

**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**  |  |