

MEDICATION PURPOSE FORM- PEOPLE WITH A DISABILITY

Guide and form

This factsheet contains information for medical practitioners regarding the Senior Practitioner Act 2018 legislation requirements relating to medication administration. The Medication Purpose Form (attached-originally developed by Office of Senior Practitioner, Victoria and Centre for Developmental Disability Health Victoria) is to assist medical practitioners to communicate with disability support staff regarding the purpose of medication prescribed to people with a disability.

Information for medical practitioners

The Office of the Senior Practitioner (ACT) has developed this resource to enhance the medical practitioner's capacity to offer patient-centred care to persons with a disability.

Disability service providers may seek medical advice to understand whether a medication is prescribed to treat a condition or for behaviour management.

Under the *Senior Practitioner Act 2018* (the Act), medication that is used to manage behaviours of concern is called chemical restraint and must be reported.

Medical practitioners are encouraged to complete the attached form during the patient's visit when requested by the disability service provider. The form supports a patient's current treatment sheet and does not replace it or any other reporting requirements.

Disability services do not require medical practitioners to state whether a medication is chemical restraint, only to explain the reason the medication is prescribed.

Chemical restraint

In the disability sector, medication has often been used to modify a person's behaviours. Medications used for this purpose are considered a restrictive practice under the Act.

Under the Act chemical restraint is defined as, 'the use of medication or chemical substance for the primary purpose of influencing a person's behaviour'.

When a disability service uses chemical restraint, either routinely or as a PRN, they are legally required to outline other positive behaviour support strategies being implemented to reduce and/or eliminate the need for chemical restraint. These strategies are described in a positive behaviour support plan (PBSP). The implementation of effective supports in PBSPs will allow medical practitioners to safely reduce and/ or eliminate the patient's medication prescribed for behaviour modification purposes in some cases.

Disability support staff are required to report medication as a restrictive practice when it has been prescribed:

- without a diagnosis of a disorder of physical or mental health for which the medication is indicated. For example:
 - **psychotropic medication** prescribed when the patient does not have a mental health diagnosis;
- for **symptomatic treatment** without an underlying diagnosis.

As is the case with all medication administration, the support approach adopted needs to be tailored to the individual. It is best practice to seek advice from the prescribing doctor regarding the medication being prescribed, enquiring if other therapies could compliment or work in conjunction with the medication to help the person to develop new skills or for adaptations to be made within that person's environment in order to support them in a more positive manner. Different approaches may be more appropriate or useful for different concerns and should be explored taking into account the unique considerations for that individual.

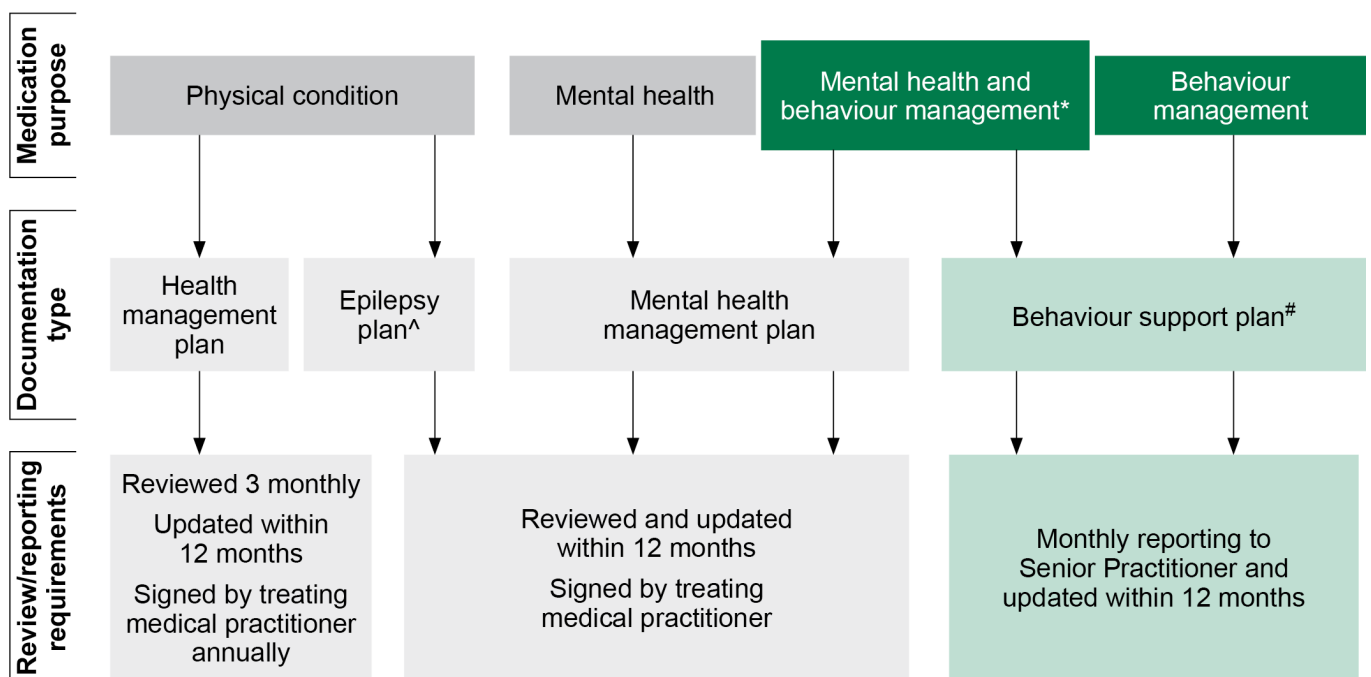
Further examples of chemical restraint that may affect your patient include:

- **menstruation suppression:** A disability service considers the woman unable to manage her period and the service uses contraceptive devices to suppress the woman's menstrual cycle. This is not the least restrictive way of supporting a woman with a disability to manage her menstrual cycle.

Requirements of disability staff in relation to healthcare and behaviour management

The diagram below demonstrates the different planning and reporting responsibilities of disability service providers in relation to:

1. meeting the healthcare of the people they support
2. managing the person's behaviour.



* Mental health diagnosis – not all mental health diagnoses are indications for medication. For example, the diagnosis of Autism Spectrum Disorder describes the functional difficulties someone may have in their life but is not, in itself, an indication for medication.

[^] Epilepsy management plans have a separate reporting form from other physical condition management plans.

[#] The positive behaviour support plan must describe how any person who is subjected to restraint and or seclusion will be supported and show that the restrictive interventions used are the least restrictive option and are only being used as a last resort. Medication used to modify behaviour, without a diagnostic indication, is defined as a restrictive practice and requires reporting and the development of a comprehensive behaviour support plan.

For further information about restrictive practices and the *Senior Practitioner Act 2018* see

<https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner>. If you need further information, please phone the Office of the ACT Senior Practitioner on (02) 6205 2046 or email ACTseniorpractitioner@act.gov.au.

MEDICATION PURPOSE FORM

To be completed by the treating practitioner

Name of person being treated:		Date of birth:	
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Residential address:	
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Support person attending consult:	
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Treating practitioner's name: (signature/stamp)	
Date of visit:	

Are you the individual's regular treating practitioner?	Yes		No	
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General practitioner		Psychiatrist		Neurologist		Other	
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Clinic address:	
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Has a medication information sheet been provided?	Yes		No	
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Medication 1	
<i>Insert Name of Medication below</i>	
PURPOSE OF MEDICATION	
<i>Check appropriate box and provide details</i>	
Physical illness or condition	<input type="checkbox"/>
<i>Specify:</i>	
Mental health diagnosis	<input type="checkbox"/>
<i>Specify:</i>	
Behaviour management	<input type="checkbox"/>
<i>Specify:</i>	
Other	<input type="checkbox"/>
<i>Specify:</i>	

Medication 2	
<i>Insert Name of Medication below</i>	
PURPOSE OF MEDICATION	
<i>Check appropriate box and provide details</i>	
Physical illness or condition	<input type="checkbox"/>
<i>Specify:</i>	
Mental health diagnosis	<input type="checkbox"/>
<i>Specify:</i>	
Behaviour management	<input type="checkbox"/>
<i>Specify:</i>	
Other	<input type="checkbox"/>
<i>Specify:</i>	

Medication 3*Insert Name of Medication below***PURPOSE OF MEDICATION***Check appropriate box and provide details***Physical illness or condition** *Specify:***Mental health diagnosis** *Specify:***Behaviour management** *Specify:***Other** *Specify:***Medication 4***Insert Name of Medication below***PURPOSE OF MEDICATION***Check appropriate box and provide details***Physical illness or condition** *Specify:***Mental health diagnosis** *Specify:***Behaviour management** *Specify:***Other** *Specify:***Medication 5***Insert Name of Medication below***PURPOSE OF MEDICATION***Check appropriate box and provide details***Physical illness or condition** *Specify:***Mental health diagnosis** *Specify:***Behaviour management** *Specify:***Other** *Specify:***Medication 6***Insert Name of Medication below***PURPOSE OF MEDICATION***Check appropriate box and provide details***Physical illness or condition** *Specify:***Mental health diagnosis** *Specify:***Behaviour management** *Specify:***Other** *Specify:*