



**Review Sheet**

Last Reviewed 30 Jun '22	Last Amended 30 Jun '22	Next Planned Review in 12 months, or sooner as required.
Business impact	<b>MEDIUM IMPACT</b> Changes are important, but urgent implementation is not required, incorporate into your existing workflow.	
Reason for this review	Scheduled review	
Were changes made?	Yes	
Summary:	This policy details how medication must be administered and the steps that must be taken to ensure medication management is safe. The policy has been reviewed and updated with UK GDPR added and minor content updates including in sections 4.15. References also updated to ensure they remain current.	
Relevant legislation:	<ul style="list-style-type: none"> <li>• The Care Act 2014</li> <li>• Care Quality Commission (Registration) Regulations 2009</li> <li>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>• Human Rights Act 1998</li> <li>• Medical Act 1983</li> <li>• Medicines Act 1968</li> <li>• The Human Medicines Regulations 2012</li> <li>• Mental Capacity Act 2005</li> <li>• Mental Capacity Act Code of Practice</li> <li>• Misuse of Drugs Act 1971</li> <li>• Data Protection Act 2018</li> <li>• UK GDPR</li> </ul>	
Underpinning knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> <li>• Author: Information Governance Alliance, (2022), <i>Records Management Code of Practice</i>. [Online] Available from: <a href="https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/">https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/</a> [Accessed: 30/6/2022]</li> <li>• Author: National Institute for Health and Care Excellence, (2017), <i>Managing medicines for adults receiving social care in the community - [NG67]</i>. [Online] Available from: <a href="https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#ensuring-that-records-are-accurate-and-up-to-date">https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#ensuring-that-records-are-accurate-and-up-to-date</a> [Accessed: 30/6/2022]</li> <li>• Author: National institute for Health and care excellence, (2018), <i>Medicines management for people receiving social care in the community - Quality Standards QS171</i>. [Online] Available from: <a href="https://www.nice.org.uk/guidance/qs171/chapter/Quality-statement-2-Communicating-that-medicines-support-has-started">https://www.nice.org.uk/guidance/qs171/chapter/Quality-statement-2-Communicating-that-medicines-support-has-started</a> [Accessed: 30/6/2022]</li> <li>• Author: Care Quality Commission, (2022), <i>Medicines information for adult social care services</i>. [Online] Available from: <a href="https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services">https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services</a> [Accessed: 30/6/2022]</li> <li>• Author: Royal Pharmaceutical Society of Great Britain, (2019), <i>Professional Guidance on the Administration of Medicines in Healthcare Settings</i>. [Online] Available from: <a href="https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567">https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567</a> [Accessed: 30/6/2022]</li> </ul>	
Suggested action:	<ul style="list-style-type: none"> <li>• Encourage sharing the policy through the use of the QCS App</li> <li>• Ensure relevant staff are aware of the content of the whole policy</li> </ul>	



**Equality Impact  
Assessment:**

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



## 1. Purpose

**1.1** To ensure compliance with the **Overarching Medication Policy and Procedure** and **Administration of Medicines Policy and Procedure**. This policy must be read alongside all associated medication policies and dovetails with any local policies and procedures.

**1.2** To ensure that all staff involved in any aspect of medication administration understand the importance of accurate recording to prevent medication errors arising.

**1.3** To support HOLISTIC QUALITY CARE LTD in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W4: How does the service continuously learn, improve, innovate and ensure sustainability?

**1.4** To meet the legal requirements of the regulated activities that {HOLISTIC QUALITY CARE LTD} is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | The Human Medicines Regulations 2012
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
- | Data Protection Act 2018
- | UK GDPR



## 2. Scope

**2.1** The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

**2.2** The following Service Users may be affected by this policy:

- | Service Users

**2.3** The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | External health professionals
- | NHS



### 3. Objectives

**3.1** To ensure that all staff involved in any aspect of medication administration understand the importance of accurate recording in line with the agreed policy and procedure.



