



Government
of South Australia

CONFIDENTIAL

Decision making tool for medication administration

Approval to self-administer medications in an education or care setting must **never** be given for Schedule 8 (controlled) medications (i.e. Ritalin, Dexamphetamine).

Refer to the [Medication management in education and care](#) procedure for specific requirements for Schedule 8 medications in education and care.

Contemporary management of chronic health conditions encourages children and young people to recognise symptoms of their condition and administer their own medication.

An education or care service has a duty of care to all children and young people to take reasonable steps to ensure that carrying, self-administration and disposal of medication and equipment is carried out safely.

The Principal or Director (or nominated delegate) will determine if a child or young person is capable of assuming the responsibilities of carrying, self-administering and/or disposal of nominated medication(s); and will determine what level of notification, supervision and documentation of the medication administration is required.

No child or young person should be expected to be fully responsible for self-administration of emergency medication (i.e. adrenaline autoinjector in the event of anaphylaxis) as their symptoms may compromise their ability to administer the medication effectively.

Where a child or young person has elected to carry and self-administer medication additional documentation should be referred to (where relevant and available):

- An appropriate [action or health care plan](#) completed by the treating health professional
- [Health support agreement](#) completed by the education or care service in consultation with legal guardian
- [Medication agreement](#) that is authorised by the parent/guardian (where the medication is pain relief (ie Panadol, Ibuprofen) that is administered more than 3x in 1 week the medication agreement must be completed by a health professional)
 - a separate medication agreement is not required where an ASCIA Action Plan or Asthma Care Plan clearly states the name, dose and administration method of any medication required, and is signed by the treating health professional
 - where the medication is altered prior to administration (i.e. crushing tablets, opening capsules, mixing with a liquid) the medication agreement must describe the specific administration technique

It is the responsibility of the parent/guardian to ensure medication(s) are in date, and in an original pharmacy container with a pharmacy label that includes name, dose and administration instructions.

The following form must be completed for all children and young people where the parent/guardian has requested they carry their own medication and/or self-administer their own medication.



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A decision making tool for education and care

Name of child or young person:			Carrying medication approved? Yes / No
Name of parent/guardian:			
Education or care service:			Self-administration approved? Yes / No
Assessment completed by:	Name:		
	Designation:		
Date assessment completed:			

MEDICATION DETAILS			
Schedule 8 (controlled drug) medications can never be self-administered in education and care services			
Name of medication	Dose	Administration method	Storage requirements (i.e. carry on self, or specify location)

ASSESSMENT			
		Yes/No	Comments
1.	Is there a medication agreement or health care plan for the child or young person?	Yes/No	
2.	If available, does the medication agreement clearly state:		
a.	The name of the medication	Yes/No	
b.	The dosage	Yes/No	
c.	The administration method	Yes/No	
3.	Is the medication required to be altered prior to administration (i.e. crushing tablets, opening capsules, mixing with a liquid)	Yes/No	
a.	Does the medication agreement describe the specific administration technique?	Yes/No	

ASSESSMENT

		Yes/No	Comments
4.	Can the parent/guardian confirm the child or young person routinely carries their own medication outside of the education or care service?	Yes/No	
5.	Can the parent/guardian confirm the child or young person has self-administered their own medication outside of the education or care service?	Yes/No	
6.	Does the child or young person know what medication they are taking, including dose, frequency and timing?	Yes/No	
7.	Does the child or young person understand the reason for the medication?	Yes/No	
8.	Does the child or young person understand the side effects of the medication?	Yes/No	
9.	If the medication is prescribed 'PRN' (as needed) does the child or young person understand early symptoms to self-administer appropriately?	Yes/No	
10.	If the medication is required to be administered within a timetable (required at particular times) does the child or young person understand when to self-administer?	Yes/No	
11.	Does the child or young person understand any specific requirements to taking the medication? (i.e. before food, after food, with food)	Yes/No	
12.	Can the child or young person describe/demonstrate practices of secure storage for the medication including:		
	a. Stored within requirements of the specific medication to maintain integrity (i.e. within a temperature range, kept refrigerated)	Yes/No	
	b. Ensuring accessibility if medication required in an emergency (i.e. kept in the agreed location)	Yes/No	
	c. Not accessible to other children or young people	Yes/No	
12.	Can the child or young person describe/demonstrate safe disposal of any medication equipment (if required)?	Yes/No	

ACKNOWLEDGEMENT AND ENDORSEMENT

Child or Young Person

- I am confident to carry and/or self-administer the medication(s) as listed above.
- I will not provide access to my medication(s) to other children or young people.
- I agree to keep my medication(s) in a safe place.
- I agree to dispose of any medication or medication administration equipment safely (if required).

Name of child or young person:

Date:

Signature

Parent/guardian

- I understand that all times the medication(s) provided to the education or care service must be in date, and in an original pharmacy container with a pharmacy label that includes name, dose and administration instructions.

I confirm that (name of child/young person):

(select all that apply)

- routinely carries their own medication.
- routinely self-administers their own medication.
- has been instructed in the procedure of self-administration (if has not been required to self-administer previously, i.e. adrenaline autoinjector).
- can assume responsibility to carry and/or self-administer the medication(s) listed above safely and securely.

Name of parent/guardian:

Date:

Signature

Education or care service

I confirm that (name of child/young person): **is / is not** capable of assuming the responsibility of carrying and/or self-administering medication.

- All associated risks have been considered when making this determination.
- Where the child or young person is approved to carry and/or self-administer education and care staff are:
- aware this child or young person is carrying their own medication
 - aware this child or young person is able to self-administer their own medication
 - familiar with warning signs and trained to administer the medication in an emergency situation

Name of Principal or Director (or nominated delegate):

Date:

Signature