# STANDING ORDER

This standing order has been prepared in accordance with the conditions of the hospital's permit to purchase or otherwise obtain and use a poison or controlled substance for the provision of health services issued under the Drugs, Poisons and Controlled Substances Act 1981.

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| Title: | **EMERGENCY DRUG ADMINISTRATION** |
| Location | Ballarat Health Services |
| Standing order No: | BHS/SO 1 |
| Version No: | 9 |
| Variations from previous version: | 1. Updated changes to staff details.<br>2. Updated review dates<br>3. Updated references<br>4. Addition of intraossesous route to reflect current guidelines.<br>5. Update to location of medication administration documentation i.e. medication chart |

**Please note that any manual amendments will render this document invalid**

## GOVERNANCE

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| Renewal date | Sep 2020 |
| Note that each renewal of a Standing Order must be submitted on a new form and accompanied by a copy of the preceding approved Standing Order | |
| Expiry: (maximum 36 months from date of original approval) | Sep 2023 |
| Original Ratification date by Drug & Therapeutics Committee | 21/4/2008 |
| Validation | |
| Standing Order Identifying Number (issued by Drug and Therapeutics Committee) | Number BHS/SO 1 Version 9 |

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| Chairperson, Drug and Therapeutics Committee | Signature R. Wilson Date 23/09/2020 |
| Process for removal of previous version of Standing Order completed | Signature<br><br>Name: Date / /<br>Nursing Director – Clinical Education and Practice Development |
| Approved standing order distributed[#] | Signature<br><br>A. Fitzpatrick<br>Director of Pharmacy Date: 23/09/2020 |
| [#]Note all Standing Orders must be distributed in a format which prevents modification eg. PDF file | |

## SPONSOR

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| Author: | Courtney Rowe |
| Position: | NUM-Intensive Care Unit |

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| Person Responsible | Courtney Rowe |
| Position | NUM |
| Department/CSU | Intensive Care Unit |
| Departmental Contact for ongoing maintenance of standing order | Director of Intensive Care |
| Basis of standing order (including sources of evidence, references) | The immediate treatment of life threatening cardiac rhythms by defibrillation and drug therapy has been well documented, with earlier interventions producing a better outcome for the patient.<br><br>References<br>1. Deakin CD, Morrison LJ, Morley PT, et al. Part 8: Advanced life support: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation. 2010;81 Suppl 1:e93-e174. doi:10.1016/j.resuscitation.2010.08.027<br><br>2. The Advanced Life Support Committee of the Australian Resuscitation Council. 1993 Adult advanced life support: the Australian Resuscitation Council Guidelines. Medical Journal of Australia 159: 616-621<br><br>3. Australian Resuscitation Council Guidelines 2016<br><br>4. Australian and New Zealand Council on Resuscitation 2016 |
| Groups consulted (for current version) | Medication Safety & Therapeutics Governance Committee Acute Deterioration Governance Committee<br>ICU Emergency Response Working Group Meeting<br>Dr Angus Richardson Director of Intensive Care<br>Andrew Tongs – Clinical Nurse Educator Resuscitation |
| **APPLICATION OF STANDING ORDER** | |
| Areas where standing order applicable | Where a medical officer is not immediately available when attending in-hospital cardiopulmonary arrests |
| Circumstances where standing order not applicable | When a medical officer is present.<br>If the Patient has an Advanced Care Directive / Plan declining treatment for Cardiopulmonary arrests.<br>If the treating practitioner had provided a medical order exempting the patient from commencement of a Standing Order, for example Limitations to Medical Treatment as documented on a Goals of Care Summary |
| Reference to other Standing Orders: | |
| Other Relevant Standing orders of Interest: | |
| External Links | Australian Resuscitation Council Guidelines 2016 |

| **STAFF AUTHORISATION** | |
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| Staffing requirements | Division 1 Critical Care Registered Nurse |
| Staff education and training requirements (provide training details, minimum standards required) | Have post-graduate critical care or emergency qualifications supported by annual Advanced Cardiac Life Support (ACLS) accreditation., OR<br><br>Be undertaking a post-graduate critical care or emergency course with successful completion of the ACLS module.<br><br>These Division 1 Registered Nurses have all undertaken education in the diagnosis and assessment of cardiac rhythms. This includes theoretical and practical education sessions:<br>• Assessment concerning the rhythms that are amenable to atropine and adrenaline.<br>• The drugs and doses used. |
| Register of educated and trained staff (detail mechanism of register maintenance) | It is mandatory that ACLS re-certification of the nurse occurs every 12 months.<br><br>Nurse Unit Managers are responsible for ensuring approved nursing staff working in the Critical Care environments are accredited annually in Advanced Cardiac Life Support.<br><br>Nurse Unit Managers will keep a register (electronically via Chris 21) of those nurses assessed as competent to administer atropine & adrenaline as a standing order. Registered nurses who fail to undertake their annual ACLS certification will be taken off the register. |

