




# National Residential Medication Chart Version 4

## User guide for nursing staff

 **National Residential Medication Chart v.4**  
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

**CONSIDERATIONS**

Swallowing difficulties	Y/N
Cognitive impairment	Y/N
Dexterity difficulties	Y/N
Resistive to medicine	Y/N
Nil by mouth	Y/N
Self administers	Y/N
Other	Y/N

Details if Y to above: \_\_\_\_\_

**ALERT**  
Consumer with similar name?  
**Y/N**

**PRIMARY GENERAL PRACTITIONER**

Name	_____
Address	_____
Phone	_____
Out of hours	_____
Prescribe	_____
En	_____

Consumer name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / \_\_\_\_\_  
URN/MRN \_\_\_\_\_  
RACS ID \_\_\_\_\_  
RACF name \_\_\_\_\_  
Gende \_\_\_\_\_  
IHI \_\_\_\_\_

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# National Residential Medication Chart User Guide for Nursing Staff

## Audience

The *National Residential Medication Chart User Guide for Nursing Staff* is intended for all nursing staff working in residential care facilities who are authorised to access and use consumer medication charts.

The NRMCM User Guides for pharmacists and for prescribers may be used in conjunction with this user guide.

**Further information on the use of the NRMCM can be obtained from the Australian Commission on Safety and Quality in Health Care at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) or by contacting the PBS Information Line on 132 290.**

## Exceptions

The *National Residential Medication Chart* (NRMCM) is intended to be used as a record of orders, supply and claiming of PBS/RPBS medicines as well as the administration of prescription medicines, non-prescription medicines and nutritional supplements. All other clinical information should be available in the consumer's clinical record or equivalent.





## 1 Purpose

The National Residential Medication Chart (NRMC) is intended to be used as a record of orders and administration of prescription medicines, non-prescription medicines and nutritional supplements for consumers living in approved residential care facilities (RCF). The NRMC was developed by the Australian Commission on Safety and Quality in Health Care.

The NRMC reflects evidence based practice and is consistent with the requirements of the aged care Accreditation Standards and the *Aged Care Act 1997 (Commonwealth)* and other legislation related to the safe use of medicines. It is intended to assist health professionals and care staff working in the residential care sector by providing a consistent basis for safer prescribing, dispensing and administering of medicines. It is also intended to improve consumer safety by reducing the risk of adverse medication events.

The NRMC enables the direct supply of many PBS/RPBS and non-PBS/private prescription medicines from the medication chart without the need for a traditional paper prescription. Some medicines however (such as S8

medicines and those medicines requiring an Authority) will still require a traditional prescription from the prescriber to the pharmacy to enable supply to the consumer. The NRMC has specific fields adopted from traditional prescriptions which are

embedded into the chart for the prescriber to complete. This is covered in more detail later in this guide.

The following are general requirements regarding use of the medication chart:

- Supply and claiming of PBS items is subject to Commonwealth legislation. This framework is established by Section 93A of the *National Health Act 1953*, the *National Health (Pharmaceutical Benefits) Regulations 1960* and the *Instrument of*

*Approval for PBS National Residential of Medication Charts 2019*. Refer to the Services Australia website for more information about online claiming

**<https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/pbs-pharmacists/claiming/claiming-online-pbs-medicines>**



- Prescribing and supply of all medicines, and special requirements for medicines supplied as private or non-PBS, is subject to the regulatory requirements of the relevant state or territory. Users should check carefully the relevant provisions in their state or territory.
- The NRMC can also be used to help residential care providers meet their obligations for reporting relevant measures involving medicines, as part of the Aged Care Quality Standards.
- An NRMC is to be completed for each consumer living in a RCF and available for the prescribing, supply, administering and review of their medicines.
- The NRMC must be retained in a secure environment at the RCF as part of each consumer's clinical file according to the *Records Keeping Principles Aged Care Act 1997*.
- All medicines should be reviewed regularly by the prescriber to identify potential drug interactions and to discontinue medicines that are no longer required.

**Note:** If more than one NRMC is in use for a consumer, then this must be indicated by entering “Chart \_\_ of \_\_” in the specified field on the lower right hand side of the front page of the NRMC. If additional charts are written, this information **must** be updated.





## 2 Introduction

This user guide to the National Residential Medication Chart (NRMCM) has been developed for nursing staff working with the NRMCM. Safe and correct use of medicines is important to consumers and their families. It is also an important part of practice for a nurse or carer. Referring to this guide will enable nurses to complete medication rounds with ease and confidence.

Medication management in residential care is a complex area. Understanding which medicines are prescribed for each consumer and ensuring that the right consumer receives the right medicine, at the right dose, by the right route and at the right time can be a challenge. Communicating this relies heavily on clear and accurate information that is easy to read and easily located in the medication chart.

A medication chart is an essential part of any medication system and is used by prescribers (usually the consumer's GP) to order medicines for consumers. The medication chart is also a record of administration and provides important information about each consumer.

For example:

- the consumer's name
- the consumer's preferred name
- their prescriber's name
- allergies or adverse drug reactions that the consumer may have experienced
- things to consider, such as special considerations about each consumer that may support them to take their medicines appropriately. Special considerations such as 'the consumer has difficulty swallowing' or 'the consumer has dementia and may not understand instructions' are important in the delivery of medicines safely and correctly.

### The six rights of medicine administration

- 1 Right consumer
- 2 Right medicine
- 3 Right dose
- 4 Right time
- 5 Right route
- 6 Right documentation



Other important information, such as the consumer's age, gender and a recent photograph will help nurses identify the right consumer. Where and how this information is documented is covered in Sections 6 to 7 of this guide, which presents in detail the different parts of the NRMCM that relate to consumer and prescriber's details.

**Note:** A medication chart also provides a brief history of each consumer's medication and prescriber details, as such, must be kept safely to ensure confidentiality.





### 3 So what's different about the NRMCC?

#### 3.1 The medication chart as a prescription

The NRMCC enables the prescribing and supply of most medicines, and PBS/RPBS claiming where applicable, directly from the NRMCC without the need for a separate written prescription.

However, certain medicines will still require a traditional prescription in addition to an order on the NRMCC. These include:

- All Authority Required items requiring prior approval (including PBS/RPBS items with increased quantities)
- All items only available under Section 100 e.g. Highly Specialised Drugs
- Controlled drugs ('Schedule 8' medicines)
- Some other medicines depending on state and territory law – see the relevant appendix for state and territory details
- Other prescriptions for Schedule 4 medicines or dose forms of a medicine which are not Australian Register of Therapeutic Goods (ARTG) registered medicines, other than those extemporaneously compounded by a pharmacist on the order of a prescriber.

