

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

**Alice Springs Hospital Emergency Department SSTPs
Approval**

I, Christine Maree Connors, Chief Health Officer:

- (a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;
- (b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 28 March 2025

EDOC2025/79578

Chief Health Officer

Schedule A

| Title | Publication Date | Author |
|--|------------------|---|
| Metoclopramide for Nausea and/or Vomiting Alice Springs Emergency Department SSTP | 19 March 2025 | Alice Springs Hospital Emergency Department, Northern Territory Government, Department of Health |
| Oxybuprocaine Hydrochloride Eye Drops for Pain to Eyes Alice Springs Hospital Emergency Department SSTP | 19 March 2025 | Alice Springs Hospital Emergency Department, Northern Territory Government, Department of Health |
| Paracetamol 500mg and Codeine 30 mg Tablet ASH ED SSTP | 19 March 2025 | Alice Springs Hospital Emergency Department, Northern Territory Government, Department of Health |
| Salbutamol 5mg Nebules for Asthma/Chronic Obstructive Pulmonary Disease Alice Springs Hospital Emergency Department SSTP | 19 March 2025 | Alice Springs Hospital Emergency Department, Northern Territory Government, Department of Health |

Metoclopramide for Nausea and/or Vomiting Alice Springs Emergency Department SSTP

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| Areas Applicable | Alice Springs Hospital ("ASH") Emergency Department |
| Health Professionals authorised by this SSTP | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the required education package and demonstrated competency |
| Scheduled Substance(s) | Metoclopramide 5mg/mL (2mL) ampoule Metoclopramide 10mg tablet |
| Indication | Patients more than 20 years old that present to the ASH Emergency Department with nausea and/or vomiting |
| Contraindications and/or Exclusions* | <ul style="list-style-type: none"> • Patients less than 20 years old • Elderly greater than 75years old • Severe renal impairment (CrCl <10mL/minutes) • Pheochromocytoma • Parkinson's Disease • Weighing less than 60kg – seek doctor for dosing |
| Use in Pregnancy | ADEC category A (Safe to use) Breast Feeding – Safe to use |
| Dose and Route* | 10mg (2mL) intravenous (IV) undiluted, <u>OR</u> 10mg (2mL) intramuscular (IM), <u>OR</u> 10mg tablet orally |
| Administration | IV bolus to be given slowly over 3 minutes to minimise transient agitation and restlessness, <u>OR</u> IM injection into a large muscle, <u>OR</u> oral tablet |
| Dose Frequency* | Single dose |
| Drug Interactions* | Suxamethonium – Metoclopramide may reduce the metabolism of suxamethonium and increase neuromuscular blockade and respiratory insufficiency Dopamine agonists (Apomorphine, pramipexole, ropinirole, rotigotine, bromocriptine and cabergoline) – Metoclopramide will reduce the efficacy of dopamine agonists. |
| Monitoring requirements* | The patient must be reviewed 20 minutes after administration and efficacy of medication documented in the patient notes. Monitor for adverse reactions Notify Medical Officer if vomiting persists |

Metoclopramide for Nausea and/or Vomiting Alice Springs Emergency Department SSTP

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| Health Professional Accreditation Requirements | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented documented completion of the Alice Springs Emergency Department Scheduled Substance Treatment Protocol authorisation education and training package and demonstrated competency. | | |
| Documentation <i>(including necessary information to the patient)</i> | <ol style="list-style-type: none">1. The administration must be documented on the medication section of the Emergency Department record.2. It must be documented in the patient's notes "Metoclopramide 10mg IV/IM/PO has been given as per SSTP" | | |
| Related Documents | ASH ED: Schedule Substance Treatment Protocols Medication Management CA and Barkly Region Procedure.DOCX | | |
| Chief Health Officer | Signature | Name | Date |
| | EDOC2025/79578 | Adj Prof Christine Connors | 28/03/2025 |
| Period of effect | This SSTP remains in force until 28/03/2027 unless revoked earlier | | |
| References: Australian Medicines Handbook July 2024 * The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration | | | |

Oxybuprocaine Hydrochloride Eye Drops for Pain to Eyes Alice Springs Hospital Emergency Department SSTP

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| Areas Applicable | Alice Springs Hospital ("ASH") Emergency Department |
| Health Professionals authorised by this SSTP | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the required education package and demonstrated competency. |
| Scheduled Substance(s) | Oxybuprocaine hydrochloride 0.4% MINIMS® (single use, preservative-free) |
| Indication | This protocol applies to patients who attend the ASH Emergency Department with severe pain to eyes relating to non-penetrative trauma |
| Contraindications and/or Exclusions* | <ul style="list-style-type: none"> • Patients already seen by a medical officer • Penetrating eye injuries • Eye infection • Known allergy to the drug or any other local anaesthetic |
| Use In Pregnancy | ADEC Category A (safe to use) |
| Dose and Route* | Topical – 1 drop into the affected eye(s) |
| Administration | Topical – 1 drop. (Advise patient of possible stinging sensation upon administration) |
| Dose Frequency* | Single dose |
| Drug Interactions* | N/A |
| Monitoring requirements* | <ul style="list-style-type: none"> • Cover the eye to protect from dust and scratching • Advise patient not to scratch the eye • Patient should be seen by doctor even if the analgesia is effective • If pain persists post analgesia, notify Medical Officer • Monitor for adverse reactions - Notify Medical Officer immediately if any signs of reaction or hypersensitivity occurs |
| Health Professional Accreditation Requirements | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the Alice Springs Emergency Department Scheduled Substance Treatment Protocol authorisation education and training package and demonstrated competency. |

