# Medicines lists for Aboriginal and Torres Strait Islander people

## Principles for producing best possible medicines lists

NACCHO

NPS MEDICINEWISE

These principles have been developed by the NACCHO Medicines Resources Group and NPS MedicineWise to support quality use of medicines among Aboriginal and Torres Strait Islander people, their families and health care providers.

They represent a consensus-based approach to the preparation of medicines lists, weaving together available evidence, current guidelines and practical experience.

## Acknowledgement

NACCHO and NPS MedicineWise would like to acknowledge the many people and organisations who have contributed their time and expertise in the development and review of this document.

*As a national organisation, NPS MedicineWise acknowledges the traditional owners of the lands across Australia and pay our respects to their Elders past and present. Our offices are located on the lands of the Gadigal people, the Wurundjeri people and the Ngunnawal people.*

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## Principles for producing best possible medicines lists

## Contents

# Background

Aboriginal and Torres Strait Islander people have unique priorities and challenges in relation to their health needs, including a greater burden of disease than other Australians.[1] Many Aboriginal and Torres Strait Islander people need multiple medicines and complex regimens to treat chronic diseases and multiple illnesses. National research has shown that there is significant underuse of medicines among Aboriginal and Torres Strait Islander people.[2]

Producing a medicines list for a patient can prompt a health professional to review and, where possible, to rationalise medications. It can be a tool to empower the patient, to give information about their own health care as they choose and increase knowledge about all their medicines. These can include prescribed, over-the-counter or traditional bush medicines. A list can also support better understanding about medicines as part of health management.[3-6] Such a medicines list needs to be culturally responsive, locally appropriate and address factors such as language and health literacy.[6,7]

A medicines list that is appropriate and tailored to clients' and communities' needs will contribute to informed decision-making about medicines, and improve quality of care when people transition between health care providers.[3-6]

# Aim

The 5 principles described below aim to guide the healthcare industry and professionals in developing appropriate medicines lists for Aboriginal and Torres Strait Islander people. Lists developed that are consistent with these principles should improve accuracy, comprehensiveness and clarity of medicines information and reduce the potential for medicines errors, especially at transitions of care.

# Principles

1. Include all essential information
2. Customise if required to meet patient needs
3. Use generic medicine names
4. Use clear, standard terminology
5. Design for integration with clinical software

An example medicines list is provided at the end of this document to illustrate the principles in action (Appendix A).
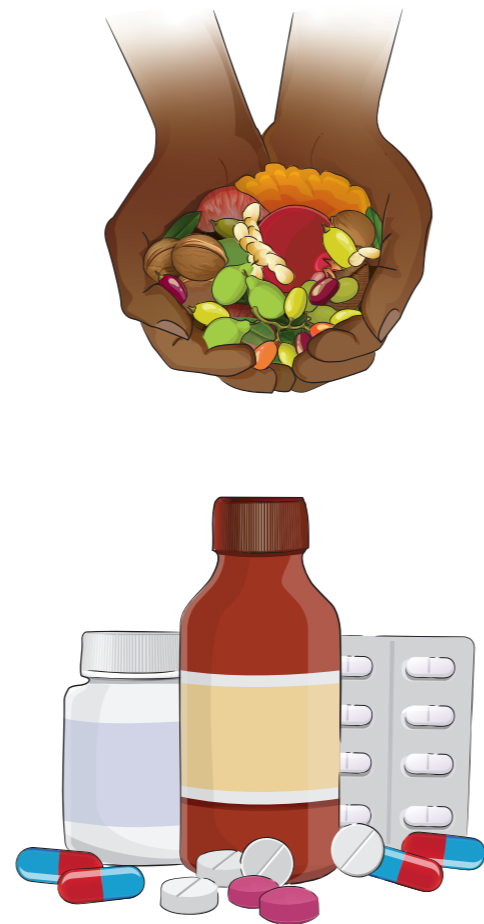
# Why standardise medicines lists?

The purpose of a medicines list is to:

▷ help patients, their carers and family members, understand the medicines being taken;

▷ enable medicines to be taken correctly; and

▷ provide an accurate and up-to-date record of current medicines.

