This book aims to provide nurses with the relevant knowledge and skills that are integral to safe medication administration.

The chapters provide insight into legal responsibilities relating to medication and its administration. Essential information on pharmacokinetics and pharmacodynamics is also included, as well as medication calculation exercises and factors influencing modes of administration.

The text explores the theoretical and clinical components relating to the administration of medications for nurses. Factors that influence medication use, major drug groups and technology relevant to medication administration are also discussed.
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CHAPTER 1

Roles and responsibilities

- Roles and responsibilities of nurses
- State legislation and medication administration
- Safe administration of medications
- Health care settings
- Dose administration aids
CHAPTER OVERVIEW

This chapter introduces the **scope of practice** for nurses in the administration of medication, and outlines current state and territory legislation that governs and impacts on the nurse’s role. Scope of practice explains what nurses do in their role and is influenced by factors such as relevant legislation, education, **policy**, standards and professional culture.

The context of the nursing practice environment is rapidly changing, with nurses no longer tied to traditional roles and hierarchical structures. Both registered and enrolled nurses have roles and responsibilities that are unique to their position, and which are continually evolving in response to changes in technology and practice. Changes to practice include the delegation of aspects of nursing care to unlicensed/care workers such as the assistant in nursing, care services employees and other unregulated care workers.

It is important that nurses establish and maintain effective and collaborative working relationships with each other and with other health care team members to ensure quality assurance of delivery of medication administration and client safety.

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**Administering medication**

When administering medication, nurses are responsible for ensuring that:

- a medication order is valid
- the medication order is interpreted correctly
- medications given have been recorded and documented
- clients are observed and monitored
- the client’s response to the medication is documented.

This will be further discussed in Chapter 3, *Modes of administration*.

Changing roles, scope of practice and industry requirements have seen the need for the role of enrolled nurses to be extended to include medication administration. Today, enrolled nurses in most states and territories can administer medication in various forms. This increased scope of practice for enrolled nurses was identified as a priority for supporting client care.

In 2001, *A review of the current role of enrolled nurses in the aged care sector: future directions* provided feedback from an industry position paper on aged care worker qualifications and medication administration. This review identified the need for a better-qualified aged care workforce – predominantly at the enrolled
chapter 1 • roles and responsibilities

nurse level – and the development of qualifications and training procedures, in particular related to medication administration, to enhance the scope of practice of enrolled nurses.

Following this review, three significant reports released in 2002 impacted on the scope of practice and education for enrolled nurses.

3. Australian Nursing Council, *An examination of the role and function of the enrolled nurse and revision of competency standards*.

The Senate Inquiry, the first of these reports, urged that state and territory governments develop nationally consistent legislation relating to the administration of medications by enrolled nurses.

The *National Review of Nursing Education 2002* also recommended that a nationally consistent professional scope of practice for nurses be developed, including the administration of medications by enrolled nurses. It further stated that there should be national consistency in the education and training of enrolled nurses, and that the entry level to practice needed to be based on a scope of practice that takes into account new thinking about delegation and the administration of medications.

### ROLES AND RESPONSIBILITIES OF NURSES

Nurses are required to demonstrate standards of knowledge, skill, judgement and care that are supported by national nursing competency standards; for example, the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Registered Nurse 2006, and the Australian Nursing and Midwifery Council National Competency Standards for the Enrolled Nurse 2002. These are developed in Australia by the ANMC. These national competency standards for registered and enrolled nurses define the scope of practice as reflected by the International Council of Nurses.
Nurses have a responsibility to provide client-centred nursing care, which includes recognising the normal and abnormal outcomes in assessment, intervention and evaluation of individual health and functional status. These nursing interventions are especially critical when administering medication to clients to ensure that any changes in health status are identified, reported and acted upon as early as possible.

THE REGISTERED NURSE
The ANMC National Competency Standards for the Registered Nurse 2006 state that ‘the registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes’. Coordination incorporates the organisation and provision of nursing care that includes the assessment, planning, implementation and evaluation of care.

