

**FACULTY OF MEDICINE, NURSING &  
HEALTH SCIENCES**

***SCHOOL OF NURSING  
AND MIDWIFERY***

**Undergraduate Clinical  
Guidelines  
2008**

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## *Introduction*

Clinical placements provide the means by which students apply theory and skills learned in the classroom and clinical laboratories into the practical setting, where they are practiced and refined. Consequently, clinical placements are fundamental and compulsory component of practice units throughout the undergraduate program. In order to achieve a pass in practice units, students are required to achieve a satisfactory result for clinical placements.

This booklet has been designed to provide important information for undergraduate students and staff of the School and agency staff about clinical placement requirements.

It is highly recommended that this booklet be taken on all clinical placements and kept safe and secure for the duration of the course.

***Introduction to the Clinical Component of the  
Bachelor of Nursing (Pre-registration) program, Bachelor of Midwifery,  
Bachelor of Nursing/Rural Health Practice and Bachelor of  
Nursing/Bachelor of Emergency Health (Paramedic)***

Clinical practicum is a compulsory component of the Bachelor of Nursing, Bachelor of Midwifery, Bachelor of Nursing/Rural Health Practice and Bachelor of Nursing/Bachelor of Emergency Health (Paramedic) programs within the School of Nursing and Midwifery at Monash University. It forms a part of the requirements for the practice units that are at all year levels, therefore, a satisfactory grade for clinical practicum is required in order to achieve a pass for the unit to which it is linked.

Clinical practicum across the courses is undertaken within a wide range of health care and community settings. Experiences available in a particular year are dependent upon the types of placements that the School is able to secure for that year. The following are ***examples*** of the types of placements offered and the hours required:

***Bachelor of Nursing  
Bachelor of Nursing/Rural Health Practice  
YEAR ONE***

***Semester One***

**NUR 1101**

**Perspectives of Health and Wellness**

Clinical practice undertaken: e.g. reminiscing with the older person  
community assessment  
health assessment activities

Duration: 96 hours (12 days)

***Semester Two***

**NUR 1102**

**Health Assessment in Clinical Practice**

Clinical practice undertaken: e.g. rehabilitation/aged care nursing  
medical surgical nursing

Duration: 80 hours (2 weeks)

***YEAR TWO***

***Semester One***

**NUR 2002**

**NURSING PRACTICE CONTEXT 1**

Clinical practice undertaken: eg. medical/surgical nursing

Duration: 120 hours (3 weeks)

*Semester Two*

**NUR 2104**

**Nursing Practice 4: Psychiatric and mental health nursing**

Clinical practice undertaken: eg. mental health nursing  
Duration: 80 hours (2 weeks)

**NUR 2004:**

**NURSING PRACTICE CONTEXT 2**

Clinical practice undertaken: eg. medical/surgical nursing  
Duration: 80 hours (2 weeks)

**YEAR THREE**

*Semester One*

**NUR 3106:**

**Nursing Practice 6: Introduction to high acuity nursing**

Clinical practice undertaken: e.g. acute medical-surgical  
high acuity nursing  
paediatric nursing  
accident and emergency nursing  
perioperative nursing

Duration: 150 hours (4 weeks)

**NUR 3104**

**Nursing Practice 4: Psychiatric and mental health nursing**

Clinical practice undertaken: eg. mental health nursing  
Duration: 75 hours (2 weeks)

*Semester Two*

**NUR 3107**

**Nursing Practice 7: Community nursing**

Clinical practice undertaken: e.g. community health nursing  
maternal and child health nursing  
palliative care nursing  
occupational health nursing  
district nursing

Duration: 75 hours (2 weeks)

**NUR 3108**

**Nursing Practice 8: Advanced clinical practicum**

Clinical practice undertaken: e.g. medical/surgical nursing  
mental health nursing  
palliative care/ oncology nursing  
operating room nursing  
mental health nursing  
paediatric nursing

Duration: 225 hours (6 weeks)

*Bachelor of Midwifery*  
*YEAR TWO*

*Semester One*

**NUR 1101**

**Perspectives of Health and Wellness**

Clinical practice undertaken: e.g. reminiscing with the older person  
community assessment  
health assessment activities

Duration: 96 hours (12 days)

