

Nurse Practitioner Emergency

List of Scheduled Substances

This formulary will be used by the Emergency Department but can extend to admission as per the Emergency NP scope of practice. The formulary will include medications used in the treatment of those presentations listed in the Emergency NP Scope of Practice. Please refer to the formulary for further information.

The formulary provides for the poisons and restricted substances that may be obtained, possessed, administered, supplied or prescribed by the Emergency Nurse Practitioner under the Tasmanian Poisons Act 1971

The Nurse Practitioner will use the latest available MIMS, Therapeutic Guidelines, The Australian Immunisation Handbook and the Australian Medicines Handbook when determining drug doses for patients in their care within their scope of practice and formulary.

Prescriptions for these medicines may be written by the Nurse Practitioner and dispensed by the hospital pharmacy other than where the medicine is indicated as approved only for administration by the Authorised Nurse Practitioner.

Any alteration must be submitted to the Chief Pharmacist under the direction of the Secretary of the Department Of Health for approval. This document is invalid if any alterations or amendments are made without the approval from the Chief Pharmacist, Pharmaceuticals Branch.

I. Antibiotics

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Amoxicillin trihydrate	Capsule	AMH section 5.1.8	I
Amoxicillin trihydrate; with Potassium clavulanate	Tablet	AMH section 5.1.8	I
Amoxicillin trihydrate; with Potassium clavulanate (Augmentin Duo Forte)	Tablet	AMH section 5.1.8	I
Amoxicillin	Vial	AMH section 5.1.8	I
Benzylpenicillin	Vial	AMH section 5.1.8	I
Ceftriaxone	Vial	AMH section 5.1.3	I
Cefuroxime	Capsule	AMH section 5.1.3	I
Cephalexin	Capsule	AMH section 5.1.3	I
Cephazolin	Vial	AMH section 5.1.3	I
Chloramphenicol 0.5%	Eye drop	AMH section 11.1.3	I
Chloramphenicol 1%	Eye ointment	AMH section 11.1.3	I
Dicloxacillin sodium	Capsule	AMH section 5.1.8	I
Erythromycin	Tablet or capsule	AMH section 5.1.6	I

Flucloxacillin	Capsules/vial	AMH section 5.1.8	I
Metronidazole	I.V/Oral	AMH section 5.1.7	I
Mupirocin	Ointment	AMH section 8.3.3	I
Penicillin: Phenoxymethyl	Tablet	AMH section 5.1.8	I
Roxithromycin	Tablet	AMH section 5.1.6	I
Sofradex (Framycetin, Dexamethasone, Gramicidin)	Ear drop	AMH section 9.1.2	I
Trimethoprim	Tablet	AMH section 5.1.13	I

2. Analgesics (includes one antidote)

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Naloxone	Injection	AMH section 4.2	I
Oxygen/Nitrous Oxide	Gas	AMH section 2.2	I
Fentanyl Schedule 8	Intranasal For children 3 yrs and older	AMH section 3.2 For administration only <ul style="list-style-type: none"> • First dose - 1.5 mcg / kg dose • A second dose may be administered 10 minutes after the first to provide adequate analgesia - 0.75 - 1.5mcg/kg 	I
Morphine Schedule 8	IV Injection	AMH section 3.2 For administration only Individualise dose. 2.5-5 mg (diluted in 5 mL water for injection) by slow IVI over	I

		4-5 min;	
Paracetamol (Adult)	Tablet	AMH section 3.1	I
Paracetamol 500mg/Codeine 30mg	Tablet	AMH section 3.1 and 3.2 Max 10 to be prescribed per episode of care	I
Paracetamol suppository	Suppository	AMH section 3.1	I

3. NSAIDs

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Diclofenac	Tablet	AMH section 15.1.1	I
Ibuprofen (Adult)	Tablet	AMH section 15.1.1	I
Indomethacin	Tablet	AMH section 15.1.1	I
Ketorolac	Injection	AMH section 15.1.1	I
Naproxen	Tablet	AMH section 15.1.1	I

4. Anaesthetic agents

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Bupivacaine	Injection	AMH section 2.5.1	
Lignocaine 1%	Injection	AMH section 2.5.1	
Lignocaine 1% with Adrenaline 1:100,000	Injection	AMH section 2.5.1	
Oxybuprocaine	Eye drop	AMH section 11.5.3	
Amethocaine/Lignocaine/adrenaline (Laceraine)	Topical	Approved by hospital for use in the Emergency Department	

5. Antiemetics

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Metoclopramide	Tablet	AMH section 12.3.1	
Metoclopramide hydrochloride	Injection	AMH section 12.3.1	
Prochlorperazine maleate	Tablet	AMH section 12.3.1	
Prochlorperazine maleate	Injection	AMH section 12.3.1	
Ondansetron	wafer	AMH section 12.3.3	

6. Corticosteroids

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Hydrocortisone 1%	Cream	AMH section 8.1.1	I
Prednisolone	Tablets	AMH section 14.1.2	I

7. Respiratory

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Ipratropium – Bromide	MD Inhaler	AMH section 19.1.2	I
Salbutamol	MD Inhaler	AMH section 19.1.1	I
Beclomethasone dipropionate	MD Inhaler	AMH section 19.2	I

8. Vaccine and Immunoglobulin

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Boosterix	Injection	AMH section 20.1	I
Diphtheria tetanus toxoid (Adult ADT)	Injection	AMH section 20.1	I
Tetanus Immunoglobulin	Injection	AMH Appendix A Immunoglobulins	I

9. Anti Histamine

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Loratadine	Tablet	AMH section 1.2.2	I
Promethazine	Tablet	AMH section 12.3.2	I
Promethazine	Injection	AMH section 12.3.2	I

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
0.9% Normal Saline	Intravenous Fluid	Written order only in DEM not to exceed 2 litres	I

10. Miscellaneous

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply	Initiate (I) Continuation Therapy (C)
Fluorescein sodium	Drops	AMH section 11.6.2	I
Levonorgestrel (emergency contraception)	Tablet	AMH section 17.1	I

References:

Australian Medicines Handbook. <http://amh.hcn.net.au>

Reference:

Cooke, M. W., Arora, P. and Mason, S. **Discharge from triage: modelling the potential in different types of emergency department:** *Emerg Med J* 2003; 20:131-133

Al Darrab, A. Fan, J. Fernandez, C.M.B., Zimmerman, R. Smith. R, Woster, A. Smith, T & O'Connor, K. **How does fast track affect quality of care in the Emergency Department?**, *Eur J Emerg Med.* 2006 Feb;13(