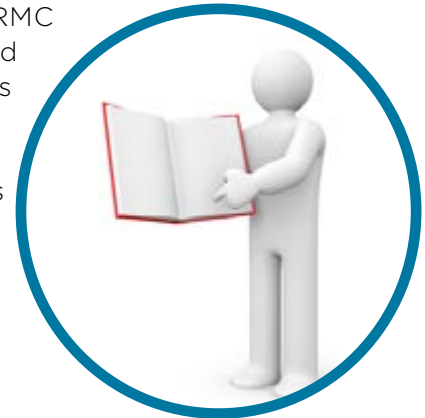
**Note:** Authority Required (STREAMLINED) items are eligible for supply from the NRMCC, provided the streamlined authority code is included on the NRMCC.



#### 3.2 A central point for information

A key feature of the NRMCC

is that prescriptions and the record of medicines administration are co-located on the NRMCC. The consumer's details, including their photograph and adverse drug reactions, are visible from each page of the NRMCC to enable correct identification when prescribing, supplying and administering medicines. Faxed, photocopied and scanned images of the NRMCC will also contain this information to assist pharmacists in identifying the correct consumer and their medication orders.



Relevant pathology (such as INR results and BGL levels), prescriber's instructions and special considerations applying to the administration of medicines to a consumer are all included in the NRMCC. This results in central point information that is readily accessible at the time of prescribing, supply and administration.

Prescriber, pharmacy and RCF details are documented clearly on the front page of the NRMCC and detailed consumer identification, along with their allergies and adverse drug reactions, appears on each page of the NRMCC.

The intention of the central point information layout is to support informed prescribing, accurate dispensing and administering, and the clinical monitoring of consumers as described by best practice quality use of medicines (QUM) principles.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>



### 3.3 Duration/length of the NRMCM and supply of medicines

The duration of the NRMCM is a maximum of four months. As the NRMCM nears its expiry date, there is a reminder in the administration area of the NRMCM to alert RCF staff of the need to contact the prescriber to review the consumer and re-chart their medicines. If the medicines are not re-charted, **all orders on the NRMCM cease to be valid for supply and administration after the chart expiry date.**

Unlike the existing process for supply of medicines from prescriptions, the amount of each medicine supplied by the pharmacy will not be determined by a maximum quantity and repeats. The prescriber is able to specify a period of time for a medicine to be supplied, thereby removing the requirement for repeats.

There are three possible scenarios that inform the duration of supply authorised by the prescriber from a NRMCM prescription:

- **Duration of medicine:** Prescribers must indicate the duration of medicine supply either by ticking the 'Valid for duration of chart' field or complete the 'Stop date' field. Note the completion of the 'Start date' field is optional.
- **Stop date:** Prescribers will fill in this field to indicate the date a medicine is to cease if the medicine is to be administered for a period shorter than the validity period of the chart. Pharmacists are not authorised to supply the medicine from the NRMCM after this date.
- Where neither option 1 nor option 2 is indicated, authorisation for supply may be to up to one PBS maximum quantity as confirmed by the pharmacist with the prescriber by phone or email. The prescriber will need to re-chart this item if further supply is required.



### 3.4 Different sections for different types of medicines

The NRMCM has different sections designed for different types of medicines. Nutritional supplements and over-the-counter (non prescription) medicines are also recorded on the NRMCM as they are used in most residential care facilities and often given to consumers during medication rounds. Including this information will assist nurses to know exactly what has been ordered for consumers and what they have chosen to take without a prescription or prescribed order. For example, a consumer may choose to take vitamins, or choose to use a particular moisturising cream as part of their day to day healthcare.



While consumer choice is an important part of residential care facilities, it is also important that nursing staff, and the prescriber, are aware of these choices in case the consumer becomes unwell or is prescribed a medicine that may affect other medicines. This information helps the consumer's prescriber or medical specialists to safely prescribe, and the consumer's pharmacist to safely dispense their medicines.

In addition, weight monitoring for consumers under 95 kilograms can be recorded. This is important as a person's weight will often affect the dose of medicines ordered by the prescriber.



### 3.5 Evidence based

The NRMCM has been designed and tested using safety and human factors evidence. It is designed to reduce medication errors and to ensure that consumers receive their medicines as intended by their prescriber.

The NRMCM is intended to be easy for nursing staff to use so that they can be confident when administering medicines that the right consumer receives the right medicine, at the right dose, by the right route and at the right time.

The layout and specified fields of the NRMCM have been derived from research undertaken by the Commission on medication charts in residential care. The national *Analysis of Residential Aged Care Facilities Medication Charts 2012* and the *Analysis of Residential Aged Care Facility Staff and Approved Provider Surveys (2012)* are available on the Commission website at **[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)**. Design considerations include pre-population of fields with units to avoid misinterpretation of dose, the use of icons to distinguish between different sections of the NRMCM, and the use of colour tints, specific fonts, horizontal and vertical cues and consistent labelling to assist users in accurately completing the required fields.

Legibility testing has also been undertaken to ensure that faxed and scanned copies of the NRMCM are legible to facilitate use by prescribers and pharmacists.



## 4 Using the NRMCM

The following sections describe how orders for administration of medicines are communicated to nursing and other staff involved in delivering medicines to consumers in residential care facilities. They also provide information on how to document medicines that are delivered and other information required on the NRMCM.

Ensuring that the NRMCM is up to date, recording all medicines currently in use for a consumer, can improve the accuracy of medication delivery. It will also assist facilities to meet legislative and accreditation requirements.

**<https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>**

This user guide is intended to be an introduction as well as an ongoing reference point for using the NRMCM. Section 18 of this user guide also provides further information and additional resources.





## 5 Medication orders (fields for a valid prescription)

### 5.1 Prescriber details

Each authorized PBS prescriber is required to document their details clearly on the front of the NRM. This is to ensure that the pharmacy has the correct information to identify the prescriber in the dispensing of medicines. This information can be pre printed and applied to the NRM, however each prescriber **MUST** sign each NRM to ensure signatures in the chart are matched with the correct prescriber.

Details must include:

- name and address of the prescriber
- prescriber number
- prescriber signature
- phone number/s including out of hours contact (see diagram below).

Example of the fields that **MUST** be completed by the prescriber (medical practitioner in this example) to be a valid prescription for supply.

Each chart **MUST** be signed by the prescriber.

**PRIMARY GENERAL PRACTITIONER**

Name	Dr Joseph Smith		
Address	123 Apple Avenue, Moree NSW 2063		
Phone	9123 4567	Fax	9123 4568
Out of hours	9123 4569		
Prescriber number	X122334456		
Email	namesurname@healthservice.com.au		
Signature	Joseph Smith		

### 5.2 Consumer details

The details of each consumer must be clearly seen on each page of the NRM. Details must include the consumer's full name as it appears on their Medicare card, their preferred name, gender, date of birth, a URN/MRN, a recent photograph that can be accurately used to identify the consumer and an Individual Health Identifier (IHI), if the consumer has one. This information is often completed on admission by the registered nurse or person responsible for admission. The prescriber may also complete this information. E-templates are available to generate stickers for placement onto the chart.

