



SINCE 604 AD

KING'S SCHOOL

ROCHESTER

WHOLE SCHOOL MEDICINES POLICY INCLUDING EYFS AND BOARDING

This policy was adopted on:	10.01.19
Policy last reviewed on:	26.08.25
Person/Body reviewing:	AFG, OMS
Date of next review:	01.09.27

1 Scope

1.1 This policy is applicable to all employees and / or others who may administer medication at the school.

2 Objectives

2.1 To ensure that the school administers medicines in an appropriate manner by:

- Having authorised persons in place to administer the medication
- Having contingency plan in place for issues which may arise from the administering of medication

3 Introduction

3.1 This policy has been written in line with Standard 7 (Boarders' Health & Wellbeing) of the National Minimum Standards (NMS) for Boarding Schools (September 2022) and advice obtained through The Royal Pharmaceutical Society - 'The Safe and Secure Handling of Medicines'.

3.2 King's Rochester supports young people with short and long term health care needs, and is committed to enabling pupils with health problems to maintain regular school attendance, and participate in all school activities when appropriate. In order to achieve this, the administration of medication may be required during the time that a pupil is in school, or during trips arranged by the school, for any pupils of the school, including those in the Boarding Houses and within our Early Years section of the school at Chadlington House. Close cooperation between parents, the Medical Centre and boarding staff is needed to ensure that full information about any health care needs is shared, and medication is taken as necessary.

3.3 King's Rochester provides the following medical care and first aid facilities:

- One Medical Officer who is a practising local GPs; a virtual surgery is held at the Medical Centre' on a Tuesday morning (for Boarder's only) from 08.30am, face to face GP appointments take place at Thorndike Surgery
- A full time Nurse
- A part-time Medical Centre Administrator/First-Aider
- A four bed Health Centre (Medical Centre) staffed 8 hours per day in term time
- Each boarding house staffed by a trained first aider, equipped with 'agreed over the counter remedies' and first aid kits
- Qualified first aiders on site at all times when pupils are present
- First aid kits across the campus: a list is available in the Whole School First Aid Policy, and via the Medical Centre.
- Four fixed location AEDs –automated external defibrillators, located in the main entrance foyer of the following buildings (unless otherwise stated), with an additional mobile AED held by the Sports Team for deployment at off-site sports events (e.g The Alps)

King's Rochester Sports Centre, 601 Maidstone Road, Rochester, ME1 3QJ	Main School Hall The Precincts, Rochester, ME1 1SX	St Nicholas House King Edward Road, Rochester, ME1 1UB	Chadlington House (rear of building lower floor), Lockington Grove, Rochester, ME1 1RH
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3.4 Pupils with chronic or complex health care needs will have an individual care plan for their time in school, and this will provide up-to-date details of any medicines required, and who is responsible for administering them or supervising their use. The plan must be made available to all staff involved in the care of the pupils and they should be informed of any changes made. The medical staff are responsible for sourcing and reviewing plans after discussion with parents, having been provided, where applicable by health professionals who provide specialist guidance (e.g. diabetes care planning).

3.5 The school recognises that there are often occasions when pupils need to take medication while in the care of the school. King's Rochester fully supports members of staff who voluntarily agree to give or supervise the taking of medication as an extended role in order to be able to act effectively as any reasonable parent would with a child in their care.

4 Liaising with parents

4.1 The School promotes ongoing communication with parents in order to ensure that the specific medical needs of all pupils in its care are known and met.

4.2 Parents of all pupils at the School are required to complete the relevant medical details declaration form for their child/children and associated parental agreement to administer medicine form as appropriate, when the pupil starts at the School, transitions between the schools (Years R, 4, Removes and Lower 6th Form), and at the point that any medical details or medicine requirements change.

4.3 Parents of a pupil must inform the Medical Centre if their child has or develops a medical condition and, where appropriate, provide the School with relevant medical evidence, consent to treatment and / or advice relating to their child's medical condition. This includes relevant medication that is in date, contains the pupils name and directions for use as prescribed.

4.4 Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce a Care Plan for their child. Parents must be informed about administration of medication by issuing staff, and whenever possible, contacted prior to unplanned administration, even where prior consent for 'over the counter' medication use has been given.

