

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Medicine: Managing Intraoperative Medications
<b>TYPE OF DOCUMENT</b>	Procedure
<b>DOCUMENT NUMBER</b>	SESLHDPR/209
<b>DATE OF PUBLICATION</b>	September 2020
<b>RISK RATING</b>	High
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standards: Standard 1 – Governance for Safety and Quality in Health Service Organisations (1.10) Standard 4 – Medication Safety (4.1)
<b>REVIEW DATE</b>	September 2022
<b>FORMER REFERENCE(S)</b>	SESLIAHS PD 166
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	SESLHD Clinical Stream Director Surgery, Anaesthetics & Perioperative Services
<b>AUTHOR/S</b>	SESLHD Operating Theatre Clinical Nurse Educators Clinical Nurse Consultants, Nurse Managers, Nurses Unit Managers
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	SESLHD Clinical Stream Nurse Manager Surgery , Anaesthetics Perioperative Services
<b>KEY TERMS</b>	Intraoperative medication, Operating Suite
<b>SUMMARY</b>	This Procedure outlines the principles, procedures and responsibilities for the management of medication delivery intra-operatively.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

**This Procedure is intellectual property of South Eastern Sydney Local Health District.  
Procedure content cannot be duplicated.**

Feedback about this document can be sent to [seslhd-executiveservices@health.nsw.gov.au](mailto:seslhd-executiveservices@health.nsw.gov.au)

**1. POLICY STATEMENT**

This procedure provides direction for the safe preparation and handling of intraoperative medications within aseptic fields.

**2. BACKGROUND**

It is best practice for the same person to prepare the medication they will administer. In the Operating Suite, the flow of activities during a surgical procedure can necessitate the Instrument and the Circulating Nurse to act on a standing order or verbal direction of a Medical Officer. The medications are prepared during the course of a surgical procedure, where the Medical Officer is constrained by the activities of the procedure.

The orders for such medications will be determined by the Medical Officer’s standing order for the procedure and/or verbal direction. The Medical Officer will then administer the same medication.

**2.1 DEFINITIONS**

<b>Perioperative Nurse</b>	A Registered or Enrolled Nurse who provides care to patients immediately before, during and after surgery
<b>Instrument Nurse</b>	A Registered or Enrolled Nurse who provides care for the patient within the sterile field
<b>Circulating Nurse</b>	A Registered or Enrolled Nurse who provides care for the patient outside of the aseptic field
<b>Standing Order</b>	A written instruction authorised by the Medical Officer and approved by the Drug and Therapeutics Committee that details the Medical Officer’s specific requirements for a medication in a given procedure
<b>Verbal Direction</b>	The verbal information given by the Medical Officer to the Perioperative nurse with specific medication requirements

**3. RESPONSIBILITIES**

- All health care practitioners work in accordance with the [NSW Ministry of Health Policy Directive PD2013\\_043 - Medication Handling in NSW Public Health Facilities.](#)
- All health care practitioners will report adverse reactions or medication errors in accordance with the [NSW Ministry of Health Policy Directive PD2020\\_020 - Incident Management Policy.](#)

**3.1 Prescribing Medical Officer**

The Prescribing Medical Officer is responsible for:

- Delivering a valid prescription for the medication. This may be in the form of a written order, standing order or verbal direction
- Reviewing, signing and obtaining local Drug and Therapeutics Committee (or equivalent) approval for all standing orders annually
- Preparing and checking the medication for administration. Where it is not possible, for the Medical Officer to prepare the medication, the Medical Officer must confirm the prepared medication, name, dose strength and route with the **Instrument Nurse** immediately prior to administration
- When the medication is prepared by the Medical Officer in advance to be used on the aseptic field they **must** inform the instrument nurse of what was used and appropriately store the ampoules until the end of the procedure

- Documentation of the administered medication in the patient's medical record.

### 3.2 Nurse / Nurse Unit Manager

Is responsible for:

- Ensuring access to education and training requirements of this procedure for nursing staff in the SESLHD Operating Suites
- Maintaining records of evidence for policy / procedure sign off.

### 3.3 Clinical Nurse Educator / Nurse Educator

In collaboration with the Nurse Manager are responsible for:

- Organising access to education and training requirements of this procedure for nursing staff in SESLHD Operating Suites
- Annual assessment of Enrolled Nurses working in SESLHD Operating Suites
- Maintaining records of evidence of education and training.

### 3.2 Perioperative Nurse

The Perioperative Nurse is responsible for:

- Preparing and checking all medications required for administration on the aseptic field in accordance with [NSW Ministry of Health Policy Directive PD2013\\_043 - Medication Handling in NSW Public Health Facilities](#)
- The safe handling and storage of the medication on and off the aseptic field
- Checking the medication with the Medical Officer prior to administration.

