Medicines and Poisons Act 2019

Extended Practice Authority
'Registered Nurses'

Version control

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Extended Practice Authority 'Registered Nurses'

This extended practice authority (EPA) has been made by the Director General, Queensland Health, as the chief executive, under section 232 of the *Medicines and Poisons Act 2019* (Qld). It states the scope of the regulated activities with the regulated substances which a registered nurse is authorised to carry out for the purposes described in column 3 of the table under Schedule 7, Part 3, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

1. Conditions – general

The following general conditions apply to a registered nurse in addition to any specific conditions under Parts A, B, C and D of this EPA.

1.1. The registered nurse must ensure they have access to their applicable health management protocol, *Australian Immunisation Handbook* and current guidelines, manuals or protocols adopted or established by their employer when acting under this EPA.

1.2. The registered nurse must act in accordance with a current health management protocol that applies to the dealings of the registered nurse and that complies with the requirements specified in Appendix 1.

1.3. The registered nurse must not give a treatment dose of any monitored medicine listed in Schedule 2 Part 4 of the Medicines and Poisons (Medicines) Regulation 2021 unless stated in Appendix 3 Column 3.

1.4. Before administering or giving a treatment dose of a medicine the registered nurse must be familiar with the contra-indication(s) and known side effect(s) of the medicine and advise the patient accordingly.

1.5. For the administration of vaccines, the registered nurse must act in accordance with:

1.5.1. the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook* including for patient selection, patient consent, vaccine administration, documenting vaccination and follow up care; and

1.5.2. the current online edition of the *Immunisation Schedule Queensland*.

1.6. Before vaccines are administered, the registered nurse must ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.

1.7. Prior to performing a Tuberculin Skin Test (TST) or administering a bacillin Calmette-Guerin (BCG) vaccination for Tuberculosis (TB), registered nurses must demonstrate that they have completed the specified training and been assessed by a clinician as required by the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

1.8. When vaccines are in the possession of the registered nurse, the registered nurse must ensure that the storage and transport of vaccines is in accordance with the *National vaccine storage guidelines: Strive for 5*.

1.9. The registered nurse who administers a vaccine must ensure:

1.9.1. the vaccination is recorded on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of vaccination

1.9.2. any adverse events occurring following immunisation must be notified using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.

1.9.3. that prior to administering COVID-19 vaccine they have completed the Australian Government's mandatory *COVID-19 vaccination training program*

1.10. If Consumer Medicine Information (CMI) is available for a particular medicine, the registered nurse must, where reasonably practicable, offer the information to each person to whom the registered nurse administers or gives a treatment dose of the medicine.

Note that a registered nurse is authorised under Schedule 7, Part 3, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 to administer an S2 or S3 medicine without an extended practice authority. This EPA authorises the giving of a treatment dose of S2 or S3 medicines in the circumstances specified the EPA.

2. Part A – specified services to address health and community need

2.1. A registered nurse may only administer or give a treatment dose of medicines under Part A of this EPA if the registered nurse is working for a Hospital and Health Service that uses a credentialing process meeting the requirements of the current *Health Service Directive: Credentialing and defining the scope of clinical practice* or the current Australian Commission on Safety and Quality in Health Care *Standard for Credentialing and Defining the Scope of Clinical Practice* to define a ***credentialed scope of clinical practice***.

2.2. The registered nurse must be credentialed to perform a ***specified service*** [1] and must have a document stating and approving their credentialed scope of clinical practice for the specified service.

2.3. The document stating the registered nurse's credentialed scope of clinical practice for the specified service must specify the following:

2.3.1. the health management protocol that applies to the credentialed scope of clinical practice for the registered nurse; and

2.3.2. any specific restrictions or requirements applied under the credentialing process or in accordance with the policies or procedures established for the Hospital and Health Service including:

2.3.2.1. any activities or dealings with medicines that require either direct or indirect supervision by a senior health practitioner, or

[1] Specified service means a service provided by a Hospital and Health Service to meet a health and community need that is being facilitated by the extended practice authority.

that may only be undertaken after consultation with a senior health practitioner.

2.3.2.2. any restrictions, conditions, or other limitations on the registered nurse's authority to administer or give a treatment dose of a medicine e.g. that the registered nurse is not authorised to give deep intra-muscular injections.

2.3.2.3. any qualifications and/or training that the registered nurse must hold; and

2.3.3. the date the credentialed scope of clinical practice commences and the dates for review of the credentialed scope of clinical practice.

2.4. The document stating the registered nurse's credentialed scope of clinical practice for the specified service must be accessible by the registered nurse when the registered nurse is performing the credentialed service.

