

Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Midwives



Environmental Health Branch
15 Butterfield Street
PO Box 2368
Fortitude Valley BC 4006
Telephone (07) 3328 9310
Facsimile (07) 3328 9354

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Drug Therapy Protocol - Midwives

This drug therapy protocol, made under sections 62(d)(ii) and 167(1)(d)(ii) of the *Health (Drugs and Poisons) Regulation 1996* states the circumstances and conditions under which a midwife is authorised to administer or supply a Scheduled drug listed in Appendix 1 to this document.

Conditions and circumstances of this drug therapy protocol

1. A midwife may only administer or supply those Scheduled drugs listed in Appendix 1 for which a Health Management Protocol has been developed and approved by the employer. The minimum requirements for a Health Management Protocol are contained in Appendix 2.
2. The actions of the midwife must at all times be in accordance with this Drug Therapy Protocol and the Health Management Protocol.
3. The midwife must have access to current versions of the following literature:
 - 3.1 A copy of this Drug Therapy Protocol; and
 - 3.2 The Health Management Protocol relevant to this DTP; and
 - 3.3 A current MIMS Annual and Australian Medicines Handbook; and
 - 3.4 A copy of the Health (Drugs and Poisons) Regulation 1996; and
 - 3.5 Current edition of the NHMRC Australian Immunisation Handbook.
4. The midwife must be aware that practising within the DTP does not relieve that person of their legal responsibility or accountability for that person's actions and may not provide immunity in case of negligence.
5. Prior to the administration or supply of the Scheduled drug, the midwife must familiarise himself/herself with the contra-indication(s) and known side effects of the Scheduled drug, and advise the patient accordingly.
6. When Consumer Medicine Information is available for a particular Scheduled drug, the midwife should provide this information to each person when administering medication.
7. Where a Scheduled drug is supplied by a midwife the primary medicine container must be labelled as required by the *Health (Drugs and Poisons) Regulation 1996*.

Certification

Certified at Brisbane on this 2nd day of April 2012.

Dr Jeannette Young
Chief Health Officer
Queensland Health

Appendix 1

Drug Therapy Protocol: Midwives

SCHEDULED SUBSTANCES	APPROVED ROUTE OF ADMINISTRATION	RESTRICTIONS/ CONDITIONS
CONTROLLED SUBSTANCES (S8)		Single dose only.
Morphine Sulphate	Intramuscular	Single dose only up to maximum of 10mg intrapartum
Pethidine	Intramuscular	Single dose only up to maximum of 150mg intrapartum
RESTRICTED SUBSTANCES (S4)		
ANTIBIOTICS		Administer one dose and supply one full course
Benzylpenicillin	Intravenous Intramuscular	Group B Streptococcus prophylaxis intrapartum
Amoxicillin Cephalexin	Oral	
Nitrofurantoin	Oral	Not to be used in renal impairment or if labour is imminent
Flucloxacillin	Oral	
ANTIDOTES (AGENTS TO TREAT ADVERSE EFFECTS)		
Naloxone hydrochloride	Intravenous Intramuscular	Neonates Only Maximum 0.4 mg

SCHEDULED SUBSTANCES	APPROVED ROUTE OF ADMINISTRATION	RESTRICTIONS/ CONDITIONS
ANTI-EMETIC		Single dose only
Metoclopramide	Intravenous Intramuscular Oral	Adult only Single dose only Maximum 10mg
LOCAL ANAESTHETIC		
Lignocaine Plain 1%	Local infiltration	Maximum dose 20 mL
LABOUR SUPPRESSION		Two doses can be given if required. Maximum dose 160mg per day.
Nifedipine	Oral	Contact the Medical Officer for order of a third dose if required
ANTI HYPERTENSIVES		Initial dose can be repeated once if required.
Nifedipine	Oral	Concomitant use of magnesium sulphate may result in hypotension
CORTICOSTEROID		Administer one dose only.
Betamethasone	Intramuscular	Consult the Medical Officer for order of second dose
INHALATIONAL ANALGESIA		
Nitrous oxide and oxygen	Inhalation	Up to 70% nitrous oxide with 30% oxygen
AGENTS ACTING ON THE UTERUS		
Oxytocin	Intramuscular Intravenous	10 units per dose to a maximum dose of 20 units
Oxytocin/Ergometrine maleate	Intramuscular	Single dose only

Ergometrine maleate	Intramuscular Intravenous	Single dose only

SCHEDULED SUBSTANCES	APPROVED ROUTE OF ADMINISTRATION	RESTRICTIONS/ CONDITIONS
ORAL CONTRACEPTIVE		
Levonorgestrel	Oral	8 week supply only
Levonorgestrel	Oral	Stat dose for Emergency contraception
SPECIFIC VACCINES		
Anti D (Rh) immunoglobulin	Intramuscular	Antenatal prophylaxis at 28 and 34 weeks gestation Sensitising events during pregnancy Postpartum to avoid Rhesus iso-immunisation
MMR – Measles, mumps and rubella live attenuated vaccine	Intramuscular Subcutaneous	Postpartum women found to be seronegative for rubella
Hepatitis B Immunoglobulin-VF	Intramuscular	For babies of HBsAG positive mothers only
Hepatitis B vaccine	Intramuscular	Give to baby immediately after birth (preferably within 24 hours)
BCG Vaccine	Intradermal	Only if certified by Qld TB Control Centre

Appendix 2

Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, administration or supply of the Scheduled drugs listed in Appendix 1 of this Drug Therapy Protocol.
2. The Health Management Protocol must be developed, or another organisation's Health Management Protocol adopted, by an inter-disciplinary health team appointed by the employer under whose jurisdiction the Health Management Protocol will be implemented.
3. As a minimum, the team must consist of an obstetric medical officer, registered midwife, immunisation program nurse and pharmacist, and may include other identified professional personnel as considered appropriate by the employing organisation.
4. Following a period of two years or sooner if considered necessary, the Health Management Protocol must be reviewed by the inter-disciplinary team.

Content of a Health Management Protocol

The Health Management Protocol clearly identifies the following:

1. The procedures for clinical assessment, management and follow-up of patients, including the recommended drug therapy for the relevant clinical problem.
2. A clinical indication or time when medical referral/consultation must occur for that condition
3. The name, form and strength of the Scheduled drug and the condition/situation for which it is intended.
4. The recommended dose of the Scheduled drug.
5. The route of administration of the Scheduled drug.
6. The frequency (including rate where applicable) and duration of administration of the Scheduled drug.
7. The duration of the Scheduled drug supply before medical intervention/follow-up is required.
8. The type of equipment and management procedures required for management of an emergency associated with the use of the Scheduled drug.

Endorsement of a Health Management Protocol by the Chief Executive Officer of a Health Service District or Chief Executive Officer of a non-Queensland Health employing organisation.

1. A new or reviewed Health Management Protocol must be endorsed and dated by the Chief Executive Officer of a Health Service District or the Chief Executive Officer of a non-Queensland Health employing organisation.
2. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement by the employer.