Australian Capital Territory

Medicines, Poisons and Therapeutic Goods (Regulated Substances and Therapeutic Goods) Authorisation 2024 (No 1)

Notifiable instrument NI2024-69

made under the

Medicines, Poisons and Therapeutic Goods Regulation 2008, section 861A (Dealings with regulated substances and regulated therapeutic goods by public employees under director-general authorisation—Act, s 20 (1) (d) and s 22 (1) (d))

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1 Name of instrument

This instrument is the *Medicines, Poisons and Therapeutic Goods (Regulated Substances and Therapeutic Goods) Authorisation 2024 (No 1)*.

2 Commencement

This instrument commences on the day after its notification day.

3 Authorisation

I authorise the public employees identified in schedule 1 column 1, to deal as per column 2, with the regulated substances and regulated therapeutic goods identified in column 3.

4 Expiry

This instrument expires 2 years after the day it is notified.

Dave Peffer
Chief Executive Officer
Canberra Health Services

12 February 2024

Schedule 1

Column 1 Person approved	**Column 2** Function/s	**Column 3** Authorised substance
Credentialed Advanced Practice Musculoskeletal Physiotherapists working in CHS' Emergency Department	Administer and prescribe specified regulated medications outlined in column 3 as specified in approved Medication Standing Orders: 23/179 23/177 23/178	• Paracetamol • Paracetamol & Codeine (single dose) • Paracetamol & Codeine (take home pack).

Schedule 1

Column 1 Person approved	**Column 2** Function/s	**Column 3** Authorised substance
Credentialed Advanced Practice Musculoskeletal Physiotherapists working in CHS' Emergency Department	Administer specified regulated medications outlined in column 3 as specified in approved Medication Standing Orders: 23/170 23/171 23/172 23/173 23/174 23/175 23/176	• Diptheria-Tetanus-acellular Pertussis dTpa (Boostrix, Adacel) • Fentanyl • Ibuprofen • Ketorolac Trometamol • Lignocaine 1% • Ondansetron • Oxycodone

Schedule 1

Column 1 Person approved	**Column 2** Function/s	**Column 3** Authorised substance
Controlled Medicine Credentialed Pharmacy Technicians	Undertake duties in relation to specified regulated medications and regulated therapeutic goods outlined in column 3 including: • Accessing Controlled Medicines safes • Supplying Controlled Medicines on requisition to patient care area • Making all required entries in Controlled Medicine Registers • Assisting a pharmacist to dispense Controlled Medicines for individual patient use. Final accuracy check and legal act of dispensing will be completed and recorded by a registered pharmacist.	Controlled Medicines including Schedule 8 (S8) and Schedule 4 (S4) medicines.

ALLIED HEALTH MEDICATION STANDING ORDER:
Paracetamol

Medication Details

Name:	**Paracetamol**			
Dose / Dose Calc:	**Dosing**		**Supply**	**Instructions**
	Weight	Dose	Strength	Dose
	Child ≥ 10 kg < 60 kg	15 mg/kg	240 mg/5mL suspension	Take weight-calculated dose (dose based on ideal body weight for obese children)
	Child and adult ≥ 60 kg	1000 mg	500 mg tablets	Take 2 tablets at the time of consult
	Drug calculation example **1) Dose for 15kg child** Child's weight × 15 mg/kg = dose(mg) 15 kg ×15 mg/kg = 225 mg **2) Volume of drug required per dose (may need to round out to ensure measurable dose)** $\frac{\text{dose required (mg)}}{\text{dose in stock (mg)}}$ × volume in stock (mL) = dose volume (mL) $\frac{225\text{ mg}}{240\text{ mg}}$ × 5mL = 4.6 mL			
	Average weight and height according to age (abridged version taken from AMH for Children) *For use when calculating dose for obese children)*			
	Age		*Weight (kg)*	*Height (cm)*
	2 years		12	87
	3 years		14	96
	4 years		16	103
	5 years		18	110
	6 years		21	115
	8 years		25	127
	10 years		33	139
	12 years		41	150
	14 years (boy)		51	164
	14 years (girl)		50	160
Route:	PO		Max. daily dose:	Children: 4 doses Adults 4 g (8 tablets)
Frequency:	Single dose only		Duration:	Single dose only
Class / Actions:	Analgesic			

Indications / Criteria for use

Indication for use:	Mild to moderate pain (corresponding to numerical pain score 1-6/10)
Patient Population:	Children >2 years and adult patients (18 years and above) in the Emergency Department

Exclusions:	Age less than 2 years Allergy to paracetamol Paracetamol in the last 4 hours or those who have already taken the daily maximum paracetamol dose Hepatic / renal dysfunction
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	As per exclusions
Precautions:	Chronic liver disease
Adverse Reactions:	Dyspepsia or nausea Rash fixed drug eruption Stevens-Johnson syndrome blood dyscrasias Jaundice Liver dysfunction
Monitoring / Obs:	• Review and pain score at 30 then 60 minutes after administration • Pain score 4 hourly • HR, BP, RR, SaO2 4 hourly if systemically unwell
Referral Criteria:	Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/179		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

ACT Government | Canberra Health Services

Guidance for Medication Standing Orders

About Standing Orders

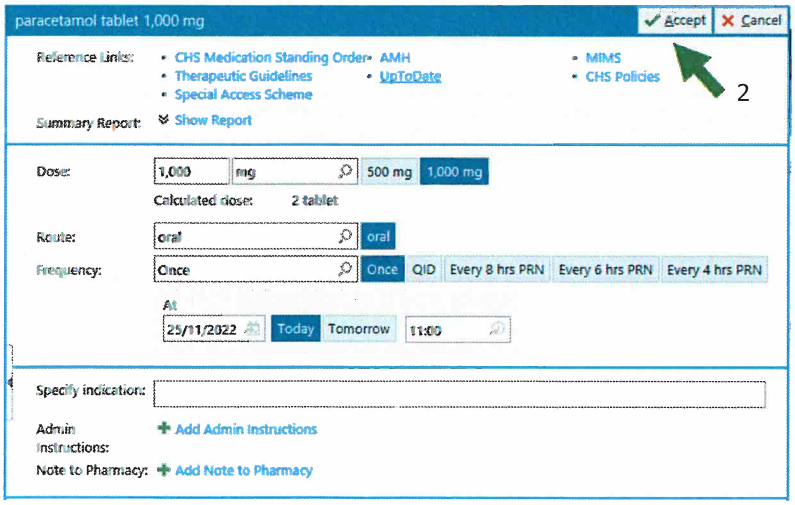
- Medication standing orders are a generic written instruction to administer a particular named medication (at a specified dose and frequency) to a defined group of patients under certain conditions.
- They may only be exercised by authorised CHS staff, when the stated conditions are met.
- Medication standing orders preclude the need for an individual prescription to be written and signed by the treating doctor. They are intended for exceptional circumstances and not routine introduction.

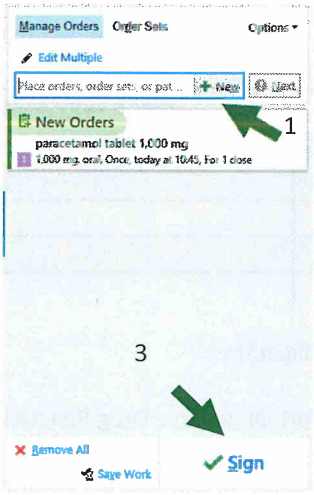
Legal Issues

- Medication standing orders must be approved by the CHS Drugs and Therapeutics Committee, bear the signature of the chair and have an approval number
- A midwife or nurse registered in the ACT or an approved extended scope health practitioner may administer medications as per the instructions of a legal standing order. A standing order may restrict this authority to a specific, qualified, competent or validated group as stated in the order.
- Recording must be observed as for any prescription or drug therapy.

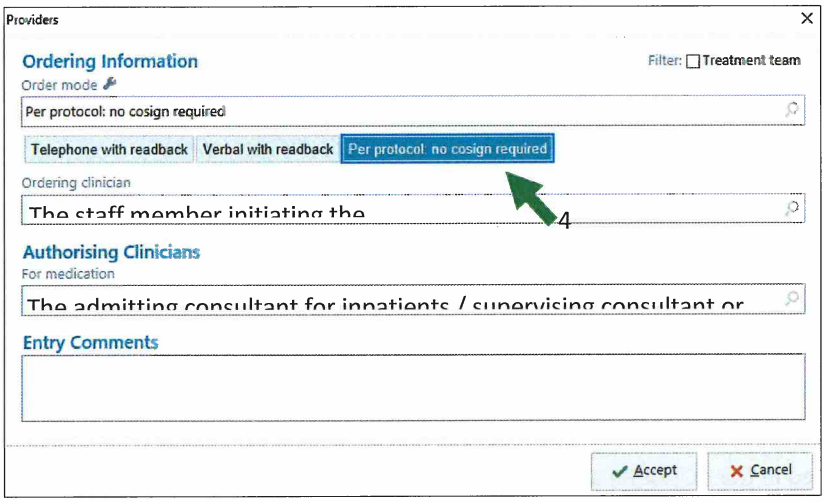
Initiating a Medication Standing Order on the DHR (Epic)

- Staff may search for and select the relevant medication via the *orders* function on DHR
- The *dose*, *route*, *frequency* and *indication* should be prescribed according to the standing order. The approval number should be noted alongside the indication. Once complete the order should be *accepted* and *signed*.