### 4. Policy

**4.1** The Medication Administration Record (MAR) is the formal record of administration of medicines. It is required for all Service Users receiving support with medicines administration and is a useful tool for improving the quality of administration.

**4.2** HOLISTIC QUALITY CARE LTD recognises that it is important that MARs are clear, accurate and up to date as they may be required as evidence in clinical investigations and court cases.

**4.3** Where Service Users are self-managing their own medication, it must be recorded in the Care Plan and a risk assessment must be undertaken.

**4.4** MARs are not required for Service Users who are fully self-managing their own medication.

**4.5** Where a Service User has been assessed as having the capacity to self-manage their medication but needs either verbal reminders or physical assistance, a MAR must be used to record when support is provided against each medication. An agreed code on the MAR will be used that is communicated to all staff involved in medication at HOLISTIC QUALITY CARE LTD.

**4.6** HOLISTIC QUALITY CARE LTD understands that a MAR is not a prescription, medicine supplies cannot be requested against a MAR.

**4.7** When initialling or signing a MAR, staff are recording that they have witnessed a Service User accepting and taking a medication. Staff responsible for administration will **not** sign the MAR until the Service User has taken the medication.

**4.8** All medication administered, intentionally withheld or refused by the Service User must be recorded and signatures or initials must be legible. If medication is intentionally withheld or refused the reason must be documented.

**4.9** The signature of the person administering the medication must be linked to a specific medicine. This is to facilitate audits at a later date and to ensure that the records are clear.

**4.10** HOLISTIC QUALITY CARE LTD MARs will:

- ┆ Be legible, with clear details, written in indelible (permanent) ink
- ┆ Electronic MARs, if used, must also be clear and legible
- ┆ Include items which are still being currently prescribed and administered
- ┆ Include all externally applied medicines to be administered by staff

**4.11** There is no legal barrier to the use of a hand-written MAR but there is the potential for error when MARs are regularly re-written by staff.

**4.12** It is good practice to obtain printed MARs, where available, from the supplying pharmacist or dispensing doctor.

**4.13** The record of medicines taken, including over the counter medication, will always be made available to the GP when they visit the Service User at home.

**4.14** It is a legal requirement for Care Plan records, including MARs, to be retained by HOLISTIC QUALITY CARE LTD even when the Service User has left the service or has died. **AB61 - Archiving, Disposal and Storing of Records Policy and Procedure** at HOLISTIC QUALITY CARE LTD will be adhered to.

**4.15** A MAR is a confidential medical record and therefore the Service User will be supported to store it safely in their home where staff or other health professionals who need to see it can access it. Completed MARs must be removed from the home and returned to HOLISTIC QUALITY CARE LTD as per company requirements.

Where the Service User refuses to hold Care Plan records, including MARs in their home, staff should refer to **AR06 - Refusal to Hold Records Policy and Procedure** for further information.

**4.16** The MAR must provide an accurate account of the medicines being prompted or administered to the Service User by the staff. It must document all prescribed medicines, including externally applied medicines and 'prescription only' (POM) dressings, if applied by a Care worker.

**4.17** Where topical administration is required, a body map will be used.

**4.18** HOLISTIC QUALITY CARE LTD will ensure, through equality and diversity training, that staff understand the importance of protected characteristics and individual preferences in relation to medication



administration and include provision within the Care Plan to support the Service User.



## 5. Procedure

### 5.1 Medication and Care Plan Information

A Service User's Care Plan will include:

- | The support needed including details of specific requirements
- | Up-to-date Medication Administration Record(s) detailing current medication where support with administration is required. A list of 'current medication at date' must be stored in the Service User's file at HOLISTIC QUALITY CARE LTD for reference
- | Contact details of the Prescriber, Community Pharmacist and other appropriate healthcare professionals
- | Details of the location where medication is stored in the Service User's home and where the Service User's Care Plan is to be stored. In cases where the Service User is at risk of harm and they have been identified as being at risk by the Commissioner or the GP if the medication location is highlighted, the Risk Assessment must clearly indicate that HOLISTIC QUALITY CARE LTD will inform the Care Worker of the location of the medication and the reasons for this process being undertaken

