**National Medication Chart review presentation**

**accessible transcript**

**Visual**

**A PowerPoint slide is framed by bands of blue and green. In the top right corner of the slide, blue and green text reads ‘Health Quality & Safety Commission New Zealand. Kupu Taurangi Hauora o Aotearoa.’ Beside this is the blue and green company logo comprising of three thin square blocks with white circles of differing sizes within them. A heading reads ‘National Medication Chart Review 2020.’ Below this in a smaller font, text reads ‘Patient safety and capability team.’**

 **Audio**

Ehara tāku toa

i te toa takitahi;

engari he toa takitini.

My successes are not mine alone; they are ours.

The greatest successes we will have are from working together.

And with that thought, tēnā koutou, and welcome to this introduction to the revised edition of the National Medication Chart. The Commission commenced a utility review of the National Medication Chart Suite in 2019. The previous review was completed in 2014, with an amendment to the oxygen prescribing section in 2016. Regular review means that the chart design continues to evolve to meet the needs of current practice. The medication charts are used in inpatient settings to record the medicines prescribed and administered to a patient, along with any allergies and adverse reactions from medicines. The Commission supports a suite of five National Medication Charts - day stay chart; eight-day chart; eight day chart, scannable version; 16-day chart; 16-day chart, scannable version.

**Visual**

**The slide changes. Three rectangular blue boxes in a line. The first box is labelled ‘Safety’ with a cartoon image of an upturned palm of a hand with three people in it. The second box is labelled ‘Standardisation’ with a cartoon image of a document with bullet points and lines representing text. The third box is labelled ‘Reduce medication errors’ with a cartoon image of a graph depicting a line tracking downwards. Across all three rectangles is a horizontal line with arrows at each end.**

**Audio**

Why do we have a National Medication Chart? The suite of National Medication Charts, hereinafter referred to as NMC, were introduced to reduce medication errors and improve patient safety through the standardisation of paper-based medication charts used in Aotearoa hospitals. The design of the NMC was the result of an eight-year development phase involving many health professionals. The charts are supported by a user guide and medication charting standard. The NMCs are extensively used across the sector, in all DHB hospitals and in some hospices and private hospitals. The Commission's preference is for electronic prescribing systems.

**Visual**

**The next slide is titled ‘Feedback process’. White text in a blue bar reads ‘NMC users’. A bullet point below that reads ‘Feedback on the existing chart.’ Below that, text in a blue bar reads ‘NMC committee’. A bullet point below that reads ‘Review of feedback’. Below that, text in a blue bar reads ‘Feedback to the sector’.**

**Audio**

For the review of the NMC, an interdisciplinary committee was established. The purpose of this committee was to undertake a review of the utility of the NMC suite as part of the three-yearly review process. We would like to thank the NMC Committee for their active participation in the development of the revised suite of charts. NMC users were invited to provide feedback on the utility of the existing suite of charts. We received 98 responses from both DHB hospitals and non-DHB users. All initial feedback was considered by the NMC committee, and a revised eight-day chart with proposed changes was drafted and circulated in October 2019 for further feedback. Following further submissions, the recommended and approved changes to the eight-day chart were finalised, and the full NMC suite was redesigned to reflect these changes and align with the eight-day chart. Implementation was due to begin in late 2019. However, extra time was needed for feedback and consideration, and then the impact of COVID-19 delayed this further. It was also necessary to seek clarification for the oxygen prescribing section, and this again affected the timing of implementation. Following consultation with Dr Alex Psirides, Dr Alan Davis, Dr Iwona Stolarek and the wider committee, this issue has now been resolved. This presentation provides a summary of the main changes to the eight-day NMC. Where possible, each slide shows an example image and refers to the page or pages of the chart that are affected. For further details, please refer to the NMC user guide, which has been updated to reflect the changes to support the implementation phase. This is available on the Commission's website. ID label panel, page 1.

