Emergency Department, Nurse Delegated Emergency Care, Medication Standing Orders

Summary The Nurse Delegated Emergency Care (NDEC) patient care model assists rural and remote facilities to manage low risk, low acuity emergency patients. Care is managed by appropriately trained and credentialed registered nurses (RNs), under the explicit delegation of the facility's Medical Officer / s.The statewide Standing Order authorises an appropriately trained and credentialed RN to administer and / or supply specified medications for the purpose of treatment as outlined in the NDEC patient care model and sets out procedures for ordering, storing, supplying and administering the medications specified in this policy.

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Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres

Audience Administration;Emergency Departments

NSW GOVERNMENT Health

POLICY STATEMENT

STANDING ORDERS FOR THE SUPPLY OR ADMINISTRATION OF MEDICATION UNDER THE NDEC MODEL

PURPOSE

The Nurse Delegated Emergency Care (NDEC) patient care model has been developed to support rural and remote facilities provide care for patients presenting to Emergency Departments with low-risk, low-acuity conditions. Under NDEC the care of these patients is managed entirely by an appropriately trained and credentialed Registered Nurse (RN), under the explicit delegation of the site Medical Officer/s.

The statewide Standing Order authorises an appropriately trained and credentialed Registered Nurse to administer and / or supply specified medications for the purpose of treatment of defined low-risk conditions specified under the NDEC patient care model. The Standing Orders describe procedures for ordering, storing, administering, and supplying (for take-home use) the specified medication. Any medication Standing Order must be used in conjunction with the applicable NDEC Nursing Management Guideline.

The statewide Standing Order for Nurse Delegated Emergency Care applies where the provision of medication is required to treat patients in the Emergency Department with certain less-urgent, low-risk conditions.

MANDATORY REQUIREMENTS

This policy is for the management of patients presenting to Emergency Departments with certain less-urgent, low-risk conditions by appropriately trained and credentialed registered nurses practicing under the NDEC model.

When the implementation requirements outlined in this policy are met, the statewide Standing Order provides the basis for Institutional / Local Health District (LHD) Drug and Therapeutics Committees (DTC) to adopt the NDEC patient care model. DTCs must review and endorse Standing Orders locally.

IMPLEMENTATION

In order to fulfil the standing order, supply of medications will need to be arranged with a public hospital pharmacy department, on behalf of the public health organisation, and at the request of the Public Health Officer (if a medical officer) or a medical officer designated by the District's Public Health Unit Director / Public Health Officer.

The standing order authorises a registered nurse to administer and supply medications to patients with defined conditions for the purpose of treatment of defined low-risk conditions. Administration or supply may only be carried out in Emergency Departments by registered nurses trained and credentialed to operate the Nurse Delegated Emergency Care patient care model.

REVISION HISTORY

Version	Approved by	Amendment notes
July 2015 (PD2015_024)	Deputy Secretary - Population and Public Health	New policy

ATTACHMENTS

1. Standing Orders for the Supply or Administration of Medication under the NDEC Model - Procedures.

Standing Orders for the Supply or Administration of Medication under the NDEC Model

NSW GOVERNMENT Health

PROCEDURES

Issue date: July-2015

PD2015_024

CONTENTS

LEGAL INSTRUMENT

POISONS AND THERAPEUTIC GOODS ACT 1966

Authorisation to Supply Poisons and Restricted Substances

PUSUANT to clauses 170 and 171 of the Poisons and Therapeutic Goods Regulation 2008, I, Dr Kerry Chant, Chief Health Officer, a duly appointed delegate of the Secretary of the Ministry of Health, do hereby grant AUTHORITY to registered nurses hereby specified as a class of persons, to supply those poisons and restricted substances listed in the Schedule hereunder either singly or in combination, pursuant to clauses 17 and 53 of that Regulation and subject to the following conditions:

(1) The registered nurse is employed in a public health organisation within the meaning of the Health Services Act 1997.
(2) The supply of the poisons or restricted substances is in accordance with the NSW Health Policy Directive PD2015_024, Standing Orders for the Supply or Administration of Medication under the NDEC Model.

SCHEDULE

cephalexin
chloramphenicol
ibuprofen
paracetamol

Dated: Sydney, 20 July 2015

Dr KERRY CHANT
Chief Health Officer
Ministry of Health, New South Wales

1 BACKGROUND

1.1 About this document

The Standing Order authorises an appropriately trained and credentialed Registered Nurse to administer and / or supply specified medications for the purpose of treatment of defined low-risk conditions specified under the Nurse Delegated Emergency Care (NDEC) patient care model. The Standing Orders describe procedures for ordering, storing, administering, and supplying (for take-home use) the specified medication. Any medication Standing Order must be used in conjunction with the applicable NDEC Nursing Management Guideline. The NDEC state-wide Guidelines and Standing Orders are for the management of patients presenting to Emergency Departments (EDs) with the following conditions:

- Minor burns
- Earache
- Eye problems
- Foreign body - minor
- Mild / minor head injury
- Insect bites and stings
- Soft tissue limb injuries
- Stings from marine creatures
- Pain
- Rash
- Respiratory type illness
- Tick bite
- Urinary symptoms
- Vomiting and Diarrhoea.

