Australian Commission on **Safety and Quality** in Health Care

NATIONAL MEDICINES SYMPOSIUM 2026

Medicine shortages: Strength in collaboration

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Using medicines safely, appropriately and sustainably during medicine shortages

Overview

- What constitutes a medicine shortage or discontinuation?
- The TGA’s role in medicine shortages
- Management actions toolkit
- How shortages may pose safety risks
- Collaboration with the Commission
- A case study on collaboration – Intravenous (IV) Fluids Project

Understanding medicine shortages and discontinuations



What is a medicine shortage or discontinuation?

A medicine is in **shortage** if its supply in Australia will not, or is not likely to, meet the demand for it at any time in the next 6 months, for all the patients in Australia who take it or who may need to take it.

- Sponsors must report shortages of **all** prescription medicines and some non-prescription medicines

This is different to a medicine **discontinuation** – when a medicine is no longer available in the marketplace.

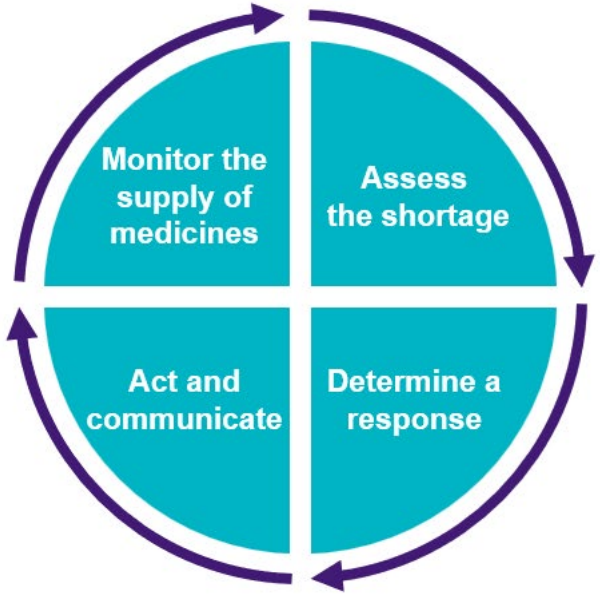
TGA's role in medicine shortages

The TGA monitors the supply of important medicines at a **national** level

Our Goal

To reduce the impact of medicine shortages for Australian consumers and health professionals.

To facilitate continual access to medicines, where possible.



Management actions

Inside the medicine shortages toolkit

Inventory Management



- Work with sponsors to expedite orders and increase stock
- Constrain supply at wholesaler level
- Model availability
- Expiry date extension

Prescribing



- Convene Medicine Shortage Action Group (MSAG)
- Develop clinical guidance in collaboration with appropriate medical colleges/societies
- Work with TAAD to facilitate temporary changes to PBS prescribing rules

Dispensing



- Serious Scarcity Substitution Instrument (SSSI)
- Approval of overseas equivalent medicines
- Developed ordering instructions for pharmacists

Communication



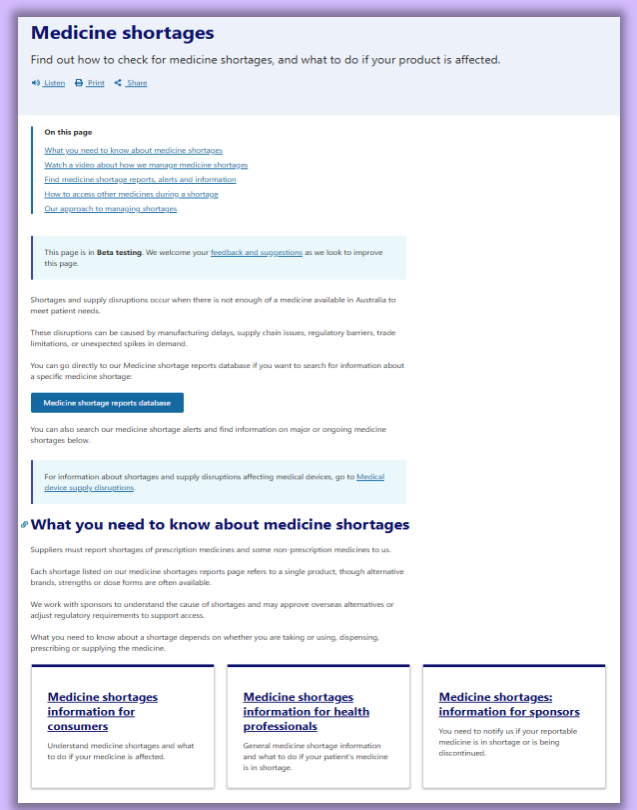
- Coordinated and consistent messaging
- Medicine Shortages Reports Database (MSRD)
  +
  Subscription service
- Medicine Shortages Communication Champions (MSCC)