The registered nurse practises independently and interdependently, assuming **accountability** and responsibility for their own actions and delegation of care to enrolled nurses and other levels of **health care workers**. They are responsible for:

- overall management of the medication system
- supervising, monitoring and evaluating client care that is delegated to others
- providing clarification and assistance as required
- ensuring that delegated care is provided safely and correctly.

Registered nurses work in all areas of health care including acute care, aged care, mental health, midwifery, community, accident and emergency departments and various other specialty fields. Registered nurse practice is governed by legislative requirements, standards of practice and health care facility policy.

THE NURSE PRACTITIONER
A nurse practitioner is a registered nurse who is authorised to practise at an advanced level within the clinical guidelines approved by the Director-General of Health of their state or territory. Nurse practitioners have an extended scope of practice, which may include the possession, **prescription** and supply of certain medications in accordance with approved clinical guidelines and legislation. The ANMC National Competency Standards for the Nurse Practitioner further enlighten the nurse practitioner on their accountability and responsibilities.
THE MIDWIFE
A midwife may be a registered nurse who has completed a post basic midwifery qualification or someone who has completed a tertiary qualification in midwifery. The midwife assumes responsibility for providing a professional standard of care for the woman, her baby (born or unborn), her partner and significant others.

This care should be provided in partnership with the woman within a continuity-of-care framework during pregnancy, birthing and early parenting within the chosen environment. For further information regarding accountability and responsibility, consult the ANMC National Competency Standards for the Midwife.

THE ENROLLED NURSE
The ANMC (2002) states the enrolled nurse ‘is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority’s licence to practise, educational preparation and context of care. Core as opposed to minimum enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering authority.’

At all times the enrolled nurse retains accountability and responsibility for their actions and works under the supervision of the registered nurse for delegated nursing care. Where state law and organisational policy allow, enrolled nurses – once they have undertaken prescribed training – may administer prescribed medications or maintain the infusion of intravenous fluids according to the policies and procedures of their health care facility and in line with their scope of practice.

THE ASSISTANT IN NURSING/AGED CARE WORKER
Assistants in nursing/aged care workers are unlicensed workers who deliver care alongside other health professionals. Assistants in nursing may be required by their employer to assist clients with self-administration of their medication, predominantly through use of a drug administration aid. In order to undertake this role, assistants in nursing must have the knowledge, skills and level of education and training necessary to perform this role safely and competently.
STATE LEGISLATION AND MEDICATION ADMINISTRATION

Nurses and midwives are accountable for their own nursing practice. As with all aspects of nursing and midwifery care, registered nurses, enrolled nurses and midwives should only undertake activities for which they:

- are educationally prepared
- are competent to undertake
- are legally entitled to perform
- have currency of skill and experience.

All levels of nurses need to be aware of current state legislation relating to medication use (for example, the *Medicines, Poisons and Therapeutic Goods Act*). Nurses and midwives must also follow the policies and procedures of their health care facility, particularly when delegating medication management.

Activity 1.1

Research your own state’s legislation relating to medication use.

Currently, states and territories differ in their policies on medication administration by the enrolled nurse, and it is very important to be aware of these differences. The endorsement of an enrolled nurse to administer medication in one state or territory does not necessarily transfer across to other states. The enrolled nurse’s scope of practice is defined by the type of education and training available, the boundaries of state and territory legislation, and decisions taken by an organisation in determining local work practice within facilities. It is important to note that these guidelines may change depending on the employing organisation or specific state policy and procedures.

At all times the enrolled nurse must work under the supervision of the registered nurse, although the level of supervision required for medication administration differs across the states and territories.

The scope of practice for enrolled nurses has been expanded to include medication administration by a variety of routes, including intravenous injections, up to and including Schedule 4 medications. In some states it may also include Schedule 8 medications. It is outside the scope of practice for any enrolled nurse to administer fluid or medications into any of the following devices: epidural, intrathecal, central lines, midlines, PICC lines and femoral lines, implanted devices or arterial lines.