

MODULE 4

Documentation

- Medication Administration Packet
- Recording information
- Making and recording observations



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Medication Administration Curriculum - Module 4

Medication Administration Packet

Previously Completed:

- Authorization to Give Medicine
- Receiving Medication

Need to Fill Out:

- Medication Log

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Medication Administration Packet: Medication Log

- Completed by staff who administered the medication
- Includes:
 - Name of child
 - Medication
 - Day, time, dose, route, and staff signature
 - Reported errors or mishaps
 - Return or disposal of medication
- For “as needed” medication, write the reason the medication was given

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Medication Administration Packet: Medication Log, continued

- Each child should have his or her own log
- Every dose of medication must be recorded to prevent dosing errors
- Recording takes place right after the medication is given
- Having a record helps to track and prove your actions
- Record unusual circumstances
- The log is a permanent record: legal document

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Medication Administration Packet: Medication Log, continued

- Always write legibly and in INK
- Do not use white out, etc.
- For recording errors: cross out with single line, make correction and initial
- Fill in ALL blanks (indicate "N/A" if not applicable)
- Sign with a witness if necessary
- Records need to be kept for as long as your state requires them to be kept
- Parents should be able to get a record of medication given

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Observations

- Make notations of possible side effects of the medication in the log
- Record incidents, such as child refusing to take medication
- Note successful techniques that helped the child to cooperate

Side effects and incidents will be discussed in the next module in more detail

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Recording the Dose of Medication Activity

Medication Log
PAGE 2 - TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child: _____ Weight of child: _____

Medicine	Monday	Tuesday	Wednesday	Thursday	Friday
Date	1/11/2020	1/12/2020	1/13/2020	1/14/2020	1/15/2020
Actual time given	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Disagreement					
Route					
Staff signature					

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Recording the Dose of Medication Activity, continued

Recording the Dose of Medication, Nick

Medication Log
PAGE 3 - TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child: Nick Samuels Weight of child: 25 lbs

Medicine	Monday	Tuesday	Wednesday	Thursday	Friday
Date	<u>1/11/2020</u>	<u>1/12/2020</u>	<u>1/13/2020</u>	<u>1/14/2020</u>	<u>1/15/2020</u>
Actual time given	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Disagreement	<u>One teaspoon</u>				
Route	<u>By mouth</u>				
Staff signature	<u>C. Hoff</u>				

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Recording the Dose of Medication Activity, continued

Recording the Dose of Medication, Maria

Medication Log
PAGE 3 - TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child: Maria Tost Weight of child: 30 lbs

Medicine	Monday	Tuesday	Wednesday	Thursday	Friday
Date	<u>1/11/2020</u>	<u>1/12/2020</u>	<u>1/13/2020</u>	<u>1/14/2020</u>	<u>1/15/2020</u>
Actual time given	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
Disagreement					
Route	<u>Two lozenges</u>				
Staff signature	<u>C. Hoff</u>				

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Group Activity: Recording the Dose of Medication: Nick

Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

Group Activity: Recording the Dose of Medication: Maria

Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		