The Residential Aged Care Services Identification Number (RACS ID) should be clearly marked on the NRM as this is the consumer's address (see below). The RACS ID is a number assigned to each facility by the Department of Health for identification. Each facility has a unique number.

These fields **MUST** be completed for the NRM to be a valid prescription


**! Allergies and Adverse Drug Reactions (ADR)** Y / Nil known

Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT**  
Consumer with similar name?  
Y / N

Consumer name	John Richard Brown		
Preferred name	John		
Date of Birth	07/01/1935	Gender	M Photo date 02/08/20
URN/MRN	L979797	IHI	289897248602
RACS ID	04123	RACF name	





## 5.3 Instructions for prescribers

This checklist has been designed for prescribers when they visit residential care facilities to ensure that the essential fields for the orders comply with requirement for the supply of medicines to consumers.

**Prescriber checklist**

### 1 Consumer Identification Panel

**! Allergies and Adverse Drug Reactions (ADR)**

Consumption: ☐ Y / ☐ Nil known

Prescription type / date: \_\_\_\_\_

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT** Consumer with similar name? ☐ Y / ☐ N

Consumer name: John Richard Brown

Preferred name: John

Date of Birth: 07/01/1935 Gender: M Photo date: 02/08/20

ORNMNRN: L979797 IHI: 1298957248602

RACS ID: 01192 RACF name: \_\_\_\_\_

These fields **MUST** be completed for the NRMCM to be a valid prescription. This is often pre populated by the residential care facility.

### 2 Prescriber Information

**PRIMARY GENERAL PRACTITIONER**

Name: Dr Joseph Smith

Address: 123 Apple Avenue, Moree NSW 2063

Phone: 9123 4567 Fax: 9123 4568

Out of hours: 9123 4569

Prescriber number: X122334456

Email: name@moreehealthservice.com.au

Signature: *Joseph Smith*

These fields **MUST** be completed to be a valid prescription. This is often pre populated by the residential care facility.

Each chart **MUST** be signed by the prescriber.

---

### 3 Essential Prescription Fields required for a valid prescription

All fields circled in **RED** must be completed by a prescriber to enable a pharmacist to supply and claim for a PBS/RPBS medicine.

All fields circled in **GREEN** are to be completed by the prescriber where applicable.

The prescriber **MUST** fill a start and indicate a stop start date by either ticking the valid for duration of chart or a stop date.

Start date 01/01/21	1. Medicine/form/strength <i>Digoxin Oral liquid</i>	Dose 5ml	Non packed <input checked="" type="checkbox"/>
Stop date <input checked="" type="checkbox"/> Valid for duration of chart OR Stop date ____/____/____	Additional instructions <i>50 microg / ml</i>	Route PO	
		Frequency daily	
PBS/RPBS <input checked="" type="checkbox"/> Streamlined authority code: <span style="border: 1px solid green; border-radius: 50%; padding: 2px;">34327</span> CTG <input type="checkbox"/> Brand substitution not permitted <input checked="" type="checkbox"/>			
Signature and Date of prescribing <i>Joseph Smith</i> 26/12/20			

The prescriber **MUST** write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box.

The prescriber **MUST** complete the streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The prescriber **MUST** complete this box.

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Prescribers are provided with additional information on using the NRMCM, but nurses may find the following information useful. It describes how prescribers use various parts of the NRMCM to communicate important information both for supply and for PBS/RPBS claiming.

- **PBS/RPBS:** Strikethrough the option that does not apply.
- **Authorized prescriber's signature:** Sign the front page of the chart; and must sign and print their name in the prescription box for each medication order that they have written.
- **Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.
- **CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.
- **Streamlined authority code:** Write the 5 digit code in the space provided where applicable. Streamlined authority codes are available at [www.pbs.gov.au](http://www.pbs.gov.au)
- **Duration of medicine:** Prescribers must indicate the duration of medicine supply either by ticking the 'Valid for duration of chart' field or complete the 'Stop date' field. Note the completion of the 'Start date' field is optional.



## 5.4 General instructions

**All orders and instructions are to be written legibly in ink**

- No matter how accurate an order or an instruction is, it may be misinterpreted if it cannot be read.
- Water soluble ink (e.g. fountain pen) should not be used.
- Black ink is preferred.
- A medication order is valid only if the prescriber enters all the required items (see Sections 5.1, 5.2 and 5.3).
- All information, including drug names, should be **printed**.
- Only abbreviations as specified in the NRMCM are to be used when a medicine is not administered as per the order.
- A separate order is required for each medicine.
- No erasers or “whiteout” can be used. Orders **MUST** be rewritten if **any** changes are made, especially changes to dose and/or frequency.
- **All** instructions must be written in plain English for ease of understanding.

## 5.5 Communicating the medication order

When a consumer’s NRMCM is faxed, or scanned and emailed, or photocopied for delivery to the pharmacy in order to request a medication, the front page of the NRMCM, containing the prescriber’s details, must always be included. A copy of the NRMCM must be sent to the pharmacy by the RCF as a complete unit when first charted, with all pages kept together to avoid confusion.

**Note:** The pharmacy cannot supply medicine to consumers unless they are in possession of the most current copy of page one and the most current copy of the page where the medicine being requested is prescribed.





## 5.6 Ceasing a medication

When ceasing a medicine, the original order must not be removed or obscured. The prescriber must draw a clear diagonal line through the order in the prescription box and two diagonal lines through the administration record section, taking care that the lines do not impinge on other orders. The prescriber must also write "ceased", date and sign. See diagram below.

**Note:** It is also important to notify the pharmacy and also to supply the most current copy of page one and the most current copy of the page where the medicine being requested is ceased.

			Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Start date</b> 01/10/20  <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> 06/10/20	<b>1. Medicine/form/strength</b> levodopa Tab 100 microg  <b>Additional instructions</b>	<b>Dose</b> 1  <b>Route</b> PO  <b>Frequency</b> Mane	<b>Non packed</b> 0700	JB	Af	Af	JN	SA											
				Ceased 06/10/20 J. Bot															
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input checked="" type="checkbox"/>																			
Prescriber signature and name JBOE John Bot Date of prescribing 01/10/20																			

## 5.7 Medication changes

If a change to a medication order is required, the prescriber must cease the current order on the NRM, as above, and complete a new entry on the NRM reflecting the required change. Changes to medication orders (strength, drug, frequency, etc.) must not be conveyed by altering an existing medication order.

**Note:** The RCF must communicate these changes promptly to the pharmacy and also supply the most current copy of page one and the most current copy of the page where the medicine being requested is ceased.