2.5. If the registered nurse acts within their credentialed scope of clinical practice and in accordance with the health management protocol specified in the document stating the registered nurse's credentialed scope of clinical practice, the registered nurse is authorised to:

2.5.1. administer or give a treatment dose of a medicine listed in Appendix 2 column 1 by the route of administration stated in column 2;

2.5.2. give a treatment dose of an S2 or S3 medicine to a patient requiring treatment or care for the specified service and

2.5.3. administer vaccines listed in Appendix 4 column 1 for the Queensland Immunisation Program.

2.6. If the credentialed scope of clinical practice for a registered nurse includes administration (insertion) and removal of a contraceptive by subdermal implant, the registered nurse must have completed a course in *contraceptive implant insertion and removal training*[2] (specified training) and assessment.

2.7. If the credentialed scope of clinical practice for a registered nurse includes immunisation with Japanese encephalitis vaccine or BCG vaccine, or tetanus immunoglobulin, the registered nurse is authorised to:

2.7.1. administer Japanese encephalitis vaccine only if working under a Japanese Encephalitis immunisation program approved by the chief executive of the Torres and Cape Hospital and Health Service (TCHHS) or the Public Health Medical Officer of the TCHHS and in accordance with local procedures for the *Japanese Encephalitis Vaccine Program for Outer Islands of the Torres Strait*.

2.7.2. administer BCG vaccine or tuberculin skin test only under a Tuberculosis immunisation program in accordance with the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

[2] ***Contraceptive implant insertion and removal training*** means a course that comprises theoretical and simulated training on the insertion, localisation and removal of long-acting reversible contraception (LARC), including LARC indications and contraindications, management of common side effects, client counselling and administration of local anaesthetic.

2.7.3. administer tetanus immunoglobulin in accordance with the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook*.

3. Part B – services in rural and isolated practice areas

3.1. A registered nurse may only administer or give a treatment dose of medicines under Part B of this EPA if the registered nurse:

3.1.1. is practising in an isolated practice area or at a rural hospital; and

3.1.2. has completed a program of study relevant to the use of medicines in providing emergency and acute care in rural and isolated practice; and

3.1.3. the program of study was previously recognised by the Nursing and Midwifery Board of Australia (NMBA) to enable the registration of the registered nurse to be endorsed as 'qualified to obtain, supply and administer Schedule 2,3,4 & 8 medicines for nursing practice in a rural and isolated practice area' [3] under the *Health Practitioner Regulation National Law (Queensland)*.

3.2. The registered nurse to whom Part B of this EPA applies is authorised to:

3.2.1. administer a medicine listed in Appendix 3, Column 1 by the route of administration specified in Column 2 and in accordance with any applicable restrictions or conditions specified in Column 3 and in accordance with the health management protocol for the rural and remote ambulatory care settings approved for the Hospital and Health Service or other organisation by whom the registered nurse is employed.

3.2.2. administer a medicine that is a vaccine that contains any of the antigens listed in Appendix 4, Column 1.

3.2.3. administer Japanese encephalitis vaccine only if working under a Japanese Encephalitis immunisation program approved by the chief executive of the TCHHS or the Public Health Medical Officer of the TCHHS and in accordance with local procedures for the *Japanese Encephalitis Vaccine Program for Outer Islands of the Torres Strait*.

3.2.4. administer BCG vaccine or tuberculin skin test only under a Tuberculosis immunisation program in accordance with the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

3.2.5. administer tetanus immunoglobulin in accordance with the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook*.

3.2.6. give a treatment dose of a medicine in Appendix 3 where Column 3 states that a medicine may be given as a treatment dose and in accordance with any applicable restrictions or conditions specified in Column 3 and in accordance with the health management protocol for

[3] See NMBA former 'Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)' https://www.ahpra.gov.au/documents/default.aspx?record=WD10%2f138&dbid=AP&chksum=0wq5Z4dBrn1c6oU16s2H2A%3d%3d

the rural and remote ambulatory care settings approved for the Hospital and Health Service or other organisation by whom the registered nurse is employed.

3.2.7. give a treatment dose of an S2 or S3 medicine to a patient requiring treatment or care at a rural hospital or in an isolated practice area.

4. Part C – sexual or reproductive health services

4.1. A registered nurse may only administer or give a treatment dose of medicines under Part C of this EPA if the registered nurse has successfully completed:

4.1.1. an approved program of study for endorsement as a Sexual Health Program Nurse with the former Queensland Nursing Council or

4.1.2. a qualification in sexual health previously approved by the chief executive under the (repealed) Health (Drugs and Poisons) Regulation 1996.

