Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Sexual Assault Referral Centres (SARC) SSTP 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 6 months on and from the date of this instrument.

Dated 26 March 2025

EDOC2025/78458

Chief Health Officer

Schedule A

Title	Publication Date	Author
Sexual Assault Referral Centres (SARC) SSTP and NIM Protocols	21 March 2025	SARC, Northern Territory Government, Department of Health

Sexual Assault Referral Centres (SARC) SSTP and NIM Protocols

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Doxycycline	Anorectal Chlamydia cases and their sexual partners Male urethritis

	Pelvic inflammatory disease
Hepatitis B Vaccination	Hepatitis B vaccine to be given post sexual assault if: No records of Hepatitis B vaccine or partially vaccinated. In accordance with: The Australian Immunisation Handbook NT Adult and special risk groups Immunisation Schedule NT Immunisation Schedule (up to 18 years) NT and national specific immunisation programs introduced from time to time NT hepatitis B vaccination and public health guidelines 2013 Hepatitis B vaccine to be given post-acute sexual assault if: • No records of Hepatitis B vaccine or partially vaccinated
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Scheduled Substance Treatment Protocol (SSTP)

Amoxicillin with Probenecid for Sexually Transmitted Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Amoxicillin tablets Probenecid tablets
Indication	• Vaginal discharge • Male urethritis • Gonorrhoea cases and their sexual partners • SARC Clinical Management Protocol for STI Prophylaxis following acute sexual assault.
Contraindications and/or Exclusions	• Known hypersensitivity to penicillins (e.g. amoxicillin, di/flucloxacillin, phenoxymethlypenicillin, benzathine benzylpenicillin), cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin), or probenecid. • Acute gout • Phenylketonuria • G6PD deficiency
Circumstances requiring discussion with MO	Consultation with a Medical Officer required for clients with the following circumstances: • Renal impairment • Kidney stones • Blood dyscrasia (haematological disorders) • Currently taking salicylates (e.g. aspirin) • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose, Route and Frequency	All indications: as per table, taken by the ORAL route

Drug	Dose	Frequency
Amoxicillin	1000mg tablets x3	as a SINGLE DOSE
Probenecid	500mg tablets x2	as a SINGLE DOSE

Administration	Amoxicillin and probenecid must be given at the same time. Best taken with food and a full glass of water

Drug Interactions	Amoxicillin • Allopurinol – concomitant administration with amoxicillin can cause substantial increases in the incidences of rashes • Oral contraceptives – patients should be warned that amoxicillin may reduce the effectiveness of oral contraceptives • Tetracyclines may interfere with bactericidal effects of Amoxicillin Probenecid • Methotrexate – probenecid reduces methotrexate's renal excretion and increases its toxicity; avoid combination or reduce methotrexate dose and monitor for adverse effects
Monitoring requirements	Baseline observations. The client should be observed for 15 minutes following oral amoxicillin and probenecid for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylactic reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive Amoxicillin and Probenecid must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer Amoxicillin and Probenecid TGA Consumer Medicines Information handouts.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Scheduled Substance Treatment Protocol (SSTP)

Azithromycin for Sexually Transmitted Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Azithromycin tablets
Indication	• Chlamydia cases and their sexual partners • Urethral and Pharyngeal Gonorrhoea cases and their sexual partners • Pelvic inflammatory disease
Contraindications and/or Exclusions	• Known hypersensitivity to azithromycin or other macrolides (e.g. erythromycin, roxithromycin, clarithromycin) Consultation with a Medical Officer required for clients with the following circumstances: • Renal or liver impairment • Currently taking colchicine, digoxin, theophylline, warfarin • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route & Frequency	All doses are to be given by the **ORAL** route *Note: treatment of Neisseria gonorrhoea is always given with other relevant antibiotics – see Gonorrhoea Management SHBBV Guideline and relevant SARC SSTP within this document*
Administration	Swallow the tablets whole with liquid. If you are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of azithromycin.
Drug Interactions	• Antacids • Rifabutin Combination of rifabutin with azithromycin may increase the risk of adverse effects, e.g. neutropenia, GI symptoms, myalgia; monitor closely.

Indication	Dose	Frequency
Chlamydia cases	500mg tablet x 2	Single dose
Urethral Gonorrhoea cases	500mg tablet x 2	Single dose
Pharyngeal Gonorrhoea cases	500mg tablet x4	Single dose
Pelvic inflammatory disease	500mg tablet x 2	Once a WEEK only for 2 doses

Monitoring requirements	Baseline observations The client should be observed for 15 minutes following oral azithromycin for possible adverse events or anaphylaxis Call 000 if patient experiences an anaphylaxis reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive Azithromycin must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer Azithromycin TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.