## 5.8 Phone orders

When a phone order is required, the prescriber phones the RCF and two registered nurses confirm the order with the prescriber. This does not constitute a prescription. The prescriber contacts the pharmacist directly to inform them of the order, which permits the pharmacist to supply on an owing prescription. The prescriber must immediately write a traditional prescription, endorsing it with words to indicate that it is being issued in confirmation of an emergency order. The traditional prescription must be forwarded to the pharmacist to cover the owing prescription within 24 hours. If the pharmacist has not received the traditional prescription within 7 days of supply, the pharmacist must advise the Duty Pharmaceutical Officer at the Pharmaceutical Services Unit in their jurisdiction.



## 5.9 Prescribed orders and faxes

**Faxes from the prescriber to the RCF are not be used as a medication order for administration of medicines AND cannot be used as a prescription for the pharmacist to dispense medicine. Faxes from the prescriber to the RCF with medication orders are not permitted as part of this program.**

Phone orders must be used when a prescriber is unable to visit the facility. Refer to page 36 of the medication chart.





## 6 Front page of the NRMCM

### 6.1 Prescriber, pharmacy, RCF and government assigned details

The front page of the NRMCM is intended to provide the required information relating to:

- prescriber/s
- pharmacy
- government assigned concession card numbers (Medicare, pension, DVA)
- dates for commencement and review of the medication chart
- name and address of the residential care facility.

This information is required for the pharmacist to supply and submit PBS/RPBS claims for the orders on their copy of the chart. See below.

Provide all of the requested consumer information and RACS ID in this box

page 1

**National Residential Medication Chart v.4**

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

**ALERT**  
Consumer with similar name?  
Y / N

Consumer name John Richard Brown  
Preferred name John  
Date of Birth 07/01/1935 Gender M Photo date 02/08/20  
URN/MRN L979797 IHI 289897248602  
RACS ID 04123 RACF name

**CONSIDERATIONS**

Swallowing difficulties Y (N)  
Cognitive impairment Y (N)  
Dexterity difficulties (Y) N  
Resistive to medicine Y (N)  
Nil by mouth Y (N)  
Self administers Y (N)  
Other Y (N)  
Details if Y to above:  
• Place medicines on spoon + place in mouth  
• On 58 meds  
• Don't rush, speak loudly, as he is deaf.  
Non packed medicines ☒

**ALERT: Complex medications**  
Variable dose Y (N)  
Insulin (Y) N  
Other Y (N) (specify):

Medicare number 2198 53779  
Pension number N/A  
DVA number N/A

**PRIMARY GENERAL PRACTITIONER**  
Name Dr Joseph Smith  
Address 123 Apple Avenue, Moree NSW 2063  
Phone 9123 4567 Fax 9123 4568  
Out of hours 9123 4569  
Prescriber number X122334456  
Email namesurname@healthservice.com.au  
Signature Joseph Smith

**PRESCRIBERS details (if not primary GP)**  
Name Dr Nacy Maulouf  
Address 123 Smith Road, Moree NSW 2063  
Phone 9123 4567 Fax 9123 4568  
Out of hours 9123 4569  
Prescriber number X122334456  
Email namesurname@healthservice.com.au  
Signature

**CHART AND PHARMACY**  
Chart commenced 10/08/20 Expiry date 31/12/20  
Review date / / Maximum chart validity is 4 months from the date the chart is commenced

**PHARMACY**  
Name Brighton Tops Pharmacy  
Phone 9876 5432 Fax 9876 5421  
Email Btopharmacy@hmail.com.au

**PRESCRIBER details (if not primary GP)**  
Name  
Address  
Phone  
Out of  
Prescri  
Email  
Signature

**PRESCRIBER details (if not primary GP)**  
Name  
Address  
Phone  
Out of  
Prescri  
Email  
Signature

**RACF Name** Munroe Village  
**RACF Address** 27 Autumn ST  
Winterwale 1234

Chart of

The consumer's regular GP's details and signature are entered in this box

Prescribers who are not the consumer's regular GP - must enter their details and signature in one of the remaining boxes

Consumer concessional numbers are written in this box

Chart and pharmacy details are entered in this box

RCF information is entered in this box

Front page MUS




## 6.2 Consumer considerations

Considerations related to the consumer's physical or cognitive health that may affect the administration of medicines are highlighted on the front page as this is the very first item of information that should be read. See below.

Information that helps staff enable consumers to take their medicines can be written in this box. Things like 'needs a special spoon', 'likes one pill at a time', 'has difficulties swallowing', or 'holds pills in mouth'

page 1

National Residential Medication Chart v.4		AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE	
<b>CONSIDERATIONS</b> Swallowing difficulties Y/N Cognitive impairment Y/N Dexterity difficulties Y/N Resistive to medicine Y/N Nil by mouth Y/N Self administers Y/N Other Y/N Details if Y to above: • Place medicines on spoon + place in mouth • On 58 meds • Don't rush, speak loudly, as he is deaf. Non packed medicines <input checked="" type="checkbox"/>		<b>ALERT</b> Consumer with similar name? Y / N	
		<b>Consumer name</b> Preferred name John Date of Birth 07/01/1935 Gender M Photo date 02/08/20 URN/MRN L979797 IHI 289897248602 RACS ID04123 RACF name	
			
		<b>PRIMARY GENERAL PRACTITIONER</b> Name Dr Joseph Smith Address 123 Apple Avenue, Moree NSW 2063 Phone 9123 4567 Fax 9123 4568 Out of hours 9123 4569 Prescriber number X122334456 Email namesurname@healthservice.com.au Signature <i>Joseph Smith</i>	
		<b>PRESCRIBER details (if not primary GP)</b> Name Address Phone Fax Out of hours Prescriber number Email Signature	
		<b>PRESCRIBERS details (if not primary GP)</b> Name Dr Nancy Maulouf Address 123 Smith Road, Moree NSW 2063 Phone 9123 4567 Fax 9123 4568 Out of hours 9123 4569 Prescriber number X122334456 Email namesurname@healthservice.com.au Signature <i>Nancy Maulouf</i>	
		<b>PRESCRIBER details (if not primary GP)</b> Name Address Phone Fax Out of hours Prescriber number Email Signature	
<b>ALERT: Complex medications</b> Variable dose Y/N Insulin Y/N Other Y/N (specify):		<b>CHART INFORMATION</b> Chart commenced 10/08/20 Expiry date 31/12/20 Review date ____/____/____ Maximum chart validity is 4 months from the date the chart is commenced <b>PHARMACY</b> Name Brighton Tops Pharmacy Phone 9876 5432 Fax 9876 5421 Email	
<b>Medicare number</b> 998 53779 <b>Pension number</b> N/A <b>DVA number</b> N/A		<b>RACF Name</b> Munroe Village <b>RACF Address</b> 27 Autumn St Winterwale 1234	
		<b>Chart</b> _____ <b>of</b> _____	

Front page MUST be sent to pharmacy on each change

Information that alerts you as to whether the consumer is prescribed complex medications or not. It also acts as a prompt to check these sections



## 7 Consumer identification

The consumer name, preferred name, date of birth, gender and a recent photograph must be entered in the consumer ID label. It is also important to enter the RACS ID as this constitutes the consumer's address and is required for supply of medicines. See below.