The principles outline how a standardised template for recording medicines can be culturally responsive and customisable to individual Aboriginal and Torres Strait Islander patient needs, while meeting appropriate standards and principles for content and presentation.[4,7,8,9]

In addition, a standardised list can be used by patients to support consultations with their Aboriginal and Torres Strait Islander Health Workers or Practitioners, doctors, pharmacists or nurses, and make it easier to remember and check what was discussed after any consultation.

It is important that health practitioners work in collaboration with Aboriginal and Torres Strait Islander Health Workers and Practitioners to provide personal support. They should also consider the use of interpreters, where appropriate and available, and work with local Aboriginal and/or Torres Strait Islander community organisations to ensure locally and culturally appropriate information materials are accessible.

An effective medicines list should reduce the risk of miscommunication and errors as a patient moves through the health system,[3-6] and support better health outcomes through quality use of medicines among Aboriginal and Torres Strait Islander people.

The 5 principles have been developed in consultation with the National Aboriginal Community Controlled Health Organisation (NACCHO) Medicine Resources Group – consisting of prescribers, pharmacists and Aboriginal and Torres Strait Islander health representatives.

The principles may be used as specifications for developing an electronic medicines list from a clinical information system (CIS) such as prescribing or dispensing software, a hard copy template or a mobile app. A standardised template readily available within clinical software should also encourage increased usage by health professionals during patient consultation.

Ideally, a complete medicines list should be produced for a patient after a medicine reconciliation process. Medication reconciliation involves interviewing the patient to obtain and record an accurate and complete history of the medicines they take – known as a best possible medication history.[3] For further information see *Get It Right! Taking a Best Possible Medication History*, an online education module developed by NPS MedicineWise and Australian Commission on Safety and Quality in Health Care (ACSQHC) and available through the NPS MedicineWise Learn website (learn.nps.org.au).

# Principle 1:
# Include all essential information

Important information that must be included on *all* medicines lists as a minimum requirement for medicines safety:[3-5]

▷ patient name, which may include name as appears in electronic records, and also preferred name

▷ patient date of birth

▷ two other identifiers such as address or healthcare record number in accordance with organisational policy

▷ allergies and adverse drug reactions to medicines, date of occurrence and nature of reaction if known

▷ table listing medicines and number of doses at each time of day, shown in numbers

▷ generic name, strength and form of each medicine

▷ indication, purpose or reason for taking the medicine

▷ specific directions for use, including dose with respect to food or other medicines (and duration of treatment if relevant)

▷ date of production of the list, and dates of any changes

▷ name, job title and contact details of the person who prepared the list.

**Medicines list**
Helping you keep tr

Medicines list for:
Patient date of b

Address:

Medicare n
Concessio
Emergency

Date prepared
Prepared by:

Phone:
Email:

**Medicines list for:**
**Patient date of birth:**

**Address:**

**Medicare no:**
**Concession card:**
**Emergency contact:**

**Date prepared:**
**pared by:**

# Principle 2:
# Customise if required to meet patient needs

The medicines list should be culturally responsive and customisable for each individual patient, while still meeting appropriate standards and principles.[4,7]

All medicines, both prescribed and self-selected, should be included (oral, inhaled, topical, implants, injections, herbal/bush medicines and anything else) unless a patient specifically asks for a medicine to be omitted. In this case consider adding "this patient may be taking additional medicines not listed on this document" with the patient's permission. Use clinical judgement to discuss with the patient the importance of disclosing to other health care providers all the medications they are taking.

Keep language clear and concise.

- ▷ Tailor information to each patient's individual literacy level.
- ▷ Some Aboriginal and Torres Strait Islander patients may have low health literacy or English language skills, but do not assume this.
- ▷ Reflect the patient's own use of language in the list. For example, some patients may describe asthma/COPD as "short wind", others may say "emphysema".
- ▷ Consider and use locally accepted terminology where possible. For example, "dinner" could mean the meal in the middle of the day or at the end of the day.
- ▷ Use positive wording wherever possible. For example, "help breathing" rather than "stop breathing problems".

**Optional components** to add to the patient-specific information in medicines lists include:

- ▷ treatment duration
- ▷ storage instructions
- ▷ emergency contact details of GP and family members
- ▷ counselling points
- ▷ brand names or alternative names of medicines
- ▷ general medicines safety and disease state management messages
- ▷ pictures of medicines
- ▷ pictures/ graphical illustrations of conditions and possible side effects.

