Government of Western Australia
Department of Health

Guidelines for the use of the WA Intramuscular Long-Acting Injection Chart

Version 1 2024

Contents

Acknowledgements

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To obtain further information, contact the Medicines and Technology Unit, Patient Safety and Clinical Quality Directorate, Department of Health, Western Australia,

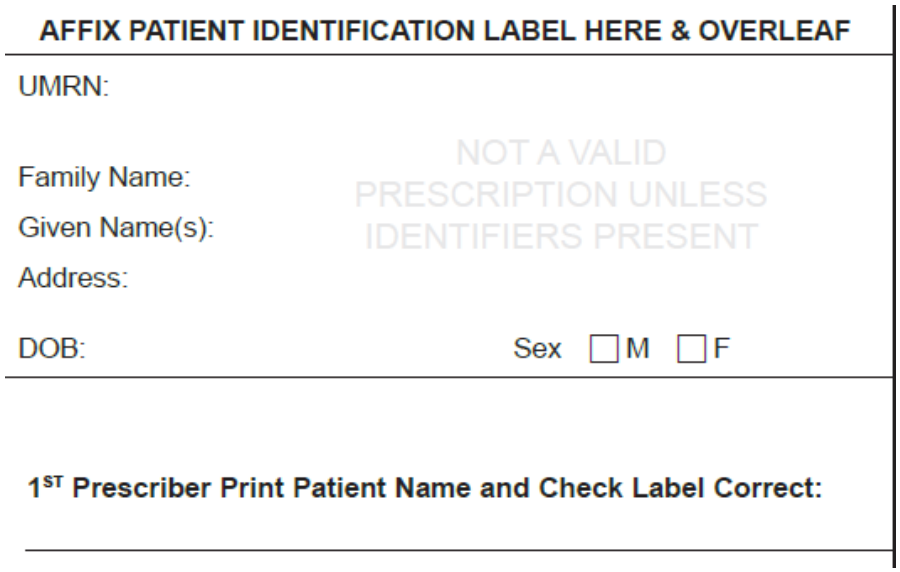
1. GENERAL INSTRUCTIONS

The following are general requirements regarding use of the WA Intramuscular Long-Acting Injection Chart:

- All prescribers must order medicines for patients in accordance with the WA Medicines and Poisons Regulations 2016
- The Intramuscular Long-Acting Injection Chart is to be used for all patients requiring long-acting intramuscular medications.
- All active medications charts should be filed together.
- All medications should be reviewed regularly to monitor and ensure safe and appropriate therapy, and to discontinue (cease) medicines that are no longer required.
- This chart should be cross-referenced on the WA Hospital Medication Chart (HMC) when used in an inpatient setting.
- The Intramuscular Long-Acting Injection Chart is a legal document and therefore prescriptions must be written in a clear, legible, indelible and unambiguous way.
- All medication orders must be written legibly in black or blue ink.
    - Water-soluble ink (e.g. fountain pen) should not be used.
    - Black ink is preferred. Local policy may allow for the use of a distinct pen colour for pharmacists' annotations. This colour should be chosen to prevent confusion with the prescribers' orders and must be legible on photocopy, scanning or fax.
    - No matter how accurate or complete an order is, it may be misinterpreted if it cannot be read. (For safety purposes, if a medication order is not legible, the prescriber should be asked to rewrite the order to minimise risk of medication misadventure.)
    - Standing order prescriptions or using photocopies of a standardised template, stickers or stamps to prescribe medications is not permitted.
- A medication order is only valid if the prescriber enters all the required details (refer to Regular Medications).
- All information required to administer the medication, should be PRINTED legibly.
- No erasers or 'whiteout' can be used. Orders must be rewritten if any changes are made, especially changes to dose and/or frequency.
- Only use accepted safe terms, abbreviations and dose designation for medicines as recommended by the Australian Commission on Safety and Quality in Health Care.

2. INDIVIDUAL COMPONENTS OF THE INTRAMUSCULAR LONG-ACTING INJECTION CHART

2.1 Identification of the patient



A watermark has been placed on the "Patient Identification Section" as a reminder that a prescription is not valid unless the patient's identifiers are present:

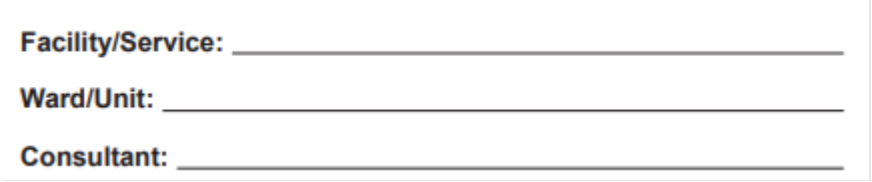
- EITHER the current patient identification label
- OR, as a minimum, the patient's name, UMRN number, date of birth and gender written in legible print

The first prescriber **must handwrite (PRINT)** the patient's name under the addressograph.

Medications should not be administered if the prescriber has not documented the patient identification.

Rationale: Patient identification guidelines and the printing of the patient's name will reduce the risk of the wrong identification label being placed on the chart, and the wrong patient receiving the wrong medication.

