

**INFORMATION FOR NURSES ADMINISTERING MEDICATIONS:**

RECORD TIME, DATE AND SIGN WHEN MEDICATION IS ADMINISTERED OR OMITTED AND USE THE FOLLOWING CODES IF A MEDICATION IS NOT ADMINISTERED.

**1. PATIENT NOT PRESENT AT TIME OF MEDICATION ADMINISTRATION.**

**6. ILLEGIBLE/INCOMPLETE PRESCRIPTION, OR WRONGLY PRESCRIBED MEDICATION.**

**2. OMITTED FOR A CLINICAL REASON**

**7. NIL BY MOUTH**

**3. MEDICINE IS NOT AVAILABLE.**

**8. NO IV ACCESS**

**4. PATIENT REFUSED MEDICATION.**

**9. OTHER REASON- PLEASE DOCUMENT**

**5. NAUSEA OR VOMITING.**

**MEDICAL RECORD NUMBER:** XXXXXX

**PATIENT DETAILS:** NAME

ADDRESS

POST CODE

**GP DETAILS:** GP NAME

ADDRESS

POSTCODE

**ALLERGIES:** ALLERGY

**REACTION:** REACTION

**Community Patient Specific Direction**

Date	Drug	Dose	Time	Frequency	End date	Special instructions	Prescriber name & date	Signature, date & time

**DRUGS NOT ADMINISTERED**

Date	Drug	Time	Reason	Name & signature