M 1.2

Regular Blister Pack
Administration Record

Name:
Address:

D.O.B:

Date																
Time																
Is the medication for the correct person?																
Was the previous medication administered?																
Does blister pack table match the Medication authority?																
Is the medication for the correct time and day?																
Are the conditions of administration correct?																
Does the descriptions of medications in the blister pack table match the blister contents?																
Does the number of medications in the blister pack table match the blister contents?																
Are the medications in good condition?																
Number of tablets administered																
Did you see the medication swallowed?																
Initial																

Date												
Time												
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