4.2. To the extent necessary to provide sexual or reproductive health services, a registered nurse is authorised to administer or give a treatment dose of a medicine if any of the following apply:

4.2.1. the services are provided under a sexual or reproductive health program carried out by a Hospital and Health Service;

4.2.2. the services are provided under a sexual or reproductive health program that was certified under the (repealed) Health (Drugs and Poisons) Regulation 1996 until the date stated in the program to be the end of the certification;

4.2.3. the service is provided under a general approval given for a sexual or reproductive health program under the *Medicines and Poisons Act 2019*.

4.3. The registered nurse to whom Part C of this EPA applies is authorised to:

4.3.1. administer a medicine listed in Appendix 3, Column 1 by the route of administration specified in Column 2 and in accordance with any applicable restrictions or conditions specified in Column 4 and in accordance with an approved health management protocol for the reproductive health service.

4.3.2. administer a medicine that is a vaccine that contains any of the antigens listed in Appendix 4, Column 1 in accordance with the conditions in Column 3.

4.3.3. give a treatment dose of a medicine in Appendix 3 where Column 4 states that a medicine may be given and in accordance with any applicable restrictions or conditions specified in Column 4, and in accordance with the health management protocol for the reproductive health service.

4.4. The registered nurse may only administer or give a treatment dose of a hormonal contraceptive or a contraceptive vaginal ring mentioned in Appendix 3 if the client has had an initial assessment and been prescribed a hormonal contraceptive or a contraceptive vaginal ring by an authorised

prescriber at the sexual or reproductive health service where the client is currently attending.

4.5. Before inserting or removing a contraceptive subdermal implant for a client attending the sexual or reproductive health service, the registered nurse must:

4.5.1. have successfully completed contraceptive implant insertion and removal training[4] (specified training) and assessment; and

4.5.2. have an approved credentialed scope of clinical practice by a Hospital and Health Service or another health service that employs the registered nurse, that includes within their scope the administration and removal of long-acting reversible contraception (LARC). The credentialing process must meet the requirements of the current *Health Service Directive: Credentialing and defining the scope of clinical practice* or the current Australian Commission on Safety and Quality in Health Care - *Credentialing health practitioners and defining their scope of clinical practice* to define a credentialed scope of clinical practice .

5. Part D – immunisation program services

5.1. A registered nurse may only administer the medicines under Part D of this EPA if the registered nurse has successfully completed any of the following:

5.1.1. an approved program of study for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council.

5.1.2. a qualification in immunisation previously approved by the chief executive under the (repealed) Health (Drugs and Poisons) Regulation 1996.

5.1.3. an accredited immunisation training course that contains learning objectives equivalent to the domains in the *National Immunisation Education Framework for Health Professionals* .

5.2. To the extent necessary to provide immunisation services, a registered nurse is authorised to administer a medicine if any of the following apply:

5.2.1. the services are provided under an immunisation program carried out by a Hospital and Health Service.

5.2.2. the services are provided under an immunisation program carried out by Queensland Health.

5.2.3. the services are provided under an immunisation program carried out by a local government.

5.2.4. the services are provided under an immunisation program that was certified under the (repealed) Health (Drugs and Poisons) Regulation 1996 and until the date stated in the program to be the end of the certification.

[4] ***Contraceptive implant insertion and removal training*** means a course that comprises theoretical and simulated training on the insertion, localisation and removal of long-acting reversible contraception (LARC), including LARC indications and contraindications, management of common side effects, client counselling and administration of local anaesthetic.

5.2.5. the services are provided under an immunisation program authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019*.

5.3. The registered nurse to whom Part D of this EPA applies is authorised to:

5.3.1. administer a medicine that is a vaccine that contains any of the antigens listed in Appendix 4, Column 1.

5.3.2. administer Japanese encephalitis vaccine only if working under a Japanese Encephalitis immunisation program approved by the chief executive of the TCHHS or the Public Health Medical Officer of the TCHHS and in accordance with local procedures for the *Japanese Encephalitis Vaccine Program for Outer Islands of the Torres Strait*.

5.3.3. administer BCG vaccine or tuberculin skin test only under a Tuberculosis immunisation program in accordance with the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

5.3.4. administer tetanus immunoglobulin in accordance with the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook*.

Appendix 1 – Requirements for health management protocols

1. The current *Australian Immunisation Handbook* is the health management protocol for dealings with vaccines listed in this EPA.

2. A health management protocol is a document approved and dated by the *chief executive* [5] of a Hospital and Health Service or the Chief Executive Officer [6] of a non-Queensland Health employing organisation that details the clinical use of medicines for services provided by a registered nurse under this EPA for patients of the Hospital and Health Service or other employing organisations.

