OBA NURSING ACADEMY · HIGH-RISK MEDICINES (APINCHS) · OBA-HRM-2026

Course Syllabus

High-Risk Medicines: the APINCHS Classification · OBA-HRM-2026 · 10.5 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: High-Risk Medicines: the APINCHS Classification (OBA-HRM-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 18/09/2026 | Review due 18/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification, it is not a unit of competency from a training package, and it does not of itself authorise any learner to prescribe, dispense, prepare, check or administer any medicine. Every activity described here is performed only within the learner's own scope of practice, after assessment of competence, and in line with the policy of the organisation the learner works for. THIS COURSE NAMES NO DOSES. It names medicines, because the classification does, but every dose, concentration, diluent, rate and monitoring interval must be taken from the current prescription, the Australian Injectable Drugs Handbook, Therapeutic Guidelines, the approved product information and local policy - never from a course, and never from memory. Two narrow exceptions appear and are deliberate: a product concentration quoted to identify WHICH preparation is restricted, and a number inside a deliberately defective order used to teach recognition of an error-prone abbreviation. Neither is an instruction to give anything.
- Regulatory and clinical currency: this content was written against the ACSQHC APINCHS classification of high risk medicines (page last updated 30 April 2026), the ACSQHC Recommendations for safe use of medicines terminology (November 2024), the NSQHS Standards (2nd edition) Medication Safety Standard, and the NMBA standards and enrolled nurse medicines fact sheet as published at 18/09/2026. Four things are local, not national, and this course will not answer them for you: your organisation's high-risk medicines list, whether ward dilution of concentrated electrolytes is permitted where you work, who may act as a second checker, and the poisons and controlled substances law of your state or territory. Confirm each of those against your own policy before you act.

1. Programme overview

High-Risk Medicines: the APINCHS Classification is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered nurses (RNs) and enrolled nurses (ENs) in acute, subacute, aged, community and peri-operative settings

- Medical practitioners who prescribe - interns, resident medical officers, registrars, consultants and general practitioners
- Internationally qualified nurses (IQNs) and internationally trained doctors preparing for Australian practice, where medicine names, terminology, charts and the legal framework all differ from home
- Student nurses and student enrolled nurses
- Nurse practitioners, midwives and pharmacists will find the framework and the systems content directly applicable, though the programme is not written to their specific scope

How it is delivered

- Entirely online and entirely self-directed - no scheduled classes, no live attendance, no clinical placement
- All content, activities and assessment are released inside the OBA learning management system
- Learners move at their own pace; the LMS records progress, attempts and completion
- Every module is built as video (HeyGen avatar narration) + slide deck + student learner guide + knowledge check
- A single summative assessment unlocks the certificate of completion

Programme outcomes

On completion, learners will be able to:

1. Define a high-risk medicine and explain why the category is built on consequence rather than frequency
2. Recite the APINCHS classification and name the medicines the Commission lists under each letter
3. Rank the hierarchy of controls and identify the strongest control available in a given situation
4. Recognise the specific error mechanisms for each APINCHS category and the control that prevents each
5. Perform an independent double check correctly, and explain why the usual version fails silently
6. Apply the ACSQHC medicines terminology principles, including the unacceptable abbreviations and the dose designation rules
7. State what each role may and may not do with a high-risk medicine, including the enrolled nurse medicines notation
8. Apply the NMBA Decision-making framework to a high-risk medicine delegation
9. Raise and receive a concern about a medication order, report near-misses and hazards, and describe what open disclosure requires after harm

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.75	5
01	Why High-Risk Medicines Are Different	0.75	6
02	The APINCHS Classification	0.50	7
03	A - Antimicrobials	0.75	6
04	P - Potassium and Other Electrolytes	0.75	6
05	I - Insulin	0.75	6
06	N - Narcotics (Opioids) and Other Sedatives	0.75	8
07	C - Chemotherapeutic Agents	0.75	6
08	H - Heparin and Other Anticoagulants	0.75	6
09	S - Systems	0.75	8
10	Scope, Law, Reporting and Human Factors	0.75	5
	Module subtotal	8.00	69
	Programme information documents	1.38	-
	Case study assessment (5 unfolding cases)	0.50	-
	Summative assessment	0.95	60
	CLAIMABLE CPD TOTAL	10.5	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	123 min	Narration word count at 135 wpm
Student learner guides (11)	130 min	Guide word count at 130 wpm
Module knowledge checks (11)	116 min	Stem, options and every rationale, read and answered

Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	83 min	Rendered page word counts at 130 wpm
Case study assessment	30 min	18 minutes measured reading plus 30 seconds per decision across 23 steps
Summative assessment	57 min	27 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	627 min (10.45 h)	Sum of the above
CLAIMABLE CPD	10.5 hours	The measured total, to the nearest half hour

The four optional practice tools - the APINCHS classifier drill, the error-prone order rewriter, the independent double check simulator and the scope of practice self-check - add approximately a further 75 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

Sets up the programme: who it is for, how a fully self-directed online course is completed, how the assessment and certificate work, the scope-of-practice rule that governs everything after this, and the two boundaries that matter most in this subject - that this course names no doses, and that four of the most important rules in it are set locally, not nationally.

Learning outcomes

- Describe how this programme is delivered, assessed and certified
- State the three-part rule that determines whether you may perform any activity described here
- Explain why a course on medicines deliberately names no doses, and where doses come from instead
- Identify the four questions this course cannot answer for you because they are set locally
- Recognise what the certificate does and does not mean to an employer
- Locate the scope of practice card, the further reading directory and the reflective workbook

Key terms: scope of practice; assessed competence; employer authorisation; APINCHS; high-risk medicine; Australian Injectable Drugs Handbook; local policy; CPD evidence

Module 01 - Why High-Risk Medicines Are Different

What makes a medicine high-risk; the difference between error frequency and error consequence; the five stages at which medicines error enters and what each stage contributes; why individual vigilance is the weakest control and system design the strongest; and where the Medication Safety Standard puts the obligation.

Learning outcomes

- Define a high-risk medicine and explain the three features that put a medicine in the category
- Distinguish error frequency from error consequence, and explain why the category is built on the second
- Identify the five stages of the medication process and the characteristic failure at each

- Explain why individual care and vigilance are the weakest available controls
- Rank the hierarchy of controls from forcing functions down to education
- State what the NSQHS Medication Safety Standard requires an organisation to do about high-risk medicines

Key terms: high-risk medicine; narrow therapeutic index; error consequence; hierarchy of controls; forcing function; latent condition; Medication Safety Standard; transitions of care

Module 02 - The APINCHS Classification

The APINCHS classification as published by the ACSQHC: each letter, the medicines the Commission lists under it, and what the classification is actually for. Why S for Systems is the letter that changes practice. Why your employer's list is the operative document and is usually longer. And how to use the classification as a recognition reflex rather than a memory test.

Learning outcomes

- Recite the seven letters of APINCHS and the category each represents
- Name the medicines the Commission lists as examples under each letter
- Explain what the classification is for, and what it is not
- Explain why S for Systems is a category of process rather than of medicine
- State the Commission's caveat about local variation and its practical consequence
- Locate and use your own organisation's high-risk medicines list

Key terms: APINCHS; antimicrobials; concentrated electrolytes; insulin; opioids and sedatives; chemotherapeutic agents; anticoagulants; systems; local high-risk list

Module 03 - A - Antimicrobials

Why aminoglycosides, vancomycin and liposomal amphotericin are the three antimicrobial groups in APINCHS when most antibiotics are not; narrow therapeutic index and therapeutic drug monitoring; the toxicities that are permanent; the amphotericin formulation confusion and why the word 'liposomal' is a safety-critical part of the medicine name; and what each role must do.

Learning outcomes

- Explain why most antimicrobials are not high-risk medicines and these three groups are
- Describe the toxicities of aminoglycosides and which of them are irreversible
- Explain the purpose of therapeutic drug monitoring and the difference between taking a level and acting on one
- Recognise the administration risks specific to vancomycin
- Explain the amphotericin formulation confusion and state the rule that prevents it
- Identify what to escalate, and what each role may and may not do

Key terms: aminoglycoside; gentamicin; vancomycin; amphotericin; liposomal; therapeutic drug monitoring; nephrotoxicity; ototoxicity; antimicrobial stewardship

Module 04 - P - Potassium and Other Electrolytes

Why concentrated injectable electrolytes are the category where the strongest control - removing the product - has become standard practice; the two documented fatal error patterns for concentrated potassium; the Commission's best-practice recommendation reproduced in full; layering in an inadequately mixed bag; and what is specific to magnesium, calcium and hypertonic sodium chloride.

