

Essential Enrolled Nursing Skills

FOR PERSON-CENTRED CARE
3RD EDITION



Gabrielle Koutoukidis
& Kate Stainton



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WORKBOOK

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Contents

Contributors	vii		
Acknowledgements	ix		
Introduction	x		
The five-point Bondy Rating Scale	xi		
Standard steps for all Clinical Skills	xii		
Understanding and promoting health	1	Administration and monitoring of medications and intravenous therapy	175
Clinical Skill 5.1 Health teaching	3	Clinical Skill 20.1 Administering oral medications	178
Documentation, health informatics and technology	7	Clinical Skill 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)	184
Clinical Skill 8.1 Documentation	12	Clinical Skill 20.3 Inserting a rectal suppository or disposable enema	190
Clinical Skill 8.2 Nursing informatics competency	18	Clinical Skill 20.4 Administering subcutaneous and intramuscular injections	196
Communication and clinical handover	28	Clinical Skill 20.5 Establishing intravenous (IV) therapy (assisting)	203
Clinical Skill 10.1 Clinical handover	31	Clinical Skill 20.6 Intravenous management	209
Health assessment frameworks	39	Clinical Skill 20.7 Administration of intravenous (IV) medications: Infusion and bolus	215
Clinical Skill 15.1 Pressure injury risk assessment	41	Clinical Skill 20.8 Removal of intravenous cannula	224
Clinical Skill 15.2 Mental health assessment	46	Clinical Skill 20.9 Administration of intravenous (IV) blood or blood products	229
Clinical Skill 15.3 Falls risk assessment	51	Clinical Skill 20.10 Administration of subcutaneous (subcut) medications: Infusion	235
Clinical Skill 15.4 Venous thromboembolism assessment	57	Clinical Skill 20.11 Administration of a topical medication	242
Clinical Skill 15.5 Nutritional assessment/weight, height and BMI	62	Clinical Skill 20.12 Applying transdermal medications	247
Clinical Skill 15.6 Mobility assessment	66	Clinical Skill 20.13 Instilling eye drops or ointment	252
Vital signs	71	Clinical Skill 20.14 Instilling ear drops	258
Clinical Skill 16.1 Assessing respirations	74	Clinical Skill 20.15 Administration of a vaginal medication	263
Clinical Skill 16.2 Measuring oxygen saturation	79	Clinical Skill 20.16 Administration of a medication via nebuliser	269
Clinical Skill 16.3 Measuring blood pressure	84	Clinical Skill 20.17 Use of a hand-held inhaler and spacer	275
Clinical Skill 16.4 Assessing pulse (radial)	92	Clinical Skill 20.18 Administering nasal sprays and drops	281
Clinical Skill 16.5 Assessing body temperature	97	Cardiovascular and respiratory health	289
Admission, transfer and discharge	105	Clinical Skill 25.1 Performing an ECG	291
Clinical Skill 17.1 Admission and discharge process	108	Clinical Skill 25.2 Incentive spirometry	295
Infection prevention and control	119		
Clinical Skill 18.1 Handwashing/hand hygiene	121		
Clinical Skill 18.2 Donning and doffing PPE (gloves, gown, mask, eyewear)	126		
Clinical Skill 18.3 Open gloving (donning and removing sterile gloves)	130		
Personal care and comfort	135		
Clinical Skill 19.1 Assisting with a shower or bath	137		
Clinical Skill 19.2 Performing a bed bath	143		
Clinical Skill 19.3 Performing an eye toilet	148		
Clinical Skill 19.4 Assisting with oral hygiene, cleaning teeth and dentures	152		
Clinical Skill 19.5 Performing special mouth care	156		
Clinical Skill 19.6 Making an unoccupied bed	160		
Clinical Skill 19.7 Making a postoperative bed	165		
Clinical Skill 19.8 Making an occupied bed	170		

Clinical Skill 25.3 Collection of sputum	299	Clinical Skill 31.5 Emptying a urine drainage bag	420
Clinical Skill 25.4 Collecting a nasopharyngeal (nasal) or nasopharynx (throat) swab	303	Clinical Skill 31.6 Urinary catheterisation (female)	424
Clinical Skill 25.5 Oronasopharyngeal suction	307	Clinical Skill 31.7 Urinary catheterisation (male)	430
Clinical Skill 25.6 Tracheostomy suctioning and tracheal stoma care	311	Clinical Skill 31.8 Removal of indwelling urinary catheter	436
Clinical Skill 25.7 Care of chest tube/drainage and dressing change	316	Bowel health	441
Clinical Skill 25.8 Oxygen therapy—nasal, mask	321	Clinical Skill 32.1 Changing an ostomy appliance	443
Fluids and electrolytes	326	Clinical Skill 32.2 Stool assessment/collection	447
Clinical Skill 26.1 Fluid balance charting	328	Pain	451
Movement and exercise	332	Clinical Skill 33.1 Focused pain assessment	453
Clinical Skill 28.1 Assisting with transfer	334	Sensory health	459
Clinical Skill 28.2 Positioning individuals in bed	340	Clinical Skill 34.1 Application of eye pad	461
Clinical Skill 28.3 Application of anti-embolic stockings	344	Clinical Skill 34.2 Eye irrigation	465
Skin integrity and wound care	348	Neurological health	469
Clinical Skill 29.1 Wound swab	351	Clinical Skill 35.1 Performing a neurological assessment	471
Clinical Skill 29.2 Dressing a wound	356	Clinical Skill 35.2 Neurovascular assessment	479
Clinical Skill 29.3 Assessment and management of skin tears	360	Endocrine health	484
Clinical Skill 29.4 Packing a wound	364	Clinical Skill 36.1 Measuring blood glucose	486
Clinical Skill 29.5 Removal of sutures and staples	368	Palliative care	490
Clinical Skill 29.6 Shortening a drain tube	373	Clinical Skill 38.1 Care of the person after death	492
Clinical Skill 29.7 Removal of a drain tube	377	Acute and perioperative care	498
Nutrition	381	Clinical Skill 42.1 Venipuncture	500
Clinical Skill 30.1 Assisting with eating and drinking	383	Clinical Skill 42.2 Central venous access device (CVAD): Monitoring and management	505
Clinical Skill 30.2 Inserting a nasogastric tube	388	Clinical Skill 42.3 Preoperative and postoperative exercises	511
Clinical Skill 30.3 Enteral feed	394	Emergency care	519
Urinary health	400	Clinical Skill 43.1 Cardiopulmonary resuscitation/basic life support (BLS)	521
Clinical Skill 31.1 Routine urinalysis	402	Index	527
Clinical Skill 31.2 Mid-stream urine collection	406		
Clinical Skill 31.3 Assisting with toileting: bedpan, urinal, commode	411		
Clinical Skill 31.4 Applying a sheath/condom drainage device	415		

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Introduction

Essential Enrolled Nursing Skills for Person-Centred Care Workbook 3E supports learners to develop the confidence to undertake and perform all skills they need to successfully complete their Diploma of Nursing qualification and graduate to become safe, knowledgeable and competent Enrolled Nurses (ENs). This title aligns with *Tabbner's Nursing Care: Theory and Practice 9E* and provides an essential and up-to-date resource, reflecting current best practice and including the new changes to practice and guidelines.

Essential Enrolled Nursing Skills is specifically designed for enrolled nursing students and provides learners with the evidence-based practical skills and rationale for each skill activity, to enable them to work with the Registered Nurse (RN) as part of the multidisciplinary healthcare team. This resource will help learners strengthen critical thinking and problem-solving skills, and develop proficiency in providing person-centred care. The workbook also provides an observation checklist to accompany each skill. A key feature of the workbook are the NMBA *Decision-making Framework* (2020) considerations in each skill.

As a whole, the book is designed to be learner-focused, providing the foundation necessary for learning success through demonstration of practical skills and reflection. The book can be used in classroom lectures, skill laboratories, simulation and clinical practice.

It is recommended that to provide context to the learner, the educator/facilitator develops a scenario/case study in relation to each skill and case studies and critical-thinking exercises to assist learners to build skills, confidence and competence.

TEXT FEATURES

Each chapter includes an overview that focuses on what the student will learn from each set of skills.

Skills

The skills include the following:

- **Decision-making Framework considerations**—scope of practice in which nurses are educated, competent and permitted by law to perform. Each skill asks the student to consider:
 1. Am I educated?
 2. Am I authorised?
 3. Am I competent?

If the learner answers 'no' to any of these questions, they should not perform that activity. They are asked to seek guidance and support from their teacher/a nurse team leader/clinical facilitator/educator. In addition, learners are asked to refer to the NMBA *Decision-making Framework for Nursing and Midwifery* (2020).

- **Equipment**—lists the essential tools required to carry out the skill.
- **Skill Activity**—step-by-step instructions outlining each action that needs to be undertaken, to assist learners translate theory to practice.
- **Rationale**—provides the logic behind each step.
- **References**—each skill is referenced from fundamental nursing texts and various databases including government, medical and health-related websites using recent evidence-based material.

Observation checklist

The observation checklist that follows each skill allows learners to track their skill development progress as well as providing educators with a teaching and learning resource.

The checklists include the following:

- **Competency Elements**—indicate the steps the student must include while carrying out the skill. These include:
 - > preparation for the activity
 - > performs activity informed by evidence
 - > applies critical thinking and reflective practice
 - > practises within safety and quality assurance guidelines
 - > documentation and communication.
- **Performance Criteria/Evidence**—lists the specific steps required to perform that particular skill.
- **The five-point Bondy Rating Scale**—provides the framework to clearly indicate the level of competence achieved (see p. xii). If the observation checklist is being used as an assessment tool, the learner will need to obtain a scale of independence for each of the performance criteria/evidence.
- **Student Reflection**—provides room for the learner to describe their experience, whether they master the skill on the first attempt or wish to record notes to assist in a future attempt.
- **Educator/Facilitator Feedback**—provides the opportunity for immediate feedback, allowing the assessor to indicate how the learner has performed or how they need to improve.

The five-point Bondy Rating Scale

The five-point Bondy Rating Scale is a tool used to assess professional competency and, subsequently, the amount of supervision needed to successfully master the nursing skills included in this workbook. The scale is also a useful indicator of learners' ability to carry out these skills with accuracy, safety and satisfactory effect.

Note: If the observation checklist is being used as an assessment tool, the learner will need to obtain a scale of independence for each of the performance criteria/evidence.

Scale label	Score	Standard of procedure	Quality of performance	Level of assistance required
Independent	5	Safe Accurate Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Expedient	No supporting cues required.
Supervised	4	Safe Accurate Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Reasonably expedient	Required occasional supportive cues.
Assisted	3	Safe Accurate Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of performance when assisted	Required frequent verbal and occasional physical directives in addition to supportive cues.
Marginal	2	Safe only with guidance Not completely accurate Incomplete achievement of intended outcome	Unskilled Inefficient	Required continuous verbal and frequent physical directive cues.
Dependent	1	Unsafe Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour/procedure	Required continuous verbal and continuous physical directive cues.
X	0	Not observed		

(Adapted from Bondy, K N 1983. Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education* 22(9), 376-382)

Standard steps for all Clinical Skills

These are the essential steps that must be performed consistently to deliver responsible and safe nursing care.

Note: Apply critical thinking to determine the applicability of the standard steps. Not all the components of the standard steps will be applicable to all skills.



PREPARE FOR THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
1	<ul style="list-style-type: none"> Mentally review the steps of the skill. Discuss the skill with your instructor/supervisor/team leader, if required. Confirm correct facility/organisation policy/safe operating procedures. 	<ul style="list-style-type: none"> It is important to identify any gaps in knowledge, seek assistance/supervision as required and adequately prepare for the skill. Abides by organisation policy and procedures and ensures that skill is within scope of practice.
2	<ul style="list-style-type: none"> Validate the order in the individual's record. Identify indication and rationale for performing the activity. Assess for any contraindications. Locate and gather equipment. If using a procedure trolley, ensure it is cleaned and place all equipment to be used on the bottom shelf. Perform hand hygiene. 	<ul style="list-style-type: none"> Ensures that the procedure has been ordered. Provides information about the individual's treatment, equipment/supplies needed. It is important to understand why the skill is being performed. Ensures correct procedure is about to take place for the correct person and promotes safety. Promotes time management and ensures efficiency. Prevents spread of microorganisms and cross-infection.
3	<ul style="list-style-type: none"> Ensure therapeutic interaction. This may include but is not limited to: <ul style="list-style-type: none"> introducing yourself explaining why the skill has been ordered and the frequency, including what is involved listening to the individual's concerns or questions about the skill and confirming their understanding before the skill is undertaken ensuring the individual is aware of any requirements related to the skill identifying any opportunities for health education maintaining professional boundaries. 	<ul style="list-style-type: none"> Reduces anxiety/apprehension and gains trust and cooperation. Promotes participation in care and understanding of health status in relation to the skill. Reduces the incidence of performing the skill on the incorrect individual. Ensures informed consent. Promotes individual comfort.



PREPARE FOR THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
	<ul style="list-style-type: none"> • Identify the individual using three individual identifiers. This may include but is not limited to identifying the individual's: <ul style="list-style-type: none"> > identification-allocated healthcare number on hospital bracelet/band > given and family name, confirmed verbally > date of birth > gender > address > medical record number. • Gain consent to perform the skill. • Assess for pain relief. 	
4	<ul style="list-style-type: none"> • Prepare the environment: <ul style="list-style-type: none"> > Raise the bed to appropriate working height. > Provide adequate lighting for the skill. > Arrange supplies and equipment. • Provide and maintain privacy. • Assist the individual to assume an appropriate position of comfort. 	<ul style="list-style-type: none"> • Follows safe work practices. • Facilitates performance of the skill and promotes functional alignment and body mechanics. • Allows observation. • Prepares supplies and equipment ready for use. • Maintains individual's dignity and privacy. • Promotes individual comfort.



PERFORM THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
5	<ul style="list-style-type: none"> • Perform hand hygiene. • Apply PPE: gloves, eyewear, mask and gown as appropriate. 	<ul style="list-style-type: none"> • Prevents exposure to/spread of microorganisms and cross-infection.
6	<ul style="list-style-type: none"> • Ensure the individual's safety and comfort throughout skill. • Promote independence and involvement of the individual if possible and/or appropriate. • Assess the individual's tolerance to the skill throughout. 	<ul style="list-style-type: none"> • It is important to measure for any changes in level of comfort. • Promotes a sense of control and participation in care.
7	<ul style="list-style-type: none"> • Dispose of used supplies, equipment, waste and sharps appropriately. • Remove PPE and discard or store appropriately. • Perform hand hygiene. 	<ul style="list-style-type: none"> • Correct disposal prevents an unsafe working environment and sharps injury. • Prevents spread of microorganisms and cross-infection.



AFTER THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
8	<ul style="list-style-type: none"> • Communicate outcome to the individual, any ongoing care and to report any complications. • Restore the environment: <ul style="list-style-type: none"> > Lower the bed and assist the individual to reassume a comfortable position. > Place call bell and personal items within reach. > Clean used equipment and store appropriately. 	<ul style="list-style-type: none"> • Effective communication ensures person-centred care. • Promotes individual comfort and safety, monitors for adverse effects. • Prevents cross-infection.

Continued

**AFTER THE SKILL**

STEP	SKILL ACTIVITY	RATIONALE
9	<ul style="list-style-type: none">• Report, record and document assessment findings, details of the skill performed and the individual's response.• Report, record and document any abnormalities and/or inability to perform the skill.• Reassess the individual to ensure there are no adverse effects/events from the skill.	<ul style="list-style-type: none">• Maintains legal document of care and interventions provided.• Ensures that all members of the healthcare team are aware of changes in the individual's condition.• Appropriate care can be planned and implemented.• Any adverse effects can be managed promptly.

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ADMINISTRATION AND MONITORING OF MEDICATIONS AND INTRAVENOUS THERAPY

Heather Redmond

Overview

Medication administration is a routine nursing task, requiring the nurse to possess the necessary skills and knowledge to competently and safely administer medications and monitor individuals for therapeutic effects and adverse reactions. When used appropriately medications contribute to significant improvements in an individual's health (Australian Commission on Safety and Quality in Health Care [ACSQHC] 2021). However, medications can also be associated with harm and adverse outcomes for the individual. Adverse medication events can affect an individual in a variety of ways from mild adverse reactions to allergic reactions or death (ACSQHC 2023).

The safety of individuals in the healthcare setting is a global concern (World Health Organization 2019) and nurses have an integral role to play in ensuring their safety, particularly in the medication administration process. In 2012, the ACSQHC developed a medication safety action guide that aims to reduce harm to people from medications through safe and effective medication management.

It is important that all health professionals follow organisational policy and procedural guidelines, and understand and follow the national recommendations

for terminology, abbreviations and symbols to be used in medicines documentation (ACSQHC 2016), labelling of injectable medicines, fluids and lines (ACSQHC 2016) and the National Safety and Quality Health Care Medication Standards (ACSQHC 2021) to reduce the likelihood of an individual experiencing an adverse medication event. It is not only nurses who are involved in the process of medication administration and management for individuals in the healthcare setting. Medical officers primarily are responsible for prescribing medication based on the individual's health needs; however, Nurse Practitioners or eligible midwives can also prescribe specific to their area of clinical practice, within state and/or territory legislation (Frotjold & Bloomfield 2021). The pharmacist has many roles including preparing and dispensing medicines, mixing up compounds or specific IV solutions, correct labelling, ensuring the medication is correct for the individual, and education (Frotjold & Bloomfield 2021). It is the nurse's responsibility to ensure prior to medication administration that medications are prescribed and administered accurately.

A medication error is a result of a failure to follow medication processes of the '11 rights' and can occur at any time during prescribing, dispensing, administration or ingestion of the medication. The nurse administers the medication so it is the nurse's responsibility to ensure the individual is administered medication according to the '11 rights'. The nurse is also the healthcare professional who spends the most time with individuals in the healthcare setting and is therefore most likely to observe any adverse reactions (ADRs) an individual may experience to a medication. In addition, the nurse also observes the individual for the therapeutic effectiveness of the medication treatment and can provide information to the medical officer and registered nurse of patient outcomes and provide education to the individual regarding their medication management.

To ensure that medications are administered correctly and safely, the nurse must observe the 11 rights of medication administration:

1. The right prescription
2. The right medication
3. The right dose
4. The right expiration date
5. The right route
6. The right time
7. The right form
8. The right person
9. The right documentation
10. The right to refuse
11. The right response.

Before any medication is administered, the individual's medication chart must be checked thoroughly and systematically to determine the accuracy of the prescription and medication supplied including dose and expiration date, as well as the identity of the individual receiving the medication, the route and form to be administered, and the date and time for administration of the medication prescribed. The nurse must also complete the medication documentation, assess for a therapeutic response and identify any **contraindications** to medication administration. If the individual refuses medication administration this should also be documented and reported to the medical officer.

The administration of an injection is an invasive procedure that must be performed using the standard aseptic non-touch technique (ANTT) as there is a risk of infection when a needle pierces the skin. The potential for infection is prevented by ANTT, ensuring all key sites are not contaminated (ANTT nd), and this is achieved through hand hygiene, ANTT when preparing the solution and in administration of the injection, and in preparing the skin prior to the injection. Principles of ANTT (see Ch 18 in *Tabbner's Nursing Care: Theory and Practice*, 9th ed) are used when preparing for and administering parenteral medications.

CASE STUDY 20.1

Medication interactions

David had recently been prescribed two new medications by his GP for hypertension and depression. David was diligent about taking his medications as prescribed. David started experiencing dizziness and feeling faint and generally unwell and, since the symptoms continued to worsen over the next few days, he decided to make an appointment to go back and see his GP. In the meantime, he researched using the internet since he was sure the medications were making him unwell. He found that the combination of the blood pressure medication and the antidepressant were interacting with each other as well as the grapefruit juice he was drinking. David noted he was not supposed to drink grapefruit juice with the prescribed antihypertensive. David considered that he ate healthily and drank grapefruit juice every morning because it was rich in antioxidants. On return to the GP, David's blood pressure was 95/45 mmHg and his heart rate was 110 beats per minute. The GP said that blood pressure medication had caused his blood pressure to drop, which was making him feel dizzy and faint.

David's doctor immediately adjusted his medication regimen, taking him off the antidepressant and switching him to a different blood pressure medication that wouldn't interact with the one he was already taking. It took a few days for the new medication to take effect.

1. What is the role of the doctor and the pharmacist in ensuring safe medication administration for David?
2. What questions could David have asked his GP about the newly prescribed medications?

CRITICAL THINKING EXERCISE 20.3

Medication administration safety

You are working on the medical ward, and it is an extremely busy shift. You complete your medication round prior to breakfast, and notice your colleague is looking flustered. She tells you that she must attend to one of her patients that has been incontinent, and she has just drawn up Mr Park's insulin in the medication room. She asks for you to get the insulin, check this with another nurse and give it to Mr Park for her. She mentions the medication chart is in the medication room. What are the safety issues in giving a medication that you have not drawn up, or seen drawn up yourself? What is your response?

CRITICAL THINKING EXERCISE 20.4

Mr Thompson has had Crohn's disease for 10 years and went to theatre for an ileocecal resection and formation of a temporary ileostomy due to scarring and ongoing inflammation. Postoperatively, his serum potassium levels were 3 mmol/L and he was given 10 mmol/L of potassium chloride in 100 mL IV. After the potassium was administered, the medical officer ordered for Mr Thompson a 1000 mL of 0.9% normal saline with 30 mmol/L of potassium chloride to be given over eight hours IV. You complete a set of vital signs and Mr Thompson's BP is 90/58 mmHg, HR 110 beats/minute, RR 20 breaths/minute & SpO₂ 96%. You inform the RN and the medical officer who instructs you to give Mr Thompson a 250 mL IV fluid bolus. What is your responsibility in giving the fluid bolus given Mr Thompson's current IV therapy?

CLINICAL SKILL 20.1 Administering oral medications

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Disposable medication cups
 Glass of water, juice or preferred liquid
 Straw (if required)
 Medication cutting device (if required)
 Clean pill crusher (if required)
 Liquid measure or oral/enteral syringe
 Resource material (e.g. MIMS, *Don't Rush to Crush*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual is nauseous, and is not able to tolerate medication given via the oral route, a review will need to occur to reassess the ordered route.

CLINICAL SKILL 20.1 Administering oral medications—cont'd

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the medication such as blood pressure (BP), pulse, respiratory rate (RR).	Apical pulse should be performed before administering digoxin; RR checked before opioid (narcotic) analgesics; BP checked before antihypertensives. If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
 Apply PPE: gloves, eyewear, mask and gown as appropriate.
 Ensure the individual's safety and comfort throughout skill.
 Promote independence and involvement of the individual if possible and/or appropriate.
 Assess the individual's tolerance to the skill throughout.
 Dispose of used supplies, equipment, waste and sharps appropriately.
 Remove PPE and discard or store appropriately.
 Perform hand hygiene.

Skill activity	Rationale
Prepare medications as per administration guidelines and calculate the correct dose Review <i>Don't Rush to Crush</i> handbook if medication needs to be crushed. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Some individuals may require their medication to be crushed. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Solid dose forms	
Tip the required number of tablets or capsules into the lid of the container and transfer into the medicine cup. Do not touch the medication with your bare hands.	Maintains cleanliness of medications and prevents cross-infection.
Some individuals may require their medication to be crushed. Crush medication/s using a clean pill crusher if required after reviewing the <i>Don't Rush to Crush</i> resource.	Some medications cannot be crushed. Crushing these medications can alter their effectiveness. Clean pill crusher ensures that medications are not being mixed from previous individual's medications.
Liquid dose forms	
Follow manufacturer's instructions—shake bottle thoroughly unless contraindicated.	Promotes mixing of the contents and a uniform distribution of the medication in the liquid.
Hold the bottle with the label against the palm of the hand and remove bottle cap and place it upside down.	Mixture will be poured away from the label, to avoid smearing of the label. Prevents contamination of the inside of the cap.
Place the medicine cup on a flat surface and at eye level, pour the liquid medication to the correct level on the medicine cup, ensuring the prescribed dose is poured or withdraw the required dose from the container using an approved oral/enteral syringe.	Ensures accuracy of measurement. Note that parenteral syringes should not be used for administration or administration of doses.

