

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL**Zinc and castor oil cream / ointment for skin protection****SESLHDPR/479****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 exceeded¹

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

Protect skin from breakdown due to incontinence

Nappy rash

CONTRAINDICATIONS

Skin infections

HISTORY/ASSESSMENT

Assess skin integrity and condition

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Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Zinc & castor oil cream / ointment	Apply to affected area	Topical	Once
Apply a thin layer at nappy change or after toileting, after cleaning and drying the skin.			

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

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

- Special care must be taken to keep the skin clean and dry by:
 - Cleaning and drying the area right away after urinating or having a bowel movement.
 - Cleaning the skin with mild, dilute cleanser and water then rinsing well and gently patting dry.
- Use soap-free skin cleansers that do not cause dryness or irritation.
- Avoid products that contain alcohol, which may irritate the skin.

REFERENCES/FURTHER READING

1. [NSW Health Policy Directive Medication Handling PD2022_032](#)
2. [MIMs Online](#). Skin Basics Soothing & Protective Zinc & Castor Oil Cream.

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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. Minor wording updates made. References updated.
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