**Visual**

**The next slide is titled ‘ID label panel’. An example of an ID label panel. The panel reads ‘First prescriber to write patient’s name and NHI’. The example name is ‘John Brown’ and with the NHI ‘AAA1234’. Below that is a rectangular panel which reads ‘Family Name: Brown. Given Name: John. Gender: M.’ Grey instructions read: ‘Affix Patient Label Here.’ The final line in the panel reads ‘Date of Birth: 01.01/2001. NHI#: AAA1234.’ Below the example panel, text reads: Page 1.**

* **The ID label panels are now enclosed with a border to encourage the correct alignment of the name label without covering other information on the chart.**
* **The number of required ID labels has been reduced to two (on pages 1 and 2), with one in the IV fluids page (which only needs to be applied if IV fluids/additives are prescribed.**

**Audio**

Special care required, page 1.

**Visual**

**The next slide is titled ‘Special Care Required’. A blue box is titled ‘special care required’ and contains six tick boxes: Renal impairment, Hepatic impairment, Pregnancy, Breastfeeding, Anticoagulation and Other. The renal impairment box is ticked. Below the blue box, text reads: ‘Page 1. The special care required box has been moved to the top of the front page. This allows the special care alert to be visible when prescribing, administering or reviewing medicines.’**

**Audio**

Supplementary charts, page 1.

**Visual**

**The next slide is titled ‘Supplementary Charts.’ A white box is titled ‘Supplementary Medicine Charts’ and contains six tick boxes: Insulin, Specialist analgesia, Heparin, Warfarin and two ‘other’ boxes. The specialised analgesia box is ticked. Below the white box, text reads: Page 1.**

* **The supplementary chart box remains on the front page; with the addition of an extra ‘Other’ checkbox.**
* **This allows the alerts about supplementary charts being in use to be visible when prescribing, administering or reviewing medicines.**

**Audio**

Medicine reconciliation, page 1.

**Visual**

**The next slide is titled ‘Medicine Reconciliation.’ A green box is titled ‘Admission Medicine Reconciliation’ and contains three tick boxes: Discrepancies identified, Discrepancies reconciled and No discrepancies identified. The discrepancies identified and discrepancies reconciled boxes are ticked, and beneath both of them is an example signature of S Sharples and dates of signature being 01/05/20 and 02/05/20. Below the green box, text reads: ‘Page 1. A medicine reconciliation second has been added to the front page. The first two boxes are to identify if discrepancies have been found and when they were reconciled, and the last box is for when no discrepancies are identified. This second should be signed by the person doing the medicine reconciliation and full details added to the sample signatures section.’**

**Audio**

Feedback during the review included a recommendation to have something on the chart itself to highlight that a medicine reconciliation had been completed. Sample signatures and initials, page 1.

**Visual**

**The next slide is titled ‘Sample signatures and initials’. A white table is titled ‘Sample signatures – Prescribers.’**

|  |  |  |
| --- | --- | --- |
| **Name & Reg No. (family & given)** | **Signature** | **Contact no.** |
| Ima Goodprescriber | I.Goodprescriber | 04 911 9111 |
|  | Dr Janice Doolittle | 04 922 9222 |

**Beneath the first table, a second table is titled ‘Sample initials – Administrators/Others.’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Reg No. (family & given)** | **Initials** | **Name & Reg No. (family & given)** | **Initials** |
| Sofa Sharples | SS | Suzie Marks | SM |
| NZCS 999 |  | 12345 |  |
| Countless pills | CP | Erica Good | EG |
| PCNZ 1000 |  | 67890 |  |

**Below the two tables, text reads: Page 1.**

* **These sections have been reconfigured to give more lines for administrators’ initials.**
* **For prescribers, the registration number ‘Reg No’ column has changed to contact number ‘Contact No’. The inclusion of the registration number has been added to the ‘name’ column.**
* **The signature information can now be completed over two lines of the chart; a stamp can be used in this section.**

**Audio**

Allergies and adverse reactions, page 2.