- Staff will then be prompted to select the order mode *'Per protocol: no co-sign required'* for all medication standing orders. The *Authorising Clinician* should be the admitting consultant for inpatients and either the supervising consultant or Head of Department for outpatients.



Administering a medication dose from a DHR standing order

- An initiated medication standing order may be administered in the same way as other prescribed medications on DHR

Contingency for DHR downtime

- In the event of DHR downtime paper medication charting is required. On the appropriate section of a CHS medication chart staff must record:
  - The full name, signature and position of the person initiating the order
  - That the order is a standing order
  - The medication (approved generic name), route/form, dose/dose calculation, frequency
  - The standing order approval number
  - The expiration/duration of this specific order

- To document administration of a medication on a CHS paper medication chart staff must record:
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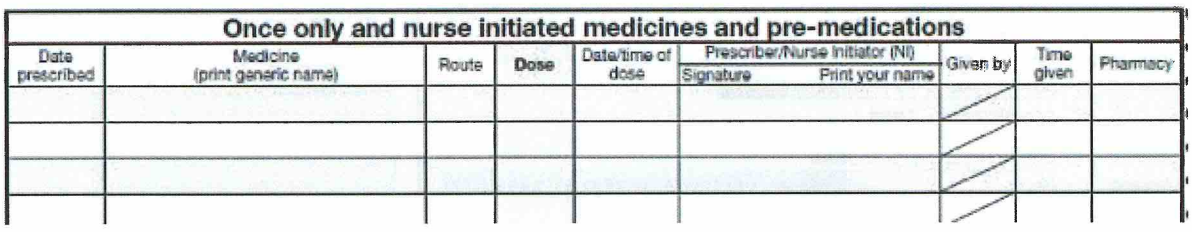


Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

Other obligations

- Report all Adverse Drug Reactions, patient harm or near miss incidents via the Riskman process

- Questions or clarification regarding the standing order should be directed to the clinical sponsor

- Feedback may be forwarded to the CHS Drug and Therapeutics Committee at DTC@act.gov.au

ALLIED HEALTH MEDICATION STANDING ORDER: Paracetamol 500 mg and Codeine 30 mg (Panadeine Forte ®) Single Dose

Medication Details

Name:	**Paracetamol 500 mg + Codeine 30 mg (Single Dose)** **Panadeine Forte ®**	Dose / Dose Calc:	Paracetamol 1 g + codeine 60 mg (two tablets)
Route:	PO	Max. daily dose:	Single dose only (paracetamol 1 g + codeine 60 mg)
Frequency:	Single dose only	Duration:	Single dose only
Class / Actions:	Analgesic		

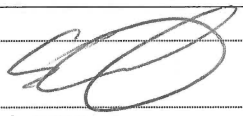
Indications / Criteria for use

Indication for use:	Moderate to severe pain (corresponding to numerical pain score ≥ 6/10)
Patient Population:	Adult patients (18 years and above) in the Emergency Department
Exclusions:	Allergy to Paracetamol, codeine, or morphine Paracetamol in the last 4 hours Age less than 18 years and weight less than 40kg Lactation Pre-existing respiratory depression Active alcoholism
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	As per exclusions
Precautions:	Altered level of conscious Chronic pain conditions Intoxication
Adverse Reactions:	GI upset Drowsiness Respiratory depression (higher doses)
Monitoring / Obs:	• Review and pain score at 30 then 60 minutes after administration. • Pain score 4 hourly. • HR, BP, RR, SaO2 4 hourly if systemically unwell.
Referral Criteria:	Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/177		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

Guidance for Medication Standing Orders

About Standing Orders

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Legal Issues

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- Recording must be observed as for any prescription or drug therapy.

Initiating a Medication Standing Order on the DHR (Epic)

- Staff may search for and select the relevant medication via the *orders* function on DHR
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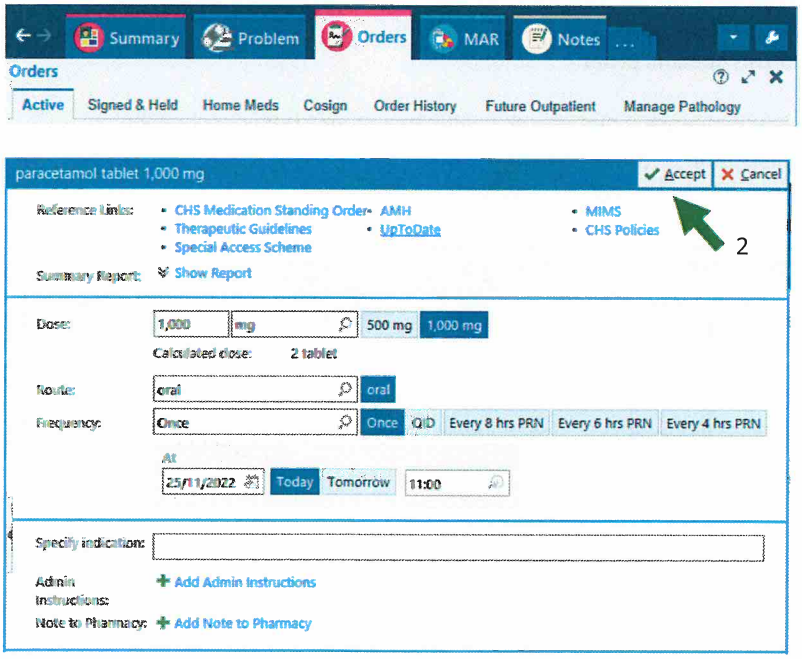
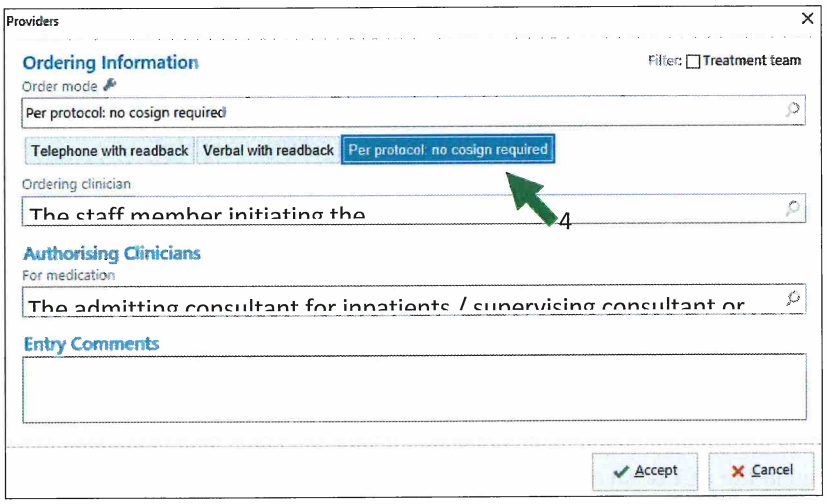


- Staff will then be prompted to select the order mode '*Per protocol: no co-sign required*' for all medication standing orders. The *Authorising Clinician* should be the admitting consultant for inpatients and either the supervising consultant or Head of Department for outpatients.



Administering a medication dose from a DHR standing order

- An initiated medication standing order may be administered in the same way as other prescribed medications on DHR

Contingency for DHR downtime

- In the event of DHR downtime paper medication charting is required. On the appropriate section of a CHS medication chart staff must record:
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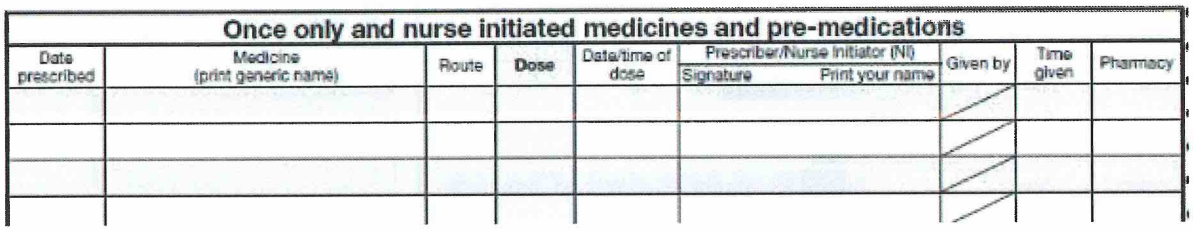
  - The signature of the person/s administering the medicine



Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature / Print your name	Given by	Time given	Pharmacy

Other obligations

- Report all Adverse Drug Reactions, patient harm or near miss incidents via the Riskman process

- Questions or clarification regarding the standing order should be directed to the clinical sponsor

- Feedback may be forwarded to the CHS Drug and Therapeutics Committee at DTC@act.gov.au

