

Medicines Book

for Aboriginal and Torres Strait Islander Health Practitioners

4th edition

CARPA
Centre Aboriginal Rural Practitioners Association Inc



RPHCM
Remote Primary Health Care Manuals



CRANAplus
improving
remote health

Centre for Remote Health
Alice Springs, 2017

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Preface

The *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners* covers medicines recommended in the *CARPA Standard Treatment Manual* and the *Women's Business Manual*, and other medicines commonly used in remote primary health care centres.

Remote Primary Health Care Manuals logo

The RPHCM logo, developed by Margie Lankin, tells this story:

The people out remote, where they use the manuals, are coming into their health service. They are being seen from one of the manuals ... desert rose, the colours of the petals. The people sitting around are people who use the manuals – men and women. People who are working for Indigenous health... doctors and nurses and health workers. Messages are being sent out to the community from the clinic, from the people, to come in to the clinic to be seen. Messages about better health outcomes. People are walking out with better plans, better health, better health outcomes.

About this manual

The fourth edition of the *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners (Medicines Book)* has been produced as part of the suite of Remote Primary Health Care Manuals, through a collaboration between the Centre for Remote Health, Central Australian Rural Practitioners Association, Central Australian Aboriginal Congress, and CRANApplus. The other manuals in the suite are the *CARPA Standard Treatment Manual (CARPA STM)*, the *Minymaku Kutju Tjukurpa Women's Business Manual (WBM)*, and the *Clinical Procedures Manual for remote and rural practice (CPM)*.

The *Medicines Book* does not stand alone, and does not claim to be fully comprehensive as it has been simplified for ease of use. It is intended to supplement other medicine reference books such as the *Australian Medicines Handbook (AMH)*, *Therapeutic Guidelines* and *MIMS*. Dosage and prescribing guidelines have not been included. Refer to the *CARPA STM*, *WBM*, or your medicine reference book for these.

Your input

Feedback is an essential component of keeping the manuals 'by the users for the users'. Please submit your suggestions and comments via either

- Online feedback form at www.remotephcmmanuals.com.au
- Email to remotephcmmanuals@flinders.edu.au

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Oversight of the review process was provided by the Remote Primary Health Care Manuals Editorial Committee.

Contributors

Thank you to the practitioners, from all over Australia, who volunteered their time and expertise to ensure the manual remains evidence-based, relevant, practical and user-friendly. More information about the review process can be found at www.remotephcmanuals.com.au/home.html. This acknowledges those contributors known to us. Due to the large number of volunteers, we have only recorded the highest level of participation.

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Using the Medicines Book

The Medicines Book is designed to be used by clinicians, especially Aboriginal and Torres Strait Islander health practitioners (ATSIHPs) who

- May not be able to access or read other common medicine reference books
- Are able to supply and monitor medicines (eg under state or territory legislation)
- Want to share information on medicines with patients who have low levels of English literacy.

How the manual is set out

- Medicines are grouped under chapter headings according to their use, in the same way as in the Australian Medicines Handbook (eg Analgesics, Eyes, Respiratory)
- Within each chapter medicines (active ingredients) are in alphabetical order. A list of all the medicines (active ingredients) in the book, in alphabetical order with page numbers, starts on page 2
- The following information is included for each medicine
 - **Active ingredient**, and other medicines that belong in the same group
 - Illnesses and conditions the medicine is used to treat
 - Simple information about how the medicine works
 - Common side effects, and serious side effects (even if rare)
 - Warnings about the medicine including
 - Safety in pregnancy and breastfeeding
 - Cautions when the person has other medical problems
 - Important interactions with other medicines, drugs or foods
 - Information to tell the person when supplying the medicine
 - Patient checks that may need to be done.

Terms

Indigenous

In this manual the term Indigenous is used to mean both Aboriginal and Torres Strait Islander Australians. We mean no disrespect by using this inclusive term for different cultural groups and apologise for any discomfort or sorrow it may cause.