**Visual**

**The next slide is titled ‘Allergies & Adverse Reactions.’ A yellow table is titled ‘Allergies & Adverse Reactions’ with a check box titled ‘No’.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication/other** | **Reaction (new this admission)** | **Medication/other** | **Reaction (new this admission)** |
| Cefuroxime | * All over rash
 |  |  |
| Morphine  | Nausea |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Signature: I Goodprescriber** |  | **Date: 1/5/20** |  |

**Below the table, text reads: Page 2.**

* **The allergies and adverse reactions boxes have been combined into a single source, on page 2. This placement allows the allergies & adverse reactions to be visible when prescribing, administering or reviewing medicines.**
* **There is no need to distinguish between an allergy and an adverse reaction on the revised NMC.**
* **Recording of a clinician’s signature assigns accountability for the information and the date shows how current the information is.**
* **There is also a reminder on the fluids and infusions page (last page) of the NMC to refer to page 2 for information on allergies and adverse reactions.**

**Audio**

Verbal orders, page 3.

**Visual**

**The next slide is titled ‘Verbal orders.’ Verbal Orders (must be signed as soon as possible or within 24 hours of order). An example verbal order includes space to fill in the following: Date & Time, Medicine, Dose, Units, Route, Dose calculation (eg: mg/kg per dose), Date & time of dose, Initials, Time Completed, the Prescriber’s name, the Prescriber’s signature, Pharmacy & special instructions, Pharm and a diagonally split box labelled Given by and Checked by. Beneath the example verbal orders, text reads ‘Page 3. This section has been enlarged to accommodate documentation of three verbal orders.’**

**Audio**

Oxygen therapy and medical gases, page 3.

**Visual**

**The next slide is titled ‘Oxygen Therapy & Medical Gases.’**

**Oxygen Therapy.**

**Remember: to document oxygen administration on the patient’s Vital Signs chart (L/minute).**

**A pink chart is formatted as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target oxygen saturation (%):** | **(tick box) 88-91% COPD/chronic respiratory failure** | **(tick box) 92-96% most acute conditions** | **(tick box) Other** |

**An example pink table is left blank, as below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start date** | **Device/delivery** | **Flow rate range / FiO2** | **Signature** | **Stop date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Beneath the table, text reads: Page 3.**

* **The ‘Target Saturations’ box has been moved to the bottom of page 3 and shaded pink to make it more obvious (and to keep the ‘Once Only’ medicines together).**
* **The parameters have been updated to 88-91% and 92-96% and wording has been added for guidance.**

**Audio**

And we have referenced the guidelines from the Thoracic Society in the user guide. The dose boxes.

**Visual**

**The next slide is titled ‘The dose boxes.’ Beneath the title is the example Verbal Order from the previous slide. Beneath that is an example ‘As Required (PRN) Medicines’ chart, which includes space to fill in the following: Date, Medicine, Dose, Units, Route, Frequency, Dose calculation (eg: mg/kg per dose), Max dose/24hrs, the Prescriber’s signature, Indication, Pharmacy & special instructions, Pharm and Sign, date and time to cancel. The boxes titled Max dose/24hrs, the Prescriber’s signature and the Sign, date and time to cancel are bordered in red as opposed to black. Beneath the chart, text reads: The wording ‘Dose range if needed’ has been removed from the ‘Dose box’ in all sections except in the ‘As Required (PRN) Medicine’ sections on pages 4 to 7.**

**Audio**

The previous inclusion of that instruction encouraged some prescribers to add a dose range when a single dose should have been specified. As required - PRN - medicines,

pages 4 to 7.

**Visual**

**The next slide is titled ‘As Required (PRN) Medicines.’ Beneath the same chart as the previous slide, text reads: Pages 4 to 7.**

* **An extra page has been added, giving additional space for PRN medicines.**
* **PRN ‘Indication’ and ‘Max dose/24hrs’ fields have been bolded to provide emphasis.**

**Audio**

Recommended administration times, page 15.

**Visual**

**The next slide is titled ‘Recommended Administration Times.’ The title of the table sits in a blue box which reads Recommended Administration Times. Guidelines only. The table is laid out as follows:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Morning** | **Mane** | **0800** |  |  |  |
| **Night** | **Nocte** |  |  |  |  |
| **Twice a day** | **BD** | **0800** |  | **1800 or 2000** |  |
| **Three times a day** | **TDS** | **0800** | **1400** | **2000** |  |
| **Four times a day** | **QID** | **0600** | **1200** | **1800** | **2200** |
| **Strict 8 hourly** | **Q8H** | **0600** | **1400** | **2200** |  |
| **Strict 6 hourly** | **Q6H** | **0600** | **1200** | **1800** | **2400** |

**Beneath the table, text reads ‘Page 15. The ‘Recommended Administration Times’ box is now on the top of page 15.**

**Audio**

Non-administration codes, page 15.

