

Nurse/Midwife Initiated Medicines (NMIM) Clinical Guideline

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Nurse/Midwife Initiated Medicines (NMIM) Clinical Guideline

1. Introduction

This guideline provides Drug and Therapeutics Committees (DTCs) (or equivalent committees) with guidance in the development of protocols for the governance and management of nurse/midwife initiated medicines (NMIMs) used across SA Health Local Health Networks (LHNs), hospitals and health services.

2. Background

NMIMs may be necessary where a registered nurse or a midwife (within their scope of practice) may be expected to initiate therapy with a non-prescription medicine without an order from an authorised prescriber.

NMIMs cannot include prescription medicines (Schedule 4 or Schedule 8 medicines).

SA Health facilities should consider whether there is a need for the administration of commonly used non-prescription medicines by registered nurse or midwife within their service. Not all facilities will approve NMIMs.

NMIMs are not the same as standing medication orders (SMO) or telephone/verbal orders. For guidance on SMOs and their use refer to the SA Health [Standing Medication Orders \(SMOs\) Clinical Guideline](#).

3. Definitions

Authorised Prescriber means: a registered health professional endorsed by their regulatory body to prescribe medicines, and also authorised by SA Health hospital or health service to prescribe medicines within their scope of practice.

Drug and Therapeutic Committee means: the group assigned responsibility for medication management in the health service, LHN; or equivalent committee group with a similar name and intent, e.g. the quality use of medicines committee or medication advisory committee. Drug and therapeutics committees should work with the organisation's safety and quality unit, clinical governance and executive to oversee organisation-wide safe and quality use of medicines.

Enrolled Nurse means: a person registered under the *Health Practitioner Regulation National Law* –

- a) to practise in the nursing profession as a nurse (other than as a student); and
- b) in the enrolled nurses division of that profession.

Enrolled Nurse without notation means: an EN who **can** administer medicines and **does not** have a notation on their registration. This means they have successfully completed EN medication administration education. This education may have been completed before or after the introduction of the National Registration and Accreditation Scheme (National Scheme).

Indirect supervision means: when the supervisor and supervisee share the responsibility for individual patients. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering. (Reference NMBA Decision Making Framework for nursing and midwifery 2020)

Midwife means: a person registered under the *Health Practitioner Regulation National Law* to practise in the midwifery profession as a midwife (other than as a student).

Non-prescription medicine means: a general sales medicine (unscheduled), Schedule 2 or Schedule 3 medicine.

Nurse/midwife initiated medicine (NMIM) means: non-prescription medicines that may be initiated by a registered nurse or a midwife, without prior written or telephone instruction from an authorised prescriber. NMIMs cannot include Schedule 4 or Schedule 8 medicines.

Registered Nurse means a person registered under the *Health Practitioner Regulation National Law* –

- a) to practise in the nursing profession as a nurse (other than as a student); and
- b) in the registered nurses division of that profession

SA Prison Health Service (SAPHS) means: a health service, part of the Central Adelaide Local Health Network (CALHN), delivering a range of primary health care services to prisoners located across the state-run prisons.

4. Principles of the standards

The following National Safety and Quality Health Service Standards (NSQHSS) apply:

National Safety and Quality Health Service (NSQHS) Standards

Standard 1 aims to ensure:

- > There are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

Standard 4 aims to ensure:

- > Clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use; and
- > Consumers are informed about medicines, and understand their own medicine needs and risks.

Aged Care Quality Standards

Standard 7 aims to ensure:

- > Clinicians are sufficient, skilled and qualified to provide safe, respectful and quality care and services.

Standard 8 aims to ensure:

- > Systems are in place for the delivery of safe and quality care and services

National Disability Insurance Scheme (NDIS) Practice Standards

Core Module 2 aims to ensure:

- > Clinicians are competent to safely administer appropriate medicines to meet the needs of the participant.

5. General

5.1. Guiding principle 1: Governance of Nurse/Midwife Initiated Medicine

- 5.1.1. LHN or health service DTCs (or equivalent committee) are responsible for providing governance of NMIMs.
- 5.1.2. LHN or health service DTCs (or equivalent committee) are responsible for endorsing the use of NMIMs.
- 5.1.3. DTCs (or equivalent committee) endorsing NMIMs must comprise a broad membership including at a minimum a medical officer, a pharmacist; and a nurse or a midwife.
- 5.1.4. DTCs (or equivalent committee) may specify where NMIMs are not permitted (e.g. in paediatric patients).
- 5.1.5. The decision-making process for the authorisation of NMIMs should be transparent and accountable, and based on evidence of safety and justification of the need for a NMIM according to local circumstances.
- 5.1.6. NMIMs must be documented on an approved register, list or equivalent document, and should be readily accessible by registered nurses and midwives.

