Insert Photo and Stick Down

RACF Name & Address

Chart of

Page 1 of

Personal Particulars

ALERT: Resident with similar name? Yes / No

Resident Name | Gender M / F

Resident Preferred Name | Age | Room No.

Chart Commenced / /20 | Expiry Date / /20 | Date of Birth / / | Date of Photo / /20

IHI | RAC ID | URN / MRN No.

Allergies & Adverse Drug Reactions (ADR)

☐ Yes
☐ Nil Known

DRUG ALERT LABEL — ATTACH ALERT LABEL HERE AND WHERE INDICATED INSIDE CHART

Drug (or other)	Reaction / type / date

Sign _____ Print name _____ Date __/__/__

Write Resident Name, Date of Birth and Date of photo on back of photo.

Considerations

Swallowing difficulties	Yes / No	Date / /
Crush medicines	Yes / No	Print Name:
Cognitive impairment	Yes / No	
Dexterity difficulties	Yes / No	Designation:
Resistive to medicine	Yes / No	
Nil by mouth	Yes / No	Signature:
Self administers	Yes / No	
Other	Yes / No	

Details of Yes to above:

Non Packed Medicines ☐

ALERT: Complex medications

Variable dose Yes / No Insulin Yes / No

Other Yes / No (Specify): _____

Entitlement numbers

Medicare number

Pension number

DVA number

Pharmacy

Pharmacy Name

Contact Name

Phone Fax

Email

Review date

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

PRIMARY GENERAL PRACTITIONER

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

Front page MUST be sent to pharmacy on each change

Version 5
08/17

COMPACT SYSTEMS AUSTRALIA

Compact National Residential Medication Chart

CNRMC-02

4 Months recording as per National Health Determination 2012

The Compact Residential Medication Chart (CNRMC-02) 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)

Compact Business Systems
Phone: 1800 777 508
Web: www.compact.com.au
Email: sales@compact.com.au

207140 v6 06/18

COMPACT SYSTEMS AUSTRALIA

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

RACF information is entered in this box

DRUG ALERT (ADR)

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

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

Resident concessional numbers are written in this box

Pharmacy details are entered in this box

SA (self administering) added to the dose omitted codes

Insert Photo and Stick Down

Write Resident Name, Date of Birth and Date of photo on back of photo.

RACF Name & Address: Safe Haven Aged Care

Chart: of

Page 1 of

Personal Particulars

ALERT

Resident Name: John Richard Brown — Gender (M) / F

Resident with similar name? Yes / No

Resident Preferred Name: John

Age: 89

Room No.: 8B

Chart Commenced: 10/8/13 Expiry Date: 31/12/13

Date of Birth: 07/01/1923

Date of Photo: 02/08/13

IHI: 289897248602

RAC ID: L979797

URN / MRN No.:

Allergies & Adverse Drug Reactions (ADR)

✓ Yes

Nil Known

DRUG ALERT (ADR)

ATTACH ALERT LABEL HERE AND INDICATED INSIDE CHART

Drug (or other)	Reaction / type / date
Penicillin	Swelling, Fever, Hives 1959

Sign J. Smith Print name J. Smith Date / /

Considerations

Swallowing difficulties	Yes / (No)	Date / /
Crush medicines	Yes / (No)	Print Name: J. Smith
Cognitive impairment	(Yes) / No	
Dexterity difficulties	Yes / (No)	Designation:
Resistive to medicine	Yes / (No)	
Nil by mouth	Yes / (No)	
Self administers	(Yes) / No	Signature: J. Smith
Other	Yes / (No)	

Details of Yes to above: Place medicine on spoon and place in mouth

Non Packed Medicines ❑

ALERT: Complex medications

Variable dose Yes / (No) Insulin Yes / No

Other Yes / No (Specify):

Entitlement numbers

Medicare number n/a

Pension number n/a

DVA number

Pharmacy

Pharmacy Name: John Spencer

Contact Name: 9123 5463 Phone: 9123 5467 Fax

Email: btpharmacy@innerhealth.com.au

Review date: 31/12/15

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

PRIMARY GENERAL PRACTITIONER

(QLD GPs Must Include Qualifications)

Name Dr Joseph Smith

Address 123 Apollo Avenue, Moree NSW 2063

Phone 9123 4567

A/Hrs 9123 4568 Fax 9123 4569

Email jsmith@doctors.com.au

Prescriber No. X122334456 Signature J. Smith

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name Dr Nancy Maulouf

Address 123 Smith Road, Moree NSW 2063

Phone 9123 4567

A/Hrs 9123 4567 Fax 9123 4569

Email nmaulouf@nursing.com.au

Prescriber No. X1332443456 Signature Nancy Maulouf

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

Email

Prescriber No. Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. Signature

Front page MUST be sent to pharmacy on each change

Version 5 08/17

Front Page

COMPACT SYSTEMS AUSTRALIA

Personal Particulars

LEGAL DOCUMENT
- **all entries in black ink**
- **never pencil or water soluble ink e.g. Fountain Pen**
- **NO erasers or white out can be used.**

RACF - Residential Aged Care Facility Name:

Personalised self-inking stamps available for this purpose and where indicated throughout the chart.

* Need to complete name and DOB where indicated throughout chart

RACF Name & Address	Chart of

Essential to complete

Personal Particulars			ALERT
Resident Name Gender M / F			Resident with similar name? Yes / No
Resident Preferred Name		Age	Room No.
Chart Commenced / /20	Expiry Date / /20	Date of Birth / /	Date of Photo / /20
IHI		RAC ID	URN / MRN No.

