



## National Residential Medication Chart (NRMC3)

# User guide for medical practitioners

**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	_____
Prescribe	_____

Resident name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / \_\_\_\_\_  
URN/MRN \_\_\_\_\_  
RAC ID \_\_\_\_\_  
RACF name \_\_\_\_\_  
IHI \_\_\_\_\_

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## 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<sup>1 2 3</sup> shows that many adverse events reported in Australian residential aged care facilities (RACFs) are associated with medicines. Research<sup>4 5</sup> 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, health care 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 legislation 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 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 NRM

- 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, 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 NRM 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 NRM 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 NRM for at least two years for Medicare audit purposes (or longer if required by state and territory regulations).

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

## 3 Introduction

This user guide was developed for medical practitioners who provide services to residential aged care facilities that use the NRM. It is designed to explain the NRM functions and to assist medical practitioners 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 NRM.

The ability to supply eligible medicines and claim for PBS/RPBS medicines from the NRM also relies on accurate and complete information. The NRM is a record of administration and provides important information about each resident and about their medical practitioner.

### Important resident information includes:

- **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.**

### Important medical practitioner information includes the medical practitioner's:

- name, address and contact details
- prescriber number
- signature.

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

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 NRM must be retained by the pharmacy. As with paper prescriptions, pharmacists need to endorse the copy of the NRM 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 NRM, does not require pharmacists to provide a copy of the NRM to Medicare as evidence of supply.



## 4 Key features of the NRMCM

### 4.1 Central point information

A key feature of the NRMCM is that prescriptions and medicines administration are co-located on the NRMCM along with relevant pathology, medication management instructions and resident considerations. The NRMCM 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 NRMCM and detailed resident identification, allergies and adverse drug reactions appear on each page of the NRMCM.

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

### 4.2 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](http://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.

### 4.3 Medication chart as a prescription

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

**However, certain medicines will still require a traditional prescription in addition to an order on the NRMCM. 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 NRMCM, provided the Streamlined Authority Code is included on the NRMCM.



## 5 Changes to residential aged care prescriptions

### 5.1 Medication chart prescriptions and essential fields for prescribing on the NRMCM

When prescribing on the NRMCM, **you must complete the essential fields** to satisfy both state and territory legislation and PBS/RPBS requirements.

Prescription fields are co-located with the administration signing section on the following pages:

- Regular medicine.
- Short term medicine
- PRN (as required) medicine
- Variable dose medicine (not insulin)
- Insulin
- Nutritional supplement

For the supply of a pharmaceutical benefit on the basis of a medication chart prescription, the following essential fields must be completed:

#### By the medical practitioner:

- PBS/RPBS: Strike through the option which does not apply
- Information sufficient to identify the Pharmaceutical benefit (medicine)
- Date of prescribing
- Start date and Stop date (valid for duration of chart or a specified stop date)
- Dose
- Frequency of administration
- Route of administration
- Signature on the front page of the NRMCM and against each item.

#### By an appropriate individual:

- Resident's name
- RAC ID
- Medical practitioner's name
- Medical practitioner's address
- Medical practitioner's PBS prescriber number.

The medical practitioner is the only authorised person to complete the following fields when they apply:

- **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 4 digit code in the spaces provided, where applicable. Streamlined Authority Codes are available at [www.pbs.gov.au](http://www.pbs.gov.au)
- **Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.
- Form, strength and additional instruction as required.
- **For non-PBS/private items**, you must obliterate PBS/RPBS and complete the essential fields as above, with the exception of the following PBS-related fields:
  - Medical practitioner's PBS prescriber number; and
  - Streamlined Authority Code.





### Medical Practitioners

To complete a legal prescription on the NRMC, medical practitioners **must** clearly write (by hand) on the NRMC, 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 NRMC 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 Medical practitioner eligibility

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 so that the pharmacist can supply the medicine and claim, if eligible, on the PBS.



### 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, instead of a PBS maximum quantity and repeats.

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 medical practitioner orders two medicines on the NRMC 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 one 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 medical practitioner orders two medicines on a brand new NRMC:

- 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 one 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).

## 6 Supply considerations for prescriptions

### 6.1 Communicating the medication order

When a resident's NRMC is faxed, scanned and emailed or photocopied for delivery to the pharmacy to request medication, the front page of the NRMC containing the medical practitioner's details must always be included. A copy of the NRMC 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.





## 7 Sections and pages of the NRMCM

The NRMCM has multiple sections designed to communicate clearly essential medication information and to minimise medication errors.