*Semester Two*

**NUR 1102**

**Health Assessment in Clinical Practice**

Clinical practice undertaken: e.g. rehabilitation/aged care nursing  
medical surgical nursing

Duration: 80 hours (2 weeks)

*Semester One*

**MID 2006**

**Practice Allegiances**

Clinical practice undertaken: eg. antenatal, postnatal, labour and birth  
Duration: 2 days per week for 13 weeks

*Semester Two*

**MID2102**

**Towards a Midwife Self**

Clinical practice undertaken: eg. antenatal, postnatal, labour and birth  
Duration: 2 days per week for 13 weeks

*YEAR THREE*

*Semester One*

**MID3104**

**Navigating Childbearing Obstacles**

Clinical practice undertaken: eg. antenatal, postnatal, labour and birth,  
special care nursery

Duration: 2 days per week over 11 weeks

**MID3106 Women's Health Practice**

Clinical practice undertaken: eg. women's health, gynaecology  
Duration: 75 hours (2 weeks)

*Semester Two*

**MID3108**

**Working with Babies**

Clinical practice undertaken: eg. antenatal, postnatal, labour and birth,  
special care nursery

Duration: 2 days per week over semester

**MID3201**

**Midwifery Practice Elective**

Clinical practice undertaken: eg. antenatal, postnatal, labour and birth,  
special care nursery

Duration: five days per week for 4 weeks

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*Bachelor of Nursing/Bachelor of Emergency Health (Paramedic)*  
**YEAR ONE**

*Semester One*

**NUR 1101**

**Perspectives of Health and Wellness**

Clinical practice undertaken: e.g. reminiscing with the older person  
community assessment  
health assessment activities

Duration: 96 hours (12 days)

*Semester Two*

**NUR 1102**

**Health Assessment in Clinical Practice**

Clinical practice undertaken: e.g. rehabilitation/aged care nursing  
medical surgical nursing

Duration: 80 hours (2 weeks)

**YEAR TWO**

*Semester One*

**NUR 2002**

**NURSING PRACTICE CONTEXT 1**

Clinical practice undertaken: eg. medical/surgical nursing

Duration: 120 hours (3 weeks)

*Semester Two*

**NUR 2104**

**Nursing Practice 4: Psychiatric and mental health nursing**

Clinical practice undertaken: eg. mental health nursing

Duration: 80 hours (2 weeks)

**NUR 2004:**  
**NURSING PRACTICE CONTEXT 2**

Clinical practice undertaken: eg. medical/surgical nursing  
Duration: 80 hours (2 weeks)

## *Clinical Venues*

A wide variety of clinical venues are utilised for clinical placements to provide opportunities for students to access relevant learning opportunities. These venues often are located within local areas, but there are a range of placements throughout the Melbourne metropolitan area and in country areas. The clinical office does, where possible, endeavour to keep students as close to home as can be arranged, however, students should expect that travel arrangements may often be needed. Car pooling with other students travelling to the same clinical venues can reduce the costs incurred. Accommodation may also need to be arranged (this is the responsibility of the student to arrange). Some health care agencies offer onsite accommodation and it is wise to check with the clinical office before making choices of placement.

**Agency availability varies from year to year, depending upon which agencies the school is able to secure for that year.**

## *Student, Clinical Educator/preceptor and School of Nursing and Midwifery Responsibilities*

Clinical experience involves a number of responsibilities for both students and clinical educators. It is important that each is aware of what is expected of the student, clinical educator/preceptor and School of Nursing and Midwifery

### *Students have a responsibility to:*

- Be aware of their clinical objectives for the particular placement
- Be punctual (arriving for a shift at least 5 minutes prior to its commencement) and prepared for the commencement of handover
- Be professionally presented as per requirements
- Abide by the Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia (nursing students), and NBV Code of Practice for Midwives in Victoria, ACMI Code of Ethics and ACMI Code of Practice for Midwives (midwifery students)
- Be proactive in seeking out learning opportunities
- Maintain patient/client, staff and peer confidentiality
- Identify individual learning requirements
- Only carry out procedures covered in laboratory classes at university
- Be aware of school policies in relation to clinical practice
- Be fit to undertake clinical including maintaining own health and adequate rest
- Be able to undertake shift work where required within a placement
- Complete the clinical objectives for the placement
- Notify appropriate people when unable to attend (see p.16)
- Clear work commitments for allocated clinical weeks

