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Patient Matters

CHAPTER 15 - NURSING

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Updated as at December 2022

NSW HEALTH NURSE PRACTITIONERS (PD2022_057)

PD2022_057 rescinded PD2020_034

POLICY STATEMENT

NSW Health organisations must have appropriate systems and processes in place for establishing, implementing, governing and sustaining nurse practitioner roles.

SUMMARY OF POLICY REQUIREMENTS

NSW Health organisations are to conduct a service needs analysis to identify, describe and inform a business case to support the implementation of nurse practitioner roles. Adequate recurrent funding for a nurse practitioner service must exist to support the position beyond existing nursing workforce requirements.

Recruitment for nurse practitioner positions is to follow the NSW Health Policy Directive Recruitment and Selection of Staff to the NSW Health Service (PD2017_040). Organisations are not obligated to create nurse practitioner positions in order to regrade an individual who has been endorsed, commenced relevant study or expressed an interest in becoming an endorsed nurse practitioner.

Suitable registered nurse applicants for nurse practitioner positions are to be clinically and professionally supported to undertake a Nursing and Midwifery Board of Australia (NMBA) approved nurse practitioner master's degree or supported to meet course entry requirements at time of employment.

Registered nurses supported to work towards endorsement as a nurse practitioner and transitional nurse practitioner clinical training is to be supported by a clinical learning and development plan. All clinical practice by transitional nurse practitioners, nurse practitioner students and registered nurses working towards nurse practitioner endorsement is to remain supervised by an appropriately senior practitioner.

NSW Health organisations are to ensure a Nurse Practitioner Governance Committee is established to authorise the scope of practice for nurse practitioners, transitional nurse practitioners and registered nurses working towards nurse practitioner endorsement. Individual scopes of practice must be periodically reviewed.

A nurse practitioner's scope of practice document is to define the area of practice, expertise, accountabilities and practice of nursing required to satisfy the authority to prescribe in NSW.

Nurse practitioners are to prescribe within their scope of practice, in line with relevant legislation and the NSW Health formulary, policies, and in accordance with Drug and Therapeutics Committee requirements.

Nurse practitioners may request diagnostic investigations relevant to their scope of practice, such as requesting pathology, medical imaging and other investigations.

Organisations are to periodically evaluate nurse practitioner services in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency.

To download a copy of the NSW Health Nurse Practitioners: Policy and Procedures please go to: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_057

NURSING AND MIDWIFERY MANAGEMENT OF ALCOHOL AND DRUG USE IN THE DELIVERY OF HEALTH CARE (PD2020_032)

PD2020_032 rescinds PD2007_091

POLICY STATEMENT

Nurses and midwives in all NSW Health care settings are to ensure people with drug and alcohol related issues experience person-centred, safe and high-quality intervention and care.

SUMMARY OF POLICY REQUIREMENTS

All care and treatment delivered to people who are experiencing harm from alcohol and other drug use is to be person centred and non-discriminatory.

On admission to a health service all patients will undergo an initial screening to identify alcohol and/or drug use and risks as part of all nursing and midwifery care.

The use of drugs and alcohol is to be recorded for all patients so that there is a consistent approach to provision of care and referral of patients to specialist services.

As part of responding to alcohol and/or drug use risks, nurses and midwives are to deliver brief interventions in line with their scope of practice, consult and refer to a specialist treatment provider for comprehensive assessment, as appropriate.

Nurses and midwives need to maintain awareness that patients presenting with risk factors, associated with alcohol and other drug use, also may predispose any child to increased risks to their wellbeing. Where this is identified, appropriate and sensitive questioning must be undertaken in line with NSW Health Policy.

The drug and alcohol goals, and treatment plan must be considered and integrated into their overall holistic health care plan, in collaboration with the patient.

Nurses and Midwives must ensure a patient's drug and alcohol health care needs are integrated into their transfer of care planning process.

At each transition of care, clinical handover must occur to ensure patient safety.

