



National Residential Medication Chart (NRMC3)

User guide for pharmacists

National Residential Medication Chart v.3

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
Resident with similar name?
Y/N

PRIMARY GENERAL PRACTITIONER

Name	_____
Address	_____
Phone	_____
Out of hours	_____
Prescriber	_____

Resident name _____
Preferred name _____
Date of Birth / / _____
URN/MRN _____
RAC ID _____
RACF name _____
IHI _____
Gen _____

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National Residential Medication Chart User Guide for Pharmacists

Audience

The *National Residential Medication Chart User Guide for Pharmacists* is intended for pharmacists who provide services to Residential Aged Care Facilities (RACFs) and who are authorised to supply and claim for medicines under the Pharmaceutical Benefits Scheme (PBS) or Repatriation Pharmaceutical Benefits Scheme (RPBS).

Further information on the use of the NRMC can be obtained from the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au or by contacting the PBS Information Line on 132 290.

page 1

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ALERT
 Resident with similar name?
 Y / N

Resident name _____
 Preferred name _____ Gender _____ Photo date / / _____
 Date of Birth / / _____ IHI _____
 URN/MRN _____ RACF name _____
 RAC ID _____

Insert photo

CONSIDERATIONS	Y / N
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: _____	
Non packed medicines <input type="checkbox"/>	

PRIMARY GENERAL PRACTITIONER

 Name _____
 Address _____ Fax _____
 Phone _____
 Out of hours _____
 Prescriber number _____
 Email _____
 Signature _____

PRESCRIBER details (if not primary GP)

 Name _____
 Address _____ Fax _____
 Phone _____
 Out of hours _____
 Prescriber number _____
 Email _____
 Signature _____

PRESCRIBER details (if not primary GP)

 Name _____
 Address _____ Fax _____
 Phone _____
 Out of hours _____
 Prescriber number _____
 Email _____
 Signature _____

PHARMACY

 Name _____ Fax _____
 Phone _____
 Email _____

ALERT: Complex medications

 Variable dose Y / N _____
 Insulin Y / N _____
 Other Y / N (specify): _____

Medicare number _____
 Pension number _____
 DVA number _____

Chart commenced / / _____ Expiry date / / _____
 Review date / / _____ Maximum chart validity is 4 months from the date the chart is commenced

RACF Name _____
 RACF Address _____

Chart _____ **of** _____

Front page MUST be sent to pharmacy on each change



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 residents living in approved residential aged care facilities (RACFs). Medical practitioners can prescribe eligible medicines directly on the NRMC with no further requirement for a traditional prescription to enable supply. Eligibility of medicines for supply and claiming is subject to both Commonwealth legislation and state and territory legislation. The NRMC was developed by the Australian Commission on Safety and Quality in Health Care.

Research^{1 2 3} shows that many adverse events reported in Australian residential aged care facilities (RACFs) are associated with medicines. Research^{4 5} also demonstrates that improvements to medication chart design can improve the safety of medication processes. Development of the NRMC was overseen by a reference group of aged care industry experts, healthcare professionals and subject matter experts (including nursing, medical, pharmacy and care staff) from states and territories across Australia.

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 legislative requirements related to safe use of medicines. It is intended to assist health professionals and care staff working in the residential aged care sector by providing a consistent national basis for safer prescribing, dispensing and administering medicines. It is also intended to improve resident safety by reducing the risk of adverse medication events.



- 1 Tariq A., Georgiou A., and Westbrook J. Complexity of Collaborative Work in Residential Aged Care Facilities: An Analysis of Information Exchange for Medication Management. Centre for Health Systems and Safety Research, Australian Institute of Health Innovation conference proceedings. 2011.
- 2 Bolin C., Warren J., and Whelan G. Introduction of electronic prescribing in an aged care facility. *Australian Family Physician*. 34(4) April 2005
- 3 Burgess C.L., Holman C.D'A.J. and Satti A.G. Adverse drug reactions in older Australians, 1981-2002. *Medical Journal of Australia*. 182(6) (pp 267-270), 2005. Date of Publication: 21 Mar 2005
- 4 Tariq A., Georgiou A., and Westbrook J. Medication errors in residential aged care facilities: A distributed cognition analysis of the information exchange process. *International Journal of Medical Informatics* in press 28 September 2012
- 5 Leach H. National inpatient medication chart implementation. [Journal: Editorial] *Journal of Pharmacy Practice and Research*. 36(1) (pp 6-7), 2006. Date of Publication: Mar 2006



