

Medicines Management Services aim to ensure that
(i) Service users receive their medicines at times that they need them
and in a safe way.
(ii) Information on medicines is available to staff, service users and
their carers.

MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

GUIDELINES for the ADMINISTRATION OF MEDICATION in SUPPORT SERVICES MM07

KEY ISSUES

This procedure sets out the procedural guidance for a medicines management in supported accommodation including Supported Living Services and Enhanced Support Services

OBJECTIVES

- **To ensure that there is a consistent approach to medicines administration in supported living services.**
- **Along with the trust's Handling of Medicines Policy (SD12) to promote Medicines Management to help service users to:-**
 - **Improve their outcomes**
 - **Take their medicines correctly**
 - **Reduce wastage of medicines**
 - **Improve the safety of medicines**
- **To ensure that all members of staff working within supported living services are aware of their roles, responsibilities and limitations with respect to Medicines Administration.**

Medicines Management Procedure – MM07
Approved by Drugs and Therapeutics Committee
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Administration of Medication Guidelines

1. The purpose of these guidelines is to:

- a. Give guidance on the safe administration of medication within supported living services.
- b. Provide guidance on other matters relating to the storage and administration of medication in community services.
- c. Standardise actions and responsibilities related to the storage, administration, control and disposal of drugs within Community Services.

2. Principles

The guideline will ensure that the correct drug in the correct amount should be administered to correct person at the correct time by the correct route and that prescribed medication will be securely stored in a locked cupboard.

BACKGROUND INFORMATION

Supported Living Services comprises of what was formerly known as Community Residential Services (CRS) Specialist LD Division Lancaster Enhanced Support (ESS) and Dispersed Intensive Support Housing (DISH). The services are spread across a large geographical area including Liverpool, Sefton and Southport; ESS is based in Lancaster. The service supports people with learning disabilities or severe and enduring mental health issues to live in their own home within their local community. As such, this is not typical of the work undertaken by a NHS Trust which is perhaps more associated with a ward environment. Furthermore, the service is unique in that Support Workers are required to administer medication.

3. People who can administer medication

3.1 Nursing Staff

- a. The term Nurse in this document applies to all persons on the current NMC register, regardless of the part of the register on which their name appears. The council imposes no arbitrary boundaries between the roles of the first or second level nurse in the respect of the administration of medicines.

3.2 Non-Registered Staff

- a. After successfully completing the trust endorsed e-learning module and assessment by a qualified nurse, there is an expectation that the following non-nursing staff undertake the administration of medication as a part of their regular duties.

- Team Managers
- House Leaders
- Senior Support Workers
- Support Workers

The above staff will be able to administer medication in any area that uses the same system in which they have been trained for example, Medication Records Sheet (MAR Sheet). A central register of all those who have successfully completed the training will be kept on ESR.

4.0 Obtaining Medication

The Qualified Nurse, Team Manager, Accredited Person or House Leader shall ensure that:

- 4.1 The service user's medication is obtained by authorised prescription and signed by a registered prescriber.¹
- 4.2 Regularly prescribed medication is obtained on a 7 or 28 day cycle or as appropriate.
- 4.3 Prescriptions are collected from the GP's surgery either by the supplying chemist, staff member or service user if appropriate.
- 4.4 Whenever possible medication should be supplied in a monitored dosage system such as blister packs or dosset boxes.
- 4.5 Homely remedies and/or discretionary medicines must be authorised by the GP or consultant. For SLS only the Chemist/Qualified Nurse must (providing authorisation has been obtained from the GP or consultant) amend the MAR sheet unless the service user has been assessed as being competent to manage their own medication. If clients buy over the counter medication they should be encouraged to hand it over to staff to enable safe storage and appropriate monitoring. If the client refuses to do this it must be recorded and the Consultant informed.
- 4.6 Ordering of medication on a 28 day basis should be carried out by appropriately trained staff and or qualified nurse/accredited person only using the tick box repeat prescription request. This should then be photocopied and filed before submission to GP. Upon receipt of a new 28 day MAR sheet it must be photocopied before distribution/use to allow for any additional medication prescribed outside the regular order to be added manually to both the original and copy. This can then be added onto the repeat prescription request form manually if required ensuring that it

¹ Please note that some learning disability services operate without a Team Manager or House Leader and as such Support Workers will be required to perform these duties. Additional support and advice is available from the four managers of Supported Living Services or indeed the On-Call Manager.

appears on future request forms. ESS Lancaster should utilise the form in appendix 4 for receipt and ordering of medication and the qualified nurse or accredited person will call surgery prescription line to re-order prescribed medication.

