			Enter times	Tick	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Medicine 7		Controlled Drug Y / N	Time:								
			Breakfast								
		Prescribed medication Y / N	Time:								
Dose	Frequency	Route	Lunch								
			Time:								
Other directions			Supper								
			Time:								
			Bedtime								
			Time:								
Medicine 8		Controlled Drug Y / N	Time:								
			Breakfast								
		Prescribed medication Y / N	Time:								
Dose	Frequency	Route	Lunch								
			Time:								
Other directions			Supper								
			Time:								
			Bedtime								
			Time:								
Medicine 9		Controlled Drug Y / N	Time:								
			Breakfast								
		Prescribed medication Y / N	Time:								
Dose	Frequency	Route	Lunch								
			Time:								
Other directions			Supper								
			Time:								
			Bedtime								
			Time:								
Medicine 10		Controlled Drug Y / N	Time:								
			Breakfast								
		Prescribed medication Y / N	Time:								
Dose	Frequency	Route	Lunch								
			Time:								
Other directions			Supper								
			Time:								
			Bedtime								
			Time:								

MEDICATION ADMINISTRATION RECORD SHEET

Christies Care

Living independently at home • Est. 1987

CLIENT REF: _____

DATE OF BIRTH: _____

Week Commencing:

_____

Sheet _____ Of _____

Details completed by:

Name: Signature: Date:

Details checked at changeover by:

Name: Signature: Date:

Please tick if no changeover ☐

Details of those administering medication:

Name: Signature: Initials:

Relation to client:

Name: Signature: Initials:

Relation to client:

Name: Signature: Initials:

Relation to client:

Name: Signature: Initials:

Relation to client:

Name: Signature: Initials:

Relation to client:

Allergies - Does the client have any known allergies: **YES / NO** If Yes, please detail:

		Enter times	Tick	Wed	Thu	Fri	Sat	Sun	Mon	Tue
EXAMPLE Medicine 1 PARACETAMOL 500 MG Dose: 1 X 500 MG; Frequency: 4 X DAY; Route: ORAL Other directions	Controlled Drug Y / N (N)	Time: 08:00	✓	LB	MC	MC	S	S	MC	MC
		Breakfast								
	Prescribed medication Y / N (Y)	Time: 12:00	✓	MC	MC	MC			MC	MC
		Lunch								
		Time: 16:00	✓	MC	MC	MC			MC	MC
		Supper								
		Time:								
		Bedtime	✓	NW	NW	NW			NW	NW
		Time:								
EXAMPLE Medicine 2 PARACETAMOL 500 MG Dose: 1 X 500 MG; Frequency: 4 X DAY; Route: ORAL Other directions	Controlled Drug Y / N (N)	Time: 09.00	✓				MC	MC		
		Breakfast								
	Prescribed medication Y / N (Y)	Time: 13.00	✓				MC	MC		
		Lunch								
		Time: 17.00	✓				MC	MC		
		Supper								
		Time:								
		Bedtime	✓				NW	NW		
		Time:								
Medicine 1 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								
Medicine 2 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								

		Enter times	Tick	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Medicine 3 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								
Medicine 4 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								
Medicine 5 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								
Medicine 6 Dose; Frequency; Route Other directions	Controlled Drug Y / N	Time:								
		Breakfast								
	Prescribed medication Y / N	Time:								
		Lunch								
		Time:								
		Supper								
		Time:								
		Bedtime								
		Time:								

CODES: NW = Not witnessed R = Refused S = Sleeping D = Destroyed N = Nausea / Vomiting DC = Day Centre O = Other