Continued

CLINICAL SKILL 20.1 Administering oral medications—cont'd

Administration

Assist the individual into a sitting (preferred) or side-lying position when possible.	Prevents aspiration during swallowing.
Administer the oral medication. Individual may self-administer or assist as required. Offer a glass of water, unless contraindicated. Advise individual to take a few sips of water before placing medication in the mouth.	Solid forms of medication are swallowed more easily in a moistened mouth and by swallowing with liquids.
Remain with the individual until the medication is swallowed. Never leave medication unattended at the bedside or on the medication trolley.	The nurse assumes responsibility for ensuring that the individual receives the prescribed medication. Other individuals may access the medications if left at the bedside.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
As indicated, advise to remain sitting upright for 30 minutes after ingestion.	Prevents side effects such as oesophageal ulceration.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; Frotjold & Bloomfield 2021; JBI 2022c; Rebeiro et al 2021; The Society of Hospital Pharmacists of Australia [SHPA] 2022; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTERING ORAL MEDICATIONS**STUDENT NAME:** _____**CLINICAL SKILL 20.1:** Administering oral medications**DEMONSTRATION OF:** The ability to safely and correctly administer oral medications*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.*

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers appropriate equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements such as whether the medication must be given with food, contraindications, timing for administration, and the right form Performs any necessary assessments related to the specific medication such as blood pressure (BP), pulse rate and respiratory rate (RR) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual as required: sitting or side-lying if unable to sit Offers fluid to assist swallowing medication					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Assesses individual's ability to receive medication or self-administer orally Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Remains with individual until all medications are swallowed Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the medication delivery clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration of medication on the NIMC/EMM system, and to RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency Provides any special instructions Asks the individual to report any complications during and post procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Disposable medication cups
 Oral/enteral syringe for measuring and administering liquid medication forms
 Clean pill crusher (if required)
 Water
 50 mL enteral tip syringe
 Disposable gloves
 pH indicator paper/strips (if nasogastric tube in use)
 Resource material (e.g. MIMS, *Don't Rush to Crush*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
<p>Ensure correct medication is given by following the '11 rights' throughout preparation and administration. Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p>	<p>Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s. Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p>

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)—cont'd

Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If medication needs to be administered on an empty stomach, the nurse will need to ensure the tube feed is modified around the medication delivery times (e.g. ceasing the enteral tube feed for a certain time so medications can be administered).
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the specific medication such as blood pressure (BP), pulse rate, and respiratory rate (RR).	Apical pulse should be performed before administering digoxin; RR checked before opioid (narcotic) analgesics; BP checked before antihypertensives. If any abnormalities are found, the nurse should not administer medication and report to the nurse in charge and medical officer.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
<p>Prepare medications as per administration guidelines and calculate the correct dose.</p> <p>Review <i>Don't Rush to Crush</i> handbook if medication needs to be crushed.</p> <p>Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	<p>Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered.</p> <p>Medications should be given in liquid form if available. Other medications may require crushing as per the <i>Don't Rush to Crush</i> handbook.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Follow steps for preparation of solid dose forms or liquid dose forms in Clinical Skill 20.1. Mix each individual crushed medication with a small amount of water.</p> <p>Check the fluid balance status of the individual for any fluid restrictions.</p>	<p>Following administration guidelines ensures medications are administered correctly.</p> <p>Checking to see if there is a fluid restriction may determine the amount of fluid used to flush the line before and after medication administration.</p>
<p>Position in semi-Fowler's position unless contraindicated.</p>	<p>Reduces the risk of regurgitation and aspiration.</p>
<p>Stop the flow of any feed solutions in progress prior to administering medications through the feeding tube.</p>	<p>Recommendation is not to administer feed solutions with medications.</p> <p>Some medications may also require the feed solution to be stopped for a set length of time to allow for effective absorption. Again, check with the pharmacist or dietitian if you are unsure.</p>

Continued

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)—cont'd

<p>Prior to administration of medications into tube check for position and patency. Determine placement of nasogastric tube (NGT) (if this route used) by aspirating stomach contents and testing the pH indicator strips. The pH should be <6. Connect the appropriate type of syringe to the tube (no less than a 30 mL syringe). Flush the tube with 30 mL of water with the plunger or remove the plunger of the oral/enteral syringe, and pour the water into the barrel and hold the barrel of the syringe above the stomach.</p>	<p>Ensures NGT tubing is in the stomach and prevents inadvertent delivery of medication into the lungs. The smaller the syringe, the greater the pressure, which could rupture the tubing. Flushing ensures patency of the tube. Holding the barrel of the syringe above the level of the stomach assists with gravity delivery of the medication directly into the stomach via the tube.</p>
<p>If more than one medication is to be given, they must be given separately. Draw up each medication separately into the oral/enteral syringe and administer into the tube. Flush with 10 mL of water between each medication.</p>	<p>Flushing prevents occlusion of the tube. Administering medications separately prevents clogging of the tube.</p>
<p>When the last medication is administered, flush the tube with at least 30 mL of water. Remove the syringe barrel and replace tube cap if enteral feed is not being administered. If the individual is receiving continuous feeding, check the facility/organisation policy on when to recommence.</p>	<p>Ensures patency of tube. Reduces incidence of occlusion.</p>



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
<p>Advise to remain in semi-Fowler's position for 30 minutes.</p>	<p>Reduces risk of regurgitation and aspiration. Keeps individual informed and creates an opportunity to initiate medication education. Monitors for adverse effects and ensures that complications can be prevented or addressed early.</p>
<p>Record and sign for each medication administered on the NIMC/EMM system.</p>	<p>Prompt documentation prevents medication errors.</p>
<p>Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.</p>	

(ACSQHC 2012; 2019; JBI 2022b; Williams 2022; The Agency for Clinical Innovation and the Gastroenterological Nurses College of Australia 2015; The SPHA 2022; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTERING MEDICATIONS VIA ENTERAL ROUTES (NASOGASTRIC TUBE, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE, PERCUTANEOUS ENDOSCOPIC GASTROJEJUNOSTOMY TUBE)

STUDENT NAME: _____

CLINICAL SKILL 20.2: Administering medications via enteral routes

DEMONSTRATION OF: The ability to administer medication via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Follows the 11 rights Validates the order in the individual's NIMC/EMM system Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements such as whether the medication must be given with food, contraindications, timing for administration and the right form Verifies that medication can be crushed Performs any necessary assessments related to the medication such as BP, pulse rate and RR Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual appropriately Checks placement of tube, disconnects tube from feeding line (if in use) Flushes tube pre and post each medication Advises individual to remain sitting upright for 30 minutes post medication administration 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication administration process clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason of non-administration of the medication on the NIMC/EMM system, and to RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Enema/suppository
Lubricant
Waterproof sheet
Disposable gloves
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual is not able to receive the medication given via the rectal route (e.g. haemorrhoids, rectal bleeding or diarrhoea), a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema—cont'd

Perform any necessary assessments related to the medication such as pain assessment or bowel chart.

If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Place individual in a left lateral position with the right leg flexed.	Anatomical site of the lower colon means that this position is the most effective for the introduction and retention of suppositories.
Ensure individual is adequately covered, with only the buttocks exposed. Place protective sheet under buttocks.	Promotes warmth and comfort. Provides absorption pad for any leakages and respects dignity.
Lubricate finger of glove and end of suppository/enema nozzle.	Facilitates smooth insertion of suppository/enema.
Gently insert the suppository by directing it with the finger, through the anus, about 2.5 cm into the rectum. Insert enema tip approximately 10 cm into the rectum and squeeze contents into the rectum.	Suppository/enema must pass the internal anal sphincter and come in contact with rectal mucosa. Ensures that the medication is delivered into the rectum.
During insertion, encourage the individual to take deep breaths through the mouth.	Helps to relax the anal sphincters.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Continued

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema—cont'd

Skill activity	Rationale
Advise individual to remain on their side or supine for at least five minutes and to retain the suppository/enema for the correct length of time for medication administered.	Individual must be aware whether the suppository/enema is to be retained to allow any medication to be dissipated, or whether to expect a bowel action. Suppositories/enemas to promote a bowel action should be retained for at least 20 minutes. An enema should be held for the time stated on the manufacturer's instructions. Keeps individual informed and creates an opportunity to initiate medication education.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Ensure individual has easy access to toilet facilities and a nurse call bell within reach.	Reduces anxiety related to accidental expulsion of the suppository or faeces. Can communicate with the nurse in a timely manner.
Observe faeces for odour, colour, texture and amount. Document results.	Assists to assess the effectiveness of the treatment and detects any abnormalities.
Attend to individual's personal hygiene and reposition.	Helps promote dignity and comfort.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; JBI 2022a; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: INSERTING A RECTAL SUPPOSITORY OR DISPOSABLE ENEMA**STUDENT NAME:** _____**CLINICAL SKILL 20.3:** Inserting a rectal suppository or disposable enema**DEMONSTRATION OF:** The ability to safely and correctly administer a rectal suppository or enema*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.*

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Advises individual to lie in the left lateral position for medication administration and puts in place an absorbent, protective pad Lubricates finger of glove and suppository/enema nozzle Correctly administers the rectal suppository or enema Asks the individual to remain on their side or supine for at least 15 minutes Ensures the individual has easy access to toilet facilities and nurse call bell					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the medication administration clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration of the medication on the NIMC/EMM system, and to RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

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Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Diluent (if required)
 Syringe
 23G needle (for IM injections)
 25G needle (for subcut injections)
 18G needle or 18G blunt needle
 Antiseptic swab (if required)
 Sterile gauze
 Injection tray
 Sharps container
 Disposable gloves (if required)
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Rationale

Identifies issues, which can be addressed prior to administration.
 Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

<p>Ensure medication orders are correctly prescribed and written.</p> <p>Verify indication for the medication on the NIMC/EMM system.</p> <p>Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.</p> <p>Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.</p> <p>Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p>	<p>Ensures correct medication administration is about to take place.</p> <p>Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.</p> <p>Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.</p> <p>Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.</p> <p>Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.</p>
<p>Assess individual's ability to receive the medication in the prescribed form via the prescribed route.</p>	<p>Ensures the correct anatomical location is chosen and any abnormalities such as areas of infection, cellulitis, dermatitis, and scarring or bruising from previous injection sites are avoided.</p>
<p>Gain assistance of another nurse if the individual is a child, or an adult who is restless or irrational or may need assistance with positioning.</p>	<p>Promotes safety during administration.</p>
<p>Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.</p>	<p>Confirms the individual's identity.</p>
<p>Perform any necessary assessments related to the specific medication being administered (e.g. vital signs, blood glucose level, pain levels).</p>	<p>Ensures safety of the individual during the administration of the medication.</p>

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

- Perform hand hygiene.
- Apply PPE: gloves, eyewear, mask and gown as appropriate.
- Ensure the individual's safety and comfort throughout skill.
- Promote independence and involvement of the individual if possible and/or appropriate.
- Assess the individual's tolerance to the skill throughout.
- Dispose of used supplies, equipment, waste and sharps appropriately.
- Remove PPE and discard or store appropriately.
- Perform hand hygiene.

Continued

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

Skill activity	Rationale
<p>Calculate correct dose and prepare medication according to Table 20.4 Preparation of medications from ampoules and vials and as per the <i>Australian Injectable Drugs Handbook</i>.</p> <p>Check label and expiry date. Have two nurses check (one must be an RN) according to safe administration guidelines and the facility/organisation policy. Ensure the right medication is being administered by comparing the label of the medication vial/ampoule and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the impress/DD cupboard • Second check: Before removing from the vial/ampoule • Third check: Before discarding the vial/ampoule. 	<p>Promotes safety during administration.</p> <p>Ensures medications are being prepared as per the recommended process.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Select an appropriate injection site for correct volume to be administered and assist the individual into a comfortable position. Select an injection site that has not been used frequently. If possible, ask the individual the site of the last injection.</p>	<p>Appropriate site selection aids absorption and reduces likelihood of injury and discomfort. Rotating sites minimises tissue damage.</p> <p>Sites should be rotated for long-term therapy such as insulin, as repeatedly using the same site leads to thickening of skin and tissue atrophy.</p> <p>Comfort promotes relaxation and helps to reduce anxiety.</p>
<p>Locate the injection site using anatomical landmarks. Check site for any masses, lumps, signs of infection, scars or skin lesions.</p>	<p>Insertion of medication into the correct site avoids injury to underlying structures. Masses, scars etc., will interfere with medication absorption.</p>
<p>If required, cleanse the site with an antiseptic swab and allow area to dry for 30 seconds.</p>	<p>Removes microorganisms from the skin.</p>
<p>Remove the needle cap and hold the syringe in the dominant hand. Hold the individual's skin between the thumb and forefinger and either pull the skin taut (IM injection) or pinch up skin (IM or subcutaneous injection).</p>	<p>In an IM injection, a needle penetrates tight skin more easily than loose skin. Pinching the skin up may be necessary when a subcutaneous injection is given to an obese individual, or when an IM injection is given to an individual with small muscle mass.</p>
<p>Insert the needle quickly and firmly, at a 45-degree or 90-degree angle for subcutaneous injection, and at a 90-degree angle for IM injection.</p>	<p>Quick, firm insertion technique minimises anxiety and discomfort.</p> <p>45-degree angle may need to be used in a subcutaneous injection where there is minimal subcutaneous tissue, to prevent insertion into a muscle.</p>
<p>For an IM injection, slowly pull back on the plunger to aspirate as per policy and procedure guidelines. If blood appears in the syringe, the needle is withdrawn, and the injection repeated at another site, using a fresh dose, syringe and needle.</p> <p>(Note: Needle aspiration does not need to be performed for a subcut injection.)</p>	<p>Muscles are more vascular than subcutaneous tissue. Checks whether needle has penetrated a blood vessel as insertion will be intravenous and not intramuscular.</p>
<p>Inject the medication slowly depressing the syringe plunger 1 mL every 10 seconds. Once injected pause for at least five seconds before withdrawing the needle.</p>	<p>Slow injection reduces tissue trauma and pain. Pausing permits dispersal of the medication.</p>
<p>Withdraw needle at same angle of insertion while applying gauze gently over the injection site. Apply pressure with sterile gauze if bleeding occurs. Do not massage.</p>	<p>Support of tissues minimises discomfort as the needle is withdrawn.</p> <p>Use of alcohol swab may cause discomfort. Massage may cause bleeding/bruising, increase the absorption rate, damage underlying tissue.</p>

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

Activate the needle safety guard (if used) or dispose of syringe without recapping into proper receptacle (kidney dish) or straight into an appropriately labelled rigid-walled sharps container.

Recapping used needles increases the risk of a needlestick injury.
Proper disposal prevents sharps injury to personnel or visitors.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity**Rationale**

Record and sign for each medication administered on the NIMC/EMM system.

Prompt documentation prevents medication errors.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2019; 2023a; JBI 2021d; 2022f; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022)

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OBSERVATION CHECKLIST: ADMINISTERING SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

STUDENT NAME: _____

CLINICAL SKILL 20.4: Administering subcutaneous and intramuscular injections

DEMONSTRATION OF: The ability to safely and correctly administer subcutaneous and intramuscular injections

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Performs any necessary assessments related to the specific medication being administered (e.g. vital signs, blood glucose level, pain levels) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual appropriately Selects and prepares the appropriate site for the subcut injection Safely administers injection to minimise discomfort and maximise absorption. Inserts the needle quickly and firmly, at a 45-degree or 90-degree angle for subcutaneous injection, and at a 90-degree angle for intramuscular injection Aspirates plunger of syringe for IM injection Assesses individual for correct angle for subcutaneous injection Aspirates to ensure that medication is not being delivered into a blood vessel when performing an intramuscular injection Administers the medication by depressing the plunger 1 mL every 10 seconds Waits five seconds and withdraws needle					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Checks individual's identification requirements with second nurse (RN) at the bedside</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication administration clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or reason for non-administration of the medication on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Intravenous fluid order chart/EMM system fluid order
 Fluid balance chart (FBC)
 IV fluid
 IV infusion set
 Burette (if applicable)
 10 mL syringe
 10 mL normal saline 0.9%
 IV cannula
 IV cap/bung
 Dressing pack
 Antiseptic skin prep (chlorhexidine 70% solution)
 Disposable gloves
 Tourniquet
 Tape
 Occlusive dressing
 IV pump stand
 IV volumetric pump
 IV line label
 IV cannula care plan



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct IV fluid is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure IV fluid orders are correctly prescribed and written. Verify indication for the IV fluid on the IV fluid order chart/EMM system fluid order. Review name of fluid on the IV fluid order chart/EMM system fluid order, dose, route, time of last administration and frequency of administration. Assess for any contraindications: Check allergy status on the medication/fluid order chart and with the individual; compare with the intravenous fluid ordered. Review all necessary information about the IV fluid, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct IV fluid administration is about to take place. Ensures the nurse understands why the individual is receiving the IV fluid and is able to ask for a review by the medical officer if the individual's health status changes. Ensures correct IV fluid is administered. Promotes correct and safe administration of the IV fluid and prevents medication errors from occurring. Ensures all medication allergies are recorded. Promotes correct and safe administration of the IV fluid and enables the nurse to monitor the therapeutic effects of IV fluid.

Continued

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)—cont'd

Assess individual's ability to receive the IV fluid. Review FBC for fluid volume status. Perform any necessary assessments related to the medication such as blood pressure (BP), pulse, respiratory rate (RR), SpO ₂ .	Identifies if individual has contraindications such as heart failure or kidney failure. Prevents circulatory overload. If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.
Check IV fluid order chart/EMM system fluid order for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart/EMM system fluid order.	Confirms the individual's identity.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare IV fluid as per administration guidelines and calculate the correct rate. Ensure the right IV fluid is being administered by comparing the label and expiry date with the name of the IV fluid on the intravenous fluid order chart/EMM system fluid order three times: <ul style="list-style-type: none"> • First check: Before removing from the storage room • Second check: Before removing IV fluid flask from the packaging • Third check: Before spiking the IV fluid flask with the IV line spike and programming the volumetric pump. 	Following administration guidelines ensures the IV fluid's effectiveness and rate. Ensures IV fluid ordered is the same as the IV fluid supplied. Ensures the correct IV fluid is being administered. Abides by the legal and ethical frameworks regarding safe administration and checking procedures. Prevents preparation and administration errors.
Prepare giving set by closing the roller clamp, spiking the IV fluid bag using ANTT. Squeeze the drip chamber to allow fluid to enter and then open the roll clamp and prime the line. Continue priming with IV fluid until all of the air in the giving set has been expelled.	Ensures safe administration and ensures the tubing is filled with solution and free of air to prevent air embolus.
Assist medical officer or RN with cannulating the individual in order to establish IV access. Support the individual and help to anchor the proposed site for cannulation.	Relieves anxiety and allows for easier cannulation and securement of the IV without complications.
Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.	Prevents contamination.
Connect primed line onto needleless port and secure Luer lock. Program ordered volumetric pump flow rate according to the IV fluid order chart/EMM system fluid order.	Ensures the safe administration of IV fluid.

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)—cont'd**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Ask individual to report pain/discomfort around the cannula site or any swelling.	Monitors for adverse effects such as phlebitis and ensures that complications can be prevented or addressed early.
<p>Ensure that the person who inserted the cannula documents the insertion and gauge of the IV cannula on appropriate form.</p> <ul style="list-style-type: none"> • The commencement of the IV fluid on the IV fluid order chart/EMM system fluid order • Complete/commence a FBC as per facility/organisation policy • Date and attach a change of line label to IV tubing <p>Handover to nursing staff on next shift: type of fluid, flow rate, condition of PIVC infusion site, any adverse drug reactions.</p>	<p>Alerts staff of IV cannula presence and fluid administration (if in progress). Any adverse effects can be managed promptly. Identifies potential for a fluid balance overload or deficit. Prevents fluid imbalance. Identifies when IV line is required to be changed. Provides individual's healthcare data to the healthcare team. Allows for the planning and implementation of care.</p>
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2015; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ESTABLISHING INTRAVENOUS (IV) THERAPY (ASSISTING)

STUDENT NAME: _____

CLINICAL SKILL 20.5: Establishing intravenous (IV) therapy (assisting)

DOMAIN(S): Professional and collaborative practice; provision of care; reflective and analytical practice

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing establishment of an IV line Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's IV fluid order chart/EMM system fluid order Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Assists with insertion of the peripheral intravenous catheter (PIVC) where appropriate Performs the necessary assessments prior to establishing the IV Compares the label of the IV fluid and expiry date with the name of IV fluid on the IV fluid order chart/EMM system fluid order three times Prepares the giving set by closing the roller clamp, spiking the IV fluid bag using aseptic non-touch technique (ANTT) and then filling the drip chamber with fluid Primes the line by releasing the roller clamp slowly and allowing fluid to enter the giving set line Continues priming with fluid until all of the air in the giving set has been expelled Connects primed line onto cannula hub or needleless system Programs the volumetric pump using the medication library and setting the flow rate as per the IV fluid order with an RN and/or as per facility/organisation policy Checks the PIVC site for any complications including checking for patency Ensures PIVC and IV line secured correctly, IV line is labelled and that the insertion site is visible Assesses the PIVC site and the individual for any complications using the Visual Infusion Phlebitis Score (VIPS) Stabilises limb as required 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the IV medication/fluid administration clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or reasons for no administration of the IV medication/fluid to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents accurately on IV fluid order chart/ EMM system fluid order, fluid balance chart and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisational policy <p>Provides any special instructions</p> <p>Asks the individual to report any complications post procedure and throughout the IV being used</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.6 Intravenous management

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Intravenous (IV) fluid order chart/EMM system fluid order
IV fluid
IV volumetric pump
Fluid balance chart (FBC)
IV line label
IV cannula care plan



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity

Check the IV fluid order chart/EMM system fluid order for the individual's identifiers when changing an IV fluid flask or re-programming the rate, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart/EMM system fluid order.

Rationale

Confirms the individual's identity prior to any changes in IV fluid administration or management.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
Apply PPE: gloves, eyewear, mask and gown as appropriate.
Ensure the individual's safety and comfort throughout skill.
Promote independence and involvement of the individual if possible and/or appropriate.
Assess the individual's tolerance to the skill throughout.
Dispose of used supplies, equipment, waste and sharps appropriately.
Remove PPE and discard or store appropriately.
Perform hand hygiene.

Continued

CLINICAL SKILL 20.6 Intravenous management—cont'd

Skill activity	Rationale
<p>Assess individual's ability to continue to receive the IV fluid.</p> <p>Perform any necessary assessments related to identifying local and systemic complications:</p> <p>Local signs: Assess IV insertion site using the VIPS for any signs of redness/pallor, temperature (hot or cold), pain/discomfort, swelling (infiltration or extravasation) or bleeding.</p> <p>Systemic signs: Assess vital signs such as blood pressure (BP), pulse, respiratory rate (RR), SpO₂.</p> <p>Review FBC for fluid volume status and assess for signs of circulatory overload or fluid volume deficit, assess for signs of infection/septicaemia or pulmonary air embolism. Check the patency of the IV cannula and IV line and IV line label.</p>	<p>Identifies if individual has contraindications such as heart failure or kidney failure. Prevents circulatory overload.</p> <p>If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.</p> <p>Assessing early for local or systemic complications will mitigate the risk of developing more severe issues.</p> <p>Local signs and symptoms may be an early sign of phlebitis.</p> <p>Prevents circulatory overload.</p> <p>Ensures the PIVC is patent and prevents PIVC from occluding.</p> <p>Identifies key sites are secure along the IV line.</p> <p>Identifies when the IV line needs changing.</p>
<p>Assist individual with IV therapy with changing clothing, ambulating and personal hygiene, ensure the IV line remains intact and is not disconnected from the PIVC during these activities.</p> <p>Explain rationale for care to the individual when performing any of the above in order to maintain IV access.</p>	<p>Educates individual about importance of maintaining IV access and the risks associated with poor management.</p> <p>Ensures safety with IV management.</p> <p>Prevents a break in the continuity of the IV line and therefore preventing contamination.</p> <p>Prevents complications.</p>
<p>Change IV fluid as ordered ensuring that correct checking procedures are followed as per Clinical Skill 20.5.</p> <p>Program the new flow rate as per the IV fluid order.</p> <p>Check the IV fluid bag for expiry date, colour and leakage.</p>	<p>Ensures safe administration of IV fluid.</p> <p>Ensures IV fluid order is the same as the IV fluid supplied.</p> <p>Ensures the correct IV fluid is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Monitor IV infusion every hour as per facility/organisation policy. Assess PIVC patency using VIPS, and rate of flow.</p> <p>Assess individual's response to treatment.</p>	<p>Prevents complications related to delivery of IV fluid and early detection of inflammation or tissue damage.</p>

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
<p>Ask individual to report:</p> <ul style="list-style-type: none"> • Pain or discomfort • Coolness over PIVC site • Swelling of feet and hands • Shortness of breath. 	<p>Assists in identifying early signs of local or systemic complications.</p>
<p>Sign IV fluid order chart/EMM system fluid order, record date and time infusion commenced:</p> <ul style="list-style-type: none"> • Complete and attach change of IV line label to IV tubing. • Document review of PIVC each shift and note any complications such as infection, injury or loss of patency. • Complete FBC as per facility/organisation policy. <p>Handover to nursing staff on next shift: type of fluid, flow rate, condition of PIVC infusion site, any adverse drug reactions.</p>	<p>Maintains IV access and maintenance.</p> <p>Ensures individual is receiving recommended therapy as ordered.</p> <p>Prevents complications and monitors status.</p> <p>Provides individual's healthcare data to the healthcare team.</p> <p>Allows for the planning and implementation of care.</p>

CLINICAL SKILL 20.6 Intravenous management—cont'd

Discontinue IV therapy and remove IV cannula when:

- There is a medical order (verbal or written)
- PIVC has been in situ for three days or has not been used for more than 24 hours
- Complications have arisen (as mentioned above) and these have been discussed with an RN or medical officer (see Clinical Skill 20.8).

Document date and time of removal, condition of site at time of removal and whether cannula and tip is complete and intact (see Clinical Skill 20.8).

IV cannulas are inserted to administer medications and/or fluids.

The goal is to remove the PIVC if it is no longer required, reducing the risk of infection.

