




# Marches Family Network

## Administration of Medicines Policy

Written By	Rae Chambers and Megan Chambers
Updated By	
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## **Statement of Intent**

Marches Family Network believes that the health and safety of children and young people is of paramount importance. We make our sessions a safe and healthy environment for young people, parents, staff and volunteers.

## **Aim**

This policy identifies the general principles that guide best practice in the safe handling of medication during Marches Family Network's sessions and ensures that staff know their responsibilities. It aims to minimise the hazards and risks to enable the children and young people to thrive in a healthy and safe environment.

## **Scope**

This policy is applicable to all members of staff, workers, volunteers and trustees who attend a session. Any reference to 'staff' hereafter includes employees, workers, volunteers and trustees.

Marches Family Network places no compulsion on staff to administer medication. Only those staff who are happy, confident and trained to do so will be asked to give medication to young people.

## **Duties**

Marches Family Network has a responsibility to ensure that this policy is implemented. Marches Family Network recognises that the staff in charge of young people have a common law duty to act in loco parentis and may need to take swift action in an emergency. To undertake this responsibility Marches Family Network has a duty so far as is reasonably practicable:

- To ensure that our staff are appropriately trained to administer medication
- To ensure that adequate information is provided by the parent/carer to enable the staff to administer the medication
- To comply with the terms of our insurance policy
- Keep appropriate records

## **Definition:**

The medication needs of a young person may be broadly summarised as being of four types:

1. Long Term – A young person requires regular medication to manage their condition
2. Emergency – A young person requires medication to prevent an emergency arising, examples of emergency medication which might be used includes:
  - Buccal Midazolam
  - Adrenaline (Epipen)
  - Glucose (dextrose tablets or Hypostop)
  - Inhalers for asthma
3. Short Term – A young person requires medication to enable them to complete a course of treatment.
4. Pro Re Nata medication – A young person may need medication on a PRN basis, such as pain killers.

The principles for administration of the medication is the same for all four types of medical need, but the records that are required to be maintained differ and are attached to the policy as appendices A to H.

Marches Family Network reserves the right to not accept a young person at a session if they do not have their emergency medication when they arrive.

## Insurance Cover

Marches Family Network has public liability insurance and employers' liability insurance. Consideration needs to be given to the terms, conditions and exclusions that apply and parents/carers are required to ensure all relevant information, especially that relating to their young person's medical condition(s) and medication(s), is up to date.

**NOTE: we do NOT have insurance for the administration of medications via the per rectum and per vaginal routes of administration and under NO CIRCUMSTANCES should either of these be undertaken by Marches Family Network staff or volunteers.**

The insurance policy and cover information are held by the Manager and may be seen on request.

## Administration of Medicine

Medicines should only be taken at a session when essential; that is where it would be detrimental to a young person's health if the medicine were not administered during the session. For a young person with short term medical needs parents/carers are encouraged to give doses outside the session, if possible, e.g. 3 times a day could be taken in the morning, after attending the session and at bedtime.

Medication can only be administered if parents/carers complete the relevant paperwork before the medication is left in the custody of Marches Family Network and it is required to be administered. Medication with aspirin will never be given unless prescribed by a GP for anyone under the age of 18.

Medication will be administered by an appropriately qualified member of staff. Specialist medication including buccal midazolam and epi-pens will only be administered by an appropriately qualified and trained member of staff. Under **NO CIRCUMSTANCES** will staff administer rectal diazepam.

There will always be at least one qualified Paediatric First Aider at a session or on any outing.