ALLIED HEALTH MEDICATION STANDING ORDER:
Paracetamol 500 mg and Codeine 30 mg (Panadeine Forte ®) Take Home Pack

Medication Details

Name:	**Paracetamol 500 mg + Codeine 30 mg (ten tablet take-home pack)** **Panadeine Forte ®**	Dose / Dose Calc:	Paracetamol 500 mg – 1g + codeine 30 – 60 mg (1-2 tablets)
Route:	PO	Max. daily dose:	8 tablets (paracetamol 4g + codeine 240mg)
Frequency:	**Instructions to patient:** If you have strong pain, take 2 tablets. Wait at least 4 hours before taking again. Do not take more than 8 tablets in 24 hours	Duration:	Short term therapy 10 tablets
Class / Actions:	Analgesic		

Indications / Criteria for use

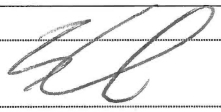
Indication for use:	Moderate to severe pain (corresponding to numerical pain score ≥ 6/10) Diagnosis of a conditions that will cause acute pain for a period of three days and non-opioid analgesia is likely to be insufficient. Appropriate analgesic response to the administration of a single dose during episode of care.
Patient Population:	Adult patients (18 years and above) in the Emergency Department
Exclusions:	Allergy to Paracetamol, codeine, or morphine Age less than 18 years and weight less than 40kg Lactation Pre-existing respiratory depression Active alcoholism
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	As per exclusions
Precautions:	Altered level of conscious Chronic pain conditions Patient using medications that cause CNS and respiratory depression, eg benzodiazepines, pregabalin, gabapentin Intoxication
Adverse Reactions:	GI upset Drowsiness Respiratory depression (higher doses)
Monitoring / Obs:	Monitoring performed after single dose administration while patient within the ED • Review and pain score at 30 then 60 minutes after administration. • Pain score 4 hourly. • HR, BP, RR, SaO2 4 hourly if systemically unwell.

Referral Criteria:	Referral criteria after single dose administration while patient is in the emergency department. Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/178		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
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DTC Chair:	Dr Stuart Schembri	Signature:	

Guidance for Medication Standing Orders

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Initiating a Medication Standing Order on the DHR (Epic)

- Staff may search for and select the relevant medication via the *orders* function on DHR
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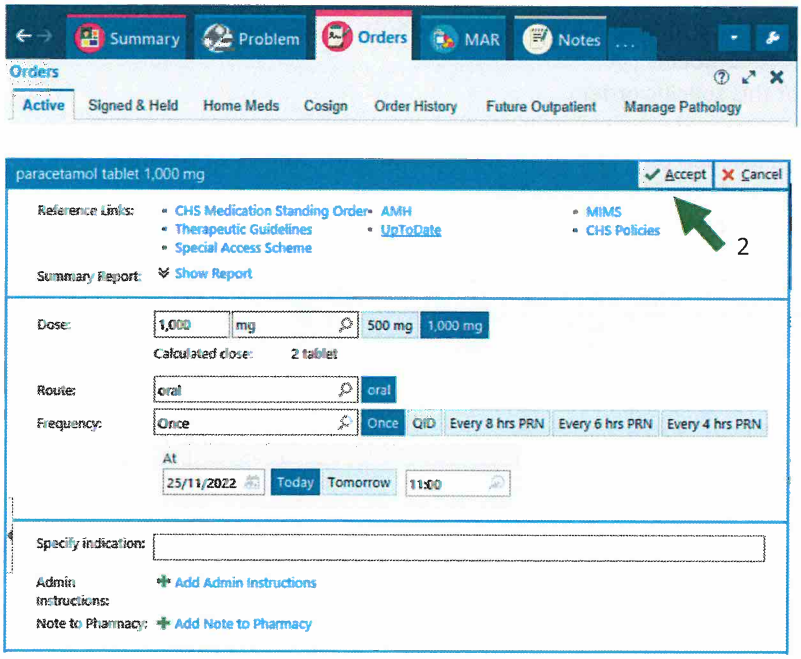
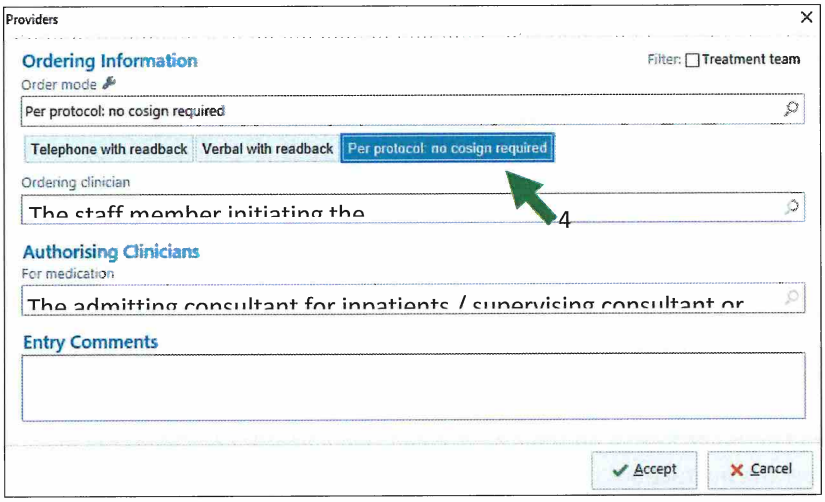


- Staff will then be prompted to select the order mode '*Per protocol: no co-sign required*' for all medication standing orders. The *Authorising Clinician* should be the admitting consultant for inpatients and either the supervising consultant or Head of Department for outpatients.



Administering a medication dose from a DHR standing order

- An initiated medication standing order may be administered in the same way as other prescribed medications on DHR

Contingency for DHR downtime

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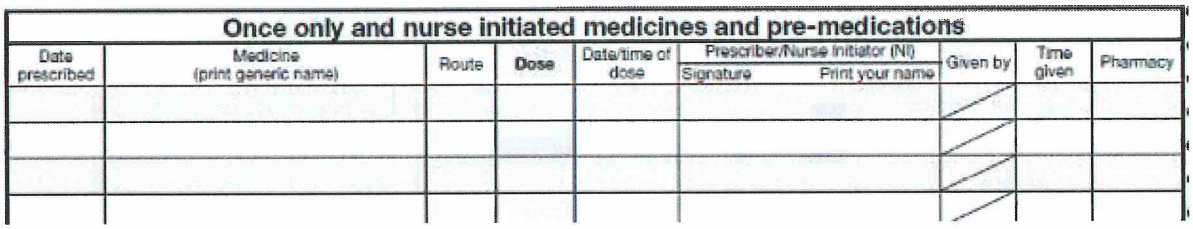

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

Other obligations

- Report all Adverse Drug Reactions, patient harm or near miss incidents via the Riskman process

- Questions or clarification regarding the standing order should be directed to the clinical sponsor

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ALLIED HEALTH MEDICATION STANDING ORDER: Diphtheria-Tetanus-acellular Pertussis dTpa (Boostrix®, Adacel®)

Medication Details

Name:	Diphtheria-Tetanus-acellular-Pertussis (dTpa) – Boostrix®, Adacel®	Dose / Dose Calc:	0.5 mL
Route:	IM	Max. daily dose:	Single dose only
Frequency:	Single dose only	Duration:	Single dose only
Class / Actions:	Vaccine		

Indications / Criteria for use

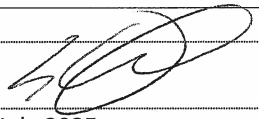
Indication for use:	All wounds, managed by an authorised Allied Health Professional, other than clean minor cuts should receive a booster dose of dTpa if more than 5 years have elapsed since the last dose of tetanus containing vaccine
Patient Population:	Adults (age ≥ 18 years)
Exclusions:	Age less than 18 years Pregnancy Clients with no history of receiving the 3-dose primary tetanus course Allergy to dTpa/ADT vaccine or known hypersensitivity to any of the vaccine components Moderate/severe acute illness with or without fever Mild common illnesses are not contraindications to vaccination
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	History of anaphylaxis or previous reaction following a previous dose of any acellular pertussis-containing vaccine Hypersensitivity to any vaccine component Acute severe febrile illness
Precautions:	Caution in persons with thrombocytopaenia or bleeding disorder, immunodeficiency, on immunosuppressive therapy, or family history of previous reaction to vaccine The tip cap of the Adacel® syringe contains latex. Consider using an alternative product in people with an allergy or sensitivity to latex. Boostrix does not contain latex.