Loss of patency or complications will mean that a PIVC will need to be removed and re-sited.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2015; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; Tollefson et al 2022; SESLHD 2019)

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OBSERVATION CHECKLIST: INTRAVENOUS MANAGEMENT

STUDENT NAME: _____

CLINICAL SKILL 20.6: Intravenous management**DEMONSTRATION OF:** The ability to safely and correctly manage IV therapy*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.*

Independent (I)

Supervised (S)

Assisted (A)

Marginal (M)

Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for safely and correctly managing IV therapy Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order in the individual's IV fluid order chart/EMM system fluid order Verifies name of IV fluid, volume, dose, fluid of previous order and frequency with the IV fluid order chart/EMM system fluid order Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Calculates IV flow rate Checks the IV fluid order/EMM system fluid order and IV pump rate Calculates drops per minute for gravity feed Assesses the PIVC site and individual for any complications Uses VIPS to score PIVC site Reviews FBC and fluid volume status Checks patency Ensures IV pump programmed and working correctly and troubleshoots issues Ensures the IV line is labelled Ensures PIVC and IV line secured correctly, and that the insertion site is visible Stabilises limb as required Follows medical officer's orders regarding discontinuation of the IV and/or removal of the PIVC 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding IV fluid action and provides education as required Assesses the individual's ability to cooperate with the procedure Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the IV fluid administration procedure clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of IV fluid to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents accurately on IV fluid order chart/ EMM system fluid order, FBC and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisational policy <p>Provides any special instructions</p> <p>Asks the individual to report any complications throughout the IV therapy</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

(IV) fluid order chart
 NIMC/EMM system IV/medication orders
 IV fluid flask/medication vial/ampoule
 Diluent
 IV infusion set
 Burette
 Secondary bag
 Syringes and needleless device for administration and medication vial access (if applicable)
 IV additive label
 IV line label
 Alcohol or antiseptic swabs
 Disposable gloves
 IV volumetric pump
 Fluid balance chart (FBC)
 Injection tray
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Skill activity	Rationale
General procedures for administration of all IV medications	
Ensure correct IV fluid/medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure IV fluid/medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions with concurrent IV therapy. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information. Review high-risk medicines on facility/organisation APINCHS list.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication. Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.
Assess individual's ability to receive the IV fluid/ medication bolus.	Allows nurse to monitor individual's response to IV medication given that onset of action is quicker than any other route.
Check IV fluid order chart, NIMC/EMM system orders for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart or NIMC/EMM system order.	Confirms the individual's identity.
Perform any necessary assessments related to the medication being administered (e.g. vital signs, chest auscultation, potassium levels, pain levels before, during and after infusion of medication as recommended and/or as per facility/organisation policy).	Ensures safety of the individual during the administration of the medication.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Skill activity	Rationale
<p>Prepare medications as per administration guidelines and calculate the correct dose.</p> <p>Ensure the right IV medication is being administered by comparing the label and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the storage room • Second check: Before preparing IV medication • Third check: Before adding to IV fluid or administering as a bolus through the PIVC. 	<p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Review <i>Australian Injectable Drugs Handbook</i> for compatibility with concurrent IV therapy.</p> <p>Prepare IV fluid/medication with a second nurse (RN) as per the <i>Australian Injectable Drugs Handbook</i> and calculate the correct dose.</p> <p>Ensure administration is according to manufacturer's instructions and organisation policy and procedure guidelines.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p> <p>Table 20.4 Preparation of medications from ampoules and vials as per the <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Promotes correct and safe administration of the IV fluid/medication.</p> <p>Prevents preparation errors.</p> <p>Review of <i>Australian Injectable Drugs Handbook</i> prevents incompatibilities and ensures correct mixing of IV fluid/medication.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.</p>
<p>Complete and attach additive label as per facility/organisation policy and the ACSQHC 2015 National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines.</p>	<p>Communicates to nurses the contents of the medication delivery systems.</p>
<p>Assess PIVC insertion site using VIPS for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p> <p>Assess the patency of the cannula as per facility/organisation policy.</p>	<p>Assesses early signs of phlebitis to ascertain if PIVC needs replacing.</p> <p>Ensures safe administration of medication into venous system rather than into surrounding tissues.</p>
<p>Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.</p>	<p>Prevents contamination.</p>
<p>Administer IV medication as per facility/organisation policy and the <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Ensures the IV medication is administered correctly.</p>
<h3>Large volume infusion—fluid bolus</h3>	
<p>Check indication and IV fluid order for large volume IV bolus and calculate rate.</p> <p>Review FBC for fluid balance status.</p> <p>Check current IV fluid running to ensure it does not contain any additives such as potassium chloride.</p>	<p>Ensures large volume IV fluid bolus is being administered over the correct timeframe.</p> <p>Identifies a fluid volume deficit indicating the need for a fluid bolus.</p> <p>Ensures that individual is not given a bolus of IV potassium that could be fatal.</p>
<p>Pause current flow rate and set a secondary program using the medication library and set the bolus rate.</p>	<p>A secondary program once completed will revert to the original flow rate.</p> <p>Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.</p>
<p>Check volumetric pump after completion of the large volume bolus timeframe and reduce VTBI by the fluid bolus amount.</p> <p>Record bolus on the FBC and IV fluid order chart.</p>	<p>Ensures large volume bolus has been delivered and has reverted back to original rate.</p> <p>Reducing VTBI reduces the risk of air in line.</p> <p>Allows review of fluid balance status.</p>

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Complete post bolus reviews—vital signs (BP), and FBC.	Large volume bolus should increase intravascular volume and improve blood pressure if individual was hypotensive. Large volume bolus can also cause fluid overload.
Intravenous medication bolus via IV cannula/IV line	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Prepare medication and two syringes with 5–10 mL of normal saline 0.9% each, for flushing the cannula/line before and after medication administration.	Prevents blockage of line and ensures medication has been injected completely, and prevents chemical irritation to the vein.
Take equipment to the individual in injection tray ensuring all sharps are contained/capped correctly. Select injection port closest to individual.	Ensures correct transporting of equipment and abides by infection control/ANTT procedures. Allows for easier aspiration for blood return to check placement.
Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Pause pump program and occlude infusion line above port by pinching tubing or closing the roller clamp. Connect syringe containing normal saline 0.9% to needleless valve/injection port on IV line or PIVC. Gently pull back on syringe plunger to aspirate blood. Slowly inject 5–10 mL of normal saline 0.9% and remove syringe.	Prevents back flow of medication into IV line and ensures medication to be administered is into intravenous system. Checks position of cannula in vein. Clears reservoir of blood and checks patency of access port. Allows for access.
Attach IV medication syringe and inject medication as per the <i>Australian Injectable Drugs Handbook</i> guidelines or facility/organisation policy.	Ensures medication is given at the correct rate. Rapid administration may cause pain, phlebitis, adverse medication reactions, or could be fatal.
Attach second flush syringe and flush PIVC or line with 5–10 mL of normal saline 0.9%.	Flushes medication properly into the venous system preventing chemical irritation. Allows for medication clearance in the IV line and PIVC.
Release tubing and/or roller clamp and restart the pump infusion rate or gravity feed drip rate if required.	Re-establishes IV fluid delivery.
Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds. If the port was capped, replace cap.	Prevents introduction of microorganisms.
Piggyback/tandem infusion	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Prepare medication by injecting medication into small volume IV fluid bag (e.g. 50–100 mL) through medication injection port. After withdrawing syringe, gently mix contents of infusion.	Ensures even distribution of medication throughout the infusion fluid and prevents medication pooling in the bottom of the IV bag, inadvertently giving the individual a concentrated dose.
Complete and attach an IV medication additive label, with details of medication added, fluid, date, time and two nurses' signatures (second nurse must be an RN).	Informs all staff of the contents of the infusion.
Close roller clamp on secondary giving set and correctly insert spike into medication IV bag using ANTT. Half fill the IV giving set chamber and then slowly prime the line by releasing the roller clamp, without introducing any air.	Prevents the introduction of microorganisms and cross-infection. Allows IV tubing to fill slowly preventing entry of air into the IV line. Prevents air embolus entering the individual.

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Hang IV medication bag on IV pole, insert into volumetric pump (if using) and connect IV giving set to infusion port on the primary infusion line.	Prepares IV medication for administration. IV fluid bag needs to be higher than the individual or the volumetric pump to prevent back flow into primary IV bag and aids drip rate via gravity feed.
Program the IV pump secondary line using the medication library with correct rate and VTBI or gravity feed with correct drip rate. Infuse medication as per manufacturer's recommendations and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.
Remove and discard secondary infusion bag after completion of infusion, in a safe and appropriate manner. Connect a compatible IV fluid if required, to flush the giving set with 25 mL of normal saline 0.9%, then remove secondary line from the primary line. Return to primary infusion rate/drip rate.	Ensures complete infusion of medication. Ensures the return to the original infusion rate as ordered. IV giving set requires approx. 25 mL for priming, which ensures medication infuses correctly and totally in order to allow for therapeutic levels. Ensures no crystallisation of fluid occurs with any other medication or IV fluid delivery in the same line.
Ensure primary infusion is running at the correct pump/drip rate.	Secondary infusion may have interfered with the flow rate of the primary infusion. Prevents circulatory overload.
Burette	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Fill burette with required amount of fluid from infusion bag as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures correct amount of diluent for the safe administration of the medication. Prevents the risk of circulatory overload. Prevents incompatibility reactions or toxicity.
Vigorously clean injection port on top of burette for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Attach syringe and inject medication into burette port and gently mix with fluid in burette.	Ensures even distribution of medication throughout fluid.
Label burette with medication administration label containing name of medication, total volume, time of starting administration, individual's details and two checking staff signature/initials.	Ensures all staff are aware of medication infusion occurring; prevents other medication being added to burette at same time. Abides by policy and procedure.
Calculate rate and program volumetric pump using the medication library with the correct rate as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.
On completion of infusion, fill burette to a minimum of 25 mL of normal saline 0.9% or fluid in primary bag and infuse over the same rate medication administered (ensure flush is enough to completely infuse total medication through the IV giving set). Once complete, remove label from burette and return infusion to previous rate.	IV giving set requires approx. 25 mL for priming, which ensures medication infuses correctly and totally in order to allow for therapeutic levels. Ensures no crystallisation of fluid occurs with any other medication or IV fluid delivery in the same line. Alerts staff that medication infusion is complete.

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

If more than one medication is to be administered, ensure that burette and line are 'flushed' with a minimum of 25 mL in between the medications, and wait the recommended time between the administration of medication as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatible medications coming into contact with each other. Ensures that medication actions are adhered to and therapeutic outcomes are optimal.
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Volumetric pump syringe driver

Perform hand hygiene. Prepare 30–50 mL syringe with medication and diluent as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Prevents cross-infection. Ensures correct amount of diluent for the safe administration of the medication. Prevents incompatibility reactions or toxicity.
Label syringe with medication additive label containing name of medication, diluent total volume, time of starting administration, individual's details and two checking staff signature/initials. Places label away from markings on syringe.	Ensures all staff are aware of medication being administered via the volumetric pump syringe driver. Abides by policy and procedure. Ensures syringe level can be easily visualised for assessment of delivery and documentation.
Open syringe driver module on the volumetric pump, lift plunger lock and insert syringe with volume numbers facing out, locking it in place.	Ensures syringe is correctly fitted. Ensures syringe level can be easily visualised for assessment of delivery and documentation.
Vigorously rub the cannula valve/injection port for 30 seconds with an alcohol swab and allow to dry for 30 seconds and attach syringe driver line using ANTT.	Prevents cross-contamination.
Calculate rate and program syringe module on volumetric pump using the medication library with the correct rate as per the recommendations and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
Restore the environment.
Report, record and document assessment findings, details of the skill performed and the individual's response.
Report, record and document any abnormalities and/or inability to perform the skill.
Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on the NIMC/EMM system. Record volume of fluid in medication bag (used for piggyback/tandem administration) or burette on FBC.	Prompt documentation prevents medication errors. Sites should be rotated for long-term therapy such as insulin, as repeatedly using same site leads to thickening of skin and tissue atrophy. Prevents circulatory overload.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2015; 2023; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022; SESLHD 2019)

OBSERVATION CHECKLIST: ADMINISTRATION OF INTRAVENOUS (IV) MEDICATIONS: INFUSION AND BOLUS

STUDENT NAME: _____

CLINICAL SKILL 20.7: Administration of intravenous (IV) medications: infusion and bolus

DEMONSTRATION OF: The ability to safely and correctly administer intravenous medication via infusion and bolus

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the IV therapy Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of IV medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for the IV fluid/medication push with the medical officer/RN Considers any medication administration requirements, contraindications Performs and checks any necessary assessments related to the specific medication (vital signs, potassium/electrolyte levels, FBC) Prepares the individual's medication by first reading the name of medication on the container and the expiry date Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Checks for compatibility with IV fluid (if in progress) Prepares and administers medications as per facility/organisation policy Cleans injection port, flushes IV, administers medication over correct duration, re-cleans port and flushes again For intermittent infusion, connects and hangs piggyback container (with additive label in situ), sets rate for secondary infusion, monitors and returns to primary infusion when complete 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Assesses the individual regarding the IV infusion and/or bolus for any reactions</p> <p>Assesses the individual's ability to cooperate with the procedure</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks IV medication preparation and delivery process with second nurse (RN)</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication delivery clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of medication to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents accurately on FBC if required <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.8 Removal of intravenous cannula

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Disposable gloves
Dressing pack/sterile gauze (as per facility/organisation policy)
Injection tray
Antiseptic solution/swab (as per facility/organisation policy)
Tape



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
Apply PPE: gloves, eyewear, mask and gown as appropriate.
Ensure the individual's safety and comfort throughout skill.
Promote independence and involvement of the individual if possible and/or appropriate.
Assess the individual's tolerance to the skill throughout.
Dispose of used supplies, equipment, waste and sharps appropriately.
Remove PPE and discard or store appropriately.
Perform hand hygiene.

Skill activity	Rationale
Gently remove tapes securing the IV and the occlusive dressing, ensuring no pulling of excess hair. Use scissors to cut away hair if required.	Decreases discomfort and helps prevent complications to the surrounding skin.
Clean with normal saline 0.9%/chlorhexidine after removal of tape/dressing according to facility/organisation policy and allow to dry. Place sterile gauze over insertion site (do not press) and gently remove cannula along the line of the vein. Place gauze and a strip of tape over site or pressure pad ensuring adequate pressure until there is no further bleeding from site. Inspect the PIVC for completeness.	Prevents the introduction of microorganisms. Prevents a haematoma or injury to the vein post removal. Ensures whole cannula was removed and no fragments are left behind.

CLINICAL SKILL 20.8 Removal of intravenous cannula—cont'd**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity

Document date and time of removal, condition of site at time of removal and whether cannula and tip were complete and intact.

Rationale

Any adverse effects can be managed promptly.
Provides individual's healthcare data to the healthcare team.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(Gorski 2023; JBI 2022e; Queensland Health 2018)

OBSERVATION CHECKLIST: REMOVAL OF AN IV CANNULA

STUDENT NAME: _____

CLINICAL SKILL 20.8: Removal of an IV cannula**DEMONSTRATION OF:** The ability to safely and correctly remove an IV cannula*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.***Independent (I)****Supervised (S)****Assisted (A)****Marginal (M)****Dependent (D)**

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing removing the PIVC Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order in the individual's record Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Checks the PIVC site for any complications prior to removal using VIPs Follows medical officer's orders regarding the removal of the PIVC Ensures IV pump and/or IV therapy is discontinued/ turned off Gently removes tapes securing the IV and the occlusive dressing ensuring no pulling of excess hair Cleanses site and allows to dry. Places sterile gauze over insertion site and gently removes cannula along the line of the vein Places gauze and a strip of tape over site ensuring adequate pressure until there is no further bleeding from site Inspects the PIVC for completeness 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses the individual for any complications associated with the IV therapy Monitors the individual's anxiety related to the procedure Assesses the individual's ability to cooperate and assist with the procedure Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> Documents accurately on IV fluid order chart/ EMM system fluid order, FBC and in progress notes that the IV therapy has been ceased and PIVC removed <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

(Gorski 2023; JBI 2022e; Queensland Health 2018)

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Blood product prescription form
 Blood product administration consent form
 Blood component label
 Blood product
 Blood IV infusion giving set
 Antiseptic swabs
 Disposable gloves
 10 mL syringe
 10 mL normal saline 0.9%
 IV volumetric pump and fluid balance chart (FBC)
 Vital signs equipment
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Rationale

General procedures for administration of IV blood or blood product transfusions

Ensure correct blood or blood product is administered by following the '11 rights' throughout preparation and administration.

Identifies issues, which can be addressed prior to administration.
 Prevents transfusion errors from occurring and promotes correct and safe administration of blood and blood products.

Ensure blood or blood product orders are correctly prescribed and written.
 Verify indication for the administration of the blood or blood product.
 Assess for any contraindications: check individual's ABO and compare with the blood product ordered; ensure a dedicated IV line.
 Review all necessary information about the blood or blood product, including rationale, haemolytic and non-haemolytic reactions, any special administration information.
 Check blood product prescription form for signed consent.

Ensures correct blood or blood product administration is about to take place.
 Ensures the nurse understands why the individual is receiving the blood or blood product and is able to ask for a review by the medical officer if the individual's health status changes.
 Ensures compatibility of blood or blood product.
 Promotes correct and safe administration of the blood or blood product and prevents incorrect blood transfusion.
 Ensures individual has been fully informed and consents to the blood or blood product transfusion.

Continued

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products—cont'd

Review name of blood or blood product on the blood product prescription form: blood product, route, time of last administration and frequency of administration.

Ensures that the right blood product is being given at the right frequency and time, via the correct route.
Prevents medication errors from occurring.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
<p>All blood checking processes independently verified by two nurses (one must be an RN). Check the blood product prescription form for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and the blood product prescription form and blood product label. Check batch number, blood group (ABO & Rh(D)), blood or blood product expiry date and cross match expiry date with the blood product prescription form and blood product label according to safe administration of blood products and facility/organisation policy. Note: Blood should not exceed the maximum time of 30 minutes away from the fridge; platelets should continue to be agitated by hand prior to administration.</p>	<p>Nurses checking individually the blood product prescription form and blood product label with the individual's ID ensures accuracy of information once compared, instead of one nurse trusting the other nurse that the information is correct as they read it out. Promotes safety prior to blood product administration. Confirms the individual's identity and prevents incorrect blood or blood product being transfused. Promotes safety prior to blood product administration. Ensures the correct blood product is being administered to the correct person.</p>
<p>Calculate the correct volumetric pump rate according to the rate documented on the blood product prescription form and volume recorded on the blood bag.</p>	<p>Ensures the blood product is administered at the correct rate and reduces the risk of transfusion reactions.</p>
<p>Check PIVC insertion site using the VIPS for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p>	<p>Assesses early signs of phlebitis to ascertain if PIVC needs replacing.</p>
<p>Perform pre-blood administration vital signs check before, during and after infusion of blood or blood product according to facility/organisation policy.</p>	<p>Allows nurse to monitor individual's response to blood product and allows for identification of blood transfusion reactions. Ensures safety of the individual during the administration of the blood or blood product.</p>
<p>Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.</p>	<p>Prevents contamination.</p>
<p>Attach syringe and flush with 10 mL of normal saline 0.9%. Identify patency.</p>	<p>Ensures safe administration of medication into venous system rather than into surrounding tissues. Assesses the patency of the cannula as per facility/organisation policy and procedure guidelines.</p>
<p>Prime a dedicated blood product IV volumetric giving set with the blood or blood product. Connect line to IV cannula.</p>	<p>Protocol is for blood not to be transfused with any other IV fluid or medication. Prevents incompatibility reaction from occurring by using a new IV giving set dedicated for blood.</p>

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products—cont'd

Commence volumetric pump administration rate as per protocol.
 Commence blood transfusion at a slower rate for the first 15 minutes as per organisational protocol (if required). Perform and record routine blood observations as per protocol: 15-minutely, then hourly until the transfusion finishes, and at conclusion of the blood transfusion according to facility/organisation policy and individual health status.
 Observe and remain with the individual for the first 15 minutes.
 Observe closely and report any transfusion reactions such as:

- Fever, chills, headache, malaise
- Flushing of the skin, urticaria, wheezing, itchy rash
- Restlessness, anxiety, chest pain, tachypnoea, tachycardia, nausea, shock, haematuria, back pain.

Stop the blood transfusion if you suspect a reaction. Notify RN and medical officer, follow facility/organisation policy.
 Complete the transfusion when the blood unit is empty (or if four hours has elapsed since unit of blood removed from the blood fridge).

Some organisations required that blood transfusions commence at a slower rate to minimise transfusion reactions.
 Indicates afebrile non-haemolytic or haemolytic reaction or circulatory overload.
 Different actions may be implemented depending on the reaction and medical officer's orders.
 Allows medical officer to stop or change blood product promptly if a transfusion reaction occurs, and to treat the symptoms or manage blood transfusion administration.
Note: Platelets, plasma (FFP), serum albumin and cryoprecipitate generally do not require regular observations, but refer to facility/organisation policy for further information.
 Minimises risk of bacterial infection and contamination.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
 Restore the environment.
 Report, record and document assessment findings, details of the skill performed and the individual's response.
 Report, record and document any abnormalities and/or inability to perform the skill.
 Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Immediately record and sign blood administration commencement on blood product prescription form (two nurses to sign).	Ensures that blood or blood product administration is correctly recorded on the relevant charts.
Record blood volume on the fluid balance chart.	Ensures accurate recording of input.
Instruct the person to report any sudden chills, nausea, dyspnoea, fever, rash, itch, loin/flank pain.	Promotes participation in care and understanding of health status. Reduces risk of allergic reaction.
On completion of each blood transfusion, medical officer notified to complete a review of the individual. Flush line via secondary spike with normal saline 0.9%. Change the giving set as per facility/organisation policy.	Ensures the safety of the individual and detects fluid overload and any delayed transfusion reaction. Medical officer may prescribe diuretics to prevent fluid overload. To ensure all blood or blood product is administered. Decreases risk of bacterial contamination, and retains efficiency of filter.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2015; Australian & New Zealand Society of Blood Transfusion Ltd 2019; Department of Health 2018; 2021; Gorski 2023; JBI 2021e; Rebeiro et al 2021; SESLHD 2019)

OBSERVATION CHECKLIST: ADMINISTRATION OF INTRAVENOUS BLOOD PRODUCTS

STUDENT NAME: _____

CLINICAL SKILL 20.9: Administration of intravenous (IV) blood products

DEMONSTRATION OF: The ability to safely and correctly manage IV blood product administration

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)

Supervised (S)

Assisted (A)

Marginal (M)

Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for safely and correctly managing blood product administration Identifies the individual using three individual identifiers: full name, DOB and UR number using the blood product prescription form Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Verifies the blood order in the individual's blood product prescription form and blood product label Checks the previous fluid or blood product orders and frequency with the blood product prescription form Follows the 11 rights Locates and gathers equipment Prepares the work environment Performs pre-blood vital signs observations 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews blood or blood product type, blood label, batch number, written consent, blood group (ABO, Rh(D)) and expiry date with the blood product prescription form and blood label independently and with a second nurse (RN) Checks the volume of the blood product and calculates the pump rate Assesses the PIVC site and individual for any complications using the VIP score and checks patency Reviews FBC and fluid volume status Ensures IV volumetric pump is programmed with the correct rate and VTBI Ensures PIVC and IV line are secured correctly, and the insertion site is visible Stabilises limb as required Performs routine blood observations as per protocol and remains with the person for the first 15 minutes 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided according to BloodSafe guidelines</p> <p>Assesses individual's knowledge regarding IV blood product administration and provides education as required</p> <p>Aware of haemolytic and non-haemolytic transfusion reactions to be able to act promptly if a transfusion reaction occurs</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of blood product and equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the IV blood product administration procedure clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of IV blood product to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents accurately the blood checks and observations on blood product prescription form, FBC and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisation policy <p>Provides any special instructions</p> <p>Asks the individual to report any signs and symptoms throughout the blood product administration</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication orders (e.g. subcut continuous infusion chart)
 Prescribed medication/s
 Diluent
 Subcutaneous infusion set (extension tubing line)
 Syringe driver and appropriate size syringe
 Needleless device (butterfly) and vial access (if applicable)
 Subcutaneous additive and line label
 Antiseptic swabs
 Disposable gloves
 Injection tray
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity

Rationale

General procedures for administration of all subcutaneous medications

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Identifies issues, which can be addressed prior to administration.
 Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

Continued

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

<p>Ensure medication orders are correctly prescribed and written.</p> <p>Verify indication for the medication on the NIMC/EMM system.</p> <p>Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p> <p>Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.</p> <p>Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p>	<p>Ensures correct medication administration is about to take place.</p> <p>Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.</p> <p>Ensures that the right medication is being given at the right frequency and time, via the correct route.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery decreasing the risk of toxic or adverse events from occurring. Prevents medication errors from occurring.</p> <p>Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.</p> <p>Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p>
<p>Assess individual's ability to receive the medication in the prescribed form via the prescribed route.</p>	<p>Before administering morphine, the nurse must check the individual's sedation score to ascertain conscious state as further administration may increase the risk of complications.</p>
<p>Check medication orders for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.</p>	<p>Confirms the individual's identity.</p>
<p>Perform any necessary assessments related to the medication such as sedation score (AVPU), respiratory rate (RR), blood glucose level (BGL).</p>	<p>Allows nurse to monitor individual's response to the medication.</p> <p>If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.</p>




PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

- Perform hand hygiene.
- Apply PPE: gloves, eyewear, mask and gown as appropriate.
- Ensure the individual's safety and comfort throughout skill.
- Promote independence and involvement of the individual if possible and/or appropriate.
- Assess the individual's tolerance to the skill throughout.
- Dispose of used supplies, equipment, waste and sharps appropriately.
- Remove PPE and discard or store appropriately.
- Perform hand hygiene.

