>ORAL</u> | Time <u>16:00 hr</u> | 1 mg | 1 mg | 1 mg | 2 mg | 1 mg | 1 mg | 2 mg | 1 mg | 1 mg | 2 mg | 1 mg |
| Target INR <u>2-3</u> | Pharmacy | Prescriber | AT | AT | AT | AT | AT | AT | AT | AT | AT | AT | AT |
| Prescriber sign <u>[Signature]</u> | Print name <u>[Name]</u> | Contact No. | Telephone order N1/N2 | | | | | | | | | | |
| Warfarin Discharge Plan | Dose _____ mg | Target INR | Duration | | next INR due <u>1/1</u> | | | | | | | Prescriber | |
| ANTICOAGULANT DISCHARGE PLANNING | | | <input type="checkbox"/> Patient has booklet <input type="checkbox"/> Patient education completed <input type="checkbox"/> Warfarin <input type="checkbox"/> DOAC <input type="checkbox"/> LMWH <input type="checkbox"/> Patient given treatment plan <input type="checkbox"/> Duration <input type="checkbox"/> GP informed <input type="checkbox"/> GP | | | | | | | | | | |

➡ ■ If one or more doses in the warfarin section are not documented and signed, count this as one incorrect order

Paediatric Chart examples

| REGULAR MEDICATIONS | | | | B.S.A. (m ²): | |
|--|---------------------------------|-----------------------------|---|---------------------------|---------------|
| YEAR 2018 | | DATE & MONTH | | 18/ | 19/ |
| PRESCRIBER MUST ENTER ADMINISTRATION TIMES | | | | | |
| Date | Medication (Print Generic Name) | Tick if Slow Release | | | |
| 18/7 | CHOLECALIFELO | | | | |
| Route | DOSE | Frequency & now enter times | 08 ⁰⁰ 08⁰⁰ | | |
| P | 400 IU | MANE | | | |
| Pharmacy/Additional information | | | | | |
| N/A | | | | | |
| Indication | | APP | | | |
| Maximal Vit D 3k | | | | | |
| Prescriber Signature | | | Print Name | | Contact/Pager |
| [Redacted] | | | | | |

- Order is legible
- Order contains an error prone abbreviation = 'IU', the recommended alternatives is 'unit(s)'
- The term 'APP' which is intended to mean 'as per protocol'
- 10.7 number of orders where dose calculation is not documented for patient aged 12 years or under

PRN paediatric example

REGULAR MEDICATIONS B.S.A. (m²): Date:

YEAR 20 08 DATE & MONTH 4/8 13/8

PRESCRIBER MUST ENTER ADMINISTRATION TIMES

| Date | Medication (Print Generic Name) | Route | DOSE | Frequency & now enter times | Administration Times |
|-------------|---------------------------------|-----------|--------------|-----------------------------|---|
| <u>12/8</u> | <u>Amoxicillin</u> | <u>PO</u> | <u>625mg</u> | <u>TID</u> | <u>0800</u> <u>1400</u> <u>2000</u> |

Pharmacy/Additional Information: Amox

Indication: Amox

Calculation of Dose by weight: 25mg/kg

Prescriber Signature: [Redacted] Print Name: [Redacted] Contact/Pager: 2345

- Order is legible
- However there is no indication
- Dose calculation documented on the order

Acknowledgements

- Australian Commission on Safety and Quality in Health Care

Resources available at:

<https://www.safetyandquality.gov.au/our-work/medication-safety/nsmc-audit/>

Audit system

<https://www.safetyandquality.gov.au/our-work/medication-safety/nsmc-audit/>

Contact

For more information:

Medicines and Technology Unit –
Medication Safety

- Kerry.Fitzsimons@health.wa.gov.au
 - Telephone 6373 2224

Australian Commission on Safety and
Quality in Health Care

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