2 General requirements for using the NRMCM

- Supply and claiming of Pharmaceutical Benefits Scheme (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 *National Health (Residential Medication Chart) Determination 2012*. Prescribing and supply of all medicines, and special requirements for medicines supplied as private or non-PBS items, is subject to the regulatory requirements of the relevant state or territory. Users should carefully check the relevant provisions in their state or territory. The appendices to this user guide contain useful information about specific state and territory requirements.
- The NRMCM is to be made available for the prescribing, supply, administering and review of a resident's medicines.
- All medicines should be reviewed regularly by the medical practitioner.
- The NRMCM must be retained in a secure environment at the RACF as part of each resident's clinical file according to the *Records Keeping Principles Aged Care Act 1997*.
- Pharmacists must keep a copy of the NRMCM for at least two years for Medicare audit purposes (or longer if required by state and territory regulations). RACFs should keep the NRMCM for the period of time required according to their local arrangements.

Note: If more than one NRMCM is in use for a resident, then this must be indicated by entering the appropriate chart numbers on the front of the NRMCM to reflect the number of NRMCMs currently in use e.g. Medication Chart 1 of 2. If additional NRMCMs are written, this field must be updated.

3 Introduction

This user guide was developed for pharmacists servicing RACFs that use the NRMCM. It is designed to explain the NRMCM functions and to assist pharmacists fulfill their responsibilities and legislative requirements when using the medication chart.

Medication management in residential aged care is a complex endeavour. Ensuring that the right resident receives the right medicine, at the right dose, by the right route and at the right time can be a challenge. Communicating this complex information accurately requires clear information that is legible and easily located in one place. That place is the NRMCM.

The ability to supply eligible medicines and claim for PBS/RPBS medicines from the NRMCM also relies on accurate and complete information. The NRMCM is a record of administration and provides important information about each resident, such as:

- **Medicare number**
- **Pensioner number**
- **Residential Aged Care Services ID** (RAC ID – a unique identifier assigned to each RACF, which is a proxy for the resident's address)
- **Medical practitioner's name.**

This user guide provides information on where and how this information is documented in different parts of the NRMCM.

A medication chart provides a history of each resident's medication and must be kept safe and confidential. It is a record of supply and claiming of PBS/RPBS medicines and as such, an accurate copy of the NRMCM must be retained by the pharmacy. As with paper prescriptions, pharmacists need to endorse the copy of the NRMCM from which they are dispensing. The endorsed copy must be kept for two years for Medicare audit purposes (or longer if required by state and territory regulations).

Note: Paperless claiming, such as from the NRMCM, does not require pharmacists to provide a copy of the NRMCM to Medicare as evidence of supply.



4 Sections and pages of the NRMC

The NRMC has multiple sections designed to communicate clearly essential medication information and to minimise medication errors in RACFs (see list at right).

The following section provides snapshots of the different sections of the NRMC. The pages are presented in the way that they are sequenced throughout the NRMC.

Note: Trimmed short pages within the NRMC provide internal pages that turn independently to allow up to four months of administration signatures or initial. These short pages are not depicted in the following diagrams.

The sequencing of the NRMC sections is as follows:

1. **Front page (resident, prescriber and pharmacy information)**
2. **Nutritional supplements**
3. **Regular medicine**
4. **Short term medicine**
5. **PRN (as required) medicine**
6. **Nurse initiated medicine**
7. **Phone orders**
8. **Variable dose medicine**
9. **Insulin**
10. **Medical practitioner checklist**
11. **Instructions for Prescribers/ abbreviations/six rights of medicine administration**
12. **Privacy/other information**

4.1 Front page of the NRMC

The prescriber details must be clearly documented on the front page of the NRMC. They must sign in the box containing their details.