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

Skill activity	Rationale
<p>Calculate correct dose and prepare medication according to Table 20.4 Preparation of medications from ampoules and vials and as per the <i>Australian Injectable Drugs Handbook</i>.</p> <p>Check the label and expiry date. Have two nurses check (one must be an RN) according to safe administration guidelines and the facility/organisation policy.</p> <p>Compare the medication container with the order on the subcutaneous infusion chart.</p> <p>Ensure right medication is being administered by comparing the label of the medication vial/ampoule and expiry date with the name of medication on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the medication room • Second check: Before removing medication from the vial/ampoule • Third check: Before discarding medication vial/ampoule. 	<p>Promotes safety during administration.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation errors.</p> <p>Prevents chemical reaction occurring, which may result in clouding or crystallisation of the medication in the syringe.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Assess subcutaneous butterfly insertion site for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p> <p>Assess the patency of the subcutaneous butterfly as per facility/organisation policy.</p>	<p>Ensures safe administration of medication into the subcutaneous tissue.</p>
<p>Attach the extension tubing line to the end of the syringe and prime the line.</p> <p>Insert the syringe into the syringe driver locking it into place.</p> <p>Clean butterfly port with antiseptic swab for 30 seconds and allow to dry for 30 seconds.</p> <p>Attach the extension tubing line to the port on the end of the subcutaneous butterfly, maintaining ANTT.</p>	<p>Prevents cross-infection.</p>
<p>Attach additive label to the syringe and line label to the line. Avoid placing additive label over syringe volume markings.</p> <p>Program the syringe driver to required rate/hr or mm/24 hours.</p> <p>Place a locking canister over syringe driver.</p>	<p>Ensures correct and safe administration of medication.</p> <p>To secure syringe and rate buttons preventing accidental administration of increased volume.</p>
<p>If necessary, check vital signs before, during and after subcutaneous infusion of medication as recommended and/or as per continuous infusion chart and facility/organisation policy.</p>	<p>Allows nurse to monitor individual's response to medication.</p> <p>Ensures safety of the individual during the administration of the medication.</p>
<p> AFTER THE SKILL</p>	
<p>(Please refer to the Standard Steps on p. xii for related rationales.)</p> <p>Communicate outcome to the individual, any ongoing care and to report any complications.</p> <p>Restore the environment.</p> <p>Report, record and document assessment findings, details of the skill performed and the individual's response.</p> <p>Report, record and document any abnormalities and/or inability to perform the skill.</p> <p>Reassess the individual to ensure there are no adverse effects/events from the skill.</p>	

Continued

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

Skill activity	Rationale
Record medication administration promptly on medication/subcutaneous continuous infusion administration chart.	Prevents medication errors from occurring (e.g. dose being duplicated).
Record volume of fluid in syringe in mm or volume on the continuous infusion chart.	Allows for monitoring of delivery of medication through the syringe driver over a 24-hour period.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2015; 2023; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022).</i>	

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OBSERVATION CHECKLIST: ADMINISTRATION OF SUBCUTANEOUS (SUBCUT) MEDICATIONS: INFUSION

STUDENT NAME: _____

CLINICAL SKILL 20.10: Administration of subcutaneous (subcut) medications: infusion

DEMONSTRATION OF: The ability to safely and correctly administer subcutaneous medication via infusion

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing subcut medication infusion Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Performs and checks any necessary assessments related to the specific medication (vital signs) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Checks for compatibility with other medications to be delivered concurrently Prepares syringe and volumetric pump syringe driver module Attaches subcutaneous additive and line label Programs settings and administers subcut medications as per facility/organisation policy Checks subcut medication preparation and delivery process with subcut order chart and with a second nurse (RN) Checks compatibility of medications being delivered concurrently Assesses subcut cannula insertion site					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Assesses the individual regarding the subcutaneous infusion and for any reactions</p> <p>Assesses the individual's ability to cooperate with the procedure</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication delivery clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of medication on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents accurately on FBC if required <p>Provides any special instructions</p> <p>Asks the individual to report any signs or symptoms during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.11 Administration of a topical medication

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Prescribed medication
Disposable gloves
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess the individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has a skin rash, infection, bruising at the site, a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.11 Administration of a topical medication—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
 Apply PPE: gloves, eyewear, mask and gown as appropriate.
 Ensure the individual's safety and comfort throughout skill.
 Promote independence and involvement of the individual if possible and/or appropriate.
 Assess the individual's tolerance to the skill throughout.
 Dispose of used supplies, equipment, waste and sharps appropriately.
 Remove PPE and discard or store appropriately.
 Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Apply required amount of topical medication onto the individual's skin as per administration guidelines.	The amount of topical medication applied depends on the type of medication being applied. For example, for applying a corticosteroid the fingertip unit is used as a guide to determine how much product to apply. Other treatments such as emollients may require more generous application of the product.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
 Restore the environment.
 Report, record and document assessment findings, details of the skill performed and the individual's response.
 Report, record and document any abnormalities and/or inability to perform the skill.
 Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; JBI 2022g; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTRATION OF A TOPICAL MEDICATION

STUDENT NAME: _____

CLINICAL SKILL 20.11: Administration of a topical medication

DEMONSTRATION OF: The ability to safely and correctly administer a topical medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Validates the order in the individual's record Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Selects appropriate site for medication delivery Applies the required amount of topical medication onto the individual's skin					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required and ability to self-administer</p> <p>Applies the appropriate amount of the product</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any adverse effects to the medication</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.12 Applying transdermal medications

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Prescribed medication
Resource material (e.g. MIMS)
Disposable gloves



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has a skin rash, infection, bruising at the site, a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

Continued

CLINICAL SKILL 20.12 Applying transdermal medications—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Inspect skin to ensure that it is intact. Identify previous application site and rotate site.	Broken skin can affect the medication's absorption. Rotating site reduces irritation. Increased absorption may occur if applied to the same site.
Ensure any previous transdermal patches in situ are removed before applying next patch. Patches that contain opioid agents must be folded with adhesive sides sticking together and disposed of in a sharps container.	Ensures the individual receives the correct dose of the medication. Ensures that these patches cannot be inappropriately used by another individual.
Write date and time on the patch. Remove the adhesive backing and apply the patch onto a dry, hairless area of the individual's skin. The patch cannot be cut into smaller pieces.	It can be clearly seen the date the patch was applied. Cutting the patch into smaller pieces can affect the dose of the medication that the individual receives.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: APPLYING TRANSDERMAL MEDICATIONS**STUDENT NAME:** _____**CLINICAL SKILL 20.12:** Applying transdermal medications**DEMONSTRATION OF:** The ability to safely and correctly apply transdermal medication*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.*

Independent (I)
 Supervised (S)
 Assisted (A)
 Marginal (M)
 Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Selects appropriate site for medication delivery Ensures that any old patches/discs that are in situ are removed before applying another patch/disc Disposes of used patches appropriately Writes the date and time on the patch Removes the adhesive backing and applies the patch onto a dry, hairless area of the individual's skin					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required and ability for self-administration Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.13 Instilling eye drops or ointment

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Eye drops/ointment
 Gauze
 Normal saline 0.9% (if required)
 Disposable gloves
 Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.13 Instilling eye drops or ointment—cont'd**PERFORM THE SKILL****(Please refer to the Standard Steps on p. xii for related rationales.)**

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Document opening date on the container. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or the cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ocular medications are required to be discarded in a certain timeframe after opening. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist the individual to a position with the head tilted well back (if possible).	Facilitates correct instillation of medication.
If eye contains any discharge or crusting, it should be cleaned with normal saline and gauze swabs before instilling drops or ointment.	Discharge or crusting prevents adequate absorption of medication.
Remove the cap of the container and hold the dropper or tube slightly away from the eye.	Avoids contacting any part of the eye and contaminating the nozzle.
Gently pull down the lower lid to form a pouch.	Facilitates correct instillation of medication.
Instil prescribed medication into the pouch of the lower lid (e.g. 1 drop BE). Five minutes should be left between administering multiple eye drops.	Medications should be instilled correctly (e.g. into the pouch of the lower lid and not directly onto the eyeball). If eye drops are administered too quickly the previous eye drops may be washed away and not absorbed.
Advise individual to close their eye and place index finger against the side of nose near the eye and apply light pressure for 60 seconds after the drop has been administered.	This helps the drop to spread over the eye and be absorbed and prevents the drops running into the nose and being swallowed.
If ointment is being instilled, the eye drops should be administered first.	Ointment waterproofs the eye.
Discard 1.25 cm of ointment onto a swab. Direct nozzle of the tube near the lid, and apply a ribbon of ointment along the rim of the lower lid.	Reduces the risk of instilling contaminated ointment.
Give individual any special instructions related to medications. Instruct to close the eyelid gently. Wipe away any excess with a gauze swab. Instruct individual to blink gently several times. Ask individual to report any side effects/complications.	Facilitates even distribution of the medication over the eye's surface. Keeps individual informed and creates an opportunity to initiate medication education. Monitors for adverse effects and ensures that complications can be prevented or addressed early.
Apply eye pad if required (see Clinical Skill 34.1).	A pad may be prescribed for comfort or protection.

Continued

CLINICAL SKILL 20.13 Instilling eye drops or ointment—cont'd**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; JBI 2021b; Rebeiro et al 2021; Tollefson et al 2022)

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OBSERVATION CHECKLIST: INSTILLING EYE DROPS OR OINTMENT**STUDENT NAME:** _____**CLINICAL SKILL 20.13:** Instilling eye drops or ointment**DEMONSTRATION OF:** The ability to safely and correctly administer eye drops or ointment*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.*

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC or EMM system Checks the 11 rights Locates and gathers equipment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual's head appropriately Cleanses the eye if required Administers the prescribed number of drops into the lower pouch of the eye Leaves five minutes between administering multiple eye drops Administers drops before eye ointment Wipes excess medication from eye 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required and ability to self-administer Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

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Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.14 Instilling ear drops

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Ear drops
Cotton balls
Cotton-tipped applicator
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has an ear infection, pain, ear wax build-up or occlusion such as no ear canal, a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.14 Instilling ear drops—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist the individual to lie on the side with affected ear facing upward.	Facilitates instillation of the drops into the ear.
Inspect the ear for any wax or drainage. Wipe out gently using a cotton ball, ensuring that wax is not forced inwards.	Any occlusion will prevent drops from being evenly distributed.
Pull auricle gently up and back. For a child under three years, the earlobe is pulled down and back.	Straightens the ear canal.
Ensure drops are at room temperature. Instil prescribed number of drops ensuring they fall against the sides of the ear canal and not onto the tympanic membrane.	Cold drops may cause vertigo and nausea. Avoids discomfort.
Massage gently or apply pressure to the projection in front of the meatus (the tragus).	Ensures that the drops flow into the canal.
Wipe the outer ear free of excess drops. Place a cotton wool swab loosely into the meatus if instructed.	Promotes comfort. Prevents the medication from leaking out.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Instruct to lie with affected ear upwards for 10 minutes.	Prevents the medication from leaking out.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; JBI 2023; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: INSTILLING EAR DROPS**STUDENT NAME:** _____**CLINICAL SKILL 20.14:** Instilling ear drops**DEMONSTRATION OF:** The ability to safely and correctly administer ear drops*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.***Independent (I)****Supervised (S)****Assisted (A)****Marginal (M)****Dependent (D)**

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Inspects the ear for any wax or drainage. Wipes out gently using a cotton bud, ensuring that wax is not forced inwards Assists the individual into an appropriate position Gently pulls the auricle up and back. For a child under three years, pulls the earlobe down and back Ensures that the drops are at room temperature. Instils the prescribed number of drops so that they fall against the sides of the canal and not on the tympanic membrane Gently massages or applies pressure to the projection in front of the meatus (the tragus) Wipes the outer ear free of excess drops If prescribed, places a cotton wool swab loosely into the meatus, or instructs the individual to lie with affected ear upwards for 10 minutes					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy, and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or inability to administer the medication on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.15 Administration of a vaginal medication

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Medication
Applicator
Disposable gloves
Tissues
Perineal pad
Lubricant for a suppository/ pessary
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIM/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has PV discharge or is menstruating a review will need to occur to reassess the ordered route.
Prepares individual and directs to empty bladder.	If the bladder is emptied, the individual may experience less discomfort. Voiding after the medication is administered may result in the medication not being retained.

Continued

CLINICAL SKILL 20.15 Administration of a vaginal medication—cont'd

Assess the individual's ability to self-administer the medication in the prescribed form via the vaginal route.	Promotes independence and avoids embarrassment and loss of privacy and dignity.
Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

<p>Prepare medication as per administration guidelines and calculate the correct dose.</p> <p>Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	<p>Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Ensure privacy and assist the individual into the dorsal recumbent position, with legs flexed and extended apart, using a privacy towel/cover.</p>	<p>Privacy reduces embarrassment. Position provides easy access to and adequate exposure of the vaginal canal.</p>
<p>Attach applicator to the tube of cream or place the pessary in the applicator. Apply lubricant to the applicator.</p>	<p>Promotes correct and safe administration of the medication. Lubrication facilitates insertion.</p>
<p>Retract the labial folds gently or instruct individual on technique of self-administering.</p>	<p>Exposes the vaginal orifice.</p> <p>Maintains independence, and privacy and dignity.</p>
<p>Insert applicator into the vagina in an upwards and backwards direction, about 7.5 cm. Push plunger to deposit medication.</p>	<p>Proper placement ensures equal distribution of medication along the walls of the vaginal cavity.</p>
<p>Withdraw applicator, offer individual tissues to wipe any residual cream from labia and apply a perineal pad.</p>	<p>Promotes comfort; perineal pad prevents staining of clothing.</p>



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.15 Administration of a vaginal medication—cont'd

Skill activity	Rationale
Encourage individual to remain in a recumbent position for at least 10 minutes after administration.	Allows medication to melt and be absorbed into the vaginal mucosa. The vagina has no sphincters, and the medications may not be retained if the individual stands immediately after administration. Medication given via the vaginal route is best administered at night for this reason.
Wash applicator in warm soapy water, rinse and dry. The applicator is stored for future use by that individual only.	Cleans applicator for next administration.
Record and sign for administration on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; JBI 2021f; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ADMINISTRATION OF A VAGINAL MEDICATION

STUDENT NAME: _____

CLINICAL SKILL 20.15: Administration of a vaginal medication

DEMONSTRATION OF: The ability to safely and correctly administer a vaginal medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers appropriate equipment Prepares the work environment Advises individual to empty their bladder prior to medication administration 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Verifies name of medication, dose, route, time of last administration and frequency of administration with NIMC or EMM system Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Assesses individual's ability to self-administer Dons non-sterile gloves Assists the individual into the dorsal recumbent position, with legs flexed and extended apart Attaches the applicator to the tube of cream or places the pessary in the applicator. Applies lubricant to the applicator Inserts the applicator into the vagina in an upwards and backwards direction, about 7.5 cm. Pushes the plunger to deposit the medication Withdraws the applicator, wipes any residual cream from the labia and applies a perineal pad Advises the individual to remain in the supine position for at least 10 minutes post medication administration 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required, assesses for self-administration</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any adverse effects to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.16 Administration of a medication via nebuliser

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Nebuliser mask
 Nebuliser bowl
 Oxygen tubing
 FiO₂ outlet or air outlet
 Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
- Mask
- Protective eyewear or face shield

Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure the correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual is vomiting, and is not able to tolerate a nebuliser mask, a review will need to occur to reassess the ordered route.

Continued

CLINICAL SKILL 20.16 Administration of a medication via nebuliser—cont'd

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the medication such as potassium levels, chest auscultation, pulse, respiratory rate (RR) and SpO ₂ . Check if individual is a CO ₂ retainer.	Salbutamol drives potassium into the cells and individual may have hypokalaemia. Salbutamol causes tachycardia as it stimulates the beta cells in both the lungs and heart. Assessment of lung sounds may indicate a respiratory wheeze and further assessments post dose may need to occur. An increase in respiratory rate or decrease in SpO ₂ may indicate a decreased intake of O ₂ . Will need to use the air outlet instead of O ₂ outlet as level of FiO ₂ required to mist medication can decrease the respiratory drive in a person who retains CO ₂ . If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.
Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.	The nurse is wearing the correct PPE if individual sneezes from medication insertion since the PPE prevents contact with body fluids.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist individual into a semi-Fowler's or high Fowler's position.	Position facilitates entry of the medication into the respiratory tract.
Attach oxygen tubing to the oxygen or air outlet (if CO ₂ retainer). Open the nebuliser and add medication into the nebuliser bowl.	Nebuliser can be administered using the air or the oxygen outlet. Individuals who are CO ₂ retainers must not be given high doses of FiO ₂ .
Attach nebuliser mask to the oxygen tubing. Turn the oxygen/air on to 6–8 L/min and check that mist is coming from the nebuliser mask, and apply mask to individual's face looping the elastic straps behind the individual's head.	Setting the oxygen/air delivery to 6 L/min ensures that the medication is nebulised. Holds mask in place while medication is administered.

CLINICAL SKILL 20.16 Administration of a medication via nebuliser—cont'd

Remove mask once medication has ceased misting.
Check bowl if all medication has been delivered.

Mist will no longer come from the mask once the medication has been delivered.
Mask may need repositioning to allow residual medication to mist.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Dispose of or clean mask as per facility/organisation policy.	It is imperative that the nurse follows the facility/organisation policy in regards to the use of nebuliser masks to ensure standard or transmission-based precautions are adhered to.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; 2020; Department of Health 2021; JBI 2021c; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ADMINISTRATION OF A MEDICATION VIA NEBULISER

STUDENT NAME: _____

CLINICAL SKILL 20.16: Administration of a medication via nebuliser

DEMONSTRATION OF: The ability to safely and correctly administer a nebulised medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Checks individual's CO₂ retainer status Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual in a position that promotes lung expansion and medication delivery Attaches the oxygen tubing to the oxygen or air outlet Opens the nebuliser and adds the medication that is to be administered to the nebuliser bowl Attaches the nebuliser mask to the oxygen tubing Turns oxygen FiO₂ 6 L/min to ensure medication is nebulised or air for CO₂ retainer Removes mask once medication has been delivered 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard, and follows aerosol or droplet transmission-based precautions if required</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order

Medication—MDI

Spacer

Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
 - Mask
 - Protective eyewear or face shield
- Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess the individual's ability to self-administer the medication in the prescribed form using MDI & spacer.	Promotes independence and confidence with administration.
Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

Continued

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer—cont'd

Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.

The nurse is wearing the correct PPE if individual sneezes from medication insertion and the PPE prevents contact with body fluids.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity

Rationale

Prepare medication as per administration guidelines and calculate the correct dose.

Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:

- First check: Before removing from the trolley or cupboard
- Second check: Before removing from the container
- Third check: Before returning to the trolley or cupboard, or discarding.

Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.

Assist individual into a semi-Fowler's or high Fowler's position.

Position facilitates entry of the medication into the respiratory tract.

Load MDI with canister of medication. Remove mouthpiece cap and shake MDI.

Prepares the MDI for administration of the medication. Not shaking the MDI can cause sedimentation and affect the dosage delivered.

Attach mouthpiece of inhaler into spacer.

The use of a spacer is recommended to ensure more of the medication is delivered into the respiratory tract.

Instruct individual to:

- Place the mouthpiece of the spacer well into mouth, close lips firmly around it and tilt head back slightly
- Start to breathe in through mouth and to press canister to deliver one puff of medication
- Breathe in and out normally for four to five breaths.

Tight seal is necessary to prevent the escape of medication into the air. Ensures the whole dose is delivered into the respiratory tract.

Repeat technique if necessary until the prescribed dose has been inhaled or if a different inhaler is also required. Time between inhalations depends on which medications are being inhaled.

Time between inhalations allows deeper penetration of the second inhalation.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer—cont'd

Skill activity	Rationale
Instruct individual to rinse their mouth after administration.	Prevents hoarseness, irritated sore throat or oropharyngeal candidiasis.
Clean mouthpiece and spacer after each use with mild soap and water. Replace the cap on the mouthpiece.	Prevents contamination of mouthpiece.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; 2020; Department of Health 2021; JBI 2021a; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: USE OF A HAND-HELD INHALER AND SPACER

STUDENT NAME: _____

CLINICAL SKILL 20.17: Use of a hand-held inhaler and spacer

DEMONSTRATION OF: The ability to safely and correctly administer a medication using a hand-held inhaler and a spacer

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual as required Shakes inhaler and inserts into opening on spacer Asks individual to place mouth around spacer mouthpiece Presses the canister to deliver one puff of medication. Informs the individual to breathe in and out for 4–5 breaths Repeats technique if necessary. Time between inhalations depends on which medications are being inhaled Instructs the individual to rinse their mouth after administration Promotes use of a spacer to ensure delivery of medication into the respiratory tract 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy, NSQHS Medication Standard and follows aerosol or droplet transmission-based precautions if required Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.18 Administering nasal sprays and drops

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order

Nasal spray/drops

Tissues

Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
- Mask
- Protective eyewear or face shield

Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Rationale

Identifies issues, which can be addressed prior to administration.
Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

Ensure medication orders are correctly prescribed and written.
Verify indication for the medication on the NIMC/EMM system.
Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.
Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.
Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.

Ensures correct medication administration is about to take place.
Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.
Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.
Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.
Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.

Assess the individual's ability to self-administer the medication in the prescribed form.

Promotes independence and confidence with administration.
Avoids individual being startled during administration triggering a cough or sneeze.

Continued

CLINICAL SKILL 20.18 Administering nasal sprays and drops—cont'd

Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity with the individual and documentation.
Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.	Ensures the nurse is wearing the correct PPE if individual sneezes from medication insertion since the PPE prevents contact with body fluids.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
 Apply PPE: gloves, eyewear, mask and gown as appropriate.
 Ensure the individual's safety and comfort throughout skill.
 Promote independence and involvement of the individual if possible and/or appropriate.
 Assess the individual's tolerance to the skill throughout.
 Dispose of used supplies, equipment, waste and sharps appropriately.
 Remove PPE and discard or store appropriately.
 Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure right medication is being administered by comparing the label of the medication and expiry date with the name of medication on the NIMC or EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Ask individual to gently blow their nose.	Clears the nasal passages of mucus that may inhibit absorption of the medication.
Assist individual into supine position with head tilted back.	Facilitates administration of the medication.
Instil the nasal medication, aiming for the midline of the nose. Drops: hold the dropper 1 cm above the nares and instil the prescribed number of drops. Pressurised container: hold the spray container just into the nostril and press down as the individual slowly breathes in. Pump bottle: squeeze the pump as the individual inhales. Use tissues to wipe away any excess fluid.	Promotes correct administration of the medication. Promotes comfort.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
 Restore the environment.
 Report, record and document assessment findings, details of the skill performed and the individual's response.
 Report, record and document any abnormalities and/or inability to perform the skill.
 Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.18 Administering nasal sprays and drops—cont'd

Skill activity	Rationale
Advise individual to not blow their nose and to remain in the supine position for a few minutes.	Promotes absorption of the medication.
Record and sign for each medication administered on the NIMC or EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; Department of Health 2021; JBI 2022d; Rebeiro et al 2021; Tollefson et al 2022)</i>	

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OBSERVATION CHECKLIST: ADMINISTERING NASAL SPRAYS AND DROPS

STUDENT NAME: _____

CLINICAL SKILL 20.18: Administering nasal sprays and drops

DEMONSTRATION OF: The ability to safely and correctly administer nasal sprays and drops

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Asks the individual to gently blow their nose Assists the individual into an appropriate position: supine with head tilted back Correctly administers nasal spray or drops Uses tissues to wipe away any excess fluid and advises the individual to not blow their nose and to remain in the supine position for a few minutes					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Assesses individual's ability to receive medication or self-administer Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

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Essential Enrolled Nursing Skills

FOR PERSON-CENTRED CARE
3RD EDITION

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Essential Enrolled Nursing Skills

FOR PERSON-CENTRED CARE
3RD EDITION



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Contents

Contributors	vii	Clinical Skill 19.4 Assisting with oral hygiene, cleaning teeth and dentures	152
Acknowledgements	ix	Clinical Skill 19.5 Performing special mouth care	156
Introduction	x	Clinical Skill 19.6 Making an unoccupied bed	160
The five-point Bondy Rating Scale	xi	Clinical Skill 19.7 Making a postoperative bed	165
Standard steps for all Clinical Skills	xii	Clinical Skill 19.8 Making an occupied bed	170
Understanding and promoting health	1	Administration and monitoring of medications and intravenous therapy	175
Clinical Skill 5.1 Health teaching	3	Clinical Skill 20.1 Administering oral medications	178
Documentation, health informatics and technology	7	Clinical Skill 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)	184
Clinical Skill 8.1 Documentation	12	Clinical Skill 20.3 Inserting a rectal suppository or disposable enema	190
Clinical Skill 8.2 Nursing informatics competency	18	Clinical Skill 20.4 Administering subcutaneous and intramuscular injections	196
Communication and clinical handover	28	Clinical Skill 20.5 Establishing intravenous (IV) therapy (assisting)	203
Clinical Skill 10.1 Clinical handover	31	Clinical Skill 20.6 Intravenous management	209
Health assessment frameworks	39	Clinical Skill 20.7 Administration of intravenous (IV) medications: Infusion and bolus	215
Clinical Skill 15.1 Pressure injury risk assessment	41	Clinical Skill 20.8 Removal of intravenous cannula	224
Clinical Skill 15.2 Mental health assessment	46	Clinical Skill 20.9 Administration of intravenous (IV) blood or blood products	229
Clinical Skill 15.3 Falls risk assessment	51	Clinical Skill 20.10 Administration of subcutaneous (subcut) medications: Infusion	235
Clinical Skill 15.4 Venous thromboembolism assessment	57	Clinical Skill 20.11 Administration of a topical medication	242
Clinical Skill 15.5 Nutritional assessment/weight, height and BMI	62	Clinical Skill 20.12 Applying transdermal medications	247
Clinical Skill 15.6 Mobility assessment	66	Clinical Skill 20.13 Instilling eye drops or ointment	252
Vital signs	71	Clinical Skill 20.14 Instilling ear drops	258
Clinical Skill 16.1 Assessing respirations	74	Clinical Skill 20.15 Administration of a vaginal medication	263
Clinical Skill 16.2 Measuring oxygen saturation	79	Clinical Skill 20.16 Administration of a medication via nebuliser	269
Clinical Skill 16.3 Measuring blood pressure	84	Clinical Skill 20.17 Use of a hand-held inhaler and spacer	275
Clinical Skill 16.4 Assessing pulse (radial)	92	Clinical Skill 20.18 Administering nasal sprays and drops	281
Clinical Skill 16.5 Assessing body temperature	97	Cardiovascular and respiratory health	289
Admission, transfer and discharge	105	Clinical Skill 25.1 Performing an ECG	291
Clinical Skill 17.1 Admission and discharge process	108	Clinical Skill 25.2 Incentive spirometry	295
Infection prevention and control	119		
Clinical Skill 18.1 Handwashing/hand hygiene	121		
Clinical Skill 18.2 Donning and doffing PPE (gloves, gown, mask, eyewear)	126		
Clinical Skill 18.3 Open gloving (donning and removing sterile gloves)	130		
Personal care and comfort	135		
Clinical Skill 19.1 Assisting with a shower or bath	137		
Clinical Skill 19.2 Performing a bed bath	143		
Clinical Skill 19.3 Performing an eye toilet	148		

Clinical Skill 25.3 Collection of sputum	299	Clinical Skill 31.5 Emptying a urine drainage bag	420
Clinical Skill 25.4 Collecting a nasopharyngeal (nasal) or nasopharynx (throat) swab	303	Clinical Skill 31.6 Urinary catheterisation (female)	424
Clinical Skill 25.5 Oronasopharyngeal suction	307	Clinical Skill 31.7 Urinary catheterisation (male)	430
Clinical Skill 25.6 Tracheostomy suctioning and tracheal stoma care	311	Clinical Skill 31.8 Removal of indwelling urinary catheter	436
Clinical Skill 25.7 Care of chest tube/drainage and dressing change	316	Bowel health	441
Clinical Skill 25.8 Oxygen therapy—nasal, mask	321	Clinical Skill 32.1 Changing an ostomy appliance	443
Fluids and electrolytes	326	Clinical Skill 32.2 Stool assessment/collection	447
Clinical Skill 26.1 Fluid balance charting	328	Pain	451
Movement and exercise	332	Clinical Skill 33.1 Focused pain assessment	453
Clinical Skill 28.1 Assisting with transfer	334	Sensory health	459
Clinical Skill 28.2 Positioning individuals in bed	340	Clinical Skill 34.1 Application of eye pad	461
Clinical Skill 28.3 Application of anti-embolic stockings	344	Clinical Skill 34.2 Eye irrigation	465
Skin integrity and wound care	348	Neurological health	469
Clinical Skill 29.1 Wound swab	351	Clinical Skill 35.1 Performing a neurological assessment	471
Clinical Skill 29.2 Dressing a wound	356	Clinical Skill 35.2 Neurovascular assessment	479
Clinical Skill 29.3 Assessment and management of skin tears	360	Endocrine health	484
Clinical Skill 29.4 Packing a wound	364	Clinical Skill 36.1 Measuring blood glucose	486
Clinical Skill 29.5 Removal of sutures and staples	368	Palliative care	490
Clinical Skill 29.6 Shortening a drain tube	373	Clinical Skill 38.1 Care of the person after death	492
Clinical Skill 29.7 Removal of a drain tube	377	Acute and perioperative care	498
Nutrition	381	Clinical Skill 42.1 Venipuncture	500
Clinical Skill 30.1 Assisting with eating and drinking	383	Clinical Skill 42.2 Central venous access device (CVAD): Monitoring and management	505
Clinical Skill 30.2 Inserting a nasogastric tube	388	Clinical Skill 42.3 Preoperative and postoperative exercises	511
Clinical Skill 30.3 Enteral feed	394	Emergency care	519
Urinary health	400	Clinical Skill 43.1 Cardiopulmonary resuscitation/basic life support (BLS)	521
Clinical Skill 31.1 Routine urinalysis	402	Index	527
Clinical Skill 31.2 Mid-stream urine collection	406		
Clinical Skill 31.3 Assisting with toileting: bedpan, urinal, commode	411		
Clinical Skill 31.4 Applying a sheath/condom drainage device	415		

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Introduction

Essential Enrolled Nursing Skills for Person-Centred Care Workbook 3E supports learners to develop the confidence to undertake and perform all skills they need to successfully complete their Diploma of Nursing qualification and graduate to become safe, knowledgeable and competent Enrolled Nurses (ENs). This title aligns with *Tabbner's Nursing Care: Theory and Practice 9E* and provides an essential and up-to-date resource, reflecting current best practice and including the new changes to practice and guidelines.