- 4.7 All amendments to the MAR sheet must only be completed by an appropriately trained nurse and initialled at all times.² (With the exception of ESS Lancaster.)
- 4.8 Where new medication is prescribed outside the routine cycle, the staff on duty shall either inform the chemist who shall collect the prescription from the GP's surgery and deliver it to the home or collect it him/herself.

5. Receipt of medication

On receipt of medication, a qualified staff member or house leader (LD) or accredited person shall check that the correct medication has been supplied, information recorded and MAR sheet signed to indicate the same. ESS Lancaster staff should utilise Appendix 4.

6. Storage of medication (not controlled drugs – see section 11)

The Team Manager shall ensure that all medication is stored securely. All medication shall be kept locked in an appropriate storage cabinet.

The staff member responsible for the administration of medicine shall leave the drug cupboard clean and tidy.

7. Keys

The staff member on duty shall keep the medication keys and a copy of the key shall be kept in the SLS office (at Rathbone and Hesketh Centre as appropriate). DISH medication keys to be placed in a locked box within sleep in room which is to be kept locked at all times. For ESS Lancaster the identified qualified nurse or accredited person should keep the keys on their person when on duty and be on a red lanyard and attached to pouch and only transferred to the next responsible person on duty. Spare keys are kept in a locked cabinet where only qualified nurses have access, this is in 1 North Lodge.

8. Staffing

The suitably trained staff member on duty is not a qualified nurse they must have successfully completed the appropriate e-learning module and is signed off as competent may administer medication on their own, taking full responsibility for their action, except where:

² Please note that in the case of service users not having a named nurse please contact the Manager or Deputy Manager to sign-off amendments to the MAR sheet.

- a. Regular doses of Controlled drugs are to be administered. (prn midazolam for emergency control of seizures is an exception but this must be documented in care plan)
- b. The person administering medication identifies the need for assistance.

The Community Nurse or appropriate clinician shall administer injections and other treatment identified by the doctor.

In situations of greater complexity a checker should be used. Where possible all solid dosage medication should be in blister pack form.

For ESS Lancaster any medication prescribed out of the perimeter of regular prescribed or short term medication should be overseen and administered by the qualified nurse with an accredited person.

9. Procedure for the administration of medication

9.1 Principle

This procedure is based on the principle of the “five rights” (*Cooper, 1995*). That is:

- The right person receives ...
- The right medicine
- The right dose
- Via the right route
- At the right time

Therefore, medication is given to one person at a time. That person’s medication is prepared according to the directions, and taken directly to them and given immediately.

9.2 Tablets

- A tablet should always be taken standing or sitting upright with at least half a tumbler of water to wash it down with.
- They are easier to swallow if the head is tilted forward rather than held back. If you have to place the tablet in the service user’s mouth, it should be placed in the tongue towards the rear if possible.

- **Crushing tablets is not a good idea because you usually lose some of the medicine and is only permitted where agreed by the GP and after obtaining pharmacy advice.**
- **Dispersible tablets** can be taken with water. **Soluble or effervescent tablets** must be dissolved in a small amount of water before administering.
- **Sublingual tablets** are placed under the tongue and allowed to dissolve.
- **Buccal tablets** are dissolved between the top lip and the gum.
- **Slow release tablets** are made to release the drug slowly over a period of time, usually 12 or 24 hours, they must never be crushed because this destroys their release mechanism.
- **Chewable tablets** need to be chewed or sucked before swallowing and can then be washed down with a drink of water e.g. some calcium tablets and many indigestion remedies.
- **Orodispersible tablets** are made in the form of a wafer which dissolves very quickly when placed on the tongue.

9.3 Capsules

Capsules should always be taken standing or sitting upright with at least half a tumbler of water to wash it down. After advice from Pharmacy service users who have difficulties swallowing can open the contents of capsules and sprinkle onto soft food or liquid before swallowing. This should only be carried out if it is part of the service user's care plan.

9.4 Oral Liquid Medicines

Liquid medicines should always be shaken before removing a dose. Always use an accurate measure or spoon obtained from the nominated pharmacy. Be aware that many antibiotic liquids need to be kept in the fridge. Take care with concentration of oral liquid - dose could be in 5ml or 1ml.

