

# National In-patient Medication Chart Pilot

## *Change Register*

June 2005.

Please Note: Every attempt has been made to link the sites contributing feedback to their specific comments, however priority has been given to recording the feedback. Many sites submitted comments that were the same as, or similar to others. The Pilot Coordinator apologises to people at any site who may feel their comments have not been credited.

Change Register: National Inpatient Medication Chart – Pre & Post Implementation Phases						
Date	Site/Who	Section	Proposal/Issue/Risk	Basis for change	Discussion	Outcome
14/12/04	Broadmeadows		Nutritional supplement – Dietetics Dept. want Drs to prescribe		Get Drs to prescribe. Write up as QID med	Education / policy issue
	Hunter	Border	AS2828 – compliance with the standard?	It would seem that the area we are not in concordance with the standard is in the standard is the margins. Queensland Health put this form through their State forms review and it passed. The NIMC does meet the standard in the following: <ul style="list-style-type: none"> <li>• Grammage &amp; colour of paper – 110 g/m<sup>2</sup> currently,</li> <li>• Colour of print – black. So too the colour of the edge strip</li> </ul>		Consideration will be given to approaching Standards Australia to review the standard in light of the NIMC.
	Many sites	Binding	<ul style="list-style-type: none"> <li>• Ring binding holes tearing out</li> </ul>		<ul style="list-style-type: none"> <li>• Elongated slots/holes</li> <li>• Reinforcing?</li> <li>• Place holes on @ hand edge of pg1 (similar to long stay chart)</li> </ul>	Changes could be made at hospital / jurisdictional level as part of chart printing and procurement processes
7/1/05	Newcastle Mater / NSW DoH, Batemans Bay, Flinders	Binding	<ul style="list-style-type: none"> <li>• Mater currently using 'clamp binders' which results in loss of use of centre section.</li> <li>• Sites using ring binders – tearing of holes</li> </ul>	Options include: using a lighter weight paper (80gm) and adding reinforcing (see through), using heavier weight paper (140 gm). Currently using 110gm paper.	<ul style="list-style-type: none"> <li>• Discussed Qld's use of ring binders with tab section. Other possibilities include binding on (L) edge or making horizontal oblong holes rather than round with reinforcement</li> <li>• Qld has since added reinforcement</li> </ul>	Changes could be made at hospital / jurisdictional level as part of chart printing and procurement processes
	Warrnambool & others  FMC	Medicines taken prior to Presentation	<ul style="list-style-type: none"> <li>• Confusing heading as implies meds taken/tried to alleviate symptoms instead of what medications taken regularly at home</li> <li>• Add: 'from Nursing Home/hostel' tick box</li> </ul>	Suggest section titled 'Medicines taken Regularly at Home'. Some confusion with medicines that may have been given by say, ambulance officers en route to hospital.	<ul style="list-style-type: none"> <li>• The current wording complies with APAC guidelines</li> </ul>	Education / policy issue

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	W.Gippsland, W. Districts	Medicines taken prior to Presentation	How often is this section supposed to be filled out? We presume it should only be filled out on admission & not every time the chart is re-written.		Correct, however it should be checked for currency, and referenced on new chart	Education / policy issue
	Hunter, & Western Districts (Hamilton) & Newcastle Mater in April '05	Pg 1	Chart 1-2-3 of 1-2-3 be deleted altogether.  Method of identifying >1 chart in use is confusing	When a patient has 3 charts and the third says 3 of 3, then what is written when the next chart is added, does this become 1of3 again when there is no 2? It is too confusing when old charts are removed.	<ul style="list-style-type: none"> <li>• These are provided as an aide. The majority of patients likely on need 3 charts.</li> <li>• Possibly revert to blank boxes?</li> </ul>	Change agreed by NIMC working group 31 May 2005. Will now read 'Chart No..... of .....
♣	Warrnambool	Once only	<b>Date &amp; time box too small</b> <b>"This area fills up too quickly if giving drugs frequently.."</b>		<b>Noted.</b>	<b>Indicates need for review of medication therapy.</b>
April	Newcastle Mater	Once only,	Lines are too narrow. They need to be doubled in width. Request single chart for STAT & 'phone orders.	From a Surg and Pall Care view the STAT area is not large enough.		Change agreed by NIMC working group 31 May 2005. Total number of spaces of once-only medications will be decreased to allow space to increase the depth of each row.
♣	<b>Majority of sites</b>	<b>Telephone Orders</b>	<b>No space to print Drs name</b>		<b>Could use two lines (bracketed together) to write Dr X</b>	Change agreed by NIMC working group 31 May 2005. Other columns will be reduced in size to allow for 'Dr's Name' column.