Essential Enrolled Nursing Skills is specifically designed for enrolled nursing students and provides learners with the evidence-based practical skills and rationale for each skill activity, to enable them to work with the Registered Nurse (RN) as part of the multidisciplinary healthcare team. This resource will help learners strengthen critical thinking and problem-solving skills, and develop proficiency in providing person-centred care. The workbook also provides an observation checklist to accompany each skill. A key feature of the workbook are the NMBA *Decision-making Framework* (2020) considerations in each skill.

As a whole, the book is designed to be learner-focused, providing the foundation necessary for learning success through demonstration of practical skills and reflection. The book can be used in classroom lectures, skill laboratories, simulation and clinical practice.

It is recommended that to provide context to the learner, the educator/facilitator develops a scenario/case study in relation to each skill and case studies and critical-thinking exercises to assist learners to build skills, confidence and competence.

TEXT FEATURES

Each chapter includes an overview that focuses on what the student will learn from each set of skills.

Skills

The skills include the following:

- **Decision-making Framework considerations**—scope of practice in which nurses are educated, competent and permitted by law to perform. Each skill asks the student to consider:
 1. Am I educated?
 2. Am I authorised?
 3. Am I competent?

If the learner answers 'no' to any of these questions, they should not perform that activity. They are asked to seek guidance and support from their teacher/a nurse team leader/clinical facilitator/educator. In addition, learners are asked to refer to the NMBA *Decision-making Framework for Nursing and Midwifery* (2020).

- **Equipment**—lists the essential tools required to carry out the skill.
- **Skill Activity**—step-by-step instructions outlining each action that needs to be undertaken, to assist learners translate theory to practice.
- **Rationale**—provides the logic behind each step.
- **References**—each skill is referenced from fundamental nursing texts and various databases including government, medical and health-related websites using recent evidence-based material.

Observation checklist

The observation checklist that follows each skill allows learners to track their skill development progress as well as providing educators with a teaching and learning resource.

The checklists include the following:

- **Competency Elements**—indicate the steps the student must include while carrying out the skill. These include:
 - > preparation for the activity
 - > performs activity informed by evidence
 - > applies critical thinking and reflective practice
 - > practises within safety and quality assurance guidelines
 - > documentation and communication.
- **Performance Criteria/Evidence**—lists the specific steps required to perform that particular skill.
- **The five-point Bondy Rating Scale**—provides the framework to clearly indicate the level of competence achieved (see p. xii). If the observation checklist is being used as an assessment tool, the learner will need to obtain a scale of independence for each of the performance criteria/evidence.
- **Student Reflection**—provides room for the learner to describe their experience, whether they master the skill on the first attempt or wish to record notes to assist in a future attempt.
- **Educator/Facilitator Feedback**—provides the opportunity for immediate feedback, allowing the assessor to indicate how the learner has performed or how they need to improve.

The five-point Bondy Rating Scale

The five-point Bondy Rating Scale is a tool used to assess professional competency and, subsequently, the amount of supervision needed to successfully master the nursing skills included in this workbook. The scale is also a useful indicator of learners' ability to carry out these skills with accuracy, safety and satisfactory effect.

Note: If the observation checklist is being used as an assessment tool, the learner will need to obtain a scale of independence for each of the performance criteria/evidence.

Scale label	Score	Standard of procedure	Quality of performance	Level of assistance required
Independent	5	Safe Accurate Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Expedient	No supporting cues required.
Supervised	4	Safe Accurate Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Reasonably expedient	Required occasional supportive cues.
Assisted	3	Safe Accurate Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of performance when assisted	Required frequent verbal and occasional physical directives in addition to supportive cues.
Marginal	2	Safe only with guidance Not completely accurate Incomplete achievement of intended outcome	Unskilled Inefficient	Required continuous verbal and frequent physical directive cues.
Dependent	1	Unsafe Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour/procedure	Required continuous verbal and continuous physical directive cues.
X	0	Not observed		

(Adapted from Bondy, K N 1983. Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education* 22(9), 376–382)

Standard steps for all Clinical Skills

These are the essential steps that must be performed consistently to deliver responsible and safe nursing care.

Note: Apply critical thinking to determine the applicability of the standard steps. Not all the components of the standard steps will be applicable to all skills.



PREPARE FOR THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
1	<ul style="list-style-type: none"> Mentally review the steps of the skill. Discuss the skill with your instructor/supervisor/team leader, if required. Confirm correct facility/organisation policy/safe operating procedures. 	<ul style="list-style-type: none"> It is important to identify any gaps in knowledge, seek assistance/supervision as required and adequately prepare for the skill. Abides by organisation policy and procedures and ensures that skill is within scope of practice.
2	<ul style="list-style-type: none"> Validate the order in the individual's record. Identify indication and rationale for performing the activity. Assess for any contraindications. Locate and gather equipment. If using a procedure trolley, ensure it is cleaned and place all equipment to be used on the bottom shelf. Perform hand hygiene. 	<ul style="list-style-type: none"> Ensures that the procedure has been ordered. Provides information about the individual's treatment, equipment/supplies needed. It is important to understand why the skill is being performed. Ensures correct procedure is about to take place for the correct person and promotes safety. Promotes time management and ensures efficiency. Prevents spread of microorganisms and cross-infection.
3	<ul style="list-style-type: none"> Ensure therapeutic interaction. This may include but is not limited to: <ul style="list-style-type: none"> > introducing yourself > explaining why the skill has been ordered and the frequency, including what is involved > listening to the individual's concerns or questions about the skill and confirming their understanding before the skill is undertaken > ensuring the individual is aware of any requirements related to the skill > identifying any opportunities for health education > maintaining professional boundaries. 	<ul style="list-style-type: none"> Reduces anxiety/apprehension and gains trust and cooperation. Promotes participation in care and understanding of health status in relation to the skill. Reduces the incidence of performing the skill on the incorrect individual. Ensures informed consent. Promotes individual comfort.



PREPARE FOR THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
	<ul style="list-style-type: none"> Identify the individual using three individual identifiers. This may include but is not limited to identifying the individual's: <ul style="list-style-type: none"> identification-allocated healthcare number on hospital bracelet/band given and family name, confirmed verbally date of birth gender address medical record number. Gain consent to perform the skill. Assess for pain relief. 	
4	<ul style="list-style-type: none"> Prepare the environment: <ul style="list-style-type: none"> Raise the bed to appropriate working height. Provide adequate lighting for the skill. Arrange supplies and equipment. Provide and maintain privacy. Assist the individual to assume an appropriate position of comfort. 	<ul style="list-style-type: none"> Follows safe work practices. Facilitates performance of the skill and promotes functional alignment and body mechanics. Allows observation. Prepares supplies and equipment ready for use. Maintains individual's dignity and privacy. Promotes individual comfort.



PERFORM THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
5	<ul style="list-style-type: none"> Perform hand hygiene. Apply PPE: gloves, eyewear, mask and gown as appropriate. 	<ul style="list-style-type: none"> Prevents exposure to/spread of microorganisms and cross-infection.
6	<ul style="list-style-type: none"> Ensure the individual's safety and comfort throughout skill. Promote independence and involvement of the individual if possible and/or appropriate. Assess the individual's tolerance to the skill throughout. 	<ul style="list-style-type: none"> It is important to measure for any changes in level of comfort. Promotes a sense of control and participation in care.
7	<ul style="list-style-type: none"> Dispose of used supplies, equipment, waste and sharps appropriately. Remove PPE and discard or store appropriately. Perform hand hygiene. 	<ul style="list-style-type: none"> Correct disposal prevents an unsafe working environment and sharps injury. Prevents spread of microorganisms and cross-infection.



AFTER THE SKILL

STEP	SKILL ACTIVITY	RATIONALE
8	<ul style="list-style-type: none"> Communicate outcome to the individual, any ongoing care and to report any complications. Restore the environment: <ul style="list-style-type: none"> Lower the bed and assist the individual to reassume a comfortable position. Place call bell and personal items within reach. Clean used equipment and store appropriately. 	<ul style="list-style-type: none"> Effective communication ensures person-centred care. Promotes individual comfort and safety, monitors for adverse effects. Prevents cross-infection.

Continued

**AFTER THE SKILL**

STEP	SKILL ACTIVITY	RATIONALE
9	<ul style="list-style-type: none">• Report, record and document assessment findings, details of the skill performed and the individual's response.• Report, record and document any abnormalities and/or inability to perform the skill.• Reassess the individual to ensure there are no adverse effects/events from the skill.	<ul style="list-style-type: none">• Maintains legal document of care and interventions provided.• Ensures that all members of the healthcare team are aware of changes in the individual's condition.• Appropriate care can be planned and implemented.• Any adverse effects can be managed promptly.

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ADMINISTRATION AND MONITORING OF MEDICATIONS AND INTRAVENOUS THERAPY

Heather Redmond

Overview

Medication administration is a routine nursing task, requiring the nurse to possess the necessary skills and knowledge to competently and safely administer medications and monitor individuals for therapeutic effects and adverse reactions. When used appropriately medications contribute to significant improvements in an individual's health (Australian Commission on Safety and Quality in Health Care [ACSQHC] 2021). However, medications can also be associated with harm and adverse outcomes for the individual. Adverse medication events can affect an individual in a variety of ways from mild adverse reactions to allergic reactions or death (ACSQHC 2023).

The safety of individuals in the healthcare setting is a global concern (World Health Organization 2019) and nurses have an integral role to play in ensuring their safety, particularly in the medication administration process. In 2012, the ACSQHC developed a medication safety action guide that aims to reduce harm to people from medications through safe and effective medication management.

It is important that all health professionals follow organisational policy and procedural guidelines, and understand and follow the national recommendations

for terminology, abbreviations and symbols to be used in medicines documentation (ACSQHC 2016), labelling of injectable medicines, fluids and lines (ACSQHC 2016) and the National Safety and Quality Health Care Medication Standards (ACSQHC 2021) to reduce the likelihood of an individual experiencing an adverse medication event. It is not only nurses who are involved in the process of medication administration and management for individuals in the healthcare setting. Medical officers primarily are responsible for prescribing medication based on the individual's health needs; however, Nurse Practitioners or eligible midwives can also prescribe specific to their area of clinical practice, within state and/or territory legislation (Frotjold & Bloomfield 2021). The pharmacist has many roles including preparing and dispensing medicines, mixing up compounds or specific IV solutions, correct labelling, ensuring the medication is correct for the individual, and education (Frotjold & Bloomfield 2021). It is the nurse's responsibility to ensure prior to medication administration that medications are prescribed and administered accurately.

A medication error is a result of a failure to follow medication processes of the '11 rights' and can occur at any time during prescribing, dispensing, administration or ingestion of the medication. The nurse administers the medication so it is the nurse's responsibility to ensure the individual is administered medication according to the '11 rights'. The nurse is also the healthcare professional who spends the most time with individuals in the healthcare setting and is therefore most likely to observe any adverse reactions (ADRs) an individual may experience to a medication. In addition, the nurse also observes the individual for the therapeutic effectiveness of the medication treatment and can provide information to the medical officer and registered nurse of patient outcomes and provide education to the individual regarding their medication management.

To ensure that medications are administered correctly and safely, the nurse must observe the 11 rights of medication administration:

1. The right prescription
2. The right medication
3. The right dose
4. The right expiration date
5. The right route
6. The right time
7. The right form
8. The right person
9. The right documentation
10. The right to refuse
11. The right response.

Before any medication is administered, the individual's medication chart must be checked thoroughly and systematically to determine the accuracy of the prescription and medication supplied including dose and expiration date, as well as the identity of the individual receiving the medication, the route and form to be administered, and the date and time for administration of the medication prescribed. The nurse must also complete the medication documentation, assess for a therapeutic response and identify any contraindications to medication administration. If the individual refuses medication administration this should also be documented and reported to the medical officer.

The administration of an injection is an invasive procedure that must be performed using the standard aseptic non-touch technique (ANTT) as there is a risk of infection when a needle pierces the skin. The potential for infection is prevented by ANTT, ensuring all key sites are not contaminated (ANTT nd), and this is achieved through hand hygiene, ANTT when preparing the solution and in administration of the injection, and in preparing the skin prior to the injection. Principles of ANTT (see Ch 18 in *Tabbner's Nursing Care: Theory and Practice*, 9th ed) are used when preparing for and administering parenteral medications.



CASE STUDY 20.1

Medication interactions

David had recently been prescribed two new medications by his GP for hypertension and depression. David was diligent about taking his medications as prescribed. David started experiencing dizziness and feeling faint and generally unwell and, since the symptoms continued to worsen over the next few days, he decided to make an appointment to go back and see his GP. In the meantime, he researched using the internet since he was sure the medications were making him unwell. He found that the combination of the blood pressure medication and the antidepressant were interacting with each other as well as the grapefruit juice he was drinking. David noted he was not supposed to drink grapefruit juice with the prescribed antihypertensive. David considered that he ate healthily and drank grapefruit juice every morning because it was rich in antioxidants. On return to the GP, David's blood pressure was 95/45 mmHg and his heart rate was 110 beats per minute. The GP said that blood pressure medication had caused his blood pressure to drop, which was making him feel dizzy and faint.

David's doctor immediately adjusted his medication regimen, taking him off the antidepressant and switching him to a different blood pressure medication that wouldn't interact with the one he was already taking. It took a few days for the new medication to take effect.

1. What is the role of the doctor and the pharmacist in ensuring safe medication administration for David?
2. What questions could David have asked his GP about the newly prescribed medications?

CRITICAL THINKING EXERCISE 20.3

Medication administration safety

You are working on the medical ward, and it is an extremely busy shift. You complete your medication round prior to breakfast, and notice your colleague is looking flustered. She tells you that she must attend to one of her patients that has been incontinent, and she has just drawn up Mr Park's insulin in the medication room. She asks for you to get the insulin, check this with another nurse and give it to Mr Park for her. She mentions the medication chart is in the medication room. What are the safety issues in giving a medication that you have not drawn up, or seen drawn up yourself? What is your response?

CRITICAL THINKING EXERCISE 20.4

Mr Thompson has had Crohn's disease for 10 years and went to theatre for an ileocecal resection and formation of a temporary ileostomy due to scarring and ongoing inflammation. Postoperatively, his serum potassium levels were 3 mmol/L and he was given 10 mmol/L of potassium chloride in 100 mL IV. After the potassium was administered, the medical officer ordered for Mr Thompson a 1000 mL of 0.9% normal saline with 30 mmol/L of potassium chloride to be given over eight hours IV. You complete a set of vital signs and Mr Thompson's BP is 90/58 mmHg, HR 110 beats/minute, RR 20 breaths/minute & SpO₂ 96%. You inform the RN and the medical officer who instructs you to give Mr Thompson a 250 mL IV fluid bolus. What is your responsibility in giving the fluid bolus given Mr Thompson's current IV therapy?

CLINICAL SKILL 20.1 Administering oral medications

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Disposable medication cups
 Glass of water, juice or preferred liquid
 Straw (if required)
 Medication cutting device (if required)
 Clean pill crusher (if required)
 Liquid measure or oral/enteral syringe
 Resource material (e.g. MIMS, *Don't Rush to Crush*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual is nauseous, and is not able to tolerate medication given via the oral route, a review will need to occur to reassess the ordered route.

CLINICAL SKILL 20.1 Administering oral medications—cont'd

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the medication such as blood pressure (BP), pulse, respiratory rate (RR).	Apical pulse should be performed before administering digoxin; RR checked before opioid (narcotic) analgesics; BP checked before antihypertensives. If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity

Prepare medications as per administration guidelines and calculate the correct dose

Review *Don't Rush to Crush* handbook if medication needs to be crushed.

Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:

- First check: Before removing from the trolley or cupboard
- Second check: Before removing from the container
- Third check: Before returning to the trolley or cupboard, or discarding.

Rationale

Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered.

Some individuals may require their medication to be crushed.

Ensures medication order is the same as the medication supplied.

Ensures the correct medication is being administered. Prevents preparation and administration errors.

Solid dose forms

Tip the required number of tablets or capsules into the lid of the container and transfer into the medicine cup. Do not touch the medication with your bare hands.

Maintains cleanliness of medications and prevents cross-infection.

Some individuals may require their medication to be crushed. Crush medication/s using a clean pill crusher if required after reviewing the *Don't Rush to Crush* resource.

Some medications cannot be crushed. Crushing these medications can alter their effectiveness. Clean pill crusher ensures that medications are not being mixed from previous individual's medications.

Liquid dose forms

Follow manufacturer's instructions—shake bottle thoroughly unless contraindicated.

Promotes mixing of the contents and a uniform distribution of the medication in the liquid.

Hold the bottle with the label against the palm of the hand and remove bottle cap and place it upside down.

Mixture will be poured away from the label, to avoid smearing of the label. Prevents contamination of the inside of the cap.

Place the medicine cup on a flat surface and at eye level, pour the liquid medication to the correct level on the medicine cup, ensuring the prescribed dose is poured or withdraw the required dose from the container using an approved oral/enteral syringe.

Ensures accuracy of measurement. Note that parenteral syringes should not be used for administration or administration of doses.

Continued

CLINICAL SKILL 20.1 Administering oral medications—cont'd

Administration	
Assist the individual into a sitting (preferred) or side-lying position when possible.	Prevents aspiration during swallowing.
Administer the oral medication. Individual may self-administer or assist as required. Offer a glass of water, unless contraindicated. Advise individual to take a few sips of water before placing medication in the mouth.	Solid forms of medication are swallowed more easily in a moistened mouth and by swallowing with liquids.
Remain with the individual until the medication is swallowed. Never leave medication unattended at the bedside or on the medication trolley.	The nurse assumes responsibility for ensuring that the individual receives the prescribed medication. Other individuals may access the medications if left at the bedside.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
As indicated, advise to remain sitting upright for 30 minutes after ingestion.	Prevents side effects such as oesophageal ulceration.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; Frotjold & Bloomfield 2021; JBI 2022c; Rebeiro et al 2021; The Society of Hospital Pharmacists of Australia [SHPA] 2022; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTERING ORAL MEDICATIONS

STUDENT NAME: _____

CLINICAL SKILL 20.1: Administering oral medications

DEMONSTRATION OF: The ability to safely and correctly administer oral medications

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers appropriate equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements such as whether the medication must be given with food, contraindications, timing for administration, and the right form Performs any necessary assessments related to the specific medication such as blood pressure (BP), pulse rate and respiratory rate (RR) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual as required: sitting or side-lying if unable to sit Offers fluid to assist swallowing medication 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Assesses individual's ability to receive medication or self-administer orally Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Remains with individual until all medications are swallowed Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the medication delivery clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration of medication on the NIMC/EMM system, and to RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency Provides any special instructions Asks the individual to report any complications during and post procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Disposable medication cups
 Oral/enteral syringe for measuring and administering liquid medication forms
 Clean pill crusher (if required)
 Water
 50 mL enteral tip syringe
 Disposable gloves
 pH indicator paper/strips (if nasogastric tube in use)
 Resource material (e.g. MIMS, *Don't Rush to Crush*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.
 Ensure medication orders are correctly prescribed and written.
 Verify indication for the medication on the NIMC/EMM system.
 Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.
 Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.
 Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.

Rationale

Identifies issues, which can be addressed prior to administration.
 Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
 Ensures correct medication administration is about to take place.
 Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.
 Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.
 Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.
 Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)—cont'd

Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If medication needs to be administered on an empty stomach, the nurse will need to ensure the tube feed is modified around the medication delivery times (e.g. ceasing the enteral tube feed for a certain time so medications can be administered).
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the specific medication such as blood pressure (BP), pulse rate, and respiratory rate (RR).	Apical pulse should be performed before administering digoxin; RR checked before opioid (narcotic) analgesics; BP checked before antihypertensives. If any abnormalities are found, the nurse should not administer medication and report to the nurse in charge and medical officer.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
<p>Prepare medications as per administration guidelines and calculate the correct dose.</p> <p>Review <i>Don't Rush to Crush</i> handbook if medication needs to be crushed.</p> <p>Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	<p>Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered.</p> <p>Medications should be given in liquid form if available. Other medications may require crushing as per the <i>Don't Rush to Crush</i> handbook.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Follow steps for preparation of solid dose forms or liquid dose forms in Clinical Skill 20.1. Mix each individual crushed medication with a small amount of water.</p> <p>Check the fluid balance status of the individual for any fluid restrictions.</p>	<p>Following administration guidelines ensures medications are administered correctly.</p> <p>Checking to see if there is a fluid restriction may determine the amount of fluid used to flush the line before and after medication administration.</p>
<p>Position in semi-Fowler's position unless contraindicated.</p>	<p>Reduces the risk of regurgitation and aspiration.</p>
<p>Stop the flow of any feed solutions in progress prior to administering medications through the feeding tube.</p>	<p>Recommendation is not to administer feed solutions with medications.</p> <p>Some medications may also require the feed solution to be stopped for a set length of time to allow for effective absorption. Again, check with the pharmacist or dietitian if you are unsure.</p>

Continued

CLINICAL SKILL 20.2 Administering medications via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)—cont'd

<p>Prior to administration of medications into tube check for position and patency. Determine placement of nasogastric tube (NGT) (if this route used) by aspirating stomach contents and testing the pH indicator strips. The pH should be <6. Connect the appropriate type of syringe to the tube (no less than a 30 mL syringe). Flush the tube with 30 mL of water with the plunger or remove the plunger of the oral/enteral syringe, and pour the water into the barrel and hold the barrel of the syringe above the stomach.</p>	<p>Ensures NGT tubing is in the stomach and prevents inadvertent delivery of medication into the lungs. The smaller the syringe, the greater the pressure, which could rupture the tubing. Flushing ensures patency of the tube. Holding the barrel of the syringe above the level of the stomach assists with gravity delivery of the medication directly into the stomach via the tube.</p>
<p>If more than one medication is to be given, they must be given separately. Draw up each medication separately into the oral/enteral syringe and administer into the tube. Flush with 10 mL of water between each medication.</p>	<p>Flushing prevents occlusion of the tube. Administering medications separately prevents clogging of the tube.</p>
<p>When the last medication is administered, flush the tube with at least 30 mL of water. Remove the syringe barrel and replace tube cap if enteral feed is not being administered. If the individual is receiving continuous feeding, check the facility/organisation policy on when to recommence.</p>	<p>Ensures patency of tube. Reduces incidence of occlusion.</p>



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
<p>Advise to remain in semi-Fowler's position for 30 minutes.</p>	<p>Reduces risk of regurgitation and aspiration. Keeps individual informed and creates an opportunity to initiate medication education. Monitors for adverse effects and ensures that complications can be prevented or addressed early.</p>
<p>Record and sign for each medication administered on the NIMC/EMM system.</p>	<p>Prompt documentation prevents medication errors.</p>
<p>Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.</p>	

(ACSQHC 2012; 2019; JBI 2022b; Williams 2022; The Agency for Clinical Innovation and the Gastroenterological Nurses College of Australia 2015; The SPHA 2022; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTERING MEDICATIONS VIA ENTERAL ROUTES (NASOGASTRIC TUBE, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE, PERCUTANEOUS ENDOSCOPIC GASTROJEJUNOSTOMY TUBE)

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

STUDENT NAME: _____

CLINICAL SKILL 20.2: Administering medications via enteral routes

DEMONSTRATION OF: The ability to administer medication via enteral routes (nasogastric tube, percutaneous endoscopic gastrostomy tube, percutaneous endoscopic gastrojejunostomy tube)

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Follows the 11 rights Validates the order in the individual's NIMC/EMM system Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements such as whether the medication must be given with food, contraindications, timing for administration and the right form Verifies that medication can be crushed Performs any necessary assessments related to the medication such as BP, pulse rate and RR Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual appropriately Checks placement of tube, disconnects tube from feeding line (if in use) Flushes tube pre and post each medication Advises individual to remain sitting upright for 30 minutes post medication administration 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication administration process clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason of non-administration of the medication on the NIMC/EMM system, and to RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Enema/suppository
Lubricant
Waterproof sheet
Disposable gloves
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity

Rationale

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Identifies issues, which can be addressed prior to administration.
Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

Ensure medication orders are correctly prescribed and written.
Verify indication for the medication on the NIMC/EMM system.
Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.
Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.
Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.

Ensures correct medication administration is about to take place.
Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.
Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.
Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.
Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.

Assess individual's ability to receive the medication in the prescribed form via the prescribed route.

If the individual is not able to receive the medication given via the rectal route (e.g. haemorrhoids, rectal bleeding or diarrhoea), a review will need to occur to reassess the ordered route.

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.

Confirms the individual's identity.

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema—cont'd

Perform any necessary assessments related to the medication such as pain assessment or bowel chart.