Adverse Reactions:	**Reaction**	**Action**
	Anaphylactic reaction	Initiate BLS. Call CODE BLUE
	Redness, itching, swelling, burning or pain at injection site, transient fever	These side effects are common after injection. If significant pain continues, the patient should seek medical advice
	Headache, lethargy, malaise, myalgia	
	Rash, urticaria	
	Peripheral neuropathy	This is a rare side effect. The patient should seek medical review if symptoms occur
Monitoring / Obs:	The vaccinated person should be advised to remain in the ED for a minimum of 15 minutes after the vaccination	
Referral Criteria:	Medical Officer review if any adverse reaction occurs	

Approval Details

Approval No:	CHS23/170		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
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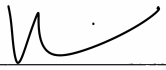
DTC Chair:	Dr Stuart Schembri	Signature:	

Guidance for Medication Standing Orders

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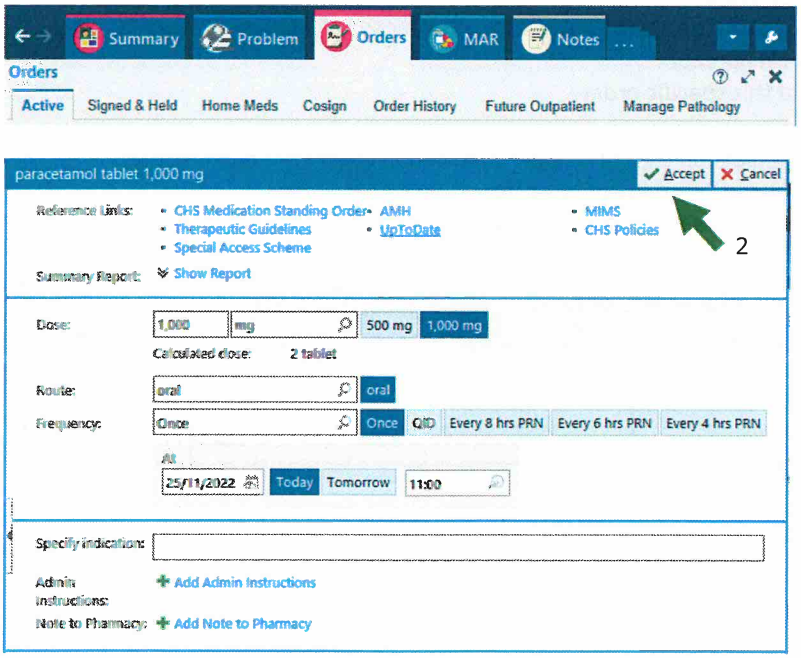

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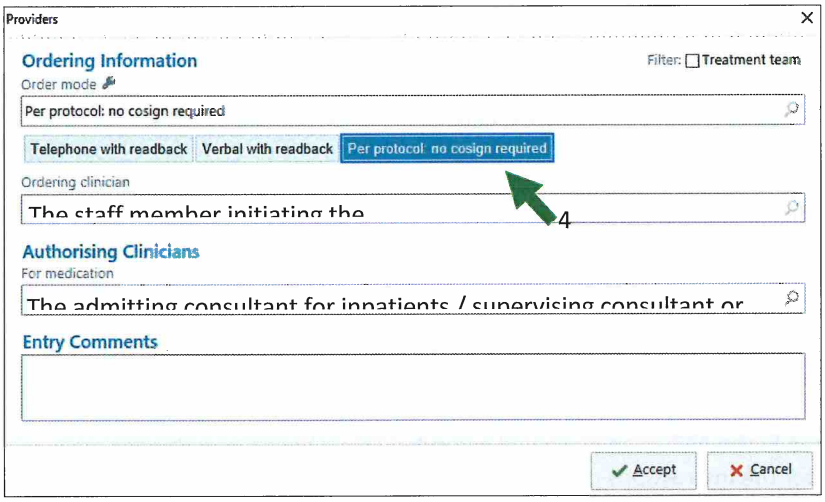

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    - The day and time of administration of the medication
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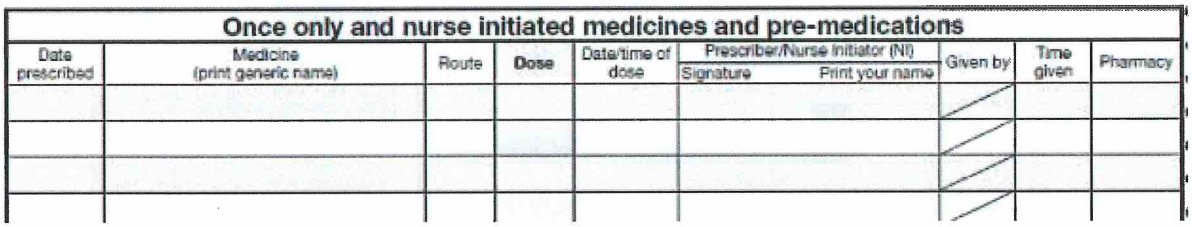

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

Other obligations

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ALLIED HEALTH MEDICATION STANDING ORDER:
Fentanyl

Medication Details

Name:	**Fentanyl**			
Dose	**Strength**	**Weight**	**Dose**	**Instructions**
	100 microg/2mL fentanyl solution for intravenous use	Child > 1 year 1st dose	1.5 microg/kg	First dose
		Child > 1 year 2nd dose	0.75- 1.5 microg/kg	A second dose may be administered 10 minutes after the first to provide adequate analgesia

- Draw up appropriate dose for weight (see table below) plus 0.1 mL extra to the first dose (to account for the dead space in the device)
- Attach Mucosal Atomiser Device on to the end of the syringe
- With the child sitting at approximately 45 degrees or with head to one side, insert the device loosely into the nostril and press the plunger quickly
- Dose should be divided equally between nostrils
- **Note:** Do **NOT** draw up 0.1 mL extra for second dose when re-using the delivery device

Drug calculation example

1) **Dose for 25kg child**

Child's weight × 1.5 microg/kg = dose (microg)

25 kg ×1.5 microg/kg = 37.5 microg

2) **Volume of drug required per dose (may need to round out to ensure measurable dose)**

$$\frac{\text{dose required (microg)}}{\text{dose in stock (microg)}} \times \text{volume in stock (mL)} = \text{dose volume (mL)}$$

$$\frac{37.5 \text{ microg}}{100 \text{ microg}} \times 2 \text{ mL} = 0.75 \text{ mL}$$

Dosing Schedule *(adapted from Royal Children's Hospital Melbourne – Clinical Practice Guideline, Intranasal Fentanyl https://www.rch.org.au/clinicalguide/guideline_index/Intranasal_fentanyl/ accessed 28/6/2023*

Weight estimate (kg)	Initial dose (1.5 microg/kg)	Volume - initial dose (mL)	Second dose (0.75 - 1.5 microg/kg)	Volume – second dose (mL)
7	10 microg	0.2 mL	5 microg	0.1 mL
10	15 microg	0.3 mL	7.5 - 15 microg	0.15 - 0.3 mL
12	18 microg	0.35 mL	9 - 18 microg	0.2 - 0.35 mL
14	20 microg	0.4 mL	10 - 20 microg	0.2 - 0.4 mL
16	24 microg	0.5 mL	12 - 24 microg	0.25 - 0.5 mL
18	27 microg	0.55 mL	13.5 - 27 microg	0.25 - 0.55 mL
20 - 24	30 microg	0.6 mL	15 - 30 microg	0.3 - 0.6 mL
25 - 29	37.5 microg	0.75 mL	18.75 - 37.5 microg	0.35 - 0.75 mL
30 - 34	45 microg	0.9 mL	22.5 - 45 microg	0.45 - 0.9 mL
35 - 39	52.5 microg	1.05 mL	26.5 - 52.5 microg	0.5 - 1.05 mL
40 - 44	60 microg	1.2 mL	30 - 60 microg	0.6 - 1.2 mL
45 - 49	67.5 microg	1.35 mL	67.5 microg	0.65 - 1.35 mL
≥ 50	75 microg	1.5 mL	37.5 - 75 microg	0.75 - 1.5 mL

Route	Intranasal	Max. daily dose:	150 microg (75microg per dose)
Frequency:	Repeat after 10 minutes if needed	Duration:	Maximum 2 doses
Class / Action	Opioid Analgesic		

Indications / Criteria for use

Indication for use:	For the treatment of moderate to severe pain related to injury or expected pain during procedures such as reduction of fracture immobilisation or joint reduction
Patient Population:	Paediatric Emergency Department patients
Exclusions:	Children less than 7 kg or less than 1 year old
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	Known fentanyl hypersensitivity Altered conscious state – Score of P (responds to pain) or U (unresponsive) on AVPU scale Bilateral occluded nasal passage Epistaxis	
Precautions:	Chronic liver disease	
Adverse Reactions:	**Reaction** Respiratory depression Hypotension Nausea and vomiting Pruritis Chest wall rigidity (only reported in large intravenous doses)	**Action** Airway support and oxygen Assist ventilation MO review for consideration of naloxone dose
Monitoring / Obs:	Baseline set of observations prior to drug administration. The patient should be awake or easily roused to voice prior to each dose. **Heart rate, respiratory rate, oxygen saturation, pain score & sedation score every 5 minutes** after administration. If sedated or abnormal vital signs, inform treating physician and continue observations and sedation scores until return to baseline. After the last dose has been given, two further sets of observations at 5-minute intervals should be completed. The effectiveness of the analgesia should be recorded in the patient's medical record and/or on the general observation chart.	
Referral Criteria:	Senior medical review if: • Pain uncontrolled • Adverse reaction • Abnormal vital signs	