9.5 Topical Medication

- Wash hands before and after using topical medications.
- Creams and ointments are the commonest types of medicines applied to the skin. They should always be

applied to the skin in the direction of hair growth and gently rubbed in, in the direction in which hairs lie on the skin.

- It is very important to apply the right amount when applying steroid creams or ointments. The use of topical steroid preparations can lead to thinning of the skin if they are used over too long a period or too high a dosage.
- One fingertip unit is enough to cover an area equal to that of a flat adult hand. This is the length of a ribbon of cream or ointment squeezed out of a tube that is the length from the tip of an adult index finger to the first crease.
- If you take too much cream out of a jar or squeeze too much out of a tube, never try to put it back because you may contaminate the rest of the product with germs.
- **Topical patches should be applied to a clean, non-hairy area of skin. If the patch falls off before the next one is due to be applied then advice should be sought from the team manager, on-call manager or GP.**

9.6 Eye, ear and nose preparations

9.6.1 Eye drops are usually supplied in 5ml or 10ml bottles that are squeezable and are designed to deliver one drop of liquid at a time when pressure is applied.

The eye is a very delicate organ and is susceptible to infection so always wash your hands before using eye drops.

Before administering an eye drop, always:-

- Check that the product is for your service user (name on the bottle label)
- Only administer one drop at a time or administer as directed or per prescription.
- Check which eye the preparation is for i.e. is it the right, left or both eyes.

If the service user is able to use their own eye drops, the drop can be applied easiest with the service user standing or sitting in front of a mirror. The drop should be aimed at the lower eyelid, which can be pulled slightly to form a cup.

If your service user needs help, get them to sit down and tilt their head back and look towards the ceiling, gently draw down their lower eye lid and squeeze the drop into the formed cup.

Ask them then to blink a few times to cover the entire eyeball with the medication. You can gently press the area of skin between the inner eye and the nose for a few seconds to stop the drop draining down the tear duct into the throat. Always make sure you have a clean tissue at hand because the eye may produce a tear, use the clean tissue to wipe away any excess, always wipe away from the nose towards the ear.

After use always recap the bottle immediately.

Always store eye drops in a cool, dark place to keep them fresh or in fridge if appropriate.

Once opened, they must not be used after 28 days, this is because after this time the risk of the drops being contaminated with germs is too high and they should be discarded.

9.6.2 Eye Ointments

Eye ointments should be stored in the same way as eye drops.

The best method for applying an eye ointment is to squeeze about half an inch of ointment along the inside of the lower eye lid or into a cup formed by pulling the lower eye lid down. The service user should be instructed to close their eye to smear the medication over the eyeball.

Their vision might be blurred for a few minutes but this will pass as the ointment dissolves, wipe away any excess with a clean tissue.

9.6.3 Ear Drops

Ear drops are the commonest way to delivering medicine to the ear.

The best way to deliver an ear drop effectively is by having the service user lie on their side or by tilting their head as far to the side as is possible. Gently pull the

ear lobe upwards and squeeze the prescribed number of drops into the ear.

The head should be kept tilted for 5 minutes to make sure the drops have time to spread through the ear. Do not put cotton wool in the ear after applying the drops because this will soak up the medication.

Ear drops should be stored in a cool, dark place and should be discarded after 28 days or after the prescribed length of treatment is finished.

9.6.4 Nose Drops

Nose drops are presented in the same way as eye drops, in a squeezable bottle or a glass bottle with a separate dropper.

To apply nose drops, ask the service user to tilt their head backwards as far as is comfortable, in fact elderly people often find the procedure more comfortable if they are lying down, squeeze the prescribed number of drops into each nostril and keep the head tilted back for a couple of minutes to make sure the medicine runs to the back of the nose.

9.6.5 Nasal Sprays

Nasal sprays can be used with the service user in an upright position with the head tilted backwards.

9.7 Inhaler devices

There are now a wide range of products available in inhaler form.
The most common treatments are:-

a. Blue Inhalers

Blue inhalers contain drugs that relax the muscles around the airways and relieve wheeziness or breathlessness, e.g. Salbutamol. They are known as reliever inhalers because they open up the airways and are fast acting for people who are short of breath or having an asthma attack.

b. Brown or Orange Inhalers

These inhalers contain steroids. These stop the lung passages from becoming inflamed which narrows them and prevents air from getting in. These inhalers should be used regularly morning and evening irrespective of whether the service user's chest is tight or not.