### 5.2 Medication Risk Assessments

- | A full Medication Needs and Risk Assessment must be completed for each Service User. This must include both prescribed medication and any over the counter (OTC) medication
- | For Service Users who need no medication support, the Care Plan Consent Form must indicate that they are self-managed and any risks associated with this must be identified and recorded
- | For Service Users who need administration support, a list of all medication including route, dose and frequency must be documented in the Service User's file. The Medication Needs Assessment must indicate the agreed support that the Care Worker will deliver
- | It is not acceptable to state 'see medication log' supplied by the Commissioner
- | Care Workers must check the Care Plan on each visit and record medication administered, prompted or assisted on an up-to-date MAR
- | The Medication Needs Assessment must be reviewed annually, after an accident, incident or near miss, or if there are any changes to a Service User's circumstances (including changes to medication), care or health needs

### 5.3 Medication Administration Record (MAR) Information

The Medication Administration Record (MAR) for an individual Service User will include:

- | Their name
- | Their address
- | Their date of birth
- | Any other available person-specific identifiers such as the NHS number
- | Any known drug allergies (if none, then this fact must also be recorded)
- | The name, formulation and strength of the medicine
- | How the medicine is taken or used (route of administration)
- | The dose, time to be taken or used, and any special instructions, e.g. with or after food
- | Any stop date for a medicine
- | If more than one MAR is in use, reference must be made to the other MAR, e.g. 'MAR 1 of 2'
- | Reference to any separate specialised administration MAR if one is in use, e.g. warfarin: when required medication

A template MAR can be found in the Forms section of this policy.

### 5.4 MAR Recording Procedure

- | Record what you do when you do it. As medicines are administered, if verbal reminders or physical assistance is provided it must be recorded immediately and signed for by the person providing the medication support

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- | Record any medications not taken, providing a reason. Use the agreed HOLISTIC QUALITY CARE LTD codes printed on the MAR to explain the reason why any medicine was not taken or used. Use the reverse of the MAR to record additional details, if necessary
- | Correct mistakes with a single line through the text, accompanied by a signature, date and time. Never use correction fluid
- | Make complete, clear and legible records written in black ink, dated and signed to indicate who has made the record
- | Ensure that prescribed doses for the Service User on the MAR are unambiguous for correct dosage administration - clarify with the Prescriber any that are unclear
- | Medication with variable doses must be clearly recorded on the MAR with the actual dose given
- | Any medication that has been discontinued on the MAR must clearly state 'stopped by xx', the 'date', 'name' and 'role' of the authorised care staff who had the interaction with the Prescriber
- | Medication changes, e.g. changes to doses or timings, must be recorded as a new entry in the MAR, with the previous entry discontinued on the MAR
- | Hand-written Medication Administration Records will be produced only in exceptional circumstances and created by a member of staff with the appropriate medicines administration training for the setting. The hand-written record must be checked and verified by a second member of staff with the same training before first use
- | If the Prescriber's instruction is 'take one or two' or 'take 5ml or 10ml' then use the reverse of the MAR or an extra sheet to record how much was given on each occasion. Do not try to squeeze your initials and the quantity given into the small box on the MAR. The boxes are not big enough and the records need to be easily read
- | Where there are any changes to the care agreed in the Care Plan, the Care Worker must report to HOLISTIC QUALITY CARE LTD. This includes if a Service User refuses medication

**5.5 Verbal Orders (Instructions)**

- | In exceptional circumstances, a Prescriber may give a verbal instruction to give a change to the dose or frequency of use of a medicine, however they must authorise the change (by email) before any new dose or frequency is actioned
- | The MAR must be amended by someone trained and competent in the preparation of MARs before medication is administered
- | Any communication about medication changes will be made via HOLISTIC QUALITY CARE LTD

**5.6 MAR Times**

Where specific times are not detailed on the pre-printed MAR but printed as 'morning', 'lunch', 'tea-time', 'bed-time' (or suitable abbreviations), HOLISTIC QUALITY CARE LTD will check with each individual Service User what this means and obtain guidance from the GP if required.