Approval Details

Approval No:	CHS23/171		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

Guidance for Medication Standing Orders

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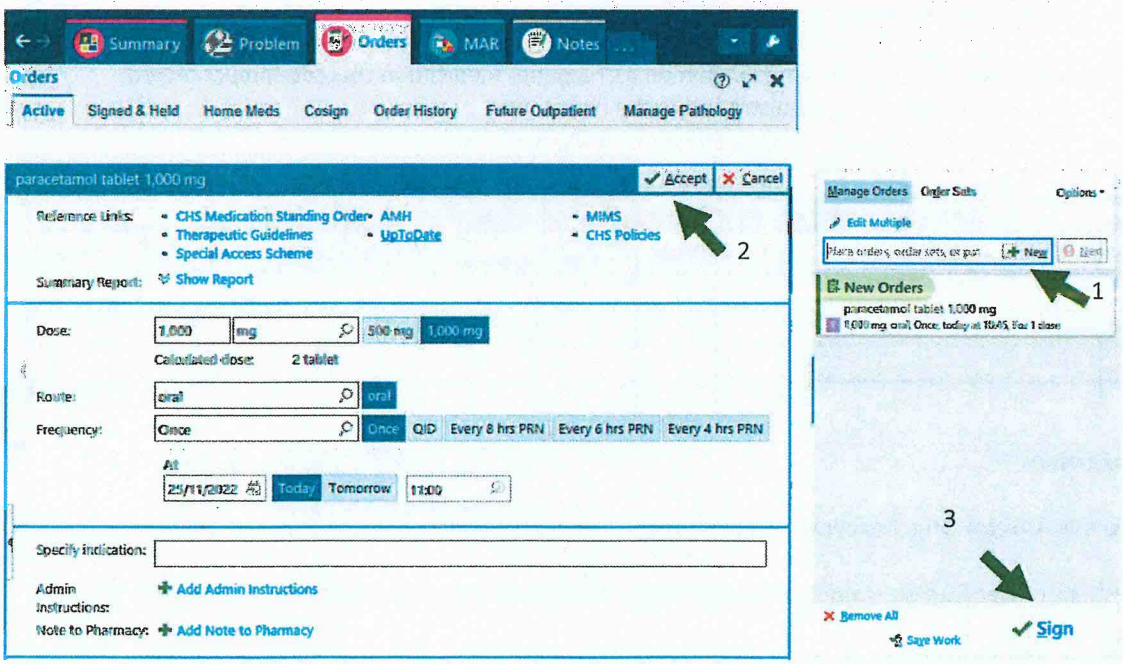

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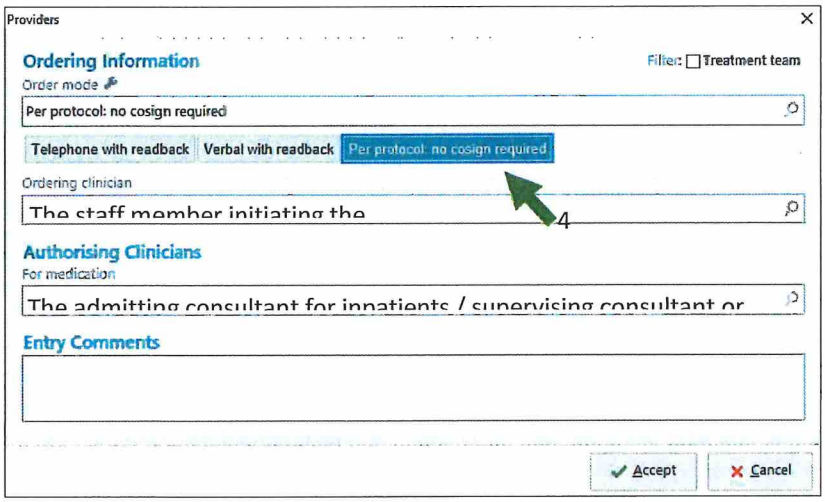

Administering a medication dose from a DHR standing order

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Contingency for DHR downtime

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Once only and nurse initiated medicines and pre-medications

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ALLIED HEALTH MEDICATION STANDING ORDER: *Ibuprofen*

Medication Details

Name:	**Ibuprofen**			
Dose	**Dosing**		**Supply**	**Instructions**
	Weight	Dose	Strength	Dose
	Child < 40 kg	10 mg/kg	100 mg/5mL suspension	Take weight calculated dose (max 400 mg)
	Child & Adult ≥ 40 kg	400 mg	100 mg/5mL suspension OR 200 mg tablets	20 mL suspension OR 2 x 200 mg tablets
	Drug calculation example **1) Dose for 25kg child** Child's weight × 10 mg/kg = dose(mg) 25 kg ×10 mg/kg = 250 mg **2) Volume of drug required per dose (may need to round out to ensure measurable dose)** $\frac{\text{dose required (mg)}}{\text{dose in stock (mg)}} \times \text{volume in stock (mL)} = \text{dose volume (mL)}$ $\frac{250\text{ mg}}{100\text{ mg}} \times 5\text{ mL} = 12.5\text{ml}$			
Frequency:	Single dose only		Duration:	Single dose only
Max. daily dose:	Children: 30 mg/kg (maximum 2.4 g) Adults: 2.4 g			
Route:	PO			
Class / Action:	Non-steroidal anti-inflammatory			

Indications / Criteria for use

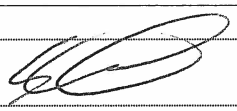
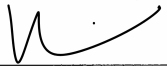
Indication for use:	For the treatment of mild to moderate pain related inflammation or injury
Patient Population:	Adult and Paediatric Emergency Department patients
Exclusions:	Pregnancy Ibuprofen or other NSAIDs dose within the last 8 hours (aspirin, diclofenac, indomethacin (Indocid®), ketoprofen, mefenamic acid, naproxen, piroxicam, celecoxib, meloxicam, parecoxib) Known hypersensitivity to aspirin, ibuprofen or other NSAIDs Patients with asthma, who: • have never used NSAIDs before or • have severe asthma or • had worsening of asthma symptoms after previous use Severe cardiac disease, heart failure, oedema or hypertension Renal impairment Dehydration Coagulation disorders Severe hepatic impairment

Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	Heart failure: may be exacerbated due to sodium and fluid retention Moderate to severe renal impairment Previous GI bleed, recurrent peptic ulcer Pregnancy Allergy to non-steroidal anti-inflammatories
Precautions:	Asthma: may increase risk of bronchospasm Prolonged use, cardiovascular disease: increased risk of AMI, Stroke, Coagulation defect: increased risk of bleeding due to antiplatelet effect Severe hepatic impairment: increased risk of bleeding Elderly Alcoholism Hypertension Connective tissue disorders
Adverse Reactions:	Nausea, vomiting, heartburn or pain in the upper part of the stomach Loss of appetite, cramps, wind, constipation or diarrhoea, headache, dizziness, sleepiness Salt and fluid retention, hypertension Renal impairment, confusion, tinnitus Vomiting blood or material that looks like coffee grounds or bleeding from anus, black sticky bowel motions (stools) or bloody diarrhoea Rash, itch, angioedema, anaphylaxis, interstitial nephritis, Stevens-Johnson syndrome MI, stroke
Monitoring / Obs:	• Review and pain score at 30 then 60 minutes after administration. • Pain score 4 hourly. • HR, BP, RR, SaO2 4 hourly if systemically unwell
Referral Criteria:	Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/172		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

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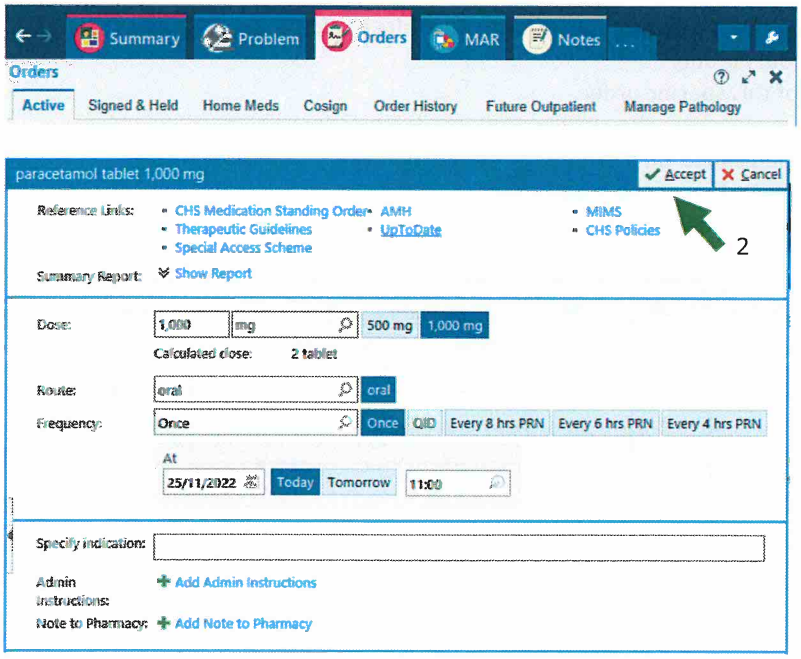