National Residential Medication Chart v.3

ALERT
 Resident with similar name?
 Y / N

page 1

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: _____

Non packed medicines

ALERT: Complex medications

Variable dose Y / N

Insulin Y / N

Other Y / N (specify): _____

PRIMARY GENERAL PRACTITIONER

Name _____

Address _____

Phone _____ Fax _____

Out of hours _____

Prescriber number _____

Email _____

Signature _____

PRESCRIBER details (if not primary GP)

Name _____

Address _____

Phone _____ Fax _____

Out of hours _____

Prescriber number _____

Email _____

Signature _____

PRESCRIBER details (if not primary GP)

Name _____

Address _____

Phone _____ Fax _____

Out of hours _____

Prescriber number _____

Email _____

Signature _____

PRESCRIBER details (if not primary GP)

Name _____

Address _____

Phone _____ Fax _____

Out of hours _____

Prescriber number _____

Email _____

Signature _____

RACF Name _____

RACF Address _____

Chart commenced / / / / Expiry date / / / /

Review date / / / / Maximum chart validity is 4 months from the date the chart is commenced

PHARMACY

Name _____

Phone _____ Fax _____

Email _____

Medicare number _____

Pension number _____

DVA number _____

Chart _____ of _____

Insert photo

Front page MUST be sent to pharmacy on each change



4.4 Regular medicine

The main section of the NRMC is for medicines to be taken on a regular basis, at the same dose and at regular times. The NRMC has space for up to 11 regular prescribed medicines.

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

! Sign in this section for multi-dose administration (eg. multi-dose packs)

	Date Times	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	
Breakfast																																	
Lunch																																	
Dinner																																	
Bed time																																	

! Sign in this section for individual medicine administration

	Date Times	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
1																																

Start date	1. Medicine/form/strength	Dose	
Stop date		Route	
<input type="checkbox"/> Valid for duration of chart	Additional instructions	Frequency	
OR			
Stop date			
PBS/RPBS	Streamlined authority code	<input type="checkbox"/>	<input type="checkbox"/>
CTG <input type="checkbox"/>	Brand substitution not permitted	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber signature and name			
Date of prescribing			

Multi dose pack (DAA) administration signature

Single dose pack (DAA) or original packaging administration signature

Prescription 2 on next page

page 4

4.5 Short term medicine

To be used for short term treatment, e.g. antibiotics to treat an infection.

Short term medicine

Start date	Medicine/form/strength	Dose	
Stop date		Route	
<input type="checkbox"/> Valid for duration of chart	Additional instructions	Frequency	
OR			
Stop date			
PBS/RPBS	Streamlined authority code	<input type="checkbox"/>	<input type="checkbox"/>
CTG <input type="checkbox"/>	Brand substitution not permitted	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber signature and name			
Date of prescribing			

	Date Times	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

4.6 PRN (as required) medicine

PRN (as required) medicine

Start date	Medicine/form/strength	Dose	
Stop date		Route	
<input type="checkbox"/> Valid for duration of chart	Indication	Frequency	
OR			
Stop date			
	Max dose / 24 hr		
PBS/RPBS	Streamlined authority code	<input type="checkbox"/>	<input type="checkbox"/>
CTG <input type="checkbox"/>	Brand substitution not permitted	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber signature and name			
Date of prescribing			

	Date Times	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

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4.7 Nurse initiated medicine

Nurse initiated medicine

Medicine	Dose	Date																	
		Time																	
Indication	Route	Dose																	
		Initial																	
Date	RN signature and name	Date																	
		Frequency																	
		Time																	
		Dose																	
		Initial																	

4.8 Phone orders

Phone order

Medicine	Dose		Reason ordered	Date															
	Route			Additional instructions	Time														
Strength	Frequency		Signature 1	Dose															
	Start date	__/__/__		Date	Initial														
Prescriber name	Stop date	__/__/__	Signature 2	Time															
	Prescriber signature	Date		Date	Dose														
				Initial															

4.9 Variable dose medicine (not insulin)

The variable dose medicine section is intended for the prescription and administration of one medicine that is administered at variable doses e.g. warfarin. There is space to prescribe up to three strengths of the one medicine e.g. warfarin 1mg, 2mg and 5mg, so that the prescription is available to change the dose on the basis of a pathology result.

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

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

Start date __/__/__ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date __/__/__	Medicine/form/strength Variable dose order Route Frequency Additional instructions	Dose Non packed Route Frequency	Start date __/__/__ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date __/__/__	Medicine/form/strength Variable dose order Route Frequency Additional instructions	Dose Non packed Route Frequency	Start date __/__/__ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date __/__/__	Medicine/form/strength Variable dose order Route Frequency Additional instructions	Dose Non packed Route Frequency	Instructions 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 _____		
PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		PBS/RPBS Streamlined authority code <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 __/__/__		Prescriber signature and name Date of prescribing __/__/__		Prescriber signature and name Date of prescribing __/__/__	

	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	
Pathology result																																
Dose prescribed																																
Dose given																																
Time																																
Initial 1																																
Initial 2																																



4.10 Insulin

Medical practitioners will indicate how often BGLs are to be taken. They will also provide the appropriate BGL range for the resident to advise RACF staff on when they should contact them. Prescriptions for insulin are written to the left of the administration signing section in the prescription boxes. There is space for prescribing three different regular doses of insulin if required for the resident.