TGA resources

Visit the TGA website and search for Medicine shortages to find:

- information for consumers, carers and health professionals, and for sponsors
- information about accessing alternative medicines
- the Medicine Shortage Reports Database
- medicine shortage alerts.

Or email us: medicine.shortages@health.gov.au



How shortages may pose safety risks

Safety considerations

- Medicine shortages and discontinuations can potentially compromise patient safety.
- The Commission's role in collaboration with the TGA and its partners is to:
  - understand the impact on the safety and quality use of medicines issues, and
  - provide guidance to health professionals and services on safety considerations and relevant risk reduction strategies where a national response is required.
- The Commission's guidance aims to ensure continuity of care while minimising patient harm, medication errors, inequitable access, and unnecessary waste.

The Commission's resources

Visit the Commission's website and search for Medicines shortages and discontinuations to find:

- information about medicines supply disruptions
- actions required to minimise risks
- guidance and tools to minimise risk, including conserving medicines
- resources to share with patients.



Medicines shortages and discontinuations

Medicine shortages and discontinuations can potentially compromise patient safety. Health professionals and services should consider risk reduction strategies during periods of medicines shortages and discontinuations.

The Medication Safety Standard requires health organisations to consider safety implications when there is a shortage or discontinuation of a medicine and implement strategies to reduce risk.

Some of these strategies can include conserving medicines and considering approved alternatives.

Where do I go to understand if a medicine is in short supply, discontinued or recalled?

The Therapeutic Goods Administration (TGA) is responsible for receiving and publishing reports on shortages and discontinuations of prescription and certain over-the-counter medicines, along with publishing alerts on product recalls.

When a medicine supply disruption poses a significant risk to safety and quality and requires a national response, we collaborate with the TGA and Australian states and territories to provide safety guidance.

For more information on insulin product discontinuations visit the TGA website.

Advice and resources for medicines supply disruptions

We have a range of resources that:

1. have information about medicines supply disruptions
2. outline the actions required to minimise risks
3. provide guidance and tools to minimise risk, including conserving medicines.

