

BACKGROUND AND CONSULTATION RESPONSE TEMPLATE

Registered nurses and midwives administering Adrenaline and Amiodarone in the absence of a medical officer order, in the event of a cardiac arrest

Background information to assist with completion of the template

In Victoria, many small rural health services, community health services, residential care facilities and satellite health services are dependent on general practitioners to provide services to patients who present at their service for urgent care. In these health services a medical officer is rarely on site when a patient arrives, and it may take some time for a medical officer to attend the health service in an emergency situation. In some rural communities, there are no general practitioners. In such circumstances, and in the event of a patient presenting in a state of cardiac arrest, it is vital that a registered nurse or midwife trained in advanced life support is able to administer lifesaving medications without a medical officer order whilst awaiting attendance of a medical officer or Ambulance Victoria.

Registered nurses and midwives are regulated by the Nursing and Midwifery Board of Australia. Each nurse and midwife is required to meet a number of registration standards as set down by the Nursing and Midwifery Board of Australia. All registered nurses and midwives must meet the continuing professional development registration standard mandated by the Nursing and Midwifery Board of Australia. In addition, scope of practice statements are in place to ensure nurses and midwives deliver safe and competent care in a timely manner.

In relation to this submission, appropriately trained registered nurses and midwives are those assessed annually as competent in advanced life support after satisfactorily completing a recognised course that is based on the Australian Resuscitation Council Guidelines and either:

- delivered by the Australian Resuscitation Council, or
- credentialed by a relevant professional group or college, or
- delivered by a registered training organisation, or
- delivered by appropriately trained education staff of a health service with a certificate IV in training and assessment.

The Australian Resuscitation Council (ARC) is a voluntary co-ordinating body which represents all major groups involved in the teaching and practice of resuscitation. ARC is sponsored by the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists. ARC produces guidelines to meet its objectives in fostering uniformity and simplicity in resuscitation techniques and terminology. Guidelines are produced after consideration of all available scientific and published material and are only issued after acceptance by all member organisations.

The Department is only seeking secretarial approval for Adrenaline and Amiodarone. In accordance with the Australian Resuscitation Guidelines, Adrenaline and Amiodarone may be routinely administered during advanced life support. It will be recommended that registered nurses/midwives use the Australian Resuscitation Council's *Adult Cardiorespiratory Arrest Flow Chart* for the management of patients in cardiac arrest (found at: <http://www.resus.org.au/>). There is no evidence that the routine administration of other drugs (for example buffers, aminophylline, atropine, lignocaine, calcium, magnesium) during cardiac arrest increases patient survival.

Consultation response template

Do you have any concerns with registered nurses and midwives, in the absence of a medical officer order, being able to administer the two recommended Schedule 3 and 4 poisons, Adrenaline and Amiodarone, in the event of a cardiac arrest, under the following conditions:

- the registered nurse/midwife is assessed as competent in advanced life support after satisfactorily completing a recognised course
- the registered nurse/midwife is in actively engaged in paid employment in a clinical nursing and/or midwifery role?

Please specify:

- AMA Victoria does not support nurses or midwives administering these drugs without the direct supervision of a doctor.
- The administration of drugs, such as Adrenaline and Amiodarone, are not part of basic support guidelines. General training for basic life support would not appropriately cover the administration of such Schedule 3 and 4 drugs.
- Any situation which would require these drugs to be administered would require a team approach to care. A doctor should be called to attend the arrest and provide direction and advice.
- Certification of advanced life support skills and ongoing CME certification should be required annually as a minimum before this proposal could be considered.
- There should also be considerations as to liability cover for nurses administering these drugs? If their duties were to be extended it should be a requirement that they have appropriate professional indemnity to cover these duties (as doctors are required to have).

Do you have any concerns with registered nurses/midwives using the Australian Resuscitation Council's *Cardiorespiratory Arrest Flow Charts* for the management of patients in cardiac arrest?

Please specify:

- AMA Victoria does not support nurses or midwives administering these drugs without the direct supervision of a doctor
- This flow chart is only a guide and does not provide comprehensive advice on how to respond to a situation. Advice should always be sought from a medical practitioner who are the only people trained to properly assess the situation and deliver the appropriate care.
- The flow chart does not include the administration of drugs and therefore is not comprehensive advice.

- Flow charts should not replace comprehensive education and training or professional, clinical advice.

Do you have any concerns regarding the two recommended medicines (Adrenaline and Amiodarone) listed for Secretarial Approval?

Please specify:

- AMA Victoria does not support nurses or midwives administering these drugs without the direct supervision of a doctor.
- Amiodarone should be used with extreme caution as it may cross the placenta and affect the foetus.
- There is limited, peer reviewed, evidence that shows that these drugs being administered during any stage of cardiac arrest increases survival to hospital discharge. It is often the additional medical interventions, such as ongoing resuscitation, that are required.

Do you have any concerns regarding the training and competency requirements proposed for registered nurses and midwives who would be able to administer the listed drugs under the specified conditions?

Please specify:

- AMA Victoria does not support nurses or midwives administering these drugs without the direct supervision of a doctor.
- At a minimum there should be certification of current training, annual certification of ALS competence and evidence of ongoing continuing medical education.
- The administration of these drugs, if extended to nurses, should only be allowed by ICU or Emergency qualified nurses.

Do you have any other comments/suggestions about the proposed submission?

- AMA Victoria does not support nurses or midwives administering these drugs without the direct supervision of a doctor.
- It is not clear that there is a firm evidence base for this proposal. Before considering the administration of Adrenaline and Amiodarone by nurses/midwives there needs to be firm evidence as to the number of avoidable fatalities this will prevent.
- The risks and benefits of this proposal need to be clearly understood particularly

around continued use of resuscitation and knowledge of side-effects of drugs and their appropriate use.

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Please use the above template to provide your feedback on the submission by email to nursepolicy@health.vic.gov.au by **Friday 25 July 2014**.