For example:

- | Morning means 8:30 to 10:00
- | Lunch means 12:30 to 14:00
- | Teatime means 18:00 to 19:30
- | Bedtime means 22:00 to 23:30

The time bands can be individualised for each Service User and the information kept alongside their medication records, beside their medication storage or within their Care Plan. Care will be taken to ensure that the times between doses is sufficient.

**5.7 Discontinued Items**

- | Draw a vertical line through any recording boxes left on the day the medicine is discontinued and then clearly write the reason why it has been discontinued, for example 'course complete', 'see note over', 'discontinued by Dr Jones, GP', 'see entry in professional visits/personal plan dated dd/mm/yy'
- | If the Prescriber gives a verbal instruction to stop the item, see Section 5.5 and follow the local procedure for verbal instructions at HOLISTIC QUALITY CARE LTD
- | Ensure that these entries are dated and identify the staff member who made the change



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- Record in the Care Visit Log and ensure that there is clear communication with HOLISTIC QUALITY CARE LTD and any other visiting Care Worker(s) to avoid medication errors arising

### 5.8 Change of Dose

When a Prescriber amends the dose of a medication part-way through the MAR, the following procedure will be followed by HOLISTIC QUALITY CARE LTD staff:

- Obtain written confirmation of the dose change
- Immediately after the last administration entry, record 'stopped on date and time, dose change' and sign entry
- Mark a single diagonal line through the medication details box to indicate clearly that the medication has been stopped
- Complete a new MAR entry for the medication with the revised dose ensuring correct start date
- Take care to ensure that there is an adequate quantity of medication available if the dose has been increased
- Inform the visiting Care Worker of the changes and ensure that amendments are easy to understand in the Service User's home

### 5.9 Change of Times or Frequency of Administration

- Discontinue the original instruction and write a new one
- Do not score out or change a time on the original entry and continue using it
- If the original prescription says, 'one three times a day' and the Service User wants to go to bed earlier than they used to, then you can bring the dose forward to fit in with their new routine. The GP will not necessarily have to be involved in this decision if the original prescription does not have a specific time on it
- There must not be numerous entries at 22:00 recorded as 'not taken' because the person was asleep. The time of administration must be brought forward
- If the frequency is being changed, then ask the Prescriber to confirm this in writing or follow the procedure at HOLISTIC QUALITY CARE LTD for verbal instructions
- Care must be taken that doses are not administered too close together and guidance will be sought from the Prescriber

### 5.10 Change to 'When Required' or 'for Regular Administration'

- Discontinue the original instruction and write a new one
- Do not score out or change a time on the original entry and continue using the same record
- Do not write 'PRN' or 'when required' on the original
- Ask the Prescriber to confirm this in writing or follow the procedure at HOLISTIC QUALITY CARE LTD for verbal instructions

### 5.11 Instructions on Dispensing Labels

The MAR is the document which will be kept for a period of time as the record of what medication has been given.

These records may be needed as evidence in any scrutiny inspection, complaint investigation or legal proceedings.

If the instruction on the MAR is different from the instruction on the dispensing label, then the information on the MAR must explain why. This might be because the dose was originally to "take two in the morning" and it has now been changed to "take one in the morning". As the dose was reduced, there is sufficient supply for the person so there is no need to get another prescription dispensed.

There is no need to get the medicine re-labelled to reflect the new dosage instructions if the MAR explains the reason for the change.

Once the medicine is finished, the pack with the dispensing label which says "take two in the morning" will be disposed of and the MAR is the legal record of care provided.