Using Aboriginal and Torres Strait Islander graphics can make documents culturally relevant and engaging. Make sure you respect artists' rights and acknowledge appropriate copyright.
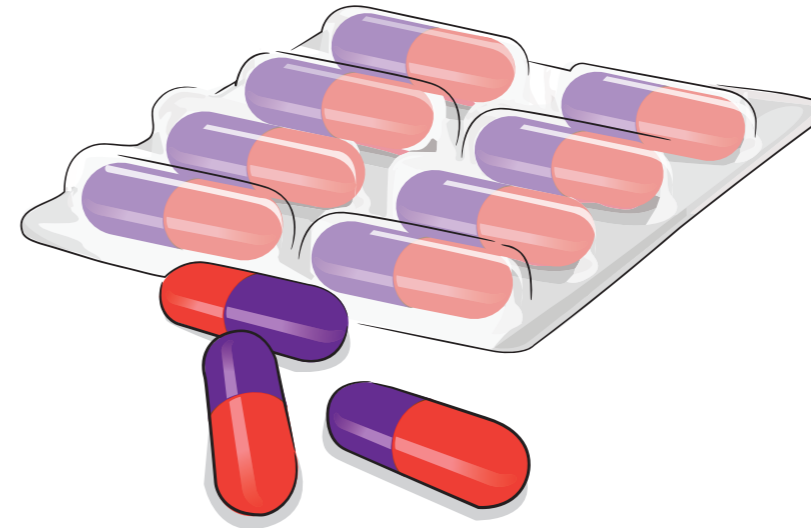


Pictures of medicines may be sourced from Dose Administration Aid (DAA) software, eg, Webster Care or medicines information resources, eg, MIMs or treatment guidelines, eg, Remote Primary Health Care Manuals.

Pictures illustrating medical conditions or possible medicines side effects may be sourced from other patient information materials or treatment guidelines eg, Remote Primary Health Care Manuals.
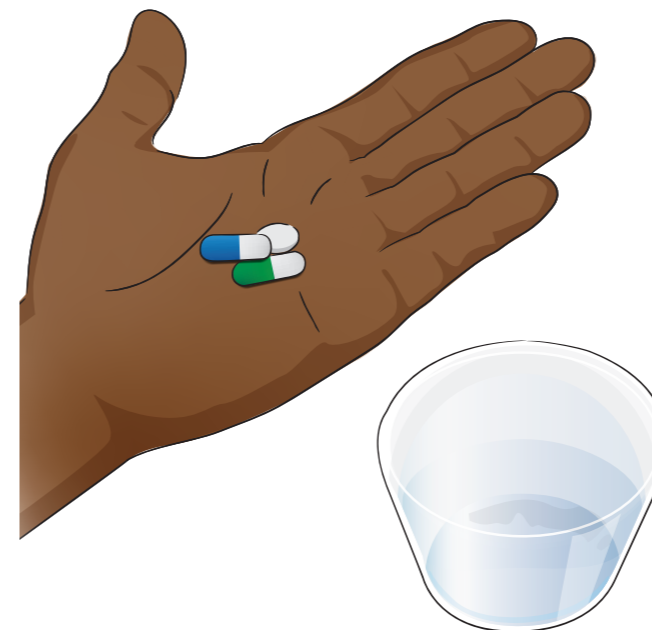
# Principle 3:
# Use generic medicine names

Medicines should be recorded by generic names EXCEPT:

▷ where there are differences in bioavailability between brands (eg, warfarin) and they have specific formulation preparations

OR

▷ where medications have multiple ingredients AND the trade name is in common use.[8]

Generic names should be used in the medicine column of a medicine list. Brand names or patients' preferred names can be included in the patient information column. The World Health Organization and the ACSQHC recommend the use of generic, non-proprietary medicine names.[8-10] Use local protocols when possible, eg, *NT Health Accepted Brand Names for Medication Prescribing* suggests *Lantus* rather than insulin glargine.

The generic name of the medicine should be written in full, and not abbreviated (eg, methotrexate not MTX). Abbreviations can lead to misinterpretation and errors.[9,10] Providing a clear, standardised protocol for writing the generic names of medicines has the potential to reduce errors.[8-11] Patient safety and quality use of medicines may improve as a result.

