M 1.3

Episodic Blister Pack

Administration and Authority Record

Name: «AddressBlock»
Address: «Address_Line_1»
«City» «Post_Code»
D.O.B: «DOB»

MEDICATION NAME:					TOTAL DAILY DOSE:	
MINIMUM TIME BETWEEN DOSES:					ROUTE OF ADMINISTRATION:	
Time/s of Administration					DATE COMMENCED:	DATE CEASED:
Dose to be administered					Date consent sought	Doctors signature
REASON PRESCRIBED/DIRECTIONS FOR USE:						

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 route and conditions of administration correct?																
Does description and 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																
Is the medication for the correct person?																
Is the previous medication administered?																
Does blister pack table match the Medication authority?																
Is the medication for the correct time and day?																
Are the route and conditions of administration correct?																
Does description and 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																