- Medicines are only administered following a written request from parents/carers which clearly states the name of the young person, together with the dose and the time(s) of day at which it should be taken and any special conditions for the storage of the medicine (e.g. to be kept in a refrigerator). Completed requests are stored within the admin folder for the duration of the session. Verbal instructions are not acceptable.
- Medicines need to be clearly marked with the name of the young person, together with the dose and the time(s) of day at which it should be taken and in the original container
- Medicines will be kept in a secure central position during the session. An exception to this rule is made, however, for medicines provided for emergency treatment such as buccal midazolam for epileptic young people, reliever inhalers for asthmatic young people, glucose tablets for diabetics, and epi-pens.
- Marches Family Network cannot accept medicine(s) that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions for prescribed medications.
- Medicines will be returned at the end of every session.
- Buccal midazolam will be administered in line with the Epilepsy Treatment Plan completed by the paediatrician/neurologist/nurse prescriber. This information is included on the young person's epilepsy summary. It is the responsibility of the parent/carer to ensure Marches Family Network have the up-to-date treatment plan for their young person.

- Medication must be handed to the Session Leader or a clearly designated Senior Youth Worker personally at the start of each session, who will store it securely away from the young people for the duration of the session. The Session Leader will inform all members of staff where the medication is being stored in the pre-session meeting.
- We have access to fridges at most venues if the medication needs to be stored somewhere cold. This is not possible for all venues, or trips. Parent/carers should check with the office at least 48 hours prior to a session if their young person has medication that is required to be kept cold.
- Young people may be permitted to self-administer their medication including inhalers and tablets under staff supervision if directed by the parent/carer and stated on the signed medication sheet.
- All medication administered will be recorded on a medication sheet, which the adult responsible for collecting the young person will sign when they collect the young person. They will also sign for receipt of the medication. If the young person is departing the session independently (see Arrivals and Departures Policy), they will sign their own medication out, and a text sent to their parent/carers to inform them of the administration of any medication.
- In the case of some medical procedures the parent/carer may train named members of staff and give their written authority for the specific staff they have trained to carry out the procedure.
- If the administration of prescription medicines requires technical or medical knowledge this must be advised by parents/carers so that individual training may be sought for staff from an appropriately qualified health professional. If a qualified health care professional is unavailable to deliver the necessary training, advice will be sought and if applicable, a request would be made for the parent/carer to provide training and written information to include step by step instructions.
- In each case of a request by parent/carer for medical procedures to be undertaken by the staff, reference should be made to the charity's insurance policy and clarity/advice sought from the insurers as required.
- In the case of a medical emergency, 999 will be called and the ambulance service requested. The signed consent form will be referred to in order to ascertain the permitted emergency treatment options which will be relayed to the ambulance staff. The young person will be accompanied by two members of staff if it is quicker to meet the parent/carer at the hospital, who will remain with the young person until parent/carers arrive.

### **Guidelines for the Administration of Epipen by Staff**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may happen after a few hours.

An Epipen can only be administered by staff who have been trained by the appropriate qualified health care professional. A record of training undertaken will be kept by the office staff.

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of severe allergic reaction. It is not possible to give too large a dose from one device used correctly in accordance with the medication record. The Epipen should only be used for the person for whom it is prescribed.

- Where an Epipen may be required there will be an individual allergy care plan and signed medication sheet, in place for each young person. These will be available at each session

attended by the young person. They will have been completed in conjunction with parent/carer and doctor/nurse.

- The EpiPen should be readily accessible for use in an emergency. It should be stored at room temperature, protected from heat and light and be kept in the original named box
- It is the parent/carer's responsibility to ensure that the EpiPen is in date. Parents are ultimately responsible for replacing medication as necessary.
- The use of the EpiPen must be recorded on the young person's medication record sheet, with time, date and full name of the member of staff who administered the EpiPen.
- A second member of staff should make the 999 call at the same time as the EpiPen is being administered, and then the parent/carer notified. The used EpiPen must be given to the ambulance personnel.
- The EpiPen must accompany the young person if they leave the site. The young person must be accompanied by a member of staff who has been trained to administer the EpiPen.

### **Guidelines for Managing Asthma**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a young person took another young person's inhaler, it is unlikely there would be any adverse effects. Staff who assist with inhalers, will have undertaken training from the appropriate qualified health care professional.