Scheduled Substance Treatment Protocol (SSTP) **SSTP**

Benzathine Benzylpenicillin for Syphilis SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Benzathine benzylpenicillin for injection
Indication	• Early syphilis • Late or unknown duration syphilis • Genital ulcer
Contraindications and/or Exclusions	Known hypersensitivity to penicillins (e.g. amoxicillin, di/flucloxacillin, phenoxymethlypenicillin, benzathine benzylpenicillin), cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin)
Circumstances requiring discussion with MO	• Treatment for early syphilis during second half of pregnancy • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route and Frequency	Deep intramuscular (IM) injection

Indication	Dose	Frequency
Early syphilis	2.4 million units	Single dose
Late or unknown duration syphilis	2.4 million units	ONCE a WEEK for 3 doses
Genital ulcer	2.4 million units	Single dose

Dose Frequency	As above
Administration	Administer by deep, intramuscular injection in the upper, outer quadrant of the buttock. Because of the high concentration of suspended material in this product, the needle may be blocked if the injection is not made at a slow, steady rate.
Drug Interactions	Methotrexate – Penicillins have been associated with increased methotrexate concentrations and risk of toxicity, particularly with antineoplastic doses of methotrexate, but evidence is poor. Carefully monitor methotrexate concentration and for methotrexate toxicity as increased calcium folinate rescue treatment may be needed

Monitoring requirements	Baseline observations The client should be observed 15 minutes following benzathine benzylpenicillin for injection for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. *Jarisch-Herxheimar reaction* Approximately 30% of people treated for primary syphilis and 60% of people treated for secondary syphilis have a reaction characterised by chills, fever, arthralgia, headaches and transiently increased prominence of lesions. This is due to the release of treponemal constituents and usually occurs within 24 hours of starting treatment.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive benzathine benzylpenicillin must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer Benzathine benzylpenicillin TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTPs Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Scheduled Substance Treatment Protocol (SSTP)

Ceftriaxone with Lidocaine (Lignocaine) For Sexually Transmitted Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Ceftriaxone for injection Lidocaine (Lignocaine) 1% for injection
Indication	• Gonorrhoea cases and their sexual partners • Vaginal discharge and cervicitis • Male urethritis • Pelvic inflammatory disease • Epididymo-orchitis • SARC Clinical Management Protocol for STI Prophylaxis following acute sexual assault.
Contraindications and/or Exclusions	• Known hypersensitivity to cephalosporins, cefalexin or lidocaine (lignocaine) • Past anaphylactic reaction to penicillin
Circumstances requiring discussion with MO	Consultation with a Medical Officer required for clients with the following circumstances: • Renal failure • Currently taking anticoagulants including warfarin • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose, Route & Administration	All indications: 500mg ceftriaxone in 1.8mL lidocaine (lignocaine) 1% via Intramuscular injection (IM)
Dose Frequency	Single dose
Drug Interactions	• Oral hormonal contraceptives Ceftriaxone may adversely affect the efficacy of oral hormonal contraceptives. Consequently, it is advisable to use supplementary (non-hormonal) contraceptive measures during treatment and in the month following treatment • Anticoagulants including warfarin
Monitoring requirements	Baseline observations. The client should be observed for 15 minutes following administration of ceftriaxone with lidocaine for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylactic reaction.

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive ceftriaxone with lidocaine must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer ceftriaxone and lidocaine TGA Consumer Medicines Information handouts.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.

Scheduled Substance Treatment Protocol (SSTP)

Doxycycline for Sexually Transmitted Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Doxycycline tablets
Indication	• Anorectal Chlamydia cases and their sexual partners • Pelvic inflammatory disease • Male Urethritis • SARC Clinical Management Protocol or STI Prophylaxis following Acute sexual assault
Contraindications and/or Exclusions	• Known hypersensitivity to tetracyclines (e.g. doxycycline, minocycline, tetracycline) • Currently taking oral retinoids (e.g. isotretinoin, etretinate, vitamin A) • Pregnancy • Lactation • Children under 8 years
Circumstances requiring discussion with MO	Consultation with a Medical Officer required for clients with the following circumstances: • Systemic lupus erythematosus • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose, Route and Frequency	All doses are to be given by the **ORAL** route

Indication	Dose	Frequency
Anorectal Chlamydia cases	100mg tablet x 1	TWICE DAILY for 7 days
Male urethritis	100mg tablet x 1	TWICE DAILY for 7 days
Pelvic inflammatory disease	100mg tablet x 1	TWICE DAILY for 14 days

Administration	To reduce the possibility of gastric irritation, it is recommended that doxycycline is given with food or milk and remain upright (do not lie down) for an hour after taking a tetracycline. Avoid sun exposure, wear protective clothing and use sunscreen while taking this medicine.
Drug Interactions	Warfarin and Doxycycline have been reported to prolong prothrombin time in patients. Concurrent use of tetracyclines may render oral contraceptive less effective. Do not take antacids, iron, calcium or zinc supplements within 2 hours of a tetracycline as they may interfere with its absorption.

