Ms Merrin Bamert  
Manager, Nursing and Midwifery Workforce  
Victorian Government Department of Health  
50 Lonsdale Street  
MELBOURNE VIC 3001  
nursepolicy@health.vic.gov.au

Dear Ms Bamert

Administration of Adrenaline and Amiodarone in the absence of a medical officer order

Australian College of Nursing (ACN) is pleased to provide feedback on the Victorian Government Department of Health’s (the Department) consultation on registered nurses and midwives administering Adrenaline and Amiodarone in the absence of a medical officer order, in the event of a cardiac arrest.

As a key national organisation ACN represents nurses who work in a wide range of health care settings and would be involved in the care of patients suffering from cardiac arrest. ACN welcomes the work undertaken to explore how the care of persons going into cardiac arrest can be improved.

ACN’s responses to the Department’s questions posed in the consultation paper are attached to this letter.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

Adjunct Professor Debra Thoms FACN (DLF)  
Chief Executive Officer  

24 July 2014
**Consultation response template**

**General Comments**

Australian College of Nursing (ACN) consulted members who are based in Victoria for this consultation and used their feedback to inform this submission. ACN’s invitation to contribute to this submission elicited considerable interest from members. While the majority of ACN respondents regarded the administration of Adrenaline and Amiodarone without a medical order to patients in cardiac arrest by nurses trained in advanced life support (ALS) as safe and beneficial for patients, some concerns were raised about the administration of Amiodarone under these conditions. ACN is of the view that the issue of Amiodarone administration may best be explored through convening an expert advisory group.

This year has seen consultation activity by regulatory bodies about the administration of scheduled medications under protocol by nurses and midwives. The Victorian Department of Health (the Department) is likely to be aware that the Nursing and Midwifery Board of Australia (NMBA) is currently considering the introduction of a Registration Standard for endorsement of registered nurses and/or midwives to supply and administer scheduled medicines under protocol. While the Department considers enabling appropriately trained nurses and midwives to administer Adrenaline and Amiodarone without a medical order, the proposed new registration standard may have a bearing on its submission to the Secretary. ACN members also pointed to the existing NMBA Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice) which enables registered nurses who work in rural or remote areas to supply scheduled medicines under protocol.

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<th>1. 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:</th>
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<td>- the registered nurse/midwife is assessed as competent in advanced life support after satisfactorily completing a recognised course</td>
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<td>- the registered nurse/midwife is actively engaged in paid employment in a clinical nursing and/or midwifery role?</td>
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In the event of a cardiac arrest and in the absence of a medical officer order ACN members did not express concerns about registered nurses and midwives administering Adrenaline but some members raised issues about Amiodarone being contraindicated in certain cardiac arrhythmias. Overall, however, members considered that, under the two conditions given by the Department, the administration of these drugs by registered nurses and midwives without a medical order will improve the care of cardiac arrest patients, particularly in rural and remote areas. Members would like the Secretarial Approval to cover nurses employed in public and in private health services.

Members strongly supported the Department’s condition that the administering registered nurse/midwife should be assessed as competent in ALS after satisfactorily completing a recognised course. However, members raised a number of concerns regarding the quality of training programs available which are discussed under question four.
2. 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?

Members generally considered the Australian Resuscitation Council’s (ARC) *Cardiorespiratory Arrest Flow Charts* to be the appropriate guide for the management of patients in cardiac arrest for registered nurses or midwives. Members observed that the Australian Resuscitation Council is a leader in resuscitation and that many health services have adopted the Council’s charts and guidelines in their clinical policies and training.

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

Members unanimously agreed that nurses with the appropriate ALS training should be able to administer Adrenaline. Most members felt that the administration of Amiodarone by ALS trained nurses without medical order would involve a small risk to the patient which would be outweighed by the benefit of its timely administration. A small minority of members considered the administration of Amiodarone by ALS trained nurses to be somewhat problematic. The reason given was nurses’ requiring ECG recognition skills for the identification of those cardiac arrhythmias when Amiodarone is contraindicated.

4. 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?

Members expressed concerns about the proposed frequency of evaluating ALS and the quality and cost of ALS training.

Members felt that regular ALS skills assessments are essential to ensure nurses with this expanded scope of practice are competent. However, members had differing views of how frequently this assessment should take place. Many members supported annual skills assessments while others observed that the evaluation of ALS competence in annual intervals is not supported by evidence. Instead, these members considered frequent practice at skill stations or simulations that are continuously on hand to be more effective for ALS skill maintenance.

Most members supported that nurses who administer Adrenaline and Amiodarone without a medical order should, at a minimum, have ALS skills. A minority of members considered the following qualifications to be more appropriate for this extension of scope:

- ALS training and a NMBA scheduled medicines endorsement; or
- postgraduate critical care qualifications.

Members observed the educational quality of ALS courses to vary significantly, particularly for in-house training courses. Quality of education should be ensured by courses complying with ARC
recommendations. Instruction through specialist educators such as nurse-paramedics, intensive care paramedics, physicians or critical care nurses was also thought to safeguard quality of education provision. Members mentioned that ALS courses not provided in-house are often too expensive for many interested nurses to access.

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

Below ACN lists a number of issues raised by members:

- Nurses would need to ensure that their Professional Indemnity Insurance covers this expanded scope of practice.
- In its submission to the Secretary the Department should consider including the treatment of Pulseless Electrical Activity (PEA) through the correction of PEA’s immediate reversible causes such as hypovolaemia and haemorrhage.
- ACN recommends that each health service employs sufficient staff members trained in ALS to cover all rostered shifts.

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Title: Chief Executive Officer

Organisation: Australian College of Nursing (ACN)

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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.