Complementary & Alternative Medicines (CAM) Usage Statement

AFFIX IDENTIFICATION LABEL

or print name and UR number

Roval Children's Hospital. Melbourne Flemington Rd, Parkville, 3052

- 1. Read background information (below) and discuss with parent/guardian/patient
- 2. Provide parent/guardian/patient with RCH Complementary & Alternative Medicines Parent **Brochure**
- 3. Sign EITHER A: CAM Use With Medical approval (below) OR B: CAM Use Against Medical Advice (see over)

Background:

Complementary and Alternative Medicines (CAMs) are non-medically prescribed substances which people use with therapeutic intent. This includes medicines that are herbal, homoeopathic, nutritional, health food supplements and essential oils.

Royal Children's Hospital (RCH) has a duty of care to all patients to ensure that CAMs used within the hospital, whether patient/parent administered or not, are used as safely as possible taking into account quality, safe dosage and storage, and appropriate use. If in-patients or their parents/guardians wish to use CAMs within this hospital, they may use them only within the policy guidelines.

For full policy refer to http://perseus.rch.unimelb.edu.au/policy/ccare_rch.html

If a parent/quardian wishes to give their child a CAM while he/she is an inpatient at RCH, they must first discuss it with their child's treating consultant and sign:

- Α. "CAM Use With Medical Approval" (below) if the consultant approves the use of the specific CAM OR
- "CAM Use Against Medical Advice" (see over) if the parent still wishes to give the CAM Β. WITHOUT consultant approval

A: COMPLEMENTARY AND ALTERNATIVE MEDICINE USE WITH MEDICAL APPROVAL

..... (parent/guardian or patient) of 1

......(address)

wish to continue to give myself/my child the following Complementary or Alternative Medicine (CAM)

during this admission to RCH commencing/.........................(admission date):

(list substances)

I have been given the opportunity to obtain information on the effects and interactions between this CAM and other medicines, and I understand that there may be limited information available.

I have been given a copy of the RCH CAM parent/patient brochure and I agree to:

- supply the CAM for myself/my child;
- take responsibility for giving appropriate doses of the CAM;
- notify nursing staff when I give each dose of the CAM to myself/my child
- 4. give the CAM to nursing staff to safely store, and to clearly label with my/my child's name.
- 5. record on the "CAM record sheet" when each dose has been given

I agree to give myself/my child CAM according to the above conditions and the RCH policy as outlined.

Patient (or Parent/Guardian) name (PLEASE PRINT)	Signature	Date
Consultant/Registrar name		ate

October 2002

B: COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AGAINST MEDICAL ADVICE

I (parent/guardian) of			
wish to continue to give my child the following Complementary or Alternative Medicine (CAM) during			
this admission to RCH commencing/(admission date) AGAINST THE ADVICE OF			
THE TREATING CONSULTANT Dr:			
(list substances)			

I understand that the hospital does not support the use of this CAM for my child in this instance. Despite this advice, I wish to continue to give my child the above listed CAMs.

Note: - if you decide to administer CAMs to your child against medical advice the hospital cannot be held in any way liable for injury to your child (including death) caused by CAM or its interaction with treatment (including administration of pharmaceuticals) provided during your child's stay in hospital, and this form will be produced by way of defence to any claim or complaint.

I have been given the opportunity to obtain information on the effects and interactions between this CAM and other medicines, and I understand that there may be limited information available.

I have been given a copy of the RCH CAM parent/patient brochure and I agree to:

- 1. supply the CAM for myself/my child;
- 2. take responsibility for giving appropriate doses of the CAM;
- 3. notify nursing staff when I give each dose of the CAM to myself/my child
- 4. give the CAM to nursing staff to safely store, and to clearly label with my/my child's name.
- 5. record on the "CAM record sheet" when each dose has been given

Patient/Guardian name (PLEASE PRINT)	Signature	Date
Consultant/Registrar name (PLEASE PRINT)	Signature	Date