

## nbsa Standards for Medication Management

The Nurses Board of South Australia (**nbsa**) is required to act in the public interest. A function amongst others of the **nbsa** is to endorse professional standards. The *Nurses Act 1999* requires the **nbsa** in exercising this function to ensure that the community is adequately provided with nursing care of the highest standard and to achieve and maintain the highest professional standards of competence and conduct in nursing.

In developing and endorsing this standard, the **nbsa** aims to

- clearly describe nursing practice for clients, employers, education providers and nurses
- provide the people who access nursing services with information that will help them make informed decisions about safe, quality health care
- standardise key aspects of nursing practice to promote professional mobility
- make transparent the **nbsa**'s expectations of nursing practice
- clearly articulate the standards the **nbsa** will use in assessing reports of unprofessional conduct or incompetence.

### RESPONSIBILITIES OF REGISTERED AND ENROLLED NURSES

Registered nurses and enrolled nurses have different responsibilities in regard to medication management. It is the responsibility of individual registered and enrolled nurses to interpret these Standards in the context of applicable law, codes of practice, other applicable professional standards, and guidelines relevant to the individual practice setting in the delivery of nursing care. Fundamental to this process is the protection of the rights and wellbeing of the client. As members of a profession, registered and enrolled nurses must practice in the best interests of the client which includes assessment of the need, risks, benefits and alternative methods of treatment proposed given the nurses' level of expertise and experience.

### MEDICATION

A medication (or medicine) is a substance taken to prevent and/or treat illness and/or maintain or promote health. In relation to this standard, the term medication includes all substances administered for a therapeutic purpose as part of prescribed care. Therapeutic substances include synthetic chemicals, herbal extracts, vitamins, minerals, oxygen and blood/blood products. Therapeutic substances come in many forms and may be ingested, inhaled, injected, inserted or applied.

### MEDICATION MANAGEMENT

The management of medications is an important aspect of nursing practice that requires consideration of individual, organisational, social, cultural, religious and professional factors and the exercise of professional/clinical judgment. The **nbsa** has developed a Medication Standard that

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- articulates and documents what the **nbsa** expects as the minimum requirement for nursing medication management that is safe and therapeutic
  - identifies medication management as incorporating all associated actions from patient assessment to medication administration and evaluation and the storage and disposal of medications
  - takes into consideration the increasing complexity and scope of nursing practice, the changes to nursing educational preparation and the accountability and autonomy of nurses in decision making for the delivery of client oriented care
  - acknowledges the multidisciplinary and collaborative nature of medication management.

## **STANDARD 1**

**The safety and wellbeing of the client is ensured through medication management practices that reflect current knowledge, applicable law, standards and codes of nursing practice, and organisational policies and procedures.**

### **Nursing practice includes evidence of**

- a) current knowledge of therapeutic substances and associated technology, and their safe use in contemporary health care practice
- b) knowledge of and compliance with human rights conventions, relevant State and Federal Legislation, common law, Professional Standards and Codes
- c) knowledge of and compliance with relevant organisational policies and/or procedures and guidelines
- d) respect for the dignity, privacy and rights of clients in relation to information disclosure and consent
- e) ensuring clients' rights to comprehensive information about prescribed medications
- f) acceptance and understanding of accountability and responsibility in relation to prescribing, verbal orders, administering (including standing orders), delegating, documenting, transporting and storing medications
- g) appropriate action in response to questionable orders, decisions or behaviours of others including members of the health care team.

## **STANDARD 2**

**Nursing practice promotes the quality use of medicines and ensures a safe and therapeutic environment.**

### **Assessment**

#### **Nursing practice includes evidence of**

- a) a comprehensive nursing assessment of the client, relevant to the medication therapy, including
  - initial and ongoing assessment of the client's relevant medical history, and physical, cognitive, cultural, psychological and safety needs
  - the need for the medication therapy
  - the existence of any allergies
  - the optimum mode of administration, including self medication

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- the therapeutic goals, effects and/or side effects and interactions
  - b) active client involvement in the processes of care and education regarding their medication therapy.

## **Consent**

### **Nursing practice includes evidence of**

- a) informed consent by the client or authorisation by a representative
- b) recognition of a client's right to refuse a medication
- c) appropriate action when a client refuses a medication.

## **Administration of Medicines**

### **Nursing practice includes evidence of**

- a) the safe administration of medications which may include the decision to withhold medications
- b) anticipation of and appropriate response to unexpected medication outcomes
- c) documentation of all relevant aspects of the medication therapy, which may include
  - relevant medical history
  - current health problems likely to be worsened by the medication
  - the timing, dose and mode of administration of the medication
  - client outcomes
  - medication incidents
- d) evaluation of nursing interventions in relation to client outcomes.

## **STANDARD 3**

<b>Medication Management requires consultation and collaboration to ensure therapeutic outcomes.</b>
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### **Nursing practice includes evidence of**

- a) organisational and individual responsibility for staff preparation and education
- b) systematic approaches to improving practice including appropriate review and management of medication incidents
- c) multidisciplinary review of medication management practices with a focus on quality improvement
- d) appropriate consultation with the client, prescribing medical officer, pharmacist and other relevant health professionals in all aspects of the medication management process
- e) delegation and supervision of aspects of medication management to others commensurate with their abilities and scope of practice
- f) collaboration with clients to facilitate appropriate self medication
- g) arrangements for the debriefing and counselling of clients, relevant significant others and staff following medication incidents.