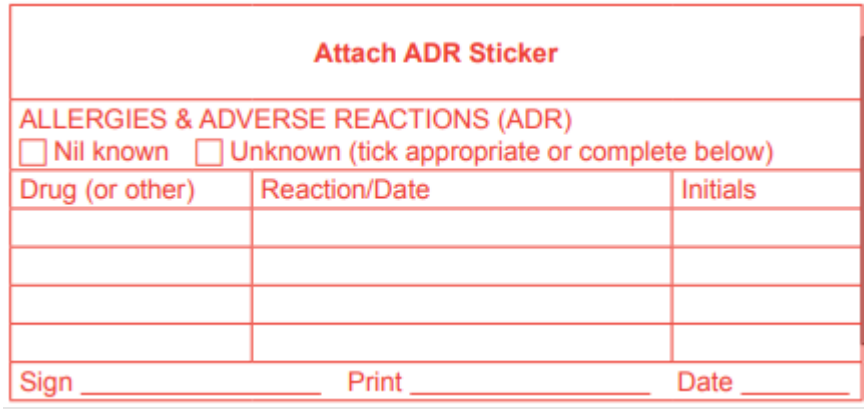
2.2 Patient Location



The patient's location should be clearly marked on the chart as well as the consultant (or treating team).

Rationale: Documenting the details of the patient's current location and consultant reduces the risk of the wrong medication chart being referred to when treating patients. NOTE some sites may continue to use the same chart for the patient on transfer between inpatient and outpatient settings to avoid the risk of accidental double up. A local protocol or guideline should be developed to describe the process of updating the patient's location.

2.3 Allergies and Adverse Drug Reaction Alerts



Attach ADR Sticker		
ALLERGIES & ADVERSE REACTIONS (ADR) ☐ Nil known ☐ Unknown (tick appropriate or complete below)		
Drug (or other)	Reaction/Date	Initials
Sign _____	Print _____	Date _____

This section communicates the existence of previous allergies, adverse drug reactions (ADRs) and related information. Failure to communicate previous allergies or ADRs may result in re-prescribing of offending medications, and avoidable patient harm.

The first prescriber is required to complete the "Allergies and Adverse Drug Reactions (ADR)" details for all patients.

If the patient is not aware of any previous Adverse Drug Reaction, the Nil known box should be ticked and the person documenting the information must date and sign the entry.

If a patient's Adverse Drug Reaction is unobtainable at the time of admission, the Unknown box should be ticked and the person documenting the information must date and sign the entry. An unknown status should be followed up with attempts to find further information.

If a previous ADR exists, then the following must be completed:

a. Document the following information in the space provided on the medication chart:
   - Drug (or other allergen) name
   - Reaction details (e.g. rash, diarrhoea)
   - Date of reaction (or approximate timeframe) if known
   - The initials of the person documenting the information
   - Print, date and sign entry

   This is the minimum information that should be documented. It is preferable also to document how the reaction was managed (e.g. 'withdraw & avoid offending agent') and the source of the information (e.g. patient self-report, previous documentation in medical notes etc).

b. Affix an ADR alert sticker to the front of the chart in the space provided.

For further information refer to the WA HMC user guide.

2.4 Prescribing medications on the Intramuscular Long-Acting Injection Chart

Test Dose or Loading Dose Injections

TEST DOSE OR LOADING DOSE INJECTIONS

Date Prescribed	Medicine (Print Generic Name)	Dose	Site to be given	**Date Due**	Dr Sign	Print Name	Pharmacy

Test Dose or Loading Dose Injections are given as a once off, either to test tolerability to the medication or to titrate the medication by giving a loading dose

The following must be documented for Test Dose or Loading Dose Injections:

- Date prescribed
- Generic medication name (trade names only to be used based on local policy or guidelines).
- Dose to be administered
- Site to be given e.g. gluteal or deltoid
- Date medication is due to be given -this might be future-dated or STAT
- Prescriber's printed name and signature

The ward/clinical pharmacist should:

- Confirm that the medication is safe to administer. NOTE this may not be applicable in settings that do not have clinical pharmacy services such as outpatient settings.

Regular Injection

This section is designed to prescribe the regular intramuscular long-acting injection.

REGULAR INJECTION (New chart required for a new depot medicine)

Date Prescribed	Medicine (Print Generic Name)	Dose	Frequency of Administration (in days)	Site to be given	**Start date**	Dr Sign	Print Name	Pharmacy

If a new long-acting injection is prescribed a new chart is required and the old chart must be ceased.
If there is a change of: dose, frequency of administration, site or start date the previous order must be ceased appropriately by the prescriber. A new order for the same medication may be written on the same chart.

If a patient is prescribed more than one long-acting injection medication each one must be charted separately and charts numbered 1 of 2, 2 or 2, etc

The following must be documented for Regular Injection:

- Date prescribed
- Generic medication name (trade names only to be used based on local policy or guidelines).
- Dose to be administered
- Frequency of administration e.g.14 days or 28 days
- Site to be given e.g. gluteal or deltoid
- The start date for the medication-this might be future-dated
- Prescriber's printed name and signature

The ward/clinical pharmacist should:

- Confirm that the medication is safe to administer. NOTE this may not be applicable in settings that do not have clinical pharmacy services such as outpatient settings.