Provide all of the requested consumer information in this box

! Allergies and Adverse Drug Reactions (ADR) Y / Nil known	
Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ALERT	
Consumer name	John Richard Brown
Preferred name	John
Date of Birth	07/01/1935 Gender M Photo date 02/08/20
URN/MRN	L979797 IHI 289897248602
RACS ID	04123 RACF name

Attach recent consumer photograph

## 8 Consumer alerts

Consumer alerts are documented with the consumer identification so that these can be seen on each page when prescribing and administering medicines. The alert boxes are in red to signify their importance. There are two consumer alerts as discussed below.

### 8.1 Allergies and Adverse Drug Reactions

Prescribers and nursing staff are required to complete the **Allergies and Adverse Drug Reactions (ADR)** box for all consumers and to sign and date their entries (see below). Write the name of the drug/substance, the reactions (i.e. rash, diarrhoea) and their type (i.e. allergy, anaphylaxis), and the date they occurred. If the consumer is not aware of any allergies or ADRs, then circle **Nil known**.

Record all known drug allergies and reactions in this box

! Allergies and Adverse Drug Reactions (ADR) Y / Nil known	
Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ALERT	
Consumer name	John Richard Brown
Preferred name	John
Date of Birth	07/01/1935 Gender M Photo date 02/08/20
URN/MRN	L979797 IHI 289897248602
RACS ID	04123 RACF name

Provide information in this box if another consumer has a similar name

### 8.2 Consumer with similar name

The second alert is to let nurses and other staff know there is a consumer with a similar name living at the RCF. See above. This is important so that the consumer receives the medicines prescribed for them and not the medicines prescribed for another consumer with a similar name.





**Nutritional supplements daily intake record**

Circle the current month

Check the current day before signing

	Month 1:				Jan	Feb			Mar			Apr		
	1	2	3	4	5	6	7	8	9	10	11	12	13	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Start weight</b>            56.1 kg         </div>		1 1/2	1	0	1 1/2	1								
	BT	BF	BF	BF	BF	BF	BF	initial	initial	initial	initial	initial	initial	
		1	1	1	1	1	1							
	SH	SH	SH	SH	SH	SH	SH	initial	initial	initial	initial	initial	initial	

Write the consumer's weight in this box and mark on the graph

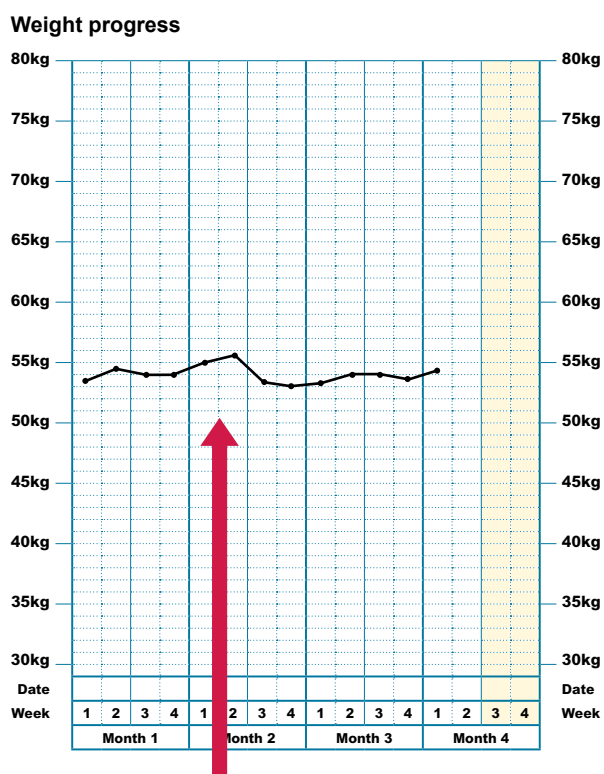
Write your initials in this box (am)

Write how much (serves) you gave the consumer on the morning shift

Write your initials in this box (pm)

Write how much (serve) you gave the consumer on the afternoon shift

The consumer's weight when measured can be recorded on the graph in the chart



Place dots and join them on this graph to indicate the consumer's weight each week, or as often as directed by the prescriber, registered nurse or dietician



## 10 Insulin

Insulin is a commonly used drug in elderly populations with serious outcomes for consumers if not monitored correctly. It is administered by subcutaneous injection into the upper skin layers via either a syringe (where the insulin is drawn up manually) or a specially designed insulin 'pen' that has a small needle which can be adjusted to administer a preloaded dose. The insulin section of the NRMC facilitates the recording of the prescriber's instructions, the consumer's blood glucose levels (BGLs) and the insulin prescription and administration. These are all recorded in a single place so that staff do not have to seek information from multiple points when administering insulin to a consumer.

### 10.1 Insulin orders and BGL recording

It is important to note the acceptable range of BGLs, as per instruction, for the consumer and to contact the prescriber, as indicated in the order, when a BGL is above or below this specified range. Up to three BGL readings per day and/or three doses of insulin per day can be recorded in the insulin section (see below).

The prescriber or registered nurse writes instructions for how often the BGLs are to be taken and when to notify the prescriber if the BGL is outside the specified range for this consumer

Check the current day

Circle the current month

**Insulin and blood glucose level (BGL) recording**

**BGL instructions**

Frequency Daily before breakfast

Contact prescriber if BGL above 10 mmols

Contact prescriber if BGL below 3 mmols

Prescriber signature Joseph Smith

**BGL recording**

Write the time taken and the BGL in the space provided under the correct date. You may record up to 3 BGLs per day if required by prescriber.

**BGL progress**

Plot BGL on chart by using a dot to indicate BGL progress. You may plot up to three BGLs per day if required.

**Comments**

7/5/20 John not well, not eating this morning (nausea)  
NT (JH)

**Month 1:** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date	
Time	8am	8am	8am	8am	8am	8am	8:30	8:30																									Time
BGL	7.2	8	9	9.6	7	6	4																									BGL	
Time																																Time	
BGL																																BGL	
Time																																Time	
BGL																																BGL	

**BGL progress**

Chart

BGL

20+  
20  
19  
18  
17  
16  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Date → ← Date

This section is for information related to the consumer that may be relevant to BGL readings. (e.g. 'had lunch out', 'ate some lollies' or 'not eating today'. It is important to date and sign this information)

Place a dot on the graph to indicate the consumer's BGL progress. You may plot up to 3 BGLs if required in different colours (i.e. Blue for morning, red for lunch and green for evening)



## 10.2 Insulin orders and administration

Insulin orders (prescriptions) are written to the left of the administration signing section (see below). There is space for the prescriber to prescribe three different insulins if this is required for the consumer. Each prescription box is to be used for one insulin dose only.