### 3.3 Enrolled Nurse

All Enrolled Nurses working in the Instrument Nurse role must complete an assessment for competence in administration of intravenous medication at the commencement of employment and annually in accordance with [SESLHD/160 - Medication: Administration by Enrolled Nurses](#).

## 4 CLINICAL PRACTICE

### 4.1 General Principles

The Instrument and Circulating Nurse may act on the standing order or verbal direction of a Medical Officer and prepare medications during the course of a surgical procedure, where the Medical Officer is constrained by the activities of the procedure.

All medications used within the aseptic field must be:

- Prepared in accordance with a valid prescription from the attending Medical Officer
- Checked prior to preparation and immediately prior to administration using the standardised **Checking Process (4.2)**
- Prepared within the immediate patient care environment of the Medical Officer, i.e. the same operating room
- **Confirmed** with the prescribing Medical Officer prior to administration
- Prepared individually for **one** patient as close to use as possible
- Labelled to differentiate from one another on the aseptic field, in accordance with [NSW Ministry of Health Policy Directive PD2016\\_058 - User-applied Labelling of Injectable Medicines, Fluids and Lines](#)
- Documented in the relevant paper-based and/or electronic record system following administration.

**4.2 Checking Process: *Confirming the patients' identity***

The patient's identity and allergy status is confirmed in the operating room, during Time Out as directed by [NSW Ministry of Health Policy Directive PD2017\\_032 - Clinical Procedure Safety](#).

**4.3 The Instrument Nurse and Circulating Nurse must examine and confirm the medication during preparation:**

- Name of medication
- Medication dosage / strength
- Expiry date
- Appearance and package integrity
- Any warning statements on the label.

**4.4 The Instrument Nurse and Circulating Nurse must ensure the correct preparation of the medication for administration, including:**

- The medication is prepared in accordance with the specific instructions of the Medical Officers prescription
- Safe transfer and receipt of medication, syringe and/or administration equipment onto the aseptic field
- Reconstitution, if required
- Correct labelling of the syringe or vessel containing the prepared medication in accordance with the [NSW Ministry of Health Policy Directive PD2016\\_058 - User-applied Labelling of Injectable Medicines, Fluids and Lines](#)
- Safe storage of the prepared medication on and off the aseptic field, ensuring all ampoules / vials / bottles are kept in the operating room until the end of the surgical procedure.

**4.5 Scope and limitations of practice of perioperative nursing staff**

- The Enrolled Nurse (EN) must work at all times under the **direction** and **supervision** of the Registered Nurse (RN)
- When the Instrument Nurse is an EN, the Circulating Nurse must be a RN.

**5. EDUCATION**

All Perioperative Nurses and Medical Officers employed in SESLHD operating suites should:

- have attended SurgiNet training
- read and sign off on this policy
- have attended course / in-service on the practice implications of this policy. This may be delivered as part of a local orientation program to staff new to the Perioperative environment.

**6. DOCUMENTATION**

Local Facility Education Records  
Health Care Records  
IIMs  
Standing Orders

**7. REFERENCES**

This policy should be read in conjunction with the following references:

- Australian College of Operating Room Nurses Ltd (2020) Standards for Perioperative Nursing in Australia 16th Edition
- [Australian Commission on Safety and Quality in Health Care \(2015\) National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines, ACSQHC, Sydney](#)
- [NSW Ministry of Health Policy Directive PD2016 058 - User-applied Labelling of Injectable Medicines, Fluids and Lines](#)
- [NSW Ministry of Health Policy Directive PD2017 032 - Clinical Procedure Safety](#)
- [NSW Ministry of Health Policy Directive PD2013 043 - Medication Handling in NSW Public Health Facilities](#)
- [Nursing and Midwifery Board of Australia \(2018\) Code of Conduct for Nurses](#)
- [SESLHDPD/160 - Medication: Administration by Enrolled Nurses](#)

**7. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
October 2013	1	Reviewed by OT Managers
December 2013	2	Revisions requested by SESLHD Drug & Quality Use of Medicines Committee
February 2014	2	Revisions requested by SESLHD Drug & Quality Use of Medicines Committee made for re-submission
February 2014	2	Re-formatted by Scarlett Acevedo, District Policy Officer
March 2014	2	Approved by SESLHD Drug & QUM Committee
September 2015	3	Minor review. Endorsed by Executive Sponsor
December 2015	3	Endorsed by QUM Committee
March 2016	3	Endorsed by Clinical and Quality Council
May 2018	4	Draft for Comment - Major review
July 2018	4	Endorsed by SESLHD Quality Use of Medicines Committee Endorsed by SESLHD Clinical and Quality Council
September 2020	5	Minor review. Executive Sponsor and contact person information updated. References and links updated. Approved by Executive Sponsor.