

Walk in to treatment for MINOR INJURY or ILLNESS

Walk-in Centre

COLDS & FLU CUTS & ABRASIONS BITES & STINGS MINOR ILLNESS MINOR INJURIES

Frequently Asked Questions

1. What if I need urgent medical attention while I am at the Walk-in Centre?

If an ambulance is called by Walk-in Centre staff because you require urgent medical attention. ACT legislation places a legal obligation on the person receiving the ambulance service to pay the account even if they didn't ask for an ambulance. There will be a cost if the ambulance attends even if the ambulance does not transport you to hospital.

The costs are approved by the Minister for Police and Emergency Services and can be found on ACT Ambulance website. You may have specific health insurance that may cover the cost or payment plans are available through negotiation. **Emergency** Ambulance Service is free for ACT pension card holders and health care card holders within the ACT." Current costs are in the vicinity of \$900 for transport, or \$600 for assessment without transport.

2. What are some conditions treatable within the WiC scope of practice?

We provide advice and treatment for a variety of minor illnesses and injuries. This may include, but is not limited to:

- i. Urinary Tract Infections in women
- ii. Common Cold and Influenza
- iii. Conjunctivitis (eye infection)
- iv. Simple limb injuries
- v. Minor limb fractures
- vi. Minor cuts, abrasions, bruises, and burns
- vii. Sinusitis, Tonsillitis, Middle and Outer Ear Infections
- viii. Ear wax removal
- ix. School sores
- x. Simple gastroenteritis
- xi. Emergency contraception
- xii. Skin conditions and rashes

3. What ages do you treat?

Ages 2 years and older.

4. I was involved in a motor vehicle accident. Can I be assessed by the nurses at the WiC?

No. Motor vehicle accident injuries (whether it is minor, involves another party or just yourself) are not appropriate for assessment by WiC nurses. You should be examined by a medical officer so that appropriate documentation, if needed for the future, can be made available for insurance claims and other parties.

5. I had an injury at work. Can this be assessed by the WiC?

If you have sustained an injury at work it is our recommendation that you have a formal evaluation by a medical officer in the event that a compensation claim needs to be filed. Current legislation does not allow a nurse to complete such documentation.

6. What are some examples of complex conditions that you cannot treat at the WiC?

- a. A person who has a urinary tract infection associated with lower back pain.
- b. A person who has ongoing chronic care conditions such as high blood pressure.
- c. A person who has been treated by a medical officer and whose symptoms have not resolved.

7. Do you provide immunisation services?

We provide a tetanus booster for wounds deemed to be at-risk for tetanus. We do not provide any other immunisations.

8. Do you provide a medical certificate for work?

- a. Nursing staff in the WiC can provide a sick/carer certificate/letter following consultation and assessment. This is not a medical certificate. A sick/carer certificate may be used to inform your employer that you need leave because you are ill/injured or have to care for a member of your family/household who is ill/injured.
- b. As a condition of a sick certificate being issued, if the illness/injury persists or worsens, the person/family member should see their GP.

9. Can you back-date sick certificates?

No. These can only be offered at the time that you present with your illness/injury, not for preceding days.

10. What happens if I don't get better?

You should see your GP for further evaluation and treatment.

11. Will you extend sick certificates?

We will not extend sick certificates for the same illness beyond the initial allotted time period. Any further extensions of leave require evaluation by your GP.

12. Will my employer accept a sick certificate from the WiC?

Your employer, by law, is able to accept our certificates but may choose not to at their discretion. If there are questions or concerns, please contact your human resources department.

13. What are your hours of operation?

Seven days a week from 7:30 am – 10 pm, including public holidays.

14. Will I see a doctor at the WiC?

No. This is a nurse-led health centre. If you are assessed by the nurse and found to have a medical condition outside the scope of practice of the WiC, they will redirect you to the most appropriate health provider.

15. What is a "scope of practice?"

It describes the limits of what a nurse in the WiC may treat. It is a collection of protocols written by ACT Health with the endorsement of various health care providers.

16. Can you prescribe medications?

- The nurses in the WiC can supply medications for conditions that fall under the WiC scope of practice. They are not able to provide a written prescription.
- There are some Nurse Practitioners within the Walk-in Centre who can prescribe a limited number of medications.
- The nurses are not able to provide a medication for illnesses that have not responded to the initial prescribed treatment. They are not able to provide medications or prescriptions for chronic health conditions. WiC nurses cannot alter any medication prescribed by your doctor.

17. I have a wound which I believe has become infected. Can you treat this with antibiotics?

- At this time nurses in the WiC cannot treat skin or wound infections. You will be assessed and, if found to have a skin or wound infection that requires antibiotics, will be redirected to the most appropriate healthcare provider.
- However if you see a Nurse Practitioner in the Walk-in Centre antibiotics may be prescribed or supplied.

18. Can you order X-rays?

- If necessary the WiC nurse may order an X-ray of the limbs. At this time, they cannot order X-rays of the chest, spine, abdomen, hip, head, or shoulders.
- X-Rays may be accessed via outpatient medical imaging at either The Canberra Hospital or Calvary Health Care ACT between the hours of 08:30am to 4pm Monday to Friday.

19. If the nurse feels that I must be redirected to the hospital emergency department, can I skip the queue?

No. The WiC does not serve as a triage system for the Emergency Department. You must be re-triaged and assessed by the medical and nursing professionals in the Emergency Department.

20. Will my general practitioner be notified of my visit?

With your permission, a summary of the visit is faxed to your nominated general practitioner or medical centre.

21. I am not a resident of the Australian Capital Territory (ACT) and am from another State or a visitor from another country. Can I access WiC services?

Yes, WiC services are free of charge for anyone who presents to the clinic.

22. How much are consultations?

WiC services are free of charge paid for by the ACT Government.

23. Are you able to perform laboratory testing services (eg: blood tests)?

Currently we have limited access to laboratory services and point-of-care testing. If deemed necessary by the nurse, urinalysis and pregnancy testing can be performed. If additional testing is needed it must be performed through your general practitioner.

24. Do you take appointments?

No. The WiC offers services on a first-come, first-served basis.

25. Do you provide wound care in the WiC?

- We do not provide wound care for chronic wounds. If you are unable to see your regular provider, we may provide a one off service at our discretion.
- We will provide care and advice for wounds after acute injury.

26. Do you remove stitches?

These should normally be removed by your general practitioner/practice nurse. We are able to provide this service at our discretion.

27. I need a medical clearance for return to work. Can you provide this service?

No. This must be issued by your general practitioner.

28. Does the WiC give injections for chronic illness?

No. This must be performed by your regular healthcare provider.

29. I understand that you cannot treat conditions outside of your scope of practice, but I just want an opinion on my minor medical condition. Would you be able to do so?

Yes. The nurses at the WiC can provide advice on common, minor illnesses and injury.

30. How long will I have to wait before being seen?

This will vary depending on the number of clients ahead of you in the queue. As there is no need to make an appointment at the Walk-in Centre, this can change throughout the day. On average, clients wait around half an hour to be seen.

31. What happens if I have an urgent Medical Condition and require an ambulance?

If you attend the Walk-in Centre and an ambulance is called because you require urgent medical attention, ACT legislation places a legal obligation on the person receiving the ambulance service to pay the account even if they didn't ask for an ambulance. There will be a cost if the ambulance attends even if the ambulance does not transport you to hospital.



DUTY STATEMENT

Position Number:

Classification: Registered Nurse Level 3.1
Job Title: Advanced Practice Nurse
Division: Canberra Hospital and Health Services
Branch: Rehabilitation, Aged and Community Care
Section: Walk-in Centre

Responsibility Statement:

1. Provide advanced, comprehensive nursing assessment, planning and implementation of care in accordance with Walk-in Centre protocols and in collaboration with other members of the Walk-in Centre team. Provide relevant opportunistic health promotion.
2. Actively educates and supports clients enabling active participation in their own care.
3. Communicate and liaise with internal and external stakeholders through established Walk-in Centre collaborative networks, making and accepting referrals appropriate to the nursing model of care.
4. Accountable for coordinating, managing and providing clinical care and appropriate referral for clients, including the management of issues impacting clients and awareness of consumer safety.
5. Participate in clinical analysis and review, outcome-based decision making and research related to Walk-in Centre activity. Contribute to the professional development of self and others working in the Walk-in Centre.
6. Support and promote the ACT Health values of care, excellence, collaboration and integrity through a working understanding of the integral role these values play in the holistic operation of the Walk-in Centre.

Note: This position could be located at any Walk-in Centre.

MANDATORY

- Registered or eligible to register as a Registered Nurse with the Australian Health Practitioners Regulation Agency.

DESIRABLE

- Post Graduate tertiary nursing qualification in acute and/or primary care relevant to nursing in a Walk-in Centre;
- Demonstrated extensive clinical experience in a relevant acute and/or primary care area.

SELECTION CRITERIA

1. Demonstrated advanced clinical knowledge and skills in the clinical assessment, treatment and referral of clients, using evidence-based practice, relevant to Walk-in Centre practice.
2. Demonstrated professional leadership, supervision, team contribution and problem solving skills.
3. Proven commitment to the development of learning, teaching and research orientated work environment within a collaborative, multidisciplinary environment.
4. Demonstrated high level communication, liaison, interpersonal and negotiation skills.
5. Demonstrated ability in the operation of various computer software packages and a willingness to learn the databases that are integral to client management and the operation of the Walk-in Centre.
6. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Workplace Diversity, Occupational Health and Safety and Industrial Democracy principles, practices and relevant legislation relating to these areas, and an understanding of and commitment to ACT Health values.



DUTY STATEMENT

Position Number:

Classification: Registered Nurse Level 4.2
Job Title: Nurse Practitioner
Division: Canberra Hospital and Health Services
Branch: Rehabilitation, Aged and Community Care
Section: Walk-in Centre

Responsibility Statement:

1. Provide a comprehensive Walk-in Centre Nurse Practitioner service, effectively managing the safe clinical care of clients presenting with non-differential acute minor illness and/ or injury.
2. Actively educates and supports clients in enabling their active participation in their care.
3. Develop and maintain agreed Walk-in Centre Nurse Practitioner Clinical Practice Guidelines, including the medication formulary to support the highest level of clinical nursing practice and leadership as an autonomous health professional.
4. Provide advanced comprehensive and holistic nursing assessment, diagnosis and planning and implementation of treatment, utilising a client-focussed model of care, which is evidence-based. Provide relevant opportunistic health promotion.
5. Support and promote the ACT Health values of care, excellence, collaboration and integrity through a working understanding of the integral role these values play in the holistic operation of the Walk-in Centre.
6. Communicate effectively, including liaison and collaboration with other health care professionals and agencies, making and accepting referrals appropriate to the nursing model of care.
7. Participate and provide leadership in the clinical governance and clinical risk management in the Walk-in Centre.
8. Participate and provide education to the other staff of the Walk-in Centre.
9. Facilitates and contributes to the analysis and review of clinical practice and nursing research within the Walk-In Centre. Translates and integrates appropriate evidence-based change as required.

Note: This position could be located at any Walk-in Centre.

MANDATORY

- Registered or eligible to register as a Nurse Practitioner with the ACT Nursing and Midwifery Board

DESIRABLE

- Extensive clinical experience in a Walk-in Centre or relevant acute and/or primary care area.

SELECTION CRITERIA

1. Demonstrated advanced clinical knowledge, skills, experience and extended practice in the clinical assessment, diagnosis, investigation, treatment and referral of clients relevant to Walk-in Centre practice, with the ability to prioritise and undertake timely comprehensive assessments of patients utilising evidence-based practice.
2. Demonstrated high level communication, liaison, interpersonal and negotiation skills and the ability to form relationships with internal and external stakeholders.
3. Demonstrated commitment to ongoing professional development of self and others, fostered within a teaching and research-orientated work environment.
4. Knowledge and understanding of current trends in primary healthcare practice and an ability to promote and influence work practice change on the basis of evidence based practice.
5. Demonstrated leadership, knowledge and participation in clinical governance in a primary health care setting.
6. Demonstrated ability in the operation of various computer software packages and a willingness to learn the computer systems that are integral to client management and the operation of the Walk-in Centre.
7. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Workplace Diversity, Occupational Health and Safety and Industrial Democracy principles, practices and relevant legislation relating to these areas, and an understanding of and commitment to ACT Health values.