The state-wide medication Standing Orders form part of a comprehensive suite of patient care resources and, together with the Education and Accreditation Framework and implementation support materials and structures, comprise the Nurse Delegated Emergency Care model.

The NDEC patient care resources include a set of procedures known as Nursing Management Guidelines (NMGs) which can be found online: http://www.ecinsw.com.au/node/282. The NMGs direct all clinical care provided through the NDEC patient care model and these Standing Orders are only applicable in accordance with the appropriate NDEC NMG.

The Medication Standing Orders in this document include links to the relevant NMG, describing the types of clinical conditions for which they may be used.

1.2 Key definitions

Treatment	An intervention (including medication) to treat an individual case of disease or medical condition.
Supply / Administration	To provide to or for a specific patient and is consistent with the definition of supply in section 4 of *the Poisons and Therapeutic Goods Act 1966*. This includes medication selection, recording, labelling, handover to patient / carer, verbal counselling and provision of information sheets and/or Consumer Medicines Information. In this document: a) To 'administer' means the supervised administration of a medication in a health facility b) To 'supply' means the provision of a medication for take-home use
Registered Nurse	A nurse or midwife who (i) is on the register of the Nursing and Midwifery Board of Australia, (ii) has completed a 3-year nursing degree from a higher education institution or equivalent from a recognised hospital-based program, and (iii) fulfils all of the ongoing requirements of the Nursing and Midwifery Board of Australia's registration standards.
General Practitioner (GP)	Refers in this document to a GP who has a Visiting Medical Officer (VMO) appointment at a health facility, usually in a rural or remote area, and is a Medical Officer for that site.
Local Facilitator	A key role within the local NDEC governance framework which is usually a senior nurse at a site or LHD level. The role is responsible for ensuring that implementation sites meet the requirements of the NDEC Education and Accreditation Framework.

1.3 Legal and legislative framework

Clauses 170 and 171 of the Poisons and Therapeutic Goods Regulation 2008 allow the Secretary of Health to authorise (for the purposes of the Act) a particular person (by means of an instrument in writing given to the person) or a specified class of persons (by means of an instrument published in a manner approved by the Secretary) to supply Schedule 4 medications (restricted substances) under clause 53 of the Regulation and Schedule 2 and Schedule 3 medications under clause 17 of the Regulation. The authorisation applies only to the listed medications for the Standing Orders included in this policy.

1.4 Nurse Delegated Emergency Care

The Nurse Delegated Emergency Care (NDEC) patient care model has been developed to support rural and remote facilities provide care for patients presenting to Emergency Departments with low-risk, low-acuity conditions. Under NDEC the care of these patients is managed entirely by an appropriately trained and credentialed

Registered Nurse (RN), under the explicit delegation of the site Medical Officer/s. To be credentialed to practice NDEC, RNs must fulfil the requirements of the NDEC Education and Accreditation Framework, including satisfactory completion of the education modules, and competency assessment.

Rationale for development of the NDEC Model

NDEC has been developed to improve the care of patients presenting to Emergency Departments with minor illnesses / injuries, and to support the rural clinical workforce in small Emergency Departments. The Model defines the components of safe and quality care for selected low-acuity conditions, and outlines education, credentialing and quality assurance processes so that an episode of care may be delivered entirely by an NDEC credentialed nurse. A robust clinical framework supports care provision when the patient presents, even when no medical officer is available at the site, under a delegated care model.

Key features of NDEC include:

- Assessment of the patient against strict inclusion and exclusion criteria
- If inclusion criteria are not met, a medical review / phone consult must be sought
- If the patient's care can be provided through the NDEC model, the RN manages the episode of care using specified:
    - Nurse Management Guidelines
    - Medication Standing Orders
    - Patient Factsheets.
- Nurses may provide interventions to manage symptom relief. The patient will then be discharged with specific follow up instructions in accordance with PD2014_025 Departure of Emergency Department Patients
- The patient is asked to attend follow up with the local GP at their rooms or the ED. The patient will receive a follow up phone call from an NDEC RN within 24 hours of Emergency Department visit to check that symptoms have improved
- The NDEC model may operate in a facility 24 / 7, or as an after-hours model, or when no GP is available
- If at any stage the patient’s condition deteriorates and they are deemed no longer suitable for NDEC, the RN is required to revert to “usual care” and contact a the medical officer for further review
- RNs can opt out of the model if they are concerned about a patient’s condition.