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## **OTHER ISSUES**

Where Standing Orders exist, they are a matter of organisational policy and should be implemented in accordance with this Standard.

## **ADDITIONAL SOURCES OF INFORMATION**

When interpreting Standards of the **nbsa**, it may be helpful to refer to relevant applicable legislation, the common law and others, Standards and Codes of nursing practice.

### **nbsa Website**

Copies of the standards are available on the **nbsa** website at [www.nursesboard.sa.gov.au](http://www.nursesboard.sa.gov.au)

### **or from the Board at**

200 East Terrace Adelaide SA 5000

### **Telephone**

08 8223 9700

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## **EXPLANATION OF TERMS**

### **Accountability**

Accountability is the nurse accepting responsibility for her or his decisions and behaviours as a professional nurse and for the consequences of those decisions.

### **Administration**

Refers to the act of giving a prescribed therapeutic substance orally, by injection, by inhalation, per rectum, per vagina, topically or enterally and ensuring that the prescribed therapeutic substance has entered the client's body.

### **Authorised Prescriber**

A person lawfully entitled to write a prescription and give verbal instructions including telephone instructions for the dispensing and administration of a therapeutic substance. In South Australia persons who are legally authorised to prescribe therapeutic substances are set out in the *Controlled Substances Act 1984* and Regulations.

### **Autonomous Nursing Practice**

Autonomy in practice is the nurse being self-directed in determining appropriate decisions and behaviours.

### **Best Practice**

Best practice is demonstrated by adherence to Standards of Practice endorsed by the nursing profession and described by experts at professional conferences and in relevant journals.

### **Clients**

The term client is used in these standards to refer generically to anyone who is the focus of professional nursing practice. Therefore, the term is used not only to refer to those individuals who directly receive nursing care, but also to their family members, significant others and carers.

### **Competence**

The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional/occupational area. (*ANMC*)

### **Consent**

To consent is to give one's permission verbally, in writing or by implication. Consent can only be given by a client who has legal capacity and is competent to do so. Informed consent requires disclosure of sufficient information including risks, benefits, alternatives and consequences of no action so that the client is able to make an informed decision. If a client is not competent, or does not have capacity to consent, then consent can be given by a person who has authority to consent on behalf of the client. Such authority can be conferred by a Court of law or by legislation. To be effective the consent must be voluntarily given, cover the act performed and be given by a person who has legal capacity to consent. In an emergency a client may be unable to consent. In these situations reference should be made to statutory provisions for authorising medical treatment and nursing care. Any next of kin should be notified and where possible agreement to the proposed treatment obtained.

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## **Controlled Substances Act**

This Act specifies by use of the title Registered Nurse the responsibilities for controlled substances.

## **Dispensing**

Supplying a therapeutic substance or poison according to an authorised prescription. In South Australia persons who are legally authorised to dispense therapeutic substances are set out in the *Controlled Substances Act 1984* and Regulations.

## **Ethical Considerations**

Nursing practice is guided by ethical principles that include promoting autonomy for the client, acting only for the client's good (beneficence), avoiding harm to the client (non-maleficence) and respecting the dignity of the client and the client's human rights. This Standard should be read in conjunction with the ANMC Codes of Ethics and Conduct and other statements intended to promote ethical nursing practice.

## **Evidence Based Practice**

Evidence based practice is the process of informing and improving one's professional competence by using expert opinion and the results of systematic reviews to ensure that personal practice is based as far as possible on sound and verifiable evidence.

## **Human Rights Conventions**

Since 1945 the United Nations has developed a framework for human rights that encompasses international instruments which Australia has ratified. These include the 1948 United Declaration of Human Rights, the 1958 Discrimination (Employment and Occupation) Convention, the 1966 International Covenant on Civil and Political Rights, and the 1975 Declaration on the Rights of Disabled Clients. Such conventions provide an international context for ethical nursing practice.

## **Nurses**

The collective noun nurses is used here to refer to nurses and midwives who are registered or enrolled by the **nbsa** and practice in South Australia.

## **Nursing Competence**

Nursing competence is the ability of the nurse to act with the knowledge, skills and attitudes that can reasonably be expected of a registered or enrolled nurse in South Australia taking into account the education and experience of the nurse and the particular circumstances of the situation.

## **Practice Settings**

The use of the term practice settings is inclusive of all settings where nurses practice.

## **Prescribing**

The act of approving a therapeutic substance to prevent or treat an illness and/or maintain or promote health. In South Australia persons who are legally authorised to prescribe therapeutic substances are set out in the *Controlled Substances Act 1984* and Regulations.

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### **Risk Management**

Practising in the best interests of the client requires an assessment of the risks to the client, staff members and others. Whereas it is impossible to eliminate risk entirely, it is the responsibility of the nurse and other members of the multidisciplinary team to minimise the risks to clients to a level agreed to by the client (or the client's representative), wherever possible.

### **Stakeholders**

Stakeholders are anyone who has an interest. Stakeholders for this Standard may include clients and client organisations, the relatives and friends of clients and health care providers.

### **Standards**

Standards are statements on the conduct of nursing practice endorsed by the **nbsa**.

*Endorsed by the Board September 2002  
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