Learning outcomes

- State precisely which electrolyte preparations the classification covers and which it does not
- Describe the two documented fatal error patterns involving concentrated potassium
- Reproduce the substance of the Commission's best-practice recommendation on concentrated electrolyte storage
- Explain layering in an inadequately mixed infusion bag and how to prevent it
- Identify the specific risks of magnesium, calcium and hypertonic sodium chloride
- State what you would escalate, and what your own policy must tell you before you act

Key terms: concentrated electrolyte; potassium chloride; imprest stock; pre-mixed bag; layering; hypertonic sodium chloride; magnesium toxicity; extravasation; forcing function

Module 05 - I - Insulin

Why the Commission's entry under I is two unqualified words; the abbreviation and device errors that make insulin the most commonly reported serious medication error in hospital practice; why brand name matters for insulin when it does not for most medicines; the Commission's recommendation against sliding scale as treatment; and why omitting insulin is also an error.

Learning outcomes

- Explain why the classification places every insulin, brand, concentration and device in the category
- State why 'U' and 'IU' are unacceptable abbreviations and what must be written instead
- Describe the device errors specific to insulin and the rule that prevents each
- Explain why insulin is prescribed by brand in addition to active ingredient
- Reproduce the substance of the Commission's recommendation on sliding scale insulin
- Recognise that omitting insulin is an error, and identify when to escalate rather than withhold

Key terms: all insulins; units; insulin syringe; pen device; single-patient use; brand consideration; subcutaneous insulin chart; sliding scale; basal insulin; hypoglycaemia; DKA

Module 06 - N - Narcotics (Opioids) and Other Sedatives

The largest letter in the classification: opioids, analgesic patches, benzodiazepines and the short-acting anaesthetic agents. Opioid-naive versus opioid-tolerant as the organising idea; why route changes need conversion and not arithmetic; the patch error cluster; why sedation score warns before respiratory rate; the Commission's recommendations on antidotes, neuromuscular blocking agents and patient-controlled analgesia.

Learning outcomes

- State which medicine groups the Commission places under N
- Distinguish opioid-naive from opioid-tolerant and explain why the distinction governs risk
- Explain why a route or product change requires conversion rather than matching the number
- Identify the error cluster specific to analgesic patches, including heat and disposal
- Explain why sedation score is a better early warning than respiratory rate
- Reproduce the Commission's recommendations on antidotes, neuromuscular blocking agents and PCA pumps

Key terms: opioid naive; opioid tolerant; opioid conversion; analgesic patch; sedation score; respiratory depression; benzodiazepine; midazolam; neuromuscular blocking agent; patient-controlled analgesia; naloxone; Schedule 8

Module 07 - C - Chemotherapeutic Agents

Why the Commission names vincristine, methotrexate, etoposide and azathioprine, and calls out oral chemotherapy separately; the wrong-route catastrophe and the control that prevents it; the weekly methotrexate error; the four independent double checks the Commission specifies for chemotherapy; and why this letter reaches into rheumatology and gastroenterology, not just oncology.

Learning outcomes

- State which agents the Commission names and why oral chemotherapy is listed separately
- Explain the vincristine wrong-route catastrophe and the controls that prevent it
- Describe the weekly methotrexate error and where it happens
- Reproduce the substance of the Commission's four double-check recommendations for chemotherapy
- Explain why cytotoxic administration requires separate credentialling beyond registration
- Recognise that this letter extends well beyond oncology

Key terms: vincristine; intrathecal; methotrexate; weekly dosing; oral chemotherapy; azathioprine; body surface area; independent double check; cytotoxic credentialling; extravasation

Module 08 - H - Heparin and Other Anticoagulants

Heparin, low molecular weight heparins, warfarin and the direct oral anticoagulants: four groups with four different monitoring requirements, four different reversal situations and one shared consequence. Heparin-induced thrombocytopenia; prophylactic versus treatment dosing; neuraxial timing; why the DOACs feel safer than they are; and duplicate anticoagulation.

Learning outcomes

- Name the four anticoagulant groups in the classification and the monitoring each requires
- Recognise heparin-induced thrombocytopenia and state the immediate action
- Explain why prophylactic and treatment dosing confusion is a recurring error
- Explain why anticoagulant timing matters around neuraxial procedures
- Explain why the absence of routine monitoring makes the DOACs feel safer than they are
- Recognise duplicate anticoagulation and distinguish it from intentional bridging

Key terms: heparin; low molecular weight heparin; enoxaparin; warfarin; INR; DOAC; apixaban; rivaroxaban; dabigatran; heparin-induced thrombocytopenia; neuraxial; spinal haematoma; prophylactic dose; treatment dose; duplicate anticoagulation

Module 09 - S - Systems

The only letter that names processes rather than medicines, and the one that protects all six others. What an independent double check actually is and why the usual version fails silently; the ACSQHC's 17 Best Practice Principles for medicines terminology and the unacceptable abbreviations; the Commission's recommendations on oral syringes, smart pumps, epidural pumps and barcode scanning; labelling; and interruption.