1.5 Implementation Requirements

Key prerequisites for the implementation of the NDEC include:

- Express support of care delegation and co-operation in implementing the model from the site General Practitioner(s), Health Service Manager / Nurse Unit Manager and Local Health District Executive is required

- Submission of NDEC Site Nomination Form to the Agency for Clinical Innovation Emergency Care Institute NSW (ECI). Endorsement by the NDEC Steering Committee is required for sites to work with the ECI to support implementation
- Pre-implementation education needs assessment
- Pre-implementation "Snapshot" audit of Emergency Department (ED) presentations pertinent to NDEC
- Pre-implementation staff survey
- Pre-implementation patient survey
- Pre-implementation audit covering existing clinical practice standards related to:
    - Patient assessment
    - Patient symptom management
    - Disposition practices
    - Documentation
    - Nursing staff competency and confidence with core nursing skills required for NDEC implementation
- Establishment of a local governance structure
- RN training and credentialing in the NDEC Model of Care (MoC) nursing skills
- Review and local endorsement of Nurse Management Guidelines (NMG)
- Endorsement of Standing Orders by Local Health District (LHD) Drug and Therapeutic Committee
- Adaption of the paper based NDEC documentation to FirstNet electronic medical record (eMR) if applicable
- Authorisation and communication of the NDEC "go-live" decision.

1.6 Credentialing of Registered Nurses for NDEC

Operating the NDEC model is within the scope of practice of a Registered Nurse. To be credentialed to practice NDEC, RNs must fulfil the requirements of the NDEC Education and Accreditation Framework, including satisfactory completion of the education and competency assessment. Qualification or endorsement as an Advanced Practice Nurse or Nurse Practitioner is not required.

Credentialing requires NDEC RNs to demonstrate ongoing evidence of recency of practice using NDEC, and ongoing safe use of NDEC through clinical practice audits.

In addition to specific training requirements, the following mandatory education must be completed:

- Emergency Triage Education Kit program (or equivalent)
- NSW Ministry of Health Acute Paediatric Clinical Practice Guidelines on-line
- Between the Flags, D.E.T.E.C.T. & D.E.T.E.C.T Jnr.

- NDEC mapped core skills review

Further information can be found in the NDEC Education and Accreditation Framework:
http://www.ecinsw.com.au/sites/default/files/field/file/NDEC%20RN%20Education%20and%20Accreditation%20Framework.PDF

1.7 Review Process

The ECI will conduct regular reviews of the NDEC clinical practice materials through its Clinical Advisory Committee, and NDEC Steering Committee, in line with its standard review schedule for clinical tools. Implementation sites can initiate review or revision of NDEC materials through ECI clinical governance processes. NDEC Patient Care Resources have been reviewed by the:

- ECI Executive Committee
- NDEC Steering Committee
- CEC Medication Safety Expert Advisory Committee
- LHD Drug and Therapeutics Committees.

The ECI will provide NDEC sites with appropriate resources and education as reviews and updates occur. Individual sites will be responsible for updating local resources and completing reviews of local Standing Orders in accordance with PD 2013_043 *Medication Handling in NSW Public Health Facilities*.

2 IMPLEMENTATION OF STATEWIDE STANDING ORDERS FOR NURSE DELEGATED EMERGENCY CARE

When a state-wide Standing Order is applied, Public Health Organisation Executives are to ensure:

- A Registered Nurse operating under this standing order is aware of their responsibility to:
    - Comply with the requirements of the NDEC Education and Accreditation Framework
    - Determine whether the patient meets the criteria for the standing order
    - Recognise patients who do not meet inclusion criteria for NDEC and refer them to a medical officer for clinical care
    - Determine any known allergies, hypersensitivity to the medication or contra-indications to treatment, and where these are identified, contact the medical officer to discuss appropriate management
    - Explain the medication and its purpose to the patient (or guardian)
    - Obtain patient / guardian consent for treatment as appropriate
    - Document all assessments and details relating to the supply of medication as detailed below

- Attend yearly training in cardio-pulmonary resuscitation, including review of the protocol for the administration of adrenaline.

- Medications are supplied by the Pharmacy Department to the Emergency Department pre-labelled in accordance with PD2013_043 *Medication Handling in NSW Public Health Facilities*.
- All medication that is supplied for dosing at a later time is pre-prepared and labelled by a pharmacist, or, in circumstances where pre-prepared packs are not available, is labelled by the clinician supplying the medication to the patient. Labelling must include the name(s), strength(s), and active ingredient(s) of the medication and the directions for use, including duration of use, ancillary labels and other required information. The patient's name and date of supply must be hand-written on the label by the nurse at the time of supply. Any pre-prepared label must be initialled by the nurse supplying the medication to the patient. Additional information that must also be supplied includes the relevant medication factsheet.
- A Medical Officer is able to be contacted to provide advice to the Registered Nurse who is providing medication under the standing order.
- A Medical Officer will review, sign and date records within 24 hours to confirm that medications were administered or supplied in accordance with the standing order.
- All records relating to the administration of medication are retained in accordance with the State Records Authority General Retention and Disposal Authority for Public Health Services: Patient/Client Records (GDA 17).
- Where possible, medications are stored as Imprest stock Schedule 2, 3 and 4 (but not Schedule 4D) in ED or ED after-hours store – see sections 6.3.3 and 6.8 of PD2013_043.

