

## Medication information for medical practitioners

Dear Doctor

Cerebral Palsy Alliance (CPA) provides Accommodation, Respite and other services and Supported Employment to clients with disabilities. Clients are supported in each of these services by Disability Support Practitioners (DSPs) who, at times, undertake health and therapeutic tasks for which they have been given basic training.

DSPs are responsible for the administration of medications to clients. Thus it is necessary to have clearly defined and appropriate procedures and orders for the administration of medications within these services.

It should be remembered that DSPs are not trained nurses and operate as the agent for administration of medication in lieu of family members or the clients themselves. They do not, therefore, have the professional knowledge to make decisions regarding the administration of medications. With this in mind, staff are trained to give medications within clearly defined guidelines and policies.

### Guidelines

- All medication, including both regular and those taken as required (PRN) (both prescription and over the counter), or any changes to medication must be ordered by the prescribing medical or dental practitioner on a CPA Medication Authority Form (MAF) (see attached example). To minimise risk to clients, CPA prefers typed rather than handwritten forms.
- There are two versions of the CPA Medication Authority Form:
  - The Medication Authority Form - Regular Medication – completed by the authorised prescriber for medication prescribed on a regular basis (e.g. daily, twice daily) including short term medications such as antibiotics
  - The Medication Authority Form – PRN / Over the Counter Medication – completed by the authorised prescriber for medication prescribed on an ‘as needed’ or ‘as required’ basis including over the counter medications.
- It is strongly advised that the authorised prescriber completes the MAF in its entirety. If this is a concern, please discuss with the client’s Site/Service Manager.
- CPA policy only permits DSPs to administer medication to clients where a prescribing practitioner’s order is clearly stated and signed on the MAF and the pharmacy labels directly coincide with written doctor’s orders.
- Please do not use medical abbreviations on the MAF, such as tds or qid, as this may increase the risk of errors being made. Abbreviations accepted by CPA are noted on the MAF.
- Medical practitioners are requested when ordering liquid medication to write on the MAF the amount of the dose in mls to be given.
- CPA cannot accept medical forms or medication forms completed by a medical practitioner who is a family member of the client, as per AHPRA’s *Code of conduct for doctors in Australia*, section 4.15.

The MAF is available in soft copy format so medical practitioners can type information into it and save, then print and sign. This is easier for staff to read, minimises risk to clients, and it is preferred for safeguarding reasons that you use this option if possible. To obtain a copy of the MAF, please speak to the CPA contact for your client (e.g. Site/Service Manager / Person Responsible).

Please note that it may sometimes be necessary for staff to contact the prescribing clinician for clarification or if further advice is required.

If you have any queries, please feel free to speak to the CPA contact for your client (e.g. the site/service manager).

Thank you

Health Team, Cerebral Palsy Alliance

[V6.1 – 02/09/25]

# For Information Only

## Medication Authority Form (MAF) - REGULAR MEDICATION

<b>Instructions:</b> <ul style="list-style-type: none"> <li><b>*To be completed and authorised by medical practitioner for medications prescribed on a regular basis</b> * - DSPs and RNs are <u>not</u> to complete or alter this form.</li> <li>Medical practitioner to also review client's <a href="#">Alcohol Authority</a> each time a new medication is added.</li> <li>To minimise risk to clients, CPA prefers typed rather than handwritten forms.</li> <li>This form is valid for 12 months from the MAF start date</li> <li>Related Policy: <a href="#">Medication Policy</a></li> </ul>	[Insert photo here]
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**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.

**Note:** Medical practitioners are requested when ordering liquid medication to write on the MAF the amount of the dose in mls to be given.

Page 1 of 1

<b>Client Name</b>	Sample Name					<b>Date of birth</b>	dd/mm/yyyy					
<b>Allergies</b>	Allergies					<b>MAF start date</b>	Date MAF created					
Medication Name & Strength	Reason for medication	Route	Frequency					Doctor Print name & Phone	Doctor Sign name	Date ordered	Cease date & Dr initials	
			For medication that is prescribed/administered on a regular basis with longer intervals in between doses i.e. Prolia, please write next due date instead of time.									
Pariet 20mg	GORD	PO	Time	08.00	12.00	18.00	20.00	22.00	Dr. Sample	Dr. Sample	01/01/21	01/01/22 DS
Any Liquid (Must have MG/ML)			Time									
			Dose	2								
			Time									
			Dose									
			Time									
			Dose									
			Time									
			Dose									
			Time									
			Dose									
Enter medication name & strength. Must include Reason and Route from notes above			Must enter the time for each administration with the dose					Doctor must print and sign name here		Start date and cease date must be clear		

## Medication Authority Form (MAF) - PRN / OVER THE COUNTER MEDICATION

### For Information Only

<b>Instructions:</b>	<ul style="list-style-type: none"> <li><b>*To be completed and authorised by medical practitioner for medications prescribed on an 'as needed' or 'as required' basis (including over the counter medications)*</b> <i>DSPs and RNs are <u>not</u> to complete or alter this form.</i></li> <li><b>Medical practitioner to review client's <u>Alcohol Authority</u> each time a new medication is added.</b></li> <li><i>To minimise risk to clients, CPA prefers typed rather than handwritten forms.</i></li> <li><i>This form is valid for 12 months from the MAF start date.</i></li> <li><i>Related Policy: <a href="#">Medication Policy</a></i></li> </ul>	[Insert photo here]
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**Note to staff:** If a PRN is ordered for behaviour management purposes, please also complete relevant Restrictive Practices documentation – see [Behaviour Support Policy](#).

**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.

Page 1 of 1

Client name						Sample Name		Date of birth	dd/mm/yyyy	
Allergies						List allergies		MAF Start Date	Date MAF created	
Medication name & strength	Dose	Route	Reason to be given	Frequency	Max dose in 24 hours	Doctor - Print name & Phone No	Doctor - Sign name	Date ordered	Cease date & Dr initials	
Paracetamol	1000mg	PO	Headache	6 hourly	4	Dr. Sample 1234 1234	Dr. Sample	dd/mm/current year	dd/mm/next year DS	
Enter medication name and Dose and Reason to be given. Enter Route abbreviation from above note e.g. PO = Oral			Must have Frequency and maximum in			Dr must print and sign here		Start date and cease date must be clear		