Nurse Practitioner Clinical Practice Guidelines

Nurse Practitioner **Gayle Susan Comyn**
AHPRA No. **NMW0000991444**

Speciality Area **Primary Health Care**

Health Setting **Walk-in Centre, ACT Health**

Settings

1. The Walk-in Centre (WIC) is part of The ACT Government Health Directorate and is supported by the Commonwealth Government under their Primary Health Care Strategy. The WIC provides acute, episodic care for minor acute illnesses and injuries. The Nurse Practitioner (NP) has a permanent NP position within the WIC and works amongst a team of advanced practice nurses (APNs) and a clinical nurse consultant (CNC) to provide primary health care services for residents and visitors to the Australian Capital Territory (ACT) and surrounding regions.

Nurse Practitioner Role

Walk-in Centre: The WIC NP is a senior member of a nurse-led team which provides primary, secondary, and tertiary disease prevention and health promotion activities in the context of acute, episodic care for minor illnesses and injuries. This is a primary health care role. Therapeutics, referral processes, and diagnostics used for this role are delineated in this document and serve as the base role for this NP.

Client/Patient Population

In the WIC the NP manages clients aged two years and older who present with conditions that meet criteria appropriate for the practice setting.

Date of Approval

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Review Date

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Update and review one year from date of guideline approval and second yearly thereafter.

Update and review may occur more frequently as per the discretion of the NP (with significant changes in evidenced-based practice or changes in practice setting/collaborative agreement).

This document reflects current safe clinical practice. However, as in all clinical situations there may be factors which cannot be governed or guided by a single set of guidelines. This document does not replace the need for application of expert clinical judgement to each individual presentation.


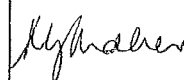





The Nurse Practitioners is committed to upholding the Charter of Health Care Rights in relation to all clients she sees.



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**Local Service Area Clinical Practice Guideline Advisory
Committee Members**

| <i>Name</i> | <i>Position</i> | <i>Professional Qualifications</i> | <i>Organization</i> | <i>Signature</i> | <i>Date</i> |
|--------------------------|---|------------------------------------|---|--|-------------|
| Christopher Helms | <i>Nurse Practitioner</i> | RN, MSN (NP) | ACT Health |  | 8.2.12 |
| Rhonda Maher | <i>DON RACC</i> | B. App Sci MS Health Management | ACT Health |  | 7.2.12 |
| Naree Stanton | <i>ADON Walk-in Centre RADAR ACALU</i> | B. App Sci | ACT Health |  | 7/2/12 |
| Gillian Ible | <i>Clinical Nurse Clinician</i> | RN | ACT Health |  | 9/2/2012 |
| Tanya Robertson | <i>Medical Officer</i> | BMBS (Hons); FRACGP | ACT Health |  | 7/2/12 |
| Gabrielle Cooper | <i>Associate Dean Clinical Engagement Faculty of Health</i> | B Pharm. DHP PhD | University of Canberra |  | 13/2/12 |
| Darlene Cox | <i>Consumer</i> | BA Dip Ed Grad Dip APPEC | Health Care Consumers Association of the ACT, Inc |  | 15/2/12 |

Introduction

The NP model of care reflects the extended scope, specialty skills, and knowledge that is requisite to the role as described in the Australian Nursing and Midwifery Accreditation Council's *Standards for Endorsement as a Nurse Practitioner*. The NP is a holistic practitioner in primary health care. Their practice is underpinned by the principles of the World Health Organizations' (WHO) *Declaration of the Alma-Ata* of 1978 and the WHO 2008 document *Primary Health Care (Now More than Ever)*. Accordingly, the care afforded by the NP would include the following characteristics:

- build therapeutic relationships;
- provide comprehensive and person-centred care;
- target clients who experience significant barriers to accessing health services, thereby aiming to decrease the discrepancy in health within our community;
- empower clients to be partners in managing their own health and that of their community;
- build client's capacity for greater health and wellbeing; and
- address the determinant of ill-health through inter-sectoral collaboration with other government and non-government organisations

The range of conditions that clients present with are very broad and it is expected that, in addition to core general practice experience and skills, the employed NP will also contribute individually unique expertise and skills based on their further education, previous professional and clinical specialty experience and/or interests.

The scope of practice for the NP will be dynamic and as she completes additional education and training it is anticipated that her case mix will diversify in keeping with service delivery requirements within the scope of her acquired skills and expertise. If the NP determines that a client or condition falls outside of her education, training, or expertise she will default to the practice setting's individual protocols or guidelines for management. If this, in turn, does not safely and effectively address the client's needs the NP will either refer the client to the appropriate healthcare provider or consult with a senior collaborating medical officer for further advice and/or treatment. This collaborative process will be clearly documented in the client's record and effectively communicated to all parties involved in the client's care.

The NP is responsible for maintaining an up-to-date scope of practice and is expected that practice, in line with other health professionals, will be based on sound clinical judgement using best practice guidelines and the latest available evidence (See Reference List). This document provides an overarching framework to guide the clinical practice of the NP.

The NP is authorised to undertake complete medical histories, utilise validated risk assessment tools, and perform advanced physical examinations utilising skills appropriate for a scope of practice concordant with generalist practice.

Conditions for Urgent Referral to the Emergency Department:

All medical emergencies (actual or suspected) and conditions listed below:

1. Airway: Threatened
2. Breathing:
 - a. All respiratory arrests
 - b. Objective respiratory signs or symptoms that are a sign of or a cause for physiologic compromise
3. Circulation:
 - a. All cardiac arrests
 - b. A pulse and/or blood pressure which is a sign of or a cause for physiologic compromise
4. Neurology: Sudden fall in level of consciousness (fall in GCS >2 points), repeat or prolonged seizures
5. Uncontrolled bleeding
6. Other: All patients the NP is seriously concerned about and does not fit above criteria.

Conditions for Semi-Urgent Referral to the Emergency Department, Specialist, or Local Governmental Agency:

All conditions for urgent referral to the emergency department as listed above plus others including, but not limited to:

- Acute neurovascular compromise
- Possible threatened pregnancy
- Complicated fracture
- Child at risk of harm
- Sexual assault
- Post surgical complication
- Unstable chronic health conditions
- Conditions which, if not treated in a semi-urgent manner, will cause an increased length of stay, increased morbidity or mortality, or permanent dysfunction. This may include, but is not limited to:
 - Acute abdomen
 - Infection with systemic features
 - Urinary retention
 - Delirium
 - Testicular torsion
 - Bowel obstruction
 - Unexplained bleeding or pain
 - Severe dehydration
 - Life-threatening depression

Conditions for Referral to another Healthcare Professional:

- Any compromising condition or new presentation of the following conditions, which includes but are not limited to:
 - Heart Failure, Coronary Heart Disease, Diabetes, Chronic Obstructive Airway Disease (COAD), Neurovascular Disease, Asthma, Malignant Hypertension, Dementia, Severe Depression, Psychosis, or Autoimmune Disease.
- Any compromising chronic condition that is unstable but unlikely to deteriorate quickly.
- Any non-urgent condition with an unusual presentation or response to treatment deemed to be outside the scope of practice by the NP which they feel needs assessment by a more experienced clinician.
- Any condition that would benefit from collaboration amongst healthcare professionals for the purpose of providing holistic and preventative care in order to achieve optimal health outcomes. This may include, but is not limited to:
 - Dietician, Occupational Therapy, Physiotherapy, Speech Pathology, and Audiometry.
- Review and/or renewal of regular, ongoing medication prescribed by another clinician for a condition that is not managed within the established NP Medication Formulary.
- Patients that the NP considers to be outside her expertise and do not fit into the urgent/semi-urgent referral pathway.

Management

Primary Prevention management strategies may include, but are not limited to:

- Health promotion activities within the service and to outside community groups; becoming aware of the gaps within our local community knowledge, and addressing these issues with the community themselves and through intersectoral collaboration
- Ensuring appropriate health promotion resources are available in the service on a number of topics. Particular focus on Australia's National Preventative Health Strategies which target obesity, tobacco use & alcohol use
- Safer sex education, provision of condoms, and advice
- Immunisations
- Dietary, smoking cessation, alcohol, and physical activity advice.

Secondary Prevention management strategies may include, but are not limited to:

- Sexually transmitted infection screening
- Pregnancy testing
- Periodic determination of blood pressure
- Smoking cessation counselling
- Dietary counselling
- Weight loss counselling

Tertiary Prevention management strategies include:

Disease management of common illnesses that do not have a chronic nature, but need to be treated to alleviate suffering of clients, ensure rapid return to workforce and to improve overall health. *Appropriate referral will be made for conditions requiring ongoing investigation, treatment, contact tracing and follow-up (e.g.: sexually transmitted infections).* These conditions may include, but are not limited to:

- Head, Ears, Eyes, Nose, Throat (Acute Otitis Media, Acute Otitis Externa, Conjunctivitis, Sinusitis, Tonsillitis, Minor Dental Issues, Minor Epistaxis, Foreign Body/Insect)
- Respiratory (Upper / Lower Respiratory Infections, Acute Minor Asthma, Minor Chest Infection)
- Gastrointestinal (Dyspepsia, Gastroenteritis, Constipation, Nausea, Vomiting)
- Genitourinary (Urinary tract Infections, Candidiasis)
- Sexual & Reproductive Health (Mastitis, Sexually Transmitted Infections, Emergency Contraception, Minor 1st Trimester Vomiting)
- Musculoskeletal (Sprains/Strains, Uncomplicated Fractures, Contusions, Costochondritis, Plantar Fasciitis, Epicondylitis, Bursitis, Acute Gout, Torticollis, Uncomplicated Back Pain)
- Immunology and Toxicology (Allergic Reaction, Minor Insect Bites and Marine Stings)
- Neurology (Migraine with Previous History)
- Skin (Wound Care, Minor Thermal and Chemical Burns, Lacerations, Bites, Acute Minor Wounds, Wound Infections, Boils/Carbuncles, Dermatitis, Shingles, Minor Cellulitis).

Diagnostic Investigations

The NP may order the following studies to assist in the diagnosis and/or management of acute, episodic illnesses:

Basic Blood Tests

- Full Blood Count (FBC)

Tests of Hemostasis & Coagulation

- Activated Partial Thromboplastin Time (PTT)
- International Normalised Ratio (INR)
- D-Dimer

Urine Studies

- Routine Urinalysis
- Urine Pregnancy Test – Human Chorionic Gonadotropin (hCG)

Stool Studies

- Ovae, Parasites, and Cysts
- Faecal Occult Blood

Chemistry Studies

Urea, Electrolytes, Creatinine (UEC, EUC, U&Es)

Miscellaneous Related Tests

- Quantitative beta hCG
- Random or Fasting Blood Glucose
- HbA1c
- Lipase
- Liver Function Tests
- Thyroid Function Tests (TFT's) inc TSH and T4
- C-Reactive Protein (CRP)
- Uric acid

Microbiologic Studies

Culture & Sensitivity

- Urine
- Faecal
- Eye & Ear Swabs
- Sputum
- Nasal, Oropharyngeal & Nasopharyngeal Aspirate
- Wounds & Abscess
- Skin
- Cervical, Vaginal and Urethral
- Fungal Scrapings
- Viral Swabs

Immunodiagnostic Studies

Bacterial Tests to Diagnose for:

- Syphilis

- Chlamydia
- Gonorrhoea
- Pertussis

Viral Tests to Diagnose for:

- Infectious Mononucleosis/Epstein-Barr Virus (EBV)
- Rubella
- Hepatitis
- Varicella-Zoster
- Human Immunodeficiency Virus (HIV)

X-Ray Studies – Plain (Conventional) X-Rays/Radiography

- Chest X-Ray
- Orthopedic X-Ray
- Abdominal X-Ray

Ultrasound Studies

- Soft tissue for foreign bodies
- To rule out low-risk deep vein thrombosis
- All other investigations ordered will be discussed with a collaborating medical officer, general practitioner, or senior registrar

Health Promotion/Illness Prevention Strategies and Referrals

This may include, but is not limited to:

- Immunisation
- Health literacy support materials
- Provision of consumer medicines information
- Lifestyle modification (diet and physical activity)
- Weight management
- Smoking cessation
- Stress management
- Alcohol and other drug moderation
- Wound care
- Physiotherapy
- Hazard assessment

Non-Pharmacological Management Approaches

This may include, but is not limited to:

- Massage
- Pressure Area Management
- Diversional Therapy
- Pelvic Floor Exercises
- Self care strategies
- Rest
- Dressings, bandaging, splint and sling
- Minor surgical procedures and suturing
- Condoms
- Crutches
- Hydration
- Skin care
- Hygiene
- Bowel management

- Thermoregulatory (ice/heat packs)
- Cryotherapy
- Earwax removal

Pharmacological Management

Pharmacological management will include medications and oral rehydration preparations relevant to the management of injuries and illnesses appropriate for acute, episodic care. Examples of conditions requiring pharmacologic treatment in the context of acute, episodic care are:

- Ear, Eye, Nose, Sinus & Throat Infections
- Common Cold
- Influenza
- Upper & Lower Respiratory Tract Infections
- Acute asthma & Chronic Obstructive Airway Disease exacerbations
- Gastrointestinal Infections
- Nausea/Vomiting
- Urinary & Sexual Tract Infections
- Emergency Contraception
- Constipation/Diarrhoea
- Fever
- Pain
- Skin & Wound Infections/Dermatoses
- Allergy Symptoms
- Sprains and Strains
- Minor Fractures
- Minor Lacerations, Abrasions & Puncture Wounds
- Minor Burns
- Animal & Insect Bites
- Acute Gout
- Shingles
- Digital Nerve Blocks

Medication Formulary

The WIC NP is authorised to dispense/ prescribe to patients those medications contained in the formulary within the Nurse Practitioner Clinical Practice Guidelines.

