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ANMF (Vic Branch) Policy

Double-checking of medication prior to administration

Preamble

Double-checking of medication prior to administration, although not required by legislation, is intended to reduce the potential for harm to the patient and is accepted by the nursing profession as optimal practice.

The process of double-checking by a registered nurse, registered midwife (including nurse practitioner or eligible midwife) or authorised enrolled nurse¹, is an essential stage of a quality system intended to ensure that the medications administered to a patient bring about a beneficial therapeutic outcome.

Policy

It is the policy of the Australian Nursing and Midwifery Federation (Victorian Branch) that:

All intravenous, subcutaneous, epidural, intrathecal, and Schedule 8 medications for inpatients, prior to administration should be checked by two authorised personnel which may include a combination of a registered nurse, registered midwife, authorised enrolled nurse within the scope of their qualification and authorisation [by the Nursing and Midwifery Board of Australia], medical officer or pharmacist.

Each registered nurse, registered midwife or authorised enrolled nurse - within the scope of their qualification and authorisation with the Australian Health Practitioners Regulation Agency <u>must</u> check, to their own satisfaction, and on the written order of a medical practitioner the following:

- 1. That it is the right medication
- 2. That it is the right dose
- 3. That it is the right time
- 4. That it is the right route
- 5. That it is the right patient
- 6. That it is accompanied by the right documentation
- 7. That it is for the right reason.

It is within a registered health practitioner's duty of care to practise quality use of medications, which includes taking all due care to ensure medicines are used judiciously, appropriately, safely and efficaciously.

¹ Authorised Enrolled Nurse means an enrolled nurse who is authorised by the Nursing and Midwifery Board of Australia to administer medicine.