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

**Note:** Trimmed short pages within the NRMCM 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 NRMCM 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 (not insulin)**
9. **Insulin**
10. **Medical practitioner checklist**
11. **Instructions for Prescribers/ abbreviations/six rights of medicine administration**
12. **Privacy/other information**

### 7.1 Front page of the NRMCM

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

**National Residential Medication Chart v.3**

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

Resident name \_\_\_\_\_  
 Preferred name \_\_\_\_\_  
 Date of Birth / /    Gender    Photo date / /    Insert photo  
 URN/MRN \_\_\_\_\_    IHI \_\_\_\_\_  
 RAC ID \_\_\_\_\_    RACF name \_\_\_\_\_

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

**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 \_\_\_\_\_

Chart commenced / /    Expiry date / /

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

**PHARMACY**

Name \_\_\_\_\_

Phone \_\_\_\_\_    Fax \_\_\_\_\_

Email \_\_\_\_\_

RACF Name \_\_\_\_\_

RACF Address \_\_\_\_\_

\_\_\_\_\_

Medicare number \_\_\_\_\_  
 Pension number \_\_\_\_\_  
 DVA number \_\_\_\_\_

Chart \_\_\_\_\_ of \_\_\_\_\_

Front page MUST be sent to pharmacy on each change





### 7.4 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
0600	ln	To	To	To	CB	CB	2A	2A																							
Breakfast																															
1000	ln	To	To	To	CB	CB	2A	2A																							
Lunch	ln	To	To	To	CB	CB	2A	2A																							
1400	ln	To	To	To	CB	CB	2A	2A																							
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
0900	TS	TS	TS	TS	TS	TS	TS	TS																							

Start date 01/01/13	1. Medicine/form/strength APRIMINE Sung 15ml	Dose 5ml	
Stop date Valid for duration of chart <input checked="" type="checkbox"/>	Route S/C	Frequency daily	
OR Stop date / /	Additional instructions		
PBS/RPBS- cro <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>	
Prescriber signature <i>J. Smith</i> Date of prescribing 01/01/13			

### 7.5 Short term medicine

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

🕒 **Short term medicine**

			Month: <span style="border: 1px solid white; border-radius: 50%; padding: 2px;">Jan</span> Feb												
Date → Times ↓	1	2	3	4	5	6	7								
0800	TS	TS	TS	TS	TS	TS	TS								

Start date 1/01/13	Medicine/form/strength AMICANTIN DUO FORTE TAB	Dose 1	
Stop date 07/01/13	Route PO	Frequency BID	
Additional instructions			
PBS/RPBS- cro <input checked="" type="checkbox"/>	Streamlined authority code <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>	
Prescriber signature <i>J. Smith</i> Date of prescribing 01/01/13			

### 7.6 PRN (as required) medicine

👤 **PRN (as required) medicine**

			Date	09/01/13	09/01/13		
			Time	10:00	15:00		
			Dose	20ml	20ml		
			Initial	AF	TR		
			Effective	Y/N	Y/N	Y/N	Y/N
			Date				
			Time				
			Dose				
			Initial				
			Effective	Y/N	Y/N	Y/N	Y/N
Start date 01/01/13	Medicine/form/strength PANAMAX ELIXIR	Dose 20ml					
Stop date Valid for duration of chart <input checked="" type="checkbox"/>	Route PO	Frequency TDS					
OR Stop date / /	Indication PAIN IN NECK						
PBS/RPBS- cro <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>					
Prescriber signature <i>J. Smith</i> Date of prescribing 01/01/13							



### 7.7 Phone orders

Phone order										
Medicine	Dose	250mg	Reason ordered	UTI	Date	10/02/13				
AMOXICILLIN	Route	PO	Additional instructions	1/2 food	Time	1800				
	Frequency	TDS			Dose	250mg				
	Start date	10/02/13	Signature 1	[Signature]	Date	10/02/13				
Strength	Stop date	15/02/13	Signature 2	[Signature]	Date	10/02/13				
Prescriber name	Dr. JOHN SMITH		Prescriber signature	[Signature]	Date	10/02/13				

### 7.8 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										
<b>Start date</b> 01/01/13 <b>Stop date</b> <input checked="" type="checkbox"/> Valid for duration of chart <b>Stop date</b> Additional instructions PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input checked="" type="checkbox"/> <b>Signature</b> Date of prescribing 01/01/13	<b>Medicine/form/strength</b> WARFARIN (COUMADIN) <b>Dose</b> 2 1/2 mg <b>Route</b> PO <b>Frequency</b> daily	<b>Start date</b> <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart <b>Stop date</b> Additional instructions PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> <b>Signature</b> Date of prescribing	<b>Medicine/form/strength</b> Variable dose order <b>Dose</b> <b>Route</b> <b>Frequency</b> Additional instructions PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> <b>Signature</b> Date of prescribing	<b>Start date</b> <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart <b>Stop date</b> Additional instructions PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> <b>Signature</b> Date of prescribing	<b>Medicine/form/strength</b> Variable dose order <b>Dose</b> <b>Route</b> <b>Frequency</b> Additional instructions PBS/RPBS Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> <b>Signature</b> Date of prescribing	<b>Instructions</b> Pathology frequency WR monthly Contact prescriber if pathology results are outside range of <u>See below</u> Contact prescriber if result is above <u>3</u> Contact prescriber if result is below <u>1.8</u> <b>Signature</b> Date of prescribing	<b>Month 1:</b> Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec			
<b>Pathology result</b> <b>Dose prescribed</b> <b>Dose given</b> <b>Time</b> <b>Initial 1</b> <b>Initial 2</b>	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	Variable dose								





## 7.9 Insulin

Medical practitioners will indicate how often Blood Glucose Levels (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. Each prescription box is to be used for one insulin dose only.

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 7.6).

**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 5 mmols  
 Prescriber signature: [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**  
7/5/13 John not well, not eating this morning (nurse)  
Lin (end)

Month 1: Jan Feb Mar Apr <u>May</u> 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	8:00	8:00	8:00	8:00	8:00	8:00																										Time
BGL	7.8	9.9	6.7	6.4																											BGL	
Time																															Time	
BGL																															BGL	
Time																															Time	
BGL																															BGL	

**BGL progress**

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Month 4: <u>July</u> 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	07:00	07:30	07:30	07:30																											Time	
Dose	30	50	50	50																											Dose	
Initial 1	L	L	L	L																											Initial 1	
Initial 2	B	B	B	B																											Initial 2	
Time	07:00	07:30	07:30	07:30																											Time	
Dose	24	24	24	24																											Dose	
Initial 1	M	M	M	M																											Initial 1	
Initial 2	S	S	S	S																											Initial 2	
Time																															Time	
Dose																															Dose	
Initial 1																															Initial 1	
Initial 2																															Initial 2	

Check for PRN dose

New chart required within 2 weeks

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### Protocol for prescribing from the NRMCM

This document provides guidance to medical practitioners for prescribing medicines on the NRMCM. At all times, medical practitioners must exercise professional judgment in adapting this guidance to presenting circumstances as well as meeting any legislative requirements.

#### 1 Resident identification

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

A valid prescription for supply must include:

- Resident's full name (as it appears on their Medicare card);
- Resident's date of birth; and
- The Residential Aged Care Services ID (RAC ID), 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 you have the current version of the resident's NRMCM.

**Note:** In some instances there may be more than one NRMCM per resident due to the high number 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 Determine whether a separate prescription is required

The following medicines are not eligible to be supplied and claimed from the NRMCM and require a separate traditional prescription:

- 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 your state/territory for 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) medicines are eligible for supply from the NRMCM (see Figure 3).

If the medicine is not eligible for supply from a medication chart prescription, the order for this medicine must still be written on the NRMCM and a separate traditional prescription provided to the pharmacy for the purposes of supply.



## 5 Medical practitioner details

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

- Name;
- Address;
- Phone number;
- PBS prescriber number; and
- Signature.

The medical practitioner does not have to personally complete their name, address and PBS prescriber number on the front page of the NRMC, but these fields must be completed for orders on the NRMC to be considered valid prescriptions. However, the medical practitioner must sign the front page of the NRMC in the box containing their details, and must sign and print their name in the prescription box for each medication order written on the NRMC.

## 6 Writing a valid prescription on the NRMC

Complete the required prescription fields (See Figure 3)

### 6.1 PBS, RPBS or private?

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, strike through both PBS and RPBS (see Figure 3).

### 6.2 Medicine

Fill in the name and strength of the medicine in this field.

### 6.3 Dose

Fill in the amount to be taken on each occasion, e.g. one, 100mL, 200mg.

### 6.4 Route

Provide the route, e.g. oral.

### 6.5 Frequency

Fill in the frequency at which the dose is to be taken, e.g. daily, bd, qid.

### 6.6 Authorised quantity

If the order is to be ongoing until the expiry date of the NRMC, tick 'valid for duration of chart'.

If the order is to be stopped on a date before the expiry date of the chart write this date in the 'stop date' field.

If the order to have a delayed start date (not to be commenced on the date ordered), write the intended date in the 'start date' field.

Further detail is provided under section 5.3 *Duration of supply*.

### 6.7 Streamlined Authority Code

If the prescribed medicine is Authority Required (STREAMLINED), you must provide the relevant four digit Streamlined Authority Code in the boxes provided.

### 6.8 CTG where applicable

Indicate if this prescription is CTG eligible by placing a tick in the CTG box (see Figure 3).

### 6.9 Brand substitution

If you intend for only your prescribed brand to be supplied, indicate that brand substitution is not permitted for this item by placing a tick in the 'Brand Substitution Not Permitted' box on the NRMC (See Figure 3).

### 6.10 Signature

Sign against each item that you prescribe on the NRMC.

### 6.11 Date of prescribing

Provide the date you prescribed the medicine in the space provided.

## 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](http://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.

<b>! Allergies and Adverse Drug Reactions (ADR)</b> 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							<b>ALERT</b> Resident with similar name? <b>Y / N</b>	Resident name John Richard Brown 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 _____	
	Drug (or other)	Reaction / type / date									

#### 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.

<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>

#### 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 / /	<b>1. Medicine/form/strength</b> Zovirax Suspension Additional instructions 200mg/5ml	Dose 5ml Route P-0 Frequency BD	Non packed <input checked="" type="checkbox"/>
PBS/RPBS <input checked="" type="checkbox"/> CTG <input type="checkbox"/>	Streamlined authority code 3632 Brand substitution not permitted <input checked="" type="checkbox"/>	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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