Monitoring requirements	Baseline observations. The client should be observed for 15 minutes following oral doxycycline for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylactic reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive doxycycline must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer doxycycline TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.

Scheduled Substance Treatment Protocol (SSTP)

Hepatitis B vaccination SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Hepatitis B vaccine
Indication	In accordance with: The Australian Immunisation Handbook NT Adult and special risk groups Immunisation Schedule NT Immunisation Schedule (up to 18 years) NT and national specific immunisation programs introduced from time to time NT hepatitis B vaccination and public health guidelines 2013 Hepatitis B vaccine to be given post-acute sexual assault if: • No records of Hepatitis B vaccine or partially vaccinated
Contraindications and/or Exclusions	Anaphylaxis following a previous dose of any Hepatitis B vaccines History of anaphylaxis to yeast
Dose and Route	Intramuscular injection Hepatitis B 0.5mL (Paediatric) Hepatitis B 1mL (Adult)
Dose Frequency	According to:- NT immunisation schedules Australian Immunisation Handbook (online)
Administration	Complete pre-vaccination screening checklist Table. Pre-vaccination screening checklist | The Australian Immunisation Handbook (nt.gov.au) Administer according to the NT vaccination schedules, recommendations in the Australian Immunisation Handbook (online)
Drug Interactions	Refer to the Australian Immunisation Handbook for specific vaccines and their interactions with immunoglobulins. Refer to vaccine specific chapters in the Australian Immunisation handbook for specific drug interactions with each vaccine.
Monitoring requirements	Adrenaline and oxygen available for administration in the event of anaphylaxis Baseline observations All vaccine recipients should be observed for 15 minutes following vaccination for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. Contact Medical Officer if they experience an adverse or unexpected reaction

Nursing Accreditation Requirements	Be entitled to practice under the *Health Practitioner Regulation National Law Act 2009* and do so in the course of their specified duty; and have completed - Basic Life Support (BLS) & Automated External Defibrillator (AED) - **Recognition and Response to Clinical Deterioration** - Medication Safety - Darwin SARC Medication Learning Package & Questionnaire - Provide evidence of having completed an NT Health *About Giving Vaccine* course or Approved Interstate Immunisation training Course as listed in *Prescribed Qualifications to Supply or Administer or Possess Vaccinations* in the NT Government Gazette - Registered Nurses who have never completed an Immunisation Course need to complete the Govt of SA *Understanding Vaccines and the National Immunisation Program* (HESA Accredited) - Vaccine providers who have completed a recognised vaccination course or upskilling course in the last 3 years are required to complete NT Health *AGV Upskilling Course* at least every 3 years via the Remote Area Health Corps (RAHC) eLearning Portal. https://health.nt.gov.au/professionals/centre-for-disease-control/immunisation-health-professionals/about-giving-vaccines-course - If more than 3 years have elapsed since the last approved upskill course or full course qualification they must successfully complete the full course qualification. - Registered nurses who are not compliant with the above requirements must not supply or administer vaccines without written authorisation and supervision by a medical practitioner.
Documentation *(including necessary information to the patient)*	Clients who receive hepatitis B vaccine must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Notify to the relevant database: NTIR and AIR Advise to return to the clinic for medical review if the client becomes unwell or has any concerns Offer hepatitis B TGA Consumer Medicines Information handout
Related Documents	NT Adult and special risk groups Immunisation Schedule NT Immunisation Schedule (up to 18 years) NT and national specific immunisation programs introduced from time to time NT hepatitis B vaccination and public health guidelines 2013

Scheduled Substance Treatment Protocol (SSTP)

Levonorgestrel for Emergency Contraception SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Levonorgestrel tablets
Indication	Emergency contraception
Contraindications and/or Exclusions	• Known hypersensitivity to levonorgestrel • Current breast cancer • Pregnancy
Circumstances requiring discussion with MO	• Undiagnosed persistent vaginal bleeding • History of breast cancer • Hypertension greater than 180/110 • Renal or hepatic disease • History of ischaemic heart disease or stroke • Systemic lupus erythematosus • Recent surgery • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	1.5 mg tablet x 1 orally
Dose Frequency	Single dose
Administration	Give as soon as possible after unprotected intercourse, as its efficacy decreases with time. Give it within 96 hours (4 days) afterwards, but preferably within 72 hours (3 days). Levonorgestrel can still be considered 96–120 hours (5 days) afterwards (as its risks are minimal) but its efficacy is uncertain. Advise patient to return for another dose if they vomit within 2 hours of taking the tablets. Advise client that their next period is likely to be on time but it may be slightly early or late. If more than 1 week late, or if it is unusually light, they should have a pregnancy test.
Drug Interactions	The metabolism of levonorgestrel can be enhanced by concomitant use of medicines which induce CYP3A4. This may reduce the effectiveness of levonorgestrel in preventing pregnancy. Drugs suspected of having the capacity to reduce the efficacy of levonorgestrel include; • phenytoin, • carbamazepine, • St. John's wort, • rifampicin, ritonavir • Perampanel • Phenobarbitone