| **STANDING ORDER** | |
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| Background | To allow Division 1 Critical Care Registered Nurses to initiate treatment protocols were a medical officer is not immediately available when attending in-hospital cardiopulmonary arrests. |
| Purpose and scope | In rare circumstances when a medical officer is unable to attend an in hospital cardiopulmonary arrest or bradycardic event in the time taken to attach monitoring leads, establish intravenous access and interpret the rhythm, Division 1 Critical Care Registered Nurses are permitted to administer adrenaline and atropine as outlined in this standing order without a medical practitioner's order. |
| Precautions | This protocol is to be read in conjunction with the Ballarat Health Services protocol on basic and advanced life support. As with basic and advanced life support protocols, the emergency drug administration protocols will be reviewed in accordance with Australian Resuscitation Guidelines. |
| Clinical Condition and circumstances for use | **Administration of ATROPINE**<br>Bradycardia in adult patients where the heart rate is less than 40 bpm (i.e. Idioventricular rhythm, sinus bradycardias, heart blocks) AND systolic blood pressure is less than 90 mmHg. |
| Limitations | For use in adult patients only |
| Site of care considerations | This standing order applies only at the Base Hospital, and is not for use in the sub-acute or residential care facilities of Ballarat Health Services. |
| Contra-indications | Known allergy to atropine. |
| Monitoring requirements | Continuous monitoring of heart rate and blood pressure. |
| Procedure | Administer dose by intravenous injection as recommended by the Australian Resuscitation Council Guidelines. |
| Documentation | All drugs administered as part of resuscitation are recorded & signed on the appropriate medication chart. |
| Dosage | 600 microgram intravenously, may be repeated at 3 minutes intervals to a maximum of 3 mg. |
| Adverse effects | Adverse events are dose related and usually reversible when therapy is discontinued. Larger doses dilate the pupil and inhibit accommodation of the eye; they also block vagal impulses with consequent increase in heart rate with possible atrial arrhythmias, atrioventricular dissociation, multiple ventricular ectopics and angina. Anaphylaxis, urticaria and rash, occasionally progressing to exfoliation, may develop in some patients. |
| Management of Complications | Commence appropriate resuscitation and notify the medical officer. |
| General | **N.B. Do not delay notification of an appropriate Medical Officer** |

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| Clinical Condition and circumstances for use | **Administration of ADRENALINE**<br>Indication 1 - Asystole or Pulseless Electrical Activity (PEA) (Non VT/VF)<br>Asystole or Pulseless Electrical Activity (PEA) in an adult unconscious patient,with absent respirations. Asystole confirmed with check of other leads, and placement of leads checked.<br><br>**N.B. Do not delay BLS and notification of Code Blue: assess for reversible causes.** |
| Clinical Condition and circumstances for use | **Administration of ADRENALINE**<br>Indication 2 - Ventricular Fibrillation / Pulseless Ventricular Tachycardia<br>VT or VF, in an adult unconscious patient,with absent respirations.<br><br>**N.B. The first priority is CPR with early defibrillation** |
| Limitations | For use in adult patients only |
| Site of care considerations | This standing order applies only at the Base Hospital, and is not for use in the sub-acute or residential care facilities of Ballarat Health Services. |
| Contra-indications | Known allergy to adrenaline.<br>Phaechromocytoma. |
| Monitoring requirements | Continuous monitoring of heart rate and blood pressure. |
| Procedure | Administer dose by intravenous or intraosseus injection as recommended by the Australian Resuscitation Council Guidelines. |
| Documentation | All drugs administered as part of resuscitation are recorded & signed on the appropriate medication chart. |
| Dosage | 1 milligram intravenously or intraosseously, may be repeated at 4 minute intervals. |
| Adverse effects | Severe hypertension may lead to cerebral haemorrhage and pulmonary oedema. |
| Management of Complications | Commence appropriate resuscitation and notify the medical officer.<br><br>Assess for reversible causes. |
| General | |
| **REFERENCES** | |
| References: | |
| Keywords | Emergency Atropine Adrenaline ACLS |

UR No:

Name:

FILL IN or ATTACH patient label

PRINT PATIENT'S NAME:

## RECORD of DRUG ADMINISTRATION

| Date | Time | Drug | Route | Dose | Signature | Name (Block Letters) |
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