Expand all

Fact sheets, safety and strategy considerations +

Resources to share with patients +

Additional resources +

Collaboration turns shortages into coordinated action

Managing medicine shortages together

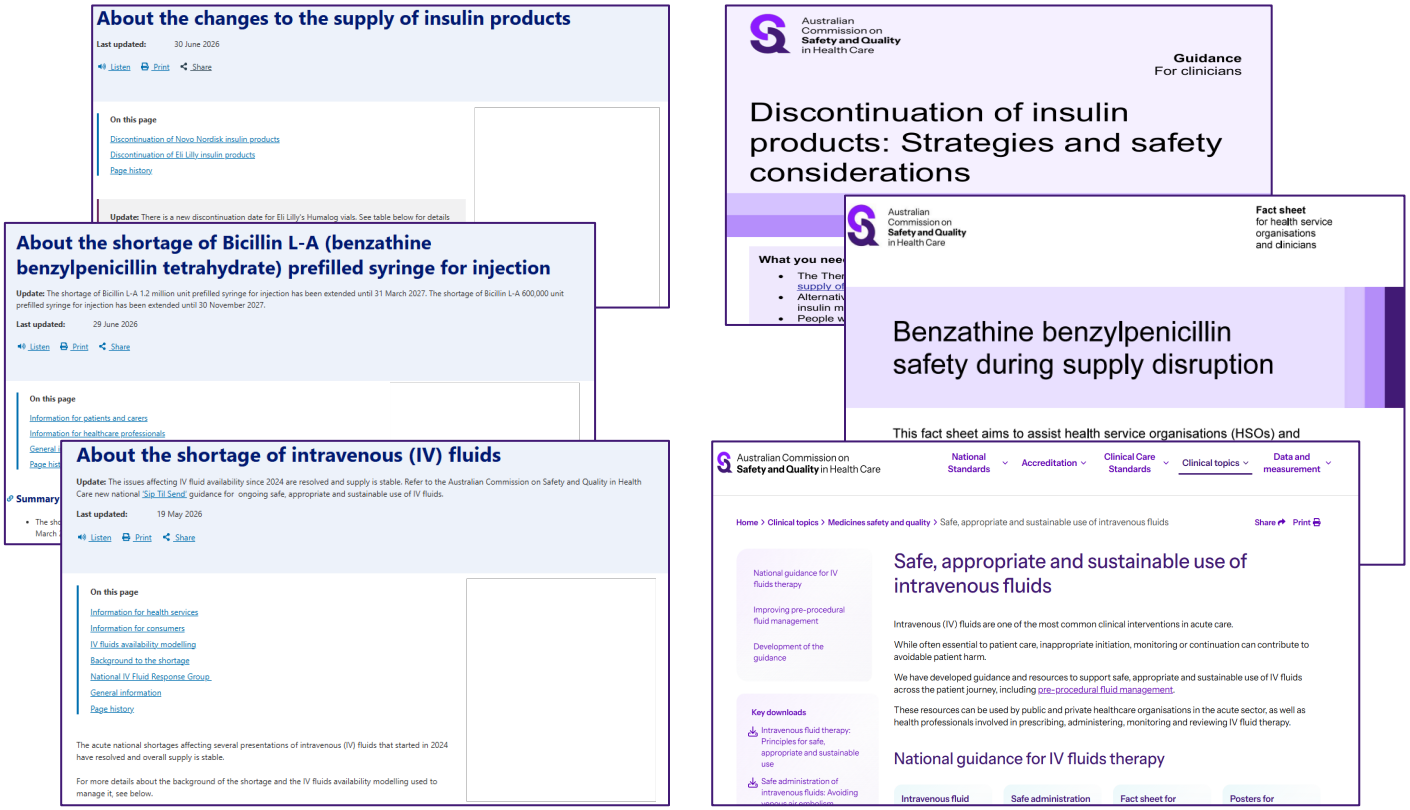
Effective communication during medicine shortages is a shared effort across the healthcare system.

Share information	Exchange supply updates and impacts
Contribute expertise	Bring clinical, consumer and system perspectives
Use existing networks	Disseminate shortage information widely
Coordinate responses	Align messages and communication activities
Monitor implementation	Review and adjust to support transition

Working together enables

Timely	Consistent	Coordinated	Responsive
Information when needed	Clear and aligned messages	More rapid response	Better support through disruption

Collaborative case studies



Development of a ‘protocol’

Collaboration with our health partners is not new, however,

- In 2024, the Commission commenced development of a more deliberate collaborative process: a protocol for the *Collaborative management of the impact of medicine shortages and discontinuations on the safety and quality of health care*.

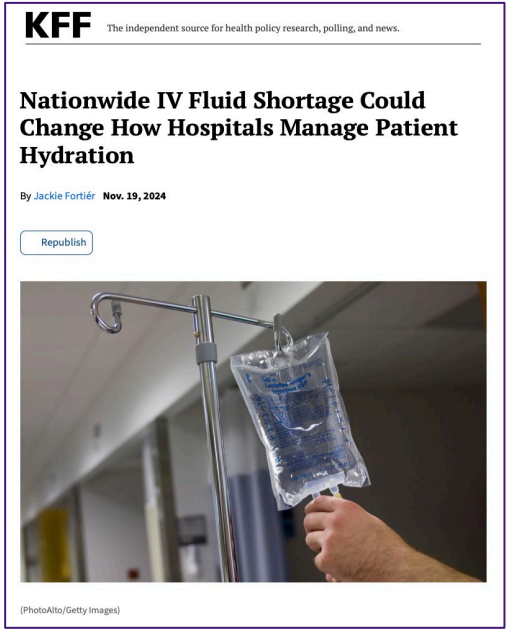
- The ‘protocol’ aims to support a national response where all our jurisdictional and government partners clearly understand their roles and responsibilities during a shortage.

A case study on collaboration – Intravenous (IV) Fluids Project

- What was the impetus?
- What was required and what was achieved?
- What did we learn?