Page 1 of

Provide information in this box if another resident has a similar name Circle appropriately

Provide all requested resident information

Individual Health Identifier

The RAC ID is a number assigned to each facility by the Department of Health and Ageing for identification. Each facility has a unique number.

SA (self administering)
added to the dose omitted codes

Front Page

Resident Photo Identification

Insert Photo and Stick Down

Write Resident Name, Date of Birth and Date of photo on back of photo.

Photo I.D. should be updated every 4 months - appearances can change markedly especially following bouts of illness or significant weight loss. Similarly, Residents sharing similar names can be more easily recognised if an up to date photo is on the chart.

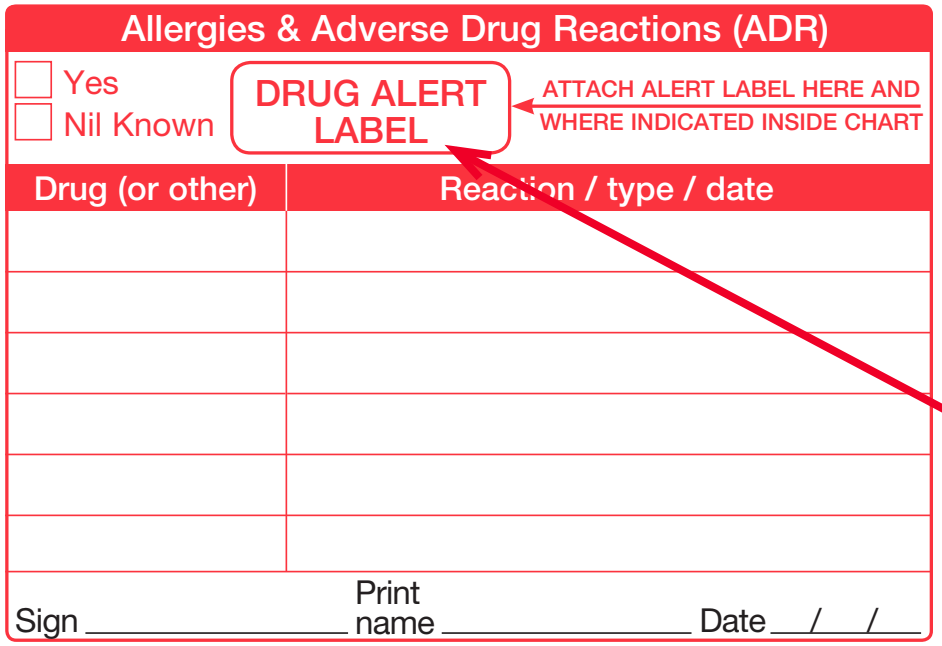
"Write Resident Name, Date of Birth and Date of photo on back of photo."

SA (self administering)
added to the dose omitted codes

Front Page

Allergies and Adverse Drug Reactions

Prescribers and nursing staff are required to complete the **Allergies and Adverse Drug Reactions (ADR)** box for all residents and to sign and date their entries (see below). Write the name of the drug/ substance, the reactions (i.e. rash. Diarrhoea) and their type (i.e. allergy, anaphylaxis), and the date they occurred.



Imperative that this section be completed otherwise is left to assumption. If possible, include nature of reaction as this may influence any future therapies depending on whether a true allergy or drug reaction.

Drug alert labels to be affixed where indicated throughout the chart to encourage staff to refer back to allergies and adverse reactions (ADR)

SA (self administering)
added to the dose omitted codes

Front Page

Residents Considerations

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

Considerations

Swallowing difficulties	Yes / No	Date / /
Crush medicines	Yes / No	Print Name:
Cognitive impairment	Yes / No	
Dexterity difficulties	Yes / No	Designation:
Resistive to medicine	Yes / No	
Nil by mouth	Yes / No	Signature:
Self administers	Yes / No	
Other	Yes / No	

Details of Yes to above:

Non Packed Medicines ❑

Circle relevant information

More specific detail here

ALERT: Complex medications

Variable dose Yes / No Insulin Yes / No

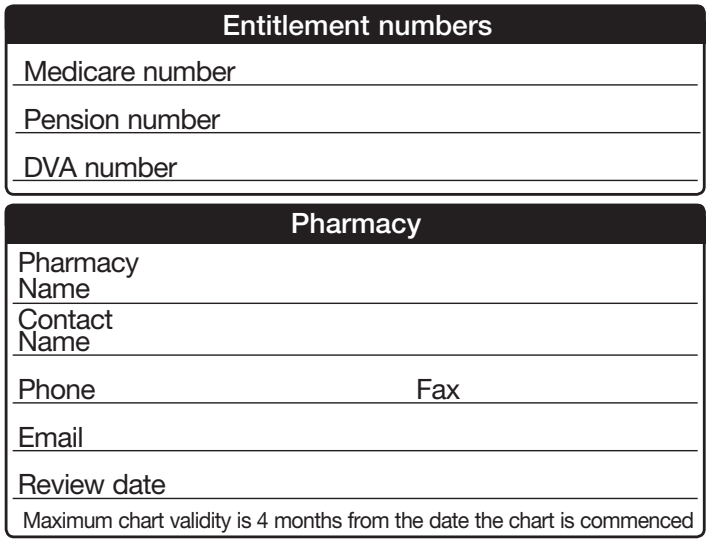
Other Yes / No (Specify): _____

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

SA (self administering) added to the dose omitted codes

Front Page

Government assigned Concession Card Numbers / Pharmacy Details



Complete all required fields required for PBS prescribing

Complete all required fields

Duration

SA (self administering)
added to the dose omitted codes

Front Page

Prescriber Details

PRIMARY GENERAL PRACTITIONER

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

PRESCRIBER details (if not primary GP)

(QLD GPs Must Include Qualifications)

Name

Address

Phone

A/Hrs Fax

Email

Prescriber No. | Signature

Details of resident's regular visiting GP

Details may relate to Locums, Nurse, Practioners, Specialists etc.

