



# Acute Training Solutions Medication Administration Record

<b>Name:</b>		<b>D.O.B.:</b>					
<b>Address (room no. care home):</b>		<b>Allergies:</b>					
<b>Doctor:</b>	<b>Start date:</b>	<b>End Date:</b>	<b>Start date:</b>				
	<b>Comm.</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>		
<b>Medication Profile</b>	<b>Time : Dose</b>						
<b>GP Signature:</b>							
<b>Commenced: Route:</b>	<b>Recd:</b>	<b>Quant:</b>	<b>By:</b>	<b>Returned:</b>	<b>Destroyed:</b>	<b>Quant:</b>	<b>By:</b>
<b>GP Signature:</b>							
<b>Commenced: Route:</b>	<b>Recd:</b>	<b>Quant:</b>	<b>By:</b>	<b>Returned:</b>	<b>Destroyed:</b>	<b>Quant:</b>	<b>By:</b>
<b>GP Signature:</b>							
<b>Commenced: Route:</b>	<b>Recd:</b>	<b>Quant:</b>	<b>By:</b>	<b>Returned:</b>	<b>Destroyed:</b>	<b>Quant:</b>	<b>By:</b>



<b>Name:</b>		<b>D.O.B.:</b>	
<b>Address (room no. care home):</b>		<b>Allergies:</b>	
<b>Doctor:</b>	<b>Start date:</b>	<b>End Date:</b>	<b>Start date:</b>

	Comm.	Week 1				Week 2				Week 3				Week 4			
<b>Medication Profile</b>	<b>Time : Dose</b>																
<b>GP Signature:</b>																	
<b>Commenced: Route:</b>	<b>Recd:</b>	<b>Quant:</b>	<b>By:</b>	<b>Returned:</b>	<b>Destroyed:</b>	<b>Quant:</b>	<b>By:</b>										
<b>GP Signature:</b>																	
<b>Commenced: Route:</b>	<b>Recd:</b>	<b>Quant:</b>	<b>By:</b>	<b>Returned:</b>	<b>Destroyed:</b>	<b>Quant:</b>	<b>By:</b>										

<b>A</b>	<b>Refused</b>	<b>E</b>	<b>Refused &amp; destroyed</b>
<b>B</b>	<b>Nausea or vomiting</b>	<b>F</b>	<b>Other (define)</b>
<b>C</b>	<b>Hospitalised</b>	<b>P</b>	<b>Prompt</b>
<b>D</b>	<b>Social leave</b>	<b>M</b>	<b>Make available</b>

Trained Staff or Carers Medication Notes								
Date	Time	Initials	Medication	Dose	Reason	Result	Time	Initials