**Active ingredient**
Brand name

# Principle 4:
# Use clear, standard terminology

Abbreviations, symbols and dose designations that may be misinter-preted by patients are major causes of medication errors and should be avoided.[11,12] Consider the following to reduce risk of error:

▷ Use microgram not mcg (can be mistaken for mg).
▷ Use the word unit(s) rather than U (can be mistaken for a zero)
▷ Use full (but simple) text directions such as "3 times daily" or "when needed" rather than Latin-derived abbreviations such as *tds* and *prn* (consumers generally don't know what these mean).

A more complete list of error-prone abbreviations and symbols can be found in the publication *Recommendations for terminology, abbreviations and symbols used in medicines documentation* (Sydney: ACSQHC, 2016).[12]

Ensure any graphics used to indicate dosage times are customisable to health service and patient needs, and are easy to understand. Some brands of DAAs have customisable symbols and where possible, the same symbol or graphic (such as a moon or a sun) should be used for consistency. It is important to include the time reference in text as well as the graphic.

| Medicine (Generic name, strength and form) | How and when to take your medicine | | | | About your medicine (Patient-specific directions) | What your medicine does (Indication) |
|---|---|---|---|---|---|---|
| Cut and paste list from prescribing software | Delete or cross out columns if not required | | | | Adjust wording to suit patient understanding | Adjust wording to suit patient understanding or use images |
| | MORNING | MIDDAY | EVENING | BEDTIME | | |
| Varenicline 1 mg tablet | 1 | x | 1 | x | *Champix*. Take with food. Started 1/7/2018. Expected to finish 1/10/2018. | Help to stop smoking |
| Sertraline 50 mg tablet | 1 | | | | | Improve mood |
| Metformin 1 g XR tablet | | | 2 | | Take with food | Diabetes |
| Fenofibrate 145 mg tablet | 1 | | | | | "Help eyes"? |

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# Principle 5:
# Design for integration with clinical software systems

Medicines lists that can be integrated with prescribing and/or dispensing software are usable and practical, accessible from the patient profile and involve minimal effort from clinicians.

The standardised medicines list template should be embedded within general practice, Aboriginal Community Controlled Health Organisation (ACCHO) and pharmacy software and generated through the software during usual care.

Generating a medicines list directly from prescribing software minimises transcription errors, reduces the time required to generate a list, and is the preferred source for medicines lists.[3] Having a list that is also editable within dispensing software can help to capture other detailed information about medicines being taken – such as non-prescription, over-the-counter and traditional (eg, bush) medicines.

While software-generated medicines lists should be designed to capture all appropriate, standardised fields with the use of standard and atomised medical terminology (eg, SNOMED), lists should include space for additional free text messages for the patient, graphics and/or handwriting later if required.

Medicines lists integrated with clinical software support the National Digital Health Strategy by providing safe and convenient digital management of medicines.

## General tips for making lists readable

▷ Use at least 12-point font size and check that patients can easily read the information.

▷ Keep messages clear and concise.

▷ Use positive statements to avoid ambiguity in the message and to motivate the patient eg, "take at least 30 mins before food". Negative directions may be misleading eg, "do not take with food" does not explain how long before or after food the medicine can be taken.

▷ Use numerals (1 not One).

▷ Use everyday words and avoid technical terms (high blood pressure instead of hypertension).

▷ Use the term food, not meals.

▷ Avoid abbreviations wherever possible. Days of the week may be abbreviated to three letters, with the first letter capitalised (for example, Mon, Tue, Sat) if necessary.

# References

1. Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Cat. no. BOD 28. Canberra: AIHW https://www.aihw.gov.au/reports/burden-of-disease/australian-bod-study-2018-key-findings-indigenous (accessed 2 November 2021).

2. Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW. https://www.indigenoushpf.gov.au/getmedia/f61f0a50-f749-4045-b58f-b2c358db2c6b/2020-summary-ihpf-2.pdf?ext=.pdf (accessed 2 November 2021).

3. Australia Commission on Safety and Quality in Health Care. Medication Safety Standard. https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard (accessed 2 November 2021).

4. World Health Organization. High 5s: Standard Operating Protocol. Assuring medication accuracy at transitions of care: medication reconciliation 2014. https://www.who.int/patientsafety/implementation/solutions/high5s/h5s-sop.pdf?ua=1 (accessed 2 November 2021).