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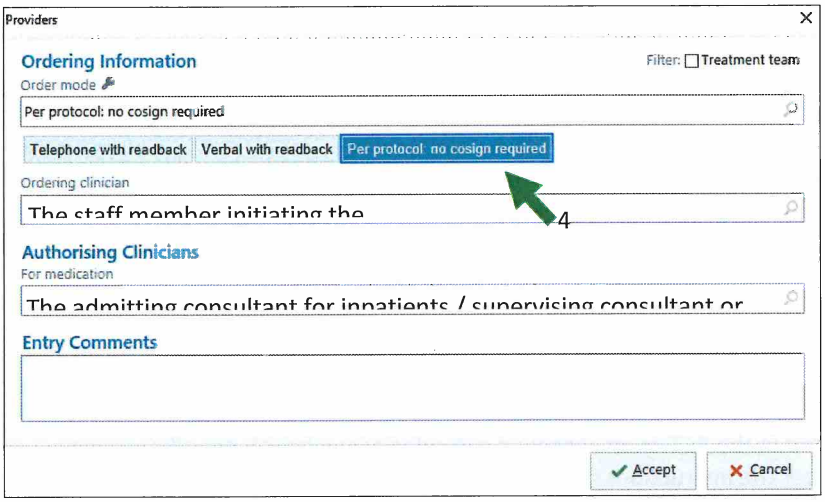

Administering a medication dose from a DHR standing order

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Contingency for DHR downtime

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Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

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ALLIED HEALTH MEDICATION STANDING ORDER:
Ketorolac Trometamol

Medication Details

Name:	**Ketorolac trometamol**	Dose / Dose Calc:	30 mg
Route:	IM	Max. daily dose:	30 mg
Frequency:	Single dose only	Duration:	Single dose only
Class / Actions:	Non-Steroidal Anti-Inflammatory		

Indications / Criteria for use

Indication for use:	For the treatment of moderate – severe pain related to inflammation or injury, eg low back pain
Patient Population:	Adult ≥ 18 years in the Emergency Department
Exclusions:	Pregnancy Ibuprofen or other NSAIDS dose within the last 8 hours (aspirin, diclofenac, indomethacin, ketoprofen, mefenamic acid, naproxen, piroxicam, celecoxib, meloxicam, parecoxib) Known hypersensitivity to Aspirin, Ibuprofen or other NSAIDs Patients with asthma, who: • have never used NSAIDs before or • have severe asthma or • had worsening of asthma symptoms after previous use • Severe cardiac disease, heart failure, oedema or hypertension Renal impairment Low weight adults < 50kg Dehydration Coagulation disorders Severe hepatic impairment
Ward / Unit:	Emergency Departments, Canberra Health Services
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	Coagulation defect: increased risk of bleeding due to antiplatelet effect Severe hepatic impairment: increased risk of bleeding
Adverse Reactions	Injection site pain Bruising, haematoma or tingling at injection site Nausea, vomiting, heartburn or pain in the upper part of the stomach Loss of appetite, cramps, wind, constipation or diarrhoea, headache, dizziness, sleepiness Salt and fluid retention, hypertension Renal impairment, confusion, tinnitus Vomiting blood or material that looks like coffee grounds or bleeding from anus, black sticky bowel motions (stools) or bloody diarrhoea Rash, itch, angioedema, anaphylaxis, interstitial nephritis, Stevens-Johnson syndrome MI, stroke
Monitoring / Obs:	• Review and pain score at 30 then 60 minutes after administration. • Pain score 4 hourly. • HR, BP, RR, SaO2 4 hourly if systemically unwell
Referral Criteria:	Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/173		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

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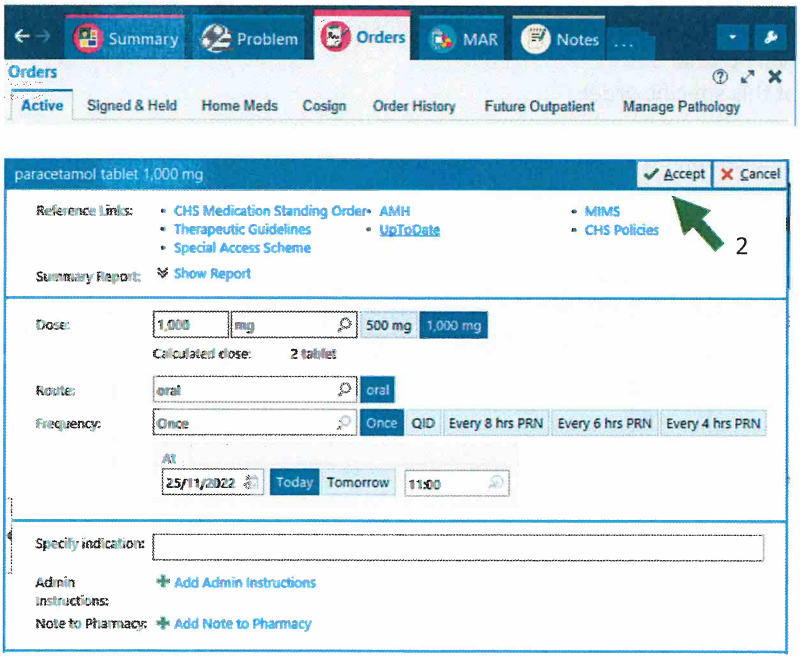

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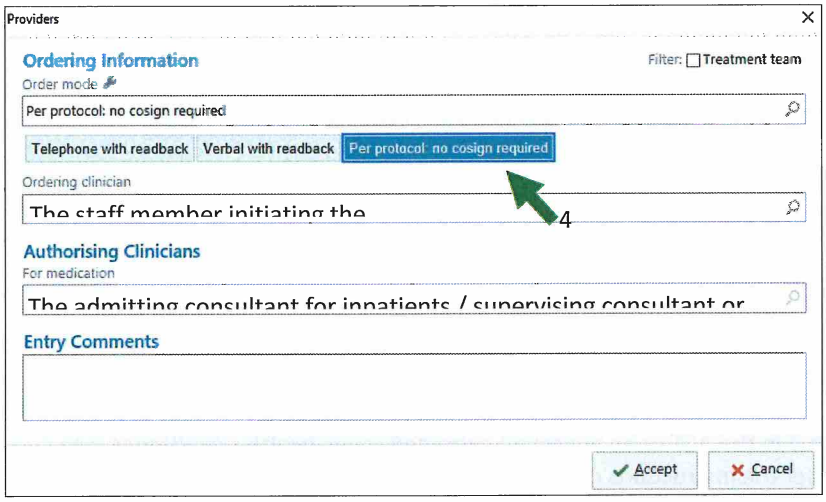

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ALLIED HEALTH MEDICATION STANDING ORDER:
Lidocaine 1%

Medication Details

Name:	**Lidocaine 1% (10mg/mL)**		
Dose / Dose Calc:	**Dosing – Digital Block** 20-50 mg (2-5 mL)	**Supply**	
		Strength	Quantity
		10 mg/mL	5 mL ampoule
Administration	• The lowest dosage that results in effective anaesthesia should be used to avoid high plasma levels and serious undesirable systemic side effects • Injection should always be made slowly with frequent aspirations to avoid inadvertent intravascular injection, which can produce cerebral symptoms (even at low doses) • Injecting slowly through a wound rather than through intact skin helps reduce the pain from the injection		
Route:	Subcutaneous	Max. daily dose:	200 mg
Frequency:	Single dose only	Duration:	Single dose only
Class / Actions:	Local Anaesthetic		

Indications / Criteria for use

Indication for use:	For the reduction of dislocations +/- fractures of the digits
Patient Population:	Adults Children ≥ 12 years
Exclusions:	Known hypersensitivity to local anaesthetics Inflammation or infection at the proposed site of infiltration Patients with severe liver disease, myastheniagravis or impaired cardiac function
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice.