Important

These fields MUST be completed to be a valid prescription

Prescriber Details Box

Each MUST Be signed by the prescriber

SA (self administering)
added to the dose omitted codes

Non Prescription - Page 2

Non prescription medicine, creams, vitamins and herbal treatments

Non prescription medicine, creams, vitamins and herbal treatments				
Name of Medicine	Strength	How much do I use and when?		Start date / /
What the medicine is for?		Special instructions or comments	Prescriber signature	Review or Stop date / /
Name of Medicine	Strength	How much do I use and when?		Start date / /
What the medicine is for?		Special instructions or comments	Prescriber signature	Review or Stop date / /

Contra-indications - Anything the Resident may be taking that is not prescribed by the Prescriber but is authorised and reviewed by the Prescriber.

SA (self administering)
added to the dose omitted codes

Phone Orders - Page 2/3

Should be written in by Staff member and verified by 2nd Staff member to ensure that all details are interpreted correctly. This order must then be signed and reviewed by the Prescriber as per your Organisation/Facility Policies and Procedures.

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

Telephone Orders

Medicine .... Strength.....	Dose Route Frequency Start Date / /20 Stop Date / /20	Reason ordered Additional instructions..... Date / /20 Time Signature 1 Date / /20 Time Signature 2	Date Time Dose Initial Date Time Dose Initial
Prescriber name		Prescriber signature Date / /20	

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

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

Prescriber to sign here to confirm order.

When a phone order is required, the Prescriber phones the RACF and two nurses confirm the order with the Prescriber. This does not constitute a prescription.

Supporting products:
- Verbal Telephone Order Bookmark Prompt

SA (self administering)
added to the dose omitted codes

Variable dose medicine (not insulin)

See separate insulin section of chart - Page 4/5

COMPACT SYSTEMS AUSTRALIA

ATTACH ADR STICKER HERE Refer to front page for details

Resident Name	D.O.B.

RACF Name and Address

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

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

✓Box Where Required ☐ PACKED NON

VARIABLE DOSE MEDICINE (Not Insulin) eg. Warfarin	TIME
Variable Dose Medicine/Form Strength Additional Instructions	
Route / Dose / Frequency	AM
Date of Prescribing / /20 / Prescriber Signature	PM

Not a valid prescription unless completed

☐☐☐☐ Streamlined authority code

☐ (✓) Brand substitution not permitted

☐ (✓) PBS ☐ (✓) RPBS ☐ (✓) CTG

Prescriber Name (Print)

Start Date / /20 Initial

Stop Date

☐ (✓) Tick if valid for duration of chart *OR*

Stop Date / /20 Initial

(✓) Tick appropriate box

☐ Commence Immediately ☐ Next Pack

Not a valid prescription unless completed

The variable dose section is designed to prescribe, administer and monitor a medicine for which the dose is variable (e.g. warfarin)

← Prescriber order

Prescriber to complete instructions →

Instructions

Pathology frequency _____

❑ (✓) Tick if Lab dosing to be used. Name of Lab: _____

Contact prescriber if pathology results are outside range of _____

Contact prescriber if pathology is above _____

Contact prescriber if pathology is below _____

Prescriber Signature _____

NOTES: _____

Staff administration record →

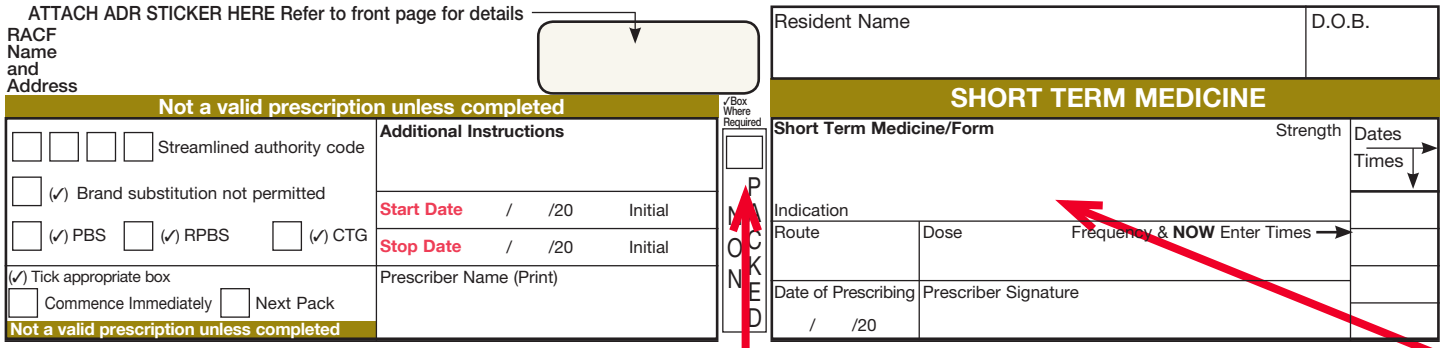
Variable dose medicine* (not insulin) e.g. Warfarin