It is the NP's responsibility to use this formulary in conjunction with the most recent Australian Medicines Handbook & Therapeutic Guidelines to identify the currently accepted correct dosage and duration of therapy, contraindications, precautions and adverse effects.

This formulary provides for the poisons and restricted substances that may be possessed, used, supplied or prescribed by Nurse Practitioners under section 17A of the Poisons and Therapeutic Goods Act 1966 and forms part of approved Nurse Practitioner guidelines, in accordance with section 78A(2)(a) of the Nurses & Midwives Act 1991.

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply (AMH Section) |
|--|--|--|
| Allergy and Anaphylaxis | | |
| Less Sedating Antihistamines (Cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine) | Tablet/Liquid/Drops | 1.2.3 |
| Diphenhydramine | Tablet/Capsule/Liquid | 1.2.1 |
| Doxylamine | Tablet/Capsule | 1.2.1 |
| Promethazine | Tablet/Liquid | 1.2.1 |
| Anaesthetics | | |
| Lignocaine 1% | Injection (SC, IM only with Ceftriaxone) | 2.4.1 |
| Lignocaine 1% with Adrenaline 1:100,000 | Injection (SC) | 2.4.1 |
| Lignocaine with Prilocaine (Emla) | Topical | 2.4.1 |
| Analgesics | | |
| Aspirin | Tablet | 3.1.1, 7.2.3 |
| Ibuprofen | Tablet | 3.1 |
| Ibuprofen 200mg/Codeine 12.8mg | Tablet | 3.1, 3.2 |
| Paracetamol | Tablet/Liquid | 3.1.1 |
| Paracetamol 500mg/Codeine 30mg | Tablet | 3.1.1, 3.1.2 |
| Paracetamol 500mg/Codeine 8mg | Tablet | 3.1.1, 3.1.2 |
| Anti-Infectives | | |
| Aciclovir | Tablet/Cream | 5.3.1, 8.4.4 |
| Amoxicillin | Tablet/Capsule/Liquid | 5.1.8 |
| Amoxicillin with Clavulanic Acid | Tablet/Liquid | 5.1.8 |
| Azithromycin | Tablet/Liquid | 5.1.6 |
| Cefaclor | Tablet/Liquid | 5.1.3 |
| Ceftriaxone | Injection (IM) | 5.1.3 |
| Cephalexin | Capsule/Liquid | 5.1.3 |
| Ciprofloxacin | Tablet | 5.1.9 |
| Clarithromycin | Tablet/Liquid | 5.1.6 |
| Clindamycin | Capsule | 5.1.5 |
| Doxycycline | Tablet/Capsule | 5.1.11 |
| Di/Flucloxacillin | Capsule/Liquid | 5.1.8 |
| Erythromycin | Tablet/Liquid/Gel | 5.1.6, 8.4.3 |
| Famciclovir | Tablet | 5.3.1 |
| Fluconazole | Capsule/Liquid | 5.2.1 |
| Metronidazole | Gel/Cream/Tablet | 5.1.7, 17.9.2, 8.4.3 |
| Miconazole | Multiple | 5.2.1, 17.9.1, 8.4.1 |
| Norfloxacin | Tablet | 5.1.9 |

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
|---|-------------------------|---|
| Nystatin | Cream/Tablet/Liquid | 5.2.3, 17.9.1, 8.4.2 |
| Oseltamivir | Capsule | 5.3.2 |
| Phenoxymethylpenicillin | Tablet/Capsule/Liquid | 5.1.8 |
| Pyrantel | Tablet/Liquid/Square | 5.6.2 |
| Roxithromycin | Tablet | 5.1.6 |
| Terbinafine | Tablet/Cream/Gel/Liquid | 5.2.3, 8.4.2 |
| Trimethoprim | Tablet | 5.1.13 |
| Trimethopim with Sulfamethoxazole | Tablet/Liquid | 5.1.13 |
| Valaciclovir | Tablet | 5.3.1 |
| <i>Dermatological Drugs</i> | | |
| Betamethasone Valerate | Cream/Lotion/Ointment | 8.1.1 |
| Clotrimazole | Cream/Liquid | 8.4.1, 17.9.1 |
| Hydrocortisone | Cream/Lotion/Ointment | 8.1.1 |
| Hydrocortisone 1%/Clotrimazole 1% | Cream | 8.4.1 |
| Mupirocin | Ointment/Cream | 8.4.3, 9.5 |
| Permethrin | Cream/Lotion/Shampoo | 8.5 |
| Salicylic Acid | Multiple | 8.2.3 |
| <i>Ear, Nose & Throat Drugs</i> | | |
| Cerumenolytics | Drop | 9.2.1 |
| Dexamethasone, Framycetin, Gramicidin | Drop | 9.1.2 |
| Fluticasone | MDI/DPI/Spray/Drop | 9.4.3, 19.1.4 |
| Hydrocortisone 1%, Ciprfloxacin 0.2% | Drop | 9.1.2 |
| Ipratropium | MDI/Spray | 9.4.5, 19.1.2 |
| Mometasone | Spray | 9.4.3 |
| Pseudoephedrine | Tablet | 9.4.1 |
| Triamcinolone, Neomycin, Nystatin, and Gramicidin | Drop/Ointment | 9.1.2 |
| <i>Eye Drugs</i> | | |
| Amethocaine 0.5% | Drop | 11.5.3 |
| Antazoline/Naphazoline | Drop | 11.3.1 |
| Artificial Tears | Drop | 11.4.1 |
| Chloramphenicol | Drop/Ointment | 11.1.3, 9.1.1 |
| Ketotifen | Drop | 11.3.2 |
| <i>Gastrointestinal Drugs</i> | | |
| Anorectal Products | Suppository/Ointment | 12.8 |
| Antacids | Tablet/Liquid | 12.1.1 |
| Bisacodyl | Tablet/Suppository | 12.4.2 |
| Bulking Agents | Capsule/Granule/Powder | 12.4.4 |
| Docusate | Tablet | 12.4.1 |
| Domperidone | Tablet | 12.3.1 |

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
|---|----------------------------------|---|
| Ginger | Tablet/Capsule | 12 |
| Hyoscine butylbromide | Tablet | 12.2 |
| Lactulose | Liquid | 12.4.3 |
| Loperamide | Tablet/Capsule | 12.5.1 |
| Metoclopramide | Tablet/Injection(IM) | 12.3.1 |
| Oral Rehydration Salts | Powder for Liquid/Liquid | 12.5.2 |
| Peppermint Oil | Capsule | 12.2 |
| Polyethylene glycol laxatives | Powder for Oral Liquid | 12.4.3 |
| Prochlorperazine | Tablet/Injection(IM) | 12.3.1 |
| Proton Pump Inhibitors (esomeprazole, omeprazole, rabeprazole, lansoprazole, pantoprazole) | Tablet | 12.1.4 |
| Pyridoxine (Vitamin B6) | Tablet/Capsule | 12 |
| Ranitidine | Tablet/Liquid | 12.1.3 |
| Senna | Tablet | 12.4.2 |
| Senna with Docusate | Tablet | 12.4.2 |
| Urinary Drugs | | |
| Urinary Alkalinisers | Sachet | 13.4 |
| Immunomodulators | | |
| Prednisolone | Tablet/Liquid | 14.5.2 |
| Musculoskeletal Drugs | | |
| Celecoxib | Tablet | 15.1.1 |
| Colchicine | Tablet | 15.3 |
| Diclofenac Sodium | Tablet/Gel | 15.1.1 |
| Ibuprofen | Tablet/Suspository | 15.1.1 |
| Indomethacin | Tablet | 15.1.1 |
| Naproxen Sodium | Tablet | 15.1.1 |
| Obstetric and Gynecological | | |
| Levonorgestrel | Tablet (Emergency Contraception) | 17.1.3 |
| Psychotropics | | |
| Nicotine Replacement Therapy | Multiple | 18.7 |
| Respiratory Drugs | | |
| Beta2 Agonists (eformoterol, salmeterol, salbutamol, terbutaline) | MDI/DPI | 19.1.1 |
| Beclomethasone | MDI | 19.1.4 |
| Bromhexine | Tablet/Liquid | 19.2.2 |
| Budesonide | DPI | 19.1.4 |
| Budesonide/Eformoterol | DPI | 19.1.1 |
| Dextromethorphan | Lozenge/Liquid | 19.2.1 |

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
|---|---|---|
| Fluticasone Propionate/Salmeterol Xinafoate | MDI/DPI | 19.1.4 |
| Pholcodine | Liquid | 19.2.1 |
| Vaccines | | |
| Adult Diphtheria and Tetanus (ADT) | Injection(IM) | 20.1 |
| Diphtheria, Tetanus and Pertussis (Boostrix) | Injection(IM) | 20.1 |
| All other immunisations in response to ACT Health Public Health directive to prevent the transmission of communicable disease | Injection(IM/SC) | 20.1 |
| Miscellaneous | | |
| Flourescein | Drop/Strips | |
| Normal Saline 0.9% | For reconstitution, irrigation, or emergency use only | |
| Spacer | For respiratory conditions. | |
| Water for Injection | For reconstitution or emergency use only | |
| Providone Iodine | | |
| Betadine | | |
| Emergency Use Only | | |
| Adrenaline | Injection (emergency use only or for repeat scripts) | 1.1 |
| Atropine | Injection | 6.4.1 |
| Benztropine | Injection | 16.2.2 |
| Dextrose 50% | Injection | |
| Glucagon | Injection | 4.2 |
| Glycerol Trinitrate | Tablet/Spray | 6.2.1 |
| Naloxone Hydrochloride | Injection | 4.2 |
| Oxygen | Inhaled | |

Follow Up Care

This would include, but is not limited to:

- Monitor test results and communicate to patient and relevant/collaborating healthcare professionals (e.g.: GP, Emergency Department, Allied Health). Diagnostic tests that are ordered by the NP are to be followed up and actioned by that NP in a safe and timely basis, unless arranged previously with another NP. This will require Virtual Private Network/After-Hours access to the ACT Health Network
- Evaluate therapeutic response
- Management of abnormal results within scope of practice (e.g.: Chlamydia)
- Monitor Progress

Plan for dissemination of Clinical Practice Guidelines

The WIC NP Clinical Practice Guidelines will be posted on The ACT Government Health- Directorate ACT website

- Copy held at the Office of the ACT Chief Nurse, ACT Government Health Directorate
- Copy held at the WIC, The Canberra Hospital
- Copy lodged with the Australian College of Nurse Practitioners

Plan for Implementation of Clinical Practice Guidelines

The NP will implement the full scope of practice once approval has been gained.

Clinical Practice Guidelines Checklist

Before submitting Clinical Practice Guidelines for approval and endorsement of ACT Government Health Directorate Director-General and Portfolio Executive please review the following check list and ensure all aspects are covered

| | |
|---|---|
| Area or Hospital Logo on the Clinical Practice Guidelines | ¶ |
| Description of the patient/client population | ¶ |
| Date and version number of the Clinical Practice Guidelines | ¶ |
| Review Date stated | ¶ |
| Plan for dissemination, review and evaluation of Clinical Practice Guidelines | ¶ |
| Reference/Bibliography | ¶ |

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Nurse Practitioner Clinical Practice Guidelines

**Nurse Practitioner
AHPRA No**

**Jane Suzanne Frost
NMW0000986264**

Speciality Area

Primary Health Care

Health Settings

Walk-in Centre, ACT Health

Settings

The Walk-in Centre (WiC) is part of The ACT Government Health Directorate and is supported by the Commonwealth Government under their Primary Health Care Strategy. The WiC provides acute, episodic care for minor acute illnesses and injuries. The Nurse Practitioner (NP) has a permanent NP position within the WiC and works amongst a team of advanced practice nurses (APNs) and a clinical nurse consultant (CNC) to provide primary health care services for residents and visitors to the Australian Capital Territory (ACT) and surrounding regions.