5 Consent to Treatment

5.1 We aim to maintain a partnership of consent for the provision of medical care to pupils at King's Rochester – liaising with pupils, health professionals, parents and/or non-medical carers. We also encourage pupils to understand and take control of their own treatment, if able to do so. At all times, parents of EYFS & Junior School-aged pupils will be required to agree to their child's medical treatment in school. All parents are asked to complete a consent form to enable a member of the medical staff or a suitably qualified staff member to administer medicine. Only prescribed medicines will be given to a pupil in Years N-3 or held in the Years N-3 setting, except for Paracetamol liquid and Chlorphenamine liquid which are kept in a medicine cabinet strictly for urgent use, and following direct contact with a parent. (As a rule, only medication required four times per day will be given in school, as it is considered that medication required twice or three times per day can usually be administered before and after school, and/or at bed-time for the child at home.)

5.2 However, in the case of older Junior School pupils & Senior pupils, a pupil may be considered to be 'Gillick Competent' if he or she has sufficient understanding and intelligence to understand fully what is proposed in his/her medical care. Where a pupil is deemed to be 'Gillick competent', the School will respect that pupil's right to consent to his or her own medical treatment and/or the administration of medicines. However, it is the School's normal practice to ask pupils to agree to keep their parents informed about significant use of medications or treatments. If staff feel they need to discuss treatment with parents they should talk this through with the pupil concerned first, and ensure parents are aware of medical treatments offered and administered whenever possible.

5.3 Consent to treatment or care may be indicated non-verbally, orally or in written format. Obtaining consent to treatment is a fundamental part of good practice and a legal requirement.

5.4 Pupils are able to consent to medical or nursing treatment, if they are deemed "competent"; otherwise parental consent or the consent of a person with parental responsibility is required, unless it is an emergency. If children are competent to give consent for themselves, consent should be sought directly from them.

5.5 Once children reach the age of 16, they are presumed in law to be competent to give consent for themselves for their own medical treatment. However, children aged 16 or 17 who may not sometimes be competent to make particular decisions and, as above, a person with parental responsibility should be contacted to make decisions for them.

5.6 Once a child reaches the age of 18, no one can make a decision on their behalf; healthcare professionals may have to provide treatment and care that is in the best interest of an 18 year old that is not competent.

6 Confidentiality

6.1 All medical information must be treated confidentially. The parent / pupil, where appropriate should agree who should have access to details and records. However, if information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

7 Self-Medication of Emergency Medication

7.1 Pupils are encouraged to take as much responsibility for their own medication as they are able to, and all pupils needing emergency medications are expected to carry them ready for use at all times, where they are competent to do so. Spare medication such as reliever inhalers or adrenaline auto-injectors should be carried by pupils at all times. Additional supplies may be kept in a labelled box with a care plan in the office of the respective sections of the Junior or Senior schools, however, this is not mandatory and should not be regarded as a substitute for carrying a 'back-up' emergency device/medication. In the case of EYFS & children up to and including Y3, all emergency medication will be entrusted to a staff member who will ensure it remains in the same area as the child at all times. (i.e. if medication does not require refrigeration and needs to be accessible to the child at all times, it will be stored in a medi bag, and hung on a hook in the classroom and carried over to the lunch hall and any other venues visited by the child outside the classroom by the trusted staff member, so that it is accessible to the child at all times. At the end of the school day, it will be handed back to the adult with parental responsibility for the child.) Spare medication may also be kept within the pupils' classroom in Years N-3.

7.2 In order to be allowed to self-medicate, pupils are assessed with their medication and if deemed sufficiently responsible to do so and that it is safe for all, they are permitted to carry their own medication and self-medicate. The School will record its findings and keep these under review.

7.3 Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances and to do so is a breach of School rules. EYFS and pupils up to and including Y3 never carry their own medication.

8 Self-Medication in Boarding

8.1 All Boarding pupils wishing to self-medicate must be risk assessed and comply with safe storage regulations. This must be reviewed regularly, this privilege will be withdrawn if the student does not comply.

8.2 However there may be some instances when a pupil is prescribed medication by a doctor and does not wish boarding staff or nurses to know. In these situations, pupils must be made aware that they should keep the medication in a locked area to which no other pupils have access.

9 The Safe Storage of Medicines

9.1 Medicines are stored safely. Medicines need to be stored so that the products are not damaged by:

- Heat or dampness
- They cannot be mixed up with other people's medicines
- They cannot be stolen

- They do not pose a risk to anyone else. A good rule of thumb is that medicines need to be treated like valuables. Just because many people do not have to pay for their medicines does not mean that they have no value.

