

{Insert Name of RACF}
NURSE INITIATED MEDICATION LIST

<p>In circumstances, when any of the medications listed below should be required for my resident, I give permission for the Registered Nurse to administer the appropriate medication in the correct dosage. Where any of the medications are contraindicated for this resident I have placed a line through them. If the problem for which the medication is given persists, then I expect to be informed as per the protocol.</p> <p>GP Name: GP Signature: Date:</p>	<p>If no Addressograph please complete the following:</p> <p>Name:</p> <p>DOB: Room No.</p> <p>Allergies:.....</p>
---	---

Clinical Indication	Medication	Dosage	Contraindications / Warnings	Maximum Doses/Time
Breast Excoriation	Zinc & starch / prantal powder	Apply TDS for up to 48 hours	Bleeding areas or infected areas	72 hours
Chest Pain	Anginine or Nitrolingual Spray and Oxygen	1 tablet/spray stat sublingually every 3-4 minutes until pain is resolved.	Cerebral vascular disease or cardiomyopathy Check BP prior to administering each dose.	If pain persists after 2 doses or where the resident has no history of angina call an ambulance and notify the GP.
Constipation	Coloxyl & senna	2 tablets at night if bowels have not been opened for 2 days. Repeat the following night if no result.	Abdominal cramps, colic, nausea, vomiting or symptoms of appendicitis; intestinal obstruction or abdominal pain of unknown cause	72 hours
	Aperient Cocktail	Agarol 10-20mls, 1-2 teaspoon Senekot granules and 100mls milk at night if bowels not open for 2 days. Repeat the following night if no result.		
	Durolax suppositories	1-2 to be inserted PR on the morning of the fourth day BNO		
Cough (Productive)	Mist senaga & ammonia	15ml up to 4 times per day		2 doses
Cough (Dry)	Durotuss forte (Suppressant)	10-15ml up to 4 times per day	Severe uncontrolled hypertension	2 doses
Diarrhoea	Imodium 2mg tablets	2 tablets initially, followed by 1 tablet after each unformed stool. Maximum of 8 tablets per day	Constipation and antibiotic associated acute diarrhoea	3 doses
Dysuria	Ural sachet	Dissolve 1-2 sachet in cold water QID	Renal failure and hypernatraemia	3 doses
Dry eyes	Normal saline unidose vials	1-2 drops in each affected eye as needed		72 hours
Fever	Panaxmax 500mg OR Panadol elixir 240mg/5ml OR Panadol Suppositories	2 tablets or 20mls or 2 suppositories to be given 4 hourly; maximum of 4 doses in 24 hours	Renal or hepatic impairment or on anticoagulant therapy. NB: <i>Check other medications being taken to ensure total paracetamol dose</i>	24 hours if fever has not subsided
Fungal Excoriation	Clonea or Canestan cream	Apply sparingly to affected area BD until excoriation has ceased and up to 7 days afterwards	Bleeding areas or infected areas	Notify GP of intention to treat

{Insert Name of RACF}
NURSE INITIATED MEDICATION LIST

Haemorrhoids	Anusol cream	Apply to perirectal tissues and mucosa of rectal canal following bowel movement up to 3 times per day		Notify GP of intention to treat
Headache	Panamax 500mg OR Panadol elixir 240mg/5ml OR Panadol Suppositories	2 tablets or 20mls or 2 suppositories to be given 4 hourly; maximum of 4 doses in 24 hours	Renal or hepatic impairment or on anticoagulant therapy. NB: <i>Check other medications being taken to ensure total paracetamol dose</i>	24 hours if headache has not subsided
Indigestion / Nausea	Dexsal	One capful in a glass of water and drink while effervescing. Repeat as clinically indicated.		24 hours
Pain	Panamax 500mg OR Panadol elixir 240mg/5ml OR Panadol Suppositories	2 tablets or 20mls or 2 suppositories to be given 4 hourly; maximum of 4 doses in 24 hours	Renal or hepatic impairment or on anticoagulant therapy. NB: <i>Check other medications being taken to ensure total paracetamol dose</i>	24 hours if pain has not subsided
Scabies	Lyclear or Quellada cream	According to the manufacturers instructions		Notify GP of intention to treat

GP Review Date & Signature	GP Review date & Signature	GP Review date & Signature	GP Review Date & Signature	GP Review date & Signature
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

This form is to be kept with the resident's medication charts for easy reference.