If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Place individual in a left lateral position with the right leg flexed.	Anatomical site of the lower colon means that this position is the most effective for the introduction and retention of suppositories.
Ensure individual is adequately covered, with only the buttocks exposed. Place protective sheet under buttocks.	Promotes warmth and comfort. Provides absorption pad for any leakages and respects dignity.
Lubricate finger of glove and end of suppository/enema nozzle.	Facilitates smooth insertion of suppository/enema.
Gently insert the suppository by directing it with the finger, through the anus, about 2.5 cm into the rectum. Insert enema tip approximately 10 cm into the rectum and squeeze contents into the rectum.	Suppository/enema must pass the internal anal sphincter and come in contact with rectal mucosa. Ensures that the medication is delivered into the rectum.
During insertion, encourage the individual to take deep breaths through the mouth.	Helps to relax the anal sphincters.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Continued

CLINICAL SKILL 20.3 Inserting a rectal suppository or disposable enema—cont'd

Skill activity	Rationale
Advise individual to remain on their side or supine for at least five minutes and to retain the suppository/enema for the correct length of time for medication administered.	Individual must be aware whether the suppository/enema is to be retained to allow any medication to be dissipated, or whether to expect a bowel action. Suppositories/enemas to promote a bowel action should be retained for at least 20 minutes. An enema should be held for the time stated on the manufacturer's instructions. Keeps individual informed and creates an opportunity to initiate medication education.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Ensure individual has easy access to toilet facilities and a nurse call bell within reach.	Reduces anxiety related to accidental expulsion of the suppository or faeces. Can communicate with the nurse in a timely manner.
Observe faeces for odour, colour, texture and amount. Document results.	Assists to assess the effectiveness of the treatment and detects any abnormalities.
Attend to individual's personal hygiene and reposition.	Helps promote dignity and comfort.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; JBI 2022a; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: INSERTING A RECTAL SUPPOSITORY OR DISPOSABLE ENEMA

STUDENT NAME: _____

CLINICAL SKILL 20.3: Inserting a rectal suppository or disposable enema

DEMONSTRATION OF: The ability to safely and correctly administer a rectal suppository or enema

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Advise individual to lie in the left lateral position for medication administration and puts in place an absorbent, protective pad Lubricates finger of glove and suppository/enema nozzle Correctly administers the rectal suppository or enema Asks the individual to remain on their side or supine for at least 15 minutes Ensures the individual has easy access to toilet facilities and nurse call bell 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the medication administration clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration of the medication on the NIMC/EMM system, and to RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

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Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Diluent (if required)
 Syringe
 23G needle (for IM injections)
 25G needle (for subcut injections)
 18G needle or 18G blunt needle
 Antiseptic swab (if required)
 Sterile gauze
 Injection tray
 Sharps container
 Disposable gloves (if required)
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Rationale

Identifies issues, which can be addressed prior to administration.
 Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

<p>Ensure medication orders are correctly prescribed and written.</p> <p>Verify indication for the medication on the NIMC/EMM system.</p> <p>Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.</p> <p>Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.</p> <p>Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p>	<p>Ensures correct medication administration is about to take place.</p> <p>Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.</p> <p>Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.</p> <p>Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.</p> <p>Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.</p>
<p>Assess individual's ability to receive the medication in the prescribed form via the prescribed route.</p>	<p>Ensures the correct anatomical location is chosen and any abnormalities such as areas of infection, cellulitis, dermatitis, and scarring or bruising from previous injection sites are avoided.</p>
<p>Gain assistance of another nurse if the individual is a child, or an adult who is restless or irrational or may need assistance with positioning.</p>	<p>Promotes safety during administration.</p>
<p>Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.</p>	<p>Confirms the individual's identity.</p>
<p>Perform any necessary assessments related to the specific medication being administered (e.g. vital signs, blood glucose level, pain levels).</p>	<p>Ensures safety of the individual during the administration of the medication.</p>

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

- Perform hand hygiene.
- Apply PPE: gloves, eyewear, mask and gown as appropriate.
- Ensure the individual's safety and comfort throughout skill.
- Promote independence and involvement of the individual if possible and/or appropriate.
- Assess the individual's tolerance to the skill throughout.
- Dispose of used supplies, equipment, waste and sharps appropriately.
- Remove PPE and discard or store appropriately.
- Perform hand hygiene.

Continued

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

Skill activity	Rationale
<p>Calculate correct dose and prepare medication according to Table 20.4 Preparation of medications from ampoules and vials and as per the <i>Australian Injectable Drugs Handbook</i>.</p> <p>Check label and expiry date. Have two nurses check (one must be an RN) according to safe administration guidelines and the facility/organisation policy.</p> <p>Ensure the right medication is being administered by comparing the label of the medication vial/ampoule and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the impress/DD cupboard • Second check: Before removing from the vial/ampoule • Third check: Before discarding the vial/ampoule. 	<p>Promotes safety during administration.</p> <p>Ensures medications are being prepared as per the recommended process.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Select an appropriate injection site for correct volume to be administered and assist the individual into a comfortable position. Select an injection site that has not been used frequently. If possible, ask the individual the site of the last injection.</p>	<p>Appropriate site selection aids absorption and reduces likelihood of injury and discomfort. Rotating sites minimises tissue damage.</p> <p>Sites should be rotated for long-term therapy such as insulin, as repeatedly using the same site leads to thickening of skin and tissue atrophy.</p> <p>Comfort promotes relaxation and helps to reduce anxiety.</p>
<p>Locate the injection site using anatomical landmarks. Check site for any masses, lumps, signs of infection, scars or skin lesions.</p>	<p>Insertion of medication into the correct site avoids injury to underlying structures. Masses, scars etc., will interfere with medication absorption.</p>
<p>If required, cleanse the site with an antiseptic swab and allow area to dry for 30 seconds.</p>	<p>Removes microorganisms from the skin.</p>
<p>Remove the needle cap and hold the syringe in the dominant hand. Hold the individual's skin between the thumb and forefinger and either pull the skin taut (IM injection) or pinch up skin (IM or subcutaneous injection).</p>	<p>In an IM injection, a needle penetrates tight skin more easily than loose skin. Pinching the skin up may be necessary when a subcutaneous injection is given to an obese individual, or when an IM injection is given to an individual with small muscle mass.</p>
<p>Insert the needle quickly and firmly, at a 45-degree or 90-degree angle for subcutaneous injection, and at a 90-degree angle for IM injection.</p>	<p>Quick, firm insertion technique minimises anxiety and discomfort.</p> <p>45-degree angle may need to be used in a subcutaneous injection where there is minimal subcutaneous tissue, to prevent insertion into a muscle.</p>
<p>For an IM injection, slowly pull back on the plunger to aspirate as per policy and procedure guidelines. If blood appears in the syringe, the needle is withdrawn, and the injection repeated at another site, using a fresh dose, syringe and needle.</p> <p>(Note: Needle aspiration does not need to be performed for a subcut injection.)</p>	<p>Muscles are more vascular than subcutaneous tissue.</p> <p>Checks whether needle has penetrated a blood vessel as insertion will be intravenous and not intramuscular.</p>
<p>Inject the medication slowly depressing the syringe plunger 1 mL every 10 seconds. Once injected pause for at least five seconds before withdrawing the needle.</p>	<p>Slow injection reduces tissue trauma and pain.</p> <p>Pausing permits dispersal of the medication.</p>
<p>Withdraw needle at same angle of insertion while applying gauze gently over the injection site. Apply pressure with sterile gauze if bleeding occurs. Do not massage.</p>	<p>Support of tissues minimises discomfort as the needle is withdrawn.</p> <p>Use of alcohol swab may cause discomfort. Massage may cause bleeding/bruising, increase the absorption rate, damage underlying tissue.</p>

CLINICAL SKILL 20.4 Administering subcutaneous and intramuscular injections—cont'd

Activate the needle safety guard (if used) or dispose of syringe without recapping into proper receptacle (kidney dish) or straight into an appropriately labelled rigid-walled sharps container.

Recapping used needles increases the risk of a needlestick injury.
Proper disposal prevents sharps injury to personnel or visitors.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity**Rationale**

Record and sign for each medication administered on the NIMC/EMM system.

Prompt documentation prevents medication errors.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2019; 2023a; JBI 2021d; 2022f; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022)

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OBSERVATION CHECKLIST: ADMINISTERING SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

STUDENT NAME: _____

CLINICAL SKILL 20.4: Administering subcutaneous and intramuscular injections

DEMONSTRATION OF: The ability to safely and correctly administer subcutaneous and intramuscular injections

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Performs any necessary assessments related to the specific medication being administered (e.g. vital signs, blood glucose level, pain levels) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual appropriately Selects and prepares the appropriate site for the subcut injection Safely administers injection to minimise discomfort and maximise absorption. Inserts the needle quickly and firmly, at a 45-degree or 90-degree angle for subcutaneous injection, and at a 90-degree angle for intramuscular injection Aspirates plunger of syringe for IM injection Assesses individual for correct angle for subcutaneous injection Aspirates to ensure that medication is not being delivered into a blood vessel when performing an intramuscular injection Administers the medication by depressing the plunger 1 mL every 10 seconds Waits five seconds and withdraws needle 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Checks individual's identification requirements with second nurse (RN) at the bedside</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication administration clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or reason for non-administration of the medication on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Intravenous fluid order chart/EMM system fluid order
 Fluid balance chart (FBC)
 IV fluid
 IV infusion set
 Burette (if applicable)
 10 mL syringe
 10 mL normal saline 0.9%
 IV cannula
 IV cap/bung
 Dressing pack
 Antiseptic skin prep (chlorhexidine 70% solution)
 Disposable gloves
 Tourniquet
 Tape
 Occlusive dressing
 IV pump stand
 IV volumetric pump
 IV line label
 IV cannula care plan



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct IV fluid is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure IV fluid orders are correctly prescribed and written. Verify indication for the IV fluid on the IV fluid order chart/EMM system fluid order. Review name of fluid on the IV fluid order chart/EMM system fluid order, dose, route, time of last administration and frequency of administration. Assess for any contraindications: Check allergy status on the medication/fluid order chart and with the individual; compare with the intravenous fluid ordered. Review all necessary information about the IV fluid, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct IV fluid administration is about to take place. Ensures the nurse understands why the individual is receiving the IV fluid and is able to ask for a review by the medical officer if the individual's health status changes. Ensures correct IV fluid is administered. Promotes correct and safe administration of the IV fluid and prevents medication errors from occurring. Ensures all medication allergies are recorded. Promotes correct and safe administration of the IV fluid and enables the nurse to monitor the therapeutic effects of IV fluid.

Continued

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)—cont'd

Assess individual's ability to receive the IV fluid. Review FBC for fluid volume status. Perform any necessary assessments related to the medication such as blood pressure (BP), pulse, respiratory rate (RR), SpO ₂ .	Identifies if individual has contraindications such as heart failure or kidney failure. Prevents circulatory overload. If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.
Check IV fluid order chart/EMM system fluid order for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart/EMM system fluid order.	Confirms the individual's identity.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
Apply PPE: gloves, eyewear, mask and gown as appropriate.
Ensure the individual's safety and comfort throughout skill.
Promote independence and involvement of the individual if possible and/or appropriate.
Assess the individual's tolerance to the skill throughout.
Dispose of used supplies, equipment, waste and sharps appropriately.
Remove PPE and discard or store appropriately.
Perform hand hygiene.

Skill activity	Rationale
Prepare IV fluid as per administration guidelines and calculate the correct rate. Ensure the right IV fluid is being administered by comparing the label and expiry date with the name of the IV fluid on the intravenous fluid order chart/EMM system fluid order three times: <ul style="list-style-type: none"> • First check: Before removing from the storage room • Second check: Before removing IV fluid flask from the packaging • Third check: Before spiking the IV fluid flask with the IV line spike and programming the volumetric pump. 	Following administration guidelines ensures the IV fluid's effectiveness and rate. Ensures IV fluid ordered is the same as the IV fluid supplied. Ensures the correct IV fluid is being administered. Abides by the legal and ethical frameworks regarding safe administration and checking procedures. Prevents preparation and administration errors.
Prepare giving set by closing the roller clamp, spiking the IV fluid bag using ANTT. Squeeze the drip chamber to allow fluid to enter and then open the roll clamp and prime the line. Continue priming with IV fluid until all of the air in the giving set has been expelled.	Ensures safe administration and ensures the tubing is filled with solution and free of air to prevent air embolus.
Assist medical officer or RN with cannulating the individual in order to establish IV access. Support the individual and help to anchor the proposed site for cannulation.	Relieves anxiety and allows for easier cannulation and securement of the IV without complications.
Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.	Prevents contamination.
Connect primed line onto needleless port and secure Luer lock. Program ordered volumetric pump flow rate according to the IV fluid order chart/EMM system fluid order.	Ensures the safe administration of IV fluid.

CLINICAL SKILL 20.5 Establishing intravenous (IV) therapy (assisting)—cont'd**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Ask individual to report pain/discomfort around the cannula site or any swelling.	Monitors for adverse effects such as phlebitis and ensures that complications can be prevented or addressed early.
Ensure that the person who inserted the cannula documents the insertion and gauge of the IV cannula on appropriate form. <ul style="list-style-type: none"> • The commencement of the IV fluid on the IV fluid order chart/EMM system fluid order • Complete/commence a FBC as per facility/organisation policy • Date and attach a change of line label to IV tubing Handover to nursing staff on next shift: type of fluid, flow rate, condition of PIVC infusion site, any adverse drug reactions.	Alerts staff of IV cannula presence and fluid administration (if in progress). Any adverse effects can be managed promptly. Identifies potential for a fluid balance overload or deficit. Prevents fluid imbalance. Identifies when IV line is required to be changed. Provides individual's healthcare data to the healthcare team. Allows for the planning and implementation of care.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2015; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ESTABLISHING INTRAVENOUS (IV) THERAPY (ASSISTING)

STUDENT NAME: _____

CLINICAL SKILL 20.5: Establishing intravenous (IV) therapy (assisting)

DOMAIN(S): Professional and collaborative practice; provision of care; reflective and analytical practice

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing establishment of an IV line Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's IV fluid order chart/EMM system fluid order Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Assists with insertion of the peripheral intravenous catheter (PIVC) where appropriate Performs the necessary assessments prior to establishing the IV Compares the label of the IV fluid and expiry date with the name of IV fluid on the IV fluid order chart/EMM system fluid order three times Prepares the giving set by closing the roller clamp, spiking the IV fluid bag using aseptic non-touch technique (ANTT) and then filling the drip chamber with fluid Primes the line by releasing the roller clamp slowly and allowing fluid to enter the giving set line Continues priming with fluid until all of the air in the giving set has been expelled Connects primed line onto cannula hub or needleless system Programs the volumetric pump using the medication library and setting the flow rate as per the IV fluid order with an RN and/or as per facility/organisation policy Checks the PIVC site for any complications including checking for patency Ensures PIVC and IV line secured correctly, IV line is labelled and that the insertion site is visible Assesses the PIVC site and the individual for any complications using the Visual Infusion Phlebitis Score (VIPS) Stabilises limb as required 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the IV medication/fluid administration clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or reasons for no administration of the IV medication/fluid to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents accurately on IV fluid order chart/ EMM system fluid order, fluid balance chart and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisational policy <p>Provides any special instructions</p> <p>Asks the individual to report any complications post procedure and throughout the IV being used</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.6 Intravenous management

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Intravenous (IV) fluid order chart/EMM system fluid order
IV fluid
IV volumetric pump
Fluid balance chart (FBC)
IV line label
IV cannula care plan



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity

Check the IV fluid order chart/EMM system fluid order for the individual's identifiers when changing an IV fluid flask or re-programming the rate, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart/EMM system fluid order.

Rationale

Confirms the individual's identity prior to any changes in IV fluid administration or management.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
Apply PPE: gloves, eyewear, mask and gown as appropriate.
Ensure the individual's safety and comfort throughout skill.
Promote independence and involvement of the individual if possible and/or appropriate.
Assess the individual's tolerance to the skill throughout.
Dispose of used supplies, equipment, waste and sharps appropriately.
Remove PPE and discard or store appropriately.
Perform hand hygiene.

Continued

CLINICAL SKILL 20.6 Intravenous management—cont'd

Skill activity	Rationale
<p>Assess individual's ability to continue to receive the IV fluid.</p> <p>Perform any necessary assessments related to identifying local and systemic complications:</p> <p>Local signs: Assess IV insertion site using the VIPS for any signs of redness/pallor, temperature (hot or cold), pain/discomfort, swelling (infiltration or extravasation) or bleeding.</p> <p>Systemic signs: Assess vital signs such as blood pressure (BP), pulse, respiratory rate (RR), SpO₂.</p> <p>Review FBC for fluid volume status and assess for signs of circulatory overload or fluid volume deficit, assess for signs of infection/septicaemia or pulmonary air embolism.</p> <p>Check the patency of the IV cannula and IV line and IV line label.</p>	<p>Identifies if individual has contraindications such as heart failure or kidney failure. Prevents circulatory overload.</p> <p>If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.</p> <p>Assessing early for local or systemic complications will mitigate the risk of developing more severe issues.</p> <p>Local signs and symptoms may be an early sign of phlebitis.</p> <p>Prevents circulatory overload.</p> <p>Ensures the PIVC is patent and prevents PIVC from occluding.</p> <p>Identifies key sites are secure along the IV line.</p> <p>Identifies when the IV line needs changing.</p>
<p>Assist individual with IV therapy with changing clothing, ambulating and personal hygiene, ensure the IV line remains intact and is not disconnected from the PIVC during these activities.</p> <p>Explain rationale for care to the individual when performing any of the above in order to maintain IV access.</p>	<p>Educates individual about importance of maintaining IV access and the risks associated with poor management.</p> <p>Ensures safety with IV management.</p> <p>Prevents a break in the continuity of the IV line and therefore preventing contamination.</p> <p>Prevents complications.</p>
<p>Change IV fluid as ordered ensuring that correct checking procedures are followed as per Clinical Skill 20.5.</p> <p>Program the new flow rate as per the IV fluid order.</p> <p>Check the IV fluid bag for expiry date, colour and leakage.</p>	<p>Ensures safe administration of IV fluid.</p> <p>Ensures IV fluid order is the same as the IV fluid supplied.</p> <p>Ensures the correct IV fluid is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Monitor IV infusion every hour as per facility/organisation policy. Assess PIVC patency using VIPS, and rate of flow. Assess individual's response to treatment.</p>	<p>Prevents complications related to delivery of IV fluid and early detection of inflammation or tissue damage.</p>

**AFTER THE SKILL****(Please refer to the Standard Steps on p. xii for related rationales.)**

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
<p>Ask individual to report:</p> <ul style="list-style-type: none"> • Pain or discomfort • Coolness over PIVC site • Swelling of feet and hands • Shortness of breath. 	<p>Assists in identifying early signs of local or systemic complications.</p>
<p>Sign IV fluid order chart/EMM system fluid order, record date and time infusion commenced:</p> <ul style="list-style-type: none"> • Complete and attach change of IV line label to IV tubing. • Document review of PIVC each shift and note any complications such as infection, injury or loss of patency. • Complete FBC as per facility/organisation policy. <p>Handover to nursing staff on next shift: type of fluid, flow rate, condition of PIVC infusion site, any adverse drug reactions.</p>	<p>Maintains IV access and maintenance.</p> <p>Ensures individual is receiving recommended therapy as ordered.</p> <p>Prevents complications and monitors status.</p> <p>Provides individual's healthcare data to the healthcare team.</p> <p>Allows for the planning and implementation of care.</p>

CLINICAL SKILL 20.6 Intravenous management—cont'd

Discontinue IV therapy and remove IV cannula when:

- There is a medical order (verbal or written)
- PIVC has been in situ for three days or has not been used for more than 24 hours
- Complications have arisen (as mentioned above) and these have been discussed with an RN or medical officer (see Clinical Skill 20.8).

Document date and time of removal, condition of site at time of removal and whether cannula and tip is complete and intact (see Clinical Skill 20.8).

IV cannulas are inserted to administer medications and/or fluids.

The goal is to remove the PIVC if it is no longer required, reducing the risk of infection.

Loss of patency or complications will mean that a PIVC will need to be removed and re-sited.

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2015; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; Tollefson et al 2022; SESLHD 2019)

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OBSERVATION CHECKLIST: INTRAVENOUS MANAGEMENT

STUDENT NAME: _____

CLINICAL SKILL 20.6: Intravenous management

DEMONSTRATION OF: The ability to safely and correctly manage IV therapy

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

- Independent (I)
- Supervised (S)
- Assisted (A)
- Marginal (M)
- Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for safely and correctly managing IV therapy Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order in the individual's IV fluid order chart/EMM system fluid order Verifies name of IV fluid, volume, dose, fluid of previous order and frequency with the IV fluid order chart/EMM system fluid order Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Calculates IV flow rate Checks the IV fluid order/EMM system fluid order and IV pump rate Calculates drops per minute for gravity feed Assesses the PIVC site and individual for any complications Uses VIPS to score PIVC site Reviews FBC and fluid volume status Checks patency Ensures IV pump programmed and working correctly and troubleshoots issues Ensures the IV line is labelled Ensures PIVC and IV line secured correctly, and that the insertion site is visible Stabilises limb as required Follows medical officer's orders regarding discontinuation of the IV and/or removal of the PIVC					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding IV fluid action and provides education as required Assesses the individual's ability to cooperate with the procedure Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the IV fluid administration procedure clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration of IV fluid to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents accurately on IV fluid order chart/ EMM system fluid order, FBC and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisational policy Provides any special instructions Asks the individual to report any complications throughout the IV therapy					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

(IV) fluid order chart
 NIMC/EMM system IV/medication orders
 IV fluid flask/medication vial/ampoule
 Diluent
 IV infusion set
 Burette
 Secondary bag
 Syringes and needleless device for administration and medication vial access (if applicable)
 IV additive label
 IV line label
 Alcohol or antiseptic swabs
 Disposable gloves
 IV volumetric pump
 Fluid balance chart (FBC)
 Injection tray
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Skill activity	Rationale
General procedures for administration of all IV medications	
Ensure correct IV fluid/medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
<p>Ensure IV fluid/medication orders are correctly prescribed and written.</p> <p>Verify indication for the medication on the NIMC/EMM system.</p> <p>Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.</p> <p>Assess for any contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions with concurrent IV therapy.</p> <p>Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p>	<p>Ensures correct medication administration is about to take place.</p> <p>Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.</p> <p>Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.</p> <p>Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.</p> <p>Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.</p>
Assess individual's ability to receive the IV fluid/medication bolus.	Allows nurse to monitor individual's response to IV medication given that onset of action is quicker than any other route.
Check IV fluid order chart, NIMC/EMM system orders for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and (IV) fluid order chart or NIMC/EMM system order.	Confirms the individual's identity.
Perform any necessary assessments related to the medication being administered (e.g. vital signs, chest auscultation, potassium levels, pain levels before, during and after infusion of medication as recommended and/or as per facility/organisation policy).	Ensures safety of the individual during the administration of the medication.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

- Perform hand hygiene.
- Apply PPE: gloves, eyewear, mask and gown as appropriate.
- Ensure the individual's safety and comfort throughout skill.
- Promote independence and involvement of the individual if possible and/or appropriate.
- Assess the individual's tolerance to the skill throughout.
- Dispose of used supplies, equipment, waste and sharps appropriately.
- Remove PPE and discard or store appropriately.
- Perform hand hygiene.

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Skill activity	Rationale
<p>Prepare medications as per administration guidelines and calculate the correct dose.</p> <p>Ensure the right IV medication is being administered by comparing the label and expiry date with the name on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the storage room • Second check: Before preparing IV medication • Third check: Before adding to IV fluid or administering as a bolus through the PIVC. 	<p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Review <i>Australian Injectable Drugs Handbook</i> for compatibility with concurrent IV therapy.</p> <p>Prepare IV fluid/medication with a second nurse (RN) as per the <i>Australian Injectable Drugs Handbook</i> and calculate the correct dose.</p> <p>Ensure administration is according to manufacturer's instructions and organisation policy and procedure guidelines.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p> <p>Table 20.4 Preparation of medications from ampoules and vials as per the <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Promotes correct and safe administration of the IV fluid/medication.</p> <p>Prevents preparation errors.</p> <p>Review of <i>Australian Injectable Drugs Handbook</i> prevents incompatibilities and ensures correct mixing of IV fluid/medication.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery, decreasing the risk of toxic or adverse events from occurring.</p>
<p>Complete and attach additive label as per facility/organisation policy and the ACSQHC 2015 National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines.</p>	<p>Communicates to nurses the contents of the medication delivery systems.</p>
<p>Assess PIVC insertion site using VIPS for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p> <p>Assess the patency of the cannula as per facility/organisation policy.</p>	<p>Assesses early signs of phlebitis to ascertain if PIVC needs replacing.</p> <p>Ensures safe administration of medication into venous system rather than into surrounding tissues.</p>
<p>Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.</p>	<p>Prevents contamination.</p>
<p>Administer IV medication as per facility/organisation policy and the <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Ensures the IV medication is administered correctly.</p>
<h3>Large volume infusion—fluid bolus</h3>	
<p>Check indication and IV fluid order for large volume IV bolus and calculate rate.</p> <p>Review FBC for fluid balance status.</p> <p>Check current IV fluid running to ensure it does not contain any additives such as potassium chloride.</p>	<p>Ensures large volume IV fluid bolus is being administered over the correct timeframe.</p> <p>Identifies a fluid volume deficit indicating the need for a fluid bolus.</p> <p>Ensures that individual is not given a bolus of IV potassium that could be fatal.</p>
<p>Pause current flow rate and set a secondary program using the medication library and set the bolus rate.</p>	<p>A secondary program once completed will revert to the original flow rate.</p> <p>Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.</p>
<p>Check volumetric pump after completion of the large volume bolus timeframe and reduce VTBI by the fluid bolus amount.</p> <p>Record bolus on the FBC and IV fluid order chart.</p>	<p>Ensures large volume bolus has been delivered and has reverted back to original rate.</p> <p>Reducing VTBI reduces the risk of air in line.</p> <p>Allows review of fluid balance status.</p>

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Complete post bolus reviews—vital signs (BP), and FBC.	Large volume bolus should increase intravascular volume and improve blood pressure if individual was hypotensive. Large volume bolus can also cause fluid overload.
Intravenous medication bolus via IV cannula/IV line	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Prepare medication and two syringes with 5–10 mL of normal saline 0.9% each, for flushing the cannula/line before and after medication administration.	Prevents blockage of line and ensures medication has been injected completely, and prevents chemical irritation to the vein.
Take equipment to the individual in injection tray ensuring all sharps are contained/capped correctly. Select injection port closest to individual.	Ensures correct transporting of equipment and abides by infection control/ANTT procedures. Allows for easier aspiration for blood return to check placement.
Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Pause pump program and occlude infusion line above port by pinching tubing or closing the roller clamp. Connect syringe containing normal saline 0.9% to needleless valve/injection port on IV line or PIVC. Gently pull back on syringe plunger to aspirate blood. Slowly inject 5–10 mL of normal saline 0.9% and remove syringe.	Prevents back flow of medication into IV line and ensures medication to be administered is into intravenous system. Checks position of cannula in vein. Clears reservoir of blood and checks patency of access port. Allows for access.
Attach IV medication syringe and inject medication as per the <i>Australian Injectable Drugs Handbook</i> guidelines or facility/organisation policy.	Ensures medication is given at the correct rate. Rapid administration may cause pain, phlebitis, adverse medication reactions, or could be fatal.
Attach second flush syringe and flush PIVC or line with 5–10 mL of normal saline 0.9%.	Flushes medication properly into the venous system preventing chemical irritation. Allows for medication clearance in the IV line and PIVC.
Release tubing and/or roller clamp and restart the pump infusion rate or gravity feed drip rate if required.	Re-establishes IV fluid delivery.
Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds. If the port was capped, replace cap.	Prevents introduction of microorganisms.
Piggyback/tandem infusion	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Prepare medication by injecting medication into small volume IV fluid bag (e.g. 50–100 mL) through medication injection port. After withdrawing syringe, gently mix contents of infusion.	Ensures even distribution of medication throughout the infusion fluid and prevents medication pooling in the bottom of the IV bag, inadvertently giving the individual a concentrated dose.
Complete and attach an IV medication additive label, with details of medication added, fluid, date, time and two nurses' signatures (second nurse must be an RN).	Informs all staff of the contents of the infusion.
Close roller clamp on secondary giving set and correctly insert spike into medication IV bag using ANTT. Half fill the IV giving set chamber and then slowly prime the line by releasing the roller clamp, without introducing any air.	Prevents the introduction of microorganisms and cross-infection. Allows IV tubing to fill slowly preventing entry of air into the IV line. Prevents air embolus entering the individual.

