

Just in Case (JIC) Box Medication Record Sheet

SURNAME: _____

FORENAMES: _____

ADDRESS: _____

URN: _____ DOB: _____

ADDRESSOGRAPH

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



Just in Case (JIC) Box Medication Record Sheet



ADDRESSOGRAPH

SURNAME: _____
 FORENAMES: _____
 ADDRESS: _____

 URN: _____ DOB: _____

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