Month 1	Month of										20					
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Pathology result																
Dose prescribed	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
Dose given	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
Time																
Initial 1																
Initial 2																

SA (self administering) added to the dose omitted codes

Short Term Medicine Page 6/7

COMPACT SYSTEMS AUSTRALIA



Prescriber order

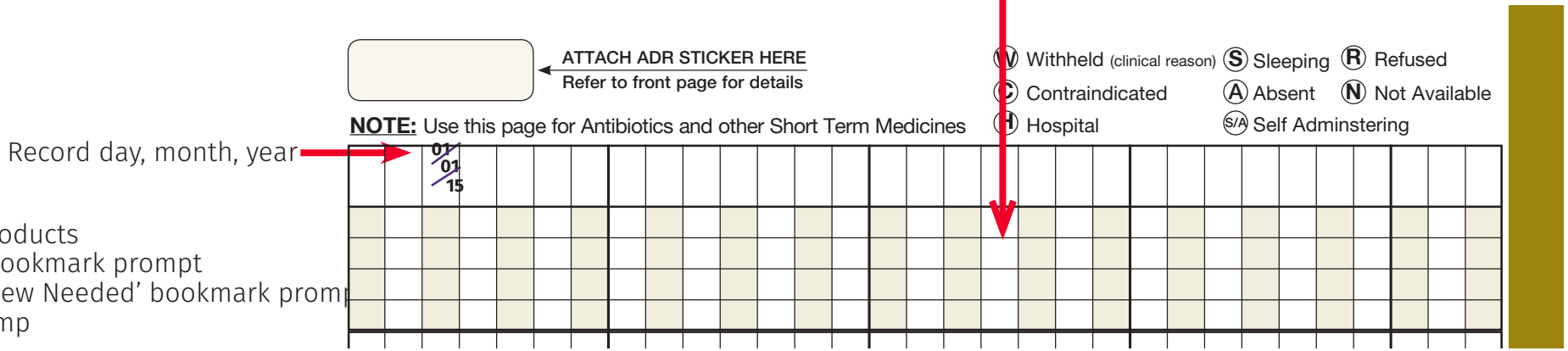
Record time of administration

Short term / antibiotic page is frequently misused by having regular drug orders written up. It is important during the implementation period to draw the Prescriber's attention to this.

Tick non-packed area where necessary

Prescriber to write the reason for prescribing the antibiotic

Initial when medicine is administered



Supporting Products
- 'Antibiotic' bookmark prompt
- 'Clinical Review Needed' bookmark prompt
- 'Ceased' stamp

SA (self administering)
added to the dose omitted codes

Nutritional Supplements Page 8/9

COMPACT SYSTEMS AUSTRALIA

Nutritional supplement daily intake record

NON PACKED

Nutritional supplement Strength

☐ (✓) Brand substitution not permitted

Date of Prescribing	Dose	Route	Frequency
/ /20			

Prescriber/Dietician Signature | Prescriber/Dietician Name (Print)

Start Date / /20 | **Stop Date** ☐ (✓) Tick if valid for duration of chart | **OR** **Stop Date** / /20 | ☐ (✓) PBS ☐ (✓) CTG ☐ (✓) RPBS

Nutrional supplement directions (If ordered by dietician or registered nurse)

Intake
Enter amount of nutritional supplement taken per shift.
For example, one cup = 1 serve; half a cup = 1/2 serve; one third cup = 1/3 serve.

NON PACKED

Nutritional supplement Strength

☐ (✓) Brand substitution not permitted

Date of Prescribing	Dose	Route	Frequency
/ /20			

Prescriber/Dietician Signature | Prescriber/Dietician Name (Print)

Start Date / /20 | **Stop Date** ☐ (✓) Tick if valid for duration of chart | **OR** **Stop Date** / /20 | ☐ (✓) PBS ☐ (✓) CTG ☐ (✓) RPBS

Nutrional supplement directions (If ordered by dietician or registered nurse)

Intake
Enter amount of nutritional supplement taken per shift.
For example, one cup = 1 serve; half a cup = 1/2 serve; one third cup = 1/3 serve.

Start Weight kgs | Month of 20

Times	Dates	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.	Qty																															
	Initial																															
2.	Qty																															
	Initial																															
3.	Qty																															
	Initial																															

Record Weight

Initial when medicine is administered

Record how much in serves or mls that the resident was administered. (According to your facilities/organisations policies and procedures)