To download the Nursing and midwifery management of alcohol and drug use in the delivery of health care policy and procedures please go to:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_032

332(03/09/20)

NURSING AND MIDWIFERY CLINICAL GUIDELINES – IDENTIFYING & RESPONDING TO DRUG & ALCOHOL ISSUES (GL2008_001)

These guidelines provide nurses and midwives with support and a benchmark for quality drug and alcohol use assessment and care in daily practice. The Guidelines can be accessed at https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2008_001

NURSE ADMINISTERED THROMBOLYSIS FOR ST ELEVATION MYOCARDIAL INFARCTION (STEMI) (PD2022_055)

PD2022_055 replaced PD2015_044

POLICY STATEMENT

The Nurse Administered Thrombolysis (NAT) protocol authorises an accredited registered nurse to administer specified doses of thrombolytic and antithrombotic medication when there is no medical officer or authorised nurse practitioner on site using standing orders for people presenting with ST elevation myocardial infarction (STEMI) who meet the Nurse Administered Thrombolysis criteria.

SUMMARY OF POLICY REQUIREMENTS

Nurse Administered Thrombolysis (NAT) is one of the models included in the NSW State Cardiac Reperfusion Strategy (SCRS) which aims to improve the care of patients with an Acute Coronary Syndrome (ACS) and reduce the time to reperfusion for patients with ST elevation myocardial infarction (STEMI).

The Nurse Administered Thrombolysis protocol is only for the management of patients with ST elevation myocardial infarction confirmed by the electrocardiogram (ECG) Reading Service who meet all Nurse Administered Thrombolysis criteria.

The protocol is only to be used in facilities that have fully implemented the Nurse Administered Thrombolysis protocol and when there is no medical officer or authorised nurse practitioner on site at the time of presentation. The protocol is only to be used by registered nurses accredited in Nurse Administered Thrombolysis processes and procedures.

Facilities must implement appropriate governance, including procedures to ensure counter signature by the medical officer or authorised nurse practitioner on call within 24 hours, as per local procedures, identify and minimise the risks of adverse events and to approve the relevant protocols.

In accordance with the NSW Health Policy Directive Medication Handling ([PD2022_032](#)), Nurse Administered Thrombolysis standing orders must be in the form of a written instruction, signed and dated by the authorising senior medical officer or authorised nurse practitioner and approved by the local drug and therapeutics committee to enable the administration of Nurse Administered Thrombolysis medications without a patient specific written order.

Each standing order must be reviewed every two years and re-approved as appropriate.

Activation of the Nurse Administered Thrombolysis protocol occurs in parallel with notification of the local medical officer or authorised nurse practitioner on call. It is not the intention of a Nurse Administered Thrombolysis protocol to bypass or exclude the local medical officer or authorised nurse practitioner; rather it allows appropriate treatment to be commenced while awaiting their arrival. On arrival, the medical officer or authorised nurse practitioner assumes responsibility for the medical management of the patient, in collaboration with nursing staff.

Medication administration must follow the NSW Health Policy Directive Medication Handling ([PD2022_032](#)).

Registered nurses administering Nurse Administered Thrombolysis must have successfully completed the requisite education and accreditation packages which include:

- Nurse Administered Thrombolysis education and accreditation package
- Competency in basic cardiac rhythm and basic 12 lead ECG interpretation
- Advanced Life Support (ALS) certification including recognition of life-threatening arrhythmias, manual and/or automated defibrillation and the use of Advanced Life Support drugs
- Certification in peripheral intravenous (IV) cannulation.

To download the Nurse Administered Thrombolysis for ST Elevation Myocardial Infarction (STEMI) policy and procedures please go to:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_055

344(18/11/22)

NURSE DELEGATED EMERGENCY CARE (NDEC) NURSE MANAGEMENT GUIDELINES (NMG) (GL2017_009)

PURPOSE

The Nurse Management Guidelines (NMGs) direct all clinical care in the Nurse Delegated Emergency Care (NDEC) model. NDEC is designed to provide timely, quality care for patients presenting to Emergency Departments (EDs) in rural and remote areas with low risk, low acuity conditions. Under this model the care of these patients is delegated by the facility's Medical Officer/s to specially trained and credentialed registered nurses (RNs).