9.2 The storage of all medicines should be in a designated locked, cool, dry cupboard, preferably in a locked room. Medicines which need to be stored at lower temperatures must be kept in a locked drugs fridge. Where fridges are used the correct temperature range of 2-8°C is maintained and recorded. Medicine fridges are also located in School House Office, and Chadlington House Common Room.

9.3 The keys to medicine cupboards are accessed by named staff who are authorised to administer medication. (Staff administering medication must have completed training on administration of medication). A group of staff are trained to administer medication, this is reviewed on an annual basis, with updates as required. A record of sample signatures and initials for each member of staff who administers medications is kept in the medical folder.

9.4 It is good practice to maintain stock rotation to ensure that older stock is used first; special storage instructions must be observed. Records of new stock need to be kept. The following information is required:

- Date received
- Name strength and dosage of all medicines.
- Quantity received.
- Clients name for whom the medicine is prescribed or has been purchased for.
- Signature of staff who receives the medicine.
- This information enables greater ease for audits to be conducted at the end of term.

10 Administration and Handling of Medicines

10.1 The reason for giving the medication must be established. When administering medication the following procedure should be followed:

- The reason for giving the medication must be established.
- Check whether that pupil is allergic to any medication.
- Check whether or not that pupil has taken any medication recently and, if so, what (e.g. Paracetamol, must not be taken more frequently than every four hours - and not more than four times in any 24 hours), and the maximum dose for that age group, printed on the pack, must not be exceeded.
- Check whether or not the pupil has taken the medication before and, if so whether there were any problems.
- The medicine profile sheet (patient information sheet) must be checked for possible side effects and contra indications.
- Check the expiry or 'use by' date on the medication package or container.
- The pupil should take the medication under the supervision of the person issuing it.
- Record the details – the name of the pupil, the reason for the medication, the nature of the medication, the dose, the date and time. These must be recorded immediately in the relevant written or computer record with the person administering the medication signing and dating any written record.
- A drink must be offered with the medicine and the actual taking of the medicine witnessed.
- Medicines must not be crushed, split or altered in any way or disguised in food or drink.

11 Over the Counter Remedies

11.1 The Medical Centre, School House and School House keep a stock of 'Over the Counter' remedies for common ailments. Parents are asked to consent in writing for the medical staff and qualified Boarding House staff to administer these medicines as required when their child joins the school.

11.2 Any medication given at the school Medical Centre is recorded by the Medical Centre staff and placed in pupil notes. In the case of boarders, the Medical Centre will update the School's electronic REACH system, thereby informing boarding houses on a daily basis any medications and treatments administered at the Medical Centre. The Boarding

Houses Staff will also update REACH when administering medication in order that the Medical Centre can see what a boarder has received that day. A small amount of Paracetamol and/or Piriton is held in locked medicine cabinets at the Junior School Offices, and Abendschule for use in urgent need, administration of this must follow the principles of only being given where parents have submitted prior consent, and contact made with parents prior to medication being offered. EFYS-Y3 staff handing over pupils to Abendschule at the end of school must inform staff there if any medication has been administered during that day. A small amount of Paracetamol and Piriton is also held in the medicine cabinet in the Ground floor Office at St Nicholas House, and should only be administered to pupils when considered necessary and whilst the Medical Centre staff are out of the building dealing with an urgent matter elsewhere. Staff administering these medications will record their use on the medication sheet within the cabinet and inform the Medical Centre immediately by email.

11.3 Any over the counter medicines held at school have been approved by the school medical staff and on some occasions the school medical officer. See Over the Counter Remedies Protocol Annex A.

12 Prescribed Medication

12.1 The school is not permitted to hold a stock of prescription medicines such as antibiotics or oral contraception. These must be prescribed individually for pupils as required.

12.2 Medicines belong to the specific person for whom they were prescribed and must not be used for another person, even if they are taking the same medicine. The medication is the property of the person whose name appears on the dispensing label, it must be returned to them or their parent for disposal. If in doubt, this issue should be discussed with the School Nurse.

12.3 Medicines must be kept in the original container in which they were dispensed with the pharmacy label and information specific to that pupil; they must not be moved from one container to another, even if they are nearly empty. It would be considered to be secondary dispensing, which is illegal under the Medicines Act.