Nurse Practitioner Role

Walk-in Centre: The WiC NP is a senior member of a nurse-led team which provides primary, secondary, and tertiary disease prevention and health promotion activities in the context of acute, episodic care for minor illnesses and injuries. This is a primary health care role. Therapeutics, referral processes, and diagnostics used for this role are delineated in this document and serve as the base role for this NP.

Client/Patient Population

In the WIC the NP manages clients aged two years and older who present with conditions that meet criteria appropriate for the practice setting.

Date of Approval

.....

Review Date

.....

Update and review one year from date of guideline approval and second yearly thereafter.

Update and review may occur more frequently as per the discretion of the NP (with significant changes in evidenced-based practice or changes in practice setting/collaborative agreement).

This document reflects current safe clinical practice. However, as in all clinical situations there may be factors which cannot be governed or guided by a single set of guidelines. This document does not replace the need for application of expert clinical judgement to each individual presentation.

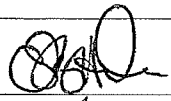
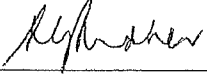

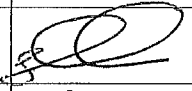

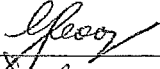

The NP is committed to upholding the Charter of Health Care Rights in relation to all clients she sees.

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Local Service Area Clinical Practice Guideline Advisory Committee Members

List all team members, area of speciality/practice, signature and date.

| Name | Position | Professional Qualifications | Organization | Signature | Date |
|------------------|-------------------------------------|--|-----------------------------------|--|-----------|
| Chris Helms | Nurse Practitioner | RN, MSN (NP) | ACT health |  | 12.2.2012 |
| Rhonda Maher | Director of Nursing RACC | B. App Sci Masters of health Management | ACT health |  | 13.2.2012 |
| Naree Stanton | Assistant Director of Nursing, RACC | B. App Sci | ACT health |  | 13.2.2012 |
| Gillian Ible | Senior Nurse Clinician | RN | ACT health |  | 13.2.2012 |
| Tanya Robertson | Medical Officer | BMBS (Hons); FRACGP | ACT health |  | 14/2/2012 |
| Gabrielle Cooper | Pharmacist | B Pharm. DHP PhD | University of Canberra |  | 13.2.12 |
| Darlene Cox | Consumer | BA Dip Ed Grad Dip APPEC | Health Care Consumers Association |  | 15/2/12 |

Introduction

The NP model of care reflects the extended scope, specialty skills, and knowledge that is requisite to the role as described in the Australian Nursing and Midwifery Accreditation Council's *Standards for Endorsement as a Nurse Practitioner*. The NP is a holistic practitioner in primary health care. Their practice is underpinned by the principles of the World Health Organizations' (WHO) *Declaration of the Alma-Ata* of 1978 and the WHO 2008 document *Primary Health Care (Now More than Ever)*. Accordingly, the care afforded by the NP would include the following characteristics:

- build therapeutic relationships;
- provide comprehensive and person-centred care;
- target clients who experience significant barriers to accessing health services, thereby aiming to decrease the discrepancy in health within our community;
- empower clients to be partners in managing their own health and that of their community;
- build client's capacity for greater health and wellbeing; and
- address the determinant of ill-health through inter-sectoral collaboration with other government and non-government organisations

The range of conditions that clients present with are very broad and it is expected that, in addition to core general practice experience and skills, the employed NP will also contribute individually unique expertise and skills based on their further education, previous professional and clinical specialty experience and/or interests.

The range of conditions that clients present with are very broad and it is expected that, in addition to core general practice experience and skills, the employed NP will also contribute individually unique expertise and skills based on their further education, previous professional and clinical specialty experience and/or interests.

The scope of practice for the NP will be dynamic and as she completes additional education and training it is anticipated that her case mix will diversify in keeping with service delivery requirements within the scope of her acquired skills and expertise. If the NP determines that a client or condition falls outside of her education, training, or expertise she will default to the practice setting's individual protocols or guidelines for management. If this, in turn, does not safely and effectively address the client's needs the NP will either refer the client to the appropriate healthcare provider or consult with a senior collaborating medical officer for further advice and/or treatment. This collaborative process will be clearly documented in the client's record and effectively communicated to all parties involved in the client's care.

The NP is responsible for maintaining an up-to-date scope of practice and is expected that practice, in line with other health professionals, will be based on sound clinical judgement using best practice guidelines and the latest available evidence (See Reference List). This document provides an overarching framework to guide the clinical practice of the NP.

The NP is authorised to undertake complete medical histories, utilise validated risk assessment tools, and perform advanced physical examinations utilising skills appropriate for a scope of practice concordant with generalist practice.

Conditions for Urgent Referral to the Emergency Department:

All medical emergencies (actual or suspected) and conditions listed below:

1. Airway: Threatened
2. Breathing:
 - a. All respiratory arrests
 - b. Objective respiratory signs or symptoms that are a sign of or a cause for physiologic compromise
3. Circulation:
 - a. All cardiac arrests
 - b. A pulse and/or blood pressure which is a sign of or a cause for physiologic compromise
4. Neurology: Sudden fall in level of consciousness (fall in GCS >2 points), repeat or prolonged seizures
5. Uncontrolled bleeding
6. Other: All patients the NP is seriously concerned about and does not fit above criteria.

Conditions for Semi-Urgent Referral to the Emergency Department, Specialist, or Local Governmental Agency:

All conditions for urgent referral to the emergency department as listed above plus others including, but not limited to:

- Acute neurovascular compromise
- Possible threatened pregnancy

- Complicated fracture
- Child at risk of harm
- Sexual assault
- Post surgical complication
- Unstable chronic health conditions
- Conditions which, if not treated in a semi-urgent manner, will cause an increased length of stay, increased morbidity or mortality, or permanent dysfunction. This may include, but is not limited to:
 - Acute abdomen
 - Infection with systemic features
 - Urinary retention
 - Delirium
 - Testicular torsion
 - Bowel obstruction
 - Unexplained bleeding or pain
 - Severe dehydration
 - Life-threatening depression

Conditions for Referral to another Healthcare Professional:

- Any compromising condition or new presentation of the following conditions, which includes but are not limited to:
 - Heart Failure, Coronary Heart Disease, Diabetes, Chronic Obstructive Airway Disease (COAD), Neurovascular Disease, Asthma, Malignant Hypertension, Dementia, Severe Depression, Psychosis, or Autoimmune Disease
- Any compromising chronic condition that is unstable but unlikely to deteriorate quickly
- Any non-urgent condition with an unusual presentation or response to treatment deemed to be outside the scope of practice by the NP which they feel needs assessment by a more experienced clinician
- Any condition that would benefit from collaboration amongst healthcare professionals for the purpose of providing holistic and preventative care in order to achieve optimal health outcomes. This may include, but is not limited to:
 - Dietician, Occupational Therapy, Physiotherapy, Speech Pathology, and Audiometry
- Review and/or renewal of regular, ongoing medication prescribed by another clinician for a condition that is not managed within the established NP Medication Formulary
- Patients that the NP considers to be outside her expertise and do not fit into the urgent/semi-urgent referral pathway

Management

Primary Prevention management strategies may include, but are not limited to:

- Health promotion activities within the service and to outside community groups; becoming aware of the gaps within our local community knowledge, and addressing these issues with the community themselves and through intersectoral collaboration

- Ensuring appropriate health promotion resources are available in the service on a number of topics. Particular focus on Australia's National Preventative Health Strategies which target obesity, tobacco use & alcohol use
- Safer sex education, provision of condoms, and advice
- Immunisations
- Dietary, smoking cessation, alcohol, and physical activity advice

Secondary Prevention management strategies may include, but are not limited to:

- Sexually transmitted infection screening
- Pregnancy testing
- Periodic determination of blood pressure
- Smoking cessation counselling
- Dietary counselling
- Weight loss counselling

Tertiary Prevention management strategies include:

Disease management of common illnesses that do not have a chronic nature, but need to be treated to alleviate suffering of clients, ensure rapid return to workforce and to improve overall health. *Appropriate referral will be made for conditions requiring ongoing investigation, treatment, contact tracing and follow-up (e.g.: sexually transmitted infections).* These conditions may include, but are not limited to:

- Head, Ears, Eyes, Nose, Throat (Acute Otitis Media, Acute Otitis Externa, Conjunctivitis, Sinusitis, Tonsillitis, Minor Dental Issues, Minor Epistaxis, Foreign Body/Insect)
- Respiratory (Upper / Lower Respiratory Infections, Acute Minor Asthma, Minor Chest Infection)
- Gastrointestinal (Dyspepsia, Gastroenteritis, Constipation, Nausea, Vomiting)
- Genitourinary (Urinary tract Infections, Candidiasis)
- Sexual & Reproductive Health (Mastitis, Sexually Transmitted Infections, Emergency Contraception, Minor 1st Trimester Vomiting)
- Musculoskeletal (Sprains/Strains, Uncomplicated Fractures, Contusions, Costochondritis, Plantar Fasciitis, Epicondylitis, Bursitis, Acute Gout, Torticollis, Uncomplicated Back Pain)
- Immunology and Toxicology (Allergic Reaction, Minor Insect Bites and Marine Stings)
- Neurology (Migraine with Previous History)
- Skin (Wound Care, Minor Thermal and Chemical Burns, Lacerations, Bites, Acute Minor Wounds, Wound Infections, Boils/Carbuncles, Dermatitis, Shingles, Minor Cellulitis).

Diagnostic Investigations

The NP may order the following studies to assist in the diagnosis and/or management of acute, episodic illnesses:

Basic Blood Tests

- Full Blood Count (FBC)

Tests of Hemostasis & Coagulation

- Activated Partial Thromboplastin Time (PTT)
- International Normalised Ratio (INR)
- D-Dimer

Urine Studies

- Routine Urinalysis
- Urine Pregnancy Test – Human Chorionic Gonadotropin (hCG)

Stool Studies

- Ovae, Parasites, and Cysts
- Faecal Occult Blood

Chemistry Studies

Urea, Electrolytes, Creatinine (UEC, EUC, U&Es)

Miscellaneous Related Tests

- Quantitative beta hCG
- Random or Fasting Blood Glucose
- HbA1c
- Lipase
- Liver Function Tests
- Thyroid Function Tests (TFT's) inc TSH and T4
- C-Reactive Protein (CRP)
- Uric acid

Microbiologic Studies

Culture & Sensitivity

- Urine
- Faecal
- Eye & Ear Swabs
- Sputum
- Nasal, Oropharyngeal & Nasopharyngeal Aspirate
- Wounds & Abscess
- Skin
- Cervical, Vaginal and Urethral
- Fungal Scrapings
- Viral Swabs

Immunodiagnostic Studies

Bacterial Tests to Diagnose for:

- Syphilis
- Chlamydia
- Gonorrhoea
- Pertussis

Viral Tests to Diagnose for:

- Infectious Mononucleosis/Epstein-Barr Virus (EBV)
- Rubella

- Hepatitis
- Varicella-Zoster
- Human Immunodeficiency Virus (HIV)

X-Ray Studies – Plain (Conventional) X-Rays/Radiography

- Chest X-Ray
- Orthopedic X-Ray
- Abdominal X-Ray

Ultrasound Studies

- Soft tissue for foreign bodies
- To rule out low-risk deep vein thrombosis
- All other investigations ordered will be discussed with a collaborating medical officer, general practitioner, or senior registrar

Health Promotion/Illness Prevention Strategies and Referrals

This may include, but is not limited to:

- Immunisation
- Health literacy support materials
- Provision of consumer medicines information
- Lifestyle modification (diet and physical activity)
- Weight management
- Smoking cessation
- Stress management
- Alcohol and other drug moderation
- Wound care
- Physiotherapy
- Hazard assessment

Non-Pharmacological Management Approaches

This may include, but is not limited to:

- Massage
- Pressure Area Management
- Diversional Therapy
- Pelvic Floor Exercises
- Self care strategies
- Rest
- Dressings, bandaging, splint and sling
- Minor surgical procedures and suturing
- Condoms
- Crutches
- Hydration
- Skin care
- Hygiene
- Bowel management
- Thermoregulatory (ice/heat packs)
- Cryotherapy
- Earwax removal

Pharmacological Management

Pharmacological management will include medications and oral rehydration preparations relevant to the management of injuries and illnesses appropriate for acute, episodic care. Examples of conditions requiring pharmacologic treatment in the context of acute, episodic care are:

- Ear, Eye, Nose, Sinus & Throat Infections
- Common Cold
- Influenza
- Upper & Lower Respiratory Tract Infections
- Acute asthma & Chronic Obstructive Airway Disease exacerbations
- Gastrointestinal Infections
- Nausea/Vomiting
- Urinary & Sexual Tract Infections
- Emergency Contraception
- Constipation/Diarrhoea
- Fever
- Pain
- Skin & Wound Infections/Dermatoses
- Allergy Symptoms
- Sprains and Strains
- Minor Fractures
- Minor Lacerations, Abrasions & Puncture Wounds
- Minor Burns
- Animal & Insect Bites
- Acute Gout
- Shingles

Medication Formulary

The WIC NP is authorised to dispense/prescribe to patients those medications contained in the formulary within the Nurse Practitioner Clinical Practice Guidelines.