### 5.12 Reviewing MARs

- When an item is discontinued, the pharmacy must be notified so that the item is not printed on the next 28-day MAR, if pharmacy printed MARs are used
- On a monthly basis, the MARs need to be reviewed to check if creams, ointments and dressings are



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still being used for the condition for which they were prescribed. anbara Haji Abdullahi will ensure that 10% of MARs are audited each month and any themes or trends are discussed at the quality meetings at HOLISTIC QUALITY CARE LTD

- | If no longer used, the pharmacy must be asked to remove the item from the MAR and any remaining stock returned to the pharmacy for disposal, as per the Safe Disposal of Medication Policy and Procedure at HOLISTIC QUALITY CARE LTD

### 5.13 MAR Omissions

- | If a Care Worker realises at any time that they have omitted to complete the MAR once they have left the Service User's home, they must contact HOLISTIC QUALITY CARE LTD for advice. The Care Worker must not retrospectively initial the medication as given
- | HOLISTIC QUALITY CARE LTD will ensure that a mark is made in the relevant box with a margin note, e.g. 'see entry on notes page, date and initial', then an entry on the notes page detailing confirmation of the time, dose and Care Worker identity
- | If the MAR entry has not been completed on a previous visit and the Care Worker is unclear if medication has been administered, they must check with the Service User, if they have capacity, whether medication has been administered. If the Service User is unsure, the Care Worker must contact HOLISTIC QUALITY CARE LTD for guidance. HOLISTIC QUALITY CARE LTD will need to contact the GP or 111, if out of hours, for further guidance
- | An investigation will be started, and consideration must be given depending on the medication and the impact on the Service User's health and wellbeing, as to whether a Safeguarding Notification needs to be raised
- | Any trends in errors or omissions will be tracked to identify any administration and recording issues

### 5.14 Time-Sensitive Medication

Prescribers, supplying pharmacists and dispensing doctors must provide clear written directions on the prescription and dispensing label as to how each prescribed medicine will be taken or given.

For time-sensitive medicines this includes:

- | What the medicine is for
- | What dose must be taken
- | What time the dose must be taken, as agreed with the Service User

HOLISTIC QUALITY CARE LTD will record any additional information to help manage time-sensitive and when required medication in the Care Plan.

### 5.15 Missing Medication

Where HOLISTIC QUALITY CARE LTD is supporting with medication and finds that a Service User's medication is missing, the Care Worker must report this immediately to anbara Haji Abdullahi. anbara Haji Abdullahi will investigate to determine, where possible, the reason for the missing medication, such as misuse of medication by the Service User or staff member, or the medication being misplaced/lost etc. All staff associated with the administration of the medication will be spoken to and the incident recorded in line with the Accident and Incident Reporting Policy and Procedure.

Where it is determined that a Service User is misusing medication, anbara Haji Abdullahi will liaise with the relevant external bodies and inform Leeds City Council where required. Care for the Service User will be reviewed and a risk assessment conducted to determine the Care needs of the Service User. Medication may be required to be stored in line with CM30 - Storage of Medication Policy and Procedure and away from high-risk Service Users.

Where staff are found to have contributed to the missing medication, anbara Haji Abdullahi will follow the relevant HR policies and procedures at HOLISTIC QUALITY CARE LTD.

Following the incident, a review of the Service User's medication support may also be required and the Care Plan updated in line with any new requirements. All incidents will be reported to the relevant authorities where required and a root cause analysis meeting undertaken for future learning from the incident.

### 5.16 Patient Information Leaflets

The supplying pharmacist or dispensing doctor must supply a Patient Information Leaflet for each medicine supplied. HOLISTIC QUALITY CARE LTD will ensure that an up-to-date Patient Information Leaflet for each prescribed medicine is kept in the Service User's home. This includes medicines supplied in monitored dosage systems.





### 5.17 Partnership Working

When supporting Service User's for the first time with medication, staff will inform the Service User's GP and supplying pharmacist of who to contact about medication - the Service User or a named contact.