*Clinical educators/preceptors have a responsibility to:*

- Become familiar with the course and unit objectives related to the clinical unit
- Become familiar with the School of Nursing and Midwifery Immunisation and Infection Risk Policy
- Assist students to seek out relevant learning experiences within a safe and appropriate selection process of patient/client case load
- Provide constructive guidance and direction for students throughout the placement
- Demonstrate professional role modelling
- Provide an accurate, realistic, but fair assessment of student performance
- Ensure that clinical placements are providing the necessary experience needed by students
- Ensure that patients' /clients' rights are protected
- Remove students from the clinical placement who are seen to be unsafe or who have an unsatisfactory knowledge base for safe practice or behave unprofessionally, in consultation with the unit coordinator
- Conduct clinical tutorials and debriefing sessions on a regular basis during clinical placement
- Complete all assessment documentation and marking of student clinical work required within the particular unit
- Assist students to reflect on clinical learning experiences in order to facilitate learning

*The School of Nursing and Midwifery has a responsibility to:*

- Provide the clinical educator/preceptor with information related to described responsibilities including
  - course and unit descriptions
  - Immunisation and Infection Risk Policy
  - list of student names and forms to complete for student absence
- Provide clinical orientation workshops where necessary
- Ensure that there is adequate liaison with clinical venues, students and clinical educator/preceptor from the unit coordinator, year level lecturers and clinical office staff during clinical placement
- Respond to student and clinical educator/preceptor queries in a timely manner when students are on placement
- Endeavour to visit each clinical venue during each clinical rotation

## *Clinical Assessment*

### Bachelor of Nursing Bachelor of Nursing/Rural Health Practice

The clinical assessment tool utilized within the Bachelor of Nursing program is modelled on the Australian Nursing and Midwifery Council (ANMC) National Competencies for the Registered Nurse.

Each unit book during the three years of the Bachelor of Nursing course will present specific competencies linked to the objectives of that unit. The student is expected to attain those specific competencies, if appropriate to the placement.

It is expected that by the end of their course, students have been able to meet all of these competencies in order to be eligible for registration as a Division 1 nurse. Students should be aware of the competencies and be seeking to work towards their achievement in all clinical areas.

### Bachelor of Midwifery

The clinical assessment tool utilized within the Bachelor of Midwifery program is modelled on the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife.

## *Clinical Performance Report*

Each student will have a clinical performance report written on their performance on each clinical placement throughout the course. An example of this report can be found in the end of these guidelines. A student must pass the clinical placement in order to pass the unit.

### **Clinical report grading criteria for Bachelor of Nursing, Bachelor of Nursing/Bachelor of Emergency Health (Paramedic) and Bachelor of Nursing/Rural Health Practice**

The clinical performance report is graded as pass/fail and is to be written by the clinical educator or the preceptor, the student is also expected to reflect on and evaluate their own performance and discuss this with the clinical educator/preceptor.

The clinical assessment tool utilized within the above Bachelor programs is modelled on the Australian Nursing and Midwifery Council (ANMC) National Competencies for the Registered Nurse (see Appendix 1).

The student's performance will be graded as proficient, competent, consolidating, marginal or unsatisfactory, (see appendix 3 for a more detailed explanation of each criteria).

### **Clinical report grading for the Bachelor of Midwifery**

The clinical assessment tool utilized within the Bachelor programs is modelled on the Australian Nursing and Midwifery Council (ANMC) National Competencies for the Midwife (see Appendix 2).

The student's performance will be graded as independent, capable, advanced novice, novice or unsatisfactory (see Appendix 4) for a more detailed explanation of each criteria. This report is completed at the end of each semester.

All students should receive a copy of each report and are encouraged to make comments on their clinical experience.

It is expected that by the end of their course, students have been able to meet all of these competencies in order to be eligible for registration as a midwife with the Nurses Board of Victoria. Students should be aware of the competencies and be seeking to work towards their achievement in all clinical areas.

### **Bachelor of Nursing/Bachelor of Emergency Health (Paramedic)**

Clinical assessment for students enrolled in the above degree will consist of two sets of competencies.

The clinical assessment tool utilized within the Bachelor of Nursing program is modelled on the Australian Nursing and Midwifery Council (ANMC) National Competencies for the Registered Nurse.