The emergency salbutamol inhaler should only be used by the young person, for whom written parent/carer consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- Individuals with asthma will have a asthma care plan written by their parent/carers. If staff are assisting young people with their inhalers, this will be clearly stated on the young person's care plan. Young people with severe/brittle asthma will have GP/nurse involvement in producing their care plan.
- Inhalers **MUST** be readily available when the young person needs them
- All inhalers should be labelled where possible with the following information: -
  - ❖ Pharmacist's original label
  - ❖ Young person's name and date of birth
  - ❖ Name and strength of medication
  - ❖ Dose
  - ❖ Dispensing date
  - ❖ Expiry date
- Some young people may use a spacer device with their inhaler; this also needs to be labelled with their name.
- Parent/carers should be informed if a young person is using the inhaler excessively.
- Physical activity will benefit young people with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during such sessions.

- The inhaler must accompany the young person if they leave the site. The young person must be accompanied by a member of staff who has been trained to administer the inhaler.
- Asthma can be triggered by substances found in settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any young person who reacts to these has minimal contact with them. All triggers are recorded on the young person's asthma care plan.

### **Guidelines for Supporting the Management of Diabetes**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

**Type 1 Diabetes** develops when the pancreas is unable to make insulin. The majority of young people have type 1 diabetes. Young people with type 1 diabetes will need to replace their missing insulin either through multiple injections or insulin pump therapy.

**Type 2 Diabetes** is most common in adults but the number of young people with Type 2 diabetes is increasing, largely due to lifestyle issues. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

Staff who assist with diabetes monitoring and treatment will have undertaken training from the Paediatric Diabetes Nurse and online training courses as instructed by the Paediatric Diabetes Nursing Team.

### **Treating Diabetes**

Young people with Type 1 diabetes manage their condition by the following: -

- Regular monitoring of their blood glucose levels, either through finger prick tests or a continuous glucose monitor (CGM).
- Insulin injections or use of an insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a young person will need to do this at least once while at the session.

### **Insulin Therapy**

Young people who have Type 1 diabetes may be prescribed a fixed dose of insulin; other young people may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Young people may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

### **Insulin Pens**

The insulin pen should be kept a room temperature, but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parent/carers should ensure enough insulin is always available for the session and on trips.

Some young people may be able to independently administer their insulin; however, others may need supervision or a member of staff's assistance. The diabetes care plan will provide details regarding their insulin requirements.

## **Insulin Pumps**

Insulin pumps are usually worn all the time, but some can be disconnected for periods during activity or swimming etc. They continually deliver insulin, and many pumps can calculate how much insulin needs to be delivered when programmed with the young person's blood glucose and food intake. Some young people may be able to manage their pump independently, while others may require supervision or assistance. The diabetes care plan should provide details regarding their insulin therapy requirements.

## **Medication for Type 2 Diabetes**

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise. Tablets or insulin may be required to achieve normal blood glucose levels.

## **Administration of Insulin Injections**

If a young person requires insulin injections during the session, staff will have received individual guidance/training from a Paediatric Diabetes nurse as treatment is individually tailored. A diabetes care plan will be provided.

## **Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Young People Who Have Diabetes**

Staff will have received training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Training will be provided by a Paediatric Diabetes nurse, only staff who have been undertaken the training will administer or supervise the treatment for hypoglycaemic episodes.

### **To prevent a hypo**

- There will be a diabetes care plan in place. It will be completed at the training session in conjunction with staff and parent/carer. Staff should be familiar with the young persons' individual symptoms of a hypo. This will be recorded in the diabetes care plan.
- Young person's must be allowed to eat regularly during the day. This may include eating snacks during the session and prior to exercise. Meals should not be unduly delayed.

Off-site activities e.g. trips, will require additional planning and liaison with parent/carer.

