Forename:

Surname:

DOB:

Hospital No.:

Consultant:

PATIENT LABEL OR ADDRESSOGRAPH

Codes for recording omitted doses	Actions to be taken
1. Patient absent from ward	Administer on patient's return
2. Medication not available	If already ordered, check with pharmacy. If not, order. Administer dose on receipt of drug.
3. Route not available, e.g fasting, vomiting, difficulty swallowing, no IV access	Document specific reason and inform team if appropriate.
4. Medication held due to patient condition	
5 Patient refused medication	
6. Other	

Medication Issues Communication Record

Use this section to document medication-related issues and actions.
In addition, communicate issues directly to the appropriate health professional.

Date	Time	Communicated medication issues / actions	Signature	Contact No

Signature Record

Each healthcare professional who writes in this chart MUST complete the signature record

Date	Name (Print)	Initials	Signature	Reg No	Contact No	Date	Name (Print)	Initials	Signature	Reg No	Contact No