Abbreviations

Abbreviations and acronyms may be used without explanation. There is an abbreviation list, including acronyms, in the reference section.

Online version

The *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners* is available online as part of the Remote Primary Health Care Manuals at: www.remotephcmanuals.com.au

Medicines (active ingredients) — alphabetical

See Index for full list of active ingredients, brand names

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Patient education

Tell the patient

- **Everything they want to know about their medicines.**
Contact pharmacist if there are any questions you can't answer. Show them pictures to help explain
 - If person travelling — give them a list of their medicines, and a copy of prescriptions with repeats so they can get them filled at other clinics
- **Medicines can be DANGEROUS (especially for children).**
Lock medicines in a safe dry place where kids can't see them or get to them
- **Medicines must be stored properly to work properly.**
Always check packet to see how they should be stored — some must be kept in the fridge
- **Medicines have 'use-by' dates.** Some only last for 1 month after being opened. Always check packet to see if medicine is still in date and how long it will work after being opened. Write this on label
- **Bring all their medicines with them when they come to clinic.** Makes it easier to change their medicines and make sure any old and out of date ones are destroyed safely
- **Some medicines may not be needed** if they exercise, eat well, try to keep themselves and their surroundings clean
- **Do not**
 - **Do not** share medicine with another person — it could harm them
 - **Do not** take medicine that is out of date
 - **Do not** chew, cut or crush slow-release tablets
 - Only cut tablets that have a line on them. Use a sharp knife on a piece of clean paper towel
 - **Do not** throw medicines in the bin — bring them back to clinic



Tell the patient about chronic disease medicines

Causes of chronic disease

- Since the 1980s, most people (both Indigenous and non-Indigenous) have stopped being as active as they were before — less walking, running, hunting, or exercising in other ways
- People spend a lot of time sitting in front of televisions, computers, or games. Because humans are designed to move and be active, this makes us weak and unwell
- The way we eat can also make us unwell. Many people
 - Eat **more** than they need — not much energy is needed to sit for most of the day
 - Eat the wrong types of food — too much fat, sugar and salt, not enough fruit and vegetables
- Smoking, and drinking too much alcohol (grog), can make chronic diseases worse and cause illnesses of their own



Chronic diseases

- As a result of this modern lifestyle many people are overweight, have blood vessels blocked by fat and a weakened heart — and are likely to develop one or more chronic (long-term) diseases
- Chronic disease include problems with **high blood pressure (BP), high blood glucose (sugar), and fats in the blood (cholesterol)** that can speed blocking of arteries and damage your
 - Heart — leading to heart attacks
 - Brain — leading to stroke
 - Kidneys — leading to kidney trouble and dialysis
 - Eyes — leading to eye trouble and blindness

Chronic disease medicines

- Medicine can help to bring high BP, blood glucose, and blood fat levels down to a safe level

Early treatment = less damage

- Taking medicines can be hard, especially long-term medicines for chronic disease
- You may not feel any different when you take the medicine but it is working to reduce damage to your organs

- Some people will need to take medicines all their lives because of existing damage to arteries or kidneys, or other problems they were born with (congenital problems)
- More exercise, eating healthy food, not smoking, and drinking in moderation may help reduce the need for medicines



Tell the patient

- Have regular check-ups
- Know your medicine and remember to take your medicine
- Medicines are only one part of looking after your health
- Change daily lifestyle



- Move more as part of your day, spend less time sitting in front of screens



- Eat a range of good food, and try not to eat more than you need



- Quit or cut down smoking



- Cut down on alcohol (grog)

Common chronic disease medicines

Condition	Medicine groups
High BP	ACE inhibitors (p102), ARBs/sartans (p106), beta-blockers (p110), calcium channel blockers (eg amlodipine p112 , diltiazem p114), thiazide diuretics (p130)
Blood glucose	Gliptins (p158), insulin (p162), metformin (p164), sulfonylureas (p168)
Blood clots	Aspirin (p86), warfarin (p100)
Cholesterol	Statins (p128)

How the medicine monographs are set out

There are 2 pages of information for each monograph.

