



ANMF (Vic Branch) Policy

Double-checking of medicine

Double-checking of medicine involves two or more authorised health practitioners independently checking each element in the medicine administration process.

There is no legal requirement in Victoria for double-checking prescribed medicine prior to administration¹.

It is the policy of some health services to require the double-checking to reduce the incidence of medicine administration errors. There is some evidence that when independent double-checking occurs, errors are reduced². The effectiveness of double-checking relies on it being an independent cognitive task, not a superficial routine task³.

It is recognised that in some clinical settings (such as sole practice) double-checking is not available and that within health organisations double-checking may, or may not be, supported by policy and procedure guidelines. Nurses and midwives should follow local guidelines as a minimum requirement for medicine administration.

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] has adopted the policy that:

1. The registered nurse, midwife or enrolled nurse without a notation, follow best practice guidelines in the administration of high-risk medicines known as 'APINCHS' classified medicines⁴. Nurses or midwives who administer medicine in this category must recognise that this group of medicines is commonly associated with high error rate in administration.

APINCHS is an acronym for the following medicines:

A	Antimicrobials	Aminoglycosides: gentamicin, tobramycin and amikacin vancomycin amphotericin – liposomal formulation
P	Potassium and other electrolytes	Injections of concentrated electrolytes: potassium, magnesium, calcium, hypertonic sodium chloride
I	Insulin	All insulins

¹Drug Poisons and Controlled Substances Regulations. 2017 Available at: <https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/006>

² Australian Commission of Safety and Quality in Health Care. 2013 Evidence Briefings on Interventions to Improve Medication Safety. Available at: <https://www.safetyandquality.gov.au/sites/default/files/migrated/Evidence-briefings-on-interventions-to-improve-medication-safety-Double-checking-medication-administration-PDF-888KB.pdf>

³ Ibid.

⁴ Australian Commission of Safety and Quality in Health Care 2019. APINCHS classification of high risk medicines Available at: <https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines/apinchs-classification-high-risk-medicines>

N	Narcotics (opioids) and other sedatives	Hydromorphone, oxycodone, morphine, fentanyl, alfentanil, remifentanyl and analgesic patches Benzodiazepines: diazepam, midazolam thiopentone, propofol and other short-term anaesthetics
C	Chemotherapeutic agents	Vincristine, methotrexate, etoposide, azathioprine Oral chemotherapy
H	Heparin and other anticoagulants	Warfarin, enoxaparin, heparin Direct oral anticoagulants (DOACs): dabigatran, rivaroxaban, apixaban
S	Systems	Medication safety systems such as independent double checks, safe administration of liquid medications, standardised order sets and medication charts etc

2. Registered nurses, midwives and enrolled nurses without a notation, have regard for the National Safety and Quality Health Service (NSQHS) Standard on Medication Safety⁵ which requires health services to identify high risk medication (HRM) used within the organisation, and take appropriate action to ensure that they are stored, prescribed, dispensed and administered safely.
3. Double-checking is a risk management strategy where intravenous, subcutaneous, epidural, intrathecal, and Schedule 8 medications are double checked prior to administration.
4. Double-checking should be by two qualified clinicians which may include a combination of a registered nurse, midwife, enrolled nurse without a notation, medical officer or pharmacist.
5. In some clinical settings, double-checking is not available due to a second qualified clinician not being present. In this context, double-checking is not required. For example, community nurses, community palliative care nurses, rural and isolated practice endorsed registered nurses (RIPERN) and clinicians working in home care programs.
6. Each registered nurse, midwife or enrolled nurse without a notation check, to their own satisfaction, and on the written order of a medical or nurse practitioner the following:
 - a) That it is the right medication
 - b) That it is the right dose
 - c) That it is the right time
 - d) That it is the right route
 - e) That it is the right patient
 - f) That it is accompanied by the right documentation
 - g) That it is for the right reason
7. It is within a nurse, midwife and enrolled nurse without a notation'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.

For more policies and position statements related to medication administration please refer to:

1. ANMF administration of medicines http://anmf.org.au/documents/policies/PS_Administration_Medicine.pdf
2. ANMF The use of dose administration aids by nurses http://anmf.org.au/documents/policies/PS_Dose_administration_aids.pdf

⁵ Australian Commission on Safety and Quality in Healthcare. Medication Safety Standard. Available at: <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>