3 MEDICATIONS FOR THE MANAGEMENT OF SYMPTOMS ASSOCIATED WITH MINOR INJURIES/ILLNESSES DEFINED IN THE NURSE DELEGATED EMERGENCY CARE PATIENT CARE MODEL

3.1 Purpose

This standing order authorises a registered nurse, who has demonstrated compliance with requirements set out in Section 2, to administer and / or supply specified medications for the purpose of treatment of defined low-risk conditions specified under the Nurse Delegated Emergency Care patient care model. It also sets out procedures for ordering, storing, administering and supplying (for take-home use) the medications.

If the Registered Nurse applying the standing order has any concerns regarding patient safety for provision of the medication (e.g. people with significant chronic illness or immunosuppression), the nurse should arrange for the responsible Medical Officer, whether in the hospital or on call, to assess the patient so appropriate administration of medication can occur as soon as possible. Where no medical officer

is on call, the usual procedure designated by the hospital executive for obtaining medical officer advice will apply.

3.2 Scope

The following Standing Orders are to be used within the framework of the Nurse Delegated Emergency Care (NDEC) patient care model. These Standing Orders are not approved for use outside of the NDEC model of care, even if such use may be covered by other NSW Ministry of Health or LHD specific policy or protocol.

These Standing Orders are not intended to replace clinical judgement and expertise.

3.3 Additional points to be noted for all standing orders:

- Note on drug Trade Names: where applicable, every attempt has been made to list Australian available unique trade names that do not articulate the primary medication within the trade name (e.g. Heron Paracetamol is not listed). To confirm specific constituent components, consult medication packaging, product information such as MIMS Online® or pharmacological resource such as the Australian Medicines Handbook (https://amhonline.amh.net.au.acs.hcn.com.au/).
- Note on listed Indications: The listed indications are for the NDEC context only. No attempt has been made to present a full scope of indications for each drug. For full medication information, consult an appropriate pharmacological resource like MIMS Online®.
- Note on listed Contraindications: Any RED FLAG listed within a specific Nursing Management Guideline is a contraindication for medication administration under NDEC. In addition, for the purpose of nurse administration of medication within NDEC, relative contraindications are treated as absolute contraindications; and a medical review will be required prior to medication administration.
- Note on listed Side Effects: The management of side effects from administration of any medications under the following Standing Orders should occur as per usual practice. For severe reactions, including anaphylaxis, care should be in accordance with NSW Rural Adult or Paediatric Emergency Clinical Guidelines. Should a patient develop any concerning side effects, a medical officer should be contacted.

3.3 Standing Order for supply of Amethocaine Hydrochloride eye drops

TITLE	Standing order for Amethocaine Hydrochloride eye drops
Trade Name(s)	Minims Amethocaine Eye Drops
Presentation [1]	Clear, colourless sterile eye drops 0.5% (5mg/mL), or 1% (10mg/mL) Single patient, single use
Indication	Production of local anaesthesia in the eye. Reduces pain to facilitate adequate eye exam
Contraindications[1]	Current use of sulphur based antibiotics (sulphonamides)
Precautions[1]	Instruct patient not to rub or touch the affected eye while anaesthesia persists. Should be used with caution in children, as this group is more susceptible to drug effects.
Dose	1 drop into affected eye/s, repeated every 5 minutes if necessary. Up to 3 drops may be used for foreign body removal
Dose frequency[1]	Single dose
Administration[1]	**To be administered in hospital only.** Ensure contact lenses are removed Instil dose into affected eye/s (see Emergency Eye Manual pg. 26 for eye drop instructions) http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/155011/eye_manual.pdf Instruct patient not to rub or touch the affected eye while anaesthesia persists
Storage	Refrigerate and store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	• On instillation an initial burning sensation may be experienced. This may last for up to 30 seconds • Blurred vision, lacrimation (watery eyes) • Persistent use may result in corneal damage Never give patient anaesthetic drops to take home
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Eye Problems http://www.ecinsw.com.au/node/270 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration

3.4 Standing Order for supply of Cephalexin

TITLE	Standing order for Cephalexin
Trade Name(s)	Cefalexin, Cephatrust, Cilex, Ialex, Ibilex, Keflex, Rancef
Presentation [1]	Tablet / capsules containing 250mg; 500mg Oral suspension for reconstitution 125mg/5mL; 250mg/5mL
Indication	Antibiotic treatment for suspected UTI by clinical history and positive U/A (positive leukocytes and / or nitrites)
Contraindications[1]	Known allergy to cephalosporin group of antibiotics or previous history of a major allergy to penicillins
Precautions[1]	Nil specific
Dose and frequency[1]	**Adults** 500mg first dose only* **or** 500mg every 12 hours for 5 days* **Children > 12 years** 12.5mg/kg up to 500mg first dose only* **or** 12.5mg/kg up to 500mg every 6 hours for 5 days* ***Refer to local facility NDEC guidelines regarding administration of first dose versus dispensing a full course of antibiotic via this Standing Order.**
Administration and Supply[1]	**May be administered in hospital and full course of medication may be supplied via pre-labelled stock for use outside the hospital** Oral tablet/capsule Oral suspension – consult product information for reconstitution instructions. Store in fridge once reconstituted (discard unused portion after 14 days)
Storage	Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Gastrointestinal symptoms Hypersensitivity reactions
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration and supply record is to be documented by the administering nurse. Document first dose and supply of the full course in the "once only" section of the medication chart. The record of administration and supply must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Urinary Symptoms http://www.ecinsw.com.au/node/278 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration

3.5 Standing Order for supply of Chloramphenicol eye drops

TITLE	Standing order for Chloramphenicol eye drops
Trade Name(s)	Chloromycetin Eye Drops; Chlorsig Eye drops; Minims Chloramphenicol 0.5% Eye Drops
Presentation[1]	Clear to slightly hazy, colourless, sterile eye drops 0.5% (5mg/mL).
Indication	Prophylactic antibiotic coverage against bacterial infection in superficial ocular injuries including corneal foreign body and "welder's flash" burn
Contraindications[1]	• Known allergy to chloramphenicol • Restriction of eye movement / abnormal pupils / cloudy cornea • Chronic eye disease (e.g. glaucoma) • Recent (within 6 months) eye surgery, including laser surgery
Precautions[1]	Patients should be instructed to cease using contact lenses during treatment and seek GP or optometrist advice prior to recommencing use
Dose[1]	1 drop into affected eye/s
Dose frequency[1]	Every 2–4 hours for 2 days; then 1 drop 4 times daily for 5 days
Administration and Supply[1]	**May be administered in hospital and full course of medication may be supplied via pre-labelled stock for use outside the hospital.** Single patient use (discard after 1 month of opening) Ensure contact lenses are removed Instil dose into affected eye/s (see Emergency Eye Manual pg. 26 for eye drop instructions) http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/155011/eye_manual.pdf
Storage	Refrigerate and store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Local ocular irritation; burning or itching. Allergic type reactions. Unpleasant taste. Blurred vision.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration and supply record is to be documented by the administering nurse. Document first dose and supply of the full course in the "once only" section of the medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Eye Problems http://www.ecinsw.com.au/node/270 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration

3.6 Standing Order for supply of Fluorescein eye drops

TITLE	Standing order for Fluorescein eye drops
Trade Name(s)	Minims Fluorescein Eye Drops
Presentation [1]	Sterile ophthalmic solution 2% (20mg/mL) or 1% (10mg/mL). Single patient, single use
Indication	Diagnostic aid during eye exams.
Contraindications[1]	Nil recorded
Precautions[1]	Ensure single use / single patient regime maintained; significant risk of iatrogenic ocular infection if solution reused. Advise patient to avoid rubbing eyes and avoid expose to dust. Advise patient may temporarily stain skin, urine, tears, nasal secretions yellow; may permanently stain soft contact lenses and clothing
Dose[1]	Use sufficient solution to apply stain to damaged area – generally 1-2 drops in each eye. Excess can be washed away with sterile saline solution
Dose frequency[1]	Single dose
Administration[1]	**To be administered in hospital only.** • Ensure contact lens are removed • Instil solution into affected eye/s • (see Emergency Eye Manual pg. 26 for eye drop instructions http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/155011/eye_manual.pdf) • Use cobalt blue light source for assessment • Stain does not show up on a normal cornea. Corneal abrasions or ulcers are stained a bright green. Foreign bodies are surrounded by a green ring. Conjunctival abrasions are also stained.
Storage	Refrigerate and store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	May cause blurred vision – caution driving
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Eye Problems http://www.ecinsw.com.au/node/270 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration

3.7 Standing Order for supply of Ibuprofen

TITLE	Standing order for Ibuprofen
Trade Name(s)	Advil, Brufen, Bugesic, Dimetapp, Heron Blue, Nurofen, Panafen, ProVen, Rafen
Presentation [1]	Tablets / capsules containing 200mg Suspension • 200mg / 5mL • 100mg / 5mL • 100mg / 100mL (Note: Some ibuprofen preparations contain codeine, phenylephrine or pseudoephedrine combinations – this Standing Order is for ibuprofen only. Other preparation combinations are not covered)
Indication	Analgesia for the treatment of mild to moderate pain (any cause). Corresponding pain score may range from 1 - 6
Contraindications[1]	• History of allergy to aspirin or other NSAIDs • Concurrent antiplatelet (including low dose aspirin) or anticoagulant use • History of, or likelihood of, active peptic ulcer disease or GI bleeding • History of, or likelihood of, liver, kidney or cardiovascular disease, including hypertension, heart failure, stroke, myocardial infarct • History of asthma or hypertension • Current or possible pregnancy • Breast feeding mothers • Patients >65yrs with multiple comorbidities and on multiple medications • Dehydration • Concurrent use of diuretics, ACE inhibitors or angiotensin receptor blockers
Precautions[1]	Nil specific – assess effectiveness by repeating pain assessment 30 – 60 minutes post administration
Dose[1]	**Elderly –** 200mg per dose **Adults –** 200 - 400mg per dose **Children –** 10mg / kg up to 400mg per dose
Dose frequency[1]	**Adults -** 4-6 hourly (maximum 3 doses/24hrs) **Children -** 6-8 hourly (maximum 3 doses/24hrs)
Administration and Supply[1]	**May be administered in hospital and supplied via pre-labelled stock for use outside the hospital in a take-home pack of no more than 10 tablets. Advise patient to consult a doctor about using for more than 2 days.** Oral tablet / capsule or suspension syrup
Storage	Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	• Gastrointestinal symptoms • Hypersensitivity reactions • Longer term use may exacerbate cardiac or renal disease
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.