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| Documentation <i>(including necessary information to the patient)</i> | <ol style="list-style-type: none">1. The administration must be documented on the medication section of the Emergency Department record.2. It must be documented in the patient's notes "Oxybuprocaine hydrochloride 0.4% eye drops administered as per SSTP" | | |
| Related Documents | ASH ED: Schedule Substance Treatment Protocols Medication Management CA and Barkly Region Procedure.DOCX | | |
| Chief Health Officer | Signature | Name | Date |
| | EDOC2025/79575 | Adj Prof Christine Connors | 28/03/2025 |
| Period of effect | This SSTP remains in effect until 28/03/2027 unless revoked earlier | | |
| References: Australian Medicines Handbook July 2024 * The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration | | | |

Paracetamol 500mg and Codeine 30 mg Tablet ASH ED SSTP

| Areas Applicable | Alice Springs Hospital (“ASH”) Emergency Department | | | | | | | | | | | | | |
|--|---|---------|-----------|--|------|-------|--------|------|---------------------------------------|--|---------|----------|-------|-----------|
| Health Professionals authorised by this SSTP | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the required education package and demonstrated competency | | | | | | | | | | | | | |
| Scheduled Substance(s) | Paracetamol 500mg and Codeine 30mg tablet | | | | | | | | | | | | | |
| Indication | This protocol applies to patients who present to the ASH Emergency Department in moderate acute pain, requiring stronger analgesia than paracetamol, yet not requiring strong opioids. Pain should be assessed using the pain score card and level of distress | | | | | | | | | | | | | |
| Contraindications and/or Exclusions* | <ul style="list-style-type: none">• Patients already seen by a medical officer• Patient less than 12 years old• Patients less than 30kg• Allergies or sensitivities to paracetamol or codeine• Patients with an altered level of consciousness (GCS less than 15)• Hypotension• Respiratory Rate less than 10 breaths per minute• Patients who have received paracetamol in the last 4 hours, or a total of 8 tablets containing paracetamol (or 6 of slow-release paracetamol tablets) in the past 24 hours.• Patients exhibiting drug seeking behaviour (refer to medical officer)• Patients who are already on a documented management plan for pain• Patients with dyspnoea as a major complaint• Patients presenting with possible ischaemic chest pain• History of chronic liver disease or severe/end stage renal failure• Abdominal pain• Elderly (greater than 75 years old)• Lactation | | | | | | | | | | | | | |
| Use in Pregnancy | <ul style="list-style-type: none">• ADEC Category A (safe to use) | | | | | | | | | | | | | |
| Dose and Route* | <table><tr><th>Drug</th><th>Route</th><th>Weight</th><th>Dose</th></tr><tr><td rowspan="2">Paracetamol 500mg/Codeine 30mg tablet</td><td rowspan="2">Oral – if patient is required to be fasted, medication to be taken with 30mL of water only</td><td>30-49kg</td><td>1 tablet</td></tr><tr><td>≥50kg</td><td>2 tablets</td></tr></table> | | | | Drug | Route | Weight | Dose | Paracetamol 500mg/Codeine 30mg tablet | Oral – if patient is required to be fasted, medication to be taken with 30mL of water only | 30-49kg | 1 tablet | ≥50kg | 2 tablets |
| Drug | Route | Weight | Dose | | | | | | | | | | | |
| Paracetamol 500mg/Codeine 30mg tablet | Oral – if patient is required to be fasted, medication to be taken with 30mL of water only | 30-49kg | 1 tablet | | | | | | | | | | | |
| | | ≥50kg | 2 tablets | | | | | | | | | | | |
| Administration | As above | | | | | | | | | | | | | |
| Dose Frequency* | Single dose | | | | | | | | | | | | | |