3. A health management protocol must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, a registered nurse and a pharmacist, and may include other identified professional personnel (an ***inter-disciplinary team***).

4. A health management protocol details the clinical use of medicines that may be administered or given as a treatment dose by a registered nurse under Appendix 2 or 3 of this EPA, and must include the following:

   a) The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.

   b) For each medicine in the health management protocol:

      i. a clinical indication or time when medical referral/consultation must occur for that condition;

      ii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindication(s) to the use of the medicine;

      iii. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;

      iv. for a medicine to be administered, the maximum dose of a medicine that may be administered or maximum duration of administration allowed without a prescription from an authorised prescriber;

      v. for a medicine to be given as a treatment dose, the maximum quantity of or duration of treatment with a medicine that may be given without a prescription;

      vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine.

   c) When to refer to a higher level of care for intervention or follow-up.

5. A health management protocol is either:

   a) developed for the Hospital and Health Service or for a non-Queensland Health employing organisation by an inter-disciplinary team for the Hospital and Health Service or other employing organisation (***a local inter-disciplinary team***); or

   b) a clinical guideline containing all the required content specified in paragraph 4 above or a health management protocol developed by another entity's inter-disciplinary team and endorsed as the health management protocol for the service by the local inter-disciplinary team.

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[5] Refer to *Hospital and Health Services Boards Act 2011*

[6] Chief Executive Officer means the highest-ranking executive or administrator in charge of the management of an organisation.

6. A health management protocol is ***current*** when it has been approved by the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation within two (2) years of the day a registered nurse acts in accordance with the health management protocol unless the current on-line edition of the *Primary Clinical Care Manual* (PCCM) has been endorsed and approved as the health management protocol for the service.
7. If the PCCM is adopted as the health management protocol, the health management protocol is ***current*** when it has been approved the chief executive of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation within three (3) years of the day a registered nurse acts in accordance with the health management protocol.

Note: The current online edition of the PCCM published by Queensland Health contains the principal health management protocols for use in rural and remote ambulatory care settings.

Appendix 2 – Part A Medicines

Note: Monitored medicines are marked with #

Column 1 – Regulated substance	Column 2 - Approved route of administration
Aciclovir	Oral
Albendazole	Oral
Amoxicillin	Oral
Amoxicillin/clavulanic acid	Oral
Azithromycin	Oral
Benzathine penicillin (Bicillin L-A)	Intramuscular
Benzatropine	Intramuscular Oral
Box jellyfish anti-venom	Intravenous Intramuscular
Cefaclor	Oral
Cefalexin	Oral
Ceftriaxone	Intramuscular
Cefuroxime	Oral
Ciprofloxacin	Oral
Ciprofloxacin	Ear drops
Clindamycin	Oral
Clindamycin	Intravaginal
Clotrimazole	Intravaginal
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg / mL	Ear drops
Diazepam #	Intravenous Oral Rectal
Dicloxacillin	Oral
Doxycycline	Oral
Erythromycin	Oral

Column 1 – Regulated substance	Column 2 - Approved route of administration
Estradiol	Intravaginal
Estriol	Intravaginal
Ethinylestradiol 20 microgram/ Levonorgestrel 100 microgram	Oral
Ethinylestradiol 20 microgram/ Drospirenone 3mg	
Ethinylestradiol 30 microgram/ Desogestrel 150 microgram	
Ethinylestradiol 30 microgram/ Dienogest 2 mg	
Ethinylestradiol 30 microgram/ Drospirenone 3 mg	
Ethinylestradiol 30 microgram/ Gestodene 75 microgram	
Ethinylestradiol 30 microgram/ Levonorgestrel 150 microgram	
Ethinylestradiol 30 microgram/ Levonorgestrel 50 microgram and Ethinylestradiol 40 microgram/ Levonorgestrel 75 microgram	
Ethinylestradiol 30 microgram/ Levonorgestrel 125 microgram	
Ethinylestradiol 35 microgram/ Northisterone 500 microgram	
Ethinylestradiol 35 microgram/ Cyproterone acetate 2 mg	
Ethinylestradiol 35 microgram/ Northisterone 1mg	
Etonogestrel 120 microgram / Ethinylestradiol 15 microgram *e.g. Nuva Ring*	Intravaginal
Famciclovir	Oral
Fentanyl [#]	Intramuscular Intravenous Subcutaneous
Flucloxacillin	Oral