It is the NP's responsibility to use this formulary in conjunction with the most recent Australian Medicines Handbook & Therapeutic Guidelines to identify the currently accepted correct dosage and duration of therapy, contraindications, precautions and adverse effects.

This formulary provides for the poisons and restricted substances that may be possessed, used, supplied or prescribed by Nurse Practitioners under section 17A of the Poisons and Therapeutic Goods Act 1966 and forms part of approved Nurse Practitioner guidelines, in accordance with section 78A(2)(a) of the Nurses & Midwives Act 1991.

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply <i>(AMH Section)</i> |
|---|--|---|
| <i>Allergy and Anaphylaxis</i> | | |
| Less Sedating Antihistamines (Cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine) | Tablet/Liquid/Drops | 1.2.3 |
| Diphenhydramine | Tablet/Capsule/Liquid | 1.2.1 |
| Doxylamine | Tablet/Capsule | 1.2.1 |
| Promethazine | Tablet/Liquid | 1.2.1 |
| <i>Anaesthetics</i> | | |
| Lignocaine 1% | Injection (SC, IM only with Ceftriaxone) | 2.4.1 |

| | | |
|---|-----------------------|----------------------|
| Lignocaine 1% with Adrenaline 1:100,000 | Injection (SC) | 2.4.1 |
| Lignocaine with Prilocaine (Emla) | Topical | 2.4.1 |
| Analgesics | | |
| Aspirin | Tablet | 3.1.1, 7.2.3 |
| Ibuprofen | Tablet | 3.1 |
| Ibuprofen 200mg/Codeine 12.8mg | Tablet | 3.1, 3.2 |
| Paracetamol | Tablet/Liquid | 3.1.1 |
| Paracetamol 500mg/Codeine 30mg | Tablet | 3.1.1, 3.1.2 |
| Paracetamol 500mg/Codeine 8mg | Tablet | 3.1.1, 3.1.2 |
| Anti-Infectives | | |
| Aciclovir | Tablet/Cream | 5.3.1, 8.4.4 |
| Amoxicillin | Tablet/Capsule/Liquid | 5.1.8 |
| Amoxicillin with Clavulanic Acid | Tablet/Liquid | 5.1.8 |
| Azithromycin | Tablet/Liquid | 5.1.6 |
| Cefaclor | Tablet/Liquid | 5.1.3 |
| Ceftriaxone | Injection (IM) | 5.1.3 |
| Cephalexin | Capsule/Liquid | 5.1.3 |
| Ciprofloxacin | Tablet | 5.1.9 |
| Clarithromycin | Tablet/Liquid | 5.1.6 |
| Clindamycin | Capsule | 5.1.5 |
| Doxycycline | Tablet/Capsule | 5.1.11 |
| DI/Flucloxacillin | Capsule/Liquid | 5.1.8 |
| Erythromycin | Tablet/Liquid/Gel | 5.1.6, 8.4.3 |
| Famciclovir | Tablet | 5.3.1 |
| Fluconazole | Capsule/Liquid | 5.2.1 |
| Metronidazole | Gel/Cream/Tablet | 5.1.7, 17.9.2, 8.4.3 |
| Miconazole | Multiple | 5.2.1, 17.9.1, 8.4.1 |
| Norfloxacin | Tablet | 5.1.9 |

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
|-----------------------------------|-------------------------|--|
| Nystatin | Cream/Tablet/Liquid | 5.2.3, 17.9.1, 8.4.2 |
| Oseltamivir | Capsule | 5.3.2 |
| Phenoxymethylpenicillin | Tablet/Capsule/Liquid | 5.1.8 |
| Pyrantel | Tablet/Liquid/Square | 5.6.2 |
| Roxithromycin | Tablet | 5.1.6 |
| Terbinafine | Tablet/Cream/Gel/Liquid | 5.2.3, 8.4.2 |
| Trimethoprim | Tablet | 5.1.13 |
| Trimethopim with Sulfamethoxazole | Tablet/Liquid | 5.1.13 |
| Valaciclovir | Tablet | 5.3.1 |
| Dermatological Drugs | | |
| Betamethasone Valerate | Cream/Lotion/Ointment | 8.1.1 |

| | | |
|---|------------------------|---------------|
| Clotrimazole | Cream/Liquid | 8.4.1, 17.9.1 |
| Hydrocortisone | Cream/Lotion/Ointment | 8.1.1 |
| Hydrocortisone 1%/Clotrimazole 1% | Cream | 8.4.1 |
| Mupirocin | Ointment/Cream | 8.4.3, 9.5 |
| Permethrin | Cream/Lotion/Shampoo | 8.5 |
| Salicylic Acid | Multiple | 8.2.3 |
| Ear, Nose & Throat Drugs | | |
| Cerumenolytics | Drop | 9.2.1 |
| Dexamethasone, Framycetin, Gramicidin | Drop | 9.1.2 |
| Fluticasone | MDI/DPI/Spray/Drop | 9.4.3, 19.1.4 |
| Hydrocortisone 1%, Ciprfloxacin 0.2% | Drop | 9.1.2 |
| Ipratropium | MDI/Spray | 9.4.5, 19.1.2 |
| Mometasone | Spray | 9.4.3 |
| Pseudoephedrine | Tablet | 9.4.1 |
| Triamcinolone, Neomycin, Nystatin, and Gramicidin | Drop/Ointment | 9.1.2 |
| Eye Drugs | | |
| Amethocaine 0.5% | Drop | 11.5.3 |
| Antazoline/Naphazoline | Drop | 11.3.1 |
| Artificial Tears | Drop | 11.4.1 |
| Chloramphenicol | Drop/Ointment | 11.1.3, 9.1.1 |
| Ketotifen | Drop | 11.3.2 |
| Gastrointestinal Drugs | | |
| Anorectal Products | Suppository/Ointment | 12.8 |
| Antacids | Tablet/Liquid | 12.1.1 |
| Bisacodyl | Tablet/Suppository | 12.4.2 |
| Bulking Agents | Capsule/Granule/Powder | 12.4.4 |
| Docusate | Tablet | 12.4.1 |
| Domperidone | Tablet | 12.3.1 |

| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
|--|--------------------------|---|
| Ginger | Tablet/Capsule | 12 |
| Hyoscine butylbromide | Tablet | 12.2 |
| Lactulose | Liquid | 12.4.3 |
| Loperamide | Tablet/Capsule | 12.5.1 |
| Metoclopramide | Tablet/Injection(IM) | 12.3.1 |
| Oral Rehydration Salts | Powder for Liquid/Liquid | 12.5.2 |
| Peppermint Oil | Capsule | 12.2 |
| Polyethylene glycol laxatives | Powder for Oral Liquid | 12.4.3 |
| Prochlorperazine | Tablet/Injection(IM) | 12.3.1 |
| Proton Pump Inhibitors (esomeprazole, omeprazole, rabeprazole, lansoprazole, pantoprazole) | Tablet | 12.1.4 |

| | | |
|---|----------------------------------|---|
| Pyridoxine (Vitamin B6) | Tablet/Capsule | 12 |
| Ranitidine | Tablet/Liquid | 12.1.3 |
| Senna | Tablet | 12.4.2 |
| Senna with Docusate | Tablet | 12.4.2 |
| Urinary Drugs | | |
| Urinary Alkalinisers | Sachet | 13.4 |
| Immunomodulators | | |
| Prednisolone | Tablet/Liquid | 14.5.2 |
| Musculoskeletal Drugs | | |
| Celecoxib | Tablet | 15.1.1 |
| Colchicine | Tablet | 15.3 |
| Diclofenac Sodium | Tablet/Gel | 15.1.1 |
| Ibuprofen | Tablet/Suspository | 15.1.1 |
| Indomethacin | Tablet | 15.1.1 |
| Naproxen Sodium | Tablet | 15.1.1 |
| Obstetric and Gynecological | | |
| Levonorgestrel | Tablet (Emergency Contraception) | 17.1.3 |
| Psychotropics | | |
| Nicotine Replacement Therapy | Multiple | 18.7 |
| Respiratory Drugs | | |
| Beta2 Agonists (eformoterol, salmeterol, salbutamol, terbutaline) | MDI/DPI | 19.1.1 |
| Beclomethasone | MDI | 19.1.4 |
| Bromhexine | Tablet/Liquid | 19.2.2 |
| Budesonide | DPI | 19.1.4 |
| Budesonide/Eformoterol | DPI | 19.1.1 |
| Dextromethorphan | Lozenge/Liquid | 19.2.1 |
| Drug Name | Form | Indication, Dose, Schedule and Duration of Drug Supply |
| Fluticasone Propionate/Salmeterol Xinafoate | MDI/DPI | 19.1.4 |
| Pholcodine | Liquid | 19.2.1 |
| Vaccines | | |
| Adult Diphtheria and Tetanus (ADT) | Injection(IM) | 20.1 |
| Diphtheria, Tetanus and Pertussis (Boostrix) | Injection(IM) | 20.1 |
| All other immunisations in response to ACT Health Public Health directive to prevent the transmission of communicable disease | Injection(IM/SC) | 20.1 |

| | | |
|---------------------------|---|--------|
| | | |
| Miscellaneous | | |
| Flourescein | Drop/Strips | |
| Normal Saline 0.9% | For reconstitution, irrigation, or emergency use only | |
| Spacer | For respiratory conditions. | |
| Water for Injection | For reconstitution or emergency use only | |
| Provoidone Iodine | | |
| Betadine | | |
| | | |
| Emergency Use Only | | |
| Adrenaline | Injection (emergency use only or for repeat scripts) | 1.1 |
| Atropine | Injection | 6.4.1 |
| Benztropine | Injection | 16.2.2 |
| Dextrose 50% | Injection | |
| Glucagon | Injection | 4.2 |
| Glyceryl Trinitrate | Tablet/Spray | 6.2.1 |
| Naloxone Hydrochloride | Injection | 4.2 |
| Oxygen | Inhaled | |

Follow Up Care

This would include, but is not limited to:

- Monitor test results and communicate to patient and relevant/collaborating healthcare professionals (e.g.: GP, Emergency Department, Allied Health). Diagnostic tests that are ordered by the NP are to be followed up and actioned by that NP in a safe and timely basis, unless arranged previously with another NP. This will require Virtual Private Network/After-Hours access to the ACT Government Health Directorate Network
- Evaluate therapeutic response
- Management of abnormal results within scope of practice (e.g.: Chlamydia)
- Monitor Progress

Plan for dissemination of Clinical Practice Guidelines

The WIC NP Clinical Practice Guidelines will be posted on The ACT Government Health- Directorate ACT website.

- Copy held at the Office of the ACT Chief Nurse, ACT Government Health Directorate
- Copy held at the WIC, The Canberra Hospital
- Copy lodged with the Australian College of Nurse Practitioners

Plan for Implementation of Clinical Practice Guidelines

The NP will implement the full scope of practice once approval has been gained.

