

POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse-initiated medication' to children greater than 16 years and adults. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.¹

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e., more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Prevention of sunburn for:

- Patients spending time exposed to sunlight
- Patients taking photosensitising drugs or immunosuppressants
- Patients with photodermatoses (e.g., polymorphic light eruption, xeroderma pigmentosum and cutaneous porphyrias) or hypopigmentation disorders (e.g., vitiligo and albinism)

CONTRAINDICATIONS

Skin infections
Skin lacerations

PRECAUTIONS

Avoid contact with eyes.

HISTORY/ASSESSMENT

- Assess skin integrity
- Medication history e.g., photosensitising drugs or immunosuppressants
- Medical history e.g., photodermatoses or hypopigmentation disorders

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Sunscreen	Apply liberally to exposed skin areas	Topical	Once (20 minutes pre-exposure to sunlight)
Reapplication should occur at least every 2 hours if sun exposure continues.			

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Rash or skin irritation is rare.

Monitor skin integrity.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

- It is important to also wear protective clothing and a hat and to avoid or minimise time spent in direct sunlight particularly between 10 am and 2 pm (11 am and 3 pm daylight saving time) when UV radiation is most intense.
- Application to small areas of skin (e.g., face and hands) is safe for babies but primary sun protection should be clothing, shade, and avoidance of sun
- Sunlight protection is particularly important in patients taking photosensitising drugs or immunosuppressants or those with photodermatoses or hypopigmentation

REFERENCES/FURTHER READING

1. [NSW Health Policy Directive Medication Handling PD2022_032](#)
2. Australian Medicines Handbook. [Sunscreens](#). South Australia: Australian Medicines Handbook Pty Ltd, January 2023

REVISION and APPROVAL HISTORY

Date	Version Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, St George Hospital
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. No changes required.
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee
June 2023	DRAFT 4	NSW Medicines Formulary reviewed. Reviewed by nursing and pharmacy staff.
September 2023	4	Approved by SESLHD Drug and Therapeutics Committee