

# Medication Plan

## Medication Management System

Date Medication Use Review (MUR) Completed:	
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Supplying Pharmacy Name:	
Address:	
Telephone Number:	
Contact Name:	
Responsible Pharmacist Name:	

Service User Name:	
Address:	
Telephone Number:	
Date of Birth:	
GP:	

Next of Kin Name:	
Relationship to Service User:	
Telephone Numbers:	

*To be completed by Home Care Provider*

Home Care Provider:	
Telephone Number:	

*To be completed by Home Care provider*

Secure Storage Box required:	<b>Yes/No</b> (Delete where applicable)
Access Code:	
Location:	

## Details of Medication

### Medication supplied in MDS (where applicable)

Drug	Strength	Form	Dosage	Frequency (M/L/T/E)	Notes
e.g. Aspirin	75mg	tabs	One daily	morning	Take with food

### Medication NOT supplied in MDS (where applicable)

Drug	Strength	Form	Dosage	Frequency (M/L/T/E)	Notes

## Nature of Support

Assist with Medication	
Controlled Administering of Medication	

Please tick appropriate boxes

MAR sheet supplied	
MDS	
Non-Child Proof Lids	
Large print labels	
Inhaler device	

Please tick appropriate boxes

## Supply Details

Day of Supply:	
Delivered by Pharmacy:	<b>Yes/No</b> (Delete where appropriate)
Collected by:	<b>Service User/Family</b> (Delete where appropriate)
Weekly or Four-Weekly Supply:	<b>Weekly/Four Weekly</b> (Delete where appropriate)
When delivered, any special instructions?	

## Disposal Arrangements

Are collections of waste medicines (not to include sharps such as needles) made on delivery?	<b>Yes/No</b> (Delete where appropriate)
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Waste may be returned to any Pharmacy.

Sharps such as needles **cannot** be returned to the pharmacy and or care provider, a special service is available by contacting;

**Clinical Waste Department - 01226 772045**

Person responsible for arranging for the collection of sharps such as needles:	<b>Service User/Family/Home Carer</b> (Delete where appropriate)
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## Medication Plan Review

Date of initial review	
Date of next review (approximate, will be confirmed nearer the date)	

### Notes following review

Date of review	
Medication issues	
Service User-centred issues	
MMS issues	
Advise given	
Changes recommended	

The service user is now able to self medicate:	<b>Yes/No</b> (Delete where appropriate)
The service user is now able to self medicate with reminding support from a home carer:	<b>Yes/No</b> (Delete where appropriate)
Assistance with Medication is now required	<b>Yes/No</b> (Delete where appropriate)
Controlled administering of Medication is now required	<b>Yes/No</b> (Delete where appropriate)

Pharmacist signature:	Date
Print name:	
Service User (or representative) signature:	Date
Print name	