Clinical Practice Guidelines Checklist

Before submitting Clinical Practice Guidelines for approval and endorsement of ACT Government Health Directorate Director-General and Portfolio Executive please review the following check list and ensure all aspects are covered

| | |
|---|---|
| Area or Hospital Logo on the Clinical Practice Guidelines | ¶ |
| Description of the patient/client population | ¶ |
| Date and version number of the Clinical Practice Guidelines | ¶ |
| Review Date stated | ¶ |
| Plan for dissemination, review and evaluation of Clinical Practice Guidelines | ¶ |
| Reference/Bibliography | ¶ |

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ACT
Government
Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Nurse Practitioner Clinical Practice Guidelines

Nurse Practitioner: Wendy Kroon

AHPRA No: NMW0001390808

Health setting: Walk-in Centre, ACT Health

Settings:

The Walk-in Centre (WiC) is a service within ACT Health, supported by the Commonwealth Government under their Primary Health care strategy. The WiC provides acute, episodic care for minor illnesses and injuries. The Nurse Practitioner (NP) within the WiC works amongst a team of Advanced Practice Nurses (APN's) and a Clinical Nurse Consultant (CNC) to provide episodic health care services to the residents of the Australian Capital Territory and surrounds. The Nurse Practitioner may also be required to support and lead (as appropriate) outreach services or clinics in response to public health emergencies, pandemics or disasters-natural or otherwise.

Nurse Practitioner Role:

A Nurse Practitioner is a Registered Nurse educated and authorised to function autonomously and collaboratively in an advanced and extended role. This role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The Nurse Practitioner role is grounded in the nursing profession's knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. (ACT Health: Standard Operating Procedure-Establishment and Implementation of Nurse Practitioner Positions 2013)

The WiC NP is a senior member of a nurse led team which provides primary, secondary and tertiary disease prevention and health promotion in the context of acute episodic care for minor illness and injury. The NP will use expert clinical nursing practice to assess and treat autonomously and collaboratively patients presenting for episodic care of minor illness and injuries. Therapeutics, referral processes, and diagnostics used for this role are included in this document and serve as the base role for this NP.

This NP may also work within an Aged Care Setting. The NP will use expert clinical nursing practice to assess and treat autonomously and collaboratively patients presenting to the department.

Client/ Patient Population:

The NP manages patients aged two years and older who present to the WiC.

When treating complex patients or patients with co morbidities the NP will consult widely with patient's general practitioners or Registrars from other specialties, for example Obstetrics and Gynaecology.

This NP will also be able to access and manage patients in an Aged Care setting in the community and in the acute sector.

Date of Approval:6/11/2014.....

Review Date:

Update and review three years from date of guideline approval and third yearly thereafter. Update and review may occur more frequently as per the discretion of the NP (with significant changes in evidenced based practice or changes in practice setting/ collaborative agreement).



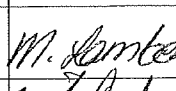
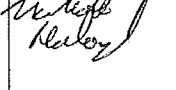
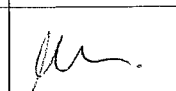
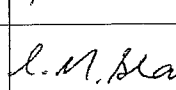
Disclaimer:

This document reflects current safe clinical practice. However, as in all clinical situations there may be factors which cannot be governed or guided by a single set of guidelines. This document does not replace the need for application of expert clinical judgement to each individual presentation.

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Local Service Area Clinical Practice Guideline Advisory Committee Members

| Name | Position | Professional Qualifications | Organisation | Signature | Date |
|--------------------|------------------------------|------------------------------------|------------------------------------|---|-----------|
| Marianne Bookallil | Medical Officer | MBBS FRACGP | ACT Health |  | 22/9/14. |
| Naree Stanton | ADON WiC RADAR / ACALU | B App Sci | ACT Health |  | 24/9/14 |
| Michelle Lambert | CNC WiC | B App Sci | ACT Health |  | 22/9/14 |
| Michael Holroyd | NP WiC | RN , BN Grad Dip PACHM MN NP | ACT Health |  | 23/09/14. |
| Christine Sitiri | Pharmacist | B Pharm MPS | Gungahlin Priceline Pharmacy |  | 23/9/14. |
| Courtney Black | Consumer Representative | Grad Cert. Management. | JACS |  | 23/9/14. |

Evidence of Additional Health Professional and/or stakeholder Consultation

The following Health care Professionals and stakeholders were consulted throughout the development phase of these Clinical Practice Guidelines. This was achieved via individual meetings, email, and/or telephone. Prior to meetings draft Clinical Practice Guidelines were delivered for review, comment and appraisal.

| Name | Position | Professional Qualifications | Organisation | Rationale for consultation |
|-------------------|----------|--------------------------------------|--------------------|----------------------------|
| Nerrienne Bullman | NP | RN MN (NP) | ACT Health | NP in RADAR |
| Gayle Comyn | NP | RN , MSN (NP) | WiC Tuggeranong | Primary care |
| Rhonda Maher | DON RACC | B App Sci MS Health Management | ACT Health | Managerial advice |

Introduction

This clinical guideline document provides an overarching framework that will guide the extended scope of practice of this WiC NP.

The NP is a holistic practitioner. The NP's practice is underpinned by the principles of the World Health Organisations' (WHO) *Declaration of the Alma-Ata of 1978* and the WHO 2008 document *Primary Health Care (Now More than Ever)*. Accordingly the care afforded by the NP would include the following characteristics:

- build therapeutic relationships;
- provide comprehensive and person-centred care;
- target clients who experience significant barriers to accessing health services, thereby aiming to decrease the discrepancy in health within our community;
- empower clients to be partners in managing their own health and that of their community;
- build client's capacity for greater health and wellbeing; and
- address the determinants of ill-health through inter-sectoral collaboration with other government and non-government organizations.

The range of conditions that clients present to the WiC with are very broad and it is expected that, in addition to core general practice experience and skills, the NP will also contribute individually unique expertise and skills based on their further education, previous professional and clinical specialty experience and/or interests.

The scope of practice for this NP whilst being in-line with this CPG will be dynamic as she completes additional education and training. It is anticipated that her case mix will gradually diversify in keeping with service delivery requirements within the scope of her acquired skills and expertise. If the NP determines that a client or condition falls outside of her education, training, or expertise she will default to the practice setting's individual protocols or guidelines for management. If this, in turn, does not safely and effectively address the client's needs the NP will either refer the client to the appropriate healthcare provider or consult with a senior collaborating medical officer for further advice and/or treatment. This collaborative process will be clearly documented in the client's record and effectively communicated to all parties involved in the client's care.

The NP is responsible for maintaining an up-to-date scope of practice and it is expected, that as with other health professionals, her practice will be based on sound clinical judgement using best practice guidelines and the latest available evidence (See Reference List).

The NP is authorised to undertake complete medical histories, utilise validated risk assessment tools, and perform advanced physical examinations utilising skills appropriate for a scope of practice concordant with generalist practice.

The NP will work in consultation with the patient, their significant others and the multidisciplinary team to ensure that the patient is aware of their clinical condition, choices available to them and to ensure the most appropriate management plan is developed with the patient. Specific to the episodic care provided the NP will provide relevant follow up instruction and information for all patients they provide a service to including engagement of the patient's General Practitioner, or health care provider.

This document reflects what is currently regarded as safe clinical practice. However, as in any clinical situation there will be factors, which cannot be covered by a single set of guidelines. In these situations the NP will exercise the application of clinical judgement specific for each individual presentation.

Conditions for Urgent referral to the Emergency Department

All medical emergencies (actual or suspected), and patients that fit the ACTAS calling criteria

- Threatened airway
- Respiratory arrest
- RR < 5 or >36
- SaO₂ < 90 % FiO₂ R/A
- Cardiac arrest
- PR < 40 or >140
- Systolic BP < 90
- Sudden fall in GCS > 2 points
- Repeated or prolonged seizures
- Uncontrolled bleeding

Any other patient that the NP is seriously concerned about that does not fit the above criteria.

The NP will call the ambulance as pertains to the environment the NP is working in.

Conditions for Semi-Urgent referral to the Emergency Department, Specialist or Local Government Agency:

All conditions for urgent referral to the emergency department as listed above plus others including, but not limited to:

- Acute neurovascular compromise
- Possible threatened pregnancy- loss
- Complicated fracture
- Child at risk of harm
- Sexual assault after consultation with FAMSAC
- Post surgical complication
- Unstable chronic health conditions
- Conditions which, if not treated in a semi-urgent manner, will cause an increased length of stay, increased morbidity or mortality, or permanent dysfunction. This may include, but is not limited to:
 - Chest Pain
 - Acute abdomen
 - Infection with systemic features
 - Urinary retention
 - Delirium
 - Testicular torsion
 - Bowel obstruction
 - Unexplained bleeding or pain
 - Severe dehydration
 - Life-threatening depression

The NP will discuss with these patients and refer them to an Emergency Department for review and ongoing management.

Conditions for Referral to another Healthcare Professional:

- Any compromising condition or new presentation of the following conditions, including but not limited to:
 - Heart Failure, Coronary Heart Disease, Diabetes, Chronic Obstructive Airway Disease (COAD), Neurovascular Disease, Asthma, Malignant Hypertension, Dementia, Severe Depression, Psychosis, or Autoimmune Disease.
- Any compromising chronic condition that is unstable but unlikely to deteriorate quickly.
- Any non-urgent condition with an unusual presentation or response to treatment deemed to be outside the scope of practice by the NP which they feel needs assessment by a more experienced clinician.
- Any condition that would benefit from collaboration amongst healthcare professionals for the purpose of providing holistic and preventative care in

order to achieve optimal health outcomes. This may include, but is not limited to:

- Dietician, Occupational Therapy, Physiotherapy, Speech Pathology, and Audiometry.
- Review and/or renewal of regular, ongoing medication prescribed by another clinician for a condition that is not managed within the established NP Medication Formulary.
- Patients that the NP considers to be outside her expertise and do not fit into the urgent/semi-urgent referral pathway.

Management

Primary prevention management strategies may include, but are not limited to:

- Health promotion activities within the service and to outside community groups; becoming aware of the gaps within our local community knowledge, and addressing these issues with the community themselves and through intersectoral collaboration.
- Ensuring appropriate health promotion resources are available in the service on a number of topics. Particular focus on Australia's National Preventative Health Strategies which target obesity, tobacco use & alcohol use.
- Safer sex education, provision of condoms, and advice.
- Immunisations.
- Dietary, smoking cessation, alcohol, and physical activity advice.

Secondary prevention management strategies may include, but are not limited to:

- Sexually transmitted infection screening.
- Pregnancy testing.
- Periodic determination of blood pressure.
- Smoking cessation counselling.
- Dietary counselling.
- Weight loss counselling.

Tertiary prevention management strategies include:

Disease management of common illnesses that do not have a chronic nature, but need to be treated to alleviate suffering, ensure rapid return to workforce and to improve overall health. These conditions may include, but are not limited to:

- Head, Ears, Eyes, Nose, Throat (Acute Otitis Media, Acute Otitis Externa, Conjunctivitis, Sinusitis, Tonsillitis, Pharyngitis, Minor Dental Issues, Minor Epistaxis, Foreign Body/Insect).
- Respiratory (Upper / Lower Respiratory Infections, Acute Minor Asthma, Moderate Asthma, Minor Chest Infection).
- Gastrointestinal (Dyspepsia, Gastroenteritis, Constipation, Nausea, Vomiting, Intestinal Parasitic Infections).

- Genitourinary (Urinary tract Infections, Urethritis, Balanitis, Candidiasis, Mastitis, Foreign Body).
- Sexual & Reproductive Health (Mastitis, Sexually Transmitted Infections, Emergency Contraception, Minor 1st Trimester Vomiting).
- Musculoskeletal (Sprains/Strains, Uncomplicated Fractures, Uncomplicated dislocations, Pulled elbow, Contusions, Costochondritis, Plantar Fasciitis, Epicondylitis, Bursitis, Acute Gout, Torticollis, Uncomplicated Back Pain).
- Immunology and toxicology (Allergic reaction, minor insect bites)
- Neurology (Migraine with Previous History).
- Skin (Wound Care, Minor Thermal and Chemical Burns, Lacerations, Bites, Acute Minor Wounds, Wound Infections, Cellulitis Boils/Carbuncles, Dermatitis, Shingles, Varicella,
- Wound dressing, Plaster application, Immunisation

Appropriate referral will be made for conditions requiring ongoing investigation, treatment, contact tracing and follow-up (e.g. sexually transmitted infections).

