St John WA

Structured Administration and Supply Agreement – LORATADINE ORAL TABLET

	SASA Details
Title:	Loratadine Oral Tablet for St John WA Paramedic and Volunteers
Identifier:	SJWA Loratadine Oral Tablet 1.0

	Issuing Authority
Hospital Name:	St John WA
Address:	209 Great Eastern Highway BELMONT, 6104
Contact:	(08) 9334 1222

	Authorised Persons
Practitioners:	St John WA Career and Volunteer Staff
Location:	All pre-hospital regions of Western Australia (WA)
Qualification:	AHPRA Registered Paramedic
	St John WA recognised First Aid qualification

	Auth	orised Medicine		
Medicine Name:	Loratadine	Brand:	Demazin	
Form:	Tablet	Strength:	10mg	
Dose:	10mg	Quantity:	10 tablets	9100111-1
Route:	Oral	+	uuv.t	
Instructions:	Administer 1 (10mg) tablet as a single dose			

Approved Circumstances		
Authorised to:	Administer oral loratadine tablet	
Place:	WA Pre-hospital environment	
Patients:	St John WA Ambulance patients	
Medical Condition:	Urticaria	

Clinical / Other Information

Patient Inclusion	St John WA patients over 8 years of age
Patient Exclusion:	Children < 30kg Known allergy or adverse drug reaction to Loratadine
Special Instructions:	Not to be administered within 24 hours of previous antihistamine use without Medical practitioner approval
Administration Notes:	NA
Clinical Guidelines	See; St John WA Medication Guideline: Loratadine St John WA Clinical Practice Guideline: Anaphylaxis

	Approval		
Date of Issue:	27/03/2024		
Date of Expiry:	27/03/2026		
	Clinical Governance Committee		
Committee:	St John WA Medical Advisory Committee (MAC)		
Chair Name:	Dr Gayle Christie		
Date:	27/03/2024		
	Medical Director		
Name:	Dr Gayle Christie		
Date:	22/05/2024. Signature: fyyle thisto-		
	Chief Executive Officer	********	
Name:	Mr Kevin Brown		
Date:	22/05/24 Signature:		

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