

# Complementary & Alternative Medicines (CAM) Usage Statement

Royal Children's Hospital, Melbourne  
Flemington Rd, Parkville, 3052

**AFFIX IDENTIFICATION LABEL**

or print name and UR number

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](http://perseus.rch.unimelb.edu.au/policy/ccare_rch.html)

**If a parent/guardian 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:**

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

## A: COMPLEMENTARY AND ALTERNATIVE MEDICINE USE WITH MEDICAL APPROVAL

I ..... (parent/guardian or patient) of .....  
 ..... (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:

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

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  
 (PLEASE PRINT)

.....  
 Signature

.....  
 Date