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♣	Murwillumbah, Whyalla, Warrnambool, Tamworth & others	Telephone Orders	<ul style="list-style-type: none"> <li>• Cessation of orders</li> <li>• Insufficient number of rows</li> <li>• No specific area to cease (“anyone could put a line through...”)</li> </ul> <b>LIKE multiple admin boxes! (1 site)</b>	Errors when ‘phone orders aren’t correctly ceased when drug re-written	M’bah suggestion: reduce ‘once only’ to 10 rows & increase row size in ‘phone orders. <ul style="list-style-type: none"> <li>• <b>Cessation of orders is a local policy issue</b></li> <li>• <b>‘Phone orders: space to print Dr’s name is an important issue.</b></li> <li>• <b>Possibilities discussed included reducing column sizes in route &amp; freq, omitting one administration column</b></li> </ul>	Education / policy issue  Change agreed by NIMC working group 31 May 2005 (see above)
April	Newcastle Mater	Telephone Orders	Require space for the ordering Dr’s name. Doesn’t fit with local policy that stipulates single dose per call		<b>The NIMC attempts to meet the needs of Rural &amp; remote sites who may require &gt;1 dose /order</b>	Change agreed by NIMC working group 31 May 2005 (see above) to add Dr’s name.
19/1/05	Kalgoorlie Broome  Hunter	ADR / ID	?Move ADR box & Pt ID up page 3 slightly (Paeds)  Remove ADR sticker from pg3, move box up, place ward/unit on pg3 below ADR box	Want to be able to see all of ADR box plus pt <b>weight &amp; height</b> from front of chart  Similar to above; this would allow the data to be seen from 3 of 4 pages.	<b>Alter to 2 columns, rather than having in rows?</b> <b>Place “affix sticker” inside ID label box?</b>	Change agreed by NIMC working group 31 May 2005 to change to 2 columns so that weight and height are visible from front of chart.
	Tamworth	ADR	Provide space for clinician designation	No space when recording allergies to include designation (RN, MO, Pharmacist). NSW DoH policy?	The ideal would be yes, to have a clinician designation, however there is not sufficient space to include.	Considered that this would not make a significant improvement to patient safety
	W.Gippsland	ADR	ADR sticker to alert new reaction does not allow the nature of the reaction to be documented		Use the ADR box? ADR sticker is an alert to staff to check documented reactions.	Policy issue, such information should probably be documented in the patient’s medical file.

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	W.District	ADR/ Allergy	Increase space for recording of allergies?	Section for recording allergies has insufficient space	(From Hamilton) 5 spots for allergies seems enough for most patients	In few cases where more space is required, reference could be made on the chart to further information documented in the medical record.
♣	Majority of sites	Regular	Difficulty in delineating one order space from the next.	Errors at several sites, comments from all others	Alter lines to dots & dashes, double lines. Alternate shading (prescribing section only?)	Change agreed by NIMC working group 31 May 2005 to improve delineation between orders by increasing thickness of lines between each order.
	FMC, West Gippsland	Regular	Remove bold highlighting around Dose & Frequency. Place it around entire order instead	Improve delineation between orders (similar to item above)	The bold/shading & arrows around Dose/Freq is to remind Drs to enter times. Delineation should improve with different lines.	Change agreed by NIMC working group 31 May 2005 to improve delineation between orders by increasing thickness of lines between each order.
♣	Warrnambool	Regular (Pharmacy/ Indication)	Have a line to separate,	'indication' should be completed by Dr	Line previously removed in response to feedback requesting more Pharmacy space. Latest Qld feedback shows majority want the vertical line re-instated.	Change agreed by NIMC working group 31 May 2005 to swap position of indication and pharmacy, and add in a vertical line to create separate boxes.
Apr '05	W.Districts	Regular /Times	"Optional writing of administration times causes confusion"		The original intention was to make entering times by Dr's mandatory. If using another policy, remove any ambiguity.	Education / policy issue
	Tamworth	Regular / Pharmacy	Make Pharmacy space bigger	Make same size as in prn section (prefer 2 lines)	Have pharmacists also write in a vacant administration line, any instructions. Different colour pen?	Not sufficient space to increase size of pharmacy box.