Column 1 – Regulated substance	Column 2 - Approved route of administration
Fluconazole	Oral
Flumazenil	Intravenous
Flumethasone pivalate 0.02 % / clioquinol 1 %	Ear drops
Fluoride varnish	Topical to teeth
Funnel web spider anti-venom	Intravenous
Furosemide (frusemide)	Intramuscular Intravenous
Glyceryl Trinitrate Transdermal Patches	Topical
Haloperidol	Intravenous Intramuscular Oral
Hydrocortisone	Intramuscular Intravenous
Imiquimod	Topical
Ipratropium bromide	Nebulised Metered dose inhaler (MDI)
Ketorolac trometamol	Intramuscular
Levonorgestrel 1.5 mg	Oral
Levonorgestrel 30 microgram	Oral
Lidocaine (lignocaine) 1%	Subcutaneous - Local infiltration
Lidocaine (lignocaine) 1% (with ceftriaxone)	Intramuscular
Lidocaine (lignocaine) gel 2%	Topical
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous
Lidocaine (lignocaine)-Prilocaine 5%	Topical
Lorazepam #	Oral
Medroxyprogesterone acetate150 mg/mL depo-injection	Intramuscular
Methoxyflurane	Inhalation
Metoclopramide	Intravenous

Column 1 – Regulated substance	Column 2 - Approved route of administration
	Intramuscular Oral
Metronidazole	Oral
Miconazole	Vaginal Topical (including dermal and oral)
Midazolam #	Intravenous Intramuscular Intranasal Buccal
Misoprostol	Rectal Sublingual Buccal
Morphine #	Intramuscular Intravenous Subcutaneous
Mupirocin Cream/ointment	Topical
Naloxone	Subcutaneous Intravenous Intramuscular
Nifedipine	Oral
Nitrofurantoin	Oral
Nitrous oxide	Topical with cryogun
Norethisterone 350 microgram *e.g. Noriday*	Oral
Nystatin oral drops	Topical
Olanzapine	Oral
Ondansetron	Intravenous Oral
Oxybuprocaine eye drop 0.4 % (minim)	Topical to eye
Oxycodone #	Oral
Oxytocin	Intramuscular Intravenous

Column 1 – Regulated substance	Column 2 - Approved route of administration
Phenoxymethylpenicillin	Oral
Podophyllotoxin	Topical
Prednisolone	Oral
Probenecid	Oral
Procaine benzylpenicillin (procaine penicillin)	Intramuscular
Promethazine	Intramuscular Intravenous
Roxithromycin	Oral
Salbutamol	Nebulised
Silver sulfadiazine 1% cream	Topical
Snake polyvalent anti-venom	Intravenous
Tetanus immunoglobulin	Intramuscular
Triamcinolone compound (otic)	Topical ointment to ear
Trimethoprim	Oral
Trimethoprim/ Sulfamethoxazole	Oral
Valaciclovir	Oral

Appendix 3 – Authorised medicines and dealings

Note:

- For ***giving a treatment dose*** of an S2 or S3 medicine, the maximum quantity is the smallest available manufacturer's pack;
- Monitored medicines are marked with #;
- Hormonal contraceptive or a contraceptive vaginal ring are marked with †
- 'Consult authorised prescriber' means that an oral prescription is required to authorise further administration of the medicine or to give a treatment dose in accordance with the prescription.

Column 1 **Regulated substance**	**Column 2** **Approved route of administration**	**Column 3 – Part B** **Rural & Isolated Practice Areas**	**Column 4 – Part C** **Sexual & Reproductive Health**
		Restrictions/Conditions for place or circumstance	
Aciclovir	Oral	Administer one dose and give a treatment dose as necessary for genital herpes	Administer one dose and give a treatment dose as necessary for genital herpes
Albendazole	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Amoxicillin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Amoxicillin/clavulanic acid	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose for culture sensitive urinary tract infections and treatment of post-procedural pelvic infections
Atropine	Intramuscular	Not permitted	Administer one dose as per emergency management of vaso-vagal complications associated to intra-uterine devices
Azithromycin	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary
Benzathine penicillin (Bicillin L-A)	Intramuscular	Administer one dose	Administer one dose or one full course of three doses administered weekly.

