ANMF Position Statement

The use of dose administration aids by nurses and midwives

Dose administration aids[1] are primarily designed and intended for the individual's own use to facilitate accurate self-administration of their medicines.

Dose administration aids do not provide information as to why a particular medicine is being administered; when not to administer the medicine; or in relation to appropriateness, medicine intolerance, medicine interactions and adverse reactions.

Nurses and midwives have a duty of care to persons in their care, regardless of setting. They are accountable for their actions within legislation and regulation, and have a professional responsibility within national nursing codes of professional conduct, codes of ethics and standards for practice.

Enrolled nurses and assistants in nursing work under the direction, supervision and delegation of registered nurses and midwives for all nursing and midwifery activities. In accordance with Nursing and Midwifery Board of Australia's Enrolled Nurse Standards for Practice, enrolled nurses, from 1 January 2016, can provide support and supervision to assistants in nursing and to others providing care when directed to assist people to self-administer medicines. Persons other than registered nurses, midwives or enrolled nurses, such as enrolled nurses not authorised to administer medicines[2] or assistants in nursing, may **only** assist the person to self-administer their medicines.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Dose administration aids may be used by an individual to assist with self-administering their medicines.

2. Individuals using dose administration aids to self-administer their medicines must be able to determine the name of the medicine and its purpose, and the dose and frequency of the medicine so they can decide whether or not to take the medicine.

3. Individuals in receipt of health and/or aged care services, whether as an inpatient in a hospital, a resident in an aged care facility/disability residence, living in the community or housed in a correctional facility, must be assessed by a registered nurse (who may also be a nurse practitioner) or midwife to determine that a dose administration aid is appropriate for use.

4. The assessment as to whether an individual is likely to benefit from the use of a dose administration aid or whether they are suitable to self-administer medicines must only be undertaken by the prescribing practitioner in collaboration with other members of the medicines team who may include: the treating medical practitioner, nurse practitioner, registered nurse, midwife or pharmacist. The individuals' assessment should be reviewed and update as their needs change.

5. Health care facilities should have written policies and procedures in regard to the use of dose administration aids, covering such aspects as:

    - the criteria for assessing the person's suitability to self-administer medicine and any restrictions to the medicines which may be self-administered; and
    - a process following delivery to the facility of checking the medication orders of the individual against the dispensed administration aid.

6. Confirmation that an individual may self-administer their medicines should be documented in the individual's health record and/or their medicine chart along with updated assessments as their needs change.

7. When an individual is assessed as being unable to self-administer their medicines* a registered nurse, midwife, or an enrolled nurse (delegated to and supervised by the registered nurse or midwife) is the appropriate person to administer medicines.[3]

8. Health workers other than registered nurses, midwives and enrolled nurses may provide physical assistance to an individual who is self-administering their medicine, at the individual's request provided the individual has been assessed as being able to self-administer.*

9. Dose administration aids should ideally provide for single dose medicine packaging to be available, for example, blister or sachet packs.

10. Dose administration aid packaging should ensure that:

    - individual medicines can be readily identified,
    - information is of a size and layout that permits people with poor eyesight to read,
    - the quality of the medicines for each time slot is preserved,
    - medicines cannot become mixed with those not yet due, and
    - any tampering with the medicines is evident.

11. If the dose administration aid being used is a blister pack then it should be prepared and adequately labelled by a pharmacist and include the individual's name, the name and strength of the medicine, dosage, frequency, and route of administration.

12. If the prescriber alters the medicine instruction and the medicines are being administered from a dose administration aid, the dose administration aid must be returned to the pharmacist for repackaging.

13. Secure storage of all medicines, including those for self-administration, must be provided by the householder or the service provider. Storage should comply with state or territory legislation and with the recommendations made by the dispensing pharmacist.

14. All medicine administration by a registered nurse, midwife or enrolled nurse to an individual should ideally be from the original dispensed container. Registered nurses, midwives and enrolled nurses should only administer medicines from blister packs where each individual medicine can be clearly identified. Nurses and midwives take responsibility for identifying each individual medicine prior to administration. Where individual medicines cannot be clearly identified, nurses and midwives must consult the pharmacist and return the dose administration aid to them for repackaging.

15. Where permitted by state or territory law, the filling of a compartmentalised medicine box by registered nurses or midwives must be in accordance with the jurisdictions' legislative requirements.

16. A registered nurse or midwife should only fill a compartmentalised medicine box if the individual requiring the medicine is competent to self-administer. It is recommended that no more than a seven day supply be provided in this way at any one time. The box must be labelled with the:

    - full name of the individual;
    - name and strength of the medicine;
    - dose, route and frequency of the medicine; and
    - date of commencement and the duration where applicable

*See point 4

17. A registered nurse or midwife must not fill a compartmentalised medicine box with an individual's own medicines for another worker to administer.

18. A registered nurse or midwife may only package an individual's own medicines into a dose administration aid, for example a compartmentalised box, if the individual fully understands the medicines they are taking; the reasons they are taking them; when not to take them; and their medicines regimen. Mechanisms must be in place for the compartmentalised box to be refilled should spillage occur.

endorsed May 2000
reviewed and re-endorsed May 2005
reviewed and re-endorsed November 2008
reviewed and re-endorsed November 2011
reviewed and re-endorsed November 2015

Reference

1 Dose administration aids may consist of a device or packaging system such as blister-packs, bubble packs or sachets for organising doses of medicines according to the time of administration, which has been prepared and labelled by a pharmacist.
2 Enrolled nurses have completed the education to allow them to administer medicines. Those who are not educated to this level will have a notation on their registration which prohibits them from administering medications.
3 Australian Nursing and Midwifery Federation. *Nursing Guidelines: Management of Medicines in Aged Care* 2013.