Prescriber/Dietician to complete if required

Can be completed by Dietician or RN

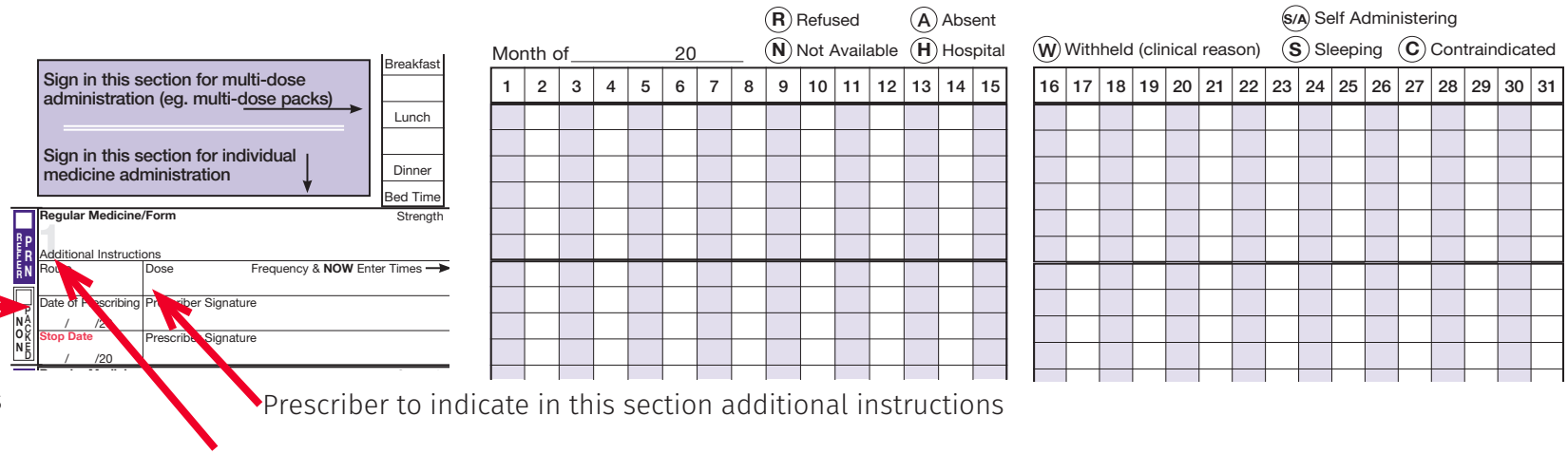
As per Q&S Commission user guide. Can be documented as mls

Allows for documenting across 3 shifts if required

SA (self administering) added to the dose omitted codes

Regular Medicines (regular dose)

COMPACT SYSTEMS AUSTRALIA



Tick if Non-Packed item e.g. Eye drop, topicals

Prescriber to indicate in this section additional instructions

- In the case of a regular medicine order and a PRN order for the same medicine, tick box provided to prevent duplication of dose ie: for a regular 4 hourly paracetamol and PRN paracetamol.
- It is imperative staff ensure medicine is swallowed prior to signing the Admin record.
- Medicines must be signed by administering staff immediately after administering.
- The signature on the Admin record indicates the resident has taken the medicine.
- No medicines should be administered if Medication Chart has expired.
- Multi-dose medicines are signed for only once against the designated time and date line right throughout the chart.
- Single unit dose medicines can, if required be signed for individually against the medicine order.
- This also applies to non-packed medicines. These are recorded in ☑ tick boxes provided and can be signed for individually by all persons administering.

The seven rights of medicine administration

1. Right resident
2. Right medicine
3. Right dose
4. Right time
5. Right route
6. Right documentation
7. Right reason

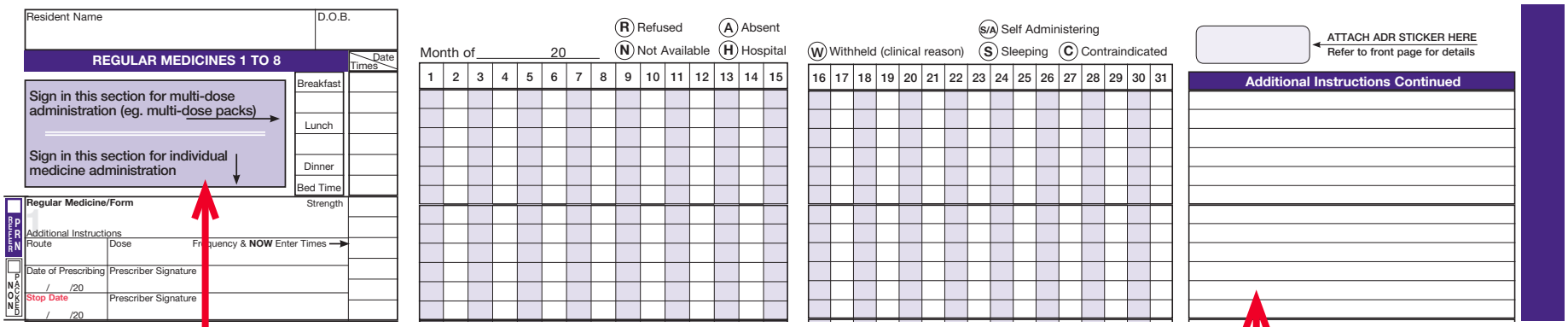
Supporting Products:

- 'Outside Normal Times / Return to Administer' Bookmark prompt
- 'Urgent Re-write' Bookmark prompt
- 'Ceased' Stamp
- Computer Generated Labels to suit Medical Director, Best Practice, Genie Prescriber Programs etc. NB check state Prescriber Protocol Requirements
- Long Term Medication Chart Binders
- Metal Trays (30 and 60 chart capacity)
- A - Z Index
- Medicine Incident Reports

SA (self administering) added to the dose omitted codes

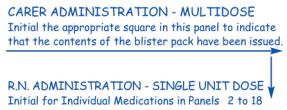
Regular Medicines (regular dose)

COMPACT SYSTEMS AUSTRALIA



All entries in this area should be signed, name printed and date recorded by person annotating and their designation documented.

