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## Registered Health Practitioner information

*Please read this information carefully prior to completing the medication instructions form.*

Brisbane Catholic Education schools provide a reasonable standard of support to students with health conditions, who require medication support while attending school or school-based activities.

All medication intended for administration to a student while attending school or school-based activities must be medically authorised by the student's registered health practitioner. Medical authorisation is provided via the pharmacy label which will include the name of the registered health practitioner, who prescribed the medication for use. The pharmacy label should also detail when and how the medication is to be administered.

Medication includes:

- non-scheduled medicines (Over-the-counter medicines),
  - includes alternative medicines, supplements, vitamins, etc,
- schedule 2 medications (Pharmacy medicines),
- schedule 3 medications (Pharmacist only medicines),
- schedule 4 medications (Prescription only medicines), and
- schedule 8 medications (Controlled drugs).

Administration instructions are required for all medication that is to be administered "as needed", "as required" or "PRN", etc, to a student by school staff. School staff are not qualified to determine or assess indicators for "as needed" medication.

These instructions are required to ensure that "as needed" medication is administered in accordance with the registered health practitioner's instructions including detailed information on the specific indicators for the need to administer the medication.

Additional written instructions must be provided for "as needed" medication in the following form:

- an Asthma Action Plan and/or
- an Anaphylaxis Action Plan and/or
- a medication order for insulin with a diabetes management plan and/or
- a *Medication Administration Instructions*.

No further information or medical authorisation should be required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

If changes are made to a student's medication dosage, or if instructions change from those described in a previous Medication Administration Order or the pharmacy label, the school will require:

- an updated *Medication Administration Instructions*, with changes initialled and dated (if the changes are minor) or
- a new *Medication Administration Instructions* to be completed.

Where the dosage of student's prescribed routine medication changes from the dosage printed on the pharmacy label, this requires additional written information from the student's registered health practitioner to adjust the dosage administered at school. This written instruction must be on the registered health practitioner letterhead (or stamp/sticker denoting medical practice) and include the following information:

- the name of the student
- the name of the medication and strength
- the dosage change and the date the change is to be implemented from
- the prescribing health practitioner's signature and date

An updated pharmacy label, with the new dosage instruction, will be required as soon as possible.

School staff cannot administer 'As needed' medication to a student without additional written instructions (in one of the forms detailed above) from the student's registered health practitioner.

# FORM B: Medication Administration Instructions

## Medication Administration Instructions from Registered Health Practitioner

These instructions are required to ensure that 'as needed' or 'as required' medication is administered, in accordance with the registered health practitioner's instructions, by school staff who are not qualified to determine or assess the health of a student. Please attach any additional information if required and indicate attachment below.

|  |   |                                |  |
|--|---|--------------------------------|--|
| <b>Registered Health Practitioner:</b>   |   |                                | <i>Medical practice stamp/sticker</i>                  |
|  | <b>Name and signature:</b>  |                                |  |
|  | <b>Address:</b>   |                                |  |
|  | <b>Telephone and Email:</b>   |                                |  |
| <b>Name of Student:</b>  |   |                                |  |
| <b>Details of medical condition</b>  |   |                                |  |
| <b>Details of medicine prescribed:</b><br><i>includes over-the-counter medicines</i>       | <b>Medicine name:</b>   | <b>Route:</b>                  |  |
|  | <b>Dosage:</b>  | <b>Additional information:</b> |  |
| <b>When should this medicine be administered:</b>  | <input type="checkbox"/> <b>Emergency response</b>  |                                | <input type="checkbox"/> <b>Non-emergency Response</b> |
|  | <b>Indicators (signs and symptoms) for administering the medicine:</b><br><i>Please provide specific information – "as needed" or "as required" cannot be actioned.</i> |                                |  |
| <b>When this medicine should <u>not</u> be administered:</b><br><i>(Contra-indicators)</i> |   |                                |  |
| <b>Important adverse effects of this medicine:</b>   | <i>The school will notify the parent/legal guardian if the student displays any suspected side effects following administration</i>                                     |                                |  |
| <b>Maximum dosage in 24 hours:</b>   | <i>The school will notify the parent/legal guardian to confirm any previous doses, prior to administration</i>  |                                |  |
| <b>Minimum length of time between doses:</b>   |   |                                |  |
| <b>Student's expected response after taking this medicine:</b>                             | <b>Action to be taken if no response to medicine within _____ mins:</b> <i>e.g., Call ambulance</i>   |                                |  |
| <b>Date of Order:</b>  |   | <b>Review date of Order:</b>   |  |