


As Required Medication											
Quantity In & Date	Drug & Formulation		Reason Given	Date	Date	Date	Date	Date	Date	Date	Quantity Out & Date
	Dose & Max Frequency			Time	Time	Time	Time	Time	Time	Time	
	Route			Dose	Dose	Dose	Dose	Dose	Dose	Dose	
				Sign	Sign	Sign	Sign	Sign	Sign	Sign	
		Quantity									
Quantity In & Date	Drug & Formulation		Reason Given	Date	Date	Date	Date	Date	Date	Date	Quantity Out & Date
	Dose & Max Frequency			Time	Time	Time	Time	Time	Time	Time	
	Route			Dose	Dose	Dose	Dose	Dose	Dose	Dose	
				Sign	Sign	Sign	Sign	Sign	Sign	Sign	
		Quantity									
Quantity In & Date	Drug & Formulation		Reason Given	Date	Date	Date	Date	Date	Date	Date	Quantity Out & Date
	Dose & Max Frequency			Time	Time	Time	Time	Time	Time	Time	
	Route			Dose	Dose	Dose	Dose	Dose	Dose	Dose	
				Sign	Sign	Sign	Sign	Sign	Sign	Sign	
		Quantity									
Quantity In & Date	Drug & Formulation		Reason Given	Date	Date	Date	Date	Date	Date	Date	Quantity Out & Date
	Dose & Max Frequency			Time	Time	Time	Time	Time	Time	Time	
	Route			Dose	Dose	Dose	Dose	Dose	Dose	Dose	
				Sign	Sign	Sign	Sign	Sign	Sign	Sign	
		Quantity									
Special Information including further clarification for omitted doses									Initials, Designation, Signature and Date		

Medication Administration Chart			
Chart ___ of ___		Start Date: ___/___/___ Term: ___	
Name:			
Date of Birth:			
Class:			
Active Feed Chart: (delete as appropriate)			Yes /No

ALLERGIES:	
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Emergency Medication (Delete those which are NOT applicable):	Asthma Emergency Medication Plan Available	Anaphylaxis Emergency Medication Plan Available	Seizure Emergency Medication Plan Available
	E.g. Salbutamol, Terbutaline, Ipratropium inhaler	E.g. Adrenaline (Jext®, Epipen®, Emerade®)	E.g. Buccal Midazolam (Buccolam®, Epistatus®, Rozolam®)

I take my medication:

Administration Codes: Please ensure if medication is not administered, the reason is specified on the special information section.
Not Administered - Codes: A = Absent R = Refused O = Omitted NA = Not Available
Administered - Codes Staff initials = Dose Administered V = Vomited (within 5 minutes of medication being administered)

Written by: (Name and designation)		Checked by: (Name and Designation)	
Date:		Date:	