The Bachelor of Emergency Health (Paramedic) component is based on clinical competencies described in the Victorian Ambulance Services Clinical Work Instructions manual and Clinical Practice Guidelines.

It is expected that by the end of their course, students have been able to meet all of these competencies in order to be eligible for registration as a Division 1 nurse and employment as a paramedic. Students should be aware of the competencies and be seeking to work towards their achievement in all clinical areas.

### ***Unsatisfactory Clinical Assessment***

A clinical educator may make unsatisfactory assessments for a number of reasons. These may include unsafe practice, poorly developed communication or clinical skills, unprofessional behaviour or illness during the placement making achievement of clinical objectives difficult. The assessment may also be based upon a clinical educator's decision that further clinical time is required in order to develop particular clinical skills.

All unsatisfactory clinical assessments are considered at the end of the semester, in conjunction with other results in that unit, to determine whether clinical make-up/supplementary clinical assessment is recommended. Students will be notified when this has been decided.

### *Clinical Challenge*

If a student is not meeting their stated clinical objectives the clinical educator is able to set up a clinical challenge for that student. The clinical challenge is designed to test the student's ability to assess, plan, implement and evaluate patient/client care in the designated practice setting. The student will be informed of this process at least 24 hours prior to the challenge by the clinical educator or unit coordinator. The student will be expected to care for designated patients/clients eg. Year 1, 1-2 patients, Year 2, 2-3 patients, Year 3, 3-4 patients, and utilise a range of skills appropriate for their year level. The student will also demonstrate their ability to prioritise and implement care in a timely manner, and display a sound knowledge of their patients/client's conditions, investigations and medications.

### *Police checks*

The Department of Human Services (DHS) requires that any student attending a clinical placement in a DHS funded facility **MUST** have a police check each calendar year. The student must carry this documentation to all clinical venues. At the commencement of each year the student **MUST** produce their police check to the nominated coordinator. If the student fails to do this their clinical placement will be cancelled and a fail grade for the unit **MAY** be recorded. Clinical venues **CAN** request students to produce their police check at anytime during their placement.

If you are not able to produce this document the facility **WILL** send you home. This may incur a fail grade for the clinical placement.

Documentation for the processing of the Police check at the discounted rate can be obtained from the clinical office.

**It is the student's responsibility to have a current police check at all times.**

### *Confidentiality*

Students are reminded of their responsibility to ensure confidentiality of information, including patient/client, staff and others. Some clinical venues may request students to sign a declaration that they will ensure confidentiality. The School supports and approves of this process where requested. Some venues may require the student to access their website prior to commencement of the placement and download their confidentiality agreement. In this case the document will be read, signed and taken on the first day of the placement and given to the clinical educator.

Please check the clinical notice boards for the hospitals which have this requirement.

## ***Uniform Requirements***

Professional appearance is fundamental to nursing and midwifery practice. Adhering to professional dress codes can assist students to acquire the confidence of their patients/clients. Nurses and midwives also have a professional responsibility to ensure safety and hygiene of their patients/clients. The School of Nursing and Midwifery has a professional dress code to be adhered to by all students representing the School. The dress code is designed to be practical for delivering care, minimising potential cross infection, promoting safety for patients/clients and promoting the School.

The prescribed uniform is to be worn by all students undertaking the clinical component of the Bachelor of Nursing, Bachelor of Midwifery, Bachelor of Nursing/Rural Health Practice and the Bachelor of Nursing/Bachelor of Emergency Health (Paramedic). The School has approved two types of shirts that can be worn while on clinical placement. A polo shirt will be available through the campus bookshop or a short sleeved collar uniform shirt is available (ordering of these shirts will be arranged early in semester one).

Any student not adhering to the School's requirements may be sent home from clinical, with any time lost having to be made up at a later stage.

N.B. Students attending psychiatric placements and some community placements may not be required to wear uniform. Please check with the clinical office before attending. Students not required to wear uniform must be neat and professionally attired. Clinical venue staff may send students home if dress is inappropriate.

