Medication Safety Audit Tools Definitions

The following definitions and examples apply to the Medication Safety Audit Tools:

1. National Inpatient Medication Chart (NIMC), Paediatric National Inpatient Medication Chart (PNIMC) and Medication Action Plan (MAP)
2. Medication History
3. Allergies and Adverse Drug Reactions (ADR)
4. VTE Risk Assessment
5. Prescribing Intravenous Fluids and Electrolytes for Adults (Version 5) and Prescribing Guidelines for HYPO/HYPER-Electrolyte Disturbances in Adults (Version 5)
7. Consumer Medicine Information (CMI)
8. Injectable Line Labelling
1. National Inpatient Medication Chart (NIMC), Paediatric National Inpatient Medication Chart (PNIMC) and Medication Action Plan (MAP)

There are a number of questions on the audit tools targeted at documented evidence on the NIMC, PNIMC or MAP. Screen shots of each of the three documents are displayed below.

NIMC

PNIMC
2. Medication History

Questions 1.0 and 1.1 on the patient collection audit tool require evidence of a medication history. The Medication History can be documented in the Medicines Prior to Presentation to Hospital section located either at the bottom of the front page of the NIMC or, alternatively, in the MAP form.

**NIMC – Medicines Prior to Presentation to Hospital section**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose and frequency</th>
<th>Duration</th>
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**MAP - Medicines Prior to Presentation to Hospital section**

For the medication history section to be complete, the Medicines Prior to Presentation to Hospital section needs to be recorded on at least one medication chart or MAP form that is in current use.
A complete medication history requires:

- drug identification details (generic name, strength and form)
- dose and frequency
- duration of therapy, i.e. when started
- the person documenting the history has signed, printed their name and dated the entry.

3. Allergies and Adverse Drug Reactions (ADR)

Questions 4.0 and 4.1 on the patient collection audit tool require evidence of medication allergies and ADR status.

The allergies and adverse drug reactions section is located in the top left corner of the NIMC.

For this section to be complete, either:

- ‘Nil Known’ box is ticked

OR the ‘Unknown’ box is ticked

OR the name of the drug/substance, the reaction details (e.g. rash, nausea) and the date the reaction occurred or approximate timeframe (e.g. “20 years ago”) is documented.
In the case where an adverse reaction is documented, an **ADR alert sticker** must also be attached on the front and back page of the NIMC and the person documenting the ADR status must have signed, printed their name and dated the entry on all NIMCs in use.

4. VTE Risk Assessment

Question 7.0 on the patient collection audit tool require evidence of a Venous Thromboembolism (VTE) risk assessment.

VTE comprises deep vein thrombosis (DVT) and pulmonary embolism (PE). It is a significant problem for medical and surgical patients, leading to an increased risk of morbidity and mortality. Options for thromboprophylaxis include anticoagulants and mechanical prophylaxis.

The NIMC facilitates the prescribing of these prophylaxis methods by providing:
- an area to document that the patient’s VTE risk has been assessed and to record contraindications to VTE prophylaxis as relevant
- a designated section for prescribing of anticoagulants for VTE prophylaxis
- a designated section for the prescribing of mechanical prophylaxis such as graduated compression stockings or intermittent pneumatic compression devices.

For this section to be complete:

The VTE risk assessed box is signed and dated on the NIMC/medication chart
the VTE risk assessment is clearly documented on a site-specific chart

An example of a site-specific chart for documenting VTE risk assessment
5. Guidelines for Prescribing Intravenous Fluids for Adults (Version 5) and Prescribing Guidelines for HYPO/HYPER-Electrolyte Disturbances in Adults (Version 5)

Question 8.0 on the patient collection audit tool requires evidence of the ‘Guidelines for Prescribing Intravenous Fluids for Adults’ and ‘Prescribing Guidelines for HYPO/HYPER-Electrolyte Disturbances in Adults’ to be available.
6. Guidelines for Anticoagulation using Warfarin (Version 8)

Question 9.0 on the patient collection audit tool requires the ‘Guidelines for Anticoagulation using Warfarin - Adult’ to be available where applicable.
7. Consumer Medicine Information (CMI)

Question 6.0 on the ward/unit collection audit tool and Question 13.0 on the patient collection audit tool are associated with the provision of medicine information leaflets, such as consumer medicine information (CMI). An example of a CMI on Aspalgin is displayed below.

