

**Medication Administration Record Chart**

***(MARC) VA***

***General and Creams***

**Week #**

**Date \_ \_/\_ \_ /\_ \_ \_ \_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pupil Information – Please refer to Pupil Health Care Plan for additional info.** | | | **Name** |  | |
| Class/Dept. |  | Dr. Name |  | Dr. Contact |  |

One sheet per pupil/meds can be signed in and out daily/requires one trained person to sign/additional sheets MUST be stapled together

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time** | **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** | |  |
| **Dose** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | |
| *Details*  *Expiry Date* |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  | |
| **IN/OUT** | | In | Out | In | Out | In | Out | In | Out | In | Out | |
| **Admin Only** | | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Time** | **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** | |  |
| **Dose** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | |
| *Details*  *Expiry Date* |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  | |
| **IN/OUT** | | In | Out | In | Out | In | Out | In | Out | In | Out | |
| **Admin Only** | | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Time** | | **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** | |  |
| **Dose** | | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | |
| *Details*  *Expiry Date* | |  | |  |  |  |  |  |  |  |  |  |  | |
|  | |  |  |  |  |  |  |  |  |  |  | |
|  | |  |  |  |  |  |  |  |  |  |  | |
| **IN/OUT** | | | | In | Out | In | Out | In | Out | In | Out | In | Out | |
| **Admin Only** | | | | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | |
| **PRN and Call Information** | | | | | | | | | | | | | | |
| **Name** | | **Time** | | **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** | |  |
| **Dose** | | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | **Admin** | **Wit/Code** | |
| *Details of PRN* | |  | |  |  |  |  |  |  |  |  |  |  | |
|  | |  |  |  |  |  |  |  |  |  |  | |
| **Staff Name** |  | | **Staff Name(Witness)** | | |  | | **Who was spoken to** | |  | | **Time** |  | |
| **Call details** | | |  | | | | | | | | | | | |
| **IN/OUT** | | | | In | Out | In | Out | In | Out | In | Out | In | Out | |
| **Admin Only** | | | | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | Int. | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Creams (PRN?) – these are for creams such as aqueous/sudocrem – NOT cortisones (these are medicated and need to be written in the boxes above )** | | | | | | | | | | | | | |
|  | | Date | | **Mon** |  | **Tues** |  | **Wed** |  | **Thur** |  | **Frid** |  |
| **Name of Cream** | **How/where apply** | **In** | **Out** | **Int** | **Time** | **Int** | **Time** | **Int** | **Time** | **Int** | **Time** | **Int** | **Time** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication Codes for not being able to administer/Or not having the medication** | | | | **Liquids** | | **Other Codes** | |
| R = Refusal | N = Nausea/Ill | D = Destroyed | O1 = Other/ | 25% | 50% | Wit = Witness | Admin = Trained |
| D/C = Discontinued | A = Absent | S = Spoilt | O2 = Other/ | 75% | Full | Int = Initial |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Error recording** | | | | |
| Date |  | Lead Staff Member | |  |
| Please give precise details about the error | Medication Name/Dose/Time – Errors can include; Missed Dose/Additional Dose/Incorrect Dose/Incorrect Medication/Wrong Time/Not Signed | | | |
| Reported to (SN/Doctor/SLT/Parent ETC.) |  | **Outcome** |  | |
|  |  | |
|  |  | |
|  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Nurse Notes (if required)** | |  | | |
| **Audit Information** | **Date** |  | **Staff Member** |  |
| **Actions if any** |  | | | |