The prescribed uniform is as follows:

### **Uniform essentials**

Bachelor of Nursing, Bachelor of Midwifery, Bachelor of Nursing/Rural Health Practice and Bachelor of Nursing/Bachelor of Emergency Health (Paramedic)

- Two tone polo shirt with Monash logo      **or**
- Short sleeve button through shirt (available from school uniform supplier only) with Monash logo
- Navy blue trousers (NOT hipters), tailored shorts or skirt
- Bachelor of Nursing/Bachelor of Emergency Health (Paramedic) students will require the approved uniform overalls and boots
- Navy blue or black flat enclosed toe shoes eg. Lace-up or court shoes, which are to be kept polished at all times
- Black/navy belt as required

### **Optional additions**

The following may be worn, but not in ward areas:

- Navy blue cardigan
- Navy blue 'V' neck jumper

## Uniform length

Where skirts are chosen, the length must be such that the base of the hem touches the ground when kneeling

## Hair

- Hair must be kept neat, tidy and clean at all times
- Long hair must be tied in a pony tail or plait and fastened in such a manner that it is not below the bottom level of the collar at the back of the uniform
- Scrunchies, hair combs and other hair fasteners are to be of a neutral colour, or in a colour that complements the uniform
- The hijab or head scarves (worn for religious reasons) are to be a plain colour that tones in with the uniform shirt
- Facial hair – clean shaven or a neatly trimmed beard

## Fingernails

- These must be kept clean and well manicured
- Fingernails should not be visible over the end of the fingers when the hands are held with the palms facing up
- Coloured nail varnish is *not* to be worn during clinical placements

## Jewellery

- Plain band rings, sleepers, studs or small earrings that sit on the lobe of the ear and do not pose a danger to patients or students are the only items of jewellery to be worn during placement
- No facial or other visible body piercing is acceptable unless culturally or religiously appropriate

## Hospital gowns

Hospital gowns are not considered to be a part of the School of Nursing and Midwifery uniform, and as such are not allowed to be worn, except when required as a safeguard for either the patient/client or student (i.e. in operating theatre, birthing unit or infection control areas), or when procedures are being undertaken that require one to be worn.

## The following are not acceptable

- Nail extensions
- Polar fleeces (either with long or no sleeves) worn in ward/clinic areas
- Long sleeved t-shirts under the uniform shirt
- Hipster pants

## Additional required items to be taken to clinical placements

All students are required to carry at all times during clinical placements:

- Monash University identification badge (student I.D. card). This should be clearly affixed to the front of the uniform in a position where it is clearly visible and able to be read. Plastic badge holders (soft round edges only) are available from the bookshop/newsagents for this purpose. The badge should be positioned where it will not endanger the patient/client. Stickers are not to be placed where they may obscure either the student's name or photograph
- Current years valid Police check documentation
- The School of Nursing and Midwifery has approved the wearing of lanyards; I D badges may be attached to these. Any lanyard worn MUST be on a breakaway cord. These can be purchased from the School Administration office staff.
- Small, blunt-ended scissors
- Fob watch with a sweep second hand
- Blue or black pen, and a pocket-sized notepad
- Stethoscope (*optional*)
- Calculator
- Name and contact number of clinical venue(s) and clinical teacher, along with times to attend the venue(s)
- Objectives for the current clinical experience
- Unit booklet and other documentation as required for the placement
- Medicare card (in case of injury and the need to attend the emergency department)

## *Clinical Attendance and Make-up*

### **Attendance**

100% attendance is required for clinical placements. However, students should remember that attending clinical practicum with an illness may pose a risk to patients/clients whose immunity may already be compromised, as well as putting colleagues and yourself at risk.

In the event of being unable to attend a clinical placement, the student has a number of responsibilities:

1. To notify the clinical educator, or clinical venue ***prior*** to the commencement of the shift to be missed.
2. To notify the clinical office at the School of Nursing and Midwifery as early as possible.
3. To obtain a medical certificate for any missed time exceeding one day.
4. On return to the School of Nursing and Midwifery, the medical certificate, along with an application for special consideration if necessary, are to be presented to the Unit Coordinator.

### **Clinical Make-Up**

It is ***not*** automatic that students will be permitted to make-up missed clinical time. The Undergraduate Clinical Committee will consider all absences individually at the end of the year and recommendations will be made to the Board of Examiners who will then decide whether to grant make-up. Students are advised to monitor the clinical notice boards and their student email for communication regarding make-up.