Documentation	Administration record and supply is to be documented by the administering nurse. Document first dose and supply (if applicable) on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration

3.8 Standing Order for supply of Lignocaine 1%

TITLE	Standing order for Lignocaine 1%
Trade Name(s)	Lignocaine, Xylocaine (Plain)
Presentation [1]	Ampoule containing clear, colourless, sterile liquid. Specific ampoule type depends on manufacturer however, contains either **50mg / 5mL** **200mg / 20mL**
Indication	To facilitate the removal of a crawling insect from the ear canal by gentle aural instillation.
Contraindications[1]	Known perforation, bleeding or obvious trauma to external auditory canal Inability for patient to stay still / immobilised during instillation
Precautions[1]	Nil specific
Dose	Single dose (1% lignocaine) for adults and children > 10kgs. Maximum dose (based on 3mg / kg) • ≥ 10kg 3mL
Dose frequency[1]	Single dose
Administration[1]	**To be administered in hospital only.** The aim of administration is to cover / drown the insect. Gently instil into the ear to achieve desired outcome. Note if the insect is still alive, it may rapidly crawl out of the auditory canal upon commencement of instillation.
Storage	Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	If instilled in an ear with a perforated membrane, middle ear type symptoms may develop (vertigo etc.)
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Earache http://www.ecinsw.com.au/node/269 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

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3.9 Standing Order for supply of Loratadine

TITLE	Standing order for Loratadine
Trade Name(s)	Alledine; Allerdyne; Allereze; Claratyne; Lorano; Lorapaed; Lorastyne
Presentation [1]	**Tablet** containing 10mg **Syrup** containing 1mg / mL (Note: Some loratadine preparations contain a pseudoephedrine combination – this Standing Order is for loratadine only. Other preparation combinations are not covered)
Indication	Minor urticarial rashes of probably allergen origin
Contraindications[1]	• Allergy to sodium benzoate (preservative in syrup form) • Severe liver disease
Precautions[1]	Nil specific
Dose[1]	**Adults / children aged ≥ 12 years** • 10mg (1 tablet) orally, daily **Children** • 2 – 12 years o Body weight > 30kg; 10mg (10mL or 1 tablet) orally, daily o Body weight ≤ 30kg; 5mg (5mL) orally, daily • 1 – 2 years o 2.5mg (2.5mL) orally, daily
Dose frequency[1]	Daily
Administration[1]	**To be administered in hospital only.** Oral tablet / syrup
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	May rarely cause drowsiness, fatigue, headache, nausea, dry mouth especially in the elderly.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Rash http://www.ecinsw.com.au/node/268 NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

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3.10 Standing Order for supply of Metoclopramide

TITLE	Standing order for Metoclopramide
Trade Name(s)	Maxolon; Pramin
Presentation [1]	**Tablets** containing 10mg **Parenteral solution** containing 5mg/mL, 2mL (Note: Some metoclopramide preparations contain a paracetamol combination – this Standing Order is for metoclopramide only. Other preparation combinations are not covered)
Indication	Relief of nausea and / or vomiting
Contraindications[1]	• Age < 20 years • Hx epilepsy • Previous reactions to metoclopramide (including dystonic reactions) • Impaired renal or hepatic function
Precautions[1]	Nil specific
Dose[1]	Adults ≥ 20 years • 10mg oral tablet / OR by intramuscular injection If patient weighs 30-60kg • 5mg oral tablet / OR by intramuscular injection
Dose frequency[1]	Can be given three times a day (every 8 hours)
Administration[1]	**To be administered in hospital only.** Oral tablet OR by intramuscular injection
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Dystonic type reactions (involuntary muscle contractions and abnormal postures of the trunk, neck, face, or extremities), akathisia, drowsiness, dizziness, headache.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Vomiting and Diarrhoea http://www.ecinsw.com.au/node/279

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3.11 Standing Order for supply of Ondansetron

TITLE	Standing order for Ondansetron
Trade Name(s)	Ondaz; Zifojim Zofran, Zondan
Presentation [1]	**Wafer (fast dissolving) or oral tablet** containing 4mg or 8mg
Indication	Relief of nausea and / or vomiting
Contraindications[1]	• Concomitant use with apomorphine • Children < 2 years • Cardiac disease, particularly conduction anomalies • Hypokalaemia
Precautions[1]	Nil specific
Dose[1]	Adults and children ≥ 2 years • 4mg single dose (tablet or wafer)
Dose frequency[1]	Single dose
Administration[1]	**To be administered in hospital only.** Wafer is placed on top of the tongue where it dissolves within seconds and is swallowed Or Tablet orally
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Headache, sensation of warmth or flushing, dizziness, hypotension, hiccups, arrhythmias, chest pain, seizures
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Vomiting and Diarrhoea http://www.ecinsw.com.au/node/279