### **To treat a hypo**

- Treatment for a hypo will be different for each young person and is recorded in their diabetes care plan. Whichever treatment is used, it should be readily available and not locked away. Young people or their allocated staff member will carry the treatment with them.
- It is the parent/carer's responsibility to ensure appropriate treatment is available. If the young person is very drowsy, unconscious or fitting, a 999 call must be made, and the young person put in the recovery position. Do not attempt oral treatment.
- Parent/carers should be informed of a hypo if they do not have access themselves to previous blood glucose readings.
- Throughout the day, staff will monitor blood sugar levels and respond appropriately based on the individual's diabetes care plan and their own training and knowledge. This will be recorded on a diabetes record sheet, with a witness and the actions taken following the blood sugar reading also being recorded.

### **If Glucogel/Hypostop has been provided**

- Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.
- The use of Glucogel/Hypostop must be recorded on the young person's diabetes care plan with time, date and full signature of the member of staff who administered it.

### **Do not use Glucogel/Hypostop if the child is unconscious**

### **Blood Glucose/Ketone Monitoring for Young People**

Any staff member that is undertaking finger prick tests to monitor blood glucose levels will have received in person training from the Paediatric Diabetes Nursing Team. The staff member will follow the young person's diabetes care plan when undertaking these tests.

Where possible, young people will be encouraged to undertake their own blood glucose tests with staff offering supervision where appropriate.

More commonly, young people will have a CGM device in place. This is often linked to a mobile phone for live readings of their blood glucose levels. The phone must remain within 6 feet of the young person in order to pick up the signal. Therefore, individuals using this type of monitor will be allowed to have a mobile phone kept on their person and used for this purpose only throughout the day. If the young person is unable to keep their phone safe themselves, their allocated staff member will carry it for the day.

There will be an agreed procedure in place within the diabetes care plan regarding what action is to be taken if the blood glucose level result is above or below the individual's normal levels.

### **Guidelines for Managing Eczema**

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition which varies from person to person and comes in many different forms. It is not contagious so you cannot catch it from someone else.

In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if an excema care plan is completed.

Atopic eczema is the most common form. It is still not known exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a young person's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

### **Guidelines for Managing Nasogastric Tubes and Gastrostomy Buttons**

Marches Family Network will ensure that, if a young person who is unable to take food or fluid by mouth and requires supplementary feeding and medicines via a gastrostomy or nasogastric tube, they have



staff who have been suitably trained and signed off as competent by the Community Children's Nursing Team, in order that the young person may attend the sessions.

### **The Training and Competency of Gastrostomy/Button Devices Includes:**

- Anatomy and physiology of the gastrointestinal tract
- Awareness of what a gastrostomy is and indications for a gastrostomy
- Awareness of maintaining privacy and dignity
- Awareness of aspects of health and safety when using a gastrostomy tube/button device:
  - ❖ Infection control including hand washing and use of appropriate personal protective equipment
  - ❖ Care of the tube/button device (daily, weekly and monthly)
  - ❖ Recognition and treatment of an unhealthy stoma (inflammation, infection, granulation)
- Emergency procedures and gastrostomy troubleshooting:
  - ❖ Tube/button device displacement
  - ❖ Tube/button device dislodgment
  - ❖ Blocked tubes
  - ❖ Leaking stoma
- Safe administration of feeds:
  - ❖ Equipment selection and use
  - ❖ Feed storage and checks required prior to using feed
  - ❖ Bolus feeding using gravity feeding set
  - ❖ Feeding using a feeding pump
  - ❖ Flushing the tube before and after feeding
  - ❖ Disposal of waste
- Safe administration of medications:
  - ❖ Equipment selection and use
  - ❖ Flushing the tube before and after administering medications
  - ❖ Disposal of waste