Diagnostic Investigations:

The NP may order the following studies to assist in the diagnosis and/or management of acute, episodic illnesses

Pathology

Full Blood Count (FBC)

Urea, Electrolytes and Creatinine (UEC)

Liver Function Test (LFT)

Erythrocyte Sedimentation Rate (ESR)

C Reactive Protein (CRP)

Calcium, Phosphate, Magnesium (CaPo4Mg)

Coagulation Studies (COAGS) consisting of: Activated Partial Thromboplastin Time (aPTT); Prothrombin Time (PT) including International Normalized Ratio (INR); Fibrinogen; D-Dimer

Beta HCG Pregnancy Assay

Thyroid Function Tests

Amylase

Anion Gap (AG) – Calculated

Bicarbonate (HCO₃⁻)

Bilirubin Direct
Bilirubin Total
Calcium Ionised (iCa)
Chloride (Cl)
Glucose (BGL) fasting or random
Ferritin
Ketones
Lactate
Lipase

Microbiology

Direct microscopy, culture and antibiotic sensitivity of specimens including:-

Blood,
Faeces including ovae, parasites and cysts
Sputum,
Urine,
Nasal, oropharangeal, nasopharyngeal aspirate
Wound swabs (deep and superficial).
Eye and/or ear swabs
Cervical, vaginal and urethral swabs
Fungal scrapings

Immunology and Immunodiagnostic

C Reactive Protein
Epstein Barr Virus
Pertussis
Rubella
Hepatitis A, B C
Varicella
Syphillis
Chlamydia
Gonorrhoea
Faecal Occult Blood

Medical Imaging

Plain Axial Skeleton

Plain Chest

Abdominal X-Ray

Diagnostic imaging that is interpreted prior to formal reporting will be reviewed by the Nurse Practitioner, with abnormal results prompting review.

Other investigations may be ordered upon discussion with a collaborating medical officer, general practitioner or senior registrar.

Health Promotion/ Illness Prevention Strategies

These may include, but are not limited to:

- Immunisation
- Health literacy support materials
- Provision of consumer medicines information
- Lifestyle modification (diet and physical activity)
- Weight management
- Smoking cessation
- Safe sex
- Stress management
- Alcohol and other drug moderation
- Wound care
- Physiotherapy
- Hazard assessment
- Personal protective equipment

Non-Pharmacological Management Approaches

These may include, but are not limited to:

- Massage
- Pressure Area Management
- Diversional Therapy
- Pelvic Floor Exercises
- Self care strategies
- Rest
- Elevation
- Dressings, bandaging, compression, splint and sling
- Minor surgical procedures and suturing
- Condoms
- Crutches
- Hydration
- Skin care
- Hygiene

- Bowel management
- Thermoregulatory (ice/heat packs)
- Earwax removal

Pharmacological Management

Pharmacological management will include medications and oral rehydration preparations relevant to the management of injuries and illnesses appropriate for acute, episodic care. Examples of conditions requiring pharmacologic treatment in the context of acute, episodic care are:

- Ear, Eye, Nose, Sinus & Throat Infections
- Common Cold/ Influenza
- Upper & Lower Respiratory Tract Infections
- Acute Asthma & Chronic Obstructive Airway Disease exacerbations
- Gastrointestinal Infections
- Nausea/Vomiting
- Urinary & Sexual Transmitted Infections
- Emergency Contraception
- Constipation/Diarrhoea
- Fever
- Pain
- Skin & Wound Infections
- Allergy Symptoms
- Sprains and Strains
- Minor Fractures
- Minor Lacerations, Abrasions & Puncture Wounds
- Minor Burns
- Animal & Insect Bites
- Acute Gout
- Shingles

Medication Formulary

The WiC NP is authorised to dispense/ prescribe only those medications listed in the formulary within this Clinical Practice Guideline.

It is the NP's responsibility to use this formulary in conjunction with the most recent Australian Medicines Handbook & Therapeutic Guidelines to identify the currently accepted correct dosage and duration of therapy, contraindications, precautions and adverse effects.

This formulary provides for the poisons and restricted substances that may be possessed, used, supplied or prescribed by Nurse Practitioners. (ACT Medicines, Poisons & Therapeutic Goods Regulation (2008) Republication 23/10/2014

Medication Formulary

| Drug | Route | Therapeutic Class | Poisons Schedule |
|-----------------------------|-----------------|-----------------------------------|------------------|
| Aciclovir | PO, Top | Antiviral | S4 |
| Adrenaline | Neb, IV, IM, SC | Adrenergic stimulants/vasopressor | S3 |
| Amethocaine | Top | Local anaesthetic | S2 |
| Amoxicillin | PO | Antibiotic | S4 |
| Amoxicillin Clavulanic acid | PO | Antibiotic | S4 |
| Anorectal products | PR | Laxative, analgesics | Unscheduled |
| Atropine | IV | Cholinergic/anticholinergic agent | S4 |
| Aspirin | PO | Anti-inflammatory | Unscheduled |
| Aspirin Codeine | PO | Anti-inflammatory/Analgesia | S2 |
| Azithromycin | PO | Antibiotic | S4 |
| Beclomethasone | INH | Steroid | S2 |
| Betamethasone Acetate | INH | Steroid | S4 |
| Betamethasone Valerate | Top | Steroid | S4 |
| Budesonide | INH | Steroid | S4 |

| Drug | Route | Therapeutic Class | Poisons Schedule |
|-----------------------|---------------|--|------------------|
| Bupivacaine | SC | Local anaesthetic | S4 |
| Cefaclor | PO | Antibiotic | S4 |
| Cefuroxime | PO | Antibiotic | S4 |
| Celocoxib | PO | Anti-inflammatory | S4 |
| Cephalexin | PO | Antibiotic | S4 |
| Chloramphenicol | Top | Antibiotic | S4 |
| Ciprofloxacin | PO | Antibiotic | S4 |
| Clarithromycin | PO | Macrolide | S4 |
| Clindamycin | PO | Macrolide | S4 |
| Clotrimazole | Top, PO | Antifungal | S2 |
| Colchicine | PO | Musculo skeletal | S4 |
| Dexamethasone | PO, IM, IV | Steroid | S4 |
| Dextrose 50% | IV | Dextrose | Unscheduled |
| Diazepam | PO | Anti anxiety agents/ Anticonvulsant | S4 |
| Diclofenac | PO | Anti-inflammatory | S4 |
| Dicloxacillin | PO | Antibiotic | S4 |
| Diphenylhydramine | PO | Antihistamine | S2 |
| Docusate | PO | Laxative | Unscheduled |
| Docusate Senna | PO | Laxative | Unscheduled |
| Domperidone | PO | Antiemetic | S4 |
| Doxycycline | PO | Antibiotic | S4 |
| Ear Preparations | Top | Steroid, Antibiotic | S4 |
| Electrolyte Solutions | PO | Electrolytes | S4 |
| Erythromycin | PO | Antibiotic | S4 |

| Drug | Route | Therapeutic Class | Poisons Schedule |
|---|--------|--|------------------|
| Esomeprazole, Lansoprazole, Omeprazole, Pantoprazole, Rabeprazole | PO | Proton Pump Inhibitor | S4 |
| Famciclovir | PO | Antiviral | S4 |
| Flucloxacillin | PO | Antibiotic | S4 |
| Fluconazole | PO | Antifungal | S4 |
| Fruzemide | PO | Diuretic | S4 |
| Flourescein | Top | Ophthalmic agent | Unscheduled |
| Fluticasone Salmeterol | INH | Preventative aerosol | S4 |
| Gastrogel, Mylanta, Gaviscon | PO | Antacid | S2 |
| Glucagon | SC, IM | Anti Hypoglycaemic | S4 |
| Glucocorticosteroid | INH | Steroid | S4 |
| Glucose | PO | Anti hypoglycaemic | Unscheduled |
| Homatropine | Top | Mydriatic | S4 |
| Hydrocortisone | Top | Steroid | S4 |
| Hyoscine Butylbromide | PO | Antispasmodic | S4 |
| Hypromellose Dextran, Antazoline/ Naphazoline, Ketotifen, Acular, Diclofenac sodium | Top | Ocular lubricant, anti histamine, NSAID, Analgesia | Unscheduled, S4 |
| Ibuprofen | PO | Anti-inflammatory | S2 |
| Ibuprofen / Codeine | PO | Anti Inflammatoary | S3 |
| Indomethacin | PO, PR | Anti-inflammatory | S4 |
| Ipratropium bromide | INH | Bronchodilator aerosols & inhalation | S4 |

| Drug | Route | Therapeutic Class | Poisons Schedule |
|--|---------------|--------------------|------------------|
| Ivermectin | PO | Anthelmintics | S4 |
| Kenacomb | Top | Steroid | S4 |
| Ketorolac | IM, PO | Anti-inflammatory | S4 |
| Levonorgestrel | PO | Contraceptive | S3 |
| Lignocaine | SC | Local anaesthetic | S2 |
| Lignocaine adrenaline | SC | Local anaesthetic | S3 |
| Lignocaine | Top | Anaesthetic | S4 |
| Lignocaine chlorhexadine | Top | Anaesthetic gel | S4 |
| Xylocaine viscous | PO, Top | Anaesthetic | S3, |
| Lignocaine prilocaine | Top | Anaesthetic cream | S4 |
| Loperamide | PO | Antidiarrhoeals | S2 |
| Loratidine, desloratadine, Cetirizine, Fexofenadine, Dexchlorpheniramine, Trimeprazine | PO | Antihistamine | S2, S3 |
| Macrogol/ Movicol | PO | Laxative | Unscheduled |
| Mometasone | Top | Steroid | S4 |
| Metoclopramide | IM, PO, IV | Antiemetic | S3 |
| Midazolam | PO,IN | Sedative/Hypnotics | S4 |
| Miconazole | Top | Antifungal | S2 |
| Morphine | IM, SC | Narcotic analgesic | S8 |
| Mupirocin | Top | Antiviral | S4 |
| Naloxone | IM, IV | Opioid Antagonist | S4 |
| Naproxen | PO | Anti-inflammatory | S4 |
| Norfloxacin | PO | Antibiotic | S4 |

| Drug | Route | Therapeutic Class | Poisons Schedule |
|----------------------------|--------|------------------------------|------------------|
| Omeprazole | PO | Proton Pump Inhibitor | S4 |
| Ondansetron | SL, PO | Antiemetic | S4 |
| Osteltamivir | PO | Antiviral | S4 |
| Oxygen | INH | | |
| Oxycodone | PO | Narcotic analgesic | S8 (SCM) |
| Paracetamol | PO, PR | Analgesic | S2 |
| Paracetamol Codeine | PO | Analgesic | S2-S4 |
| Phenoxymethylpenicillin | PO | Antibiotic | S4 |
| Pholcodine | PO | Cough Suppressant | S3 |
| Permethrin | Top | Scabies treatment | unscheduled |
| Prednisolone | PO | Steroid | S4 |
| Prilocaine | Top | Topical Anaesthetic | S4 |
| Prochlorperazine | PO | Antiemetic | S4 |
| Promethazine Hydrochloride | PO | Antihistamine | S4 |
| Pseudoephedrine | PO | Decongestant | S3 |
| Pyrantel | PO | Anthelminitics | S2 |
| Ranitidine | PO | H ₂ antagonist | S4 |
| Roxithromycin | PO | Macrolide | S4 |
| Salbutamol | INH | Bronchospasm relaxants | S4 |
| Silver nitrate | Top | Cauterizing agent | Unscheduled |
| Silver Sulphadiazine | Top | Antibacterial burn treatment | S4 |
| Sodium Citrotartrate | PO | Urinary Alkaliniser | Unscheduled |
| Sodium Phosphate | PR | Laxative | Unscheduled |
| Sodium Picosulfate | PO | Laxative | S3 |

| Drug | Route | Therapeutic Class | Poisons Schedule |
|--|--------|-------------------|------------------|
| Terbinafine | PO | Antifungal | S4 |
| Trimethoprim | PO | Antibiotic | S4 |
| Sulfamethoxazole Trimethoprim | PO | Antibiotic | S4 |
| Immunoglobulin (Zoster, Anti D, NHIG, other in response to ACT public Health Advice. | IM, SC | Immunoglobulin | S4 |
| Vaccines (ADT, Boostrix, MMR, other in response to ACT public Health Advice. | IM | Vaccine | S4 |
| Valaciclovir | PO | Antiviral | S4 |

| Intravenous Fluids |
|---|
| Crystalloid - 0.9% Normal Saline, 4% Dextrose 1/5 Normal Saline, Hartmann's Solution, 5% Dextrose |

A medication not on this list may be considered on the advice or order of a senior medical officer.

Other medications that are not listed above, that are available "over the counter", such as schedule 2 or 3 medications may be recommended by the Nurse Practitioner.