Monitoring requirements	Perform a pregnancy test prior to administration Advise client if vomiting occurs within 2 hours of taking the tablets, to obtain another dose from SARC or nearest pharmacy. Baseline observations The client should be observed for 15 minutes following oral levonorgestrel for possible adverse events or anaphylaxis Call 000 if patient experiences an anaphylactic reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive levonorgestrel must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer levonorgestrel TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Scheduled Substance Treatment Protocol (SSTP) **SSTP**

Metoclopramide for Nausea and/or Vomiting SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Metoclopramide 10mg tablet, 10mg injection
Indication	• To control nausea and vomiting • Prophylactically treatment for medications given after sexual assault that are expected to cause significant nausea and/or vomiting.
Contraindications and/or Exclusions	• Metoclopramide should not be used where gastrointestinal motility may be dangerous (i.e. in presence of gastrointestinal haemorrhage, mechanical obstruction or perforation) • Hypersensitivity to metoclopramide (past allergy or dystonic reactions) • Patients with phaeochromocytoma • Parkinson's disease
Dose and Route	10 mg as a single dose given orally, or 10mg as a single intramuscular injection (IM)
Dose Frequency	Single dose
Administration	As above
Drug Interactions	Suxamethonium Dopamine agonists (apomorphine, pramipexole, ropinirole, rotigotine, bromocriptine and cabergoline)
Monitoring requirements	Baseline observations The client should be observed 15 minutes following Metoclopramide for injection for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. Contact Medical Officer if they experience an adverse or unexpected reaction.

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive metoclopramide must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns Offer metoclopramide TGA Consumer Medicines Information handout
Related Documents	Metoclopramide to Control Nausea and Vomiting in Alcohol and Other Drug Withdrawal AODS SSTP Alcohol and Other Drugs Withdrawal Clinical Practice Guideline

Scheduled Substance Treatment Protocol (SSTP)

Metronidazole for Sexually Transmitted Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Metronidazole tablets
Indication	• Bacterial vaginosis • Trichomonas vaginalis infection • Vaginal discharge • Pelvic inflammatory disease • SARC Clinical Management Protocol for STI Prophylaxis following acute sexual assault.
Contraindications and/or Exclusions	• Known hypersensitivity to imidazoles (e.g. metronidazole, tinidazole, fluconazole) • Currently taking disulfiram or fluorouracil
Circumstances requiring discussion with a MO	• Acute neurological disorder • Blood dyscrasia (haematological disorders) • Renal or liver impairment • Pregnancy • Lactation • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose, Route and Frequency	All doses are to be given by the **ORAL** route

Indication	**Dose**	**Frequency**
Bacterial vaginosis	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE
Trichomonas vaginalis infection	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE
Vaginal discharge	400mg tablet x 1 OR 400mg tablets x5	TWICE DAILY for 7 days as a SINGLE DOSE
Pelvic inflammatory disease	400mg tablet x 1	TWICE DAILY for 14 days

Administration	Advise patient to take with food to reduce stomach upset, this need not delay administration of single dose treatment in the clinic. Avoid alcohol during treatment and for 24 hours after finishing the course to prevent nausea, vomiting, flushing, headache and palpitations.

Drug Interactions	• Disulfiram - combination may cause confusion and psychotic reactions; avoid combination, do not use metronidazole within 2 weeks of disulfiram. • Warfarin - Metronidazole inhibits warfarin metabolism, increasing its concentration and risk of bleeding; monitor INR within the first 3 days of metronidazole treatment and reduce dose of warfarin if necessary • Fluorouracil - Metronidazole increases fluorouracil concentration and risk of toxicity; avoid combination
Monitoring requirements	Baseline observations. The client should be observed for 15 minutes following oral metronidazole for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylactic reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive metronidazole must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or RDH for medical review if the client becomes unwell or has any concerns. Offer metronidazole TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTP's Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Scheduled Substance Treatment Protocol (SSTP)

Tetanus Toxoid Vaccination for Tetanus Prone Wounds SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Vaccines for human use that include Tetanus Toxoid
Indication	For tetanus prone wounds
Contraindications and/or Exclusions	Anaphylaxis following a previous dose of any tetanus containing vaccines Anaphylaxis following any vaccine component which may include: Aluminium, hydroxide/phosphate, aluminium phosphate, formaldehyde, glutaraldehyde, neomycin, phenoxyethanol, polymyxin, polysorbate, sorbital or yeast If a person has a tetanus-prone wound and has previously had a severe adverse event after tetanus vaccination, consider other measures, including using tetanus immunoglobulin.
Dose and Route	Intramuscular injection Each 0.5 mL monodose vial or pre-filled syringe contains: ≥2 IU diphtheria toxoid ≥20 IU tetanus toxoid Adsorbed onto 0.5 mg aluminium as aluminium hydroxide. Refer to The Australian Immunisation Handbook online version.
Dose Frequency	Adolescents and adults who have never had a tetanus-containing vaccine are recommended to receive 3 doses of tetanus-containing vaccine with at least 4 weeks between doses, and booster doses at 10 years and 20 years after the primary course.
Administration	Complete pre-vaccination screening checklist Table. Pre-vaccination screening checklist | The Australian Immunisation Handbook (nt.gov.au) Administer according to the NT vaccination schedules, recommendations in the Australian Immunisation Handbook (online)
Drug Interactions	Refer to the Australian Immunisation Handbook for specific vaccines and their interactions with immunoglobulins. Refer to vaccine specific chapters in the Australian Immunisation handbook for specific drug interactions with each vaccine.