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♣	FMC	Regular	Make SR Boxes bigger / bolder. Change 'SR' to 'modified release'.		Refer to instructions in centre of pg1.	Change agreed by NIMC working group 31 May 2005 to enlarge box to fill the vertical space.
11 Apr	Hunter	Regular	1) Remove the half-day limitation on administration  2) Permit deletion of discharge section to enable increase in size of admin boxes. 3) Remove heavy bolding around dosing section.  4) Should there be a date line next to weight?	Potential for double-dosing when a new chart is written up early in the day. 1 incident. 1 <sup>st</sup> dose not always being written on 1 <sup>st</sup> or 2 <sup>nd</sup> line  Superfluous  Increased confusion  Weight can vary markedly	Other NSW experience?  Education issue?  The bolding is designed to carry the prescriber's eye to entering the admin times.	1. Education / policy issue.  2. See NIMC Specifications document – these aspects can be varied. 3. Bolding is designed as a forcing function for prescriber to enter administration times. 4. Could be changed to suit local need if necessary.
	FMC	Regular, prn	Position of 'route' box.	"Should be on ® to avoid route being missed"	No. Rationale: some medications will require a different dose depending on route. Ranitidine being one.	If changed, was considered this might have an adverse impact on patient safety.
♣	Several sites	Reg & prn	Improve vertical shading in administration section; include another date line at bottom or after warfarin section.	Date at the top of the page becomes too far away the further one goes down the page.	Improve vertical shading in admin section	Change agreed by NIMC working group 31 May 2005 to improve vertical shading in administration section.

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♣	Several sites	Regular	Move “Clinical Pharmacist Review” to the right. ?Delete the word “Clinical”	Clinical Pharmacist review section has been used as an administration line	Noted.	Change agreed by NIMC working group 31 May 2005 to change wording to ‘Pharmaceutical Review’, and to move wording to the right underneath admin time boxes.
♣	Warrnambool	Reg & PRN	Dr Sign / print: have line between these boxes.		Varying surname length can be an issue. Signature is often initials	Not considered to have a significant impact on patient safety.
	Tamworth	Regular	Create a single page for reg meds that can be inserted inside the current chart	Not enough spaces to write all patients regular medications	<b>Declined. Another (single) chart deemed unsafe, and ↑opportunity for errors</b>	To add an additional chart might have an adverse impact on patient safety.
	FMC & others	Reg / prn	<ul style="list-style-type: none"> <li>When reg orders are complete, can STAT &amp; PRN remain in use, or should chart be re-written?</li> <li>Can inside of chart be used for two weeks if pt is on only a few meds? (ie: 1 page / week)</li> <li>Regular orders can run out while PRN still valid – can lead to multiple charts to check</li> </ul>		This seems to be a ‘practice issue’, and could be addressed in the NIMC guidelines or local policy.	NIMC Working Group strongly suggests that when the regular section expires, cease the chart (by ruling through the other sections if needs be), and have entire chart re-written.
	FMC	Regular	Pg2 overlooked; pg3 used only.	Leads to multiple charts in use	Is this a ‘blind spot’ occurring when people turn a page?	Difficult to see how a design change could effect this.
	FMC	Regular	<p>Make shading of alternate columns in admin section darker</p> <p>Remove the shading of Dose &amp; Dr in variable section</p>	<p>Improve delineation between dates</p> <p>Aid vertical delineation of dates</p>	The highlighting deliberately links Dose & Dr – the Dr must initial the altered dose.	Change agreed by NIMC working group 31 May 2005 to improve vertical shading in administration section.
28/4/05	S.A. (Naomi)	D/C supply	Might we consider revising the wording of this section?	One site has had incidents where Nurses have mistaken “No” in discharge required, to		Change agreed by NIMC working group 31 May 2005 to change