5. Institute for Safe Medication Practices Canada. Medication Reconciliation. Toronto: ISMP Canada; 2017 https://www.ismp-canada.org/medrec/ (accessed 2 November 2021).

6. McCarthy L, Su X (Wendy), Crown N, et al. Medication reconciliation interventions in ambulatory care: A scoping review. Am J Health-Sys Pharm 2016: 73 (22);1845–1857. https://doi.org/10.2146/ajhp150916 (accessed 2 November 2021).

7. Cultural and Indigenous Research Centre Australia. Consumer health information needs and preferences: perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people. Sydney: ACSQHC; 2017 https://www.safetyandquality.gov.au/sites/default/files/migrated/Consumer-needs-and-preferences-Perspectives-of-culturally-and-linguistically-diverse-and-Aboriginal-and-Torres-Strait-Islanders.pdf (accessed 2 November 2021).

8. Australian Commission on Safety and Quality in Health Care. National Guidelines for On-screen Display of Clinical Medicines Information. Sydney: ACSQHC, 2016 https://www.safetyandquality.gov.au/wp-content/uploads/2016/03/National-guidelines-for-onscreen-display-of-clinical-medicines-information.pdf (accessed 2 November 2021).

9. Australian Commission on Safety and Quality in Health Care. Active ingredient prescribing – User guide for Australian prescribers. Sydney: ACSQHC, 2021 https://www.safetyandquality. gov.au/sites/default/files/2021-10/version_2_-_active_ingredient_ prescribing_user_guide_for_australian_prescribers.docx (accessed 2 November 2021).

10. Guidance on the use of international nonproprietary names (INNs) for pharmaceutical substances. Geneva: World Health Organization; 2017. https://www.who.int/medicines/services/inn/ FINAL_WHO_PHARM_S_NOM_1570_web.pdf?ua=1 (accessed 2 November 2021).

11. Government of South Australia. Medication Safety Standardised Terminology 2011. https://www.sahealth.sa.gov.au/wps/ wcm/connect/dd45b8804390a6f58bc3dfbc736a4e18/ Spell+it+out+Guidelines+2011.pdf?MOD=AJPERES&- CACHEID=ROOTWORKSPACE-dd45b8804390a6f58bc3dfb- c736a4e18-mFIWIao (accessed 2 November 2021).

12. Australian Commission on Safety and Quality in Health Care (2016), Recommendations for terminology, abbreviations and symbols used in medicines documentation. ACSQHC, Sydney. https://www.safetyandquality.gov.au/publications-and-resources/ resource-library/recommendations-terminology-abbrevia- tions-and-symbols-used-medicines-documentation (accessed 2 November 2021).

# Further information

Aboriginal & Torres Strait Islander Medication Safety Handbook produced by Monash University and Ramahyuck District Aboriginal Corporation. https://f.hubspotusercontent10.net/hubfs/5328468/ Aboriginal%20Medication%20Safety%20Handbook%20 img-619185318-0001.pdf

Accepted Brand Names for Medication Prescribing NTDTC Guideline. https://f.hubspotusercontent10.net/hubfs/5328468/Accepted%20 Brand%20Names%20for%20Medication%20Prescribing%20 NTDTC%20Guideline.pdf

Baker Heart and Diabetes Institute fact sheets.  www.baker.edu.au/ health-hub/fact-sheets

Good Medicines Better Health website.  https://www.naccho.org.au/ programmes/medicines/good-medicines-better-health-resources/

Medication reconciliation Western Australian Medication History and Management Plan User Guide April 2017 Version 2 https://ww2. health.wa.gov.au/~/media/Files/Corporate/general%20documents/ medicines%20and%20poisons/PDF/WA_MMP_User_Guidelines.PDF

NPS MedicineWise website. www.nps.org.au

Pharmaceutical Society of Australia. Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people 2014. https://www.ppaonline.com.au/wp-content/uploads/2019/01/ PSA-Guide-to-Providing-Pharmacy-Services.pdf

Remote Primary Health Care Manuals Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners (4th edition). Alice Springs, NT: Centre for Remote Health, 2017. https://www.remotephc- manuals.com.au/home.html

# Appendix A

### Example of a Medicines List with instructions

Templates of the Medicine List have been prepared as PowerPoint© (.pptx) and PDF(.pdf) files. The PowerPoint© (.pptx) template is editable, allowing a provider to personalise the list if required. Versions of the template with instructions on how to complete this form, including example medicines and images have also been created.

Find them on the NACCHO website through these links:

▷ Medicine_List_2021_Editable-clear-form.pptx
▷ Medicine-List_2021_instruction_examples.pptx
▷ Medicine_List_editable_form.pdf
▷ Medicine_List_Instructions.pdf

Find them on the NPS MedicineWise website through these links:

▷ Medicine List editable form
▷ See Medicine List instructions
▷ Medicine List PowerPoint template
▷ See Medicine List PowerPoint instructions

## Helpful tips

- Medicines should help you stay healthy and live longer!
- If you want to know more or are worried about your medicines talk to your pharmacist, doctor or health worker.
- Medicines can look different if the brand changes. If you are not sure, always check.
- Keep medicines in a safe place where kids can't get them.
- Check the expiry date on medicines. If they are old, take them back to the clinic or pharmacy.
- Heat and light can stop medicines working properly. Do not leave them in the sun or a place that can get hot, like a car.
- Do not share your medicines with other people.

Make sure you tell your doctor, pharmacist and health workers about all the medicines you use. This might include medicines you choose from the shop or pharmacy, creams and lotions, ear or eye drops, vitamins, traditional and bush medicines, puffers and more. This helps them make sure they can all be used together safely and help you decide if they're the best medicines for you.

**Extra information**

Use this space to type or handwrite notes or comments

Placeholder boilerplate text



**Medicines list**

Helping you keep track of your medicines

Medicines list for:
Patient date of birth:                     Essential information

Address:
                                            Information can be customised

Medicare no:
Concession card:
Emergency contact:

Date prepared:
Prepared by:                                Essential information

Phone:
Email:
                                            Optional information

Pharmacy stamp

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**Medicine allergies**
1/1/1990 Ramipril causes angioedema (swollen lips and tongue)

**Other medicines**
Etonogestrel (Implanon) contraceptive implant inserted 1/1/2018

| Medicine (Generic name, strength and form) | How and when to take your medicine | | | | About your medicine (Patient-specific directions) | What your medicine does (Indication) |
|---|---|---|---|---|---|---|
| Cut and paste list from prescribing software | Delete or cross out columns if not required | | | | Adjust wording to suit patient understanding | Adjust wording to suit patient understanding or use images |
| | MORNING | MIDDAY | EVENING | BEDTIME | | |
| Varenicline 1 mg tablet | 1 | x | 1 | x | *Champix*. Take with food. Started 1/7/2018. Expected to finish 1/10/2018. | Help to stop smoking |
| Sertraline 50 mg tablet | 1 | | | | | Improve mood |
| Metformin 1 g XR tablet | | | 2 | | Take with food | Diabetes |
| Fenofibrate 145 mg tablet | 1 | | | | | "Help eyes"? |
| Salbutamol 100 microgram puffer | | | | | Use when needed. Works best 1 spray at a time with a spacer. In an emergency have 4 sprays every 4 minutes and get help. | Short wind |

| Medicine (Generic name, strength and form) | How and when to take your medicine | | | | About your medicine (Patient-specific directions) | What your medicine does (Indication) |
|---|---|---|---|---|---|---|
| Cut and paste list from prescribing software | Delete or cross out columns if not required | | | | Adjust wording to suit patient understanding | Adjust wording to suit patient understanding or use images |
| | MORNING | MIDDAY | EVENING | BEDTIME | | |
| Varenicline 1 mg tablet | 1 | x | 1 | x | *Champix*. Take with food. Started 1/7/2018. Expected to finish 1/10/2018. | Help to stop smoking |
| Sertraline 50 mg tablet | 1 | | | | | Improve mood |
| Metformin 1 g XR tablet | | | 2 | | Take with food | Diabetes |
| Fenofibrate 145 mg tablet | 1 | | | | | "Help eyes"? |
| Salbutamol 100 microgram puffer | | | | | Use when needed. Works best 1 spray at a time with a spacer. In an emergency have 4 sprays every 4 minutes and get help. | Short wind |
| Tiotropium 2.5 micrograms/ olodaterol 2.5 micrograms puffer | 2 | | | | *Spiolto*. Inhale 2 sprays every morning | Prevent short wind |

# Notes