Clinical Information

Contraindications:	As per exclusions	
Precautions:	• Altered level of conscious • Chronic pain conditions • Intoxication	
Adverse Reactions:	**Reaction**	**Action**
	Anaphylaxis	Cease administration. Activate Code Blue, Initiate BLS,
	Localised oedema, urticaria	May indicate an allergic reaction – refer client to MO as clinically indicated
	Anxiety, pallor, tachycardia, hypertension, sweating or arrhythmias	May indicate a vasoconstriction reaction which usually resolves on stopping administration – cease administration and refer client to MO if symptoms do not promptly resolve
	Restlessness, agitation, tinnitus, dizziness, lip tongue tingling, blurred vision tremors	May be early warning signs of CNS toxicity – Cease administration refer to MO

Monitoring / Obs:	Peak plasma concentration is reached 20-30 minutes post infiltration. The patient should remain in the ED for 30 mins after infiltration.
Referral Criteria:	Senior medical review if • Injection ineffective • Adverse reaction • Abnormal vital signs

Approval Details

Approval No:	CHS23/174		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

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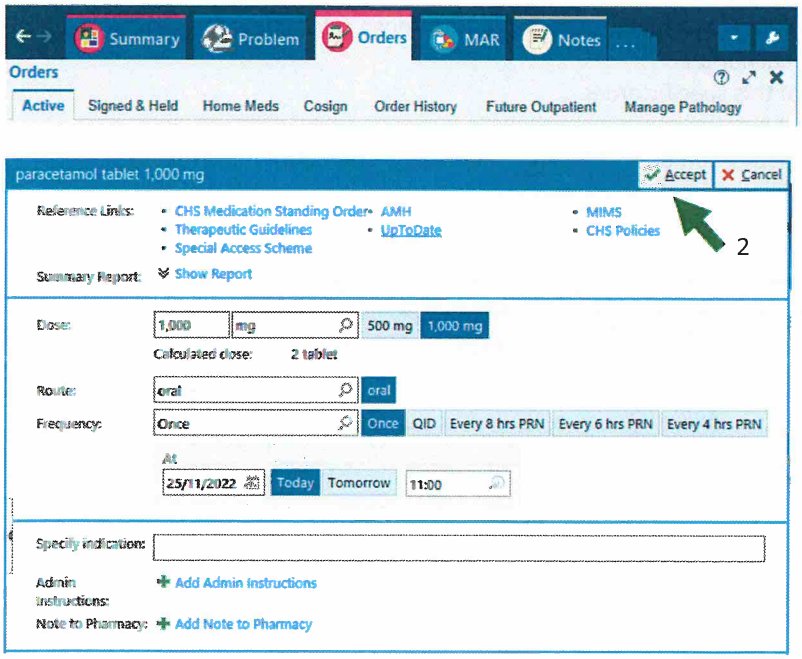

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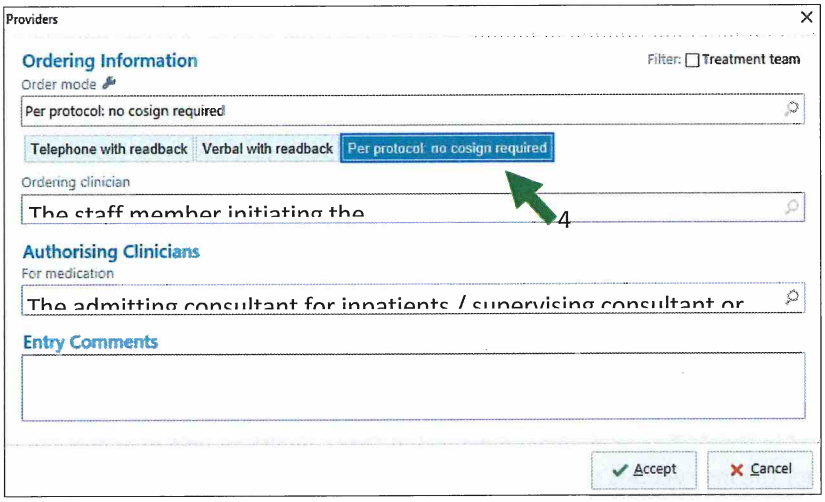

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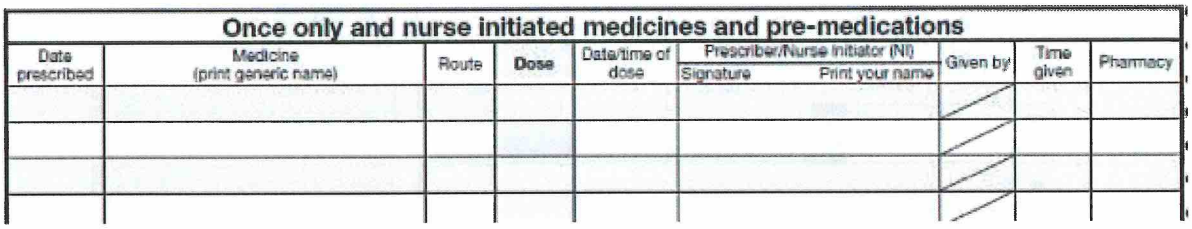

Once only and nurse initiated medicines and pre-medications

Date prescribed	Medicine (print generic name)	Route	Dose	Date/time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print your name	Given by	Time given	Pharmacy

Other obligations

- Report all Adverse Drug Reactions, patient harm or near miss incidents via the Riskman process

- Questions or clarification regarding the standing order should be directed to the clinical sponsor

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ALLIED HEALTH MEDICATION STANDING ORDER:
Ondansetron

Medication Details

Name:	**Ondansetron**	Dose / Dose Calc:	4 mg
Route:	PO	Max. daily dose:	Single dose only
Frequency:	Single dose only	Duration:	Single dose
Class / Actions:	Antiemetic, $5HT_3$ antagonist		

Indications / Criteria for use

Indication for use:	Nausea and vomiting secondary to opioid analgesia
Patient Population:	Adult patients in the Emergency Department
Exclusions:	Patients for whom ondansetron is contraindicated (see below) Ondansetron in the last 4 hours
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	Allergy to ondansetron
Precautions:	Subacute bowel obstruction Hepatic impairment Pregnancy / lactation Phenylketonuria Congenital long QT
Adverse Reactions:	Common: • Constipation • Diarrhoea • Headache • Dizziness • Transient elevation in hepatic transaminases Rare: • Hypersensitivity • Arrythmias • Chest pain
Monitoring / Obs:	All patients: observe for adverse reactions
Referral Criteria:	Senior medical review if • Nausea/vomiting uncontrolled • adverse reaction • abnormal vital signs

Approval Details

Approval No:	CHS23/175		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
DTC Chair:	Dr Stuart Schembri	Signature:	

Guidance for Medication Standing Orders

About Standing Orders

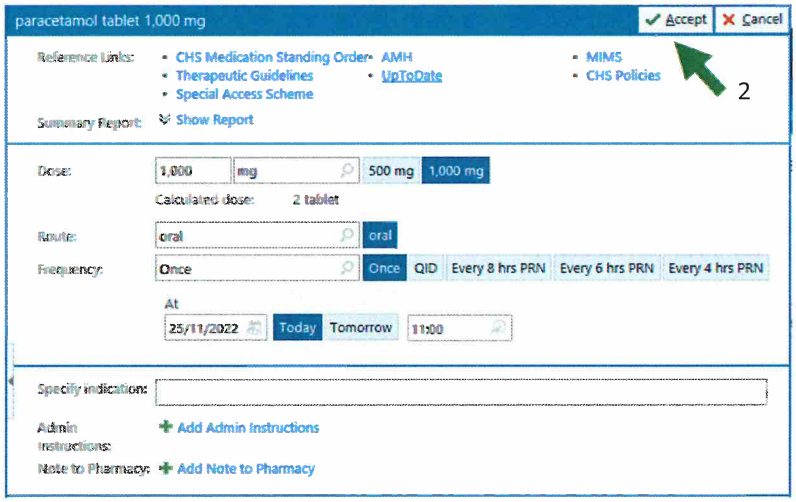
- Medication standing orders are a generic written instruction to administer a particular named medication (at a specified dose and frequency) to a defined group of patients under certain conditions.
- They may only be exercised by authorised CHS staff, when the stated conditions are met.
- Medication standing orders preclude the need for an individual prescription to be written and signed by the treating doctor. They are intended for exceptional circumstances and not routine introduction.

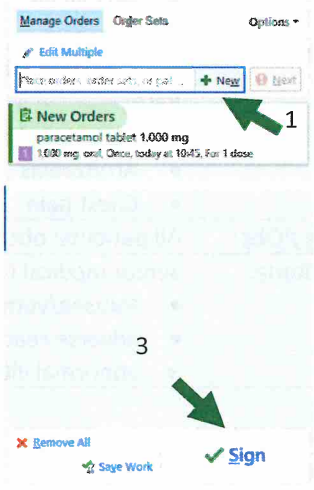
Legal Issues

- Medication standing orders must be approved by the CHS Drugs and Therapeutics Committee, bear the signature of the chair and have an approval number
- A midwife or nurse registered in the ACT or an approved extended scope health practitioner may administer medications as per the instructions of a legal standing order. A standing order may restrict this authority to a specific, qualified, competent or validated group as stated in the order.
- Recording must be observed as for any prescription or drug therapy.