The insulin administration section is designed to assist staff to accurately deliver the prescribed dose of insulin at the correct time. (Some facilities do not require two staff members to sign for insulin so staff need to check local procedures.)

It is important to check the insulin order carefully, as the order (prescription) from the prescriber may not correlate directly with the administration section. For example, if the top prescription box states that Mixtard is to be given BD (twice per day), this insulin needs to be administered in the evening as well, despite the prescription box being next to the 'Breakfast' administration section.

All staff delivering insulin must **check the insulin order prior to administration**, and in particular, the prescribed frequency of administration.

Each prescribing box below is to be used for one insulin dose-time only

**Insulin orders**

**Check the current day before signing**

**Circle the current month**

**Write the time the insulin was given in 24 hour time (i.e: 0700 = 7am)**

**Write the dose of insulin given in this box**

**Write the first staff member's initials in this box**

**Write the second staff member's initials in this box**  
Note: some facilities will not require two signatures for insulin administration

Month 4:		Jan	Feb	Mar	Apr	May	Jun										
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Time									0700	0700	0700	0700	0700				
Dose									58	58	58	58	58				
Initial 1									BT	BT	BT	E	E				
Initial 2									RS	RS	JP	JP	RS				

**Insulin order**

Start date: 09/03/20

Stop date: ☐ Valid for duration of chart

OR

Stop date: ☐

Medicine/form/strength: Optisulin

Dose: 58

Route: subcut

Time: Morn

PBS/RPBS

CTG ☐

Prescriber signature and name: Joseph Smith J. Smith

Date of prescribing: 09/03/20

Non packed

Staff only need to record the BGLs and doses of insulin given to a consumer as ordered by the prescriber.

It is important to note that this will vary from consumer to consumer. Staff need to check the prescriber's orders prior to BGL testing and insulin administration.



## 11 Variable dose medicine (not insulin)

The variable dose section is designed to prescribe, administer and monitor a medicine for which the dose is variable (e.g. warfarin). Frequent pathology is often required for these medicines and their dose may vary depending on the levels indicated by the pathology results. This is why this group of medicines is referred to as 'variable dose'. Although insulin is also a

variable dose medicine, the NRMC has separate pages dedicated to its use. It is important to note the range of pathology results and contact the prescriber, as indicated in the order, if a result is above or below the specified range (see diagram below).

### Variable dose medicine\* (not insulin) e.g. Warfarin

\* This page to be used to prescribe different strengths of ONE medicine only

<b>Start date</b> 01/01/20 <b>Stop date</b> <input checked="" type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name Date of prescribing 01/01/20	<b>Medicine/form/strength</b> Warfarin (Coumadin) Tabs 2mg <b>Dose</b> 2mg <b>Route</b> PO <b>Frequency</b> daily <b>Additional instructions</b> Non packed	<b>Start date</b> <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name Date of prescribing	<b>Medicine/form/strength</b> <b>Dose</b> <b>Route</b> <b>Frequency</b> <b>Additional instructions</b> Non packed	<b>Start date</b> <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name Date of prescribing	<b>Medicine/form/strength</b> <b>Dose</b> <b>Route</b> <b>Frequency</b> <b>Additional instructions</b> Non packed	<b>Instructions</b> Pathology frequency Contact prescriber if pathology results are outside range of Contact prescriber if result is above Contact prescriber if result is below Prescriber signature
---	---	---	--	---	--	--

Variable dose order

The prescriber will write instructions detailing how often pathology is required, the appropriate range of pathology results and when to contact the prescriber.

Write the pathology result (e.g. INR) in this box.  
**! If result is outside the range specified in the prescriber's instructions above, contact the prescriber**

Note: it is unlikely that pathology is ordered for each day. Write the results in when available

Check the current day before signing

Circle the current month

Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Pathology result						3													
Dose prescribed	2mg	2mg	2mg	2mg	2mg	2mg													
Dose given	2mg	2mg	2mg	2mg	2mg	2mg													
Time	1800	1800	1800	1800	1800	1800													
Initial 1	AF	AF	AF	AF	AF	AF													
Initial 2	GI	GI	GI	GI	GI	GI													

Write initials in these boxes  
 Note: some facilities will not require two signatures for insulin administration

Write the time given in this box in 24 hour time  
 (1800 = 6pm)

Write the dose as ordered in this box  
 Write the dose as given in this box



## 12 PRN (as required) medicines

Consumers often require some medicines only occasionally, or they may require additional doses between their regular prescribed doses. These are referred to as PRN (or as required) medicines. They can keep a consumer well and assist the prescriber to monitor the amount of medicine required, without increasing a regular dose and/or adding another regular medicine. It is important therefore to refer to the regular medicine section to see if the PRN medicine is ordered as a 'breakthrough' or 'rescue dose' to be sure that the time between regular doses and PRN doses is consistent with the orders of the prescriber.

Nurses will also need to check the maximum dose on the PRN order and ensure that the reason for giving the PRN medicine matches the prescriber's indication for when to administer the dose.

If no indication has been documented by the prescriber, the prescriber should be contacted to provide this information.

The nurse should document the reason for administration in the box provided.

Local procedures should be followed around the authorisation of PRN medicines especially psychotropic medicines commonly implicated in chemical restraint.

The effectiveness of the PRN medicine in managing the consumer's symptoms, should be documented to support the prescriber adjust or cease the PRN order in the future.

Information on appropriate PRN psychotropic medicine use can be found in section 18.