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	Burgess)			mean 'Pt not required to take drug after discharge' and have counselled Pts thus		wording to 'continue on discharge? yes/no, dispense? yes / no, duration .....days / quantity....'.
♣	Many sites	Administration squares	Too small	<b>Non-Admin codes become illegible.</b>  <b>Too hard to write time in for delayed administration</b>	<b>Fed back re compromises needed when developing NIMC. Suggestions include reduce number of days.</b>	NIMC Specifications document outlines possibility of hospitals / jurisdictions varying chart duration (eg. 7.5 days duration). <u>Additional suggestion:</u> Write delayed admin time in box above signature.
	FMC	Administration squares	Code on chart for when Dr withholds a medication		Reasons behind the codes should be written in the clinical notes, so it shouldn't matter who withholds.	Information should be documented in the medical record.
♣	Hunter, QEH, SA sites, W.District	Warfarin	<b>Lack of familiarity with new chart. Suggestion that we alter red lines to include both Dose &amp; Dr, and make Dr, red font too</b>	<b>Doses missed due to misinterpreting Dr's sign as drug administration, or confusion between INR &amp; Dose</b>	<b>Noted. Consider shading both dose &amp; Dr (as in variable), &amp; adding red line around both.</b>	<b>See NIMC specifications document – these aspects could be varied.</b>
3/2/05	Hunter	Warfarin	I wonder if we can't highlight the Nurse 1 & Nurse 2 box with bold lines i.e. if these boxes aren't complete then the Warfarin hasn't been given. Or maybe you have another suggestion because there will always be new staff who are not familiar with the chart e.g. Agency nurses etc.	We have had doses of Warfarin missed because staff confused the doctors' dose and signature as saying that the drug had been given. I know this is an education issue, but despite reinforcement it occurred twice more.	<b>Noted. Qld experience has shown this can be missed irrespective of its location. They are about to re-audit since moving the warfarin section to current NIMC position.</b>	Education / policy issue.

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	FMC	Warfarin	Alter the format?	Has been missed by Drs & Nurses as the name of the drug is pre-printed and the order doesn't stand out. No specific suggestion for change, not sure whether this is an education issue or an inherent problem with the chart.	<b>See above. Consideration being given to adding another red line below 'Doctor' and shading both as in variable.</b>	See NIMC specifications document – these aspects could be varied.
	Newcastle Mater		Move Dr's signature to above dose?  Only require single signature for administration	20+ missed doses of Warfarin when RN interprets Dr's signature as dose administration		
	Newcastle Mater	Warfarin	Allow local selection of dose time  Don't like Warfarin section	18:00 hrs is Mater's preferred time  Dr's eyes seem to miss the pre-written "Warfarin" – double ordering has occurred		NIMC Specifications document outlines possibility of modifying NIMC for preferred dose times / local policy issue.
	Hunter	Warfarin / Variable	A number of specialists have suggested that these boxes go at the bottom of the page rather than the top	Some people are thrown off by the variable and warfarin boxes being at the top of the first regular meds page, and not using this page at all.	Noted. Qld experience has shown this can be missed irrespective of its location. They are about to re-audit since moving the warfarin section to current NIMC position.	Education / policy issue, to be reviewed again by working group.
	Tamworth	Warfarin	1) No space to write frequency for INR to be taken 2) Difficult to write on Warfarin page as it is unsupported		Have Dr put a line around the INR result box on the desired date/s	Education / policy issue.

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12/4/05	Tamworth	Warfarin	Develop separate anticoagulation chart (all inclusive) and remove warfarin from NIMC	Possibility for double dosing when charts are re-written		Some hospitals / jurisdictions may wish to alter the chart in this way in accordance with the NIMC specifications, however policy and education should be clear as to where Warfarin is to be prescribed.
	FMC	Variable	Remove shading of the dose and doctor rows in this section	When variable dose and warfarin sections are not in use it is difficult to find the appropriate column in the regular section.	Shading could be more prominent and the columns made larger, perhaps move variable dose and warfarin section to the bottom of page 2.	Change agreed by NIMC working group 31 May 2005 to improve vertical shading in administration section.
	Broome	Variable	Inadequate space for variable drugs 1.can only write up one variable/chart 2.not enough room to write up insulin		Broome want to source a separate insulin chart from Qld. How many times is >1 variable drug ordered?	Consider using a regular slot and replicating the variable layout in it.
April	Royal Melb	Variable	More than one space needed		How many times is >1 variable drug ordered?	Consider using a regular slot and replicating the variable layout in it.
April	Hunter	Variable	Numerous doses of Gentamycin have been missed; dose box not viewed by staff as part of Regular Meds section			Policy / education issue

