Changes to Medication

(Recording Sheet for Prescribers Amending Medication on Visits)

This recording sheet has been devised to record any changes to medication made by a doctor or non-medical prescriber when visiting the care home.

The term 'prescriber' is used in this document to include both doctor and non-medical prescribers

- It can be used to capture any verbal information given to the nurse/carer by the prescriber while visiting the care home
- It will be available for the prescriber to sign to agree that the recorded information on this sheet reflects the consultation
- It can be used as a method of communication of the changes to other care home staff at the care home
- It can be used as written evidence of instruction by the prescriber until the prescription arrives at care home, where applicable
- It is person centred
- It will promote medication being administered as intended by the doctor
- It will assist with complying with the NICE SC1 Managing Medicines in care Homes Quality Standard 4*

Statement 4 -** ***Prescribers responsible for people who live in care homes provide comprehensive instructions for using and monitoring all newly prescribed medicines

This recording sheet can be adapted to suit the care home

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Changes to Medication Recording Sheet to Accompany Prescribers' Visits

Date of visit

	Changes to medication				
Resident name	Medication (formulation/strength/ dose). For PRNs include:- variable dose, number of doses in 24 hours, interval between each dose.	Reason for treatment	Reason for change	Area of application	
				Duration of treatment	
				Expected outcome	
				Review of treatment	
				Monitoring	
Resident name	Medication (formulation/strength/ dose). For PRNs include:- variable dose, number of doses in 24 hours, interval between each dose.	Reason for treatment	Reason for change	Area of application	
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				Expected outcome	
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Resident name	Medication (formulation/strength/ dose). For PRNs include:- variable dose, number of doses in 24 hours, interval between each dose.	Reason for treatment	Reason for change	Area of application	
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				Expected outcome	
				Review of treatment	
				Monitoring	

Prescriber agrees this record reflects any change to medication for the named residents at the visit

Signature print name