Australian Medicines Handbook (AMH) medicine classification.

Example: Amoxicillin is classified as

ANTI-INFECTIVE — Antibacterial — Penicillins

→ **CHAPTER** — Medicine use — Medicine group

Page 1

<p>Active ingredients (generic name)</p>	<p>Information in this section</p> <ul style="list-style-type: none"> • ACTIVE INGREDIENT/S of the medicine • Pictures showing how the medicines may be given (eg tablets, injection) • Brand names of medicines containing this active ingredient • Other medicines from the same drug group • Combinations: Medicines from this group that are with medicines from a different group (if any)
<p>What is it used for</p>	<p>Information in this section</p> <ul style="list-style-type: none"> • The main reasons this medicine is prescribed • Where this medicine is found in the CARPA Standard Treatment Manual, Women's Business Manual, Clinical Procedures Manual
<p>How it works</p>	<p>Information in this section</p> <ul style="list-style-type: none"> • A simple explanation of where and how the medicine works in the body
<p>Side effects</p>	<p>Information in this section</p> <ul style="list-style-type: none"> • Lists the main side effects • Tell the patient about these, but also tell them not everyone will get side effects

Chapter — body system
or type of condition

Australian Medicines Handbook (AMH) reference number.

Example: Amoxicillin is 5.1.8

AMH 2017 section number

Page 2

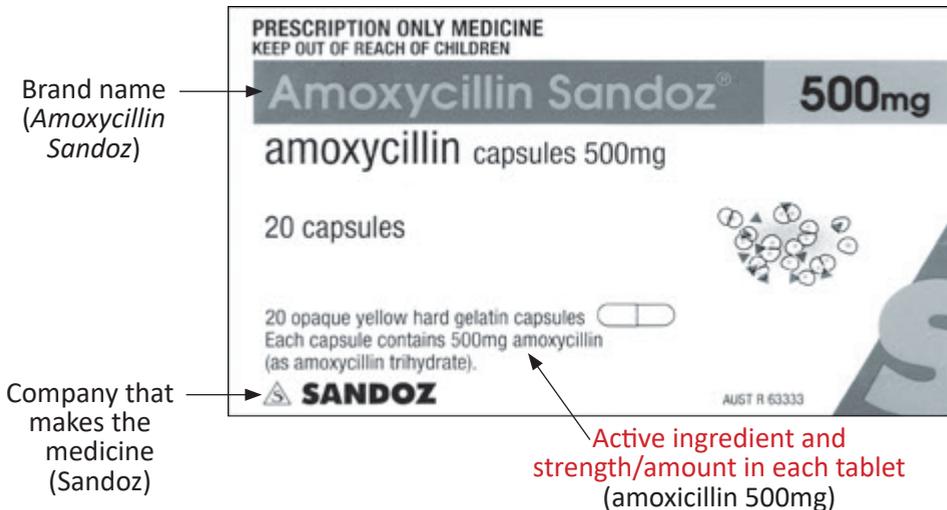
 Warnings	<p>Information in this section</p> <ul style="list-style-type: none"> • Lists the problems or conditions that may make this medicine dangerous to the patient • Contact doctor if your patient has any of these conditions
	<p>Interactions</p> <ul style="list-style-type: none"> • Lists other medicines, drugs or foods this medicine should not be taken with • Contact doctor if your patient is taking anything on this list
 Tell the patient	<p>Information in this section</p> <ul style="list-style-type: none"> • Lists the things you should tell the patient when giving out this medicine
	<p>Warning stickers</p> <ul style="list-style-type: none"> • Lists stickers (p298) used to remind patients of special instructions for this medicine (eg Take with food, Do not drive)
<p>Check</p>	<p>Information in this section</p> <ul style="list-style-type: none"> • Lists the things you need to check (eg blood tests, blood pressure)

