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| *Instructions:* | * ***\*To be completed and authorised by medical practitioner for medications prescribed on an ‘as needed’ or ‘as required’ basis (including over the counter medications)\*.***   *DSPs and RNs are not to complete or alter this form.*   * ***Medical practitioner to review client’s*** [***Alcohol Form***](https://cerebralpalsyallianceau.sharepoint.com/sites/Policy-Library/Shared%20Documents/Promoting%20Client%20Health%20Policy/Alcohol%20Form.docx?web=1) ***each time a new medication is added.*** * *To minimise risk to clients, CPA prefers typed rather than handwritten forms.* * *This form is valid for 12 months from the MAF start date.* * *Related Policy:* [*Medication Policy*](https://cerebralpalsyallianceau.sharepoint.com/sites/Policy-Library/Shared%20Documents/Medication%20Policy/Medication%20Policy.url?web=1) | [Insert photo here] |

**Note to staff:** If a PRN is ordered for behaviour management purposes, please also complete relevant Restrictive Practices documentation – see [Behaviour Support Policy](https://cerebralpalsyallianceau.sharepoint.com/sites/Policy-Library/SitePages/Behaviour-Support-Policy.aspx).

|  | ***Note to medical practitioners:*** *When ordering liquid medication, please write on the MAF the amount of the dose in mls to be given.*  *Accepted route abbreviations:* ***PO****=per oral;* ***PR****=per rectum;* ***PEG****=via PEG tube;* ***JJ****=via JJ tube;* ***Topical****=on skin (creams);* ***SC****=subcutaneous (e.g. insulin or other prefilled diabetes or weight loss medication);* ***SL****=sublingual. (Any other routes are to be written in full).* CPA staff are not trained to administer PV (per vaginally), IM (Intramuscular) or other SC medications. | | | | | | | | | | | |
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| Client name | | |  | | | | | | Date of birth | |  | |
| Allergies | | |  | | | | | | **MAF start date** | |  | |
| Medicationname & strength | | | Dose | Route | | **Reason to be given** | **Frequency** | Max dosein 24 hours | Doctor -Print name & Phone No | Doctor -Sign name | Date **ordered** | **Cease date & Dr initials** |
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