Follow Up Care

This includes, but is not limited to:

- Monitor test results and communicate to patient and relevant/collaborating healthcare professionals (Example GP, Emergency Department, Allied Health). Diagnostic tests that are ordered by the NP are to be followed up and actioned by that NP in a safe and timely basis, unless arranged previously with another NP. This will require After-Hours access to the ACT Health Network.
- Evaluate therapeutic response
- Management of abnormal results within scope of practice (Example wound culture)
- Monitor Progress

Plan for dissemination of Clinical Practice Guidelines

The WIC NP Clinical Practice Guidelines will be posted on The ACT Health- website.

- Copy held at the Office of the Chief Nurse, ACT Health
- Copy held at the WIC, Canberra Hospital and Health Services
- Copy lodged with the Australian College of Nurse Practitioners (ACT Chapter)

Plan for Implementation of Clinical Practice Guidelines

The NP will implement the full scope of practice once approval has been gained.

Plan for review and revision of Clinical Practice Guideline.

Update and review three years from date of guideline approval and third yearly thereafter. Update and review may occur more frequently as per the discretion of the NP (with significant changes in evidenced based practice or changes in practice setting/ collaborative agreement).

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ACT
Government
Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Nurse Practitioner Clinical Practice Guidelines

Nurse Practitioner: Michael Holroyd

AHPRA No: NMW0001390808

Health setting: Walk-in Centre ACT Government Health
Directorate

Settings:

The Walk-in Centre (WiC) is a service within the ACT Government Health Directorate and is supported by the Commonwealth Government under their Primary Health care strategy. The WiC provides acute, episodic care for minor illnesses and injuries. The Nurse Practitioner (NP) has a permanent NP position within the WiC and works amongst a team of Advanced Practice Nurses (APN's) and a Clinical Nurse Consultant (CNC) to provide episodic health care services to the residents of the Australian Capital Territory and surrounds. The Nurse Practitioner may also be required to support and lead (as appropriate) outreach services or clinics in response to public health emergencies, pandemics or disasters-natural or otherwise.

Nurse Practitioner Role:

The WiC NP is a senior member of a nurse led team which provides primary, secondary and tertiary disease prevention and health promotion in the context of acute episodic care for minor illness and injury. The NP will use expert clinical nursing practice to assess and treat autonomously and collaboratively patients presenting for episodic care of minor illness and injuries. Therapeutics, referral processes, and diagnostics used for this role are included in this document and serve as the base role for this NP.

This NP may also work within an Emergency Department or Emergent care setting. The NP will use expert clinical nursing practice to assess and treat autonomously and collaboratively patients presenting to the department. Any seriously injured or unwell patients will be treated in collaboration with a senior medical officer. Care may be initiated by the NP, and 'handed-over' to the senior medical officer. Therapeutics, referral processes, and diagnostics used in this role are included in this document.

Client/ Patient Population:

In the WIC the NP manages patients aged two years and older who present with conditions appropriate symptomology to his skill and knowledge.

The Nurse Practitioner may treat more complex patients, or patients with other comorbidities. He will consult widely with patients' general practitioner, or Registrars from other specialties, for example Obstetrics and Gynaecology.

NB: This NP also has a Graduate Diploma in Paediatric and Child Health Nursing. This may be used in an outreach clinic in response to public health emergencies.

Date of Approval:

Review Date:

Update and review three years from date of guideline approval and third yearly thereafter. Update and review may occur more frequently as per the discretion of the NP (with significant changes in evidenced based practice or changes in practice setting/ collaborative agreement).

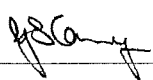

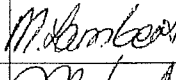
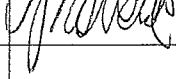
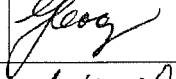

Disclaimer:

This document reflects current safe clinical practice. However, as in all clinical situations there may be factors which cannot be governed or guided by a single set of guidelines. This document does not replace the need for application of expert clinical judgement to each individual presentation.

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Local Service Area Clinical Practice Guideline Advisory Committee Members

| Name | Position | Professional Qualifications | Organisation | Signature | Date |
|--------------------|----------------------------------|-----------------------------|---|--|----------|
| Gayle Comyn | NP WiC | RN MSN (NP) | ACT Health |  | 13.10.13 |
| Naree Stanton | ADON WiC RADAR / ACALU | B App Sci | ACT Health |  | 22/10/13 |
| Michelle Lambert | CNC WiC | B App sci | ACT Health |  | 24/10/13 |
| Tanya Robertson | Medical Officer | MBBS Hons FRACGP | ACT Health |  | 22/10/13 |
| Gabrielle Cooper | Pharmacist, Associate Dean | B Pharm DHP PhD | University of Canberra |  | 29/10/13 |
| Margaret McCulloch | Consumer Representative | | Health Care Consumers Association of the ACT |  | 24/10/13 |

Evidence of Additional Health Professional and/or stakeholder Consultation

The following Health care Professionals and stakeholders were consulted throughout the development phase of these Clinical Practice Guidelines. This was achieved via individual meetings, email, and/or telephone. Prior to meetings draft Clinical Practice Guidelines were delivered for review, comment and appraisal.

| Name | Position | Professional Qualifications | Organisation | Rationale for consultation |
|-------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------|
| Allison Jordan | NP | RN MN (NP) | Calvary Healthcare | NP in Emergency care |
| Murali Guduguntla | Consultant radiologist/ Director | MBBS | ACT Health | Medical Imaging advice |
| Irene Rotenko | Emergency Consultant | MBBS FACEM | Calvary Healthcare | Emergency advice |
| Peter Grant | Emergency consultant | MBBS FACEM | Calvary healthcare | |
| Christopher Helms | NP | RN MSN (NP) | West Belconnen Health Cooperative | Primary care |
| Rhonda Maher | DON RACC | B App Sci MS Health Management | ACT Health | Managerial advice |

Introduction

The NP is a Registered Nurse (RN) who is authorised to provide an expert level of health assessment, management, and clinical care to patients presenting to the WIC. The NP model of care reflects the extended scope, specialty skills, and knowledge that is required for the role of NP, as described in the Australian Nursing and Midwifery accreditation Council's *Standards for Endorsement as a Nurse Practitioner*. This clinical guideline outlines the extended scope of clinical practice and will enable the NP to work safely and effectively in the delivery of advanced expert nursing care to patients.

The NP is a holistic practitioner. The NP's practice is underpinned by the principles of the World Health Organisations' (WHO) *Declaration of the Alma-Ata* of 1978 and the WHO 2008 document *Primary Health Care (Now More than Ever)*. Accordingly the care afforded by the NP would include the following characteristics:

- build therapeutic relationships;
- provide comprehensive and person-centred care;
- target clients who experience significant barriers to accessing health services, thereby aiming to decrease the discrepancy in health within our community;
- empower clients to be partners in managing their own health and that of their community;
- build client's capacity for greater health and wellbeing; and
- address the determinants of ill-health through inter-sectoral collaboration with other government and non-government organizations.

The range of conditions that clients present with are very broad and it is expected that, in addition to core general practice experience and skills, the NP will also contribute individually unique expertise and skills based on their further education, previous professional and clinical specialty experience and/or interests.

The scope of practice for the NP will be dynamic and as he completes additional education and training it is anticipated that his case mix will diversify in keeping with service delivery requirements within the scope of his acquired skills and expertise. If the NP determines that a client or condition falls outside of his education, training, or expertise he will default to the practice setting's individual protocols or guidelines for management. If this, in turn, does not safely and effectively address the client's needs the NP will either refer the client to the appropriate healthcare provider or consult with a senior collaborating medical officer for further advice and/or treatment. This collaborative process will be clearly documented in the client's record and effectively communicated to all parties involved in the client's care.

The NP is responsible for maintaining an up-to-date scope of practice and is expected, that practice, in line with other health professionals, will be based on sound clinical judgement using best practice guidelines and the latest available

evidence (See Reference List). This document provides an overarching framework to guide the clinical practice of the NP.

The NP is authorised to undertake complete medical histories, utilise validated risk assessment tools, and perform advanced physical examinations utilising skills appropriate for a scope of practice concordant with generalist practice.

The NP will work in consultation with the patient, their significant others and the multidisciplinary team to ensure that the patient is aware of their clinical condition, choices available to them and to ensure the most appropriate management plan is developed with the patient. Specific to the episodic care provided the NP will provide relevant follow up instruction and information for all patients they provide a service to including engagement of the patient's General Practitioner, or health care provider.

This document reflects what is currently regarded as safe clinical practice. However, as in any clinical situation there will be factors, which cannot be covered by a single set of guidelines. In these situations the NP will exercise the application of clinical judgement specific for each individual presentation.

Conditions for Urgent Referral to the Emergency Department

All medical emergencies (actual or suspected), and patients that fit the Medical Emergency Team (MET) calling criteria.

MET Criteria (Adult)

- Threatened airway
- Respiratory arrest
- RR < 5 or >36
- SaO₂ < 90 % FiO₂ R/A
- Cardiac arrest
- PR < 40 or >140
- Systolic BP < 90
- Sudden fall in GCS > 2 points
- Repeated or prolonged seizures

Any other patient that the NP is seriously concerned about that does not fit the above criteria.

The NP will call the MET or an ambulance as pertains to the environment the NP is working in.

Conditions for Semi-Urgent Referral to the Emergency Department, Specialist or Local Government Agency:

All conditions for urgent referral to the emergency department as listed above plus others including, but is not limited to:

- Acute neurovascular compromise
- Possible threatened pregnancy
- Complicated fracture
- Child at risk of harm
- Sexual assault
- Post surgical complication
- Unstable chronic health conditions
- Conditions which, if not treated in a semi-urgent manner, will cause an increased length of stay, increased morbidity or mortality, or permanent dysfunction. This may include, but is not limited to:
 - Chest Pain
 - Acute abdomen
 - Infection with systemic features
 - Urinary retention
 - Delirium
 - Testicular torsion
 - Bowel obstruction
 - Unexplained bleeding or pain
 - Severe dehydration
 - Life-threatening depression

The NP will discuss with these patients and refer them to an Emergency Department for review and ongoing management.

Conditions for Referral to another Healthcare Professional:

- Any compromising condition or new presentation of the following conditions, which includes but is not limited to:
 - Heart Failure, Coronary Heart Disease, Diabetes, Chronic Obstructive Airway Disease (COAD), Neurovascular Disease, Asthma, Malignant Hypertension, Dementia, Severe Depression, Psychosis, or Autoimmune Disease.
- Any compromising chronic condition that is unstable but unlikely to deteriorate quickly.
- Any non-urgent condition with an unusual presentation or response to treatment deemed to be outside the scope of practice by the NP which they feel needs assessment by a more experienced clinician.
- Any condition that would benefit from collaboration amongst healthcare professionals for the purpose of providing holistic and preventative care in

order to achieve optimal health outcomes. This may include, but is not limited to:

- Dietician, Occupational Therapy, Physiotherapy, Speech Pathology, and Audiometry.
- Review and/or renewal of regular, ongoing medication prescribed by another clinician for a condition that is not managed within the established NP Medication Formulary.
- Patients that the NP considers to be outside his expertise and do not fit into the urgent/semi-urgent referral pathway.

Management

Primary Prevention management strategies may include, but is not limited to:

- Health promotion activities within the service and to outside community groups; becoming aware of the gaps within our local community knowledge, and addressing these issues with the community themselves and through intersectoral collaboration.
- Ensuring appropriate health promotion resources are available in the service on a number of topics. Particular focus on Australia's National Preventative Health Strategies which target obesity, tobacco use & alcohol use.
- Safer sex education, provision of condoms, and advice.
- Immunisations.
- Dietary, smoking cessation, alcohol, and physical activity advice.

Secondary Prevention management strategies may include, but is not limited to:

- Sexually transmitted infection screening.
- Pregnancy testing.
- Periodic determination of blood pressure.
- Smoking cessation counselling.
- Dietary counselling.
- Weight loss counselling.

Tertiary Prevention management strategies include:

Disease management of common illnesses that do not have a chronic nature, but need to be treated to alleviate suffering of clients, ensure rapid return to workforce and to improve overall health. These conditions may include, but are not limited to:

- Head, Ears, Eyes, Nose, Throat (Acute Otitis Media, Acute Otitis Externa, Conjunctivitis, Sinusitis, Tonsillitis, Pharyngitis, Minor Dental Issues, Minor Epistaxis, Foreign Body/Insect).
- Respiratory (Upper / Lower Respiratory Infections, Acute Minor Asthma, Moderate Asthma, Minor Chest Infection).
- Gastrointestinal (Dyspepsia, Gastroenteritis, Constipation, Nausea, Vomiting, Intestinal Parasitic Infections).