Monitoring requirements	Adrenaline and oxygen available for administration in the event of anaphylaxis Baseline observations All vaccine recipients should be observed for 15 minutes following vaccination for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction Contact Medical Officer if they experience an adverse or unexpected reaction
Nursing Accreditation Requirements	Be entitled to practice under the *Health Practitioner Regulation National Law Act 2009* and do so in the course of their specified duty; and have completed - Basic Life Support (BLS) & Automated External Defibrillator (AED) - **Recognition and Response to Clinical Deterioration** - Medication Safety - Darwin SARC Medication Learning Package & Questionnaire - Provide evidence of having completed an NT Health *About Giving Vaccine* course or Approved Interstate Immunisation training Course as listed in *Prescribed Qualifications to Supply or Administer or Possess Vaccinations* in the NT Government Gazette - Registered Nurses who have never completed an Immunisation Course need to complete the Govt of SA *Understanding Vaccines and the National Immunisation Program* (HESA Accredited) - Vaccine providers who have completed a recognised vaccination course or upskilling course in the last 3 years are required to complete NT Health *AGV Upskilling Course* at least every 3 years via the Remote Area Health Corps (RAHC) eLearning Portal. https://health.nt.gov.au/professionals/centre-for-disease-control/immunisation-health-professionals/about-giving-vaccines-course - If more than 3 years have elapsed since the last approved upskill course or full course qualification they must successfully complete the full course qualification. - Registered nurses who are not compliant with the above requirements must not supply or administer vaccines without written authorisation and supervision by a medical practitioner.
Documentation *(including necessary information to the patient)*	Clients who receive tetanus toxoid vaccine must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Notify to the relevant database: NTIR and AIR Advise to return to the clinic for medical review if the client becomes unwell or has any concerns Offer tetanus toxoid TGA Consumer Medicines Information handout

Related Documents	NT Adult and special risk groups Immunisation Schedule NT Immunisation Schedule (up to 18 years) NT and national specific immunisation programs introduced from time to time

Scheduled Substance Treatment Protocol (SSTP)

Trimethoprim for Urinary Tract Infections SSTP

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Trimethoprim tablets
Indication	Urinary tract infection
Contraindications and/or Exclusions	• Known hypersensitivity to trimethoprim • Megaloblastic anaemia • Folate deficiency Consultation with a Medical Officer required for Clients with the following circumstances: • Aged over 65 years • Pregnancy • Lactation • Renal disease • Blood dyscrasia (haematological disorders) • People currently taking angiotensin converting enzyme (ACE) inhibitors • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	300mg tablet orally
Frequency	**Indication** / **Frequency** Female urinary tract infection / ONCE daily for 3 days Male urinary tract infection / ONCE daily for 7 days
Administration	Best taken at night to maximise urinary concentration
Drug Interactions	• Methotrexate – Trimethoprim has anti-folate activity (additive to that of methotrexate), may increase methotrexate toxicity (bone marrow suppression); use alternative antibacterial if possible, otherwise monitor for haematological toxicity. • Phenytoin – Trimethoprim inhibits the metabolism of phenytoin, increasing its concentration and risk of toxic effects; monitor phenytoin concentration and for adverse effects; decrease phenytoin dose if necessary.
Monitoring requirements	Baseline observations. The client should be observed for 15 minutes following administration of ceftriaxone with lidocaine for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylactic reaction.