### **The Training and Competency of Nasogastric Tube Includes**

- Anatomy and physiology of the gastrointestinal tract
- Awareness of what a nasogastric tube is and indications for a nasogastric tube
- Awareness of aspects of health and safety when using a nasogastric tube:
  - ❖ Infection control including hand washing and use of appropriate personal protective equipment
  - ❖ Aspirating the tube prior to each access to confirm position (pH test)
  - ❖ Personal hygiene including mouth care
  - ❖ Appropriate tube fixation
  - ❖ When to change the tube
  - ❖ Use of enteral syringes and sizes of syringe that may be used
- Emergency procedures and troubleshooting:
  - ❖ Unable to aspirate
  - ❖ Tube dislodgment
  - ❖ Blocked tube
- Safe administration of feeds:
  - ❖ Equipment selection and use
  - ❖ Feed storage and checks required prior to using feed
  - ❖ Bolus feeding using gravity feeding set
  - ❖ Feeding using a feeding pump
  - ❖ Flushing the tube before and after feeding
  - ❖ Disposal of waste
- Safe administration of medications:
  - ❖ Equipment selection and use
  - ❖ Flushing the tube before and after administering medications
  - ❖ Disposal of waste

## **Guidelines for the Administration of Buccal Midazolam**

Buccal midazolam is a treatment for status epilepticus, and it is administered via the buccal cavity. Buccal midazolam can only be administered by a member of staff who has received the appropriate training. A record of the training undertaken will be kept in the office.

The prescription and consent form should reflect the specific requirements of each case and advice is also sought from specialist nurses/Consultant.

- Buccal midazolam can only be administered in accordance with an up-to-date written prescription from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription from the GP/consultant/nurse prescriber. The old prescription should then be filed in the young person's records.
- The epilepsy care plan should be renewed yearly. A member of staff from the office will check with the parent/carer that the dose remains the same.
- Epilepsy care plan, signed medication sheet and medication record sheet must be available each time that buccal midazolam is administered.
- Buccal midazolam can only be administered by staff who have received the training. A list of appropriately trained staff will be maintained in the office.
- Epilepsy care plan, signed medication sheet and medication record sheet should always be checked before the Buccal Midazolam is administered.
- All administration will be witnessed by a second member of staff.
- The young person should not be left alone until fully conscious.
- The dose of buccal midazolam that is administered must be recorded on the young person's medication record sheet, which must be signed with the full name of the staff member who has administered the buccal midazolam, dated and parent/carer informed if the dose has been given in an emergency situation.
- Each dose of buccal midazolam must be labelled with the young person's name and stored in a secure place, yet be readily available.
- All staff who are designated to administer buccal midazolam should have access to a list of young persons who may require buccal midazolam. The list should be updated at least yearly and amended at other times as necessary.

## **Medication Administration for non-emergency medication**

Facilities will be available to enable staff to wash their hands before and after administering medication, and to clean any equipment used after use. On occasions where this is not available (such as on a coach during a trip), hand sanitiser will be available to clean hands, and any equipment used will be securely bagged until it can be cleaned or handed back to parent/carers.

Suitable PPE will be worn for the task that is being completed.

All necessary paperwork should be assembled and available at the time of administering medication. This will include the signed medication sheet and the medication record sheet.

Medication should only be administered to one young person at a time.

There is always a second member of staff present to witness the administration of all medication at

Marches Family Network sessions and trips.

Before administering any medication, the staff member must check: the young person's identity, the written consent from the parent/carer on the signed medication sheet, the medication name, strength and dose match the details on the signed medication sheet, the name on the label (if applicable) is that of the young person being given the medication, that the medication is in date, that the child has not been given any medication since the last recorded dose.

Immediately after administering, or supervising, the administration of medication, written records must be completed on the medication record sheet.

When the medication cannot be administered in the form in which it is supplied (e.g. a capsule cannot be swallowed), written instructions on how to administer the medication must be provided by the parent/carer, following advice from a healthcare professional.

If a child refuses to take a medication, they should not be forced to do so. Refusal must be documented, and parent/carers informed of this. If refusal could result in an emergency, advice should be sought from a medical professional.

If there are any concerns about giving medication to a child, then the staff member must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

### **Covert Medication Administration**

Covert medication administration involves administering medication to an individual in a way that results in them not knowing that they have received medication, e.g. mixing a medication in to food. Covert administration must be the least restrictive option, after trying all other options.