- The medication administration record (MAR chart) for prescription medicines must be checked.
- The identity of the pupil must be checked, their age and any known allergies.
- The medicine label must be checked. Is it the correct medicine? Is the correct form attached, and the dose and route clear for this particular student?
- If the student is self-medicating then a risk assessment for Administration and storage of Medication must be completed for each medication; a copy will be held in the pupil's medical notes at the Medical Centre, and in the boarding house if appropriate. Boarding pupils will be asked to complete a record chart. On a case by case basis, once a Boarding pupil has followed a sufficient period of successful self-administration the House Master/Mistress and the School Nurse may jointly agree that the pupil can confirm verbally with Boarding Staff that they have taken their medication correctly at the relevant point in the day. In practice, this is typically reserved for medication such as once-daily antihistamines, eye/nose drops, and the oral contraceptive pill, but may occasionally include other long-term medications.
- The procedure is then as for administration and handling of Medicines.

13 Emergency medication

13.1 Emergency medication e.g. Autoinjectors, Asthma Reliever Inhalers, Glucogel. Pupils should carry these with them at all times, except in the case of EYFS to Y3 pupils, whose medication will be kept near them in the classroom/any places visited, under the supervision of a member of school staff, but clearly visible to all. Spares should not be kept in locked cupboards but in a readily accessible place known to everyone concerned, including the pupil.

13.2 In EYFS to Y3, inhalers are handed by parents/ guardians directly to school staff at the beginning of the day, and a spare inhaler to be available in the classroom. EYFS to Y3 staff are asked to alert parents immediately if an inhaler does not return to school each day, and to ensure that any inhalers go home with the child at the end of each day.

13.3 In the event that named emergency medication is mislaid or unavailable, staff at the Medical Centre should be contacted immediately.

13.4 Members of staff in charge of school trips are advised to check that pupils are carrying emergency medication with them, (or, in the case of EYFS to Y3 pupils that a member of staff working directly with a child has been assigned to oversee their medication) before leaving school.

13.5 Should a child in EYFS to Y3 be seen to need their medication, or request its use, it will be brought to the child, and the staff member present will administer the medication and/or support an older child (especially with an asthma inhaler) to take the medicine.

13.6 A record will be kept of the use of the medication, detailing time taken and dosage, which will be sent home with the child, or sent along with the child to the hospital if he or she has required emergency treatment.

13.7 Annual training/guidance in the supervision of pupils using their inhalers, and in the administration of Auto injectors will be provided for staff by the School medical team. It is expected that in the event of a child requiring one of their medications, for which consent has been provided by parents, any member of staff who has received training would administer the auto-injector/supervise the use of an inhaler for a child, as required. The School Nurse will visit the EYFS classrooms and staff annually, to ensure all medication kept in school for pupils is checked and includes the relevant permissions. Any additional training/discussions will be held at this time. In this way, the youngest children will also have the opportunity to meet the medical staff.

14 Record Keeping

14.1 Make a clear, accurate and immediate record of all medicines administered or refused, recording dates and times of all medication given. All documentation must be in black ink, signed and dated by the person administering the medication.

14.2 All medicines held in the cupboard must be recorded in the medicine book/sheet (and a running balance maintained on REACH for controlled drugs, including at the Boarding House).

14.3 Any prescription medicines given must be recorded on the medical administration record, (MAR chart) and filed in the pupil's notes.

14.4 Controlled drugs are stored in the lockable cupboard and administered by named staff and a balance kept.

14.5 All approved over the counter medicines must be recorded in the pupil's notes and daily record.

14.6 All records of medicines given are kept for 25 years from date of birth (subject where relevant to safeguarding considerations). Any material which may be relevant to potential claims should be kept for the lifetime of the pupil.

14.7 The signature sheet of administering persons must be kept as above.

15 Chinese Medicines and herbal/homoeopathic remedies

15.1 If a pupil arrives from abroad with unidentifiable medicines, they must be sent to The School Nurse immediately. The School Nurse and the School Medical Officer will liaise with the student to identify the medication and seek an equivalent (or consider other actions as necessary).

15.2 Medication provided within the EU should be easily identified. Any medication provided outside of the EU must not be given. If not recognised it could be seen as an illegal possession of drugs. These medicines must be returned home or to a pharmacy for destruction. It need not be reported to the Police unless there is a real doubt over the legality of the medicines and the quantity brought in.

15.3 If pupils bring medication into school and swap or trade it in any way the school could be deemed as allowing unlawful supply to be taking place on the premises.

15.4 If medication is brought in by an appropriate adult for the pupil it must be handed to an identified member of staff where it will be taken away and stored in an approved manner.