An important point with steroid inhalers is that prolonged use can leave the mouth susceptible to fungal infections such as thrush. It is good practice for the service user to rinse their mouth out with cold water and spit after using a steroid inhaler. This gets rid of any steroid residue that will have been deposited in their mouths.

Metered dose inhalers are designed to fire one dose of the medicine in a very fine spray when the top is pressed. Using them needs practice because the service user needs to co-ordinate pressing the top down with breathing in to get the dose of medicine into the lungs and not in the mouth.

The correct method for a service user to use an aerosol inhaler is as follows:-

- Shake the inhaler before use
- Take the mouthpiece cover off
- Breathe out as far as possible
- Seal mouth around the mouthpiece
- Breathe in slowly
- When they are half way through their first breath they should press the top down, but at the same time keep breathing in until they have a full breath
- Hold breath for a count of ten if possible

If the dose is 2 puffs, the service user should wait a couple of minutes before repeating the procedure.

You can check if your service user is using the inhaler correctly by watching them take a dose, if a small cloud of mist emerges from around the canister during inhalation or if they breathe out too quickly after a dose and you see a cloud of mist then you know they aren't using it properly. Make a record of their performance in the records. The GP practice nurse will carry out an inhaler technique check and can organise for alternative devices to be used.

If service user has problems with using inhalers contact local pharmacy who can supply aids to help this.

Altering doses – support workers may NOT accept verbal orders from prescribers – such orders can only be accepted by nurse in charge.

10. PRN “As Required Medication”

- ‘As required’ medications are those medications that a doctor has prescribed to be given only when certain conditions or criteria are met.
- There should be absolute guidance in place within a care plan around the conditions that would support the administration of PRN medications i.e. interval between doses, maximum dosage within a 24 hour period. For service users with conditions such as epilepsy there is a requirement for a special care plan around the administration of rescue medication.
- Due to its nature, ‘as required’ medication is sometimes given from items bought by clients themselves. It is still necessary to check information that is on the pharmacy label against the prescription and alert the pharmacy and prescribing doctor of its usage.
- ‘As required’ medication must be written on the MAR sheet, and must include a clear description of the conditions under which it can be administered, and the maximum daily frequency and or time lapse between any administrations and any special conditions to trigger a review.
- The individuals care plan for ‘as required’ medication should include further information to clarify the situation in which the medication would be given.
- Only nurses and doctors can usually decide if ‘as required’ medication should be given. Any individual’s care plan for the administration of ‘as required’ medication must include clear guidance of what to do in the event of not being able to contact a nurse or doctor.

- If no nurse is on duty and it is thought that 'as required' medication is needed, advice should be sought as set out in the guidance for contacting the on call nurse. The nurse will ask for the medication card and guidance to be read out over the telephone.
- A record of the request for permission to give 'as required' medication, will be made in the client's notes. This will include the name of the nurse giving permission, why the request was made, date and time given and the effect of the 'as required'.
- The medication must be prescribed for the condition the client is suffering from.
- Before administering an 'as required' (PRN) dose of medication the manager / on call manager must total up the quantity of the drug administered in the previous 24 hours from the time of the current request, in order to ensure that maximum specified dose in 24 hours is not exceeded. It may be necessary for the on-call manager to actually attend if they are unsure about the presentation of the client or the amount of drugs already given.
- The reason for which the medication was given must be noted in case notes.
- Prn/discretionary medication prescribed by the GP for physical conditions
 - e.g. Paracetamol (simple analgesics)
 - Gaviscon (antacids)
 - Throat Lozenges
 - Simple linctus
 - Lactulose

Can usually be given at the discretion of the support worker according to clients care plan.

11. Storage and Administration of Controlled Drugs

11.1 Definitions

- a. Controlled Drugs (CD) are those medications labelled as being subject to the full control of the Misuse of Drugs Regulations (1985) e.g. morphine sulphate modified release tablets, diamorphine injection etc.
- b. Phenobarbitone is exempt from CD storage and recording regulations so can be treated like a non CD in the home or day centre.

