Live Well at Home

RECORD OF DRUGS ADMINISTERED IN THE HOME

ALL REFUSED DOSES OR MEDICATION NOT GIVEN FOR ANY REASON MUST ALSO BE RECORDED ON THE MEDICATION RECORD SHEET, AND REPORTED TO THE LINE MANAGER.

NAME OF SERVICE USER ……..coordinator signature ……
ADDRESS…….Manager signature ……
……Date …….

DATE	TIME	SOURCE OF MEDICATION	DOSE / QUANTITY SITE/ROUTE ADMINISTERED	SEEN TAKEN Y / N	NAME OF CARE WORKER IN FULL CAPITALS	SIGNATURE CARER	COMMENT
eg 12/2/10	*8am*	*Dosette box*	*6 tablets oral*	*yes*	*J RAINES*		*1 TABLET MISSING INFORMED OFFICE*

NATIONAL MINIMUM STANDARD – STANDARD 10 REGULATION 10.7
STANDARD 16 REGULATIONS 16.1 – 16.5

DATE	TIME	SOURCE OF MEDICATION	DOSEQUANTITY SITE/ROUTE ADMINISTERED	SEEN TAKEN Y / N	NAME OF CARE WORKER IN FULL CAPITALS	SIGNATURE CARER	COMMENT
eg 12/2/10	*8am*	*Dosette box*	*6 tablets oral*	*yes*	*J RAINES*		*1 TABLET MISSING INFORMED OFFICE*

NATIONAL MINIMUM STANDARD – STANDARD 10 REGULATION 10.7
STANDARD 16 REGULATIONS 16.1 – 16.5