

## NEONATAL MEDICATION PROTOCOLS

Prescribing and Administration of Medications to  
Neonates  
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NCCU Clinical Guidelines  
KEMH/PMH  
Perth, Western Australia

### PRESCRIBING AND ADMINISTRATION OF MEDICATIONS TO NEONATES

All staff administering medications to neonates are responsible for checking the 6 rights of medication safety:

1. **RIGHT MEDICATION**
2. **RIGHT PATIENT**
3. **RIGHT DOSE**
4. **RIGHT ROUTE**
5. **RIGHT TIME**
6. **RIGHT DOCUMENTATION**

#### TRAINING PROGRAM

*A comprehensive training program for all nursing staff on the administration of drugs is in place within the NCCU. All registered nursing staff employed must complete a drug calculations and administration of drugs competency package within 1 week of commencement.*

*Agency nurses working in the NCCU may be involved in the checking and giving of all medications to neonates as long as the other registered nurse checking the drugs is the coordinator or delegate of the area*

*Enrolled nurses (EN) may give parenteral drugs as long as they have completed an appropriate advanced skills intravenous medications program and been deemed competent. The exception being parenteral narcotics which must be checked and given by two RN's.*

*Mothercraft nurses must not give intravenous or intramuscular drugs but may give all other drugs to neonates in their care as long as the other nurse checking the drug is a Neonatal Trained Nurse (NNT) employed by the NCCU.*

*In Ward 6B at PMH, SCN 3/2 KEMH the coordinator or delegate will be a NNT.*

*In SCN2B/HDU KEMH the coordinator or delegate will be a NNT or if necessary a RN who has successfully completed the medication checking and administration and coordinator duties training program and who have been in the unit 12 months.*

#### MEDICATION PROCEDURE

1. All policies related to the prescribing, administration and disposal of medications developed for the NCCU will be ratified by the Chief Pharmacist who has the delegated authority from the Chief Executive. All medications prescribed for an infant will be ordered by a medical officer employed by the organisation and/or NCCU, on an approved medication chart, with the exception of medications listed in this policy.

2. All medications prescribed for an infant will be ordered in weight per kilogram of body weight and not by fluid volume eg micrograms, milligrams, grams not millilitres. With the exception of calcium gluconate, sodium phosphate, Fergon, Pentavite and Nystatin.
3. All medications prescribed for an infant will have the frequency ordered in hours or using accepted abbreviations listed in this policy, such as 6 hrly or qid.
4. Only standard abbreviations listed in this policy may be used on a medication chart. The exception being **daily** which must be written in full.
5. The prescribed dose should be able to be accurately measured.
6. The first dose ordered should be commenced within 5 to 30 minutes (unless the drug is being prepared in pharmacy) and the time of the next dose organised to fall on the time closest to the treatment regimen. Medication times are listed on the medication chart.
7. When ceasing a medication a diagonal line must be drawn from the hour of cessation to the top line for that particular medications.
8. When changing dosage or frequency the order must be ceased and entirely rewritten.
9. Each medication chart will have a printed label on the front of the chart showing the neonates:
  - name
  - date of birth
  - Unit number.
10. Every medication ordered must be legibly printed in black ink and contain the following information:
  - generic name of the medication
  - dose
  - date prescribed
  - frequency of administration and times entered
  - route of administration
  - indication for use
  - printed name, designation and legible signature of the prescribing MO
  - date of ceasing/changing dosage.
11. NCCU Medication Protocols Manual will be provided which will contain the following information:
  - generic names of medications
  - dosage regimens
  - dilution regimens
  - preferred route/s of administration and/or method of administration
  - contraindications
  - side effects
  - compatibility.

12. Any medication that is not listed in the NCCU Medications Protocols Manual must be noted and a protocol developed.
13. Any medication prescribed outside the protocols must be checked by a pharmacist and or a consultant MO and countersigned in the medication chart.
14. Medications prescribed in an approved research trial will have a protocol to follow.
15. Medications ordered verbally by a MO are **not** to be given to a neonate until these are written on a medication chart. The exception is in a life-threatening emergency where the MO must verbally order the medications and the dose, and in some circumstances give the dose. The MO is responsible for checking the preparation/dose before it is given.
16. A NNT may give the verbally ordered medications under direction from the MO. Two nurses must still be involved in the checking. A nurse involved in the emergency must write down the medications, doses and times given.
17. After the emergency has finished the MO must prescribe the given medications on the medications chart and the person(s) giving and checking the medications initial the chart and document these on the neonatal observation chart and in the progress notes.
18. Two nurses will check all drugs given to a neonate. The exception being the drugs listed in this policy (List of drugs which do not need to be checked by the coordinator or delegate) which can be checked by one registered nurse and one registered/enrolled/mothercraft nurse.
19. The staff member giving the drug will initial in the top box on the medications chart and document on the neonatal observation chart. The person checking the medication will initial the bottom box. Any staff member giving medications must print their name and designation and sign their usual initials on the back of each medication chart. Both staff members checking medications are responsible for its safe administration.
20. Where alternative routes (oral/pr) or a dose range (5-10mg) are ordered, the route chosen and the dose given must also be documented on the medication sheet.
21. When topical medications are prescribed the area of application must be specified.
22. All medications must be given or a slow infusion commenced as soon as possible after being drawn up. Oral medications can be left to give with a feed as long as the feed is within the next 30 minutes.
23. When drawing up and giving IV or UA medications, aseptic technique must be used at all times to ensure sterility.
24. When giving more than one medication at a time each one must be labelled with:
  - the medication
  - the route of administration
  - the initials of the staff drawing up the drug.
25. When PRN medications are given, the reason why they are given and the results obtained must be documented.
26. If a medication is not given, the reason must be documented on the medication sheet using the codes as listed on the chart.
27. Medications may be added to infusion fluids, however, a nurse must only add one additive to each burette, syringe or bag. The Protocols Manual or Pharmacy must be checked for compatibility. The exception to this is when glucose concentration is changed a nurse may add one extra additive.

28. **No** medications are to be added to packs of blood and blood products or to parenteral nutrition (PN) bags.
29. Medications may be added through a sideline as close to the cannula as possible when PN is running as long as the compatibility is checked with Pharmacy. All intravenous lines must have a non-return valve in each line to prevent one fluid back flowing up another line.
30. Non-leak compatible enteral syringes must be used for all oral doses.

### **List of medications which do not need to be prescribed on a Medication Chart**

Use of these preparations will be recorded in the nursing notes and/or on the neonatal observation chart:

- Non prescription creams and pastes for the protection of skin (nappy rash), mucosal membranes and conjunctiva. **This excludes preparations containing steroids or antibiotics**
- Normal saline for use with suction or as nose drops
- Normal saline for IV bungs
- Active dressings, eg. Hydrocolloids.

### **List of medications which do not need to be checked by a NNT.**

The following must still be checked by two RN's or RN/EN one of which must be permanently employed by the NCCU:

- Fergon - Ferrous gluconate
- Pentavite
- Non prescription creams and pastes for the protection of skin (nappy rash), mucosal membranes and conjunctiva. **This excludes preparations containing steroids or antibiotics**
- Normal saline for use with IV bungs, suction or as nose drops
- Active dressings, eg. Hydrocolloids.