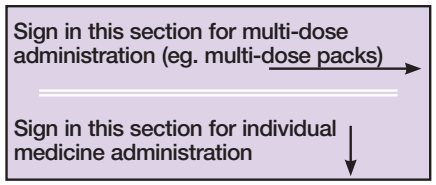
CRL-1 Label



CRL-6 Label

These labels can be applied to top panel to provide for different options for signing for the administration of medicines

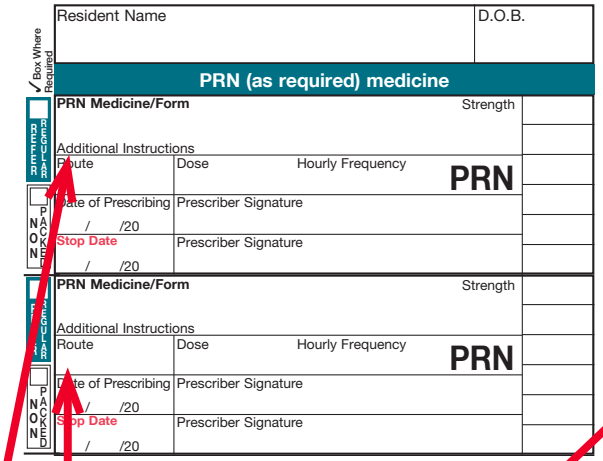
CRL - 7 Label

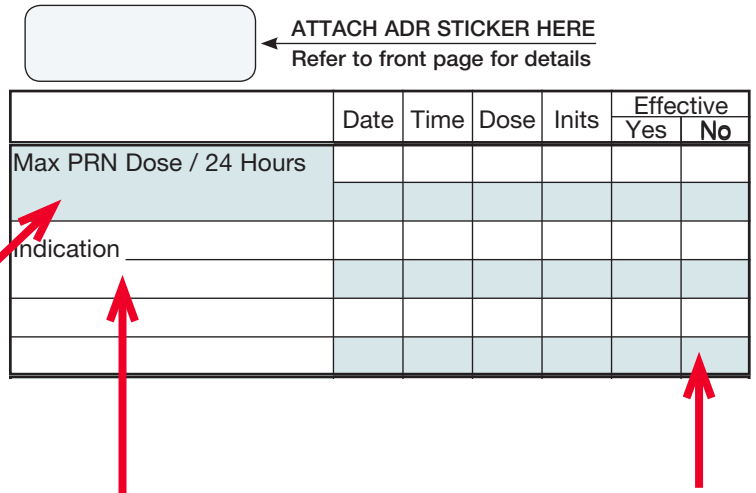


If Prescriber is using computer generated medicine strip labels it will require the application of a CRL-7 Label to replicate the administration instruction panel, which will be obscured when computer generated medicine strip label is applied.

SA (self administering)
added to the dose omitted codes

PRN (As required) Medicines Page 30/33





Tick if Non-Packed PRN medicine e.g. inhaler

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

This area must be completed by the Prescriber.
Imperative to prompt Prescriber as this will not be visible during prescription being written.

Indicate the effectiveness of the administered PRN Medication by inserting a Y in the 'Yes' column or N in 'No' column.

Tick this box to indicate that this PRN medicine is also prescribed in regular medicines

It is suggested that guidelines be established within each facility for the conversion of PRN to regular medicine orders once certain usage has been recorded.

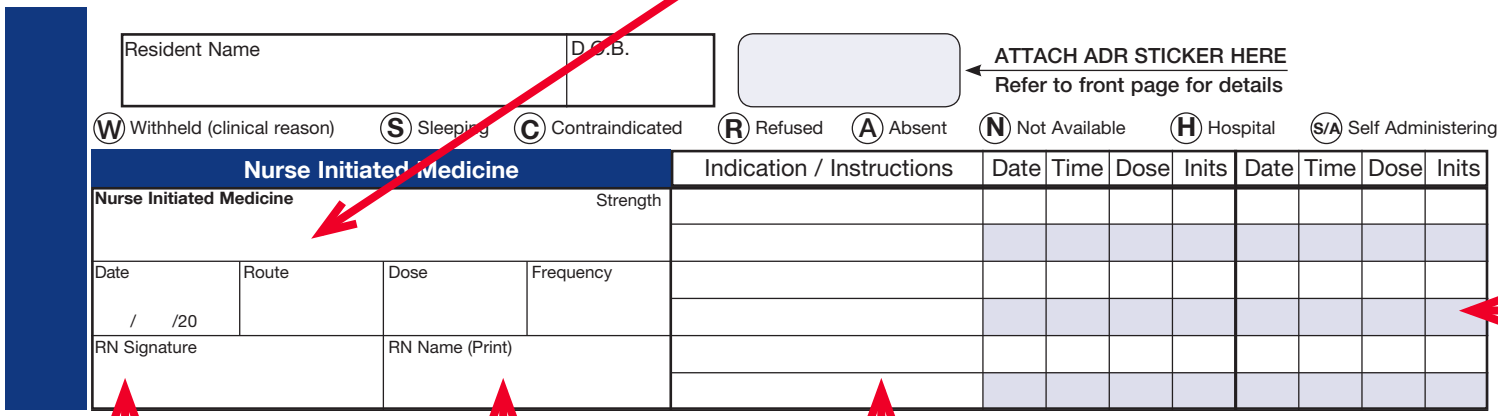
Supporting Products
- Progress Note Labels - PPN-01
- PRN Med Data Collection Sheets

SA (self administering)
added to the dose omitted codes

Nurse Initiated Medicines - Page 34

Nurse initiated medicines are non prescription (over-the-counter) medicines that can be administered by a registered nurse when the need arises and, in most cases, with the prior agreement of the resident's medical practitioner.