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Benzatropine	Intramuscular Oral	Maximum 2 mg. Consult authorised prescriber if more than recommended dose required.	Not permitted
Box jellyfish anti-venom	Intravenous Intramuscular	One ampoule (20,000 units). Consult authorised prescriber if more than recommended dose required.	Not permitted
Cefaclor	Oral	Child only Administer one dose and give a treatment dose as necessary	Not permitted
Cefalexin	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary
Ceftriaxone	Intramuscular	Administer one dose reconstituted with Lidocaine (lignocaine) 1 % injection	Administer one dose reconstituted with Lidocaine (lignocaine) 1 % injection
Ceftriaxone	Intravenous Intraosseous	Administer one dose	Not permitted
Cefuroxime	Oral	Adult only Administer one dose and give a treatment dose as necessary	Not permitted
Ciprofloxacin	Oral	Administer one dose and give a treatment dose as necessary	Single dose only for laboratory confirmed quinolone sensitive *Neisseria gonorrhoeae* infection
Ciprofloxacin	Ear drops	Aboriginal and Torres Strait Islander persons only - Administer first dose and give remainder of manufacturer's pack	Not permitted

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Clindamycin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Clindamycin	Intravaginal	Administer first dose and give remainder of manufacturer's pack for a treatment dose	Give smallest available manufacturer's pack for a treatment dose
Clotrimazole	Intravaginal	Authorised under 3.2.7	Give a treatment dose as necessary
Colchicine	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Dexamethasone	Intramuscular Intravenous Intraosseous	Must consult an authorised prescriber for an oral prescription unless circumstances do not allow, in which case, notify the authorised prescriber as soon as circumstances allow	Not permitted
Dexamethasone 0.5 mg / framycetin sulfate 5 mg / gramicidin 0.05 mg / mL	Ear drops	Administer first dose and give remainder of manufacturer's pack	Not permitted
Diazepam #	Intravenous Oral Rectal	Administer one dose. Adults: 10 mg Children: Dose adjusted on weight per health management protocol. Consult authorised prescriber if more than recommended dose required.	Not permitted
Dicloxacillin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Doxycycline	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Erythromycin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Estradiol	Intravaginal	Not permitted	Give smallest available manufacturer's pack for a treatment dose
Estriol	Intravaginal	Not permitted	Give smallest available manufacturer's pack for a treatment dose
Ethinylestradiol 20 microgram/ Levonorgestrel 100 microgram †	Oral	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 4-months' supply
Ethinylestradiol 20 microgram/ Drospirenone 3mg †			
Ethinylestradiol 30 microgram/ Desogestrel 150 microgram †			
Ethinylestradiol 30 microgram/ Dienogest 2 mg †			
Ethinylestradiol 30 microgram/ Drospirenone 3 mg †	Oral	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 4-months' supply
Ethinylestradiol 30 microgram/ Gestodene 75 microgram †			
Ethinylestradiol 30 microgram/ Levonorgestrel 150 microgram †			
Ethinylestradiol 30 microgram/ Levonorgestrel 50 microgram and Ethinylestradiol 40 microgram/ Levonorgestrel 75 microgram †			

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Ethinylestradiol 30 microgram/ Levonorgestrel 125 microgram †	Oral	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 4-months' supply
Ethinylestradiol 35 microgram / Northisterone 500 microgram †			
Ethinylestradiol 35 microgram/ Cyproterone acetate 2 mg	Oral	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 4-months' supply
Ethinylestradiol 35 microgram/ Northisterone 1mg †			
Etonogestrel 120 microgram / Ethinylestradiol 15 microgram † e.g. *Nuva Ring*	Intravaginal	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 3-months' supply
Etonogestrel † *e.g. Implanon*	Subdermal implant	Not permitted	Only if the RN has completed a **specified training**[7] and has been approved by their employer to insert and/or remove long-acting reversible contraceptive (LARC) implants.
Famciclovir	Oral	Administer one dose and/or give a treatment dose as necessary	Administer one dose and/or give a treatment dose as necessary

[7] Refer to **Contraceptive implant insertion and removal training** requirements on page 7 of this EPA.

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Fentanyl [#]	Intramuscular Intravenous Subcutaneous	For adults only. IM or Subcutaneous - To a maximum of 100 micrograms. IV - Up to a maximum of 100 micrograms in increments, repeated every 5 to 10 minutes if required. Consult authorised prescriber if more than recommended dose required.	Not permitted
Fentanyl [#]	Intranasal [8]	Must consult an authorised prescriber for an oral prescription unless circumstances do not allow. In these circumstances the authorised prescriber must be notified as soon as circumstances allow.	Not permitted
Flucloxacillin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Fluconazole	Oral	Not permitted	Administer one dose
Flumazenil	Intravenous	Must consult authorised prescriber for an oral prescription unless circumstances do not allow, in which case, notify the authorised prescriber as soon as circumstances allow	Not permitted
Flumethasone pivalate 0.02 % / clioquinol 1 %	Ear drops	Administer one dose and give remainder of manufacturer's pack	Not permitted
Fluoride varnish	Topical to teeth	Administer only	Not permitted

