August 2018

Interim Medication Administration Chart (IMAC)

Introduction of a standard IMAC

SA Health has developed a standard interim medication administration chart (IMAC) for use when patients transfer from hospital to a residential care facility (RCF). The standard IMAC will replace the individual hospital versions that are currently used. The standard IMAC will be provided in line with existing discharge procedures, and discharge medicines or prescriptions will continue to be supplied as appropriate.

The SA Health standard IMAC will support patient safety and quality of medicines management through standardisation of documentation used across patient care settings.

Implementation

SA Health sites will phase in the introduction of the standard IMAC from August 2018.

Patient ID and Allergy Section

The patient identification section and details of allergies and adverse drug reactions must be completed by the hospital-based prescriber. The name of the transferring hospital will also be recorded.

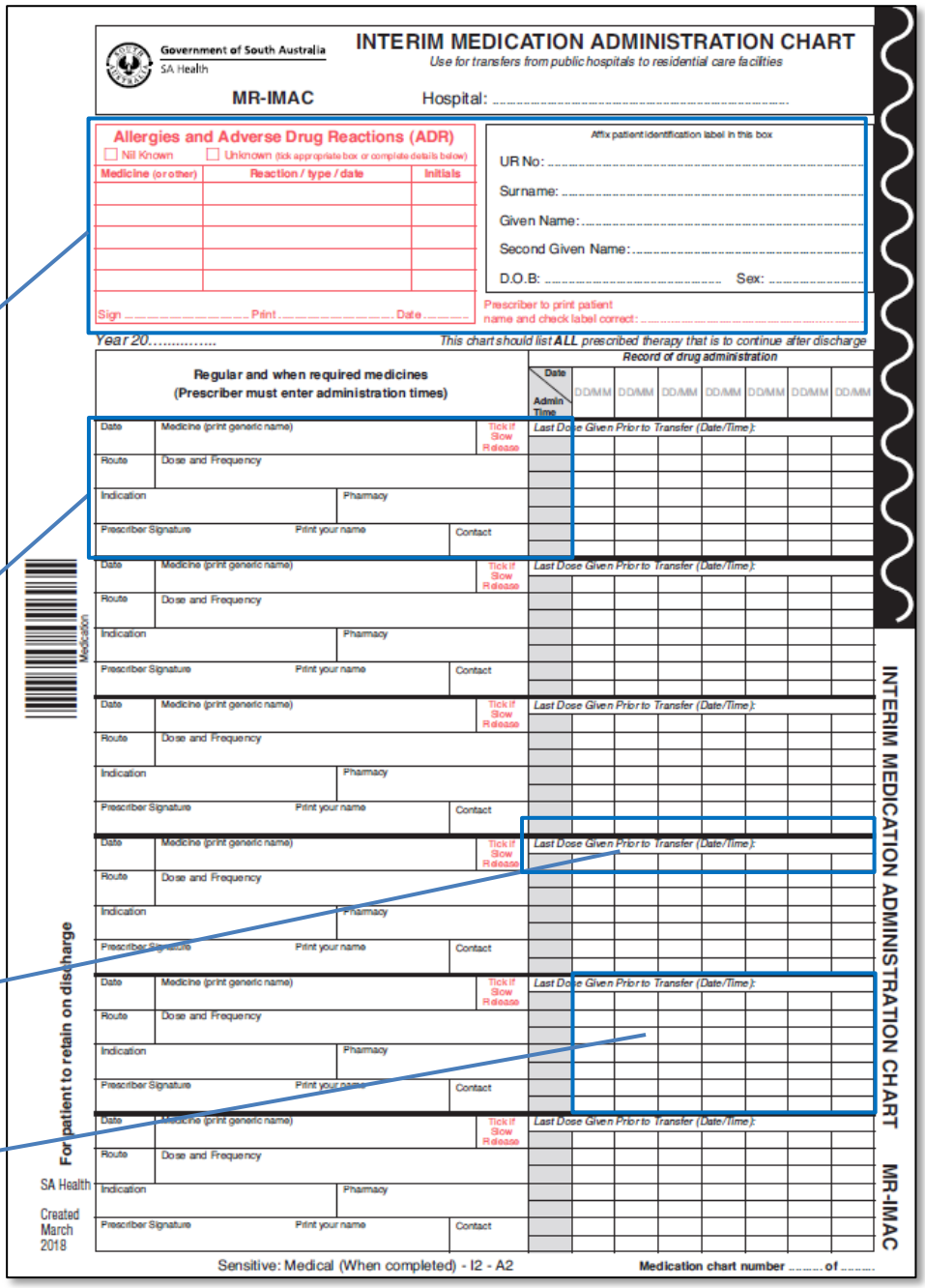
Medicine Orders

All medicines that should continue on transfer to a RCF will be documented on the IMAC by the hospital prescriber, this includes regular and when required (PRN) medicines. Each order will include the following details:

- Medicine name, route, dose and frequency, and administration time(s)
- Prescriber's contact details, including name and contact pager number
- Date and time the last dose was given in hospital.

Medicine Administration

The administration record provides space to record **up to seven days** of therapy if required in the RCF.


Government of South Australia
SA Health

INTERIM MEDICATION ADMINISTRATION CHART
Use for transfers from public hospitals to residential care facilities

MR-IMAC Hospital: .....

Allergies and Adverse Drug Reactions (ADR)
☐ Nil Known ☐ Unknown (tick appropriate box or complete details below)
Medicine (or other) | Reaction / type / date | Initials
Sign ..... Print ..... Date .....

Affix patient identification label in this box
UR No: .....
Surname: .....
Given Name: .....
Second Given Name: .....
D.O.B: ..... Sex: .....
Prescriber to print patient name and check label correct: .....

Year 20.....
This chart should list **ALL** prescribed therapy that is to continue after discharge

Regular and when required medicines
(Prescriber must enter administration times)

Record of drug administration
Date / Admin Time | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM | DD/MM

Date | Medicine (print generic name) | Tick if Slow Release
Route | Dose and Frequency
Indication | Pharmacy
Prescriber Signature | Print your name | Contact
Last Dose Given Prior to Transfer (Date/Time):

Medication

For patient to retain on discharge

INTERIM MEDICATION ADMINISTRATION CHART MR-IMAC

SA Health
Created March 2018

Sensitive: Medical (When completed) - I2 - A2
Medication chart number ..... of .....

For more information

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