## High-Risk Medicine Standard: Neuromuscular blocking agents **IMPLEMENTATION CHECKLIST**

Last updated: 26 February 2024. Printed copies are uncontrolled and should not be relied upon as up to date.

Completion of this checklist is not mandatory. Health services may wish to use this tool to monitor compliance with the High-Risk Medicine Standard: Neuromuscular blocking agents. For the most up to date standard, refer to the Neuromuscular blocking agents webpage.

| Facility name/LHD: | Assessed by: | Date: |
|--------------------|--------------|-------|
|                    |              |       |

## Governance requirements

Adherence to the requirements specified in this standard is to be monitored by governance committees (for example, Drug and Therapeutics Committee) and service managers (including, but not limited to, Directors of Pharmacy and Nurse Unit Managers).

| Governance requirements |   | Requirement met | Requirement unmet |
|-------------------------|---|-----------------|-------------------|
| 1.                      | Storage and supply  |                 |                   |
| 1.1                     | Supply of neuromuscular blocking agents is to be limited to critical care areas where there is a clinical need and where patients have the capability to be ventilated and monitored.   |                 |                   |
| 1.2                     | Reversal agents are to be available in clinical areas where neuromuscular blocking agents are used and stored.  |                 |                   |
| 1.3                     | In clinical areas where a small number of doses are kept refrigerated to support cardiopulmonary resuscitation, specially identified secure storage is to be used. Refer to the Society of Hospital Pharmacists of Australia <a href="Neuromuscular blocker storage chart">Neuromuscular blocker storage chart</a> for more information on adjusted storage and expiry of neuromuscular blockers. |                 |                   |



| 1.4. | Where neuromuscular blocking agents do not have warning labels on their outer packaging or are removed from their original packaging (for example, to be added to an intubation pack), warning labels are to be applied to the outer container stating 'Warning: contains paralysing agent' or similar.   |  |
|------|---|--|
| 2.   | Administration  |  |
| 2.1. | Once prepared, labelling is to comply with the appropriate standards for anaesthesia and the Australian Commission on Safety and Quality in Health Care <u>National Standard for User-applied Labelling of Injectable Medicines Fluids and Lines</u> .  |  |
| 2.2. | Red coloured barrel/plunger syringes are to be used when drawing up neuromuscular blocking agents.  |  |
| 2.3. | Where practicable, an independent second person check is to occur prior to administration of neuromuscular blocking agents. The second person check processes are outlined in the NSW Health Policy Directive <i>Medication</i> Handling (PD2022_032) including circumstances where a second person check is not mandated (for example, when a medicine is administered by an authorised prescriber). |  |

| Action Plan       |                   |                                    |           |                    |  |  |  |
|-------------------|-------------------|------------------------------------|-----------|--------------------|--|--|--|
| Unmet requirement | Reason/comment(s) | Proposed steps to meet requirement | Timeframe | Person responsible |  |  |  |
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