**Visual**

**The next slide is titled ‘Non-administration Codes.’ The title of the table sits in a blue box which reads Non-administration Codes. The table is laid out as follows:**

|  |
| --- |
| **CP Carer/parent administered** |
| **D Prescriber’s Instructions** |
| **N Not administered – document reason in notes** |
| **R Patient refused** |
| **RV Review** |
| **SM Self-medicating** |
| **U Patient unavailable** |
| **W Withheld** |

**Beneath the table, text reads ‘Page 15. New codes have been added ‘W’ for ‘withheld’, ‘RV’ for ‘review’, ‘U’ for ‘patient unavailable’.**

**Audio**

Intravenous fluid prescription, page 16.

**Visual**

**The next slide is titled ‘Intravenous fluid prescription.’ Beneath the titles, an orange and yellow box reads ‘Allergies & Adverse Reactions. Refer to page 2 for details.’ Next to that is ‘Fluid and infusion prescription.’ A red border around the text ‘Fluid chart number 1 of 1.’ ‘Note: The fluid balance chart must also be completed.’ Next to that is the example ID label panel from one of the earlier slides. Beneath that is an table with space to fill in the Date, the Prescribed start time, the Volume (mL), the Fluid and additive, the Route, the Rate (mL/hour), the Prescriber’s signature, the Time Commenced and Time Completed and Commenced by and Checked by.**

**Beneath the table, text reads: Page 16.**

* **The ‘Intravenous and subcutaneous fluid prescription and infusion record’ section has been reconfigured.**
* **The ‘Completion/Time/Actual Vol’ columns have been removed, and a reminder to complete a fluid balance chart added.**
* **A continuation sheet for intravenous fluid prescription and infusion records will be available.**

**Audio**

Subcutaneous charting sticker.

**Visual**

**The next slide is titled ‘Subcutaneous Charting Sticker. A red bordered part of a large chart is encircled to represent a zoomed-in view of that particular part of the chart. The title of the red bordered table is ‘Continuous subcutaneous infusion prescription (in a single syringe.)’ The chart has space to be filled in under the following headings: Date, Medicine, Dose, Units, Diluent & volume (as per policy), Prescriber’s signature, Duration, Pharm and Sign, date & time to cancel, the latter of which is bordered in red as opposed to black. Text below the table reads:**

* **A subcutaneous charting sticker has been introduced for optional use. Subcutaneous medication can now be prescribed in the regular section of the NMC using a sticker template. This is to be placed across two regular medicines rows for multiple medicines. The sticker has rows for up to four medicines to be prescribed in a single syringe.**
* **The continuous subcutaneous infusion prescription sticker can also be placed on the fluid and infusion page (last page of the chart) if that is preferred (see your local policy for guidance).**

**Audio**

Removal.

**Visual**

**The next slide is titled ‘Removal.’ The Venous Thromboembolism (VTE) prevention section has been removed. Rationale:**

* **the NMC is not the appropriate place to document a clinical assessment.**
* **different specialities have different VTE prophylaxis protocols.**
* **alternative assessment tools are in place (eg, the pre-surgical checklist)**
* **the section is not relevant for all specialities (eg, neonates, paediatrics, mental health).**

**Audio**

Kia ora. Thank you for listening to and viewing this presentation.

**Visual**

**The next slide reads ‘Thank you’ in bold blue text.**

**Audio**

The NMC suite is supported by the user guide and the Medication Charting Standard, both of which are available on our website. A PDF version of these slides and commentary is also available on our website.

Kia whakairia te tapu,

kia wātea ai te ara,

kia turuki whakataha ai,

kia turuki whakataha ai.

Haumi e, hui e,

tāiki e.

Restrictions are moved aside so the pathway is clear to return to everyday activities,

enriched and unified.

Accessible transcript by Able.

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