

SURNAME: _____ FORENAMES: _____ ADDRESS: _____ URN: _____ DOB: _____	GP NAME _____	
	GP SURGERY _____ Tel no. _____	
	PALLIATIVE CARE KEY WORKER _____ Tel no. _____	
	WEIGHT (Kg) _____	

DRUG ALLERGIES & SENSITIVITIES	PLEASE CIRCLE AS APPROPRIATE NONE KNOWN YES SIGNED: NAME: DATE: ROLE:	DRUG / ALLERGEN (describe reaction)
THIS SECTION SHOULD BE COMPLETED PRIOR TO ADMINISTRATION OF ANY MEDICINE		

PRESCRIPTIONS FOR ONCE ONLY MEDICATIONS

DATE	MEDICINE (Approved Name)	DOSE	ROUTE	TIME TO GIVE	PRESCRIBER SIGNATURE	DATE	TIME GIVEN	GIVEN BY	CHECK BY

JUST IN CASE BOX INFORMATION (please tick)	DETAILS OF SUPPLEMENTARY CHARTS (please tick)	CHART RE-AUTHORISED (every 3 months)								
JUST IN CASE BOX IN PLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> BOX NO.	<input type="checkbox"/> SYRINGE PUMP <input type="checkbox"/> SUPPLEMENTARY INFUSION CHART <input type="checkbox"/> OTHER (specify)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">PRESCRIBER SIGNATURE</th> <th style="width: 30%;">DATE</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PRESCRIBER SIGNATURE	DATE						
PRESCRIBER SIGNATURE	DATE									

AS REQUIRED MEDICINES

DATE	MEDICINE (Approved Name)	DATE							
	WATER FOR INJECTIONS	TIME							
PRESCRIBER SIGNATURE	INDICATION	DOSE							
	DILUENT / FLUSH	GIVEN BY	/	/	/	/	/	/	/
DATE	MEDICINE (Approved Name)	DATE							
		TIME							
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE					
				ROUTE					
PRESCRIBER SIGNATURE	INDICATION	GIVEN BY							

PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



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

