Administer and Monitor Medicines and Intravenous Therapy

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[Institutional Affiliation(s)]

Author Note

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# Question 2

## 2.1

The Dangerous drug act (DDA) defines dangerous drugs to be the use or possession of any prescription narcotic. The ‘Dangerous Drugs Act (DDA) 1927) defines the various kinds of drugs legally classified as dangerous, such as crude cocaine, medicinal opium, morphine, ecgonine, diacetylmorphine and others (NSW Health, 2017). Only a medical practitioner who is legally qualified is able to make use of such substances, when it is prescribed by an authorised practitioner and administer it in strict compliance with the directions (Legislation Gov, 2015).

## 2.2

Legal requirements for storage of dangerous drugs of addiction include having restricted access to drug safes, cabinets and strong-rooms. No one is allowed to access the storage key other than authorised personnel (SA Health, 2012). Any health service facility must ensure to store any drugs of addiction in a storage cabinet that is securely locked. The controlled substances legislation requires the transport and storage of drugs of addiction to comply with the ‘Code of Practice for the Storage and Transport of Drugs of Dependence’ (NSW Health, 2018).

## 2.3

Legal requirements for the documentation of dangerous drugs of addiction includes mentioning the correct packaging, labelling, and storage requirements to make sure that it is safely used and transported (SA Health, 2017). Moreover, they should be contained within a package that clearly labels ‘SCHEDULE 8 – PLEASE CHECK CAREFULLY’. In addition, a packing slip, a multi-part document, which documents the package’s contents must also be properly attached with the package (SA Health, 2012).

## 2.4

To administer Intra-Venous (IV) medications, each territory or state has its own legislation which outlines the management of poisons and drugs in different healthcare disciplines (McEwan, 2008). Enrolled Nurses cannot administer intravenous medicines if they have a notation, whereas those ENs without notation are allowed to administer IV medication if they have completed the educational requirements for IV medication administration. In certain cases, the EN's scope of practice can be expanded by pursuing further education (NMBA, 2016).

## 2.5

In the case of Intramuscular Injections (IM), most states allow EN’s that are medication endorsed to administer drugs and substances through IM Injections (Queensland Nursing Council, 2005). Furthermore, medications by IM injections by ENs have to be done in close proximity to a medical practitioner or a registered nurse (McEwan, 2008).

## 2.6

 EN’s who are medication endorsed are allowed by most states to administer drugs and medication through subcutaneous injections. Similarly, administration of substances through subcutaneous injections have to be done when a medical practitioner or registered nurse is in close proximity (McEwan, 2008). In the ACT, for example, EN’s are allowed by the Nursing Board to administer only Schedule 2 to 4 medication through subcutaneous injections (ACT Nursing and Midwifery Board, 2005).

# Question 3

In Victoria, substances classified under the drugs and poison legislations are regulated in the descending order of their legislative control, such as in Schedule 8, 4, 2 and 3 Poison standard. The Schedule 8 drugs and poison include strict legislative controls for medicines which include morphine, pethidine, fentanyl or other opioid analgesics. The Schedule 3 and 2 poisons are classified as pharmacist only medicine and may include over-the-counter local analgesics and anesthetics (Health Vic, 2018). Any permits and licenses are regulated under the *Drugs, Poisons, and Controlled Substances Act 1981*. Only registered medical practitioners to use and possess medicine under lawful professional practice (Health Vic, 2018).

# Question 4

## 4.1

In the state of Victoria, poisons and drug legislated apply to those substances which are listed under the ‘Australian Standard for the Uniform Scheduling of Medicines and Poisons’. These are classified as scheduled substances in which various legislative controls are formulated depending upon the risk they carry (Health Vic, 2018).

## 4.2

 The objectives of the State drugs and poisons act include regulating the prescription, use and supply of scheduled substances, laying authorisation rules for those allowed to possess particular scheduled substances, and providing requirements for storing these scheduled medicines (Health Vic, 2018).

# Question 5

The NSQHS provides guidelines and clear criteria's for controlling and preventing healthcare-associated infection standards. They require senior managers and clinical readers to implement these safety systems in their health facilities to manage these infections. The criteria for this purpose defined by the NSQHS include: Systems and governance for infection control, prevention and surveillance, control strategies for infection prevention, antimicrobial stewardship, managing patients with colonisation or infections, sterilisation, disinfection and cleaning, as well as communicating with carers and patients (ACSQHC, 2012).

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