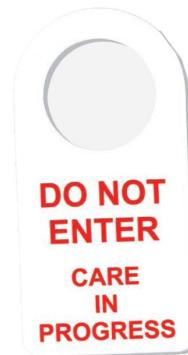


Name of Organisation		Chart Of
PERSONAL PARTICULARS		
Client's Surname		
Given Name:	Client Preferred Name:	
Date of Birth:	Client No.	
Date Chart Commenced	Date Completed	
7 RIGHTS' OF MEDICINE ASSISTANCE		
<ol style="list-style-type: none"> 1. Right Method - Obtain details from Care Plan eg. break in half, crush, put into yogurt etc. 2. Right Person 3. Right Medicine or medicine 4. Right Dose 5. Right Time / Date / Day 6. Right Route (which way is medicine given, orally, topically etc) 7. Write it Down - Staff sign when medicine has been administered. 		
Dose Omitted Codes To be Written in Red		
Patient / Resident / Client	Medicines	
Absent (A)	Adjusted Administration (AD)	
Fasting (F)	Contraindicated (C)	
Hospital (H)	Not Available (N) <small>(Obtain supply or notify prescriber)</small>	
On Leave (L)	Not Required (NR)	
Sleeping (S)	Omitted (O)	
Self Administering (SA)	Refused (Notify Prescriber) (R)	
Vomiting (V)	Withheld (Enter reason in clinical records) (W)	
	Withheld pending results (WR)	
VACCINATIONS		
Scheduled Childhood Vaccine UTD <input type="checkbox"/> Yes <input type="checkbox"/> No		
Influenza Vaccine	- Date Last Given:	/ /
Pneumococcal Vaccine	- Date Last Given:	/ /
Tetanus Vaccine	- Date Last Given:	/ /
Hep A/ B Vaccine	- Date Last Given:	/ /
	- Date Last Given:	/ /
	- Date Last Given:	/ /
PRESCRIBER PARTICULARS		
Phone No. _____		
PHARMACY PARTICULARS		
Phone No. _____		
ALLERGIES & ADVERSE DRUG REACTIONS (ADR)		
<input type="checkbox"/> No Known Drug Alert <small>Signature</small> <small>Date</small>		
<input type="checkbox"/> Drug Alert <small>Signature</small> <small>Date</small>		
DRUG ADR ALERT LABEL <small>ATTACH ALERT LABEL HERE AND WHERE INDICATED INSIDE CHART</small>		
Enter Details: _____		
REFER TO CARE PLAN ROUTINE		
<input type="checkbox"/> Crush	<input type="checkbox"/> Observe Swallowing	
<input type="checkbox"/> Whole	<input type="checkbox"/> Encouragement Needed	
<input type="checkbox"/> Thickened Fluids		
<input type="checkbox"/> Peg		
<input type="checkbox"/> Other		
Sign: _____ Date: _____ Despatch: _____		
ENTITLEMENT NUMBERS		
Pharmaceutical Benefits Entitlement Number		
Medicars Number		

Community Medication Record

Ensure safe standards by completing the 7 rights of medication administration.

To assist with medication administration the LTCC01 features the ability to capture routine care plan measures related to medication administration.



Order Ref. CDH-1

Prior to administering medication ensuring limited distractions by alerting others to cares in progress.