Individual missed clinical days **will** be required to be made-up following completion of examinations. Single days may be carried across into the next year of the program. Students are encouraged to negotiate with clinical educators and unit coordinators throughout the course in order to make these up. A form should be collected from the clinical office to be signed by the clinical educator and recorded in the clinical office). No more than 2 hours per day is allowable to make up. Please note that granting of such make-up will depend upon approval from Unit Managers within the relevant clinical venue and the clinical teacher.

If a student fails a unit with a clinical component, and is required to repeat the unit, all clinical attached to the unit **must** also be repeated. However, previous clinical time may be taken into consideration in regards to negating accumulated time to be made up.

For completing students, forms for Nurses' Board of Victoria registration cannot be sent by the School until all course requirements are met; days not made-up may delay the granting of registration and entry into graduate programs. The unit coordinator in consultation with the clinical office will arrange for make up time.

### *Accidents/Injuries on Clinical Placements*

Accidents and injuries to students occur from time to time. It is important that certain steps are taken at the time of any injury or incident and It is in the student's own interest to ensure that these occur:

1. An *Incident Form* from the particular clinical agency is completed, and a photocopy is made and forwarded to the Clinical Office by the clinical educator.
2. The clinical educator is required to notify the School within 48 hours of the incident occurring, preferably at the time. A Monash University Occupational Health and Safety form will be forwarded by the Clinical Office to be filled in and returned to the School as soon as possible.
3. In the case of needlestick injuries or potential contamination by bodily fluids, all procedures are followed as per the agencies' own policies.
4. Students must pay any costs incurred to the agency. Please ensure you carry your Medicare card with you. Costs may later be recouped from the student's own personal insurance cover (incorporated in amenities fees) through the Student Union, however, pursuing this is the student's own responsibility.
5. **If attending the emergency department**, or having blood tests or X-rays taken as part of the incident follow-up you are **not to be classified** under workcover for these. Please ensure that this classification is not entered on hospital documentation.

### *Withdrawal from Clinical Placement*

Students are reminded that certain circumstances, such as unsafe or unprofessional conduct, may warrant removal from a clinical venue. Students are encouraged to become familiar with the guidelines for removal as outlined in the *Assessment Guidelines*.

In addition, students may be withdrawn from clinical placements if their physical or mental health is believed to be such that it may affect patient/client care, safety of self or others, and/or clinical performance.

Students are also expected to be aware of their relevant professional codes: Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia (nursing students); ACMI Code of Ethics, ACMI Code of Practice for Midwives, and NBV Code of Practice for Midwives in Victoria (midwifery students). Failure to abide by these generally will result in removal from the clinical agency, and probable failure of the relevant Practice unit.

### *Outside work commitments and Clinical Placements*

Students who undertake private employment need to be aware that work commitments do not take precedence during clinical weeks. Where possible, work commitments should be cleared during allocated clinical weeks.

In some venues the clinical timetable may require weekend shifts to be undertaken, please check the clinical notice board to identify those venues.

Furthermore, students are not permitted to undertake night shifts (in any employment situation) prior to attending for a clinical placement day. The clinical educator will send home any student who is discovered to have undertaken a night duty shift prior to arriving for the clinical placement. This is to be strictly enforced, as safety issues for both patients/clients and students exist.

***School of Nursing and Midwifery  
Drug Administration Policy***

## **INTRODUCTION**

A drug is any substance which, when taken into the body, has the power to change or alter the structure and/or function of the body. Drugs may be taken for two reasons: recreational use, or therapeutic use. This policy relates to drugs which are administered and/or taken for therapeutic purposes. Therapeutic drugs are those which are organic and/or synthetic.

Whilst the physiological, cognitive, and/or behavioural effects of each drug may have useful properties in specific disease, illness or behavioural processes, all prescribed drugs are considered potentially harmful to the recipient and therefore must be prescribed and administered with the optimum of care, precision and accuracy.

Drugs may be administered by various routes including oral, intravenous, intramuscular, subcutaneous, intradermal, rectal, and vaginal. They may also be administered into eyes, ears and nose and via the skin and mucous membranes.

NB: For the purposes of this drug policy oxygen is considered to be a drug.

