Government of Western Australia
Department of Health

Guideline on health practitioner initiated non-prescription medicines

1. Background

Non-prescription medicines include:

- Schedule 3 medicines (labelled 'Pharmacist only medicine'),
- Schedule 2 medicines (labelled 'Pharmacy medicine')
- Unscheduled medicines or medicines that are exempted from the 'schedules'.

Medicines that are either unscheduled or exempt from scheduling are those medicines which can be sold at general sales outlets, such as supermarkets.

This Guideline is about health practitioners initiating administration of non-prescription medicines to admitted patients. There are separate controls, through the Medicines and Poisons Regulations 2016, about who can supply Schedule 2 and Schedule 3 medicines to patients at discharge or as an outpatient and the circumstances under which that supply can occur. In particular, supply of Schedule 2 or Schedule 3 medicines by nurses and midwives requires a Structured Administration and Supply Arrangement (SASA) to be in place.

This Guideline is not about health practitioners initiating treatment with a Schedule 4 or Schedule 8 medicine, where a SASA is in place.

MP 0139/20 *Medicines Handling Policy* includes a requirement for public health service facilities to have a policy for health practitioner initiated non-prescription medicines.

This Guideline provides information to support public health service facilities in developing their policy for health practitioner initiated non-prescription medicines. The *WA Hospital Medication Chart user guide* also provides guidance about these type of medicines, as the medication charts required through *MP 0078/18* *Medication Chart Policy* include a section for recording of administration of these type of medicines.

This Guideline is intended to be read in conjunction with MP 0139/20 *Medicines Handling Policy*. The Guideline is not intended to be used as a substitute for compliance with legislation, Policy Frameworks or the policies and procedures of health service providers (HSP).

2. Governance

The Drug and Therapeutics Committee (or equivalent committee) of the public health service facility is an appropriate group to provide governance over health practitioner initiated non-prescription medicines. Alternatively, Health Service Providers (HSP) may choose to use a HSP level Drugs and Therapeutics Committee (or equivalent), particularly where consistency across all public health service facilities within the HSP is considered desirable.

3. Assessment of need

Health practitioner initiated non-prescription medicines may not be required or considered clinically appropriate in all public health service facilities, in all patient care areas within a particular facility or for all patient groups within a particular facility.

For example, public health service facilities may permit a more comprehensive list of these type of medicines to be administered to adult patients than to paediatric patients or may limit health practitioner initiated administration of non-prescription medicines to particular clinical circumstances for paediatric patients such as administration of a single dose of simple analgesia in the Emergency Department or administration of Vitamin K to newborns.

4. Approved lists

Public health service facilities should have an approved list of non-prescription medicines which may be initiated by particular classes of registered health practitioner.

The list should:

- be readily accessible to all relevant health practitioners,
- include details of which registered health practitioners can initiate non-prescription medicines and under what circumstances
- include any restrictions on total amount per dose, number of doses and route of administration
- include any restrictions on patient categories or other contraindications to the particular non-prescription medicine being initiated by a registered health practitioner
- make it clear when medical practitioner follow-up is required; this may vary depending on the medicine, indication and type of registered health practitioner initiating
- be accompanied by written protocols which provide sufficient detail to allow registered health practitioners to make informed decisions prior to administration
- be regularly reviewed, such as every 2 years.

As detailed in the MP 0139/20 *Medicines Handling Policy*, the list must not include any Schedule 4 or Schedule 8 medicines.

Medicines commonly included on lists of non-prescription medicines which can be initiated by nurses and midwives are:

- analgesics and anti-inflammatories such as paracetamol (oral and rectal), ibuprofen (oral, up to 400 mg per dose)
- antacids such as Mylanta® and Gaviscon®
- antihistamines such as loratidine and fexofenadine
- antiseptic throat lozenges (e.g. Cepacol®)
- cough mixtures such as pholcodine linctus and senega and ammonia mixture
- glucose oral solutions/Carbotest®
- head lice treatments
- laxatives such as docusate sodium with sennosides, glycerol suppositories, bisacodyl suppositories, Microlax Enemas®, sterculia and fibre supplements
- local anaesthetics such as topical lidocaine 2% or EMLA (Eutectic Mixture of Local Anaesthetics)
- non-medicated ocular lubricants and saliva substitutes
- sodium chloride 0.9% for flushing intravenous lines

- nebulised sodium chloride 0.9% solution
- nicotine replacement therapy
- non-medicated topical preparations such as lanolin and sorbolene cream
- urinary alkaliniser such as sodium citro-tartrate (Citravescent®, Ural®)
- wax removal ear drops (Cerumol®, Waxsol®).