**ASPALGIN**
Acetaminophen and Codeine phosphate

Consumer Medicine Information

What is in this leaflet
This leaflet answers some common questions about the ASPALGIN tablets. It does not contain all of the available information about ASPALGIN. It does not take the place of talking to your doctor or pharmacist.

All medicines have risks and benefits. Your doctor has weighed the risks of you taking ASPALGIN against the benefits he/she expects it will have.

If you have any concerns about taking this medicine, ask your doctor or pharmacist.

Keep this leaflet with the medicine. You may need to read it again.

What is ASPALGIN
The name of your medicine is ASPALGIN.
The active ingredients are called acetaminophen and codeine phosphate.

Acetaminophen belongs to a group of medicines called analgesics which are used to block pain. It is also antipyretic: that means it helps reduce your body temperature if you have a fever.

Codeine phosphate belongs to a group of medicines called opioid analgesics and it acts by blocking pain and your emotional response to pain. ASPALGIN is available as a tablet.

What ASPALGIN is used for
ASPALGIN is used for the temporary relief of mild to moderate pain, inflammation and fever.

Use ASPALGIN only as directed and consult a health care professional if you symptoms persist.

Your doctor may have prescribed ASPALGIN for another purpose.

Ask your doctor if you have any questions about why ASPALGIN has been prescribed for you.

If you have any concerns, you should discuss these with your doctor.

Before you take ASPALGIN

Before you take ASPALGIN

If you are allergic to:
- ASPALGIN or any of the ingredients listed at the end of this leaflet.

If any of the symptoms of hypersensitivity reaction to ASPALGIN are included, such as rash, itching, skin rashes, difficulty breathing, hay fever, swelling of the face or throat or hoarseness.

Do not use ASPALGIN after the expiry date (EXP) printed on the pack.

If you take ASPALGIN after the expiry date has passed, it may have no effect at all, or worse, there may be an entirely unexpected effect.

Do not purchase or use ASPALGIN if the packaging is torn or shows signs of tampering.

Do not give it to children under the age of 12 unless your doctor has prescribed it for them.

Do not give to children or teenagers suffering viral illnesses (such as influenza or chicken pox) or fever.

Do not give to children aged between 12 - 18 years in whom respiratory function might be compromised, including poor bronchitis and/or adenoiditis.
8. Injectable Line Labelling

Questions 14.0 and 14.1 on the patient collection audit tool requires the correct line labelling for all injectable lines used for administering medication/fluid.

Labelling of injectable medicines and fluids, and the devices used to deliver them, has been identified as a patient safety issue. The ACSQHC has developed National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (the Labelling Standard) to improve safety in this important practice area.

Line labels

When auditing, check if the line labels (as pictured below) are applied to all of the patient’s injectable line(s).

For each line to be compliant there must be:

- a correct colour-coded **route** label positioned near the line’s injection port on the patient side (see photo). The exception to this is where there is a possibility of tampering, e.g. paediatric or confused patient. In these cases the label can be placed further up the line away from the injection port.
- a **date** written on each label – There are currently two date prompts on labels used in Queensland Health facilities, these are:
  1) ‘commenced’ which is seen on intravenous, central venous, subcutaneous, intra-arterial, miscellaneous and enteral line labels
  2) ‘catheter commenced’ which is seen on the epidural, intrathecal and regional line labels.

![Label near the injection port on the patient side.](image)

The following labels are referenced specifically on the audit tool:
The labels below are not specifically referenced on the audit tool but may be sighted. These would fall into the ‘Other’ line category on the audit tool:

Further information can be found at:

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as the audit tools are a constant ‘Work in Progress’, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Queensland Health facilities. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on mars@health.qld.gov.au for feedback or comments.

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