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

Vigorously rub the injection port for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Hang IV medication bag on IV pole, insert into volumetric pump (if using) and connect IV giving set to infusion port on the primary infusion line.	Prepares IV medication for administration. IV fluid bag needs to be higher than the individual or the volumetric pump to prevent back flow into primary IV bag and aids drip rate via gravity feed.
Program the IV pump secondary line using the medication library with correct rate and VTBI or gravity feed with correct drip rate. Infuse medication as per manufacturer's recommendations and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.
Remove and discard secondary infusion bag after completion of infusion, in a safe and appropriate manner. Connect a compatible IV fluid if required, to flush the giving set with 25 mL of normal saline 0.9%, then remove secondary line from the primary line. Return to primary infusion rate/drip rate.	Ensures complete infusion of medication. Ensures the return to the original infusion rate as ordered. IV giving set requires approx. 25 mL for priming, which ensures medication infuses correctly and totally in order to allow for therapeutic levels. Ensures no crystallisation of fluid occurs with any other medication or IV fluid delivery in the same line.
Ensure primary infusion is running at the correct pump/drip rate.	Secondary infusion may have interfered with the flow rate of the primary infusion. Prevents circulatory overload.
Burette	
Check compatibility of current IV fluid administration and medication in the <i>Australian Injectable Drugs Handbook</i> .	Prevents incompatibility reaction.
Fill burette with required amount of fluid from infusion bag as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures correct amount of diluent for the safe administration of the medication. Prevents the risk of circulatory overload. Prevents incompatibility reactions or toxicity.
Vigorously clean injection port on top of burette for 30 seconds with alcohol swab and allow to dry for 30 seconds.	Prevents introduction of microorganisms.
Attach syringe and inject medication into burette port and gently mix with fluid in burette.	Ensures even distribution of medication throughout fluid.
Label burette with medication administration label containing name of medication, total volume, time of starting administration, individual's details and two checking staff signature/initials.	Ensures all staff are aware of medication infusion occurring; prevents other medication being added to burette at same time. Abides by policy and procedure.
Calculate rate and program volumetric pump using the medication library with the correct rate as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i> .	Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.
On completion of infusion, fill burette to a minimum of 25 mL of normal saline 0.9% or fluid in primary bag and infuse over the same rate medication administered (ensure flush is enough to completely infuse total medication through the IV giving set). Once complete, remove label from burette and return infusion to previous rate.	IV giving set requires approx. 25 mL for priming, which ensures medication infuses correctly and totally in order to allow for therapeutic levels. Ensures no crystallisation of fluid occurs with any other medication or IV fluid delivery in the same line. Alerts staff that medication infusion is complete.

Continued

CLINICAL SKILL 20.7 Administration of intravenous (IV) medications: Infusion and bolus—cont'd

<p>If more than one medication is to be administered, ensure that burette and line are 'flushed' with a minimum of 25 mL in between the medications, and wait the recommended time between the administration of medication as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Prevents incompatible medications coming into contact with each other. Ensures that medication actions are adhered to and therapeutic outcomes are optimal.</p>
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Volumetric pump syringe driver

<p>Perform hand hygiene. Prepare 30–50 mL syringe with medication and diluent as per the recommendations listed in the manufacturer's guidelines and/or <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Prevents cross-infection. Ensures correct amount of diluent for the safe administration of the medication. Prevents incompatibility reactions or toxicity.</p>
<p>Label syringe with medication additive label containing name of medication, diluent total volume, time of starting administration, individual's details and two checking staff signature/initials. Places label away from markings on syringe.</p>	<p>Ensures all staff are aware of medication being administered via the volumetric pump syringe driver. Abides by policy and procedure. Ensures syringe level can be easily visualised for assessment of delivery and documentation.</p>
<p>Open syringe driver module on the volumetric pump, lift plunger lock and insert syringe with volume numbers facing out, locking it in place.</p>	<p>Ensures syringe is correctly fitted. Ensures syringe level can be easily visualised for assessment of delivery and documentation.</p>
<p>Vigorously rub the cannula valve/injection port for 30 seconds with an alcohol swab and allow to dry for 30 seconds and attach syringe driver line using ANTT.</p>	<p>Prevents cross-contamination.</p>
<p>Calculate rate and program syringe module on volumetric pump using the medication library with the correct rate as per the recommendations and/or <i>Australian Injectable Drugs Handbook</i>.</p>	<p>Ensures medication is administered at the correct rate to maintain therapeutic levels and prevent toxicity or adverse reactions. Using the medication library in the volumetric pump reduces the risk of incorrect medication administration rates being programmed.</p>



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
Restore the environment.
Report, record and document assessment findings, details of the skill performed and the individual's response.
Report, record and document any abnormalities and/or inability to perform the skill.
Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
<p>Record and sign for each medication administered on the NIMC/EMM system. Record volume of fluid in medication bag (used for piggyback/tandem administration) or burette on FBC.</p>	<p>Prompt documentation prevents medication errors. Sites should be rotated for long-term therapy such as insulin, as repeatedly using same site leads to thickening of skin and tissue atrophy. Prevents circulatory overload.</p>

Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.

(ACSQHC 2012; 2015; 2023; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022; SESLHD 2019)

OBSERVATION CHECKLIST: ADMINISTRATION OF INTRAVENOUS (IV) MEDICATIONS: INFUSION AND BOLUS

STUDENT NAME: _____

CLINICAL SKILL 20.7: Administration of intravenous (IV) medications: infusion and bolus

DEMONSTRATION OF: The ability to safely and correctly administer intravenous medication via infusion and bolus

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the IV therapy Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of IV medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for the IV fluid/medication push with the medical officer/RN Considers any medication administration requirements, contraindications Performs and checks any necessary assessments related to the specific medication (vital signs, potassium/electrolyte levels, FBC) Prepares the individual's medication by first reading the name of medication on the container and the expiry date Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Checks for compatibility with IV fluid (if in progress) Prepares and administers medications as per facility/organisation policy Cleans injection port, flushes IV, administers medication over correct duration, re-cleans port and flushes again For intermittent infusion, connects and hangs piggyback container (with additive label in situ), sets rate for secondary infusion, monitors and returns to primary infusion when complete 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Assesses the individual regarding the IV infusion and/or bolus for any reactions</p> <p>Assesses the individual's ability to cooperate with the procedure</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks IV medication preparation and delivery process with second nurse (RN)</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication delivery clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of medication to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents accurately on FBC if required <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.8 Removal of intravenous cannula

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Disposable gloves
Dressing pack/sterile gauze (as per facility/organisation policy)
Injection tray
Antiseptic solution/swab (as per facility/organisation policy)
Tape



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
Apply PPE: gloves, eyewear, mask and gown as appropriate.
Ensure the individual's safety and comfort throughout skill.
Promote independence and involvement of the individual if possible and/or appropriate.
Assess the individual's tolerance to the skill throughout.
Dispose of used supplies, equipment, waste and sharps appropriately.
Remove PPE and discard or store appropriately.
Perform hand hygiene.

Skill activity	Rationale
Gently remove tapes securing the IV and the occlusive dressing, ensuring no pulling of excess hair. Use scissors to cut away hair if required.	Decreases discomfort and helps prevent complications to the surrounding skin.
Clean with normal saline 0.9%/chlorhexidine after removal of tape/dressing according to facility/organisation policy and allow to dry. Place sterile gauze over insertion site (do not press) and gently remove cannula along the line of the vein. Place gauze and a strip of tape over site or pressure pad ensuring adequate pressure until there is no further bleeding from site. Inspect the PIVC for completeness.	Prevents the introduction of microorganisms. Prevents a haematoma or injury to the vein post removal. Ensures whole cannula was removed and no fragments are left behind.

CLINICAL SKILL 20.8 Removal of intravenous cannula—cont'd**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Document date and time of removal, condition of site at time of removal and whether cannula and tip were complete and intact.	Any adverse effects can be managed promptly. Provides individual's healthcare data to the healthcare team.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(Gorski 2023; JBI 2022e; Queensland Health 2018)</i>	

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OBSERVATION CHECKLIST: REMOVAL OF AN IV CANNULA

STUDENT NAME: _____

CLINICAL SKILL 20.8: Removal of an IV cannula**DEMONSTRATION OF:** The ability to safely and correctly remove an IV cannula*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.***Independent (I)****Supervised (S)****Assisted (A)****Marginal (M)****Dependent (D)**

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing removing the PIVC Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order in the individual's record Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Checks the PIVC site for any complications prior to removal using VIPs Follows medical officer's orders regarding the removal of the PIVC Ensures IV pump and/or IV therapy is discontinued/turned off Gently removes tapes securing the IV and the occlusive dressing ensuring no pulling of excess hair Cleanses site and allows to dry. Places sterile gauze over insertion site and gently removes cannula along the line of the vein Places gauze and a strip of tape over site ensuring adequate pressure until there is no further bleeding from site Inspects the PIVC for completeness 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses the individual for any complications associated with the IV therapy Monitors the individual's anxiety related to the procedure Assesses the individual's ability to cooperate and assist with the procedure Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> Documents accurately on IV fluid order chart/ EMM system fluid order, FBC and in progress notes that the IV therapy has been ceased and PIVC removed <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

(Gorski 2023; JBI 2022e; Queensland Health 2018)

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

Blood product prescription form
 Blood product administration consent form
 Blood component label
 Blood product
 Blood IV infusion giving set
 Antiseptic swabs
 Disposable gloves
 10 mL syringe
 10 mL normal saline 0.9%
 IV volumetric pump and fluid balance chart (FBC)
 Vital signs equipment
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Rationale

General procedures for administration of IV blood or blood product transfusions

Ensure correct blood or blood product is administered by following the '11 rights' throughout preparation and administration.

Identifies issues, which can be addressed prior to administration.
 Prevents transfusion errors from occurring and promotes correct and safe administration of blood and blood products.

Ensure blood or blood product orders are correctly prescribed and written.
 Verify indication for the administration of the blood or blood product.
 Assess for any contraindications: check individual's ABO and compare with the blood product ordered; ensure a dedicated IV line.
 Review all necessary information about the blood or blood product, including rationale, haemolytic and non-haemolytic reactions, any special administration information.
 Check blood product prescription form for signed consent.

Ensures correct blood or blood product administration is about to take place.
 Ensures the nurse understands why the individual is receiving the blood or blood product and is able to ask for a review by the medical officer if the individual's health status changes.
 Ensures compatibility of blood or blood product.
 Promotes correct and safe administration of the blood or blood product and prevents incorrect blood transfusion.
 Ensures individual has been fully informed and consents to the blood or blood product transfusion.

Continued

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products—cont'd

Review name of blood or blood product on the blood product prescription form: blood product, route, time of last administration and frequency of administration.

Ensures that the right blood product is being given at the right frequency and time, via the correct route.
Prevents medication errors from occurring.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
<p>All blood checking processes independently verified by two nurses (one must be an RN). Check the blood product prescription form for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and the blood product prescription form and blood product label. Check batch number, blood group (ABO & Rh(D)), blood or blood product expiry date and cross match expiry date with the blood product prescription form and blood product label according to safe administration of blood products and facility/organisation policy. Note: Blood should not exceed the maximum time of 30 minutes away from the fridge; platelets should continue to be agitated by hand prior to administration.</p>	<p>Nurses checking individually the blood product prescription form and blood product label with the individual's ID ensures accuracy of information once compared, instead of one nurse trusting the other nurse that the information is correct as they read it out. Promotes safety prior to blood product administration. Confirms the individual's identity and prevents incorrect blood or blood product being transfused. Promotes safety prior to blood product administration. Ensures the correct blood product is being administered to the correct person.</p>
<p>Calculate the correct volumetric pump rate according to the rate documented on the blood product prescription form and volume recorded on the blood bag.</p>	<p>Ensures the blood product is administered at the correct rate and reduces the risk of transfusion reactions.</p>
<p>Check PIVC insertion site using the VIPS for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p>	<p>Assesses early signs of phlebitis to ascertain if PIVC needs replacing.</p>
<p>Perform pre-blood administration vital signs check before, during and after infusion of blood or blood product according to facility/organisation policy.</p>	<p>Allows nurse to monitor individual's response to blood product and allows for identification of blood transfusion reactions. Ensures safety of the individual during the administration of the blood or blood product.</p>
<p>Vigorously rub injection port with alcohol swab for 30 seconds and allow to dry for 30 seconds.</p>	<p>Prevents contamination.</p>
<p>Attach syringe and flush with 10 mL of normal saline 0.9%. Identify patency.</p>	<p>Ensures safe administration of medication into venous system rather than into surrounding tissues. Assesses the patency of the cannula as per facility/organisation policy and procedure guidelines.</p>
<p>Prime a dedicated blood product IV volumetric giving set with the blood or blood product. Connect line to IV cannula.</p>	<p>Protocol is for blood not to be transfused with any other IV fluid or medication. Prevents incompatibility reaction from occurring by using a new IV giving set dedicated for blood.</p>

CLINICAL SKILL 20.9 Administration of intravenous (IV) blood or blood products—cont'd

Commence volumetric pump administration rate as per protocol.
 Commence blood transfusion at a slower rate for the first 15 minutes as per organisational protocol (if required).
 Perform and record routine blood observations as per protocol: 15-minutely, then hourly until the transfusion finishes, and at conclusion of the blood transfusion according to facility/organisation policy and individual health status.
 Observe and remain with the individual for the first 15 minutes.
 Observe closely and report any transfusion reactions such as:

- Fever, chills, headache, malaise
- Flushing of the skin, urticaria, wheezing, itchy rash
- Restlessness, anxiety, chest pain, tachypnoea, tachycardia, nausea, shock, haematuria, back pain.

Stop the blood transfusion if you suspect a reaction.
 Notify RN and medical officer, follow facility/organisation policy.
 Complete the transfusion when the blood unit is empty (or if four hours has elapsed since unit of blood removed from the blood fridge).

Some organisations required that blood transfusions commence at a slower rate to minimise transfusion reactions.
 Indicates afebrile non-haemolytic or haemolytic reaction or circulatory overload.
 Different actions may be implemented depending on the reaction and medical officer's orders.
 Allows medical officer to stop or change blood product promptly if a transfusion reaction occurs, and to treat the symptoms or manage blood transfusion administration.
Note: Platelets, plasma (FFP), serum albumin and cryoprecipitate generally do not require regular observations, but refer to facility/organisation policy for further information.
 Minimises risk of bacterial infection and contamination.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
 Restore the environment.
 Report, record and document assessment findings, details of the skill performed and the individual's response.
 Report, record and document any abnormalities and/or inability to perform the skill.
 Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Immediately record and sign blood administration commencement on blood product prescription form (two nurses to sign).	Ensures that blood or blood product administration is correctly recorded on the relevant charts.
Record blood volume on the fluid balance chart.	Ensures accurate recording of input.
Instruct the person to report any sudden chills, nausea, dyspnoea, fever, rash, itch, loin/flank pain.	Promotes participation in care and understanding of health status. Reduces risk of allergic reaction.
On completion of each blood transfusion, medical officer notified to complete a review of the individual. Flush line via secondary spike with normal saline 0.9%. Change the giving set as per facility/organisation policy.	Ensures the safety of the individual and detects fluid overload and any delayed transfusion reaction. Medical officer may prescribe diuretics to prevent fluid overload. To ensure all blood or blood product is administered. Decreases risk of bacterial contamination, and retains efficiency of filter.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2015; Australian & New Zealand Society of Blood Transfusion Ltd 2019; Department of Health 2018; 2021; Gorski 2023; JBI 2021e; Rebeiro et al 2021; SESLHD 2019)</i>	

OBSERVATION CHECKLIST: ADMINISTRATION OF INTRAVENOUS BLOOD PRODUCTS

STUDENT NAME: _____

CLINICAL SKILL 20.9: Administration of intravenous (IV) blood products

DEMONSTRATION OF: The ability to safely and correctly manage IV blood product administration

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for safely and correctly managing blood product administration Identifies the individual using three individual identifiers: full name, DOB and UR number using the blood product prescription form Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Verifies the blood order in the individual's blood product prescription form and blood product label Checks the previous fluid or blood product orders and frequency with the blood product prescription form Follows the 11 rights Locates and gathers equipment Prepares the work environment Performs pre-blood vital signs observations					
Performs activity informed by evidence	Reviews blood or blood product type, blood label, batch number, written consent, blood group (ABO, Rh(D)) and expiry date with the blood product prescription form and blood label independently and with a second nurse (RN) Checks the volume of the blood product and calculates the pump rate Assesses the PIVC site and individual for any complications using the VIP score and checks patency Reviews FBC and fluid volume status Ensures IV volumetric pump is programmed with the correct rate and VTBI Ensures PIVC and IV line are secured correctly, and the insertion site is visible Stabilises limb as required Performs routine blood observations as per protocol and remains with the person for the first 15 minutes					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided according to BloodSafe guidelines</p> <p>Assesses individual's knowledge regarding IV blood product administration and provides education as required</p> <p>Aware of haemolytic and non-haemolytic transfusion reactions to be able to act promptly if a transfusion reaction occurs</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of blood product and equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the IV blood product administration procedure clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of IV blood product to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents accurately the blood checks and observations on blood product prescription form, FBC and in progress notes • The PIVC site must be inspected and VIPS assessed as per facility/organisation policy <p>Provides any special instructions</p> <p>Asks the individual to report any signs and symptoms throughout the blood product administration</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication orders (e.g. subcut continuous infusion chart)
 Prescribed medication/s
 Diluent
 Subcutaneous infusion set (extension tubing line)
 Syringe driver and appropriate size syringe
 Needleless device (butterfly) and vial access (if applicable)
 Subcutaneous additive and line label
 Antiseptic swabs
 Disposable gloves
 Injection tray
 Resource material (e.g. MIMS, *Australian Injectable Drugs Handbook*, APINCHS list)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.

Discuss the skill with your instructor/supervisor/team leader, if required.

Confirm correct facility/organisation policy/safe operating procedures.

Validate the order in the individual's record.

Identify indication and rationale for performing the activity.

Assess for any contraindications.

Locate and gather equipment.

Perform hand hygiene.

Ensure therapeutic interaction.

Identify the individual using three individual identifiers.

Gain the individual's consent.

Assess for pain relief.

Prepare the environment.

Provide and maintain privacy.

Assist the individual to assume an appropriate position of comfort.

Skill activity

Rationale

General procedures for administration of all subcutaneous medications

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Identifies issues, which can be addressed prior to administration.
 Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

Continued

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

<p>Ensure medication orders are correctly prescribed and written.</p> <p>Verify indication for the medication on the NIMC/EMM system.</p> <p>Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.</p> <p>Review high-risk medicines on facility/organisation APINCHS list.</p> <p>Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.</p> <p>Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.</p>	<p>Ensures correct medication administration is about to take place.</p> <p>Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.</p> <p>Ensures that the right medication is being given at the right frequency and time, via the correct route.</p> <p>Review of APINCHS list alerts the nurse to checking procedures before, during and after high-risk medication delivery decreasing the risk of toxic or adverse events from occurring. Prevents medication errors from occurring.</p> <p>Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.</p> <p>Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.</p>
<p>Assess individual's ability to receive the medication in the prescribed form via the prescribed route.</p>	<p>Before administering morphine, the nurse must check the individual's sedation score to ascertain conscious state as further administration may increase the risk of complications.</p>
<p>Check medication orders for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.</p>	<p>Confirms the individual's identity.</p>
<p>Perform any necessary assessments related to the medication such as sedation score (AVPU), respiratory rate (RR), blood glucose level (BGL).</p>	<p>Allows nurse to monitor individual's response to the medication.</p> <p>If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.</p>



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

- Perform hand hygiene.
- Apply PPE: gloves, eyewear, mask and gown as appropriate.
- Ensure the individual's safety and comfort throughout skill.
- Promote independence and involvement of the individual if possible and/or appropriate.
- Assess the individual's tolerance to the skill throughout.
- Dispose of used supplies, equipment, waste and sharps appropriately.
- Remove PPE and discard or store appropriately.
- Perform hand hygiene.

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

Skill activity	Rationale
<p>Calculate correct dose and prepare medication according to Table 20.4 Preparation of medications from ampoules and vials and as per the <i>Australian Injectable Drugs Handbook</i>.</p> <p>Check the label and expiry date. Have two nurses check (one must be an RN) according to safe administration guidelines and the facility/organisation policy.</p> <p>Compare the medication container with the order on the subcutaneous infusion chart.</p> <p>Ensure right medication is being administered by comparing the label of the medication vial/ampoule and expiry date with the name of medication on the NIMC/EMM system three times:</p> <ul style="list-style-type: none"> • First check: Before removing from the medication room • Second check: Before removing medication from the vial/ampoule • Third check: Before discarding medication vial/ampoule. 	<p>Promotes safety during administration.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation errors.</p> <p>Prevents chemical reaction occurring, which may result in clouding or crystallisation of the medication in the syringe.</p> <p>Ensures medication order is the same as the medication supplied.</p> <p>Ensures the correct medication is being administered.</p> <p>Prevents preparation and administration errors.</p>
<p>Assess subcutaneous butterfly insertion site for any signs of redness, warmth, swelling, pain or tenderness on palpation.</p> <p>Assess the patency of the subcutaneous butterfly as per facility/organisation policy.</p>	<p>Ensures safe administration of medication into the subcutaneous tissue.</p>
<p>Attach the extension tubing line to the end of the syringe and prime the line.</p> <p>Insert the syringe into the syringe driver locking it into place.</p> <p>Clean butterfly port with antiseptic swab for 30 seconds and allow to dry for 30 seconds.</p> <p>Attach the extension tubing line to the port on the end of the subcutaneous butterfly, maintaining ANTT.</p>	<p>Prevents cross-infection.</p>
<p>Attach additive label to the syringe and line label to the line. Avoid placing additive label over syringe volume markings.</p> <p>Program the syringe driver to required rate/hr or mm/24 hours.</p> <p>Place a locking canister over syringe driver.</p>	<p>Ensures correct and safe administration of medication.</p> <p>To secure syringe and rate buttons preventing accidental administration of increased volume.</p>
<p>If necessary, check vital signs before, during and after subcutaneous infusion of medication as recommended and/or as per continuous infusion chart and facility/organisation policy.</p>	<p>Allows nurse to monitor individual's response to medication.</p> <p>Ensures safety of the individual during the administration of the medication.</p>



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Continued

CLINICAL SKILL 20.10 Administration of subcutaneous (subcut) medications: Infusion—cont'd

Skill activity	Rationale
Record medication administration promptly on medication/subcutaneous continuous infusion administration chart.	Prevents medication errors from occurring (e.g. dose being duplicated).
Record volume of fluid in syringe in mm or volume on the continuous infusion chart.	Allows for monitoring of delivery of medication through the syringe driver over a 24-hour period.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2015; 2023; Gorski 2023; Queensland Health 2018; Rebeiro et al 2021; The SPHA 2023; Tollefson et al 2022)</i>	

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OBSERVATION CHECKLIST: ADMINISTRATION OF SUBCUTANEOUS (SUBCUT) MEDICATIONS: INFUSION

STUDENT NAME: _____

CLINICAL SKILL 20.10: Administration of subcutaneous (subcut) medications: infusion

DEMONSTRATION OF: The ability to safely and correctly administer subcutaneous medication via infusion

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing subcut medication infusion Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Performs and checks any necessary assessments related to the specific medication (vital signs) Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Checks for compatibility with other medications to be delivered concurrently Prepares syringe and volumetric pump syringe driver module Attaches subcutaneous additive and line label Programs settings and administers subcut medications as per facility/organisation policy Checks subcut medication preparation and delivery process with subcut order chart and with a second nurse (RN) Checks compatibility of medications being delivered concurrently Assesses subcut cannula insertion site 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Assesses the individual regarding the subcutaneous infusion and for any reactions</p> <p>Assesses the individual's ability to cooperate with the procedure</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the medication delivery clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration of medication on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents accurately on FBC if required <p>Provides any special instructions</p> <p>Asks the individual to report any signs or symptoms during and post procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.11 Administration of a topical medication

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Prescribed medication
Disposable gloves
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess the individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has a skin rash, infection, bruising at the site, a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.11 Administration of a topical medication—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Apply required amount of topical medication onto the individual's skin as per administration guidelines.	The amount of topical medication applied depends on the type of medication being applied. For example, for applying a corticosteroid the fingertip unit is used as a guide to determine how much product to apply. Other treatments such as emollients may require more generous application of the product.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012, 2019; JBI 2022g; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: ADMINISTRATION OF A TOPICAL MEDICATION

STUDENT NAME: _____

CLINICAL SKILL 20.11: Administration of a topical medication

DEMONSTRATION OF: The ability to safely and correctly administer a topical medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Validates the order in the individual's record Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Selects appropriate site for medication delivery Applies the required amount of topical medication onto the individual's skin					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required and ability to self-administer</p> <p>Applies the appropriate amount of the product</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any adverse effects to the medication</p> <p>Assesses own performance</p> <p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required</p> <p>Monitors individual for therapeutic effect of medication (if applicable)</p> <p>Monitors individual for any ADRs to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.12 Applying transdermal medications

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Prescribed medication
Resource material (e.g. MIMS)
Disposable gloves



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has a skin rash, infection, bruising at the site, a review will need to occur to reassess the ordered route.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

Continued

CLINICAL SKILL 20.12 Applying transdermal medications—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Inspect skin to ensure that it is intact. Identify previous application site and rotate site.	Broken skin can affect the medication's absorption. Rotating site reduces irritation. Increased absorption may occur if applied to the same site.
Ensure any previous transdermal patches in situ are removed before applying next patch. Patches that contain opioid agents must be folded with adhesive sides sticking together and disposed of in a sharps container.	Ensures the individual receives the correct dose of the medication. Ensures that these patches cannot be inappropriately used by another individual.
Write date and time on the patch. Remove the adhesive backing and apply the patch onto a dry, hairless area of the individual's skin. The patch cannot be cut into smaller pieces.	It can be clearly seen the date the patch was applied. Cutting the patch into smaller pieces can affect the dose of the medication that the individual receives.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: APPLYING TRANSDERMAL MEDICATIONS

STUDENT NAME: _____

CLINICAL SKILL 20.12: Applying transdermal medications

DEMONSTRATION OF: The ability to safely and correctly apply transdermal medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Selects appropriate site for medication delivery Ensures that any old patches/discs that are in situ are removed before applying another patch/disc Disposes of used patches appropriately Writes the date and time on the patch Removes the adhesive backing and applies the patch onto a dry, hairless area of the individual's skin 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required and ability for self-administration Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication • Documents in accordance with state legislation for drug of dependency Provides any special instructions Asks the individual to report any complications during and after the procedure					

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Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.13 Instilling eye drops or ointment

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Eye drops/ointment
Gauze
Normal saline 0.9% (if required)
Disposable gloves
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

CLINICAL SKILL 20.13 Instilling eye drops or ointment—cont'd



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Document opening date on the container. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or the cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ocular medications are required to be discarded in a certain timeframe after opening. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist the individual to a position with the head tilted well back (if possible).	Facilitates correct instillation of medication.
If eye contains any discharge or crusting, it should be cleaned with normal saline and gauze swabs before instilling drops or ointment.	Discharge or crusting prevents adequate absorption of medication.
Remove the cap of the container and hold the dropper or tube slightly away from the eye.	Avoids contacting any part of the eye and contaminating the nozzle.
Gently pull down the lower lid to form a pouch.	Facilitates correct instillation of medication.
Instil prescribed medication into the pouch of the lower lid (e.g. 1 drop BE). Five minutes should be left between administering multiple eye drops.	Medications should be instilled correctly (e.g. into the pouch of the lower lid and not directly onto the eyeball). If eye drops are administered too quickly the previous eye drops may be washed away and not absorbed.
Advise individual to close their eye and place index finger against the side of nose near the eye and apply light pressure for 60 seconds after the drop has been administered.	This helps the drop to spread over the eye and be absorbed and prevents the drops running into the nose and being swallowed.
If ointment is being instilled, the eye drops should be administered first.	Ointment waterproofs the eye.
Discard 1.25 cm of ointment onto a swab. Direct nozzle of the tube near the lid, and apply a ribbon of ointment along the rim of the lower lid.	Reduces the risk of instilling contaminated ointment.
Give individual any special instructions related to medications. Instruct to close the eyelid gently. Wipe away any excess with a gauze swab. Instruct individual to blink gently several times. Ask individual to report any side effects/complications.	Facilitates even distribution of the medication over the eye's surface. Keeps individual informed and creates an opportunity to initiate medication education. Monitors for adverse effects and ensures that complications can be prevented or addressed early.
Apply eye pad if required (see Clinical Skill 34.1).	A pad may be prescribed for comfort or protection.