**This box identifies the drug, the reason the prescriber wants it given (i.e. back pain) and the maximum dose in any 24-hour period**

**Write the date in this box in the format of day/month/year**

**! Check the time any previous dose was given and confirm the correct period between doses as per order prior to administration. Write the time given in this box in 24-hour time (i.e. 2200 = 10pm)**

**PRN (as required) medicine**

<b>Start date</b> 02/10/20 <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> 02/11/20	<b>Medicine/form/strength</b> Temazepam <b>Indication</b> Insomnia <b>Max dose / 24 hr</b> 10mg	<b>Dose</b> 10mg <b>Route</b> PO <b>Frequency</b> nocte	<b>Date</b> 3/10/2020 <b>Time</b> 2200 <b>Dose</b> 10mg <b>Initial</b> DA <b>Reason</b> Z <b>Effective</b> Y (N)	<b>Date</b> 3/10/2020 <b>Time</b> 2200 <b>Dose</b> 10mg <b>Initial</b> DA <b>Reason</b> Z <b>Effective</b> Y (N)	<b>Date</b> 3/10/2020 <b>Time</b> 2200 <b>Dose</b> 10mg <b>Initial</b> DA <b>Reason</b> Z <b>Effective</b> Y (N)	<b>Date</b> 3/10/2020 <b>Time</b> 2200 <b>Dose</b> 10mg <b>Initial</b> DA <b>Reason</b> Z <b>Effective</b> Y (N)
---	--	--	---	---	---	---

☐ PBS/RPBS  
☐ CTG  
 Streamlined authority code 2088X  
 Brand substitution not permitted  
 Prescriber signature and name J. Smith  
 Date of prescribing 02/10/20

**Write the dose given in this box**

**Write your initials here**

**Refer to the 'Reason for PRN administration' key on page 51 for the appropriate abbreviation. Document the reason for PRN administration in the appropriate space.**

**! Check the order for maximum dose per 24 hour prior to administration.**

**Circle either yes or no (Y/N) in this box to indicate whether you think the medicine has been effective for the consumer (e.g. Did the agitation reduce?)**

*Note: Use the consumer's progress notes to record more detailed information about the effectiveness of the PRN medicine as per local procedures.*

**! Check the reason for administration matches the indication for use documented by the prescriber.**



## 13 Short term medicine

Consumers often need short term medicine in addition to their regular prescribed medicines. This may be because of a change in their health, such as an infection, that requires a short term treatment, for example, an antibiotic for a defined treatment course. It is important to note that when the administration of the medicine is complete, the prescriber may want to repeat pathology tests (e.g. a blood test or

a urinalysis) to be confident that the treatment has worked and that the consumer does not require any further medicine. Nursing staff will need to check the consumer's notes to confirm that the prescriber's instructions for any pathology tests are carried out.

**Short term medicine**

**Prescriber writes the order in here**

**Write the current day before signing**

**Circle the current month**

Start date		Medicine/form/strength	Dose	Route	Frequency	Additional instructions	Streamlined authority code	Brand substitution not permitted	Prescriber signature and name	Date of prescribing
01, 01, 20	07, 01, 20	Augmentin Duo Forte Tablets 875mg/125mg	1 Tab	PO	BD				J. Smith	01, 01, 20

**Month:** Jan Feb Mar Apr May

Date → Times ↓	1	2	3	4	5	6	7												
08.00	RB	RB	RB	RB	RB	RB	GF												
20.00	GF	AF	AF	GF	GF	GF	GF												

**This is the last valid date for the medicine order. The medicine cannot be administered after this date**

**Write your initials in here once the medicine is given**

*Note: once the course of medicine is completed, check with the prescriber as to whether repeat pathology is required (i.e. urinalysis/blood)*



## 14 Nurse initiated medicines

Nurse initiated medicines are non prescription (over-the-counter) medicines that can be administered by a registered nurse when the need arises and, in most cases, with the prior agreement of the consumer's primary prescriber. Registered nurses may use their clinical judgment to initiate administration of over-the-counter medications within their state or territory legislative requirements and according to the organisational and registered nursing professional guidelines. A record of any nurse initiated medicines should be included on the consumer's medication chart.

Many facilities have nurse initiated medication lists approved by their local Medication Advisory Committee (MAC). In most cases, nurse initiated medicines are administered in consultation with the prescriber. Registered nurses working in RCFs need to be familiar with their facility's requirements, policies and procedures for nurse initiated medicines. Protocols for nurse initiated medicines should include information about the indication(s) for each drug, the dosage, and related contraindications, allergies and adverse drug reactions.

**! Check any previous drug allergies and/or adverse reactions as well as any contraindications for this consumer prior to administration.**

**Write the name of the drug to be given, within your registered nurse scope of practice, in this box**

*Note: You will need to check if your facility also has an approved list of nurse initiated medicines. Also document this administration in the consumer's progress notes*

**Write the date in this box in this format day/month/year**

Nurse initiated medicine									
Medicine		Dose		Date					
Movicol Sachet		1		10/5/20					
Indication		Route		Time					
Constipation		PO		1800					
Date		Frequency		Dose					
10, 5, 20		nocte		5mg					
RN Joseph Smith				Initial	VI				
				Date					
				Time					
				Dose					
				Initial					

**Write your signature in this box**

**Write the dose, route and frequency given in this column**

**Write your initials in here once the medicine is given**

**In this box write the time given in 24 hour time (i.e. 1800 = 6pm)**

**Write the dose given in this box**

**Date when the medicine is to commence**

**The reason you have decided to give the medicine needs to be written in here (i.e. constipation)**



Phone orders occur in residential care facilities for various reasons, but mostly because the consumer's prescriber is unable to visit the consumer and the prescriber wants the medicine to be ordered as a priority, due to the consumer's condition. Phone orders are to be used for all orders where the prescriber cannot attend the residential care facility. Faxed pages of a medication chart are not to be utilised.

- Consumer's name
- Date the phone order is prescribed
- Route, time and frequency ordered
- Reason for administration
- Prescriber's name
- Signature of two nurses to confirm the order given by phone
- Route, time and frequency medicine is administered
- Initials of the person administering the medicine.

When a phone order is required, the prescriber phones the RCF and two nurses confirm the order with the prescriber. This does not constitute a prescription. The prescriber contacts the pharmacist to directly inform them of the order, which permits the pharmacist to supply on what is known as a “an owing prescription”. The prescriber must immediately write a traditional prescription, endorsing it with words to indicate that it is being issued in confirmation of an emergency order. The traditional prescription must be forwarded to the pharmacist to cover the owing prescription within 24 hours. The prescriber must attend the facility within a reasonable timeframe to sign the phone order. If the pharmacist has not received the traditional prescription within 7 days of supply, the pharmacist must advise the Duty Pharmaceutical Officer at the Pharmaceutical Services Unit in their jurisdictions.

**Write the prescriber's reason for the order and any additional instructions (e.g. take with food) in this box**

In this column write the date, time and dose given. Use \_ / \_ / \_ (day/month/year) for the date and record the time given in 24-hour time (i.e. 1800 = 6pm)

**Print legibly  
the name of the  
medicine and  
the prescriber  
in this section**

**Clearly write the prescriber's directions for administering the medicine in this column, and the start and stop**

**Prescriber to  
sign here to  
confirm order  
as soon as  
reasonably  
able to**



## 16 Regular medicines (regular dose)

The prescribed medicines (regular dose) section is where the prescriber orders the medicines that the consumer takes on a regular basis, at the same dose, and usually at regular times throughout the day. The NRMCM has space for up to 11 regular dose prescribed medicines. The consumer may also be taking other medicines classified as short term, PRN (as required), variable dose, insulin or non prescribed medicines. Nursing staff need to check the other pages on the chart for these medicines to ensure that none of the consumer's medicines are missed.