This should only be done for a young person that is under the age of 16, or for those above 16, if a young person can be proved to not have capacity and that taking the medication is in their best interest. All young people must be assumed to have capacity unless proven otherwise. In the event of covert administration being deemed as being in the best interest of a young person, a discussion will be held with the family, and the decision-making progress documented.

Medication must be suitable for covert administration, and this will be recorded on the signed medication sheet.

Covertly given medication must be administered in the smallest amount of food/drink as possible, and this must be seen to be fully completed before the medication can be recorded as administered. It must be clearly noted on the medication record sheet that the medication was administered covertly.

### **Dropped Medication**

Dropped medication refers to medication that is in a granule, tablet, caplet, lozenge or capsule format, that has been dropped onto another surface, e.g. a table or the floor.

If a young person has capacity, and wishes to still use this medication, it can still be administered.

If a young person has capacity, and does not wish to take this medication, a new dose will be prepared, and the old dose will be securely bagged to return home with the young person.

If a young person does not have capacity, staff will make a decision that is in the best interest of the young person. The decision-making process will be clearly documented. If the family does not wish for their young person to have medication that has been dropped, they are to notify Marches Family Network's office, and this will be documented on their young person's care plan.

## **Medication Errors**

An error is deemed to have been made if one or more of the following circumstances apply:

- ❖ Giving the wrong medication to the wrong young person
- ❖ Failing to administer a medication
- ❖ Administering a medication at the wrong time
- ❖ Failing to administer all the medications required at the time
- ❖ Giving a medication through the incorrect route e.g. eye drops into the ear
- ❖ Giving a medication in a different form from that specified
- ❖ Giving the wrong dose of the correct drug

Staff must report any errors in drug administration to the session leader. It is far safer to admit to making an error for the health and wellbeing of the young person. Support will be given to the member of staff making the error regarding future medicine administration.

When a medicine administration error occurs, the following must be notified:

- ❖ The parent/carer of the young person
- ❖ The session leader
- ❖ MFN manager and designated safeguarding lead

An incident form must be completed, and the young person must be observed for any signs and symptoms.

Depending on the error, and the wellbeing of the young person, advice should be sought from a medical professional to ensure the health and safety of the young person, including any further steps that must be taken regarding the medication.

## **Missed Doses of Medication**

If a dose of medication is missed, an incident form will be completed, and the session leader will be informed. Upon signing the medication out, parent/carers will be informed by the session leader, and shown the incident report along with the medication record sheet.

Missed doses of medication may be given as soon as possible, as long as they fall within the time period allowed for the certain medication.

For missed doses of time critical medications, the session leader will contact the parent/carers or a healthcare professional for advice on how to proceed.

## **Complaints**

Should parent/carer be dissatisfied with the support provided they should discuss their concerns directly with Marches Family Network Manager.

**MARCHES FAMILY NETWORK  
MEDICATION SHEET**



Parents/Carers should complete/check this form if Marches Family Network staff may be needed to administer medication or supervise self administration. No medication will be given without completion of this form.

**N.B. Marches Family Network cannot take responsibility for administering Rectal Diazepam**

**DETAILS OF CHILD**

Surname..... Male / Female  
Forename (s) .....  
Date of Birth .....

**MEDICATION – must be in date and in its original container**

Name / Type of medication .....  
.....  
For how long will it need to be taken? ..... Date dispensed .....

**FULL DIRECTIONS FOR USE (see reverse of form for administration record)**

To be taken .....  
Dosage and Method ..... Timing .....  
Special Precautions (if any) .....  
Side Effects .....  
Self administration .....  
Procedures to take in an emergency .....

**CONTACT DETAILS**

Name ..... Daytime Tel No. ....  
Relationship to Child.....  
Address (if different to above) .....