Active ingredients, generic and brand names

- Every medicine has at least one **active ingredient** — the chemical that affects the body and makes the medicine work (eg paracetamol, aspirin). There are usually other (inactive) ingredients that control things like how it dissolves, how easy it is to swallow, or the colour
- **Make sure you know active ingredient/s of the medicine.** Name of active ingredient and its strength are on the medicine's label. Usually in small print, or it will say 'Each tablet contains', then list the active ingredient/s. If you are not sure check with the doctor or pharmacist
- **Combination medicines** have 2 or more **active ingredients** (so the name can be very long). This manual shows the active ingredients of combination medicines and common brand name/s. *Example:* Combination ear medicine dexamethasone + framycetin + gramicidin is called *Sofradex* by one company and *Otodex* by another
- The term **generic name** can be confusing — may refer to **active ingredient** (eg paracetamol) *OR* may refer to a less expensive brand
- Companies that make and sell medicines give them a **brand name**. There can be many brand names — common ones are listed in *italics* in the monograph and in the index at the back of the book ([p315](#)). The brand used by your clinic can change
 - *Example:* Paracetamol is called *Panadol*, *Panamax*, *Febridol*, and *Paralgin* by different manufacturers.

Finding active ingredient and its strength on medicine packet

Active ingredient can be written in more than one place, many medicines look the same — check carefully that you have the right one



On combination medicine packet

Brand name
(*Curam Duo Forte*)

Company that makes the medicine
(Sandoz)

Active ingredients and strength/amount in each tablet
(There are 2: amoxicillin 875mg and clavulanic acid 125mg)

Different forms of medicines

Medicines come in different **forms** as well as different **strengths**.

- Different forms include liquids, tablets, capsules, skin patches, injections, suppositories, wafers, depots
- There are also **slow-release** medicines
 - Medicine is released slowly and evenly into the body so person can take it less often (eg only once a day)
 - Confusing slow-release and immediate-release forms of a medicine, and giving the wrong form of the medicine, can make the person very sick by increasing or decreasing the amount of medicine in their blood
 - **Do not** chew, crush or cut slow-release or coated tablets
 - Types of slow-release medicines include
 - SR — sustained release or slow-release
 - XR or ER — extended release
 - CD — controlled delivery
 - CR — controlled release
 - OROS — osmotic-controlled release oral delivery system
- Always check doctor's order against medicine to make sure it is the right form

Side effects

- Most medicines have more than one effect
 - Good (wanted) effects are why the medicine is prescribed
 - Bad (unwanted) effects are called side effects (or adverse effects)
- **This book does NOT show ALL side effects**, only the most common and serious. **Remember:** Not everyone gets side effects
- Side effects can sometimes take weeks to happen
- Mild side effects often go away after a few days
- **Serious** side effects must be reported to doctor so treatment can be changed
- **Dangerous** side effects can be a risk to person's life (eg anaphylaxis)
- If person has a new problem — ask if new medicine started
 - New problem may be **side effect** *OR* may be new problem from disease
 - **Always tell doctor about it**

Record all side effects from medicines in file notes so other ATSIHPs, doctors or nurses know for next time.

Interactions

- If a medicine is taken with another medicine, drug (including alcohol and tobacco), or certain foods — the medicine may not work properly *OR* it may become too strong (this can be dangerous). This is called an **interaction**
- **Always check** what other drugs person is taking and the interaction list
 - If there could be an interaction — **always check with doctor**
- If person needs to take 2 medicines that interact — they will be carefully monitored by doctor
- **This book does NOT list ALL interactions**, only the most common and serious (even if rare)

For more information

- **Contact doctor or pharmacist**
- Look in other medicine reference books — *Australian Medicines Handbook*, *MIMS*
- Call Medicines Line on **1300 633 424** (1300 MEDICINE)
 - Monday to Friday 9am to 5pm EST except for NSW public holidays

What the pictures mean

The pictures make it easier to explain things to your patients. Make sure you know what the following pictures mean.



Caution or warning symbol — you will need to pay special attention. This could be a serious situation — a potential emergency.



Caution or warning symbol and phone — this could be a serious or risky situation — always get help.