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3.12 Standing Order for supply of Oral Rehydration Solution

TITLE	Standing order for Oral Rehydration Solution
Trade Name(s)	E-Lyte; Gastrolyte; Gold Cross Gluco-lyte; HYDRAlyte, O.R.S.; Pedialyte
Presentation[1]	Oral Rehydration Solutions are generally available in 4 forms; • Soluble powder • Effervescent dissolvable tablet • Pre-made solution • Ice blocks. Composition of the available Oral Rehydration Solutions vary. For an overview comparison see GL2014_024 NSW Health Infants and Children – Acute Management of Gastroenteritis, Fourth Edition pages 8 - 9. http://www0.health.nsw.gov.au/policies/gl/2014/pdf/GL2014_024.pdf
Indication	Oral correction of fluid and electrolyte loss in infants, children and adults as a result of vomiting and / or diarrhoea
Contraindications[1]	Possible surgical intervention and / or a requirement to remain 'nil by mouth'
Precautions[1]	Strict fluid balance record. Input should exceed output. Further vomiting ≠ failed trial of fluid – worsening dehydration assessment status = failed trial of fluid
Dose[1]	0.5mL / kg
Dose frequency[1]	Every 5 minutes
Administration[1]	**To be administered in hospital only.** If required, reconstitute specific Oral Rehydration Solution as per manufactures instructions. Instruct patient / carer to administer Oral Rehydration Solution in small, frequent amounts (0.5mL / kg every 5 minutes). Provide patient / carer with appropriate measuring / administration equipment; syringe, measuring cup etc.
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	No clinically significant side-effects
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration
Related Documents	NDEC Nurse Management Guideline: Vomiting and Diarrhoea http://www.ecinsw.com.au/node/279

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3.13 Standing Order for supply of Paracetamol

TITLE	Standing order for Paracetamol
Trade Name(s)	APO, Dimetapp, Dymadon, Febridol, Lemsip, Panadol, Panamax, Paralgin (Note: Some paracetamol preparations contain combinations of caffeine, chlorpheniramine, codeine, dextromethorphan, dextropropoxyphene, doxylamine, metoclopramide, orphenadrine, phenylephrine, pseudoephedrine, and / or triprolidine. This Standing Order is for paracetamol only).
Presentation [1]	Tablets / capsules / chewable tablets / soluble tablets or soluble powder: containing 120mg, 250mg, 500mg, 600mg, 1000mg Suspension: • 50mg / mL • 100mg / mL • 120mg / 5mL • 240mg / 5mL (Note: paracetamol is available as modified / sustained release (665mg) tablets, suppositories and intravenous infusions. This Standing Order is for oral non-modified release preparations only)
Indication	Analgesia for the treatment of mild to moderate pain (any cause). Corresponding pain score may range from 1 – 6
Contraindications[1]	• Known allergy to paracetamol or specific preparation components • Impaired liver function including current alcohol dependence • Previous dose 15mg / kg (1g adult dose) of paracetamol within 4 hours • Cumulative dose 60mg / kg (4g adult dose) of paracetamol within preceding 24 hours • Avoid soluble preparations (due to high sodium content) in heart failure / hypertension / where low sodium intake is indicated
Precautions[1]	Nil specific – assess effectiveness by repeating pain assessment 30 – 60 minutes post administration
Dose[1]	**Adults and children > 12 years** • 1g **Children > 1 month** • 15mg / kg (maximum 1g) (maximum 60mg / kg / 24 hours – not more than 4g per 24 hours)
Dose frequency[1]	**Adults and children > 12 years** • every 4 – 6 hours (maximum 4g per 24 hours) **Children > 3 months** • every 4 – 6 hours (maximum 60mg / kg / 24 hours – not more than 4g per 24 hours)
Administration and Supply[1]	**May be administered in hospital and supplied via pre-labelled stock for use outside the hospital in a take-home pack of no more than 10 tablets.** Prepare and administer appropriate oral dose based on product concentration, product instructions and intended dose.
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Rare – though hypersensitivity / allergic type reactions are possible

Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration and supply record is to be documented by the administering nurse. Document first dose and supply of take home pack (if applicable) on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

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3.14 Standing Order for supply of Paracetamol 500mg / Codeine 8mg