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must • Be registered with the Australian Health Practitioner Regulation Agency with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Darwin SARC Medication Learning Package & Questionnaire
Documentation *(including necessary information to the patient)*	Clients who receive trimethoprim must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer trimethoprim TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTPs Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Nurse Initiated Medicine Protocol (NIMP)

Adrenaline (epinephrine) For Anaphylaxis NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Adrenaline (epinephrine) (1:1000) for injection ampoules Adrenaline (epinephrine) 150microg/0.3mL injector-'EpiPen Jr' Adrenaline (epinephrine) 300microg/0.3mL injector- 'EpiPen'
Indication	Anaphylactic reactions associated with the administration of medicines If there are any respiratory and/or cardiovascular symptoms or signs of anaphylaxis, give adrenaline by IM injection into the anterolateral thigh. Adrenaline is not required for generalised non-anaphylactic reactions (such as skin rash or angioedema). If in doubt, IM adrenaline should be given.
Contraindications and/or Exclusions	There are no absolute contraindications to adrenaline in anaphylactic reactions; adrenaline is often life-saving
Dose, Route and Frequency	See table below
Administration	• Given by deep intramuscular injection preferably in the anterolateral (upper outer) thigh • For use of adrenaline auto-injector, follow instructions printed on the device.
Drug Interactions	**DO NOT** withhold adrenaline (epinephrine) because of concerns about drug interactions.
Monitoring requirements	• Follow DRSABCD. • Call for assistance. Never leave the patient alone. Call ambulance or Code Blue (depending on setting), and in all cases, transfer the person to the nearest emergency department for further observation and treatment.

Patient (Age / Weight)	Drug / Dose			Route*	Frequency
<1 year (approx. 5-10kg)	Adrenaline 1:1000	0.05-0.1mL		IM	Repeated every 5 minutes until there is clinical improvement
1-2 years (approx. 10kg)	Adrenaline 1:1000	0.1mL	Adrenaline 150microg/0.3mL 'EpiPen Jr" (for use in children up to 20kg)		
2-3 years (approx. 15kg)	Adrenaline 1:1000	0.15mL			
4-6 years (approx. 20kg)	Adrenaline 1:1000	0.2mL			
7-10 years (approx. 30kg)	Adrenaline 1:1000	0.3mL	Adrenaline 300microg/0.3mL "EpiPen" (for use in children and adults greater than 20kg)		
10-12 years (approx. 40kg)	Adrenaline 1:1000	0.4mL			
>12 years (over 50kg)	Adrenaline 1:1000	0.5mL			

	• Must monitor client constantly for deterioration until ambulance or Resus Team arrives, recording the following observations every 15 minutes - BP, HR, RR, SaO2, Temp. • If the patient is unconscious, lie him/her on the left side and position to keep the airway clear. • If the patient is conscious, lie him/her supine in 'head-down and feet-up' position (unless this results in breathing difficulties). • If oxygen is available, administer by facemask at a high flow rate. • Check breathing; if absent, commence basic life support or appropriate cardiopulmonary resuscitation (CPR). • Caution: pregnancy, elderly and cardiac insufficiency. • Repeat doses of adrenalin every 5 minutes until improvement occurs.
Health Professional Accreditation Requirements	**All Registered Nurses, Midwives, Aboriginal and Torres Strait Islander Health Practitioners, Therapists administering adrenaline must:** • Have completed medicines training in accordance with the their relevant work area within the previous two years; • Be entitled to practice under the Health Practitioner Regulation National Law and do so in the course of their specified duty; and • Hold a current Basic Life Support Certificate or Apply First Aid Certificate • Darwin SARC Medication Learning Package & Questionnaire
Documentation *(including necessary information to the patient)*	Patients who receive adrenaline (epinephrine) must have all medications and care given documented in the medication section of the patient's clinical record according to the relevant programme area protocol.
Related Documents	Australian Medicines Handbook https://amhonline.amh.net.au/chapters/allergy-anaphylaxis/sympathomimetics-anaphylaxis/adrenaline-anaphylaxis Anaphylaxis- Emergency Management for health professionals, 2 April 2018: https://www.nps.org.au/australian-prescriber/articles/anaphylaxis-emergency-management-for-health-professionals The Australian Immunisation Handbook 10th Edition

Nurse Initiated Medicine Protocol (NIMP)

Clotrimazole for Genital Dermatological Conditions NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Clotrimazole 1% vaginal cream (35g) Clotrimazole 500mg pessaries Clotrimazole 1% cream
Indication	• Vulvovaginal candidiasis • Balanitis • Tinea cruris
Contraindications and/or Exclusions	None, however, consultation with a Medical Officer required for Clients with persistent or recurrent symptoms not responsive to treatment
Dose, Route, Frequency and Administration	See table below
Drug Interactions	Nil
Monitoring requirements	Baseline observations. The client should be observed 15 minutes following topical clotrimazole for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. Contact Medical Officer if they experience an adverse or unexpected reaction. It is important to inform the client to finish the full treatment, even if their symptoms have gone. Suggest wearing a sanitary pad overnight as the medicine may leak out. This medicine may damage latex contraceptive devices (but not polyurethane condoms); advise the client not use these methods for contraception while using this medicine.