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	Hunter  FMC	PRN	Can we drop some of the boxes off at least the PRN page to allow more room PLEASE!  Suggest rotating prn page to horizontal	“I don’t know how close this chart is to the one in use in QLD, but the issue of the size of the boxes is a major one here, particularly with two nurses signing for many medications.”  PRN chart is difficult to read how often the drug was given in 1 day	Noted.  If orientation was altered, would 5 PRNs be enough?  Possibility of changing PRN section to horizontal will allow for more administration columns but less drug orders.	Feedback from pilot data was that only few drugs prescribed PRN but more doses were administered. However having fewer dosing boxes forces review – why are so many PRNs being given? Should the dose be increased/ should medication therapy be reviewed?
	Tamworth	?PRN	When ordering Post-Op Nausea & Vomiting protocol, there is no space in admin area...to list actual med and dose administered		C'tee unable to suggest a remedy at this time.	Local policy issue.
	Whyalla, FMC, Many others	PRN	Section too small – only enough room to give 15 doses	See graphs regarding PRN usage during Pilot	Suggested medications review if too many prn's needed. This seems to be an education issue as well as a practice/therapeutics issue.	Education / policy issue, consider review of medication therapy.
	Tamworth	PRN	Potential to miss PRN meds as they are being scattered when >1 chart		Consolidation / rewriting orders might be needed.	Education / policy issue
Apr '05	Hamilton	PRN	Consider some means of indicating on front of chart that there are PRN orders on back of chart	PRN drug orders being missed		Education / policy issue
April	Royal Melb	PRN	Only permits one dose in 24 hrs		This is incorrect. Each column in one administration on the PRN page, not one day. That is why it is so important for the prescriber to specify 'max dose in 24hrs'	Education / policy issue
	Hunter	PRN	Concern re potential for 'Max daily dose' to be confused with individual dose, which could lead to 24hrs dosing given at one time			Education / policy issue, max daily dose should be documented to help prevent overdosing /

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						trigger review.
	Warmnambool	PRN	PRN doses may be missed due to not being in direct sight			Education / policy issue
	FMC & others	PRN	Change orientation of PRN page to horizontal.	Whilst decreasing number of PRN spaces to ~5, it would increase administration squares	<u>Tim</u> : the average number of PRN drugs per Pt (all sites) is 2.9 Will need to consider box size as complaints also received that boxes are too small.	Feedback from pilot data was that only few drugs prescribed PRN but more doses given. However having fewer dosing boxes forces review – why are so many PRNs being given? Should the dose be increased?
Apr '05	W.Districts	PRN	“Insufficient room on PRN chart if several PRN orders given”		?relates to admin section	See above
	Several sites	Indication	Charts are at the end of the patients bed -?breaches of patient confidentiality		<u>Hunter</u> : insert indication only when there maybe >1 indication for the drug  <u>NSW DoH Legal Branch</u> : Patient safety must take priority	Whilst accepting privacy issues such as this are sensitive, indication is still deemed an important part of medication safety. Perhaps inform the patients of its presence and inform them it is for their safety?
	<b>Royal Melb</b>	<b>Indication</b>		<b>Swap ‘Pharmacy’ &amp; ‘Indication’ around to give ‘indication’ more prominence</b>		Change agreed by NIMC working group 31 May 2005 to swap position of indication and pharmacy, and add in a vertical line to create separate boxes.

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♣	Hunter, Tamworth	Short Stay Admissions	Adapt pgs 1&4 to one side of a chart with obs, clinical notes etc on other side.	Waste – Don't need entire chart.	Noted the importance of this issue. Important to retain safety aspects of history, ADRs. Draft a possible one-page format suitable for short-stay use.	Considered but not agreed to by the working group at this time.
	South Australia	All	1) Not compliant with regulations for prescription		Granted temporary licence for period of the Pilot.	Chief Pharmacist investigating regulatory amendment
		All	2) Faxing		Granted temporary licence for period of the Pilot.	Chief Pharmacist investigating regulatory amendment
	FMC & others	All	Request colour variation other than white to help chart stand out	Difficult to find amongst many other white pages	Consider using tab dividers?	Hospital or jurisdictional policy decision, as long as it is compliance with NIMC specifications.
	FMC & others	All	Colour strip (eg. red or cross-hatched strip) on RH side of chart?	Chart does not stand out in folders, previous charts were printed on coloured paper. If red colour was used then no extra cost would be incurred for additional colour printing.	Printing costs may increase. See above notes on Australian Standard.	Hospital or jurisdictional policy decision, as long as it is compliance with NIMC specifications.
	W.District	All		Repetition of name, pager # and signature is regarded as onerous		Education / policy issue, principle is to be able to contact the prescriber for each order.
	W.District	GTN patches	Place to sign on & off?		Suggest using one of the times for admin lines for each, by boxing in line above & below.	Education / policy issue
	W.District & Warrnambool	All	Specific "Cease" box?	Recording of medication cessation seems to be emerging as a frequent issue  "Anyone could put a line through with date"		Education / policy issue

