

COMMUNITY MEDICATION ADMINISTRATION RECORD



HEALTH RECORD No: _____
 SURNAME: _____
 FIRST NAME: _____
 ADDRESS: _____

 DATE OF BIRTH: _____

CONSULTANT/GP: _____
 DISTRICT NURSE TEAM: _____

DRUG ALLERGIES & SENSITIVITIES

PLEASE CIRCLE AS APPROPRIATE:
 NONE KNOWN YES

SIGNED..... DATE.....
 NAME.....

Drug / Allergen:	Description of Reaction:
------------------	--------------------------

This section must usually be completed prior to administration of any medicine. Refer to local policies for further guidance.

DETAILS OF SUPPLEMENTARY CHARTS

TICK APPROPRIATE BOX

SYRINGE DRIVER OTHER (PLEASE SPECIFY)

If starting a syringe driver, use the All Wales Syringe Driver Chart

Prescribe anticipatory medication on this chart.

Remember the 4 As: Analgesic, Anti-emetic, Anxiolytic, Anti-secretory

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY	
INDICATION Pain		MEDICINE (Approved name)														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													
PRESCRIBER'S SIGNATURE		DATE														
INDICATION Agitation (Anxiety)		MEDICINE (Approved name)														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													
PRESCRIBER'S SIGNATURE		DATE														
INDICATION Noisy resp. secretions		MEDICINE (Approved name)														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													
PRESCRIBER'S SIGNATURE		DATE														
INDICATION Nausea / Vomiting		MEDICINE (Approved name)														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													
PRESCRIBER'S SIGNATURE		DATE														

COMMUNITY MEDICATION ADMINISTRATION RECORD

PATIENT'S NAME.....

OTHER AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE/ROUTE	GIVEN BY
INDICATION Agitation (Delirium)		MEDICINE (Approved name)													
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS												
PRESCRIBER'S SIGNATURE			DATE												
INDICATION Breathlessness		MEDICINE (Approved name)													
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS												
PRESCRIBER'S SIGNATURE			DATE												
INDICATION		MEDICINE (Approved name)													
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS												
PRESCRIBER'S SIGNATURE			DATE												
INDICATION		MEDICINE (Approved name)													
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS												
PRESCRIBER'S SIGNATURE			DATE												

REGULAR MEDICATION THAT IS STILL REQUIRED

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY		REGULAR MEDICINE										MONTH		YEAR		
		DATE														
DATE →		MEDICINE (Approved Name)										SPECIAL INSTRUCTIONS		PRESCRIBER'S SIGNATURE		
ROUTE →																
SPECIFY TIME IF REQUIRED	DOSE ↓	SIGN DOSE CHANGE ↓														
Morning																
Midday																
Evening																
Bedtime																
DATE →		MEDICINE (Approved Name)										SPECIAL INSTRUCTIONS		PRESCRIBER'S SIGNATURE		
ROUTE →																
SPECIFY TIME IF REQUIRED	DOSE ↓	SIGN DOSE CHANGE ↓														
Morning																
Midday																
Evening																
Bedtime																

REWRITE CHART

REWRITE CHART