Indication	Dose, Route and Frequency
Vulvovaginal candidiasis	Insert 1% vaginal cream (1 applicator full) into the vagina ONCE daily (at night) for 6 days; OR Insert 500mg pessary x1 into the vagina ONCE daily (at night) as a single dose
Balanitis	Apply a thin layer of 1% cream to the affected area TWICE daily for 2 weeks
Tinea cruris	Apply a thin layer of 1% cream to the affected area TWICE daily for 2 weeks

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must • Be registered with the Australian Health Practitioner Regulation Agency with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Darwin SARC Medication Learning Package & Questionnaire
Documentation *(including necessary information to the patient)*	Clients who receive clotrimazole must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer clotrimazole TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTPs Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines

Nurse Initiated Medicine Protocol (NIMP)

Ibuprofen for Pain NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Ibuprofen 200mg tablets Ibuprofen 400mg tablets
Indication	Mild to moderate pain
Contraindications and/or Exclusions	• Allergy or hypersensitivity to Ibuprofen • Renal Impairment • Hepatic Impairment
Circumstances requiring discussion with MO	• If patient is for surgery, discuss with treating MO prior to administration • During Pregnancy, to be especially cautious in second half of pregnancy • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	400mg tablet orally (either 1x 400mg Ibuprofen tablet OR 2x 200mg Ibuprofen tablet)
Frequency	At ONCE (STAT). May repeat dose ONCE after SIX to EIGHT hours if required. Refer person to Medical Officer if pain persists and further doses are required. Maximum dose of 2400mg (2.4 grams) in 24 hours (remember to include ALL Ibuprofen containing products when calculating total dose)
Drug Interactions	• Beta-blockers • Calcineurin inhibitors • Lithium • Loop diuretics • Methotrexate • Potassium • Warfarin • Fluconazole • Voriconazole
Monitoring requirements	Baseline observations. The client should be observed 15 minutes following ibuprofen for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction.

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive ibuprofen must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer ibuprofen TGA Consumer Medicines Information handout.
Related Documents	Australian Medicines Handbook https://amhonline.amh.net.au/chapters/rheumatological-drugs/drugs-other-musculoskeletal-conditions/nsaids/ibuprofen

Nurse Initiated Medicine Protocol (NIMP)

Loratadine for Mild Allergic Reactions NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Loratadine 10mg oral tablet
Indication	Mild allergic reaction (allergies, contact dermatitis, hives)
Contraindications and/or Exclusions	Allergy or hypersensitivity to loratadine Hepatic Impairment
Dose, Route and Frequency	Loratadine 10mg tablet, one tablet to be given STAT
Administration	As above
Drug Interactions	No documented drug interactions
Monitoring requirements	Baseline observations. Monitor symptoms, if no improvement contact medical officer on call, if symptoms worsen call 000. Call 000 if patient experiences an anaphylaxis reaction. Contact Medical Officer if they experience an adverse or unexpected reaction.
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive loratadine must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer loratadine TGA Consumer Medicines Information handout.

Related Documents	Australian Medicines Handbook https://amhonline.amh.net.au/chapters/allergy-anaphylaxis/antihistamines/sedating-antihistamines/promethazine

Nurse Initiated Medicine Protocol (NIMP)

Paracetamol for Pain NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Paracetamol 500mg tablets
Indication	Mild to moderate pain
Contraindications and/or Exclusions	Previous history of hypersensitivity to paracetamol
Circumstances requiring discussion with MO	• Sodium restriction—soluble paracetamol products may contain large amounts of sodium. • Phenylketonuria—soluble paracetamol products may contain aspartame. • Hepatic: patients with chronic liver disease may be at increased risk of liver damage following therapeutic dose or overdose of paracetamol, although evidence is lacking. • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	500mg tablets x2 orally
Frequency	At ONCE (STAT). May repeat dose ONCE after FOUR to SIX hours if required. Refer person to Medical Officer if pain persists and further doses are required. Maximum dose of 4000mg (FOUR grams) in 24 hours (remember to include ALL paracetamol containing products when calculating total dose)
Drug Interactions	These drug interactions do not contraindicate use but are considerations for maximum daily dosing. • Warfarin · Inhibitors • Inducers of CYP1A2 such as rifampicin
Monitoring requirements	Baseline observations The client should be observed 15 minutes following paracetamol for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction.

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive paracetamol must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns Offer paracetamol TGA Consumer Medicines Information handout
Related Documents	Australian Medicines Handbook https://amhonline.amh.net.au/chapters/allergy-anaphylaxis/sympathomimetics-anaphylaxis/adrenaline-anaphylaxis

Nurse Initiated Medicine Protocol (NIMP)

Permethrin (Lyclear) For Scabies Treatment NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Permethrin 5% cream, 30g (Lyclear)
Indication	Scabies treatment
Contraindications and/or Exclusions	Allergy or hypersensitivity to permethrin
Circumstances requiring discussion with MO	• Instances where scabies appear to have become infected • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	External use only: Adults and Children over 12 years • Up to one 30 g tube Children 5 to 12 years • Up to half of a 30 g tube Children1 to 5 years • Up to a quarter of a 30 g tube 6 months to 1 year • Up to an eighth of a 30 g tube
Frequency	Cream needs to be applied to clean dry skin over the whole body from the neck down. Babies and children under 2 years should also have their necks, face, ears and scalps treated. Remember to treat the palms of the hands and soles of the feet, in between the fingers and toes and underneath the finger and toe nails.
Drug Interactions	Nil significant
Monitoring requirements	Nil

Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive permethrin must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns. Offer permethrin TGA Consumer Medicines Information handout.
Related Documents	Australian Medicines Handbook https://amhonline.amh.net.au/chapters/dermatological-drugs/scabicides-pediculicides/permethrin#permethrin-indication

Nurse Initiated Medicine Protocol (NIMP)

Salbutamol Inhaler for Bronchospasm NIM Protocol

Areas Applicable	All Sexual Assault Referral Centres (SARC) including outreach clinic in other parts of the Northern Territory; WC&Y
Drug	Salbutamol Inhaler
Indication	• Bronchospasm • Asthma Attack
Contraindications and/or Exclusions	Allergy to Salbutamol
Circumstances requiring discussion with MO	• Pregnancy or breastfeeding • Hypertension • Hyperthyroidism • Thyrotoxicosis • Myocardial insufficiency • Diabetes • Hypokalaemia • Renal Impairment • Elderly • Contact MO if client experiences an adverse or unexpected reaction (other than anaphylaxis)
Dose and Route	Salbutamol 100 micrograms Oral inhalation • Shake puffer • Put 1 puff into spacer • Take 4 breaths from spacer • Repeat until 4 puffs have been taken • Wait 4 minutes If no improvement • Repeat above • Keep giving 4 separate puffs every 4 minutes until ambulance arrives
Dose Frequency	PRN
Administration	Use spacer to administer salbutamol for maximum effect
Drug Interactions	Other sympathomimetic, beta-blockers, xanthine derivatives; steroids (esp. in diabetes, diuretics, imipramine, chlordiazepoxide, chlorpromazine (theoretical)

Monitoring requirements	If the client has bronchospasm that is thought to be due to a drug reaction, notify the Medical Officer immediately and call an ambulance 000 Adrenaline and oxygen available for administration in the event of anaphylaxis Monitor for adverse reactions to Salbutamol Inhaler: • Tremor, especially hands • Arrhythmia • Tachycardia • Palpitation • Peripheral vasodilation • Hypotension • Headache • Nausea • Sensation of warmth • Hypokalaemia • Hypersensitivity reaction • Hyperactivity in children (rare) • Muscle tension (very rare)
Health Professional Accreditation Requirements	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must: • Be registered with the *Australian Health Practitioner Regulation Agency* with no conditions or undertakings which may limit delivery of clinical services directly to patients • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required • Maintain continuing professional development related to skills and competencies required for delivery of medicines. • Have completed essential training requirements in line with the Essential Training Policy relevant to their employment • Have completed the SARC Darwin Medication Learning Package & Questionnaire.
Documentation *(including necessary information to the patient)*	Clients who receive salbutamol must have the medication documented in the client's progress file. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. Advised to return to the clinic for medical review if the client becomes unwell or has any concerns Offer salbutamol TGA Consumer Medicines Information handout

Related Documents	Australian Medications Handbook https://amhonline.amh.net.au/chapters/respiratory-drugs/drugs-asthma-chronic-obstructive-pulmonary-disease/beta2-agonists/salbutamol

Quality Assurance		
	Method	**Responsibility**
Implementation	Document will be available for all staff via the PGC.	PGC Administrators
Review	Document will be reviewed within a period of 3 years or as changes in practice occur.	Medical Co-ordinator - Sexual Assault Referral Centre
Evaluation	Audits on medicine usage in Sexual Health and Blood Borne Virus Unit will be performed annually to determine an ongoing need	Manager / Medical Co-ordinator Sexual Assault Referral Centre CNM – Sexual Assault Referral Centre
Compliance	Audits on medicine usage in Sexual Health and Blood Borne Virus Unit will be performed annually for compliance with these protocols	Manager Sexual Assault Referral Centre

Key Associated Documents	
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Northern Territory Medicines, Poisons and Therapeutic Goods Act 2012 Northern Territory Medicines Management Framework
References	Australian Medicines Handbook (https://amhonline.amh.net.au) Electronic Therapeutic Guidelines online MIMS online Sexual Health and Blood Borne Virus Unit SSTP's

Definitions, Acronyms and Alternative Search Terms	
Term	**Description**

Evidence			
Reference	**Method**	**Evidence Level (I-V)**	**Summary of Recommendation from this Reference**
			For assistance please contact the Clinical Librarian on 8922 6994 Refer to *Evidence Table Completion Guide for Policy, Procedure and Guideline Development*

<CAHS and TEHS to complete>

National Safety and Quality Health Service Standards							
Clinical Governance	Partnering with Consumers	Preventing and Controlling Healthcare Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
☒	☐	☒	☒	☐	☐	☐	☐