If a supplementary dose of insulin is to be given according to BGL variations, such as in sliding scales, it will be prescribed in the PRN section (see section 4.6).

Insulin and blood glucose level (BGL) recording

BGL instructions

Frequency _____

Contact prescriber if BGL above _____ mmols

Contact prescriber if BGL below _____ mmols

Prescriber signature _____

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

		Month 1:												Month 2:												Month 3:												Month 4:											
		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																																		Time															
BGL																																		BGL															
Time																																		Time															
BGL																																		BGL															
Time																																		Time															
BGL																																		BGL															

BGL progress

		Month 1:												Month 2:												Month 3:												Month 4:											
		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																
20+																																		20+															
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4																																		4															
3																																		3															
2																																		2															
1																																		1															

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

		Month 4:												Month 5:												Month 6:												Month 7:											
		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																
Start date _____ Stop date _____ <input type="checkbox"/> Valid for duration of chart OR Stop date _____	Medicine/form/strength _____ _____ _____	Dose units _____ Route _____ Time _____	Non packed	Time																													Time																
	Insulin order _____ _____ _____			Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	Dose																
	PBS/RPBS CTG <input type="checkbox"/>	Prescriber signature and name _____ Date of prescribing _____/_____/____		Initial 1																													Initial 1																
				Initial 2																													Initial 2																
Start date _____ Stop date _____ <input type="checkbox"/> Valid for duration of chart OR Stop date _____	Medicine/form/strength _____ _____ _____	Dose units _____ Route _____ Time _____	Non packed	Time																													Time																
	Insulin order _____ _____ _____			Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	Dose																
	PBS/RPBS CTG <input type="checkbox"/>	Prescriber signature and name _____ Date of prescribing _____/_____/____		Initial 1																													Initial 1																
				Initial 2																													Initial 2																
Start date _____ Stop date _____ <input type="checkbox"/> Valid for duration of chart OR Stop date _____	Medicine/form/strength _____ _____ _____	Dose units _____ Route _____ Time _____	Non packed	Time																													Time																
	Insulin order _____ _____ _____			Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	Dose																
	PBS/RPBS CTG <input type="checkbox"/>	Prescriber signature and name _____ Date of prescribing _____/_____/____		Initial 1																													Initial 1																
				Initial 2																														Initial 2															

Check for PRN dose

New chart required within 2 weeks

page 47



5 Summary: Changes to residential aged care prescriptions

5.1 Medication chart prescriptions

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

However, certain medicines will still require a traditional prescription in addition to an order on the NRMC. 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 medical practitioner.

Note: Authority Required (STREAMLINED) items are eligible for supply from the NRMC, provided the Streamlined Authority Code is included on the NRMC.

In order to supply directly from the NRMC, first confirm that essential fields have been completed in accordance with legislation (see Appendix 1: Protocol).

Medical practitioners are able to complete the NRMC for the purposes of supply and PBS/RPBS claiming. Other prescribers (for example nurse practitioners and dentists) may complete the NRMC but will still be required to complete a separate prescription for the purposes of supply and PBS/RPBS claiming.



5.1.1 Medical Practitioner and Pharmacist requirements

You would be aware of the regulations for pharmacists supplying a restricted substance on the basis of a legal prescription. For further information refer to clauses 35, 39 and 41 of the *Poisons and Therapeutic Goods Regulation 2008*.

Medical Practitioners

To complete a legal prescription on the NRMCM, medical practitioners **must** clearly write (by hand) on the NRMCM, for each prescribed medicine:

- the date of writing;
- the name, strength, dose, route of administration and frequency of administration of the substance to be supplied;
- where the medical practitioner considers it appropriate, the time/s of administration;
- the start date and stop date of administration or an indication that the order is ongoing for the life of the chart by ticking the 'valid for duration of chart' box (see 5.3 Duration of Supply);
- the medical practitioner's signature;
- the medical practitioner's name clearly printed; and
- underlining of any dose that could be regarded as being dangerous or unusual and initialling in the margin next to the prescription box.