[8] Intranasal use is off label. Ensure appropriate documentation and evaluation is undertaken as per CATAG guiding principles for the quality use of off label medicines

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Funnel web spider anti-venom	Intravenous	Must consult authorised prescriber for an oral prescription unless circumstances do not allow, in which case, notify the authorised prescriber as soon as circumstances allow	Not permitted
Furosemide (frusemide)	Intramuscular Intravenous	Adults only: IM – 40 mg maximum – one dose only OR IV – 40 mg maximum - one dose only Consult authorised prescriber if more than recommended dose required.	Not permitted
Glyceryl Trinitrate Transdermal Patches	Topical	Apply one patch. Consult authorised prescriber if more than recommended dose required.	Not permitted
Haloperidol	Intravenous Intramuscular Oral	Adults only: 5 mg stat with second 5 mg dose if required to a maximum of 10 mg Consult authorised prescriber if more than recommended dose required.	Not permitted
Hydrocortisone	Intramuscular Intravenous	2 – 4 mg / kg to maximum 200 mg Consult authorised prescriber if more than recommended dose required.	Not permitted
Hydrocortisone	Topical	Authorised under 3.2.7	Give smallest available manufacturer's pack for a treatment dose

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Imiquimod	Topical	Not permitted	Give smallest available manufacturer's pack for a treatment dose
Ipratropium bromide	Nebulised Metered dose inhaler (MDI)	Administer only	Not permitted
Ketorolac trometamol	Intramuscular	Adult only. Administer single dose up to 30 mg	Not permitted
Levonorgestrel 1.5 mg	Oral	Authorised under 3.2.7	Give one treatment dose
Levonorgestrel 30 microgram †	Oral	Not permitted	Supply not to exceed end of current prescription or 12-months since last Medical Officer/Nurse Practitioner assessment. Maximum supply not to exceed 4-months
Lidocaine (lignocaine) 1 %	Local infiltration	Administer only	Administer only
Lidocaine (lignocaine) 1 %	Intramuscular	Administer with ceftriaxone injection	Administer with ceftriaxone injection
Lidocaine (lignocaine) gel 2%	Topical	Authorised under 3.2.7	Administer or give smallest available manufacturer's pack for a treatment dose
Lidocaine (lignocaine) with adrenaline (epinephrine)	Subcutaneous	Administer - Adults and children older than 12 years only	Administer up to 5mL to facilitate the insertion and removal of hormonal implants
Lorazepam #	Oral	Adult only 1 mg stat Must consult authorised prescriber for an oral prescription unless circumstances do not allow, in which case notify as soon as circumstances allow	Not permitted

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Medroxyprogesterone acetate150 mg/mL depo-injection †	Intramuscular	Administration not to exceed end of current prescription or 12-month period since last assessment by prescriber	Administration not to exceed end of current prescription or 12-month period since last assessment by prescriber
Methoxyflurane	Inhalation	Administration only - Adult and child 6 years or older: 3 mL may be repeated after 20 minutes to a maximum of 6 mL. Patient must self-administer.	Administration only - Adult: 3 mL may be repeated after 20 minutes to a maximum of 6 mL. Patient must self-administer.
Metoclopramide	Intravenous Intramuscular Oral	Adults Only: Single dose only to maximum 10 mg	Administer one dose
Metronidazole	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary
Miconazole	Vaginal Topical (including dermal and oral)	Authorised under 3.2.7	Give a treatment dose of smallest available manufacturer's pack
Midazolam #	Intravenous Intramuscular Intranasal Buccal	Administer one dose. Consult authorised prescriber if more than recommended dose required.	Not permitted
Minocycline	Oral	Not permitted	Give a treatment dose of smallest available manufacturer's pack
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms	Not permitted

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Morphine #	Intramuscular Intravenous Subcutaneous	Adult only IM / Subcutaneous: Up to a maximum of 10 mg. IV: Give in increments up to a maximum of 10mg. Consult authorised prescriber if more than recommended dose required.	Not permitted
Mupirocin Cream/ointment	Topical	Administer one dose and give remainder of manufacturer's pack	Give a treatment dose of smallest available manufacturer's pack
Naloxone	Subcutaneous Intravenous Intramuscular	Authorised under 3.2.7 for treatment of opioid overdose.	Giving pack not permitted
Nifedipine	Oral	Hypertension in pregnancy – Administer one dose. Must consult authorised prescriber for an oral prescription unless circumstances do not allow, in which case notify as soon as circumstances allow	Not permitted
Nitrofurantoin	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary
Nitrous Oxide	Topical	Not permitted	Administer only
Nitrous oxide 50% / oxygen 50%	Inhalation	Adults and children > 4 years of age. Patient must self-administer.	Adults only Patient must self-administer.

