Medication Management Checklist

Client/Participant Name:	Date of Birth:
Address:	List of Medications Attached (with Consent): Y/N
Allergies/Adverse Drug Reactions:	

Management Types:
P = Prompt/Remind
As = Assist
Ad = Administered
DNO = Did Not Observe (client already taken)

7 Rights:
1. Right Day
2. Right Time
3. Right Type of Medication
4. Right Person
5. Right Route
6. Right to Refuse
7. Right Documentation

Record: *All details must be recorded clearly/legibly in ink, if mistakes are made they must be re-written (no correction fluid to be used)*

Date	Time	Source (Webster Pack, Eye Drops etc)	Type (P, Ad, As, DNO)	Performed 7 Rights (Yes/No)	Client Observations	Staff Name	Signature

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