Clinical Excellence Commission High-Risk Medicines Standards – High-level summary of changes

Published March 2024.

This high-level summary of the changes of the High-Risk Medicines Standards can be used to assist in the review of the documents. Please note this is **not** a comprehensive list of all changes made to the standards.

Standard	Summary of changes
Anticancer medicines	New standard developed by the CEC Chemotherapy Working Party.
Anticoagulants	 Additional examples of anticoagulant related errors in the <i>Introduction</i> section. Additional requirements in the <i>Prescribing</i> section relating to omission of doses, dose adjustments, duration of treatment and VTE risk assessment tool. Clarified second dot point in the <i>Storage and supply</i> section surrounding availability of concentrated unfractionated heparin injection ampoules on imprest. Additional requirement in <i>Administration</i> section relating to patients with difficulty swallowing/with enteral feeding tubes. Expanded independent second person check requirements for anticoagulants. Addition of <i>Staff Education</i> section.
HYDROmorphone	 Review and alignment with ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard. Removal of requirement to include trade name on medication orders in the Prescribing section given the availability of generic alternatives. Examples of opioid calculators including the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists or eviQ Opioid Conversion Calculator. Additional requirement in Patient information/education section relating to use of naloxone on discharge. Addition of the Useful links section with resources from ACI Pain Management Network, CEC Last Days of Life and NSW Health guidelines on opioid dependence.
Insulin	New standard developed by the CEC Insulin Working Party.

Clinical Excellence Commission High-Risk Medicines Standards – High-level summary of changes

Standard	Summary of changes
Methotrexate (Oral)	 Additional requirements in the Prescribing section relating to medication history, units of measure when prescribing and use of electronic Medication Management systems. Pharmaceutical review section placed earlier in standard after the Prescribing section. A number of dot points in the Storage and supply section moved to the Pharmaceutical review section relating to pharmacist review of methotrexate orders. Other considerations section renamed as 'Staff education'.
Neuromuscular Blocking Agents	Additional requirement in <i>Administration</i> section surrounding use of red coloured barrel/plunger syringes.
Opioid analgesics	 Requirements of the ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard considered and incorporated as appropriate, for example use of risk assessment tools to determine patient's functional activity prior to opioid prescribing. Reference to the ANZCA Position statement on acute pain management for prescribing modified-release opioid analgesics in Prescribing section. Resources referenced throughout Standard moved to the Useful links section. Additional requirements for prescribing and dispensing opioids on discharge section removed as information duplicated in the Patient information/education section. Additional requirement in the Storage and supply section relating to quantity of opioid medications supplied on discharge. Examples of opioid calculators including the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists or eviQ Opioid Conversion Calculator.
Paracetamol	 Additional examples of paracetamol related errors in Introduction section. Amendment of first dot point in Prescribing section with additional patient groups for consideration in relation to dose adjustments. Prescribing and Administration section separated into distinct sections. Clarified independent second person check requirements for doses administered to paediatric patients in Administration section. Additional requirement in the Patient information/education section relating to the maximum dose being displayed on the dispensing label.

Clinical Excellence Commission High-Risk Medicines Standards – High-level summary of changes

Standard	Summary of changes
Potassium (Intravenous)	 Clarified first dot point in <i>Storage and supply (Ampoules)</i> section surrounding availability of ampoules of concentrated potassium as ward stock. Additional requirement in <i>Prescribing</i> section relating to the exceptional circumstances of prescribing intravenous potassium chloride. Additional requirement in <i>Administration</i> section relating to cardiac monitoring.
Vinca alkaloids	 Broadened scope from vincristine to all vinca alkaloids, and amended title accordingly. Removal of third dot point in <i>Minimum requirements for clinical protocols</i> and moved to Anticancer medicines standard as information not relevant to vinca alkaloids. Removal of the <i>Separate supply, delivery and administration of intrathecal medication</i> section and moved to Anticancer medicines standard as information not relevant to vinca alkaloids. Reference to new Anticancer medicines standard in the <i>Introduction</i> section.