The medical practitioner **must** also, at the time of writing the prescription, write or ensure that the following details have been entered on the chart:

- medical practitioner's name, address, sample signature and phone number (page 1);
- resident's full name and date of birth (pages 1, 2 and 51); and
- The name and address of the RACF where the resident lives (page 1).

Pharmacists

Pharmacists dispensing a medicine must endorse the required particulars on the copy of the NRMCM which has been provided to the pharmacy. The pharmacist must retain the endorsed copy and make it immediately accessible for reference in the pharmacy. It is illegal for a pharmacist to supply on a prescription which is missing any of the above details required to be written by the medical practitioner.

5.2 Paperless claiming

Paperless claiming does not require pharmacists to provide a copy of the NRMCM to Medicare as evidence of supply. However claiming from the NRMCM is only available to pharmacies using PBS Online. When dispensing from the NRMCM, you will enter the RAC ID and indicate that this is a supply from a medication chart. The pharmacy dispensing software system will allocate serial numbers to supplies marked in this way which are in a different batch to other prescriptions, with serial numbers from 10000 to 10999 (e.g. C10000 to C10256). This will prevent gaps in regular prescription bundles.

A supply certification form, generated by the pharmacy dispensing software system, will record the range of serial numbers supplied as paperless claims from the NRMCM and must be sent with each claim to Medicare to certify these supplies.

Certain medicines will still require a separate written prescription in addition to an order on the medication chart (as above). Any of these which are claimable on the PBS/RPBS should be serialised and included in the claim to Medicare the same as current practice.



5.3 Duration of supply

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

Unlike the existing process for prescriptions:

- each supply from the NRMC will be treated as an 'original supply' and there are no 'repeat authorisations'
- the appropriate quantity to be supplied by the pharmacist will be determined by the medical practitioner's order in terms of dose, frequency and duration
- There are two possible scenarios that inform the duration of supply authorised by the medical practitioner from a NRMC prescription:
 - *Valid for duration of chart:* Medical practitioners will tick this box when a medicine is intended for ongoing use until the end of the validity period of the chart.
 - *Stop date:* Medical practitioners 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 NRMC. Pharmacists are not authorised to supply the medicine from the NRMC after this date.

Where neither option 1 nor option 2 is indicated, the medical practitioner's intention should be clarified. Emergency supply provisions in your state may apply.

Where the medical practitioner has indicated option 1 (valid for duration of chart) or option 2 (stop date) on the NRMC, an approved pharmacist or approved medical practitioner is permitted to supply up to **one** PBS maximum quantity at a time, with subsequent supplies as required to meet the medical practitioner's order until the stop date or chart expiry date, whichever is earlier. The quantity required to be supplied on each occasion, and the number of supplies required throughout the validity period of the NRMC, will be determined by the prescribed dose and frequency of administration, the date of prescribing or start date of administration (if indicated) and the stop date (if indicated).

Where option 1 (valid for duration of chart) or option 2 (single quantity) apply, the administration of the last quantity/single quantity supplied from the NRMC may overrun the chart validity period. For example, if the medicine is required on the last day of chart validity, the pharmacist is authorised to dispense a full PBS maximum quantity. This is the same logic as for a regular prescription, where a full PBS maximum quantity can be dispensed on the expiry date of the prescription even though the quantity dispensed will last beyond that date. This does not apply where option 2 (stop date) is indicated, as the quantity supplied in this case must only be the quantity sufficient for administration to the resident up to and including the stop date, and not beyond that date.

Note: The PBS 4 and 20 day rules continue to apply to supplies from the NRMC.



Examples

1. A resident has two new medicines ordered on the NRMC by their GP seven days before the chart expiry date:

- Omeprazole 20mg 1 d, for which the medical practitioner has ticked 'valid for duration of chart'
- Temazepam 10mg 1 n, for which the medical practitioner has entered a stop date in 5 days' time.

The pharmacist is entitled to dispense:

- Omeprazole 20mg 1 PBS maximum quantity, which will last beyond the chart end date
- Temazepam 10mg 5 tablets, a quantity sufficient until the specified stop date.

2. A resident has two medicines ordered on a brand new NRMC by their GP:

- Omeprazole 20mg 1 d, for which the medical practitioner has ticked 'valid for duration of chart'
- Temazepam 10mg 1 n, for which the medical practitioner has entered a stop date in 5 days' time.

