

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH  
WALES NURSING HOMES**

**Name:** Name suppressed

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Partially Confidential

I was a community palliative care registered nurse who attended to consultation in Age care facilities in all categories of care ( hostel to High care Age care )I found it quite disturbing AINs were left in charge of residents from 1700 hrs till 0730 hrs only having phone contact with the RN who could be 1 to 2 hours from the care facility .If a palliative care resident need to have analgesia ( schedule 8 or 4) in liquid form or injection form the resident would need to go without till a RN came the next morning or ring an oncall RN to return to The facility or have an on call GP service provided the residents GP is link to that service .

This unacceptable best practice no person should go without or wait hours before they receive medications for pain or other symptoms

AIN do not have the knowledge or training to assess a resident pain scale and symptoms Nor are they allowed to administer S8 or S4 medication in liquid or injection form , however they can administer tablet form S8 or S4 if packed in a webster pack.

This is not best practice as there is the potential of administering the wrong medication without a formal assessment of the resident .

I have listened to RNs in hostels who are concerned about the residents being left overnight,they feel helpless and afraid to speak up as they fear of lose there jobs if " they rock the boat"

I know of AINs in hostels giving liquid form S8 medication that were directed by their manager over the phone to administer this medication. this action is way above AIN scope of practice

AINS need to be guided by the RNs who need to be supported in the important role of caring for the AGE .

Decreasing RN in age care facilities is only increasing the potential of medication error , poor care, assessment and treatment of resident , increased transfers of residents in to local ED over loading these departments