Learning outcomes

- Explain why S is a category of process and why it protects all six other letters
- Define an independent double check and describe how it differs from what usually happens
- Perform a double check in the correct order - order to product, not person to person

- Identify the unacceptable error-prone abbreviations and state the acceptable alternative for each
- Apply the dose designation rules, including trailing zeros, leading zeros and units in full
- Reproduce the Commission's recommendations on oral syringes, smart pumps, epidural pumps and barcodes

Key terms: independent double check; confirmation bias; error-prone abbreviation; mixed-case lettering; trailing zero; leading zero; oral syringe; smart pump; dose error reduction software; epidural pump; barcode scanning; standardised order set; national medication chart; labelling; interruption

Module 10 - Scope, Law, Reporting and Human Factors

The rules that govern what each role may do with a high-risk medicine, including the enrolled nurse medicines notation; the NMBA Decision-making framework applied; why poisons and controlled substances law is state and territory law; verbal and telephone orders; how to raise a concern and how to receive one; reporting near-misses and hazards; open disclosure; just culture; and the second-victim effect.

Learning outcomes

- State what each role may and may not do with a high-risk medicine, including the EN notation
- Apply the NMBA Decision-making framework to a high-risk medicine delegation
- Explain why poisons and controlled substances rules are jurisdictional
- Raise a concern about an order using a graded, specific escalation - and receive one well
- Explain why near-misses and hazards are reported, not only harm
- Describe what open disclosure requires, and recognise the second-victim effect in yourself and others

Key terms: scope of practice; EN notation; APRN-40; Decision-making framework; delegation; poisons legislation; Schedule 8; verbal order; speaking up; incident reporting; near miss; open disclosure; just culture; second victim

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	5
02	5
03	5
04	6
05	6
06	7
07	5
08	6
09	8
10	5
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NSQHS Standards, 2nd edition - Medication Safety Standard	Clinical governance and quality improvement for medicines; documentation of patient information; continuity of medication management; medication management processes, including the safe storage, supply and administration of high-risk medicines	All modules; Module 09 in particular
NSQHS Standards, 2nd edition - Comprehensive Care Standard and Communicating for Safety Standard	Risk screening and assessment; clinical handover and documented communication at transitions of care, where most	Modules 01, 09, 10

	medicines information is lost	
ACSQHC APINCHS classification of high risk medicines	The classification itself, the Commission's examples for each letter, and the best-practice recommendations published against each category	Modules 02 to 09
ACSQHC Recommendations for safe use of medicines terminology (November 2024)	The 17 Best Practice Principles, the unacceptable error-prone abbreviations, and the acceptable terms, dose designations and dose forms	Modules 09, 10
ACSQHC National Safety and Quality Medicine Charts and Australian Injectable Drugs Handbook	Standardised national charts, and the reference of record for injectable preparation, dilution, compatibility and administration	Modules 03 to 09
NMBA Registered nurse standards for practice; Enrolled nurse standards for practice; Decision-making framework; Code of conduct for nurses	Practising within one's own scope; delegation and supervision; the enrolled nurse medicines notation; professional accountability for an administration decision	Modules 00, 10
Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia	Prescribing safely and legibly, knowing the medicine, and the duty to respond when a colleague questions an order	Modules 00, 10
State and territory poisons and controlled substances legislation	Who may prescribe, supply, administer and witness; Schedule 8 storage, registers and disposal. These are jurisdictional and differ across Australia	Modules 06, 10
Australian Open Disclosure Framework	What must be said to a patient and their family after a medication incident causes harm	Module 10

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. Two documents matter more than the rest: the ACSQHC APINCHS classification page, which this programme is written against, and the ACSQHC Recommendations for safe use of medicines terminology (November 2024), which is short, free and the highest-value document in the subject. The Australian Injectable Drugs Handbook is the reference this course defers to on every practical question about an injectable medicine - find out whether your service holds a subscription. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students, including after a medication error.

7. Completion and CPD

10. Complete all eleven module knowledge checks.
11. Complete the case study assessment.
12. Achieve 80 per cent or above in the summative assessment within 2 attempts.
13. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 10.5 CPD hours and a unique certificate identifier.
14. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.