

## **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



Issue Date: 30/12/2020

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Ad	Address:					List of Medications Attached (with Consent): Y/N				
All	ergies/Adv	erse Drug Reaction	ons:			-		-		
Date	Time	Source	Type (P, Ad,	Performed	Client Observations		Staff Name	Signature		
		(Webster Pack,	As, DNO)	7 Rights						
		Eye Drops etc)		(Yes/No)						



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