Check any previous drug allergies and/or adverse reactions as well as any contraindications for this resident prior to administration.
Write the name of the drug to be given, within your registered nurse scope of practice, in this box.



Record your initials in here once the medicine is administered

Record your signature in this box

Print name in this box

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

All Nurse initiated medicines must be recorded on the Medication Chart and reviewed as per your facility/organisation policies and procedures.

SA (self administering)
added to the dose omitted codes

Insulin - Page 35/47

COMPACT SYSTEMS AUSTRALIA

Diabetes Action Plan

Resident Name D.O.B.

ATTACH ADR STICKER HERE
Refer to front page for details

INSULIN & BLOOD GLUCOSE LEVEL (BGL) RECORDING

Diabetes Action Plan		
Frequency of Blood Glucose monitoring required		
Days per week		
Frequency per day		
Times of day		
Reportable Blood Glucose levels (BGL)		
Below which level	mmol/L	
Above which level	mmol/L	
Communicating reportable BGL's:		
LOW	If BGL <	Ring Prescriber and fax copy of BGLs
HIGH	If BGL >	Ring Prescriber and fax copy of BGLs
Hypoglycaemia Management		

If the BGL is found to be **BELOW** mmol/L, action to be taken by staff is as follows:

If resident is conscious:
1. Give quick acting carbohydrate:
   - *100ml Lucozade / soft drink* ***or***
   - *5 jelly beans* ***or***
   - *Glucose gel* ***or***
   - *tablespoon of sugar/honey or jam*
2. *Recheck BGL in 10 minutes and repeat above treatment if BGL is still below* mmol/L.
3. *Give slower acting carbohydrate:*
   - *glass of milk* ***or***
   - *slice of bread* ***or***
   - *2-3 plain biscuits*

If resident unconscious:
1. *Give Glucagon (see medication chart)*
2. *Call ambulance and then contact Prescriber.*
3. *Monitor BGL every 5 minutes until back to normal* ***OR*** *the ambulance arrives.*

Consider inclusion of Glucagon on PRN medication orders for residents receiving Insulin and/or in accordance with ACF policies.

Prescriber Name: Date:

Prescriber Signature:

Comments

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

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

The National Residential Medication Chart has been designed as a 'central point for information' and inclusion of BGL reporting at same location of insulin administration recording supports informed prescribing and 'improved clinical monitoring of residents'.

Residents who have known diabetes should have a 'Diabetes Action Plan'.

Target BGL levels can vary in elderly residents and inclusions of Diabetes Action Plan within medication chart encourages regular GP completion and review of:
- BGL testing frequency
- Target BGL range
- Reportable BGL's

Elderly residents are at increased risk of hypoglycaemia.

The inclusion of hypoglycaemia management information within medication the chart can provide timely access to hypoglycaemia guidelines for nursing staff and encourage regular GP review.

Prescriber to complete BGL Level Box

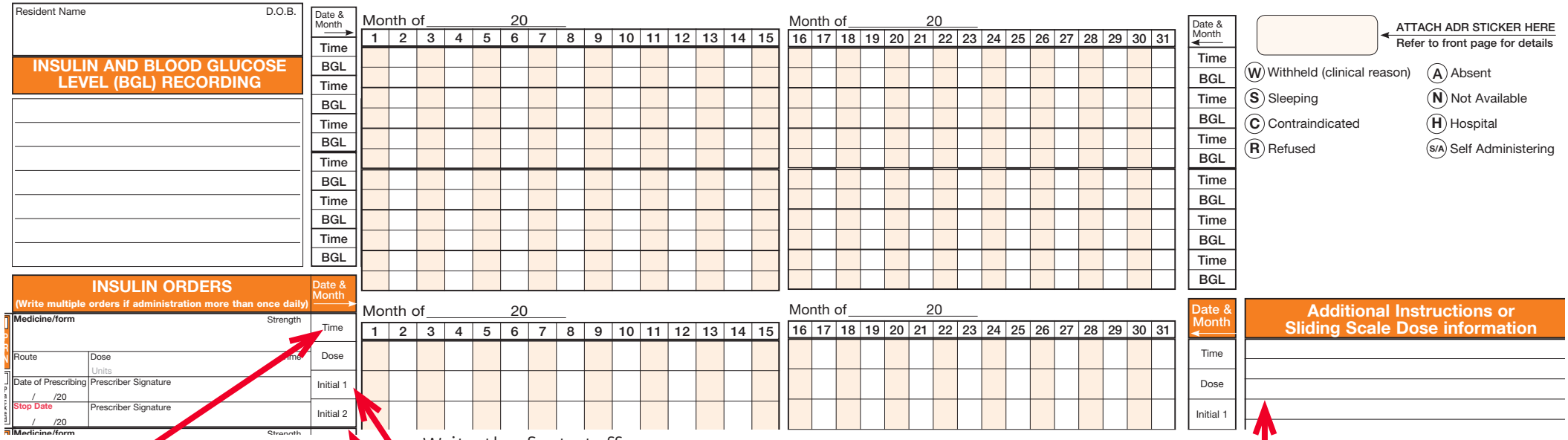
Prescriber to Print Name, sign and date

SA (self administering)
added to the dose omitted codes

Insulin information relating to Nursing and Care Staff - Page 36/45

COMPACT SYSTEMS AUSTRALIA

Blood glucose level (BGL) are documented in this area in 24 hour time (i.e. 0700 = 7am) and the BGL result as a number (e.g. 3.2)



Where regular insulin is to be administered please note that each prescription box provides for one daily administration time only
i.e. 0800 hrs.