TITLE	Standing order for Paracetamol 500mg / Codeine 8mg **(adults only)**
Trade Name(s)	Codapane, Panamax Co, Panadeine, Panalgesic (Note: Paracetamol / codeine preparations are available in multiple dose ratios. Some preparations also contain combinations of doxylamine. This Standing Order is for paracetamol 500mg / codeine 8mg only.)
Presentation [1]	Tablet / soluble tablet containing 500mg paracetamol / 8mg codeine
Indication	Analgesia for the treatment of moderate pain **in adults** (any cause). Corresponding pain score may range from 4 – 6
Contraindications[1]	• Known allergy to paracetamol, codeine or specific preparation components • Breastfeeding mothers • Impaired liver function including current alcohol dependence • Impaired renal function • Decreased respiratory reserve • Previous paracetamol dose (≥ 1g) within last 4 hours • Cumulative dose of paracetamol ≥ 4g within last 24 hours • Avoid soluble preparations (due to high sodium content) in heart failure / hypertension / where low sodium intake is indicated
Precautions[1]	Nil specific – assess effectiveness by repeating pain assessment 30 – 60 minutes post administration
Dose[1]	2 tablets (paracetamol 500mg / codeine 8mg)
Dose frequency[1]	4 – 6 hourly up to 8 tablets (4g paracetamol total) per 24 hours
Administration[1]	**To be administered in hospital only.** Tablet or soluble tablet orally
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	• Drowsiness and mental impairment • Gastrointestinal symptoms • Rare – though hypersensitivity / allergic type reactions are possible for both paracetamol and codeine
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Pain http://www.ecinsw.com.au/node/275

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3.15 Standing Order for supply of Sodium Citrotartrate

TITLE	Standing order for Sodium Citrotartrate **(adults only)**
Trade Name(s)	Citralite, Citravescent, Ural
Presentation[1]	Powder for reconstitution containing 3.7g or 4g sodium citrotartrate
Indication	Symptom management of dysuria **in adult patients only**
Contraindications[1]	• Renal failure / renal impairment • Hypernatraemia / heart failure / hypertension / peripheral or pulmonary oedema / where low sodium intake is indicated • Pregnancy • Breastfeeding mothers
Precautions[1]	Nil specific
Dose[1]	1 – 2 reconstituted sachets (3.7 – 8g)
Dose frequency[1]	3 – 4 times a day
Administration[1]	**May be administered in hospital and supplied via pre-labelled stock for use outside the hospital. Patient information sheet must be included)** Reconstitute powder as directed by product packaging.
Storage	Must be stored out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	• Mild laxative effect • Prolonged use may cause systematic alkalosis and / or hypernatraemia
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.
Related Documents	NDEC Nurse Management Guideline: Urinary Symptoms http://www.ecinsw.com.au/node/278

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3.16 Standing Order for supply of Tetanus Toxoid

TITLE	Standing order for Tetanus Toxoid
Trade Name(s)	*Tetanus toxoid is only available in combination with other antigens.* Adacel (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine), ADT (Diphtheria toxoid + Tetanus toxoid), Boostrix (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine), Tripacel Injection (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine)
Presentation [1]	0.5mL in needleless prefilled syringe for injection
Indication	• All wounds in patients that have not had a booster in the last 10 years • All wounds other than clean minor cuts in adults who have not received a booster in the last 5 years • All wounds where vaccination history is uncertain or less than 3 doses of tetanus toxoid. *Ensure this is noted on discharge paperwork. The patient will require further immunoglobulin as part of routine follow-up.* (see table below)
Contraindications[1]	Previous anaphylaxis following a previous dose of tetanus-containing vaccine or any vaccine. Consider Tetanus Immunoglobulin (TIG) TIG for tetanus prone wounds for persons with history of severe adverse event following tetanus vaccination
Precautions[1]	Observe patient until at least 15 minutes post administration for development of allergic type reactions. Notify medical officer immediately if allergic type symptoms develop
Dose[1]	0.5mL of a tetanus-containing vaccine in combination with diphtheria toxoid. Refer to medication packaging for specific dosages
Dose frequency[1]	Once only
Administration[1]	**To be administered in hospital only.** Shake thoroughly before use. 0.5mL given as a slow intramuscular injection
Storage	Refrigerate, store between +2^{0}C to +8^{0}C and according to *The National Vaccine Storage Guidelines Strive for 5 (2013)*. Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Pain, redness and swelling at the injection site are common. Headache, malaise, myalgia and fever are uncommon. Anaphylaxis, urticaria and peripheral neuropathy are rare. Brachial neuritis is very rare.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	*Record specific medication trade name and batch number in notes and in discharge letter (will allow GP to update Patient Healthcare Record)* Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration

Related Documents	Guide to tetanus prophylaxis in wound management (The Australian Immunisation Handbook, 10th Edition, 2013) (see Table 1 below) NDEC Nurse Management Guideline: Foreign Body http://www.ecinsw.com.au/node/271 NDEC Nurse Management Guideline: Insect Bites and Stings http://www.ecinsw.com.au/node/272 NDEC Nurse Management Guideline: Marine Creatures http://www.ecinsw.com.au/node/283

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Table 1: Guide to tetanus prophylaxis in wound management *(Australian Immunisation Handbook)*

Time since vaccination	Type of wound	Tetanus toxoid vaccine [NB1]	Tetanus immunoglobulin
History of 3 or more doses of tetanus toxoid vaccine			
less than 5 years	all wounds	no	no
5 to 10 years	clean minor wounds	no	no
	all other wounds	yes	no
greater than 10 years	all wounds	yes	no
Uncertain vaccination history or less than 3 doses of tetanus toxoid vaccine			
	clean minor wounds	yes	no
	all other wounds	yes	yes
NB1: Tetanus toxoid is available only in combination with other antigens.			

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration