

# Guide to using the Paediatric 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): \_\_\_\_\_ BSA (m<sup>2</sup>): \_\_\_\_\_

Date weighed: \_\_\_\_\_ Gestational age at birth (wks): \_\_\_\_\_

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: \_\_\_\_\_

#### 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.

#### Allergy/ADR information

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

#### Age and weight information

- Additional space to document weight, date weighed, body surface area (if relevant) and gestational age at birth (premature infants).

#### Remember!

**\*The Paediatric NIMC is for all children 16 years and under\***

- 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 (e.g. insulin, intravenous fluids and anticoagulants)

**FRONT PAGE**



## STEP 2. Front page

[illegible]

- Prescribe stat orders here.
- Order nurse-initiated medicines here as per local policy.
- Document Standing Orders here as per local policy.

N.B. Prescriber must countersign the Standing Order within 24 hours.

## Telephone orders

- Document telephone orders here, including the date and all order details specified.
- Only a clinician authorised to administer the medication can receive the telephone order.
- Prescribers must repeat the telephone order to a second person (local policy will determine staff members who may act as a second person).

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MIDDLE PAGES



## STEP 3. Middle pages

### Regular medicines

- Prescribing regular medicines begins here, starting with the date that each medicine is 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, dose calculation and the prescriber's signature and name in print.
- 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.
- Prescribers must also complete the administration times.

### Administration record

- There are two spaces for recording the administration of **each dose** of medicine to allow for the **recording of two signatures**, to document that the double checking process has occurred.
- There is an additional code for reason for not administering on the paediatric NIMC. It is a P with a circle around it which records that the medicine was administered by the patient's parent for carer.

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

Prescriber must document the basis for the dose calculation here e.g. mg/kg/dose

Prescriber to tick box for a sustained, modified or controlled release form of an oral drug

**Regular medicines**

Year 20\_\_\_\_ Date and month\_\_\_\_

**PRESCRIBER MUST ENTER administration times**

Date\_\_\_\_ Medicine (print generic name)\_\_\_\_ Tick if slow release

Route\_\_\_\_ Dose\_\_\_\_ Frequency and NOW enter times\_\_\_\_

Pharmacy/additional information\_\_\_\_

Indication\_\_\_\_ Dose calculation (eg. mg/kg per dose)\_\_\_\_

Prescriber signature\_\_\_\_ Print your name\_\_\_\_ Contact/pager\_\_\_\_

Date\_\_\_\_ Medicine (print generic name)\_\_\_\_ Tick if slow release

Route\_\_\_\_ Dose\_\_\_\_ Frequency and NOW enter times\_\_\_\_

Pharmacy/additional information\_\_\_\_

Indication\_\_\_\_ Dose calculation (eg. mg/kg per dose)\_\_\_\_

Prescriber signature\_\_\_\_ Print your name\_\_\_\_ Contact/pager\_\_\_\_

Date\_\_\_\_ Medicine (print generic name)\_\_\_\_ Tick if slow release

Route\_\_\_\_ Dose\_\_\_\_ Frequency and NOW enter times\_\_\_\_

Pharmacy/additional information\_\_\_\_

Indication\_\_\_\_ Dose calculation (eg. mg/kg per dose)\_\_\_\_

Prescriber signature\_\_\_\_ Print your name\_\_\_\_ Contact/pager\_\_\_\_

Date\_\_\_\_ Medicine (print generic name)\_\_\_\_ Tick if slow release

Route\_\_\_\_ Dose\_\_\_\_ Frequency and NOW enter times\_\_\_\_

Pharmacy/additional information\_\_\_\_

Indication\_\_\_\_ Dose calculation (eg. mg/kg per dose)\_\_\_\_

Prescriber signature\_\_\_\_ Print your name\_\_\_\_ Contact/pager\_\_\_\_

Pharmaceutical review:\_\_\_\_

Not a valid order unless legible

Reason for not administering (Codes MUST be circled)

|   |     |
|---|-----|
| Absent  | (A) |
| Fasting   | (F) |
| Refused - notify prescriber                         | (R) |
| Vomiting  | (V) |
| On leave  | (L) |
| Not available - obtain supply or contact prescriber | (N) |
| Withhold - enter reason in clinical record          | (W) |
| Self administered                                   | (S) |
| Parent/Carer administered                           | (P) |

Recommended administration times Guidelines only

|                   | Morning | Midday | Evening | 1800 or 2000 |
|-------------------|---------|--------|---------|--------------|
| Twice a day       | 0800    | 1400   | 2000    |              |
| Three times a day | 0800    | 1400   | 2000    |              |
| Regular 6 hourly  | 0800    | 1200   | 1800    | 2400         |
| Regular 8 hourly  | 0800    | 1400   | 2200    |              |
| Four times a day  | 0800    | 1200   | 1800    | 2200         |

SRI = Sustained, modified or controlled release formulation.  
If scored tablet, then half can be given.  
Dose must be swallowed without crushing.

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BACK PAGE



## STEP 4. Back page

### PRN (as required) medicines

- Prescriber must specify the dose and hourly frequency.
- Prescriber must specify the basis for the dose calculation.
- Prescriber must check the 'Regular medicine' orders for duplicate orders.
- Administering clinicians must check the maximum PRN dose in 24 hours and the timing of the previous dose (either PRN or regular).
- There is space to **record two signatures** for administration, to ensure double checking.

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 |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy/additional information |                               |                  |                     |                                       | Dose |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication                      |                               |                  |                     | Dose calculation (eg. mg/kg per dose) |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber signature            |                               | Print your name  |                     | Contact/pager                         |      | Sign |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date                            | Medicine (print generic name) |                  |                     |                                       |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |

OTHER INFORMATION

## STEP 5. Other information

|                                 |                               |                               |  |                                       |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------|-------------------------------|-------------------------------|--|---------------------------------------|-----------------------|----|----|--|--|--|--|--|--|--|--|--|--|--|--|
| Date                            | Medicine (print generic name) |                               |  |                                       |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 12/8                            | Bisacodyl                     |                               |  |                                       | Take if above release |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Route                           | Dose                          | Frequency and NOW enter times |  |                                       |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| PO                              | 10mg                          | Once on alternate nights      |  |                                       |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy/additional information |                               |                               |  |                                       | 2000                  | KP | ET |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication                      |                               |                               |  | Dose calculation (eg. mg/kg per dose) |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Constipation                    |                               |                               |  |                                       |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber signature            |                               | Print your name               |  | Contact/pager                         |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|                                 |                               | S. James                      |  | 567                                   |                       |    |    |  |  |  |  |  |  |  |  |  |  |  |  |

  

|                                 |                               |                               |  |                                       |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
|---------------------------------|-------------------------------|-------------------------------|--|---------------------------------------|-----------------------|----|----|----|----|----|----|--|--|--|--|--|--|--|--|
| Date                            | Medicine (print generic name) |                               |  |                                       |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| 12/8                            | Metoprolol                    |                               |  |                                       | Take if above release |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| Route                           | Dose                          | Frequency and NOW enter times |  |                                       |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| PO                              | 25mg                          | Twice a day                   |  |                                       |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| Pharmacy/additional information |                               |                               |  |                                       | 800                   | SO | RB | SO | RB | TJ | RB |  |  |  |  |  |  |  |  |
| Indication                      |                               |                               |  | Dose calculation (eg. mg/kg per dose) |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| Hypertension                    |                               |                               |  | 1mg/kg twice a day                    |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
| Prescriber signature            |                               | Print your name               |  | Contact/pager                         |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |
|                                 |                               | S. James                      |  | 567                                   |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |  |

### Intermittent dosing

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

### Ceasing or changing a medicine order

- Prescriber must draw a clear line through the order in the prescription and the administration record sections, making sure the lines go through what would have been the next dose.
- The reason for the change, the date and prescriber initials should be documented next to the lines.
- Prescriber must cease the original order and write a new order when changing a medicine order.

### Further Information

- [The National Inpatient Medication Chart User Guide 2019](#)
- [Medication Handling in NSW Public Health Facilities 2013](#)
- [ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)