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Norethisterone 350 microgram † e.g. *Noriday*	Oral	Not permitted	Duration must not exceed end of current prescription or 12-months since last assessment by prescriber. Maximum doses given not to exceed 4-months' supply
Olanzapine	Oral	Administer one dose. Adults only Must consult authorised prescriber for an oral prescription unless circumstances do not allow, in which case notify as soon as circumstances allow	Not permitted
Ondansetron	Intravenous Oral	Maximum 4 mg IV, 8 mg oral [9]	Adults only - 4mg oral up to maximum 8mg dose oral and give a treatment dose of smallest available manufacturer's pack as necessary.[9]
Oxybuprocaine eye drop 0.4 % (minim)	Topical to eye	Administer only	Not permitted
Oxycodone [#]	Oral	Administer one dose up to 5mg. Repeat administration after four hours if needed or give one tablet as a treatment dose as necessary. Further doses must consult authorised prescriber.	Not permitted

[9] Use for non-specific nausea and vomiting is off label. Ensure appropriate documentation and evaluation is undertaken as per CATAG guiding principles for the quality use of off label medicines

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Oxytocin	Intramuscular Intravenous	Administer only. 5 to 10 units per dose stat or 30 units for IV infusion Consult authorised prescriber if more than recommended dose required	Not permitted
Phenoxymethylpenicillin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Podophyllotoxin	Topical	Administer and give a course. Treat with local application twice daily to a maximum of 6 weeks	Give one full course of treatment. Patient treats with local application twice daily for three days followed by no treatment for 4 days. Repeat weekly cycle of treatment for a maximum of 4 weeks.
Prednisolone	Oral	Administer for treatment of acute asthma for adult and child 6 years and older	Not permitted
Probenecid	Oral	Administer only	Not permitted
Procaine benzylpenicillin (procaine penicillin)	Intramuscular	Administer one dose daily for a maximum of three days	Not permitted
Promethazine	Intramuscular Intravenous	Adults and children older than 12 years: Maximum 50 mg – one dose only Children older than two years: Maximum 25 mg – one dose only Consult authorised prescriber if more than recommended dose required.	Adults – Maximum 50 mg – one dose only
Roxithromycin	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Salbutamol	Nebulised	Administer only	Not permitted

Column 1 Regulated substance	Column 2 Approved route of administration	Column 3 – Part B Rural & Isolated Practice Areas	Column 4 – Part C Sexual & Reproductive Health
		Restrictions/Conditions for place or circumstance	
Silver sulfadiazine 1% cream	Topical	Administer first dose and give remainder of manufacturer's pack	Not permitted
Snake polyvalent anti-venom	Intravenous	One ampoule (40,000 units) Consult authorised prescriber if more than recommended dose required.	Not permitted
Triamcinolone + neomycin + nystatin + gramicidin (ear drops)	Otic	Administer first dose and give remainder of manufacturer's pack	Not permitted
Triamcinolone compound Otic	Topical ointment to ear	Administer first dose and give remainder of manufacturer's pack	Not permitted
Trimethoprim	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary
Trimethoprim/ Sulfamethoxazole	Oral	Administer one dose and give a treatment dose as necessary	Not permitted
Valaciclovir	Oral	Administer one dose and give a treatment dose as necessary	Administer one dose and give a treatment dose as necessary

Appendix 4 – Queensland Immunisation Program medicines

Column 1 **Antigens**	**Column 2 - Part A (Health & Community need), B (Rural & Isolated Practice Areas) and D (Immunisation)**	**Column 3 - Part C (Sexual & Reproductive Health)**
	Restrictions/Conditions for place or circumstance	
COVID-19	Administer, only if mandatory COVID-19 vaccination training program has been completed	
Diphtheria	Administer	Not permitted
Haemophilus influenzae type b	Administer	Not permitted
Hepatitis A	Administer	Administer
Hepatitis B	Administer	Administer
Human Papillomavirus	Administer	Administer
Influenza	Administer	Administer
Measles	Administer	Administer
Mumps	Administer	Administer
Meningococcal (ACWY)	Administer	Not permitted
Meningococcal B	Administer	Not permitted
Meningococcal C	Administer	Not permitted
Pertussis	Administer	Not permitted
Pneumococcal	Administer	Administer
Poliomyelitis	Administer	Not permitted
Rotavirus	Administer	Not permitted
Rubella	Administer	Administer
Tetanus	Administer	Not permitted
Varicella (chickenpox)	Administer	Not permitted
Zoster (herpes zoster)	Administer	Not permitted