Client's Name		D.O.B.	Client No.	ADR ALERT Yes No (Circle)																
			Month: 20																	
PACKED MEDICINES	REGULAR MEDICINE ORDERS			Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	SIGN IN THIS PANEL FOR ALL PACKED MEDICINE																			
	SIGN FOR INDIVIDUAL MEDICINE IN THE PANELS BELOW																			
	Regular Medicine	Dose	Route																	
	Prescriber Signature	Start Date	Frequency																	
	Prescriber Signature	Stop Date	Frequency																	
	Regular Medicine	Dose	Route																	
	Prescriber Signature	Start Date	Frequency																	
	Prescriber Signature	Stop Date	Frequency																	
	Regular Medicine	Dose	Route																	
	Prescriber Signature	Start Date	Frequency																	
	Prescriber Signature	Stop Date	Frequency																	
	Regular Medicine	Dose	Route																	
	Prescriber Signature	Start Date	Frequency																	
	Prescriber Signature	Stop Date	Frequency																	
	Regular Medicine	Dose	Route																	
	Prescriber Signature	Start Date	Frequency																	
Prescriber Signature	Stop Date	Frequency																		
Regular Medicine	Dose	Route																		
Prescriber Signature	Start Date	Frequency																		
Prescriber Signature	Stop Date	Frequency																		
Regular Medicine	Dose	Route																		
Prescriber Signature	Start Date	Frequency																		
Prescriber Signature	Stop Date	Frequency																		
Regular Medicine	Dose	Route																		
Prescriber Signature	Start Date	Frequency																		
Prescriber Signature	Stop Date	Frequency																		
Regular Medicine	Dose	Route																		
Prescriber Signature	Start Date	Frequency																		
Prescriber Signature	Stop Date	Frequency																		

Apply Medical Director Medicine Adhesive Label

Medications that have been packed by the pharmacy in a webster pack and sachet can be signed off easily within this top section. If you require a label with all the pack medications this can be requested from your pharmacy.

ADMINISTRATION - PACKED MEDICINE
Initial the appropriate square in this panel to indicate that the contents of the blister pack have been issued.

NON PACKED MEDICINE
Initial in appropriate square for individual orders.

		ADR ALERT Yes No (Circle)													
INDIVIDUAL MEDICINE ORDERS 1-8	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	MEDICINE NOTES														
	REGULAR MEDICINES 1														

NON-PACKED

The LTCC-01 has the ability for prescribers to prescribe 17 regular non-packed medications for 6 months.

If there are less than 8 Regular medications this chart can be utilized as a 12-month chart by simply folding along the marked edges as shown

Client's Name		D.O.B.		Client No.		20		ADR ALERT Yes No (Circle)	
SHORT TERM MEDICINE ORDERS									
Short Term Medicine		Dose		Route		Frequency		Dates → Times ↓	
Indication		Start Date		Stop Date		Prescriber Signature			
Short Term Medicine		Dose		Route		Frequency		Dates → Times ↓	
Indication		Start Date		Stop Date		Prescriber Signature			
Short Term Medicine		Dose		Route		Frequency		Dates → Times ↓	
Indication		Start Date		Stop Date		Prescriber Signature			
Short Term Medicine		Dose		Route		Frequency		Dates → Times ↓	
Indication		Start Date		Stop Date		Prescriber Signature			
Short Term Medicine		Dose		Route		Frequency		Dates → Times ↓	
Indication		Start Date		Stop Date		Prescriber Signature			
PRN (When Required) Medicine Orders									
PRN Medicine		Dose		Route		Frequency		Reason / Instructions	
Indication		Start Date		Stop Date		Prescriber Signature			
PRN Medicine		Dose		Route		Frequency		Reason / Instructions	
Indication		Start Date		Stop Date		Prescriber Signature			
PRN Medicine		Dose		Route		Frequency		Reason / Instructions	
Indication		Start Date		Stop Date		Prescriber Signature			
PRN Medicine		Dose		Route		Frequency		Reason / Instructions	
Indication		Start Date		Stop Date		Prescriber Signature			

VERBAL / TELEPHONE ORDERS									
Date Medicine Route Frequency Prescriber Signature 2nd Signatory CTO No.					ADMINISTRATION				
					Time Time Time Time Time Given By Given By Given By Given By				
Date Medicine Route Frequency Prescriber Signature 2nd Signatory CTO No.					Time Time Time Time Time Given By Given By Given By Given By				
					Time Time Time Time Time Given By Given By Given By Given By				
Date Medicine Route Frequency Prescriber Signature 2nd Signatory CTO No.					Time Time Time Time Time Given By Given By Given By Given By				
					Time Time Time Time Time Given By Given By Given By Given By				

NURSE INITIATED MEDICINE ORDERS									
Nurse Initiated Medicine		Dose		Route		Reason		Date Time Qty. Sign. Date Time Qty.	
R.N. Signature		Start Date		Stop Date		Prescriber Signature			
Nurse Initiated Medicine		Dose		Route		Reason		Date Time Qty. Sign. Date Time Qty.	
R.N. Signature		Start Date		Stop Date		Prescriber Signature			
Nurse Initiated Medicine		Dose		Route		Reason		Date Time Qty. Sign. Date Time Qty.	
R.N. Signature		Start Date		Stop Date		Prescriber Signature			



Adverse Alert Labels are used to ensure prescribers and drug administering staff are aware of any medication reactions prior to prescribing or administering medicines.