## **PRINCIPLES OF SAFE DRUG ADMINISTRATION**

1. An awareness of the patient's previous prescribed drugs and social drug history is essential prior to drug administration.
2. Safe administration of drugs requires knowledge of the patient's age, diet, sensitivities, allergies and medical diagnoses.
3. Safe administration of drugs requires having a current legible medical prescription stating: the specific drug using its generic name, its dose, frequency and route, date written and a doctor's signature.
4. Safe administration of drugs includes informing the recipient of the nature of the drugs being administered and reasons for administering same.
5. Safe preparation and administration of drugs requires knowledge of compatibility with other drugs.
6. Safe preparation and administration of drugs requires knowledge of the broad actions, side effects and contraindications.
7. Maintenance of a safe environment prior to, and following drug administration is essential for safe practice.
8. Recording of drug administration needs to be accurate and legible.
9. Omitted or refused drugs are promptly reported and recorded.
10. Drug administration errors are reported and recorded immediately.
11. Following administration of a drug, the person administering it is responsible for observing the patient's reaction to the drug for up to 30 minutes after administration depending on the substance and route.

## LEGAL IMPLICATIONS

Students administering drugs to patients/clients should remember that they have a duty of care to ensure that all procedures are carried out in the safe administration of medications. Furthermore, these procedures help to ensure that negligence cases do not eventuate.

Prior to the administration of any drug, consent from the recipient must be sought. Consent may be implied, verbal or in writing.

## PROTOCOL FOR CHECKING DRUGS

*Checking and administration of drugs involves:*

1. Reading all details included in the written order. Note particular precautions required for safe administration
2. Checking the drug administration sheet as to when the last dose was given
3. Checking the label on the outside of the drug container to make sure that the correct drug and the correct dosage is chosen and the expiry date of the drug has not passed.
4. Checking the identity of the patient/client.
5. Administering the drug via the correct route.
6. Signing of the drug administration chart in the appropriate place to indicate that the drug has been given. This must be countersigned by the RN/Midwife. In years two and three of the course, checking of drugs can include:
  - recording of intravenous fluids on fluid balance charts
  - Schedule 8 Drugs. Note that the Schedule 8 Drugs book and patient drug chart must be signed by two registered nurses and not the student
  - signing of drug additive labels (countersigned by RN/Midwife)
7. Where two people are required to check drug administration both must witness the calculation of the dosage and the drawing up and administration of the drug or substance.

## DRUG ADMINISTRATION POLICY

### General policies

The checking of Schedule 8 drugs must be undertaken by two registered nurses/midwives with the student as a third person.

Many hospitals have additional procedures to government regulations for the storage, prescription and administration of drugs within the particular facility. Furthermore, many facilities have policies related to the administration of drugs within the particular venue. It is, therefore, imperative that students and clinical teachers are aware of any such policies and abide by them. However, in relation to Schedule 8 drugs, the above rule still applies.

### Year One

The focus of year one of the undergraduate nursing program dictates that students do not enter health care/hospital settings for hands-on experience until second semester. Students learn basic principles associated with the safe administration of oral drugs prior to the end of semester two, however, have not yet covered any pharmacology. Given this, year one students are not permitted to administer any drugs, but are encouraged to observe registered nurses/midwives in the procedure of drug administration.

### Year Two

Year two provides students with more complex learning experiences than in year one, including that of pharmacology. These experiences require students to develop increased skills as well as a responsible attitude to the administration of drugs. It is essential to adhere to the following policy.

Clinical educators and students are regarded as one person in relation to the checking and administration of drugs.

Where necessary to have two registered nurses check a drug it must be checked by two registered nurses/midwives as well as the student. It is expected that one of these people is the clinical educator.

After completion of theory specific to the skills listed below, and under the close supervision of a clinical teacher or other Registered Nurse/Midwife, for the entire procedure, students are permitted to:

1. administer oral medications;
2. administer drugs via a nasogastric tube;
3. instil therapeutic substances into the bladder via an indwelling catheter, into the rectum via the anus and into the vagina;
4. apply topical drugs to the eye, eyelid, ear and any other part of the body as ordered by a medical practitioner;
5. instil eyedrops, eardrops and nasal drops;

6. administer drugs via the following types of injection -
  - *subcutaneous (including schedule 8 drugs)*
  - *intramuscular (including schedule 8 drugs)*
  - *intravenous **antibiotics only** via a previously inserted intravenous device.*

***In second year antibiotics are the only medication to be given via the IV route***

7. regulate the flow of intravenous fluid into an existing peripheral intravenous line where there are no additives in the intravenous flask or bag. The existing intravenous line may be regulated by gravity flow or by an infusion pump

### **Year Three**

By the beginning of third year it is expected that students should have developed an acceptable level of competence with regard to drug administration. Students are, therefore permitted, under the supervision of a registered nurse/midwife, to undertake those practices for which they have been educationally prepared.

Where necessary to have two registered nurses/midwives check a drug it must be checked by two registered nurses/midwives as well as the student. It is expected that one of the registered nurses/midwives is the clinical educator.

Under the close supervision of a clinical educator or other Registered Nurse/Midwife, for the entire procedure, students are permitted to:

1. Administer all drugs of addiction given by any route;
2. Administer all drugs administered by injection or infusion including Schedule 8 drugs, restricted substances (Schedule 4) and unrestricted substances including intravenous fluids;
3. Add drugs to intravenous fluid bags or flasks **prior** to attaching to a single, existing intravenous line;
4. Administer restricted substances (Schedule 4);
5. Administer all other non-restricted drugs.
6. Regulate the flow of intravenous fluid into an existing peripheral intravenous line where there are additives in the intravenous flask or bag, and where the existing intravenous line is currently being regulated by an infusion pump, e.g. IMED, IVAC, syringe driver or PCA.

*Appendix 1*

*Australian Nursing and Midwifery Council*

*National Competency Standards for the Registered  
Nurse  
(4<sup>th</sup> Edition 2006)*

*Appendix 2*

*Australian Nursing and Midwifery Council*

*National Competency Standards for the Midwife  
(January 2006)*

*Appendix 3*

*Monash University  
School of Nursing and Midwifery*

*Clinical Performance Report  
And Grading Criteria*

*Bachelor of Nursing  
Bachelor of Nursing/Bachelor of Emergency Health (Paramedic)  
Bachelor of Nursing/Rural Health Practice*

**Monash University**  
**Faculty of Medicine, Nursing and Health Sciences**  
**School of Nursing and Midwifery**  
**Clinical Report Grading Criteria**

These performance criteria are intended to act as a guide; they provide examples of how the competency relates to practice.

**Proficient**

- Denotes a high level of competency and adaptability
- Performs safely and accurately each time behaviour is observed without supportive cues from the clinical supervisor
- Performance is proficient and coordinated, demonstrating dexterity
- Appears relaxed and confident during performance
- Applies theoretical knowledge accurately each time
- Focuses on client and family while giving care
- Consistently communicates effectively
- Performs skills with confidence, coordination and within an expedient time frame.

**Competent**

- Performs safely and accurately each time behaviour is observed
- Performs skills requiring occasional supportive or directive cues
- Performs skills within a reasonable time frame
- Functions independently using knowledge and skills and consults with other staff as necessary
- Demonstrates coordination, but uses some unnecessary energy to complete activity/behaviour
- Appears relaxed and confident, occasional anxiety may be noticeable
- Focuses on client and family, as complexity increases, focuses on task
- Communicates effectively.

**Consolidating**

- Performs safely under supervision
- Requires occasional verbal and directive cues
- Demonstrates partial lack of skill and /or anxiety
- Communicates effectively most of the time.

**Marginal**

- Appears to waste energy due to poor planning
- Focuses primarily on task or own behaviour, not on client or family
- Demonstrates a limited knowledge base, requiring continuous verbal or supportive cues
- Lacks organisation, confidence and coordination
- Communicates effectively at times.

**Unsatisfactory**

- Performs in an unskilled/unsafe manner
- Attempts behaviour yet is unable to complete
- Focuses entirely on task or own behaviour
- Performs skills within a prolonged time frame to the detriment of the client's condition or comfort
- Seldom communicates effectively.

**Not Applicable (NA)**

- Inadequate opportunity to observe performance
- Inappropriate to perform task/behaviour

*Appendix 4*

*Monash University  
School of Nursing and Midwifery*

*Clinical Performance Report  
And Grading Criteria*

*Bachelor of Midwifery*

*NB: The document on the following pages is an example of the report, the complete document can be found in the midwifery portfolio.*