

Guide to using the Adult National Inpatient Medication Chart (NIMC) - during eMR downtime

 During eMR downtime follow your local downtime procedure for when to use the NIMC

PATIENT IDENTIFIERS



Step 1 Patient identifiers

Attach ADR sticker

Affix patient identification label here and overleaf

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: M ☐ F ☐

First prescriber to print patient name and check label correct:

Weight (kg): _____ Height (cm): _____

Not a valid prescription unless identifiers present

Allergies and adverse drug reactions (ADR)		
<input type="checkbox"/> Nil known <input type="checkbox"/> Unknown (tick appropriate box or complete details below)		
Medicine (or other)	Reaction / type / date	Initials

Sign _____ Print _____ Date _____

Allergy/ADR information

- Document the medicine and reaction type.
- Tick 'Nil known' if the patient is not aware of previous allergies/ADRs.
- Tick 'Unknown' if previous allergy/ADR information is not available.

Patient identifiers

- Prescriber must complete at least 3 patient identifiers in the box on the front and back pages of the chart.
- The first prescriber is to print the patient's name if a label is used, and check the label is correct.

Remember!

- Write orders legibly in black ink.
- Prescribe the active ingredient name to reduce the risk of duplicate orders.
- Use approved abbreviations only.
- Prescribe only one route for each order.
- Specify the strength and the dose in milligrams or micrograms (not millilitres) for liquid medicines.
- Check for additional specialty charts that may be in use (for example insulin, intravenous fluids, anticoagulants, parenteral cytotoxic and immunosuppressive agents, epidural and regional infusion and patient- controlled analgesia).

Guide to using the Adult National Inpatient Medication Chart (NIMC) - during eMR downtime

Prescriber to complete administration times using the recommended times box as a guide

MIDDLE PAGES



Step 3 Middle pages

Variable dose medicines

- Prescribers must complete for medicines which require dose adjustment according to therapeutic monitoring or are part of a reducing dose regimen.
- Prescription of a second variable dose medicine, or twice daily dosing, should be completed in a regular medicine box using the same format as in the 'Variable dose medicine' section.

VTE prophylaxis

- Prescribers must assess the patient's VTE risk and determine whether prophylaxis is required.
- Prescribers must document the assessment on the first chart for patients with multiple charts.
- Nursing staff may have authority to order mechanical prophylaxis depending on local policy.

Note: Prescribers must order *treatment* for VTE in a 'Regular medicine' box.

Warfarin

- Prescribers must enter the INR result, the individual doses for each day and initial for each dose, in addition to the date, route, indication and signature.
- The administering clinician and the second person double checking the administration must both initial the administration record.

Regular medicines

- Prescribing of all other regular medicines begins here with the date and medicine charted.
- Prescribers must complete the details of each medicine before it can be administered. Details include the active ingredient name, route, dose (in milligrams or micrograms), frequency, indication and the prescriber's signature and name in print.
- Regular medicines prescribed on specialty charts should also be documented in the regular medicines section of the NIMC with the administration section having a **clear written reference** to the specialty chart. (Refer to [The National Inpatient Medication Chart User Guide 2019](#) for a list of specialty charts).
- Refer to the [ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation](#) for a list of safe terms, abbreviations and dose designations for medicines.

Regular medicines

Year 20 _____ Date and month _____

Variable dose medicine

Date _____ Medicine (print generic name) _____ Drug level _____

Route _____ Frequency _____ Time level taken _____

Indication _____ Pharmacy _____ Prescriber _____

Prescriber signature _____ Print your name _____ Contact _____

Time to be given: _____ Time given _____

VTE risk assessed: Yes ☐ Prophylaxis not required ☐ Contraindicated ☐ Signature _____ Date _____

VTE prophylaxis

Date _____ Medicine (print generic name) _____

Route _____ Dose _____ Frequency and NOW enter times _____

Indication _____ Pharmacy _____

Prescriber signature _____ Print your name _____ Contact _____

Warfarin

Date _____ Marevan / Coumadin _____ INR result _____

Route _____ Prescriber signature _____ Print your name _____ Contact _____

Indication _____ Pharmacy _____

Prescriber signature _____ Print your name _____ Contact _____

PRESCRIBER MUST ENTER administration times

Date _____ Medicine (print generic name) _____

Route _____ Dose _____ Frequency and NOW enter times _____

Indication _____ Pharmacy _____

Prescriber signature _____ Print your name _____ Contact _____

Date _____ Medicine (print generic name) _____

Route _____ Dose _____ Frequency and NOW enter times _____

Indication _____ Pharmacy _____

Prescriber signature _____ Print your name _____ Contact _____

Date _____ Medicine (print generic name) _____

Route _____ Dose _____ Frequency and NOW enter times _____

Indication _____ Pharmacy _____

Prescriber signature _____ Print your name _____ Contact _____

Recommended administration times

Guidelines only

	Morning	Noon	Night
Twice a day	08:00	14:00	20:00
Three times a day	08:00	12:00	18:00
Regular hourly	08:00	10:00	12:00
Regular 6 hourly	08:00	10:00	12:00
Four times a day	08:00	12:00	18:00

Reason for not administering

Codes MUST be circled

Absent	(A)
Fasting	(F)
Refused - notify prescriber	(R)
Nursing	(V)
On leave	(L)
Not available - obtain supply or contact prescriber	(N)
Withheld - enter reason in clinical record	(W)

Guide to using the Adult National Inpatient Medication Chart (NIMC) - during eMR downtime

BACK PAGE



Step 4 Back page

PRN (as required) medicines

- Prescriber must specify the maximum individual dose and hourly frequency.
- Prescriber must check the 'Regular medicine' orders for duplicate orders.
- Administering clinicians must check the maximum daily dose in 24 hours and the timing of the previous dose (either PRN or regular).

Note: Local policy may permit the prescription of multiple routes of administration in a prn order for a specific list of medicines.

Date	Medicine (print generic name)				Date					
Route	Dose	Hourly frequency	Max PRN dose/24 hrs		Time					
			PRN							
Indication			Pharmacy		Dose					
					Route					
Prescriber signature			Print your name		Contact					
					Sign					

OTHER INFORMATION

Step 5 Other information

Date	Medicine (print generic name)				0800						
11/1	METHOTREXATE					X	X	X	X	X	X
Route	Dose	Frequency and NOW enter times									
PO	15mg	ONCE A WEEK ON MONDAY									
Indication			Pharmacy								
RHEUMATOID ARTHRITIS											
Prescriber signature			Print your name		Contact						
B. HIGGS			HIGGS		441						

Date	Medicine (print generic name)				0800	AB	AB	DE			
6/1/16	Digoxin										
Route	Dose	Frequency and NOW enter times									
PO	250 microg	in morning									
Indication			Pharmacy								
Prescriber signature			Print your name		Contact						
S Jones			S Jones		4721						

Intermittent dosing

- Prescriber must cross out the days/times when the medicine is NOT to be given.

Ceasing or changing a medicine order

- **Ceasing an order:** Prescriber to draw a clear line through the order in both the prescription and the administration sections. Next to the lines, annotate the word 'ceased', followed by the date, and prescriber initials.
- **Changing an order:** Prescriber must cease the original order, document the reason for change (for example cease, error, dose change...) and write a new order.
- **Ceasing via a telephone order:** If a prescriber's telephone instruction is to cease a medication order, the person receiving the instruction may endorse the medication chart accordingly with the words 'ceased as per phone order', the prescriber's name, the staff member's name and signature, and the date and time.

Further Information

- [The National Inpatient Medication Chart User Guide 2019](#)
- [Medication Handling 2022](#)
- [ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)