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| Drug Interactions* | <ul style="list-style-type: none">Use with other CNS depressants (e.g. other opioids, sedatives, tranquilizers, alcohol) may potentiate the effects of codeine, increasing the risk of respiratory depression, profound sedation or comaCombination with other drugs that can lower BP or cause bradycardia may worsen these effects | | |
| Monitoring requirements* | Pain score to be assessed and documented prior to administration and 30 minutes post. (Up to 10% of Caucasian population will not respond to codeine) | | |
| Health Professional Accreditation Requirements | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the Alice Springs Emergency Department Scheduled Substance Treatment Protocol authorisation education and training package and demonstrated competency. | | |
| Documentation <i>(including necessary information to the patient)</i> | <ol style="list-style-type: none">The administration must be documented on the medication section of the Emergency Department recordIt must be documented in the patient's notes "Paracetamol 500mg/Codeine 30mg tablet(s) has been given as per SSTP" | | |
| Related Documents | ASH ED: Schedule Substance Treatment Protocols Medication Management CA and Barkly Region Procedure.DOCX | | |
| Chief Health Officer | Signature | Name | Date |
| | EDOC2025/79576 | Adj Prof Christine Connors | 28/03/2025 |
| Period of effect | This SSTP remains in effect until 28/03/2027 | | |
| References: Australians Medicines Handbook July 2024 | | | |
| * The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration | | | |

Salbutamol 5mg Nebules for Asthma/Chronic Obstructive Pulmonary Disease Alice Springs Hospital Emergency Department SSTP

| Areas Applicable | Alice Springs Hospital ("ASH") Emergency Department | | | | | | | | | | |
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| Health Professionals authorised by this SSTP | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the required education package and demonstrated competency | | | | | | | | | | |
| Scheduled Substance(s) | Salbutamol 5mg nebule | | | | | | | | | | |
| Indication | <p>This protocol applies to patients who are known asthmatics/COPD presenting to the ASH Emergency Department with signs of moderate asthma/COPD as shown below:</p> <ul style="list-style-type: none"> • Shortness of breath • Tightness in chest • Dyspnoea • Reduced peak expiratory flow • Reduced ability to speak sentences/phrases • Wheeze • Pulse rate >100 beats/minute • Reduced oxygen saturation | | | | | | | | | | |
| Contraindications and/or Exclusions* | <ul style="list-style-type: none"> • Patient is severely distressed, agitated or physically exhausted • Patient is tachypnoeic • Central cyanosis • Patient is < 6 years | | | | | | | | | | |
| Use in Pregnancy | ADEC category A (Safe to use) | | | | | | | | | | |
| Dose and Route* | <table border="1"> <thead> <tr> <th>Drug</th><th>Route</th><th>Age</th><th>Dose</th></tr> </thead> <tbody> <tr> <td>Salbutamol 5mg/2.5mL Nebules</td><td>Inhaled via a nebuliser. Administer with oxygen* for adult and child (flow rate 8 L/min)</td><td>>6yrs</td><td>5mg</td></tr> </tbody> </table> <p>*Patients with COPD and known or suspected CO₂ retention should be placed in a monitored environment for treatment and receive nebulisation via air as opposed to oxygen.</p> | | | Drug | Route | Age | Dose | Salbutamol 5mg/2.5mL Nebules | Inhaled via a nebuliser. Administer with oxygen* for adult and child (flow rate 8 L/min) | >6yrs | 5mg |
| Drug | Route | Age | Dose | | | | | | | | |
| Salbutamol 5mg/2.5mL Nebules | Inhaled via a nebuliser. Administer with oxygen* for adult and child (flow rate 8 L/min) | >6yrs | 5mg | | | | | | | | |
| Administration | Ensure nebuliser is positioned in upright position, | | | | | | | | | | |
| Dose Frequency* | Single dose | | | | | | | | | | |

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| Drug Interactions* | <ul style="list-style-type: none">Administering other sympathomimetic amines (e.g. ephedrine, phenylephrine, pseudoephedrine) with salbutamol may result in excess sympathetic stimulation and sympathetic adverse effects (e.g. tremor, tachycardia, headache).Beta-blockers antagonise the therapeutic effects of salbutamol and may precipitate asthma. <p>Theophylline can potentiate hypokalaemia induced by high doses of salbutamol; monitor patients with severe asthma closely for hypokalaemia.</p> | | |
| Monitoring requirements* | <ul style="list-style-type: none">Notify a medical officer immediately if oxygen saturation is less than 92%.Assess Peak Expiratory Flow Rate (PEFR) pre- and post-dose and auscultate lung fields for adventitious sounds. | | |
| Health Professional Accreditation Requirements | A registered nurse who has a minimum of 12 months experience as a registered nurse, which includes a minimum of 6 months experience in an Emergency Department AND has documented completion of the Alice Springs Emergency Department Scheduled Substance Treatment Protocol authorisation education and training package and demonstrated competency. | | |
| Documentation <i>(including necessary information to the patient)</i> | <ol style="list-style-type: none">The administration must be documented on the medication section of the Emergency Department record.It must be documented in the patient’s notes “Salbutamol 5mg nebulised has been given as per SSTP” | | |
| Related Documents | ASH ED: Schedule Substance Treatment Protocols Medication Management CA and Barkly Region Procedure.DOCX | | |
| Chief Health Officer | Signature | Name | Date |
| | EDOC2025/79577 | Adj Prof Christine Connors | 28/03/2025 |
| Period of effect | This SSTP remains in effect until 28/03/2027 unless revoked earlier | | |
| References: Australian Medicines Handbook July 2024 | | | |
| * The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer’s product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration | | | |