

Medication Shift Note Example:

Client's Name:

Date of Service:

Start/Finish Time of Service:

SW Name:

Location:

I observed client's name taking his/her am medications.

I stayed a minimum of 10 minutes with client's name after he/she took their medication. Attached is photo evidence of completed medication signing sheet and medication assistance provided.

Give a brief update on how the client was.

AM

Universal Signing Sheet

Facility: ICH - Ipswich Community Clinics - Charts 73 Brisbane Street Ipswich QLD 4305 Ipswich
 Pharmacy: Ipswich Day & Night Chemist, Ph: 07 5281 3999 Fax:

Patient Name: [REDACTED] DOB: [REDACTED] Room No: [REDACTED] MPS ID: [REDACTED]

Drug Allergies: Nil Known Food Allergies: [REDACTED]

Physical Allergies: Nil Known

Start Date: [REDACTED] End Date: [REDACTED] Special Instructions:




PHOTO NOT AVAILABLE

Medication	Dose & Time	Days of the Week													
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Prescribe - 06.00															
APO-SODIUM VALPROATE EC TABS 200mg (SODIUM VALPROATE) [REDACTED]	1@08:00														
APO-SODIUM VALPROATE EC TABS 500mg (SODIUM VALPROATE) [REDACTED]	1@08:00														
Benztropine mesylate TAB 2mg (BENZTROP) [REDACTED]	1@08:00														
Ferrous sulfate, Ascorbic acid MR TAB 325mg/100mg/400mg (FERROGEN IRON PLUS C) [REDACTED]	1@08:00														
Metformin hydrochloride ER TAB 1g (METFORMIN XR (PHARMACEUTICALS)) [REDACTED]	1@08:00														
Xelevia TAB 100mg (XELEVIA) [REDACTED]	1@08:00														
Other Medication - 08.00															
Paracetamol 500mg (PARACETAMOL) [REDACTED]	1@08:00														
MFRACIN TAB MR (AB-GROUP) (CLEDEX) [REDACTED]	1@08:00														
Other Medication - 10.00															
Chlorhexidine gluconate mouthwash 0.2% (500mg + 500mg) (2000) (AQUACEL) (PREVIO) [REDACTED]	1@10:00														

* Reason Medication not given: A-Absent, O-Omitted, R-Refused, F-Fasting, S-Self Administered, N-No Stock, D-On Doctor Order, L-Leave, W-Withheld, C-Censored, Z-Course Complete, H-Hospital, V-Vomiting, XXXX - Medication dose not due

* Route of administration: G-Gastro, IM-Intramuscular Injection, INH-Instillation, IV-Intravenous Injection, NG-Naso Gastric, PO-Orally, PR-Per Rectum, TD-Transdermal, EAR-Dro, PV-Per Vagina, SC-Subcutaneous Injection, PEG-Percutaneous Endoscopic Gastrostomy, SL-Sublingual, EYE-Occular, TOP-Topical, NSL-Intra Nasal, SCG-Subcutaneous continuous infusion, SID-Subcutaneous infusion device

mps Non-Crushable, recommended not to crush. Reference SHPM Don't Rush to Crush. Dose/Day

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