DOB

URN

UST IN CASE (JIC) BOX Family Nursing & Home Care Jersey Hospice Care Jersey Hospic							
MEDICATION NAME				STRENGTH		DOSAGE FORMULATION	
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)

Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

PATIENT'S NAME

DOB

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