

St John WA

Structured Administration and Supply Agreement – PREDNISOLONE Oral Solution

SASA Details	
Title:	Prednisolone oral solution for St John WA Paramedics
Identifier:	PREDNISOLONE Solution 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
Location:	All pre-hospital regions of Western Australia (WA)
Qualification:	AHPRA Registered Paramedic

Authorised Medicine			
Medicine Name:	Prednisolone	Brand:	Redipred
Form:	Oral Solution	Strength:	5mg/mL
Dose:	1mg/kg	Quantity:	30mL
Route:	Oral		
Instructions:	Administer 1mg/kg by metric measure orally as a single dose		

Approved Circumstances	
Authorised to:	Administer prednisolone oral solution
Place:	WA Pre-hospital environment
Patients:	St John WA Ambulance patients
Medical Condition:	Croup

Clinical / Other Information	
Patient Inclusion	St John WA patients over 1 month of age

Patient Exclusion:	Known allergy or adverse drug reaction to prednisolone or prednisone
Special Instructions:	For single patient use only, discard bottle after use
Administration Notes:	Use oral syringe to administer dose
Clinical Guidelines	See; St John WA Medication Guideline: Prednisolone St John WA Clinical Practice Guideline: Croup

Approval			
Date of Issue:	15/07/2024		
Date of Expiry:	15/07/2026		
Clinical Governance Committee			
Committee:	St John WA Medical Advisory Committee (MAC)		
Chair Name:	Dr Gayle Christie		
Date:	15/07/2024		
Medical Director			
Name:	Dr Gayle Christie		
Date:	30/7/24	Signature:	
Chief Executive Officer			
Name:	Mr Kevin Brown		
Date:	12/8/24	Signature:	