15.5 Dosages of all medicines must be accounted for and in the case of Schedule 2 drugs (controlled), there MUST be a witness present when the medicine is administered and that witness must sign a controlled drug register.

16 Procedure to be followed in the unlikely event of a medication error

16.1 The School will keep a written record of every occasion where any medication is administered to a pupil. This documentation will include all relevant pupil details along with the medicine, its dosage and the reason for administration. These records will be documented.

16.2 In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse or member of staff administering medication will:

- Ring 999 (the School Nurse may opt to take safe, timely advice from a relevant prescriber as an alternative, however only where they have assessed that an error will not be expected to cause an adverse effect).
- Ensure that any necessary first aid is promptly administered
- The School Doctor will be informed in the case of a boarding pupil.
- Ensure that, if necessary, the pupil is transferred to hospital for further treatment/investigation
- Inform Parents/Guardian of the situation and any relevant information and/or advice as soon as is possible
- Record all necessary information and keep it securely with the pupil's medical records.

17 Emergency Procedures

17.1 All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures. Pupils should know what to do in the event of an emergency, such as telling a member of staff.

17.2 A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent arrives. Staff should never take pupils to hospital in their own car.

17.3 The School Nurse is responsible for any decisions on medical treatment when parents are not available.

18 Routes of Administration

18.1 The following routes of administering medicines may be used:

- Oral - Medicines taken by mouth.
- Topical - Applied directly to site needed. Creams and ointments must be dated when opened. Where possible the pupil should have their own named cream or ointment.
- Eye/ ear/ nose drops should be dated when opened, and discarded after the maximum period as recommended by the manufacturer. The pupil must have their own named bottle or tube.
- Inhalers - Inhaled into the lungs. The inhaler must be shaken before use and a spacer used where appropriate. The pupil must rinse their mouth after using a steroid inhaler.
- Injections - Administered via the skin with a needle. Only appropriately trained staff can administer.

- Any other forms of administering medicines should be performed by a qualified doctor or at a hospital

19 Disposal

19.1 All unwanted stock must be returned as soon as possible for safe disposal to the pharmacy that first dispensed them, or to the parent guardian of the pupil. In limited cases Year 7—U6th Form Pupils may take away their own medication themselves at the end of the School Day, following specific, prior agreement between the School Nurse and the parent or guardian, providing that the Pupil is taking this home directly and that the Pupil travels home independently (it is their property). This must be documented on the Medical Centre Medication Returns Record, a note/ signature of staff returning medication should be obtained, and details of parental/pupil receipt should be obtained, and a complete audit trail maintained.

19.2 Where a Pupil in Y7-U6th has a pre-agreed arrangement to take the medication home, the School Nurse will ensure that the Pupil understands their responsibilities to not share, or allow others to look at the medication, to report to an appropriate person, in the unlikely event that the medication is lost on the journey home, to ensure it is not visible whilst carried, and that it is handed to parents at the first opportunity on reaching their destination.

20 Controlled drugs

20.1 At present it is not a legal requirement, but it is considered good practice for the storage of controlled drugs to comply with the 2001 Misuse of Drugs (safe custody) Regulation. Based on the 1971 Act.

- For safe practice the cupboard should contain nothing else and be a locked cupboard within a locked cupboard and only those individuals with authorised access should hold the keys.
- There should be two signatories to check, dispense and document the medication. It may be deemed that the student is competent to be the second signatory.
- Separate records for the administration of controlled drugs should be kept in a bound book with numbered pages. There should be a separate page for each person. Including the balance remaining for each product. This should be checked against the amount in the pack or bottle at each administration.
- Administration is as for prescription medication.
- For disposal, drug(s) should be collected by parents/guardians and returned to the pharmacy. If a parent no longer has a pupil in the school and has declined to collect the medication, it is good practice for the School Medical centre to obtain a signature from the pharmacist.
- Parents are requested to collect and sign out any controlled drugs at the end of each half-term or term.

21 Hygiene and Infection Control

21.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of medication blood or other body fluids and disposing of dressings or equipment.

