AMA Queensland Feedback on Office of the Chief Nursing and Midwifery Officer proposed amendments to the *Extended Practice Authority 'Registered Nurse' 2019* (proposed amendments to the Sexual Health Program)

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AMA Queensland thanks Queensland Health for the opportunity to provide feedback on OCNMO's proposed amendments under the Queensland *Medicines and Poisons Act 2019* and *Medicines and Poisons (Medicines) Regulation 2021* to the *Extended Practice Authority 'Registered Nurse' 2019* (the EPA'). Submissions on relevant proposed amendments relating to the Sexual Health Program are set out below.

General feedback

- AMA Queensland has significant concerns about the risks of pathogen resistance and submits that medicines must be administered as per culture and sensitivity results. A stat dose is inadequate on its own, particularly where cultures may take up to three days to return sensitivities and pathogens. As such, AMA Queensland only supports the provision of single-dose antibiotics as set out in the EPA if this is made in collaboration with and follow-up consultation by a medical practitioner (including virtually if necessary) to ensure responsible antimicrobial stewardship.
- The EPA does not consistently specify adult and child dosing regimens. AMA Queensland submits that this omission must be corrected. This is particularly important for antibiotics since, if IV antibiotics are required, they must be given in a monitored area with set controls in place to ensure allergic reaction/anaphylaxis risks are mitigated.

Feedback on specific medicines

- Amoxicillin/clavulanic acid:
    - AMA Queensland submits that the administration of one dose does not adequately treat an infection and risks antibiotic resistance, partially-treated infection and progression of illness to life-threatening sepsis. Any amendments to enable single-dose administration of antibiotics must mandate that the patient be seen by a medical practitioner for follow-up to determine appropriate treatment and ensure responsible antimicrobial stewardship.
    - It is unclear who is responsible for following-up cultures and enacting changes to medications if needed and this must be inserted into the EPA.

- Promethazine:
    - Promethazine is a highly sedating drug and is not appropriate for first-line management for vasovagal syncope associated with insertion of vaginal devices. It is not accepted by either toxicologists or emergency physicians for use in this manner and AMA Queensland submits it is inappropriate for use in sexual health clinics for emergency management of vasovagal symptoms associated with insertion of an IUD.
    - AMA Queensland submits the usual practice is to monitor and, if needed, to pause or cease the procedure. Symptoms usually settle quickly without the need for administration of medications. In very rare cases, and as a second-line option only, atropine is administered.