National shortage of intravenous (IV) fluids

- Global supply limitations, unexpected increased demand and manufacturing issues
- Impacted multiple bag sizes of sodium chloride 0.9% and Hartmann's products
- IV fluids are essential medicines for
  - fluid replacement
  - resuscitation
  - administering medicines
- Co-ordinated national response and action required.



KFF The independent source for health policy research, polling, and news.

Nationwide IV Fluid Shortage Could Change How Hospitals Manage Patient Hydration

By Jackie Fortiér **Nov. 19, 2024**

Republish

(PhotoAlto/Getty Images)

Intravenous (IV) Fluids Project Roadmap


KFF

Nationwide IV Fluid Shortage Could Change How Hospitals Manage Patient Hydration

Global IV fluids shortage announced

2024

IV fluids shortage announced 2024

TGA regulatory actions:
- Approved alternative overseas-registered products
- Modelled availability quarterly
- Collaborated with S&T health dept's (MAWG)

May 2025

MoU with Department signed

Clinical review to inform development of national guidance on the standardised use of IV fluids in hospital settings

Clinical review

Nov 2025

- Literature review and environmental scan
- Procurement data collection and analysis
- Establishment of an IV Fluids Expert Advisory Group (EAG)

Nov 2025

First IV Fluids EAG meeting

- Principles for safe, appropriate and sustainable use of IV fluids
- Venous air embolism (VAE) prevention
- 'Sip Til Send' initiative

Draft Guidance development

Apr 2026

'Sip Til Send' Initiative
7 May 2026

May 2026

Targeted stakeholder consultation

Final IV Fluids EAG meeting

Jun 2026

Remaining guidance
29 July 2026

Jul 2026

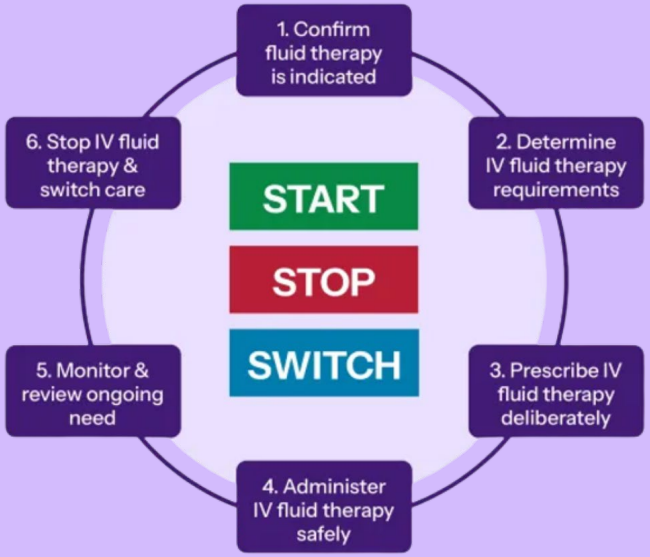
Guidance publication and promotion

Promotional activities:
- 'Sip Til Send' slide deck **(May 2026)**
- Endorsements **(Sept 2026)**

Project requirements: Conservation and best practice use of IV fluids



National guidance on IV fluids: Every decision matters



Current fluid fasting guidelines

A pre-sedation or anaesthesia fluid fasting period of **2 hours** for adults and **1 hour** for children.

Rationale:

- No evidence supporting ‘nil by mouth from midnight’ for clear liquids
- No increased risk of aspiration associated with more liberal clear liquid intake
- Rapid gastric transit time for clear liquids
- Associated with improved patient well-being.

In practice:

- Clinicians are uncertain when intake of clear fluids should stop due to the unpredictable nature of theatre schedules
- Patients often continue to fluid fast for a median duration of **12 hours** before anaesthesia.



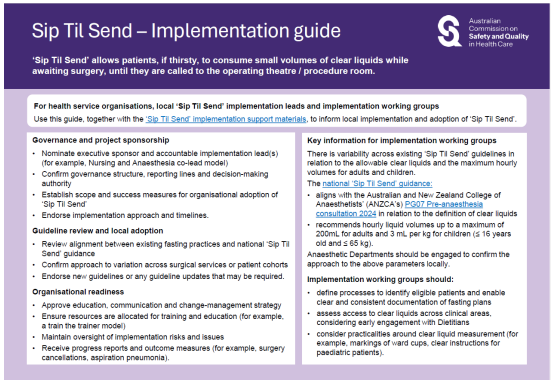
Improving pre-procedural fluid management

‘**Sip Til Send**’ is a global initiative, allowing patients, if thirsty, to consume small volumes of water (or similar clear liquids) while awaiting surgery, up until they are called to the operating theatre.