Where regular insulin is to be administered in the evenings as well, a second prescription box must be completed by the prescriber i.e. 1800 hrs.

Write the first staff member's initials in this box

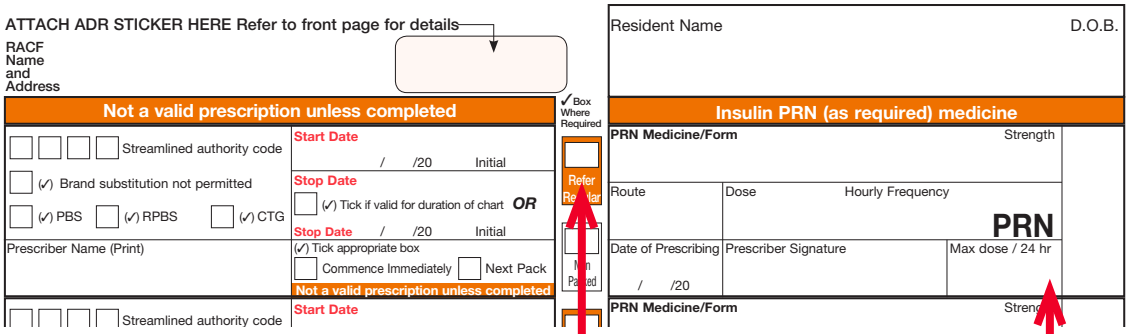
Write the second staff member's initials in this box

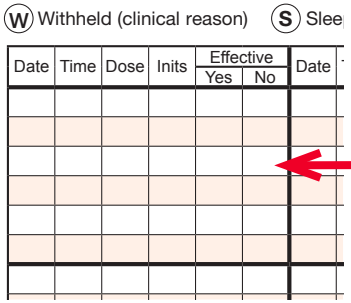
All entries in this area should be signed, name printed and date recorded by person annotating and their designation documented

NOTE: Some RACFs may not require two signatures for insulin administration

SA (self administering)
added to the dose omitted codes

PRN Insulin Administration - Page 46-47





Tick this box to indicate that this PRN insulin is also prescribed in regular insulin medicines

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

Indicate the effectiveness of the administered PRN insulin by inserting a Y in the 'yes' column or N in the 'no' column

Supporting Products
- Progress Note Labels - PPN-01
- PRN Med Data Collection Sheets

SA (self administering)
added to the dose omitted codes

Back Page

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

Frequency *(suggested times most commonly used in aged care)*	
morning *(e.g. breakfast)*	**mane**
night *(e.g. dinner)*	**nocte**
once per day *(morning unless specified)*	**daily**
twice per day *(e.g. breakfast and dinner)*	**bd**
three times a day *(e.g. breakfast, lunch and dinner)*	**tds**
four times per day *(e.g. breakfast, lunch, dinner and bed time)*	**qid**
when required *(e.g.)*	**prn**

The seven rights of medicine administration	
1	Right resident
2	Right medicine
3	Right dose
4	Right time
5	Right route
6	Right documentation
7	Right reason

Abbreviations when medicine not administered			
Patient / Resident / Client		**Medicines**	
Absent	(A)	Adjusted Administration	(A/T)
Fasting	(F)	Contraindicated	(C)
Hospital	(H)	Not Available (Obtain supply or notify prescriber)	(N)
On Leave	(L)	Not Required	(N/R)
Sleeping	(S)	Omitted	(O)
Self Administering	(S/A)	Refused (Notify Prescriber)	(R)
Vomiting	(V)	Withheld (Enter reason in clinical record)	(W)
		Withheld pending results	(W/R)

Privacy Statement

The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorised or required by law. This information will be handled in accordance with the provisions in the *Privacy Act 1988* (Cth) (the **Privacy Act**).

Prescribing and Administration Instructions

This medication chart has been developed by Compact Business Systems Pty Ltd to facilitate the direct supply and claiming from a medication chart of most medicines under the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS).

For Prescribers

For this chart to be used as a valid PBS or RPBS prescription please complete all details as follows:

1. **PBS/RPRS:** Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.
2. **Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.
3. **CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.
4. **Streamlined authority code:** write the 4 digit code in the spaces provided, where applicable. Streamlined authority codes are available at www.pbs.gov.au
5. **Ongoing supply:** Indicate the intention for the medicine order to continue for the chart validity period, if applicable, by ticking the box.
6. **Remember:** Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:
   - all Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
   - all items only available under special arrangements (Section 100)
   - Controlled Drugs (Schedule 8 medicines).

For Facility Staff

The front page **MUST** be sent to pharmacy on each change.

TO RE-ORDER QUOTE REF. No. CNRMC 02

205145

Version 5 August 2017

COMPACT SYSTEMS AUSTRALIA

Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines

Supplied by: Australian Commission on Safety and Quality in Health Care www.safetyandquality.gov.au

Compliance checked by CRH Law Aged Care Specialist December 2014

Acknowledgements

Australian Commission on Safety and Quality in Health Care.
User Guide for Nursing and Care Staff (NRMC3)