



**NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION**  
**AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH**



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# **GUIDELINES ON NURSING AND MIDWIFERY RESPONSIBILITIES IN RELATION TO MEDICATIONS**

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**Re-Endorsed by Annual Conference 2020**

**NSW Nurses and Midwives' Association**  
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# Guidelines on Nursing and Midwifery Responsibilities in Relation to Medications

## NURSE/MIDWIFE-INITIATED MEDICATION

Nurse or Midwife-initiated medication is medication that is approved by a health care facility to be administered by a registered nurse, enrolled nurse or midwife without a medical practitioner's authorisation.

Only unscheduled, Schedule 2 and Schedule 3 medication may be included as nurse or midwife-initiated. Medication that may be nurse or midwife-initiated in a health care facility must be approved by that facility's Drug Committee (however named).

Nurses and midwives may initiate schedule 2 or 3 substances that have been listed by health facilities and endorsed by the facilities drug committee or equivalent group.

An enrolled nurse may administer 'nurse-initiated' medication according to local policy and procedures which have been approved by the facility's drug committee. The enrolled nurse must confirm verbally with their supervising registered nurse prior to the administration that the medication is appropriate and safe for the patient (NSW Health Policy Directive PD2013\_043<sup>1</sup>).

Written policies and protocols must be in place for each medication which clearly outline the procedure to be adopted by the nurse or midwife including sufficient detailed information so that the nurse or midwife can make informed decisions as to when and when not to administer the medication.

Nurse and midwife initiated medications are appropriate for one off or occasional medications. Any person with an ongoing need for medication should be referred to a medical practitioner for assessment.

## NURSE PRACTITIONERS AND ELIGIBLE MIDWIVES

Nurse Practitioners and eligible midwives can prescribe Unscheduled, Schedule 2, 3, 4, 4D and 8 as authorised drugs in accordance with their position's clinical guidelines which have been approved by the Deputy Secretary, NSW Ministry of Health.

## STANDING ORDERS

Standing orders may be developed by health care facilities for Schedule 4, 4D and 8 substances. Such standing orders may, within the terms of the order, allow a registered nurse or midwife or in the case of Schedule 4 and 4D only, an enrolled nurse to administer, adjust (dosage and/or time interval), or suspend



a substance for that particular individual. Standing orders may be applied generally to particular situations (e.g. Vitamin K to newborn babies) or be developed specifically for persons under the care of a particular medical practitioner (e.g. premedication prior to surgery).

All standing orders must be in the form of a detailed written instruction, signed and dated by a medical practitioner, endorsed by the health facility's Drug Committee and reviewed at appropriate intervals in accordance with the NSW Ministry of Health policy circulars. Medication administered according to a standing order must be confirmed by a medical practitioner (or a nurse practitioner, authorised to prescribe that medication), by their countersignature within 24 hours unless otherwise exempt by the Pharmaceutical Branch of the NSW Ministry of Health.

## **EMERGENCY TELEPHONE ORDERS**

When a medical practitioner is not present in person, a medication order may be given by telephone or by electronic transmission of an exact copy of the order. When taking an order over the telephone two people must listen to the order. One must be a registered nurse or midwife the other person may be an appropriate person (e.g. an enrolled nurse or an assistant in nursing [however titled]) delegated by the registered nurse or midwife and designated by the appropriate authority. The order should be read back to the prescriber in figures and words to check that there has been no misinterpretation of the medical practitioner's instructions.

The order must be confirmed in writing by the prescriber within 24 hours by either countersigning the nurse or midwife's record of administration or by sending an electronic transmission of an exact copy of the medication order. It is the responsibility of the person who prescribed the medication to confirm the order.

## **REFERENCES**

These guidelines should be read in conjunction with:

1. NSW Ministry of Health Policy Directive PD2013\_043 Medication handling in NSW public hospitals  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf)