

# 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), Transition 2 Home (T2H) program, and the SA Prison Health Service (SAPHS). 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.

**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, T2H Program and SA Prison Health Service 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, T2H program and SA Prison Health Service.



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

For patient to retain on discharge

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

INTERIM MEDICATION ADMINISTRATION CHART MR-IMAC

For more information

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