The NMGs guides appropriately trained and credentialed RNs to undertake assessment, investigation, intervention and discharge of patients presenting to EDs with specific less-urgent conditions.

KEY PRINCIPLES

This Guideline should be used by NSW Health facilities and Local Health Districts that have implemented the NDEC model. The NDEC Nurse Management Guidelines must be used in Emergency Departments where the NDEC model operates in accordance with Section 1.5 of *PD2015_024 Standing Orders for the Supply or Administration of Medication under the NDEC Model* and with local modes of implementation.

USE OF THE GUIDELINE

This Guideline should be used by RNs accredited to practice NDEC, in accordance with the NDEC Education and Accreditation Framework. The Guideline must only be used in facilities where NDEC is approved and for patient presentations that meet the strict inclusion criteria. Local Health Districts should ensure relevant staff have ready access to these guidelines.

The full guideline can be accessed at:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_009

312(15/05/17)

RN SUPPLY AND ADMINISTRATION OF STI THERAPIES IN PUBLICLY FUNDED SEXUAL HEALTH SERVICES (PD2020_024)

PD2020_024 rescinds PD2018_014

POLICY STATEMENT

NSW Health STI treatment protocol increases the likelihood that patients attending NSW Publicly Funded Sexual Health Services (PFSHS) diagnosed with common sexual health infections and their sexual partners will receive treatment in a timely manner, and treatment is available to all patients, regardless of their geographical location.

This Policy Directive outlines the mandatory requirements for implementation and utilisation of the state-wide Supply and Administration of Sexually Transmissible Infection (STI) Therapies under Protocol by Accredited Registered Nurses employed in NSW PFSHS.

SUMMARY OF POLICY REQUIREMENTS

STI treatment protocol authorises a Registered Nurse (RN) employed within a publicly funded sexual health service who has successfully completed an education and accreditation package to supply and/or administer specified medications to eligible patients and their sexual partners for the purpose of treatment of uncomplicated STIs.

Patients and sexual partners are assessed against inclusion criteria.

If inclusion criteria are **not met** then a medical review must be sought.

This protocol is only for:

- The management of patients with a confirmed STI diagnosis (positive laboratory test result or by an accepted diagnostic criteria) and who meet the criteria specified

OR

- Sexual partners for presumptive treatment of a STI and who meet the criteria specified.

The protocol is only to be used by RNs accredited to supply and administer STI treatments under protocol and in conjunction with the [NSW Sexual Health Services Standard Operating Procedures Manual](#)

Facilities must implement appropriate governance, identify and minimise the risks of adverse events as outlined under Implementation. Medication administration and documentation must be in accordance to *NSW Health Medication Handling in NSW Public Health Facilities* ([PD2013_043](#)). Nurse medication protocols are to be approved by the relevant Drug and Therapeutics Committee to enable the nurse supply and administration of STI medications.

Each medication protocol must be reviewed every 24 months and re-approved as appropriate. Review must include sexual health experts such as Directors of Services, or Staff Specialists and Senior Nurses employed within Publicly Funded Sexual Health Services.

Registered Nurses administering and supplying STI medication under protocol must have successfully completed the requisite education and accreditation packages which include:

- [Sexual Health Services STI Pharmacotherapy education](#) and accreditation package; and
- Clinical competency assessment and accreditation for sexual health nurses as outlined in [Section 7: Education Accreditation Clinical accreditation process](#) of [NSW Sexual Health Standard Operating Procedure](#).

To download the RN Supply and Administration of STI Therapies in Publicly Funded Sexual Health Services Policy and Procedures go to:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_024