Annex A - Non-Prescription or Over-the Counter Medication Protocols

Medication	Indication	Dose	Contra-Indications/ Cautions
Paracetamol 500mg tablets	Mild to moderate pain To treat fever	12-15yrs one tablet (500mg) 4-6 hourly. 16yrs to Adults, 1-2 tablets (500mg-1g) every 4-6 hrs Max 4g in 24 hours.	Refer to the Medical Centre' or out of hours services if high fever, or unexplained pain Should not be given if there is known liver disease Must not be given if the pupil has received Paracetamol or Paracetamol

		<p>Max 4 doses per 24 hours.</p> <p>Note – tablets must not be split, i.e. half, or one and a half tablet doses cannot be taken by a pupil</p>	<p>based products within the last 4 hours, and/or 4 doses within 24 hours</p>
<p>Paracetamol Suspension 120mg/5mls As above</p>	As above	<p>2-4yrs, 7.5ml (180mg). 4-6yrs 10ml (240mg)</p>	As above
<p>Paracetamol Suspension 250mg/5mls</p>	As above	<p>6-8yrs, 5ml (250mg). 8-10yrs, 7.5ml (375mg). 10-12yrs, 10ml (500mg). 12-16 yrs, 10-15ml (500-750mg). Adults and children over 16yrs, 10-20ml (500mg-1g)</p>	As above for paracetamol
<p>Lemsip sachet or Pharmacy own</p>	<p>Cold Flu symptoms sore throat, headache etc.</p>	<p>If contains 1g Paracetamol, use for over 16yrs age only – use one sachet 4-6 hourly, max 4 sachets in 24 hours</p> <p>If brand contains 650mg Paracetamol per sachet, can use for children over 12yrs. Use one sachet 4-6 hourly, max 4 sachets in 24 hours</p>	<p>As above for Paracetamol</p> <p>Caution as brands may differ in age range, see adjacent column.</p> <p>Always follow manufacturer’s instructions and check other ingredients</p>
<p>Ibuprofen 200mg tablets</p>	<p>Mild or moderate pain To treat fever Period pain Dental pain</p>	<p>Children 12 years to adult: One or two tablets, 4-8 hourly. No more than 6 tablets in 24 hours Taken with or after food</p>	<p>Do not give if history of stomach ulcer or other stomach disorders, known sensitivity to aspirin or other anti-inflammatory drugs, known liver or kidney disease.</p> <p>Max. 3 doses per 24 hours</p> <p>Do not give to asthmatics unless known to be tolerant. Do not give if taking antidepressants. Consult with the Medical Centre with any other concerns</p>
<p>Ibuprofen 100mg/5mls</p>	As above for ibuprofen	<p>4-6yrs, 7.5mls (150mg) every 6-8 hours. 7-9yrs 10ml (200mg) every 6-8 hours</p>	As above for Ibuprofen

Ibuprofen (Nurofen) 100mg chewable capsules	As above for ibuprofen	7-9yrs, two capsules (200mg) every 6-8 hours. 10-12yrs, three capsules (300mg) every 6-8 hours	As above for Ibuprofen
Piriton liquid	For severe allergic symptoms	2-6yrs, 2.5ml (1mg). 6-12yrs, 5ml (2mg). Adults and children over 12yrs, 10ml (4mg) Max. every 4-6 hours	Do not give if previous history of allergy to Piriton, if MAOIs prescribed, if taking other medicines containing antihistamine without seeking medical/pharmacy advice. May causes drowsiness
Piriton tablet	For severe allergic symptoms	Children 12yrs to adult: 4mg (1 tablet). Max. every 4-6 hours Tablets cannot be split, use liquid version for under 12 years	As above for Piriton
Loratadine tablet 10mg	Allergic symptoms, hay fever, dust, pet allergy and itching	Adults and children over 2 (two) yrs. (who weigh over 30kg) one tablet once daily	Do not give if previous history of allergy to Loratadine
Cetirizine tablet 10mg	Allergic symptoms, hay fever, dust, pet allergy and itching	Adults and children over 12yrs one tablet once daily	Do not give if previous history of allergy to Cetirizine
Strepsils	Sore throat	Over 6 years of age 1 every 4 hours if required	Nil significant
Rennie	Indigestion	Adults and Children over 12. Two tablets to be swallowed or chewed, 3-4 times per day	Nil significant
Rehydration Treatment	Treatment of Acute diarrhoea and dehydration	Adults and children over 12 Mix contents and use in accordance with specific manufacturer's direction	Nil significant
Antihisan Cream	Insect bites and stings Nettle stings.	2-3 times daily on the affected site	Patients with eczema, psoriasis or other skin disorder Avoid contact with eyes, mucus membranes and broken skin.