- c. Buccal midazolam is a CD and will be stored as a CD and stock levels recorded in the CD register.
- d. A record of the stock and administration of CD is kept in a book in each unit. This book is referred to as the Controlled Drugs Register.

11.2 Storage and Security

- a. Apart from Morley Road and Rufford Road all houses within the scheme are tenancies owned by the client and as such do not fall into the remit of safe storage of controlled drugs. These items will be kept in the Bristol Maid cupboards within the room – the checks of the substances will be continued to or monitored in staff within the schemes.
- b. A nurse will carry out a daily check of the number of Controlled Drugs actually held against the stock shown in the Controlled Drug register. On occasions when the nurse is unable to carry this out they are responsible for informing the next nurse on duty, who will ensure that this stock check is carried out within the next 24 hours. Buccal midazolam stocks must be checked at least weekly and daily if Controlled Drugs are also being held at the same time.
- c. If any discrepancy is found and an obvious explanation not found e.g. a mathematical error between stock held and the Controlled Drugs register, a Datix or Ulysses form must be completed and the residential service manager or head of service should be informed or out of hours, the on-call manager. The matter must be investigated.
- d. If there is a discrepancy at delivery of medication, contact the pharmacy that dispensed it to report the discrepancy. Any discrepancy after medication is delivered and confirmed correct must be reported to a nurse who will then complete an incident form and investigate.

When administering controlled drugs the staff member responsible shall:

- a. For regular CD medication ensure that a second member of staff is in attendance to act as a witness (except when midazolam is used for emergency control of seizures but this must be documented in care plan)
- b. Record the administration on the MAR sheet.

- c. A record book of all controlled drugs must be kept and stored in the designated area with the stock checked two to three times a week, two staff must sign one of whom must be registered

If there is any doubt regarding any issue relating to Controlled Drugs the trust Accountable Officer must be contacted as soon as possible.

As Required (PRN) Recorded Drugs

- a. As required recorded drugs are not to be kept in the venalink. All doses given must be recorded in the Recorded Drug register
- b. Recorded drugs must be checked weekly by registered staff.
- c. Recorded drugs must be returned to the chemist for destruction (appendix 3).
- d. Recording sheets to be audited weekly by qualified staff – to ensure compliance with protocols and review of PRN medications.

12. Errors

The person discovering an administration / dispensing error shall immediately notify the supported living service manager/nurse in charge.

The staff member on duty should:

- a. Immediately inform the team manager/deputy, CPN on-call of any administration errors.
- b. Inform the chemist of any dispensing errors. Under no circumstances should staff interfere with blister packs or dosset boxes.
- c. Document the error in the Datix, ePEX, Ulysses and case notes.

13. Non-Compliance or Non-Concordance

In the event of an individual refusing prescribed treatment, the staff member responsible for the administration of medicine shall:

- a. Contact the qualified staff / bronze on-call for advice. ESS Lancaster should refer to local policy and procedure.
- b. The staff member administering medication shall inform the individual of possible consequence to their psychological / physical well being if appropriate.
- c. Inform psychiatrist.

The staff member must:

- a. Document the refusal in the MAR sheets under the appropriate time and also in the individual case notes.
- b. Inform the GP.
- c. Inform the CPN/ Nurse in Charge on duty.

14. Vomiting after Medication

If the person is sick after a dose of medication, contact the qualified on duty / bronze on-call for advice.

15. Disposal

The Team Manager/ Qualified Nurse or delegated member of staff shall check for any left over as required medication that has been discontinued or is out of date, and arrange for disposal at appropriate chemist. For recorded / controlled drugs the appropriate form needs to be completed (Appendix 3). ESS Lancaster should use the returns book.

All medicine shall be disposed of when the expiry date is reached or if they have not been used for six months or when a course of treatment is completed or discontinued.

The Team Manager, Qualified Nurse or Accredited Person or delegated member of staff shall ensure that all medication refused, after removal from the blister packs are discarded within trust protocol.

All out-of-date medicines and any drugs that are no longer required should be returned to pharmacy. Medicines should be returned to the local community chemist for disposal if it is an untaken medicine. If it is one dose that has been popped out of a venalink it should be destroyed appropriately

and document as such on DATIX or Ulysses. Relevant forms are to be completed.

16. Regular review of medication

16.1 Residential

Home managers are responsible for ensuring that all service users medication is reviewed at least once every twelve months and the review documented in the notes on ePEX.