NMIMs should only be endorsed if the medicine is listed on the [South Australian Medicines Formulary](#).
- 5.1.7. NMIMs should be reviewed according to the LHN/health service quality review processes. It is recommended that NMIMs are re-authorised at least every two years, or when they are amended (whichever is sooner). NMIMs that are not renewed by the expiry date are considered invalid.
- 5.1.8. The countersignature of an authorised prescriber is not required for NMIMs.
- 5.1.9. It is the responsibility of the LHN/health service to determine if a NMIM or SMO is more appropriate in any given hospital, health service or clinical scenario.

5.2. Guiding principle 2: Safe use of Nurse/Midwife Initiated Medicines

- 5.2.1. LHNs/health services should develop protocols for safe practice in the use of NMIMs.
- 5.2.2. Protocols must be in place to support the education and training of registered nurses and midwives who may initiate NMIMs.
- 5.2.3. Registered nurses and midwives should have access to a list or register (or equivalent document) of approved NMIMs.
- 5.2.4. Newly employed registered nurses and midwives should be made aware of any relevant NMIMs as part of their orientation.

- 5.2.5. Where possible, new NMIMs should not be duplicated for different clinical areas across the same LHN/health service, rather existing NMIMs should be amended to incorporate the new clinical area.
- 5.2.6. NMIMs are appropriate as one-off or occasional medications. An authorised prescriber should be informed of initiated NMIMs to ensure a timely assessment of ongoing need for the medicine is undertaken.
- 5.2.7. Registered nurses and midwives initiating a NMIM may delegate the administration to an enrolled nurse without notation
- 5.2.8. SA Prison Health Services (SAPHS) enrolled nurses **without** notation employed within the SAPHS are permitted to initiate select NMIM (in accordance with SAPHS guidelines and procedure) and are able to do so under the indirect supervision of a registered nurse/registered midwife and within their scope of practice, to support the provision of timely, quality care delivery within SAPHS.

5.3. **Guiding principle 3:** Documentation of Nurse/Midwife Initiated Medicines

- 5.3.1. The initiation and administration of NMIMs must be documented according to SA Health, LHN, health service, and legislative requirements.

6. **Safety, quality and risk management**

National Safety and Quality in Health Services (NSQHS) Standards

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aged Care Quality Standards (includes Home care clients)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>
Consumer Dignity & Choice	Ongoing Assessment & Planning with Consumers	Personal Care & Clinical Care	Services & Supports for Daily Living	Organisation's Service Environment	Feedback & Complaints	Human Resources	Organisational Governance

National Disability Insurance Scheme (NDIS) Practice Standards

CORE MODULE				SUPPLEMENTARY MODULES	
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rights and Responsibilities	Governance and Operational Management	Provision of Supports (to participants)	Provision of Supports (environment)	High Intensity Daily Personal Activities Module	Early Childhood Supports Module

7. Reference

Related SA Health policies/guidelines:

- a. [Spell it out: Standardised terminology, abbreviations and symbols to be used when communication about medicines](#)
- b. [Standing Medication Orders \(SMOs\) Clinical Guideline](#)

Related SA Health legislation and other documents:

- c. [Controlled Substances Act \(SA\) 1984](#)
- d. [Controlled Substances \(Poisons\) Regulations 2011](#)
- e. [The Poisons Standard \(SUSMP\) 2020](#)
- f. [NSWNMA Guidelines on Nursing and Midwifery Responsibilities in Relation to Medications](#). NSW Nurses and Midwives' Association. Accessed July 2020.
- g. [National Safety and Quality Health Service Standards. Second edition, 2017](#). ACSQHC (Australian Commission on Safety and Quality in Health Care). Sydney: ACSQHC; 2017.
- h. Nursing and Midwifery Board of Australia (NMBA) Enrolled nurses standards for practice, 2016
- i. Nursing and Midwifery Board of Australia (NMBA) Enrolled nurses and medication administration fact sheet, 2020
- j. Nursing and Midwifery Board of Australia (NMBA) Decision making framework for nursing and midwifery 2020

The authors acknowledge the individual policies of each of the Local Health Networks, hospitals and health services that were adapted to develop the original *Nurse/Midwife Initiated Guiding Principles* document.

8. Document Ownership and History

Developed by:	Office of the Chief Pharmacist
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Approval Date	Version	Who Approved New/Revised Version	Reason for Change
13/10/22	V2.1	A/Domain Custodian, Clinical Governance, Safety and Quality	Update to include scope of Enrolled Nurse for SA Prison Health Service
03/02/21	V2	Naomi Burgess, Chief Pharmacist	Formally reviewed in line with 1-5 year scheduled timeline for review.
08/07/15	V1	Portfolio Executive	Original Portfolio Executive approved version.