**PARENT / CARER DECLARATION**

I agree to sign the medication sheet at the end of each day in which medication is administered.  
I understand that I must deliver the medication **in date and in its original container** to the Leader and accept that this is a service which Marches Family Network is not obliged to undertake.

Signature (s) ..... Date .....



**Appendix B**

**Prescribed Medication Record**

This form is to be completed by the child's parent/carer and gives permission for a Marches Family Network staff member to administer prescribed medications

Child's Full Name:..... Age:..... Date:.....

What is the medication for?:.....

Name of Medication(s):.....

Dosage:.....

When to administer:.....

Special Instructions (ie. take with food):  
.....  
.....

Start date of prescription:.....

End date of prescription:.....

Prescribed by:.....

**Notes –**

- Medicines must be in their original containers as dispensed by the pharmacy, clearly labelled with the child's name and dispensing instructions
- Staff are not allowed to make any changes to the prescribed dosage on parental instruction

I hereby give my consent for a Marches Family Network member of staff to administer the above medication to my child, in the amount and at the time(s) stated above

Signed:.....

Date:.....

Please print your name and your relationship to the child below:

.....

**Medication Returned to Parent/Carer:**

Signed (Parent/Carer):.....

Signed (Staff Member):.....







# Asthma Care Plan



Child/Young Person's Name:.....

What signs can indicate that your child is having an asthma attack or needs support with their asthma?

How often does your child usually need to take their medicines/spacers or need support with their asthma?

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please give details):

.....  
.....

What medicines/spacers does your child take to relieve their asthma?

Would your child tell us if they needed support with their asthma?

- Yes
- No

Does your child need support to take their asthma medications?

- Yes
- No

Is there anything that makes the asthma worse?

- Pollen
- Exercise
- Stress
- Weather
- Cold/flu Air pollution
- Animals
- Other (please give details):

.....  
.....  
.....

<p>Is there anything else we need to be aware of regarding your child's asthma?</p>
---

I have read, understood and agreed with this care plan. I approve the release of this information to staff and emergency medical personnel:

Parent/carer signature:..... Date:.....

I give permission for my child to take the medicines/spacers provided and to be supported to do this by staff, where necessary:

Parent/carer signature:..... Date:.....

I will notify MFN in writing if there are any changes to these instructions:

Parent/carer signature:..... Date:.....

*All asthma medication/spacers must be brought to every MFN session that your child attends, clearly labelled and in its original packaging.*

**Appendix F**



**DIABETES RECORD**

Child/young person's name:

Date:

Venue:

Parent/carer signature:

Time	Glucose Mmol/L	Arrow	Checked by	Witnessed by	Action Taken	Notes



## Tube Feeding/PEG Feeding Guidelines and Consent Form

*By completing and signing this form, I give consent for an appropriately trained member of staff from Marches Family Network to tube/PEG feed my child/young person. I understand that I must notify the session leader and MFN office if there is any change to the quantity or type of food or any other aspect of the routine and guidelines specified below.*

**NAME OF CHILD/YOUNG PERSON:**

**Oral feeding/safe swallow:**

**Type of pump, type/size of button:**

**Feed type, quantity and time/s to be given - please also include flush details –**

**Feed type:**

**Quantity:**

**Time/s:**

*I agree to supply the required quantity of food and understand that in the absence of food being supplied, Marches Family Network will be unable to feed my child and will contact me at the earliest possible opportunity.*

*I understand that the timing of the feed may vary slightly dependent on the availability of a trained member of staff to administer the feed but that every effort will be made to give the feed/s as close to the specified time/s as possible.*

**My child should also have the following quantity of drink:**

**Quantity:**

**Type of drink:**

**This should be given before / after food (please stipulate) AND/OR at the following time/s or in the following circumstances (eg child is warm, hot weather etc.):**

**Before food      After food      Time/s:**

**Other circumstances:**

*I will supply this drink. If I do not supply the drink I give consent / do not give consent (please delete as appropriate) to tap water being given.*

**Consent given by (PRINT NAME):**

**Signed:**

**Date:**