16.2 Community Nurses, Respite and Day Services

The individual nurse or day service manager must ensure that appropriate reviews of any medication they administer have been carried out.

17. Emergency Seizure Control

a. Only nurses and registered staff/accredited trained persons who have received specific training and have demonstrated competency in the clinical procedure for the administration of rectal diazepam/buccal midazolam can administer these medications. This instruction must be included as part of the initial and regular assessments for the competence of administering medication.

b. Responsibility for ensuring that this training and assessment takes place rests with Scheme/Nurse Manager.

c. Following the administration or emergency seizure medication ensure that a reflective questionnaire is completed and handed to their Line Manager (Appendix 1).

d. Care plan needs to be in place.

18. Key Points

18.1 Administration

a. The Team Manager / member of staff on duty is responsible for the administration of medication.

- b. At handover time that staff coming on duty shall ensure that all prescribed medication has been administered and relevant MAR sheets have been signed off. This will be subject to periodic spot checks at handover. At least twice per year.
- c. Prior to administering medication, staff should wash their hands.
- d. Prior to administering medication, read the MAR sheet carefully ensuring that the dose has not already been administered.
- e. For medication stored in bottles: Select the required medication checking the label with MAR sheet, ensuring that the expiry date had not expired.
- f. Ensure that the right medication and dose is being given to the person by the right route at the right time.
- g. The medication shall be given to the person in a medicine pot and their identity checked before administration. The staff administering medication shall remain with the person until the medication has been taken; ensure that an adequate drink is offered.
- h. Complete the record of administration on the MAR sheet.
- i. Omission or refusal of medication to be recorded on the MAR sheet. (Refer to Non-Compliance in the Administration of Medication Procedure).

19. Training / Competencies

In line with Trust standards all regular community staff will undertake the relevant e-learning modules

Only staff who have successfully completed the training and assessment can administer medications.

Prescribed eye, ear, nose, skin preparations and rectal formulations for emergency seizures, may only be administered by support workers who have received additional training and **been assessed as competent**.

Examination and competency based record held in department of all competent staff.

Appendix 1

Reflective questionnaire on the administration of emergency seizure medication

Please fill in this form as soon as possible, and within one hour after you have administered rectal diazepam or buccal midazolam.

This is in addition to your own in-house recording procedure that must be followed.

The purpose of this questionnaire is to enable you to think about your action, reflect on your practice in this skill and if there are any areas of improvement. This will also enable the nurse who provides the training to monitor its effectiveness.

What medication did you administer?

--

Date and time when you administered the medication.

--

To Whom?

--

What made you decide that the client needed the medication?

--

How did you know the right amount of medication to administer?

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What was the outcome?

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Appendix 3

Record sheet for unused / excess drugs returned to a community pharmacy for destruction.

A separate sheet **MUST** be completed and signed by a representative of the community pharmacy each time medication is returned. The form should be retained for a period of six months in case of any queries.

Date drugs returned to chemist	Clients name	Medication	Quantity	Returned by – two signatures required

Received by Date

Appendix 4 Weekly medication monitoring/ordering ESS
Lancaster

Client Name - _____

Date of Birth- _____

Weekly medication check					
Date	Medication check completed, (yes/No)	Is Medication in date?	If No actions taken	Is medication cabinet clean? (yes/No)	Sign
Medication ordered					
Date	Name of medication	Provisional delivery date	Actual delivery date	Amount delivered	Sign

Weekly medication check					
Date	Medication check completed, (yes/No)	Is Medication in date?	If No actions taken	Is medication cabinet clean? (yes/No)	Sign
Medication ordered					
Date	Name of medication	Provisional delivery date	Actual delivery date	Amount delivered	Sign

Weekly medication monitoring/ordering

Client Name - _____ Date of Birth- _____

Weekly medication check					
Date	Medication check completed, (yes/No)	Is Medication in date?	If No actions taken	Is medication cabinet clean? (yes/No)	Sign
Medication ordered					
Date	Name of medication	Provisional delivery date	Actual delivery date	Amount delivered	Sign

Weekly medication check					
Date	Medication check completed, (yes/No)	Is Medication in date?	If No actions taken	Is medication cabinet clean? (yes/No)	Sign
Medication ordered					
Date	Name of medication	Provisional delivery date	Actual delivery date	Amount delivered	Sign