The prescribed medicines (regular dose) section has two different areas to indicate that the consumer has received their prescribed medicines. The blue area is for **multi-dose packaged** prescribed medicines (regular dose) and the purple section is for **single packaged** prescribed medicines (regular dose).

The blue section is for staff to sign when the consumer receives their medicines from a multi-dose packaged system, often referred to as a dose administration aid (DAA). Staff should initial this section to confirm that the consumer has received the packed medicines to be given at that particular time of day (i.e. breakfast, midday or evening). Staff delivering medications this way do not sign in the purple section, as this is intended for staff who administer individual prescribed medicines (regular dose) from a single packaged system. These can be pre-packed containers such as blister packs or sachets or they can be from the original packaging such as bottles or boxes. See below for the correct signing areas.

Check the current day before signing      Circle the current month

**Regular medicine**

**Sign in this section for multi-dose delivery (eg. multi-dose packs)**

In the blank boxes write the time that medicines are delivered if they are at different times to the breakfast/midday/evening/bed time routine. Write this time in 24 hour time (ie: 1800 = 6pm)

**Sign in this section for individual medicine administration**

Start date: 01/01/20  
Stop date: ☒ Valid for duration of chart  
OR Stop date: ☐  
1. Medicine/form/strength: Aspirin  
Dose: 100mg  
Route: PO  
Frequency: daily  
Additional instructions: With food  
PBS/RPBS: ☒  
Streamlined authority code: ☐  
CTG: ☐  
Brand substitution not permitted: ☒  
Prescriber signature and name: Joseph Smith  
Date of prescribing: 01/01/20

**Month 1:** Jan Feb

Date Times	1	2	3	4	5	6	7	8	9	10	11
6.00	LN										
Breakfast											
10.00	LN										
Lunch	LN										
14.00	LN										
Dinner											
Bed time											

**For multi-dose packs. Write your initials in the correct day of the current month after all medicines for this timeslot are delivered**

Date Times	1	2	3	4	5	6	7	8	9	10	11
09.00	JS										

**For single dose packs. Write your initials in the correct day of the current month after the medicine is given**



### 1 Consumer Identification Panel

These fields **MUST** be completed for the NRMC to be a valid prescription. This is often pre populated by the residential care facility.

Each chart **MUST** be signed by the prescriber.

All fields circled in **RED** must be completed by a prescriber to enable a pharmacist to supply and claim for a PBS/RPBS medicine.  
All fields circled in **GREEN** are to be completed by the prescriber where applicable.

The prescriber **MUST** fill a start and indicate a stop start date by either ticking the valid for duration of chart or a stop date.

The prescriber **MUST** write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box

The prescriber **MUST** complete the streamlined authority code for medicines to be supplied as Authority Required **STREAMLINED**

The prescriber **MUST** complete this box

This section outlines the requirements for prescribers, abbreviations to be used on the NRMCC and the six rights of medication administration. It is intended to provide a baseline for consistent and commonly understood meanings for medication prescribing and administration.

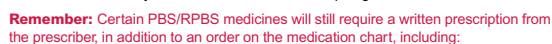
## For prescribers

**PBS/RPBS:** Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.

**Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.

**CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people.  
If applicable, tick the box.

**Streamlined authority code:** write the streamlined authority code in the spaces provided, where applicable. Streamlined authority codes are available at [www.pbs.gov.au](http://www.pbs.gov.au)



- all Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
- all items only available under special arrangements (Section 100)
- Controlled Drugs (Schedule 8 medicines).

- 1 Right consumer
- 2 Right medicine
- 3 Right dose
- 4 Right time
- 5 Right route
- 6 Right documentation



- W** Withheld (clinical reason)
- S** Sleeping
- C** Contraindicated
- R** Refused
- A** Absent
- N** Not available

## Route

<b>PO:</b>	per oral (via the mouth e.g. tablets)
<b>PR:</b>	per rectum (via the rectum e.g. suppository for constipation)
<b>topical:</b>	per the skin (applied to the skin e.g. cream)
<b>subcut:</b>	subcutaneous (an injection into the upper skin layers e.g. insulin)
<b>subling:</b>	sublingual (under the tongue)
<b>NG:</b>	nasogastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)
<b>PEG:</b>	percutaneous enteral gastrostomy (via a specialised tubing inserted into the stomach e.g. nutritional supplements)
<b>IM:</b>	intramuscular (an injection into the muscle e.g. influenza vaccination)
<b>IV:</b>	intravenous (a fluid inserted via an inserted line into a vein)

**Frequency** (suggested times most commonly used in residential care)

**mane:** morning (e.g. breakfast)  
**nocte:** night (e.g. dinner)  
**bd:** twice per day (e.g. breakfast and dinner)  
**tds:** three times per day (e.g. breakfast, lunch and dinner)  
**qid:** four times per day (e.g. breakfast, lunch, dinner and bed time)

- Agitation
- Aggression
- Psychosis
- Hallucinations
- Wandering

<b>P</b>	Pain
<b>Co</b>	Constipation
<b>NV</b>	Nausea / Vomiting
<b>Z</b>	Sleep

Please refer to supplemental information provided within the NRM user guides:



NRMC –  
Nurse User Guide

NRMC –  
User guide for  
prescribers



## 18 Summary and further resources

Thank you for taking the time to read this user guide. The Commission hopes that you found it helpful and user friendly. This user guide also has further resources as listed below. Contact your manager or supervisor if you need help in locating them.



**Find NRMC information and updates by searching for 'NRMC' on the Commission's website @**

**<https://www.safetyandquality.gov.au/our-work/medication-safety/national-residential-medication-chart>**



**Contact the PBS Information Line on 132 290**

### PRN psychotropic medicine resources

Find resources developed by the Australian Aged Care Safety and Quality Commission regarding the use of psychotropic medications:



Self-assessment tool for recording consumers receiving psychotropic medications **<https://www.agedcarequality.gov.au/resources/self-assessment-tool-psychotropic-medications>**



Six steps for safe prescribing antipsychotics and benzodiazepines in residential aged care **<https://www.health.gov.au/resources/publications/six-steps-for-safe-prescribing-of-antipsychotics-and-benzodiazepines-in-residential-aged-care>**



Psychotropic medications used in Australia - information for aged care **<https://www.agedcarequality.gov.au/resources/psychotropic-medications-used-australia-information-aged-care>**



Psychotropic medication - PRN Stickers **<https://www.agedcarequality.gov.au/resources/psychotropic-medication-prn-stickers>**

The Australian Commission on Safety and Quality in Health Care (the Commission) has a range of resources available on its web site, with links to other resources, at **[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)**

**AUSTRALIAN COMMISSION**  
**ON SAFETY AND QUALITY IN HEALTH CARE**

**Australian Commission on Safety  
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