5. Initiation of Schedule 2 and Schedule 3 medicines by pharmacists

The Medicines and Poisons Legislation allows a pharmacist to supply any medicine in Schedule 2 or Schedule 3. This means it is lawful for treatment with Schedule 2 and Schedule 3 medicines to be commenced by a pharmacist, provided the indication, dose and duration of treatment is consistent with the Schedule 2 and Schedule 3 entries in the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP).

The Medicines and Poisons Legislation is silent with respect to both documentation of commencement of Schedule 2 and Schedule 3 medicines by a pharmacist and who can administer doses of medicines in these schedules to a patient. This means any requirements for pharmacists to document commencement of Schedule 2 and Schedule 3 medicines, such as by writing a direction on the patient's medication chart, is a policy matter for public health service facilities to consider.

6. Documentation

Detail of what must be documented on the patient's medication chart is included in the *WA Hospital Medication Chart user guide*.

Note: the WA Paediatric Medication Charts do not include a specific section to document health practitioner initiated non-prescription medicines. The equivalent section to the adult WA Hospital Medication Charts is only titled "Once Only Medicines".

Recording consistent with the WA Hospital Medical Chart user guide includes:

- name of medicine (generic name, unless local policy or guidelines allow brand names to be used)
- route of administration
- dose administered
- date and time administered
- initiating health practitioner's signature and printed name
- initials of the person who administered the dose.

In addition to the above information, the WA Paediatric Medication Charts require a record of:

- the dose calculation (e.g. mg/kg/dose), where appropriate
- initials of a second person double checking the dose.

Public health service facilities may also require other documentation by health practitioners initiating non-prescription medicines, such as within the patient's medical notes. For some health practitioner initiated non-prescription medicines, such as nicotine replacement therapy, a standardised patient assessment, which is then kept in the patient's medical notes, is recommended.

7. Safe use of health practitioner initiated non-prescription medicines

These type of medicines are primarily intended for the treatment of minor ailments. However, minor ailments may be symptoms of other more serious diseases or may be adverse reactions to other medicines already prescribed for the patient.

Where a patient's symptoms are related to their reason for admission, public health service facilities may choose to only allow medicines to be administered following a prescriber's authorisation, even though the medicine prescribed would otherwise be considered appropriate for health practitioner initiation.

The public health service facility should determine the number of times a health practitioner initiated non-prescription medicine can be administered before patient assessment by a medical practitioner is required, if at all. Where registered nurses or midwives are initiating non-prescription medicines, medical practitioner review is recommended after one or two doses. The need for review will usually be related to the symptoms being treated rather than the medicine itself.

If the reviewing medical practitioner determines ongoing treatment with the medicine is appropriate, the usual requirements for prescriber initiated orders will then apply i.e. a direction to administer must be documented on the regular medicines or ongoing as required PRN medicines section of the patient's medication chart. Depending on the clinical situation or logistics, a verbal direction may be required to initially allow further doses to be administered.

Before initiating a non-prescription medicine, the health practitioner should determine:

- that the patient has not already been prescribed the medicine
- that the medicine to be initiated is not contraindicated for that patient
- that the patient is not allergic to the medicine to be initiated
- the medicine to be initiated does not interact with the patient's other medicines
- the expected therapeutic effects of the medicine to be initiated
- any relevant adverse events that may be caused by the medicine to be initiated
- the maximum daily recommended dose of the medicine to be initiated, to ensure the maximum daily dose is not exceeded.

Generally health practitioner initiated non-prescription medicines are intended for administration during a patient's care in hospital or at a clinic and should not be supplied to patients for use elsewhere, such as at home.

Public health service facilities may consider exceptions for supply of non-medicated topical products, ocular lubricants and saliva substitutes but only where supply is consistent with the public health service facility policy for supply at discharge or supply to non-admitted patients.

Note: Medicines in Schedules 2 and 3 (pharmacy medicines and pharmacist only medicines), cannot be supplied (such as at discharge) by a registered nurse or midwife unless a Structured Administration and Supply Arrangement (SASA) authorising such supply is in place. The legislation does not restrict who can administer a Schedule 2 or 3 medicine.

Public health service facility policy should include details of when, or if, an enrolled nurse can be delegated to administer a non-prescription medicine initiated by a registered nurse or midwife.

The roles and responsibilities of enrolled nurses in relation to administering non-prescription medicines initiated by a registered nurse or midwife should be consistent with the requirements of the Nursing and Midwifery Board of Australia, including the Board's nursing and midwifery decision-making framework[1] and fact sheet about enrolled nurses and medication administration.[2] For example, not all enrolled nurses will have training to allow them to administer medicines intravenously which would preclude delegation to administer sodium chloride 0.9% intravenous flushes for these particular enrolled nurses.

[1] Nursing and Midwifery Board of Australia. Decision-making framework (DMF). www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx

[2] Nursing and Midwifery Board of Australia. Fact sheet: Enrolled nurses and medication administration, updated July 2019. www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurses-and-medicine-administration.aspx

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