



Guidance note: Double checking medications

1. Context

Double-checking is often present in local policies and protocols as a risk reduction strategy for:

- intravenous, subcutaneous, epidural, intrathecal, and Schedule 8 medications
- high risk medications, known as 'APINCHS' (see table on page 2)

Members sometimes report concerns about the process for double checking in their workplace.

2. Purpose

This guidance note aims to equip members to practise double checking effectively when their workplace requires double checking.

3. Key definitions

Independent double checking: occurs when the two checking clinicians separately perform a check, without sharing information with each other.

Primed double-checking: occurs when the first checking clinician shares information with the second checking clinician.

The ANMF (Vic Branch) only recommends independent double checking (see 4.2).

4. Guidance

4.1 Evidence

The [*Australian Commission of Safety and Quality in Health Care Evidence Briefings on Interventions to Improve Medication Safety 2021: Double checking medication administration*](#) (the briefing paper) concludes there is insufficient evidence to determine if double checking is superior to single checking in reducing medication administration errors and patient harm.

However, it also notes that:

- many health care organisations have a policy of double-checking
- to support consistent application and enhance the potential safety benefits of doublechecking, double-checking policies, procedures and guidelines should clearly state how the process should be performed, including independence of the process and the specific steps to be checked.

4.2 Independent process

Evidence cited in the briefing paper suggests that:

- while primed double-checking is commonly practised, it is not associated with a reduced rate of medication administration errors
- independent double checking may be more effective than primed double checking in reducing medication administration errors

For this reason, the ANMF (Vic Branch) recommends independent double checking when your workplace requires double checking.

4.3 Specific steps

Independent double checking should be carried out by two qualified clinicians. They can be any combination of registered nurse, midwife, enrolled nurse without a notation, medical officer, or pharmacist. Refer to your health service's policy or protocol for any specific requirements.

To be effective, independent double checking must be an *individual and thoughtful* task for each checking clinician. This means *each checking clinician* must check to *their own satisfaction*, and against the medication order, that they are administering:

1. the right medication
2. the right dose
3. to the right patient
4. at the right time
5. by the right route
6. for the right reason
7. with the right documentation

5. ANMF (Vic Branch) support

If you have any concerns about administering medication in your workplace, discuss them first with your supervisor. If you need additional advice, contact [ANMF Member Assistance](#).

6. Other useful documents

[ANMF administration of medicines](#) and [ANMF The use of dose administration aids by nurses National Safety and Quality Health Service \(NSQHS\) Medication Safety Standard](#)

Table 1: Australian Commission of Safety and Quality in Health Care APINCHS classification of high-risk 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
N	Narcotics (opioids) and other sedatives	hydromorphone, oxycodone, morphine, fentanyl, alfentanil, remifentanyl, 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