


Medication Administration Record

Name	<b>Joe Bloggs</b>	DOB	<b>1/1/1980</b>	
Address	Nice Place Care Home, 1 Anystreet, CH1 1AA	Cycle Dates	<b>11/04/2016</b> <b>08/05/2016</b>	
Sensitivities & Allergies		Room	<b>2</b>	
GP	A Jones			

		<b>09:00</b>																												
<b>Medication Details</b>		Dose	Mo 11	Tu 12	We 13	Th 14	Fr 15	Sa 16	Su 17	Mo 18	Tu 19	We 20	Th 21	Fr 22	Sa 23	Su 24	Mo 25	Tu 26	We 27	Th 28	Fr 29	Sa 30	Su 1	Mo 2	Tu 3	We 4	Th 5	Fr 6	Sa 7	Su 8
<b>28 Atenolol 50mg tablets</b> Take ONE daily	<b>1</b>																													
<b>28 Bendroflumethiazide 2.5mg tablets</b> Take ONE daily	<b>1</b>																													
<b>84 Procyclidine 5mg tablets</b> Take ONE three times a day	<b>1</b>																													
<b>28 Warfarin 1mg tablets</b> To be administered as directed by the anti-coagulation clinic. FOR GOOD PRACTICE THE DOSE GIVEN SHOULD BE ANNOTATED AGAINST INITIAL	<b>1</b>																													

KEY: D - Destroyed D/C - Discontinued H - In Hospital L - On Leave N - Nausea & Vomiting O - Other, see notes P - Offered, but not required R - Refused

		<b>13:00</b>																												
<b>Medication Details</b>		Dose	Mo 11	Tu 12	We 13	Th 14	Fr 15	Sa 16	Su 17	Mo 18	Tu 19	We 20	Th 21	Fr 22	Sa 23	Su 24	Mo 25	Tu 26	We 27	Th 28	Fr 29	Sa 30	Su 1	Mo 2	Tu 3	We 4	Th 5	Fr 6	Sa 7	Su 8
<b>28 Aspirin 75mg dispersible tablets</b> Take ONE daily	<b>1</b>																													
<b>84 Procyclidine 5mg tablets</b> Take ONE three times a day	<b>1</b>																													

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		<b>22:00</b>																												
<b>Medication Details</b>		Dose	Mo 11	Tu 12	We 13	Th 14	Fr 15	Sa 16	Su 17	Mo 18	Tu 19	We 20	Th 21	Fr 22	Sa 23	Su 24	Mo 25	Tu 26	We 27	Th 28	Fr 29	Sa 30	Su 1	Mo 2	Tu 3	We 4	Th 5	Fr 6	Sa 7	Su 8
<b>84 Procyclidine 5mg tablets</b> Take ONE three times a day	<b>1</b>																													

KEY: D - Destroyed D/C - Discontinued H - In Hospital L - On Leave N - Nausea & Vomiting O - Other, see notes P - Offered, but not required R - Refused

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Sensitivities & Allergies		Room	<b>2</b>
GP	A Jones		



Medication Details		When required																																				
		Time	Time	Mo 11	Tu 12	We 13	Th 14	Fr 15	Sa 16	Su 17	Mo 18	Tu 19	We 20	Th 21	Fr 22	Sa 23	Su 24	Mo 25	Tu 26	We 27	Th 28	Fr 29	Sa 30	Su 1	Mo 2	Tu 3	We 4	Th 5	Fr 6	Sa 7	Su 8							
<b>28 Lorazepam 1mg tablets</b> <b>Not In Cassette</b> Take ONE when required. Maximum dose of 4mg in 24 hours.																																						
<b>100 Paracetamol 500mg tablets</b> <b>Not In Cassette</b> Take TWO four times a day when required																																						

KEY: D - Destroyed   D/C - Discontinued   H - In Hospital   L - On Leave   N - Nausea & Vomiting   O - Other, see notes   P - Offered, but not required   R - Refused

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Sensitivities & Allergies		Room	<b>2</b>	
GP	A Jones			

<b>28 Aspirin 75mg dispersible tablets</b> Take ONE daily										1 @ 13:00		
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	


<b>28 Atenolol 50mg tablets</b> Take ONE daily										1 @ 09:00		
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	

<b>28 Bendroflumethiazide 2.5mg tablets</b> Take ONE daily										1 @ 09:00		
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	

<b>84 Procyclidine 5mg tablets</b> Take ONE three times a day										1 @ 09:00		
										1 @ 13:00		
										1 @ 22:00		
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	

Speeds Hospital Pharmacy, 4 Minerva Court, Chester, CH1 4QT, 0843 506 5566


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Sensitivities & Allergies		Room	<b>2</b>	
GP	A Jones			

<b>28 Warfarin 1mg tablets</b>										1 @ 09:00			
To be administered as directed by the anti-coagulation clinic. FOR GOOD PRACTICE THE DOSE GIVEN SHOULD BE ANNOTATED AGAINST INITIAL													
Route		Sent		Rec'd		C/F		Rtn		Dest		Total	

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Sensitivities & Allergies		Room	<b>2</b>	
GP	A Jones			

<b>28 Lorazepam 1mg tablets ( Not In Cassette )</b> Take ONE when required. Maximum dose of 4mg in 24 hours.										When required		*
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	

<b>100 Paracetamol 500mg tablets ( Not In Cassette )</b> Take TWO four times a day when required										When required		*
Route		Sent		Rec'd		C/F		Rtn		Dest	Total	

Speeds Hospital Pharmacy, 4 Minerva Court, Chester, CH1 4QT, 0843 506 5566

**Reorder form for: Joe Bloggs**

Address: **Nice Place Care Home, 1 Anystreet, CH1 1AA**

DOB: **1/1/1980**

Room Number: **2**

Doctor: **A Jones**

From: **11/04/2016 to 08/05/2016**

Period: **28**

Start Day: **Monday**

Allergies:

Medication Details	Order Notes
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**28 Aspirin 75mg dispersible tablets**

Take ONE daily

**28 Atenolol 50mg tablets**

Take ONE daily

**28 Bendroflumethiazide 2.5mg tablets**

Take ONE daily

**84 Procyclidine 5mg tablets**

Take ONE three times a day

**28 Warfarin 1mg tablets**

To be administered as directed by the anti-coagulation clinic. FOR GOOD PRACTICE THE DOSE GIVEN SHOULD BE ANNOTATED AGAINST INITIAL

**28 Lorazepam 1mg tablets**

Take ONE when required. Maximum dose of 4mg in 24 hours.

**100 Paracetamol 500mg tablets**

Take TWO four times a day when required

**Speeds Hospital Pharmacy, 4 Minerva Court, Chester, CH1 4QT, 0843 506 5566**