The pharmacist is entitled to dispense:

- Omeprazole 20mg 1 PBS maximum quantity, with subsequent supplies as required until the chart expiry date
- Temazepam 10mg 5 tablets, a quantity sufficient until the specified stop date.

When there is more than one PBS maximum quantity available (e.g. Paracetamol 500mg 100 tablets and Paracetamol 500mg 300 tablets), the lesser maximum quantity MUST be dispensed.

When dispensing a non-PBS/private supply for which a 'PBS maximum quantity' does not apply, the pharmacist is permitted to dispense one 'smallest currently marketed registered pack' at a time, with subsequent supplies as required to meet the medical practitioner's order until the stop date or chart expiry date, whichever is earlier. When dispensing an extemporaneous private prescription, the pharmacist is permitted to dispense the maximum PBS quantity for that type of extemporaneous preparation e.g. 100g for ointments.

The date of supply from a NRMC prescription must be within the validity period of the chart and no later than the stop date for that completed item (if any).

5.4 Central point information

A key feature of the NRMC is that prescriptions and medicines administration are co-located on the NRMC along with relevant pathology, medication management instructions and resident considerations. The NRMC has specific sections for variable dose medicines, insulin, nutritional supplements and non prescription medicines. This results in central point information that is readily accessible at the time of prescribing, supply and administration. Medical practitioner, pharmacy and RACF details are all documented clearly on the front page of the NRMC and detailed resident identification, allergies and adverse drug reactions appear on each page of the NRMC.

The intention of the central point information layout is to support informed prescribing, accurate dispensing, accurate administering and clinical monitoring of residents.



5.5 Evidence based

The layout and specified fields of the NRMCM have been derived from cornerstone work undertaken by the Commission in relation to medication charts in residential aged 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 web site at www.safetyandquality.gov.au

The NRMCM has been designed using evidence from human factors testing to reduce the risk of medication errors. The design of the NRMCM is intended to be intuitive and to facilitate accurate prescribing, supplying and administering. 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, 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 medical practitioners and pharmacists.

6 Supply considerations for prescriptions

6.1 Communicating the medication order

When a resident's NRMCM is faxed, scanned and emailed or photocopied for delivery to the pharmacy to request medication, the front page of the NRMCM containing the medical practitioner's details must always be included. A copy of the NRMCM must be sent to the pharmacy by the RACF, as a complete unit when first charted with all pages kept together to avoid confusion. Dispensing cannot occur unless the pharmacy is in possession of a copy of each page on which the medicine being requested is prescribed as well as a copy of the front page that details the medical practitioner information.





Protocol for supply from the NRMCM

This document is designed to provide guidance to pharmacists on supplying prescribed medicines from the NRMCM. At all times, pharmacists must meet any legislative requirement and are expected to exercise professional judgment in adapting the guidance provided here to presenting circumstances.

1 Resident identification

Identify the resident who is the subject of the received order. The resident identification panel is visible from each page of the chart (see Figure 1).

A valid order for supply must include:

- Resident's full name (as it appears on their Medicare card);
- Resident's date of birth; and
- Residential Aged Care Services ID (RAC ID) and which acts as the resident's address for the purposes of supply and PBS/RPBS claiming of medicines on the NRMCM.

Note: Check the 'Resident with similar name' alert (see Figure 1).



2 Version control

Confirm that the version of the resident's NRMCM is current.

RACFs should provide their supplying pharmacy with a complete copy of the NRMCM whenever a change is made by the medical practitioner. Communication is by local arrangement, and may be in the form of a photocopy, fax or scan and email copy. It is the RACFs responsibility to maintain and store the original NRMCM in keeping with the Records Keeping Principles of the *Aged Care Act 1997*.

Note: In some instances there may be **more than one NRMCM per resident** due to high numbers of medicines prescribed. If more than one NRMCM is in use, then this must be indicated by entering the appropriate chart numbers on the front of the NRMCM to reflect the number of medication charts currently in use e.g. Medication Chart 1 of 2. If additional charts are written, **this field must be updated**.



3 Check for resident allergies and adverse drug reactions

Identify any relevant allergies and adverse drug reactions noted in the resident identification panel, visible from each page of the NRMCM (see Figure 1).