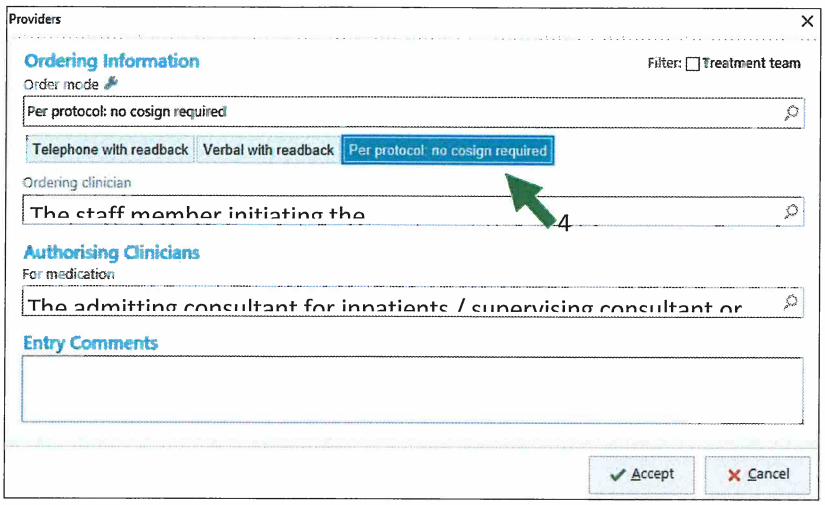
Initiating a Medication Standing Order on the DHR (Epic)

- Staff may search for and select the relevant medication via the *orders* function on DHR
- The *dose*, *route*, *frequency* and *indication* should be prescribed according to the standing order. The approval number should be noted alongside the indication. Once complete the order should be *accepted* and *signed*.





- Staff will then be prompted to select the order mode *'Per protocol: no co-sign required'* for all medication standing orders. The *Authorising Clinician* should be the admitting consultant for inpatients and either the supervising consultant or Head of Department for outpatients.



Administering a medication dose from a DHR standing order

- An initiated medication standing order may be administered in the same way as other prescribed medications on DHR

Contingency for DHR downtime

- In the event of DHR downtime paper medication charting is required. On the appropriate section of a CHS medication chart staff must record:
    - The full name, signature and position of the person initiating the order
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- To document administration of a medication on a CHS paper medication chart staff must record:
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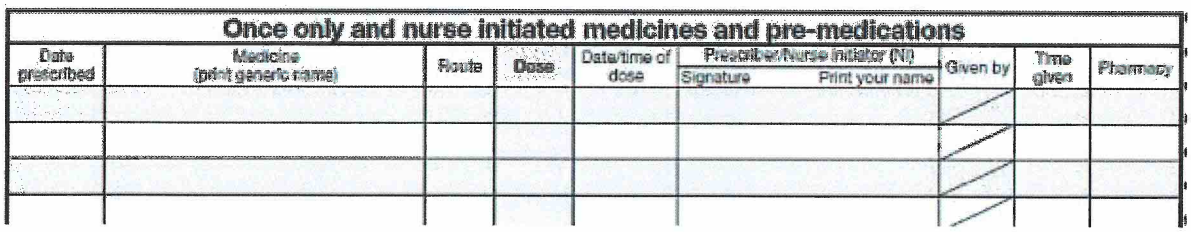

Once only and nurse initiated medicines and pre-medications

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ALLIED HEALTH MEDICATION STANDING ORDER: *Oxycodone*

Medication Details

Name:	**Oxycodone**	Dose / Dose Calc:	Age 18-74 years: 5 mg Age 75 years and older: 2.5 mg
Route:	PO	Max. daily dose:	Age 18-74 years: 10 mg Age 75 years and older: 5 mg
Frequency:	Repeat dose 30-60 minutes if needed	Duration:	Two doses
Class / Actions:	Opioid analgesic		

Indications / Criteria for use

Indication for use:	Moderate to severe pain (corresponding to Visual Numeric Pain Score 6-10)
Patient Population:	Adult patients in the Emergency Department
Exclusions:	Patients for whom oxycodone is contraindicated (see below)
Ward / Unit:	Emergency Departments, Canberra Health Services
Authorised staff:	Credentialed Advanced Musculoskeletal Physiotherapists and Extended Scope of Practice Physiotherapists who have completed the therapeutic medicines competency element with the Advanced Musculoskeletal Practice Standard of Practice

Clinical Information

Contraindications:	Respiratory depression, severe chronic airway limitation, asthma or decreased respiratory reserve Cardiac arrhythmias Severe CNS depression Allergy to oxycodone hydrochloride
Precautions:	Elderly patients; lower initial dose as above Breastfeeding: observe the breastfed infant for adverse effects such as excessive drowsiness, poor feeding or sleeping pattern changes Nausea/vomiting Slowing of cognitive and psychomotor function
Adverse Reactions:	Difficulty urinating Dry mouth Constipation with prolonged use
Monitoring / Obs:	**All patients:** Review vitals (HR, BP, RR, SaO2) and pain score at 30 then 60 minutes after administration. Then continue with 4 hourly reviews.
Referral Criteria:	Senior medical review if • Pain uncontrolled • Adverse reaction • Abnormal vital signs • Sedation score: ≥3 3: moderate (constantly drowsy, easy to rouse but unable to stay awake e.g., falls asleep during conversation) or 4: severe (somnolent, difficult to rouse)

Approval Details

Approval No:	CHS23/176		
Clinical Sponsor:	Dr Sam Scanlan	Signature:	
Approval Date:	5 July 2023	Review Date:	5 July 2025
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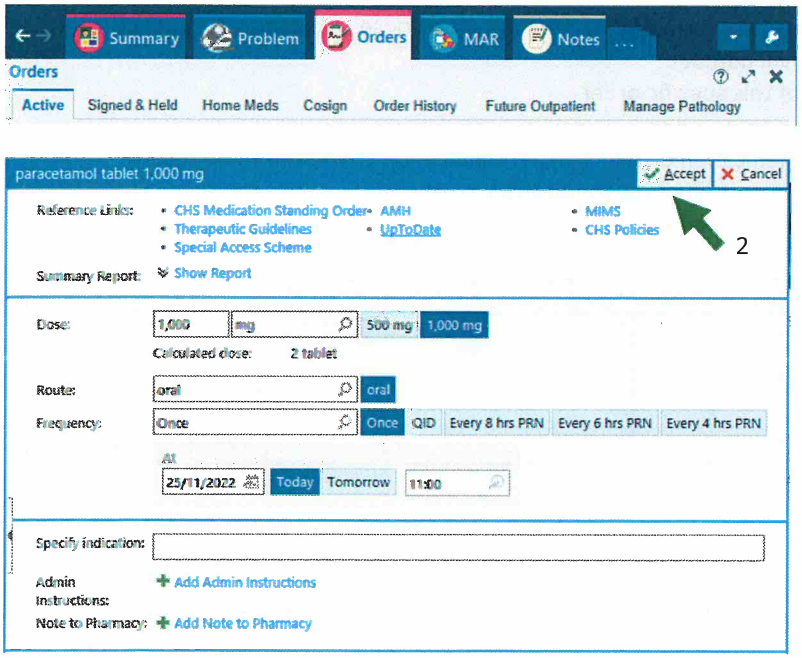

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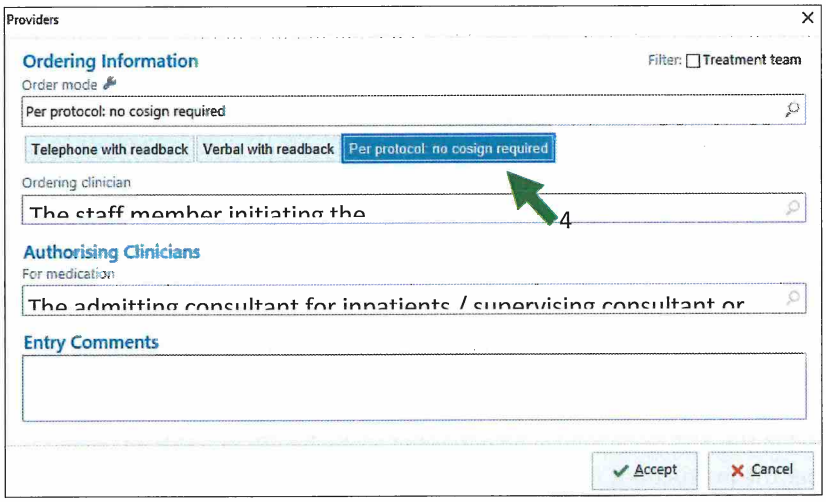

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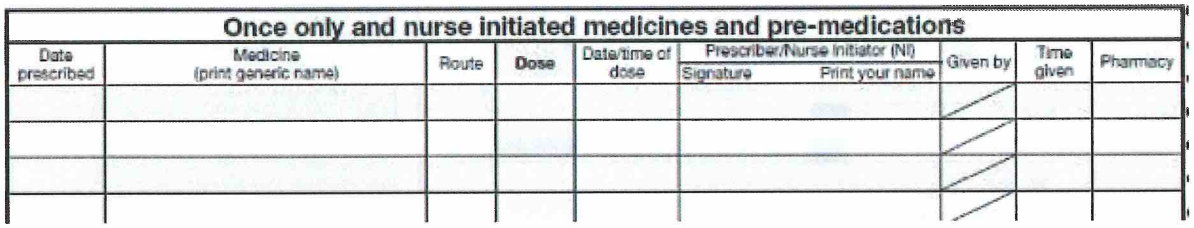

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