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18/1/05	Naracoorte	GPs	Medical Director seems to be able to produce med charts in (at least) 3 formats/layouts. This causes problems for Rural sites. Lack of forcing function re route & date also an issue.		Council is working to set up a meeting with Medical Software vendors to discuss this & other issues	Meeting held, Medical Director and other software vendors are keen to incorporate principles and chart format into their programs.
	Whyalla	GPs	<ul style="list-style-type: none"> <li>• Taking too long to complete</li> <li>• Difficulty writing Frusemide 40mg mane &amp; 20mg nocte within space</li> </ul>		Noted.	Education / policy issue, ongoing familiarity will reduce time to complete. Two separate orders could be used for mane and nocte doses.
	Kalgoorlie	General	Place for the nurses giving the medication to put their initials beside their name		Suggested a separate sheet for this which can be used in conjunction with the documentation for the entire admission	Could be considered at the local policy level if this is an issue in particular facilities
	Broome	General	No recommended administration times for 4 hourly.	Tid times are not evenly spaced (12 hr gap overnight)	Times are recommended only. RNs & MOs should negotiate suitable times Med admin rounds often >1hr duration	Local policy / education issue.
	Broome	General	What happens if Dr writes in admin times that conflict with frequency?		Nursing staff must contact Dr to clarify intentions	Nursing staff must contact Dr to clarify intentions
	Broome	General	<ul style="list-style-type: none"> <li>• Should the chart be used for paediatrics?</li> <li>• Where can Drs write dose calculations?</li> </ul>		Yes  Pharmacy section?	Chart can be used in paediatrics, however a paediatric version is currently being trialled which includes a section for dose calculations.
	Warnambool	General	Nowhere to put IV insertion sticker	Local issue?	Is this a common practice problem?	Local policy / education issue.
	Warnambool	General / NCR	Time consuming to copy and send to Pharmacy for ordering medications		Noted.	Consider scanning? Awaiting further feedback on these

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						issues.
	FMC	General / NCR	Faxing is making Pharmacy work easier		Noted.	Welcome feedback!
	Hunter, FMC	General	One of our pharmacists has suggested using different colour lines and text on STAT page vs PRN page vs REGULAR meds page to highlight the difference.	“Our staff are having problems because we have moved from coloured charts to white ones, and they are getting lost in the myriad of bedside charts that are white.”	Printing costs increase rapidly. Eg; having different colours of ink on pg 1 and 4 (leaving black on 2 & 3) has doubled the quoted price.	Increased printing costs and colour change may not impact significantly on patient safety.
	FMC	General	Ability to make minor customised changes to the chart	Capacity to add hospital / service / DoH logo to chart and to customise administration times to suit local work practice.	Yes – capacity to customise chart in specific areas is outlined in the NIMC specifications document	See NIMC Specifications document
	FMC	General	<ul style="list-style-type: none"> <li>• Prescript. Boxes too small, too many</li> <li>• Not enough space to write drug orders</li> </ul>		Noted	Some order space to be increased as agreed by NIMC working group (see above).
April	& Western Districts (Hamilton), & Mater		<ul style="list-style-type: none"> <li>• Too hard to read when MOs write in black pen</li> <li>• Black-on-white background makes it difficult to read</li> <li>• Too much print, information surrounding chart makes it difficult to use</li> </ul>		Noted	Colours could be changed re: NIMC specifications document, however, increased printing costs etc (as above).
	FMC	Admin times	<ul style="list-style-type: none"> <li>• Not suited to Paeds</li> <li>• Arrows are unnecessary</li> </ul>		Arrows are in place to direct new procedures for entering administration time.	A paediatric version is currently being trialled.
	FMC?	Audit	<ul style="list-style-type: none"> <li>• NKDA on 2 of 3 charts – how counted?</li> <li>• Contradictory Drug Allergies ie: NKDA then penicillin on another chart</li> <li>• Arrowed signatures (1 signature for multiple orders) if current charts</li> </ul>			Local education / policy

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			permit?			
		Audit	<ul style="list-style-type: none"> <li>If 'prescriber name' box is empty: n/a or '0'?</li> </ul>			'0' on basis that unclear info = '0' info.