Example:

TEST DOSE OR LOADING DOSE INJECTIONS

Date Prescribed	Medicine (Print Generic Name)	Dose	Site to be given	Date Due	Dr Sign	Print Name	Pharmacy
04/01/2022	Palperidone	150mg	Deltoid	05/01/2022	L. Bailey	L. Bailey	LA.
04/01/2022	Palperidone	100mg	Deltoid	12/01/2022	L. Bailey	L. Bailey	LA.

REGULAR INJECTION (New chart required for a new depot medicine)

Date Prescribed	Medicine (Print Generic Name)	Dose	Frequency of Administration (in days)	Site to be given	Start date	Dr Sign	Print Name	Pharmacy
04/01/2022	Palperidone	150mg	Every 28days	Deltoid	09/02/22	L. Bailey	L. Bailey	LA.

Treatment Chart

This section is designed to document the administration of stat (test or loading dose) and the regular doses. Ensure the month and the Year are documented. Once a dose is given, the following must be indicated on the Treatment Chart Section:

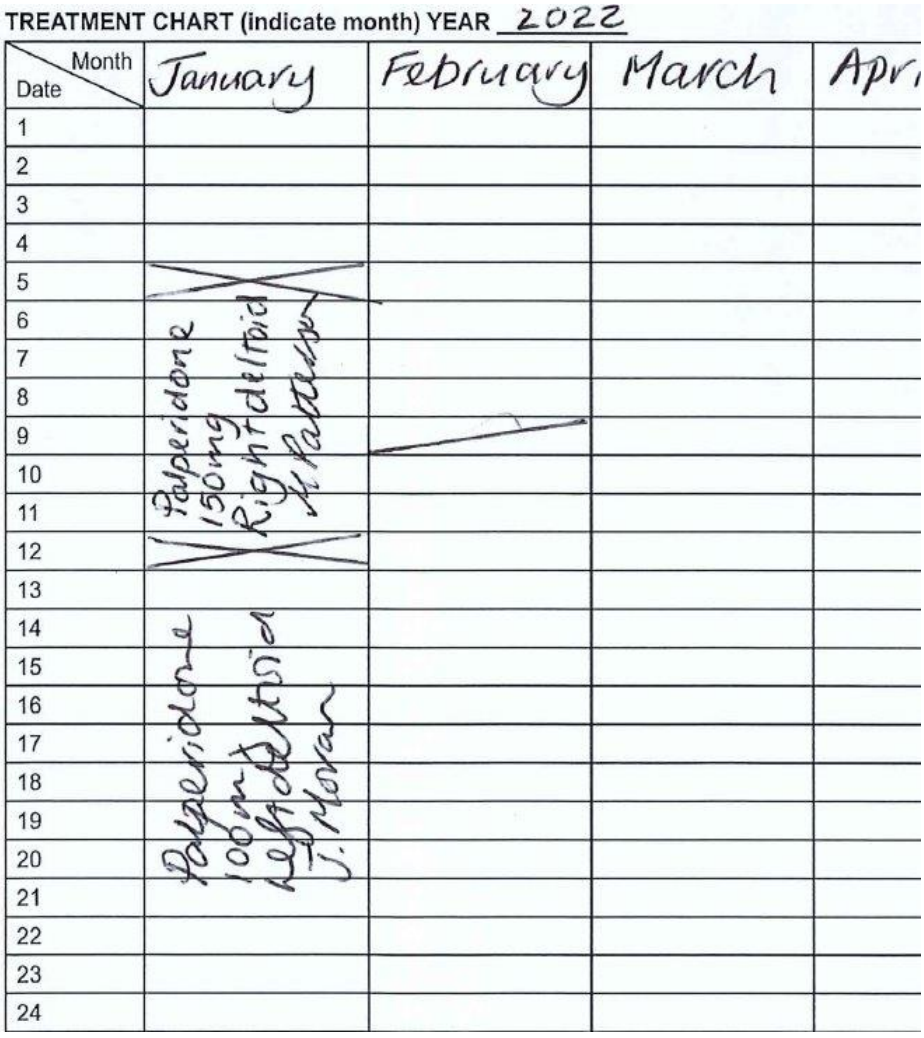
- Sign and print name of the person that administers the medication,
- Time medication administered,
- A cross on the date to indicate when the medication was given,
- Site given e.g. LD: Left Deltoid; LG: Left Gluteal,
- Name, Dose, Batch number and Expiry date of the medication. Most products have stickers that may be placed on the chart as long important information is not obscured. If there is no sticker or there is risk of obscuring information these details must be handwritten on the chart.

For the Regular Injection:

- A line must be drawn on the Treatment Chart section corresponding with the next due date; where medications are given every month or more, the months on the chart must be recorded in chronological order; months must not be skipped to reduce risk of errors. See example below.
- A nurse, doctor or pharmacist may draw the line for the next due date.

Rationale: Indicating on the chart when the next injection is due allows other clinicians to know that the previous dose has been given and when the next one is due.

Example:



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