

Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

SPINAL HOME CARE – MEDICATION ADMINISTRATION RECORD

Information:

Client's medication will be given as per company policy. Controlled drugs are identified with CD. CD's need to be counted each time they are administered and the number remaining recorded under the initials on the mar chart for the relevant date and time. If CD's are administered by anyone other than the Carer, then they need to advise the carer of the number remaining, so this can be recorded on the mar chart. During handovers (spinal clients only) these drugs need to be counted by both Carers and recorded in the changes section of the mar charts as well as on the daily diary sheets. Any discrepancies need to be reported to the office immediately and an investigation started.

Carers are to initial for medication ONLY if they have witnessed client taking the medication. For anything else, use the key and record in the changes section. Monthly MAR charts and personal MAR (spinal clients only) charts needs to be identical ensure you are recording on both charts simultaneously as you assist with medication. Dropped/Disposed of/ Missed medication needs to be recorded in the changes section for audit purposes, as this helps to keep track of the quantities of medication in the home. All prescription or OTC medication received from the pharmacy or bought should be counted and recorded on the mar chart. All new medication and antibiotics should be added to the MAR chart and a description recorded in the changes section.

Definitions:

CD – Controlled Drugs.

Pa's are required to sign the MAR chart at the beginning of each placement to show that they have checked it is accurate. Please write your name and placement dates and then sign. If there are changes please record on the changes page and notify the office. (This is for individual mar charts and not monthly mar charts)

PA:..... From:/...../..... To:/...../..... Signature:

Medication Allergies:

Key:

R = Refused

S = Sleeping

D = Destroyed

N = Nausea

O = Other

REGIONAL CARE MANAGER: Kirsty Sims

SIGNATURE:

DOC065 (issue No 5) 21.01.2016 Approved by:




Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

Medication Details	Times	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
Glycerine suppositories x 2 (infant size) For bowel management which is carried out on alternate days	1000																															
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Diazepam (2mg) Indications: muscle spasm of varied aetiology including tetanus	10.00																															
	22.00																															
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Diclofenac (50mg) For pain relief	10.00																															
	22.00																															
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Sodium Docusate (100mg) For bowel management	10.00																															
	22.00																															
Quantity:	Received on:							Completed by:														Start Date:										

DOC065 (issue No 5) 21.01.2016 Approved by: 

Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

Please record any changes and sign and date.

Changes	Signature	Date
<p>Please record the quantities of medication when you receive new medication from the pharmacy, OTC. Sign when you open a new container. Please sign "O" if someone else gives Client A his medication.</p>		

I acknowledge that I have read through this document and noted any changes on the clients file.

Registered Manager:

Date:

DOC065 (issue No 5) 21.01.2016 Approved by:




Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

Medication Details	Times	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		
Baclofen (10mg x 2) To manage spasms	10.00																																	
	14.00																																	
	18.00																																	
	22.00																																	
Quantity:	Received on:								Completed by:														Start Date:											
Medication Details	Times	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		
Nifedipine (10mg) Indications: prophylaxis of angina; hypertension. Autonomic Dysreflexia	PRN																																	
Quantity:	Received on:								Completed by:														Start Date:											
Medication Details	Times	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		
Movicol 2 sachets For bowel management	PRN																																	
Quantity:	Received on:								Completed by:														Start Date:											
Medication Details	Times	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		
Paracetamol (500mg x 2) For mild to moderate pain	PRN																																	
Quantity:	Received on:								Completed by:														Start Date:											


DOC065 (issue No 5) 21.01.2016 Approved by: 

Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

Medication Details	Times	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
Oxynorm (5mg) CD Used for pain relief	PRN																															
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Zopiclone (7.5mg) Used for insomnia	PRN																															
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Quantity:	Received on:							Completed by:														Start Date:										
Medication Details	Times	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
Quantity:	Received on:							Completed by:														Start Date:										

DOC065 (issue No 5) 21.01.2016 Approved by: 

Client Name:

DOB: 27.03.1965

Doctor: Dr Gouch (0208 648 3234)

DOC065 (issue No 5) 21.01.2016 Approved by:

A handwritten signature in black ink, appearing to read 'A Swain', written over a horizontal line.