4 Medical practitioner details

For a valid order, the following medical practitioner details must appear on the NRMCM (see Figure 2):

- Name;
- Address;
- Phone number;
- PBS prescriber number for all PBS items; and
- Signature.

The medical practitioner must 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.



5 Supplying from the prescription on the NRMC

Determine the following:

5.1. Check the appropriateness and safety of the order as per usual dispensing processes.

5.2. Are all the required prescription fields completed? (See Figure 3)

5.3. PBS, RPBS or private?

The medical practitioner will indicate if the supply is to be PBS or RPBS by striking through the option that does not apply. If the medicine is non-PBS or private, the medical practitioner will strike through both PBS and RPBS (see Figure 3).

5.4. Is the medicine eligible for supply from the NRMC without a separate prescription?

The following medicines are not eligible to be supplied or claimed from the NRMC:

- 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/territory details; and
- Other prescriptions for Schedule 4 medicines or dose forms of a medicine which are not ARTG Registered Medicines, other than those extemporaneously compounded by a pharmacist on the order of a medical practitioner.

Authority Required (STREAMLINED)

- Authority Required (STREAMLINED) medicines are eligible for supply from the NRMC only if the medical practitioner has completed the four digit streamlined code on the NRMC (see Figure 3).

5.5. Has the medical practitioner indicated that the prescription is CTG eligible? If the CTG box has been checked on the NRMC then this prescription is CTG eligible (see Figure 3).

5.6. What quantity has been authorised by the medical practitioner?

Consider the 'valid for duration of chart', 'start date' and 'stop date' fields in conjunction with the dose and frequency prescribed. (Further detail is provided under *5.3 Duration of supply*).

5.7. Has the medical practitioner disallowed brand substitution? (See Figure 3)

If the medical practitioner has checked the Brand Substitution Not Permitted box on the NRMC, brand substitution is not allowed for that item.



6 Endorsing prescription upon supply and record keeping

It is the pharmacist's responsibility when supplying on the NRMC to endorse in ink on the prescription part of the NRMC (usually by attaching a printed sticker) the date of supply, quantity supplied, the pharmacy's unique reference number for that supply and any other details required by state law and to maintain/store the dispensing record and the copy of the NRMC that they have dispensed from in accordance with legislation. This may be done in hard copy. Pharmacists must keep a copy for at least two years for Medicare audit purposes (or as per the relevant state or territory regulations if longer).

Further information

Further information on the use of the NRMC can be obtained from the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au or by contacting the PBS Information Line on 132 290.



Figures

Figure 1: Resident Identification Panel

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

! Allergies and Adverse Drug Reactions (ADR) Y / Nil known <table border="1"> <thead> <tr> <th>Drug (or other)</th> <th>Reaction / type / date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> Sign _____ Print _____ Date ____/____/____	Drug (or other)	Reaction / type / date							ALERT Resident with similar name? Y / N	Resident name John Richard Brown	
	Drug (or other)	Reaction / type / date									
Preferred name John											
Date of Birth 07/01/1913 Gender M Photo date 02/08/13											
URN/MRN L979797 IHI 289897248602											
RAC ID 04123 RACF name											

Figure 2: Medical Practitioner Information

These fields **MUST** be completed by a medical practitioner 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

Figure 3: Essential Prescription Fields

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

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

The medical practitioner **MUST** either tick in the 'Valid for duration of chart' field **OR** complete the 'Stop date' field. Note the completion of the 'Start date' field is optional.

Indicate if the supply is to be PBS or RPBS by striking through the option that does not apply.

The medical practitioner should complete the CTG box if their resident is registered for CTG.

Start date 01/01/13 Stop date <input checked="" type="checkbox"/> Valid for duration of chart OR Stop date ____/____/____	1. Medicine/form/strength Zovirax Suspension Additional instructions 200mg/5ml	Dose 5ml Route P-0 Frequency BD	<input checked="" type="checkbox"/> Non packed
PBS/RPBS <input checked="" type="checkbox"/>	Streamlined authority code 3632 Brand substitution not permitted <input checked="" type="checkbox"/>	Prescriber signature and name Joseph Smith Date of prescribing 26/12/12	

The medical practitioner **MUST** write legibly the dose, route, frequency and strength as well as the medicine name/form and instructions in the prescription box.

The medical practitioner **MUST** complete the four digit streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The medical practitioner **MUST** sign, print name and enter the date of prescribing.

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

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

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