Continued

CLINICAL SKILL 20.13 Instilling eye drops or ointment—cont'd



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; JBI 2021b; Rebeiro et al 2021; Tollefson et al 2022)

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OBSERVATION CHECKLIST: INSTILLING EYE DROPS OR OINTMENT

STUDENT NAME: _____

CLINICAL SKILL 20.13: Instilling eye drops or ointment

DEMONSTRATION OF: The ability to safely and correctly administer eye drops or ointment

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC or EMM system Checks the 11 rights Locates and gathers equipment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual's head appropriately Cleanses the eye if required Administers the prescribed number of drops into the lower pouch of the eye Leaves five minutes between administering multiple eye drops Administers drops before eye ointment Wipes excess medication from eye 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required and ability to self-administer Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for therapeutic effect of medication (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

Continued

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and post procedure					

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Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.14 Instilling ear drops

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Ear drops
Cotton balls
Cotton-tipped applicator
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity

Ensure correct medication is given by following the '11 rights' throughout preparation and administration.

Ensure medication orders are correctly prescribed and written.
Verify indication for the medication on the NIMC/EMM system.
Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration.
Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions.
Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.

Assess individual's ability to receive the medication in the prescribed form via the prescribed route.

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.

Rationale

Identifies issues, which can be addressed prior to administration.
Prevents medication errors from occurring and promotes correct and safe administration of medication/s.

Ensures correct medication administration is about to take place.
Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes.
Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring.
Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring.
Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.

If the individual has an ear infection, pain, ear wax build-up or occlusion such as no ear canal, a review will need to occur to reassess the ordered route.

Confirms the individual's identity.

CLINICAL SKILL 20.14 Instilling ear drops—cont'd

PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist the individual to lie on the side with affected ear facing upward.	Facilitates instillation of the drops into the ear.
Inspect the ear for any wax or drainage. Wipe out gently using a cotton ball, ensuring that wax is not forced inwards.	Any occlusion will prevent drops from being evenly distributed.
Pull auricle gently up and back. For a child under three years, the earlobe is pulled down and back.	Straightens the ear canal.
Ensure drops are at room temperature. Instil prescribed number of drops ensuring they fall against the sides of the ear canal and not onto the tympanic membrane.	Cold drops may cause vertigo and nausea. Avoids discomfort.
Massage gently or apply pressure to the projection in front of the meatus (the tragus).	Ensures that the drops flow into the canal.
Wipe the outer ear free of excess drops. Place a cotton wool swab loosely into the meatus if instructed.	Promotes comfort. Prevents the medication from leaking out.

AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Instruct to lie with affected ear upwards for 10 minutes.	Prevents the medication from leaking out.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	

(ACSQHC 2012; 2019; JBI 2023; Rebeiro et al 2021; Tollefson et al 2022)

OBSERVATION CHECKLIST: INSTILLING EAR DROPS

STUDENT NAME: _____

CLINICAL SKILL 20.14: Instilling ear drops**DEMONSTRATION OF:** The ability to safely and correctly administer ear drops*If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.***Independent (I)****Supervised (S)****Assisted (A)****Marginal (M)****Dependent (D)**

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment					
Performs activity informed by evidence	Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Inspects the ear for any wax or drainage. Wipes out gently using a cotton bud, ensuring that wax is not forced inwards Assists the individual into an appropriate position Gently pulls the auricle up and back. For a child under three years, pulls the earlobe down and back Ensures that the drops are at room temperature. Instils the prescribed number of drops so that they fall against the sides of the canal and not on the tympanic membrane Gently massages or applies pressure to the projection in front of the meatus (the tragus) Wipes the outer ear free of excess drops If prescribed, places a cotton wool swab loosely into the meatus, or instructs the individual to lie with affected ear upwards for 10 minutes					
Applies critical thinking and reflective practice	Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy, and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or inability to administer the medication on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.15 Administration of a vaginal medication

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Medication
Applicator
Disposable gloves
Tissues
Perineal pad
Lubricant for a suppository/pessary
Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIM/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual has PV discharge or is menstruating a review will need to occur to reassess the ordered route.
Prepares individual and directs to empty bladder.	If the bladder is emptied, the individual may experience less discomfort. Voiding after the medication is administered may result in the medication not being retained.

Continued

CLINICAL SKILL 20.15 Administration of a vaginal medication—cont'd

Assess the individual's ability to self-administer the medication in the prescribed form via the vaginal route.	Promotes independence and avoids embarrassment and loss of privacy and dignity.
Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.
 Apply PPE: gloves, eyewear, mask and gown as appropriate.
 Ensure the individual's safety and comfort throughout skill.
 Promote independence and involvement of the individual if possible and/or appropriate.
 Assess the individual's tolerance to the skill throughout.
 Dispose of used supplies, equipment, waste and sharps appropriately.
 Remove PPE and discard or store appropriately.
 Perform hand hygiene.

Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Ensure privacy and assist the individual into the dorsal recumbent position, with legs flexed and extended apart, using a privacy towel/cover.	Privacy reduces embarrassment. Position provides easy access to and adequate exposure of the vaginal canal.
Attach applicator to the tube of cream or place the pessary in the applicator. Apply lubricant to the applicator.	Promotes correct and safe administration of the medication. Lubrication facilitates insertion.
Retract the labial folds gently or instruct individual on technique of self-administering.	Exposes the vaginal orifice. Maintains independence, and privacy and dignity.
Insert applicator into the vagina in an upwards and backwards direction, about 7.5 cm. Push plunger to deposit medication.	Proper placement ensures equal distribution of medication along the walls of the vaginal cavity.
Withdraw applicator, offer individual tissues to wipe any residual cream from labia and apply a perineal pad.	Promotes comfort; perineal pad prevents staining of clothing.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.
 Restore the environment.
 Report, record and document assessment findings, details of the skill performed and the individual's response.
 Report, record and document any abnormalities and/or inability to perform the skill.
 Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.15 Administration of a vaginal medication—cont'd

Skill activity	Rationale
Encourage individual to remain in a recumbent position for at least 10 minutes after administration.	Allows medication to melt and be absorbed into the vaginal mucosa. The vagina has no sphincters, and the medications may not be retained if the individual stands immediately after administration. Medication given via the vaginal route is best administered at night for this reason.
Wash applicator in warm soapy water, rinse and dry. The applicator is stored for future use by that individual only.	Cleans applicator for next administration.
Record and sign for administration on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; JBI 2021f; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ADMINISTRATION OF A VAGINAL MEDICATION

STUDENT NAME: _____

CLINICAL SKILL 20.15: Administration of a vaginal medication

DEMONSTRATION OF: The ability to safely and correctly administer a vaginal medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers appropriate equipment Prepares the work environment Advises individual to empty their bladder prior to medication administration 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Verifies name of medication, dose, route, time of last administration and frequency of administration with NIMC or EMM system Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Assesses individual's ability to self-administer Washes non-sterile gloves Assists the individual into the dorsal recumbent position, with legs flexed and extended apart Attaches the applicator to the tube of cream or places the pessary in the applicator. Applies lubricant to the applicator Inserts the applicator into the vagina in an upwards and backwards direction, about 7.5 cm. Pushes the plunger to deposit the medication Withdraws the applicator, wipes any residual cream from the labia and applies a perineal pad Advises the individual to remain in the supine position for at least 10 minutes post medication administration 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Applies critical thinking and reflective practice	<p>Is able to link theory to practice</p> <p>Demonstrates current best practice in the care provided</p> <p>Assesses individual's knowledge regarding medication action and provides medication education as required, assesses for self-administration</p> <p>Monitors individual for medication effectiveness (if applicable)</p> <p>Monitors individual for any adverse effects to the medication</p> <p>Assesses own performance</p>					
Practises within safety and quality assurance guidelines	<p>Reviews against facility/organisation policy and NSQHS Medication Standard</p> <p>Performs hand hygiene, dons appropriate PPE and uses ANTT principles</p> <p>Checks the expiry dates and performs calculations, as required</p> <p>Checks individual's allergies</p> <p>Cleans and disposes of equipment and waste appropriately</p>					
Documentation and communication	<p>Explains and communicates the activity clearly to the individual</p> <p>Communicates outcome and ongoing care to individual and significant others</p> <p>Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer</p> <p>Documents all relevant information and any complications correctly in the healthcare record:</p> <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication <p>Provides any special instructions</p> <p>Asks the individual to report any complications during and after the procedure</p>					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.16 Administration of a medication via nebuliser

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
 Prescribed medication
 Nebuliser mask
 Nebuliser bowl
 Oxygen tubing
 FiO₂ outlet or air outlet
 Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
- Mask
- Protective eyewear or face shield

Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
 Discuss the skill with your instructor/supervisor/team leader, if required.
 Confirm correct facility/organisation policy/safe operating procedures.
 Validate the order in the individual's record.
 Identify indication and rationale for performing the activity.
 Assess for any contraindications.
 Locate and gather equipment.
 Perform hand hygiene.
 Ensure therapeutic interaction.
 Identify the individual using three individual identifiers.
 Gain the individual's consent.
 Assess for pain relief.
 Prepare the environment.
 Provide and maintain privacy.
 Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure the correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess individual's ability to receive the medication in the prescribed form via the prescribed route.	If the individual is vomiting, and is not able to tolerate a nebuliser mask, a review will need to occur to reassess the ordered route.

Continued

CLINICAL SKILL 20.16 Administration of a medication via nebuliser—cont'd

Check medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.
Perform any necessary assessments related to the medication such as potassium levels, chest auscultation, pulse, respiratory rate (RR) and SpO ₂ . Check if individual is a CO ₂ retainer.	Salbutamol drives potassium into the cells and individual may have hypokalaemia. Salbutamol causes tachycardia as it stimulates the beta cells in both the lungs and heart. Assessment of lung sounds may indicate a respiratory wheeze and further assessments post dose may need to occur. An increase in respiratory rate or decrease in SpO ₂ may indicate a decreased intake of O ₂ . Will need to use the air outlet instead of O ₂ outlet as level of FiO ₂ required to mist medication can decrease the respiratory drive in a person who retains CO ₂ . If any abnormalities are found, the nurse should not administer medication and should contact nurse in charge and medical officer.
Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.	The nurse is wearing the correct PPE if individual sneezes from medication insertion since the PPE prevents contact with body fluids.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Assist individual into a semi-Fowler's or high Fowler's position.	Position facilitates entry of the medication into the respiratory tract.
Attach oxygen tubing to the oxygen or air outlet (if CO ₂ retainer). Open the nebuliser and add medication into the nebuliser bowl.	Nebuliser can be administered using the air or the oxygen outlet. Individuals who are CO ₂ retainers must not be given high doses of FiO ₂ .
Attach nebuliser mask to the oxygen tubing. Turn the oxygen/air on to 6–8 L/min and check that mist is coming from the nebuliser mask, and apply mask to individual's face looping the elastic straps behind the individual's head.	Setting the oxygen/air delivery to 6 L/min ensures that the medication is nebulised. Holds mask in place while medication is administered.

CLINICAL SKILL 20.16 Administration of a medication via nebuliser—cont'd

Remove mask once medication has ceased misting.
Check bowl if all medication has been delivered.

Mist will no longer come from the mask once the medication has been delivered.
Mask may need repositioning to allow residual medication to mist.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

Skill activity	Rationale
Dispose of or clean mask as per facility/organisation policy.	It is imperative that the nurse follows the facility/organisation policy in regards to the use of nebuliser masks to ensure standard or transmission-based precautions are adhered to.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; 2020; Department of Health 2021; JBI 2021c; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: ADMINISTRATION OF A MEDICATION VIA NEBULISER

STUDENT NAME: _____

CLINICAL SKILL 20.16: Administration of a medication via nebuliser

DEMONSTRATION OF: The ability to safely and correctly administer a nebulised medication

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Checks individual's CO₂ retainer status Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual in a position that promotes lung expansion and medication delivery Attaches the oxygen tubing to the oxygen or air outlet Opens the nebuliser and adds the medication that is to be administered to the nebuliser bowl Attaches the nebuliser mask to the oxygen tubing Turns oxygen FiO₂ 6 L/min to ensure medication is nebulised or air for CO₂ retainer Removes mask once medication has been delivered 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any adverse effects to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard, and follows aerosol or droplet transmission-based precautions if required Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Medication—MDI
Spacer
Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
- Mask
- Protective eyewear or face shield

Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess the individual's ability to self-administer the medication in the prescribed form using MDI & spacer.	Promotes independence and confidence with administration.
Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity.

Continued

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer—cont'd

Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.

The nurse is wearing the correct PPE if individual sneezes from medication insertion and the PPE prevents contact with body fluids.



PERFORM THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity

Rationale

Prepare medication as per administration guidelines and calculate the correct dose.

Ensure the right medication is being administered by comparing the label of the medication and expiry date with the name on the NIMC/EMM system three times:

- First check: Before removing from the trolley or cupboard
- Second check: Before removing from the container
- Third check: Before returning to the trolley or cupboard, or discarding.

Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.

Assist individual into a semi-Fowler's or high Fowler's position.

Position facilitates entry of the medication into the respiratory tract.

Load MDI with canister of medication. Remove mouthpiece cap and shake MDI.

Prepares the MDI for administration of the medication. Not shaking the MDI can cause sedimentation and affect the dosage delivered.

Attach mouthpiece of inhaler into spacer.

The use of a spacer is recommended to ensure more of the medication is delivered into the respiratory tract.

Instruct individual to:

- Place the mouthpiece of the spacer well into mouth, close lips firmly around it and tilt head back slightly
- Start to breathe in through mouth and to press canister to deliver one puff of medication
- Breathe in and out normally for four to five breaths.

Tight seal is necessary to prevent the escape of medication into the air. Ensures the whole dose is delivered into the respiratory tract.

Repeat technique if necessary until the prescribed dose has been inhaled or if a different inhaler is also required. Time between inhalations depends on which medications are being inhaled.

Time between inhalations allows deeper penetration of the second inhalation.



AFTER THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.17 Use of a hand-held inhaler and spacer—cont'd

Skill activity	Rationale
Instruct individual to rinse their mouth after administration.	Prevents hoarseness, irritated sore throat or oropharyngeal candidiasis.
Clean mouthpiece and spacer after each use with mild soap and water. Replace the cap on the mouthpiece.	Prevents contamination of mouthpiece.
Record and sign for each medication administered on the NIMC/EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; 2020; Department of Health 2021; JBI 2021a; Rebeiro et al 2021; Tollefson et al 2022)</i>	

OBSERVATION CHECKLIST: USE OF A HAND-HELD INHALER AND SPACER

STUDENT NAME: _____

CLINICAL SKILL 20.17: Use of a hand-held inhaler and spacer

DEMONSTRATION OF: The ability to safely and correctly administer a medication using a hand-held inhaler and a spacer

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing the medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Positions individual as required Shakes inhaler and inserts into opening on spacer Asks individual to place mouth around spacer mouthpiece Presses the canister to deliver one puff of medication. Informs the individual to breathe in and out for 4–5 breaths Repeats technique if necessary. Time between inhalations depends on which medications are being inhaled Instructs the individual to rinse their mouth after administration Promotes use of a spacer to ensure delivery of medication into the respiratory tract 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy, NSQHS Medication Standard and follows aerosol or droplet transmission-based precautions if required Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

CLINICAL SKILL 20.18 Administering nasal sprays and drops

Please adhere to the policy and procedures of the facility/organisation prior to undertaking the skill. Ensure this skill is in your scope of practice.

NMBA Decision-making Framework considerations (refer to NMBA Decision-making framework for nursing and midwifery 2020):

1. Am I educated?
2. Am I authorised?
3. Am I competent?

If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

NIMC/EMM system medication order
Nasal spray/drops
Tissues
Appropriate PPE for droplet or airborne precautions:

- Disposable gloves
- Mask
- Protective eyewear or face shield

Resource material (e.g. MIMS)



PREPARE FOR THE SKILL

(Please refer to the Standard Steps on p. xii for related rationales.)

Mentally review the steps of the skill.
Discuss the skill with your instructor/supervisor/team leader, if required.
Confirm correct facility/organisation policy/safe operating procedures.
Validate the order in the individual's record.
Identify indication and rationale for performing the activity.
Assess for any contraindications.
Locate and gather equipment.
Perform hand hygiene.
Ensure therapeutic interaction.
Identify the individual using three individual identifiers.
Gain the individual's consent.
Assess for pain relief.
Prepare the environment.
Provide and maintain privacy.
Assist the individual to assume an appropriate position of comfort.

Skill activity	Rationale
Ensure correct medication is given by following the '11 rights' throughout preparation and administration.	Identifies issues, which can be addressed prior to administration. Prevents medication errors from occurring and promotes correct and safe administration of medication/s.
Ensure medication orders are correctly prescribed and written. Verify indication for the medication on the NIMC/EMM system. Review name of medication on the NIMC/EMM system, dose, route, time of last administration and frequency of administration. Assess for any medication contraindications; check allergy status on the medication chart and with the individual; compare with the medication ordered; check for medication interactions. Review all necessary information about the medication, including action, purpose, normal dose, side effects, any special administration information.	Ensures correct medication administration is about to take place. Ensures the nurse understands why the individual is receiving the medication and is able to ask for a review by the medical officer if the individual's health status changes. Ensures that the right medication is being given at the right frequency and time, via the correct route and prevents medication errors from occurring. Ensures all medication allergies are recorded and determines if a medication should be given. Reduces risk of allergic reactions occurring. Promotes correct and safe administration of the medication and enables the nurse to monitor the therapeutic effects of the medication.
Assess the individual's ability to self-administer the medication in the prescribed form.	Promotes independence and confidence with administration. Avoids individual being startled during administration triggering a cough or sneeze.

Continued

CLINICAL SKILL 20.18 Administering nasal sprays and drops—cont'd

Check the medication chart for the individual's identifiers, including asking the individual to state their full name, date of birth (DOB) and then check these as well as the UR number with the ID band and NIMC/EMM system.	Confirms the individual's identity with the individual and documentation.
Assess for transmission-based precautions such as airborne or droplet and PPE required: gloves, mask, and protective eyewear/face shield.	Ensures the nurse is wearing the correct PPE if individual sneezes from medication insertion since the PPE prevents contact with body fluids.

**PERFORM THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Perform hand hygiene.

Apply PPE: gloves, eyewear, mask and gown as appropriate.

Ensure the individual's safety and comfort throughout skill.

Promote independence and involvement of the individual if possible and/or appropriate.

Assess the individual's tolerance to the skill throughout.

Dispose of used supplies, equipment, waste and sharps appropriately.

Remove PPE and discard or store appropriately.

Perform hand hygiene.

Skill activity	Rationale
Prepare medication as per administration guidelines and calculate the correct dose. Ensure right medication is being administered by comparing the label of the medication and expiry date with the name of medication on the NIMC or EMM system three times: <ul style="list-style-type: none"> • First check: Before removing from the trolley or cupboard • Second check: Before removing from the container • Third check: Before returning to the trolley or cupboard, or discarding. 	Following administration guidelines ensures the medication's effectiveness and the correct dosage of medication is being administered. Ensures medication order is the same as the medication supplied. Ensures the correct medication is being administered. Prevents preparation and administration errors.
Ask individual to gently blow their nose.	Clears the nasal passages of mucus that may inhibit absorption of the medication.
Assist individual into supine position with head tilted back.	Facilitates administration of the medication.
Instil the nasal medication, aiming for the midline of the nose. Drops: hold the dropper 1 cm above the nares and instil the prescribed number of drops. Pressurised container: hold the spray container just into the nostril and press down as the individual slowly breathes in. Pump bottle: squeeze the pump as the individual inhales. Use tissues to wipe away any excess fluid.	Promotes correct administration of the medication. Promotes comfort.

**AFTER THE SKILL**

(Please refer to the Standard Steps on p. xii for related rationales.)

Communicate outcome to the individual, any ongoing care and to report any complications.

Restore the environment.

Report, record and document assessment findings, details of the skill performed and the individual's response.

Report, record and document any abnormalities and/or inability to perform the skill.

Reassess the individual to ensure there are no adverse effects/events from the skill.

CLINICAL SKILL 20.18 Administering nasal sprays and drops—cont'd

Skill activity	Rationale
Advise individual to not blow their nose and to remain in the supine position for a few minutes.	Promotes absorption of the medication.
Record and sign for each medication administered on the NIMC or EMM system.	Prompt documentation prevents medication errors.
Safe medication management guidelines, outlined in Clinical Interest Box 20.3, should be incorporated into relevant aspects of this skill.	
<i>(ACSQHC 2012; 2019; Department of Health 2021; JBI 2022d; Rebeiro et al 2021; Tollefson et al 2022)</i>	

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OBSERVATION CHECKLIST: ADMINISTERING NASAL SPRAYS AND DROPS

STUDENT NAME: _____

CLINICAL SKILL 20.18: Administering nasal sprays and drops

DEMONSTRATION OF: The ability to safely and correctly administer nasal sprays and drops

If the observation checklist is being used as an assessment tool, the student will need to obtain a scale of independence for each of the performance criteria/evidence.

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	<ul style="list-style-type: none"> Identifies indications and rationale for performing medication administration Identifies the individual using three individual identifiers: full name, DOB and UR number Ensures therapeutic interaction Gains the individual's consent Checks facility/organisation policy, resource material Validates the order on the individual's NIMC/EMM system Follows the 11 rights Locates and gathers equipment Prepares the work environment 					
Performs activity informed by evidence	<ul style="list-style-type: none"> Reviews name of medication, dose, route, time of last administration and frequency of administration with NIMC/EMM system Verifies indication for medication Considers any medication administration requirements, contraindications Compares the medication and expiry date with the name of medication on the NIMC/EMM system three times Asks the individual to gently blow their nose Assists the individual into an appropriate position: supine with head tilted back Correctly administers nasal spray or drops Uses tissues to wipe away any excess fluid and advises the individual to not blow their nose and to remain in the supine position for a few minutes 					
Applies critical thinking and reflective practice	<ul style="list-style-type: none"> Is able to link theory to practice Demonstrates current best practice in the care provided Assesses individual's knowledge regarding medication action and provides medication education as required Assesses individual's ability to receive medication or self-administer Monitors individual for medication effectiveness (if applicable) Monitors individual for any ADRs to the medication Assesses own performance 					

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Practises within safety and quality assurance guidelines	Reviews against facility/organisation policy and NSQHS Medication Standard Performs hand hygiene, dons appropriate PPE and uses ANTT principles Checks the expiry dates and performs calculations, as required Checks individual's allergies Cleans and disposes of equipment and waste appropriately					
Documentation and communication	Explains and communicates the activity clearly to the individual Communicates outcome and ongoing care to individual and significant others Reports any complications and/or any reason for non-administration on the NIMC/EMM system, and to the RN and/or medical officer Documents all relevant information and any complications correctly in the healthcare record: <ul style="list-style-type: none"> • Documents and signs for medication • Records reasons for withholding any medication Provides any special instructions Asks the individual to report any complications during and after the procedure					

Educator/Facilitator Feedback:

Educator/Facilitator Score: Competent Needs further development

How would you rate your overall performance while undertaking this clinical activity? (use a ✓ & initial)

Unsatisfactory Satisfactory Good Excellent

Student Reflection: (discuss how you would approach your practice differently or more effectively)

EDUCATOR/FACILITATOR NAME/SIGNATURE:

STUDENT NAME/SIGNATURE:

DATE:

Evolve® Answer guide for the Critical Thinking Exercises and Critical Thinking Questions in Case Studies is hosted on Evolve: <http://evolve.elsevier.com/AU/Koutoukidis/Tabbner/>

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