PRN (when required) medication orders run seamlessly across the bottom of pages 24-25. This allows prescribers to prescribe up to 4 PRN medications.

The outcome of PRN medicine administration should be recorded. It is suggested that guidelines be established within each organisation for the conversion of PRN to regular drug orders once a certain frequency of usage has been recorded.

Check the order for maximum dose per 24 hour prior to administration

Prescriber to write reason for the Antibiotic/ Prn medication next to 'indication'

Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines

Supplied by: Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au

DOSE FREQUENCY OR TIMING	
(in the morning	morning, mane
(at) midday	midday
(at) night	night, nocte
twice a day	bd
three times a day	tds
four times a day	qid
every 4 hours	every 4 hrs, 4 hourly, 4 hrly
every 6 hours	every 6 hrs, 6 hourly, 6 hrly
every 8 hours	every 8 hrs, 8 hourly, 8 hrly
once a week	once a week and specify the day in full, eg, once a week on Tuesdays
three times a week	three times a week and specify the exact days in full, eg, three times a week on Mondays, Wednesdays and Saturdays
when required	pm
immediately	stat
before food	before food
after food	after food
with food	with food

DOSE FORMS	
capsule	cap
cream	cream
ear drops	ear drops
ear ointment	ear ointment
eye drops	eye drops
eye ointment	eye ointment
injection	inj
metered dose inhaler	metered dose inhaler, inhaler, MDI
mixture	mixture
ointment	ointment, oint
pessary	pess
powder	powder
suppository	supp
tablet	tablet, tab
patient controlled analgesia	PCA

24 HOUR CLOCK			
AM - Morning		PM - Afternoon	
1.00	0100	1.00	1300
2.00	0200	2.00	1400
3.00	0300	3.00	1500
4.00	0400	4.00	1600
5.00	0500	5.00	1700
6.00	0600	6.00	1800
7.00	0700	7.00	1900
8.00	0800	8.00	2000
9.00	0900	9.00	2100
10.00	1000	10.00	2200
11.00	1100	11.00	2300
12.00	1200	12.00	2400

ROUTE OF ADMINISTRATION	
epidural	epidural
inhale, inhalation	inhale, inhalation
intraarticular	intraarticular
intramuscular	IM
intrathecal	intrathecal
intranasal	intranasal
intravenous	IV
irrigation	irrigation
left	left
nebulised	NEB
naso-gastric	NG
oral	PO
percutaneous enteral gastrostomy	PEG
per vagina	PV
per rectum	PR
peripherally inserted central catheter	PICC
right	right
subcutaneous	subcut
sublingual	subling
topical	topical

Dose Omitted Codes To be Written in Red	
Patient / Resident / Client	Medicines
Absent (A)	Adjusted Administration (AA)
Fasting (F)	Contraindicated (C)
Hospital (H)	Not Available (N) <small>(Obtain supply or notify prescriber)</small>
On Leave (L)	Not Required (NR)
Sleeping (S)	Omitted (O)
Self Administering (SA)	Refused (Notify Prescriber) (R)
Vomiting (V)	Withheld <small>(Enter reason in clinical record)</small> (W)
	Withheld pending results (WR)

UNITS OF MEASURE AND CONCENTRATION	
gram(s)	g
international unit(s)	international unit(s)
unit(s)	unit(s)
litre(s)	L
milligram(s)	mg
millilitre(s)	mL
microgram(s)	microgram, microg
percentage	%
millimole	mmol

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Long Term Community Medication Chart
Re-Order Ref. LTCC-01

209019

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