## 6. Definitions

### 6.1 Time-Sensitive Medication

- ┆ A medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose may lead to serious Service User harm, for example, insulin injections for diabetes or specific medicines for Parkinson's disease

### 6.2 MAR

- ┆ Medication Administration Record

### 6.3 PRN Medication

- ┆ "PRN" is a Latin term that stands for 'pro re nata', which means 'as the thing is needed'

### 6.4 Patient Information Leaflets (PIL)

- ┆ Every medicine pack includes a Patient Information Leaflet (PIL), which provides information on using the medicine safely
- ┆ PILs are based on the Summaries of Product Characteristics (SPCs) which are a description of a medicinal product's properties and the conditions attached to its use



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- ┆ HOLISTIC QUALITY CARE LTD will make sure that Service User's medication is recorded appropriately, where medication support is being provided
- ┆ Care Workers will be trained to complete a MAR correctly with the codes used by HOLISTIC QUALITY CARE LTD
- ┆ A MAR is required when a Service User requires physical assistance or verbal reminders with medication
- ┆ Ideally the dispensing pharmacy will provide clear printed MARs for each Service User and provide updated MARs when 'new' medication is prescribed
- ┆ Care Workers will always check the MAR, Care Plan and visit records before administering medication



## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- ┆ You will not require a MAR if you are self-managing your own medication
- ┆ You have a right to expect staff administering or supporting you with administration of your medication to have the skills and competencies to support your needs
- ┆ You must feel able to challenge staff if you think that your medication is not correct



## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**NICE - Managing medicines in care homes** (although tailored to care homes it is a useful resource to review):

<https://www.nice.org.uk/guidance/sc1>

**Suite of Medication Policies at HOLISTIC QUALITY CARE LTD**



## Outstanding Practice

To be ' outstanding ' in this policy area you could provide evidence that:

- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | Service Users received their medicines on time and in a safe way
- | There are robust systems to assure quality and identify any potential improvements to the service. This means Service Users benefit from a constantly improving service that they are at the heart of
- | Audits of MARs are undertaken monthly and corrective action taken when required



## Forms

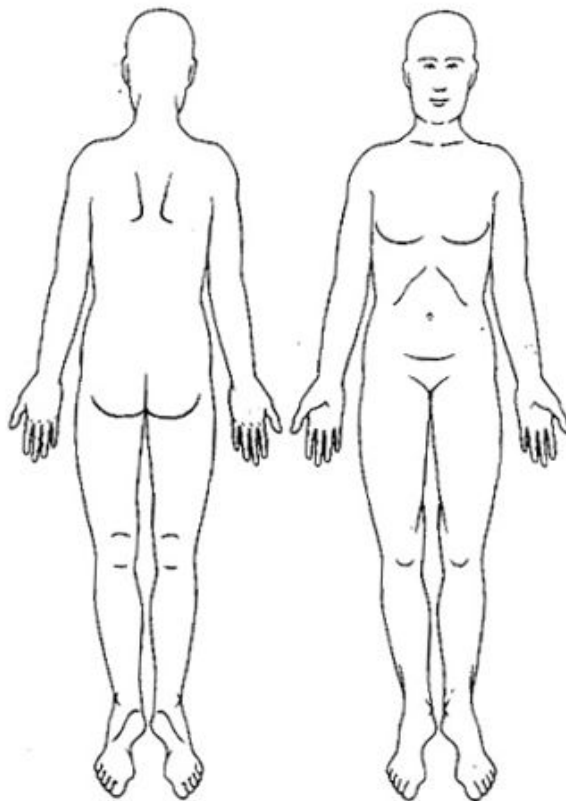
The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Body Map - CM35	When topical medication is required or to indicate injection or transdermal patch locations.	QCS
Medicines Administration Record - CM35	To record medication being administered to a Service User.	QCS

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Service User Name:

Use the below body map to indicate where topical medication, injections, or transdermal patches are located.



Notes:

Service User Name:		GP Details:	
Service User Number:		Pharmacy Details:	
Address:		Allergies: (if known, if not state 'none known')	
Date of Birth:			
Additional Notes/Special Instructions:			

Medication Information (name, strength, form, dosage, route, additional instructions etc.)	Time	MAR Start Date:					MAR End Date:					Start Day:																										
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
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Codes for Non-Administration: A= Refused B=Nausea and Vomiting C=Hospitalised D=Away from home E=Refused and wasted F=Other  
P= Physical Assistance V = Verbal Assistance

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Date and Time	Detail of Notes	Name	Signature

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