Triple whammy — dangerous combination of 3 common medicines, can cause kidney failure: ACE inhibitor ([p102](#))/ARB ([p106](#)) + diuretic + NSAID ([p222](#)).



Allergy/trouble breathing — could be an allergic reaction that affects person's breathing.



Put tablet under tongue (sublingual) or inside cheek (buccal). Do not swallow tablet.



Take all the tablets — remind person that medicine can't work properly or illness may come back if medicine is not finished.



Slow-release medicine — medicine releases slowly and evenly into body, so it doesn't need to be taken as often. See *Different forms of medicines* ([p11](#))



Eye drops and eye ointments — return these to clinic 1 month after opening.

Special patient groups

These pictures are to remind you that these people may need smaller doses of medicine, or should not take this medicine.

Pregnant



- Always ask a woman of childbearing age if she is or could be pregnant — do pregnancy test if not sure
- Most medicines taken by a pregnant woman can easily pass from her blood stream through the placenta and into the baby
- Every medicine is put into a category (A, B, C, or D) based on how dangerous it is to the baby. Lowest risk is A, high risk are D, **really dangerous** ones are X
- This picture in the *Warnings* section lets you know medicine is category **C, D** or **X** and could seriously harm the baby
- Always tell doctor or pharmacist if woman is pregnant or planning to become pregnant. Some medicines can be stopped or changed but others may be needed to care for the mother's health. The doctor will assess the risks and talk with the woman about them

Breastfeeding



- Some drugs and medicines can stop the mother making milk, or pass through the mother's milk and harm the baby or stop the baby sucking
- This picture in the *Warnings* section lets you know this medicine should not be used by women who are breastfeeding

Babies and children



- Babies and children are not only smaller than adults but are growing and constantly changing. This affects how medicines are absorbed and eliminated from their bodies
- Always weigh children and check doses carefully

Old people

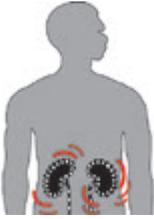


- Old people are more likely to suffer from side effects, medicine interactions, and overdose because they
 - Can't break down and eliminate medicines as well as younger people
 - Are more sensitive to medicines
 - Are usually taking more than 1 medicine at a time



- Remember that old people
 - Are usually prescribed the smallest possible dose
 - May have trouble swallowing medicine. Advise them to take with lots of water, check if OK to break or crush tablets
 - May need help remembering to take medicines — check if they need a dose aid, or if they have a carer who can help

Kidney trouble



- Indigenous people are more likely to have kidney trouble
- If patient has kidney trouble or kidney failure — usually needs lower doses of medicines (or can't take some medicines) because their kidneys can't break down and remove medicine from their bodies

Other trouble or illnesses the patient may already have



- Shown by picture with red lines around body part affected (eg liver trouble, kidney trouble, heart trouble)
- These pictures mean that the medicine can make these problems worse
- Also see *Anatomy dictionary* ([p307](#))

References to *Australian Medicines Handbook (AMH)*

- Each medicine protocol in this manual includes an *AMH* reference number
- *AMH* is a standard Australian reference book for medicines. All clinics should have current edition
- *AMH* is divided into chapters according to the body system or type of condition the medicine treats, (eg cardiovascular system or allergies), then medicine use, medicine group, and active ingredient

For example

Amoxicillin is found in ***AMH* Section 5.1.8**

- **5** is the chapter (Anti-infectives)
- **1** is the medicine use (Antibacterial)
- **8** is the medicine group (Penicillins)
- Active ingredient is Amoxicillin

6 steps to follow when supplying a medicine

STEP 1 — Get the story

Use assessment and examination procedure such as SOODA-F (*CPM p117*) or SOAPF

STEP 2 — Follow the RIGHTS

RIGHT patient

- **Make sure you have right patient and right set of records**
 - Ask person's name, date of birth, bush name, next of kin
 - Check person's name and date on prescription