Unless exceptions or special considerations apply, allowing patients to sip clear liquids until transfer to the operating theatre can significantly reduce fluid fasting times and help:

- maintain hydration
- decrease light-headedness and anxiety
- decrease the feelings of thirst – improving patient well-being
- reduce the incidence of nausea and vomiting
- reduce the subsequent need for intravenous (IV) fluids.





Sip Til Send – Implementation guide

Australian Commission on Safety and Quality in Health Care

‘Sip Til Send’ allows patients, if thirsty, to consume small volumes of clear liquids while awaiting surgery, until they are called to the operating theatre / procedure room.

For health service organisations, local ‘Sip Til Send’ implementation leads and implementation working groups

Use this guide, together with the ‘Sip Til Send’ implementation support materials, to inform local implementation and adoption of ‘Sip Til Send’.

Governance and project sponsorship

- Nominate executive sponsor and accountable implementation lead(s) (for example, Nursing and Anaesthesia co-lead model)
- Confirm governance structure, reporting lines and decision-making authority
- Establish scope and success measures for organisational adoption of ‘Sip Til Send’
- Endorse implementation approach and timelines.

Guideline review and local adoption

- Review alignment between existing fasting practices and national ‘Sip Til Send’ guidance
- Confirm approach to variation across surgical services or patient cohorts
- Endorse new guidelines or any guideline updates that may be required.

Organisational readiness

- Approve education, communication and change-management strategy
- Ensure resources are allocated for training and education (for example, a train the trainer model)
- Maintain oversight of implementation risks and issues
- Receive progress reports and outcome measures (for example, surgery cancellations, aspiration pneumonia).

Key information for implementation working groups

There is variability across existing ‘Sip Til Send’ guidelines in relation to the allowable clear liquids and the maximum hourly volumes for adults and children.

The national ‘Sip Til Send’ guidance:

- aligns with the Australian and New Zealand College of Anaesthetists’ (ANZCA’s) PG07 Pre-anaesthesia consultation 2024 in relation to the definition of clear liquids
- recommends hourly liquid volumes up to a maximum of 200mL for adults and 3 mL per kg for children (≤ 16 years old and ≤ 65 kg).

Anaesthetic Departments should be engaged to confirm the approach to the above parameters locally.

Implementation working groups should:

- define processes to identify eligible patients and enable clear and consistent documentation of fasting plans
- assess access to clear liquids across clinical areas, considering early engagement with Dietitians
- consider practicalities around clear liquid measurement (for example, markings of ward cups, clear instructions for paediatric patients).

Please note ‘Sip Til Send’ is not suitable for everyone. Discuss with your treating doctor or anaesthetist prior to surgery.

Acceptable clear liquids





Avoid fluids containing milk, particulate matter, soluble fibre or jelly.

In alignment with the Australian and New Zealand College of Anaesthetists (ANZCA) definition of clear liquids.

Tell your doctor or anaesthetist about all the medicines you use, including prescription and non-prescription medicines, vitamins, herbal products and supplements. This includes GLP-1 or other weight-loss medicines, peptides, and products bought online or from overseas.

Learnings

“Communication is essential”

“Shared intelligence, regulatory actions and timely communications can reduce patient-safety risks”

“Safe, appropriate and sustainable IV fluid therapy is everyone’s responsibility”

“Having practical and nationally endorsed guidance for health services, clinicians and consumers”

“Collaboration is key to success along with robust consultation”

“Early signals, clear communication and coordinated action help protect patients, promote equitable supply and strengthen the resilience of Australia’s health system”

The suite of resources

Visit the Commission's website and search for Intravenous fluid therapy management to find:

- **Guidance**
  - Principles for safe, appropriate and sustainable use
  - Avoiding venous air embolism
- **National IV Fluids project promotional resources**
  - Fact sheet for prescribers
  - Slide deck and posters for local use
  - Implementation guide and patient information leaflet for 'Sip Til Send'



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Thank you

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