**Change Register: National Inpatient Medication Chart – Pre & Post Implementation Phases**

Date	Site/Who	Section	Proposal/Issue/Risk	Basis for change	Discussion	Outcome
18/3/05	Moruya	Admin times	TDS IV antibiotic times 0800hrs, 1600hrs, and 2400hrs are ideal times for TDS IV antibiotics vs TDS times of 0600, 1400, 2200 because 1. Corresponds with commencement of each shift, thus the drug chart is reviewed by nurses at the start of each shift 2. The antibiotic can be given near the start of shift when minds are clearer 3. 1400 and 2200 are near the end of shift more likely to be omitted or not signed for.			Noted, admin of 1400 and 2200 are an education / local policy issue.
Apr '05	Tamworth	Admin times	Confusion arising when times/correct times not entered by Dr	Incidents @ Tamworth where confusion arose after wrong times entered	Nursing staff must contact Dr to clarify intentions	Nursing staff must contact Dr to clarify intentions
	Western District (Hamilton)	Other/ Specialist Charts	Need stated		Development of BGL, Palliative Care, Long Stay & other charts is in progress	NIMC Working Group to continue to progress.
April	Hunter	Admin times (Paeds)	When Drs haven't written in times (& Dr not available), could 2 RNs checking the order before entering the times be an alternative?			Nursing staff must contact Dr to clarify intentions.

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**Many other comments, often of a general nature were received. Most are educational or local issues, not necessarily reflective of safety design. They include:**

	FMC & others	Prescribing	<ul style="list-style-type: none"> <li>• Drs writing prn orders in regular section</li> <li>• Drs not writing admin times, or omitting frequency and only writing times</li> <li>• Drs not completing indication / route; not writing clearly; not signing warfarin &amp; variable dose daily orders</li> <li>• Duplication of orders between prn &amp; regular sections</li> <li>• Possibility of misinterpreting “max dose/24hrs” with dose</li> </ul>		Rationale for Drs to enter frequency & times: Evidence has shown 50% decrease in admin time errors.
		Resources	<ul style="list-style-type: none"> <li>• Takes more time to fill out / not easier to use</li> </ul>		
		Supply	<ul style="list-style-type: none"> <li>• Fax frequently engaged</li> <li>• Faxing takes too long</li> <li>• Symbols used to order, but chart not faxed</li> <li>• Drawing triangles for ordering takes too long</li> <li>• Pharmacy takes too long to supply</li> </ul>		
		Administration	<ul style="list-style-type: none"> <li>• Is there any evidence that 2 RNs signing reduces warfarin errors?</li> <li>• Legal issue?? If RN enters times (if MO omits) &amp;/or tweaking times</li> <li>• Easy to sign in wrong place</li> </ul>		

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	FMC	Dispensing / faxing	if only faxing page 2, the patient ID is visible but the ADR details are not visible, just the sticker. Staff only fax the orders required to pharmacy (ie may only be 1 page) rather than faxing the whole chart.		
	W.Gippsland	All	No place to cease orders. Nurses have started highlighting ceased orders to help make it clearer.	Our charts are ending up with lines all through them, contributing to the already busy chart.	
	“	All	Patients often require long term drugs and medical orders can be difficult to obtain especially for out of area HITH. Do you have any suggestions on how to deal with this problem? Is there a version of this chart being considered for community nursing?		
22 Apr	Tamworth	IV chart	Tone down or remove grey scale	Chart doesn't fax well due to shading tones – grey area comes out as one dark blur	
April '05	Royal Melbourne	All	Binding holes tearing	Alter layout so chart is bound on (L) margin (similar to long-stay chart) & add reinforcing strip	
	“	Discharge	Might the NIMC be altered in some way to add a box where the Dr could enter date, reason etc for cessation?	The rationale for ceasing / altering a medication regimen is often poorly communicated to the Pt's GP	
May	Warrnambool 6 & 12 weeks post implementation (Some points covered in other sections)	All		<ul style="list-style-type: none"> <li>• Form busy, difficult to read &amp; see quickly what pt is on.</li> <li>• Not user friendly, labour intensive. Hard to read, increased potential for errors, especially when Dr uses black pen</li> <li>• Staff want bigger boxes to enable exact time of administration to be entered if late/early</li> <li>• Route &amp; dose reversed in comparison to usual</li> </ul>	Dose often dependant on route.