RIGHT medicine

- **Check** name and spelling of medicine against prescription
- Check use-by/expiry date on package
- **Is it safe for this person**
 - **ALWAYS ask about** allergies, pregnancy, breastfeeding, other medical problems (eg kidney trouble), other medicines including over the counter and bush medicines
- Could it interact with other medicines the person is taking
- Is it in *CARPA STM* or *WBM*
- Look up in reference manual (eg *AMH*, *Medicines Book*). What is it, how does it work, what is it used for
- Am I allowed to give the medicine or do I need to contact the doctor or pharmacist

RIGHT dose

- Check dose on prescription and in reference manual (eg *CARPA STM*, *WBM*, *AMH*)
- Check strength — medicine can be packaged in different strengths and forms
- Measure dose carefully using proper equipment
- If dose is by weight — check person's weight. **Always** weigh children
- Watch and help parent/carer give first dose to children

RIGHT route

- Check how to give (administer) medicine
 - Oral — tablets, syrups, sublingual, buccal
 - Injection — IM, IV, subcut
 - On the skin — transdermal, topical

RIGHT time

- Check how and when medicine should be taken — night, morning, with food, on empty stomach
 - Use times that are meaningful to the person

RIGHT documentation

- Record medicine administered/supplied in file notes. Include active ingredient, dose, frequency, quantity supplied (eg dicloxacillin 500mg 4 times a day [qid], 24 caps)

RIGHT to refuse

- Person may not want to take medicine you give them
- Make sure person knows reason for the medicine so they can make an informed decision
- If person doesn't want to take medicine — try to find out why, a different medicine may be appropriate
- If person still doesn't want to take medicine — always document this

STEP 3 — Label the medicine

KEEP OUT OF REACH OF CHILDREN	
DRUG <i>Metformin</i>	STRENGTH <i>500mg</i>
Take <i>one (1)</i> tablets/capsules/mL	<i>three (3)</i> times a day or
<i>with food</i> as directed.	
Patient <i>Peter Jones</i>	
Issued by <i>Ross Colins ATSIHP</i>	Date <i>20/4/18</i>
CLINIC <i>Mt Eagle Clinic NT ph8912 3456</i>	Qty <i>100 tabs</i>
<i>Use by Aug 2020</i>	

1.1

See example of completed medicine label — F 1.1

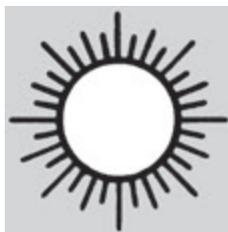
- Written in red on white background — **KEEP OUT OF REACH OF CHILDREN**
- Name (active ingredient) of medicine
- Strength (eg microgram, mg, g) and form (eg liquid, tablet, capsule)
- Total number of tablets or amount of liquid in package
- How to take it. Dose and number of times a day — 'Take 2 tablets 3 times a day'
- Name of patient
- Name, address and phone number of clinic
- Your name or initials
- Date you gave out medicine
- Medicine use-by/expiry date — take from original packet
- Prescription reference number (if your clinic uses these)
- Special directions — 'Take with food', 'Keep in fridge'
 - Use warning stickers ([p298](#)) if your dispensary has them

6 steps to follow when supplying a medicine

- Use medicine time stickers for people with poor English or eyesight
 - Morning/evening — F 1.2
 - Middle of the day — F 1.3
 - Night time, before bed — F 1.4



1.2



1.3



1.4

STEP 4 — Check what you have done and write in file notes

- See *Recording in the file notes* (CPM p116)

STEP 5 — Before giving medicine make sure person knows

- Why they are taking the medicine
- Possible side effects and what to do about them
 - Explain common side effects and side effects that are rare but important
- Important messages from *Tell the patient* (p5)
- When and how to take it
 - Does it need to be taken with or without food
 - Use times that have meaning for the person
- How to store it (eg in fridge, away from children)

- Give clear instructions in best language for person
- Ask person to repeat what you told them to make sure they understand
- Give instructions in writing and pictures. Written instructions for all medicines are a legal requirement

STEP 6 — Check before finishing

- Are tests needed (eg blood tests)
- Does person need to come back to clinic, when

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