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CDC01

COMPACT DISABILITY CHART

6 MONTH RECORDING CHART



Insert Photo

Date Photo Taken __/__/__

Client's Details

Surname

Given Name

Address

Date of Birth | Phone Number

Chart Start Date | Chart End Date

Medication Administration Consent

Consent on file ❑ Yes ❑ No | Date of consent __/__/__

Allergies & Adverse Drug Reactions (ADR)

❑ (✓) No Known Drug Alert

Signature _____ __/__/__

DRUG ALERT LABEL — ATTACH ALERT LABEL HERE AND WHERE INDICATED INSIDE CHART

Drug (or other)	Reaction / Type / Date

GP & Specialist Details

Pharmacy Details

Provider Contact Details

Entitlement Numbers

Pension Number ____-____-____ __/__/__ VALID TO

Medicare Number ____-____-____ __/__/__ VALID TO

Private Health Insurance Provider Number ____-____-____ __/__/__ VALID TO

Special Considerations - Instructions

Medicaton Method ✓ ***Tick Appropriate Box:***

❑ Whole ❑ Halved ❑ Quartered
❑ Capsule opened ❑ Dissolved
❑ Crushed and mixed with.....

Medicaton Delivery ✓ ***Tick Appropriate Box:***

❑ Teaspoon - Staff guide into mouth
❑ Resident / Client Hand ❑ Medication cup
❑ Crushed and mixed with.....

Medicaton Administration ✓ ***Tick Appropriate Box:***

❑ Water
❑ Thickened Fluids Type .....
❑ Other Preferences Type .....

Specific Instructions
(e.g. Anti-coagulant Therapy, Fosamax Treatment)

___/___/20___ Date _____ Print Name

Designation _____ Signature _____

Changes _____

Additional Care / Support Plans | **Date**

Vaccinations

Scheduled Childhood Vaccine UTD ❑ Yes ❑ No

Influenza Vaccine	- Date Last Given:	/ /
Pneumococcal Vaccine	- Date Last Given:	/ /
Tetanus Vaccine	- Date Last Given:	/ /
Hep A/ B Vaccine	- Date Last Given:	/ /
Covid 19 (1)	- Date Last Given:	/ /
Covid 19 (2)	- Date Last Given:	/ /
	- Date Last Given:	/ /

MEDICATION CHART
Disability Medication Chart

08/21
Ref. 211020

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FRONT PAGE

LEGAL DOCUMENT - all entires in black in - never pencil

Client's Details	
Surname	
Given Name	
Address	
Date of Birth	Phone Number
Chart Start Date	Chart End Date

Enter client details into the provided fields.

Record and date of the client's consent to medication administration.



Date Photo Taken ___/___/___

Photo ID should be updated every 12 months- appearances can change markedly especially following a bout of illness or significant weight loss. Similarly, clients sharing similar names can be more easily recognised if an up to date photo is on a chart.

Record date photo taken to ensure photo ID is updated.

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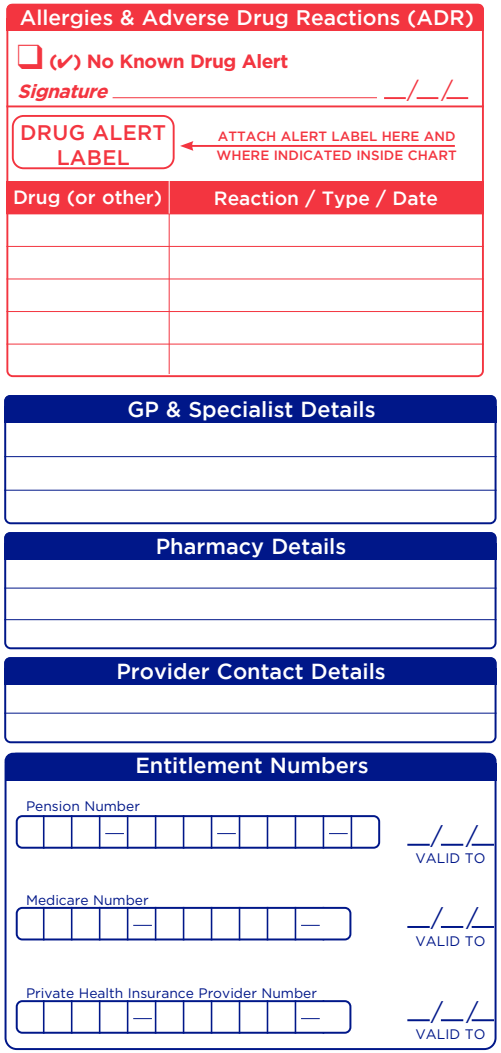
FRONT PAGE



This field MUST be completed for risk mitigation, or it may cause confusion on whether questions have been asked.

Drug alert label to be affixed where indicated throughout the chart to encourage staff to refer back to allergies and adverse drug reactions (ADR).

Imperative that this section is completed, otherwise it is left open to assumption. If possible include nature of reaction and the date as this may influence any further therapies depending on whether a true allergy or drug reaction.

Particularly useful for agency staff or new staff.

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FRONT PAGE

Special Considerations - Instructions

Medicaton Method ✔ *Tick Appropriate Box:*
❑ Whole ❑ Halved ❑ Quartered
❑ Capsule opened ❑ Dissolved
❑ Crushed and mixed with.....

Medicaton Delivery ✔ *Tick Appropriate Box:*
❑ Teaspoon - Staff guide into mouth
❑ Resident / Client Hand ❑ Medication cup
❑ Crushed and mixed with.....

Medicaton Administration ✔ *Tick Appropriate Box:*
❑ Water
❑ Thickened Fluids Type .....
❑ Other Preferences Type .....

Specific Instructions
(e.g. Anti-coagulant Therapy, Fosamax Treatment)

___ / ___ /20 ___ _____
Date Print Name

_____ _____
Designation Signature

Changes _____

Special considerations identify clients special needs related to administration of medication. E.g. given with thickened fluids, given via PEG, medication to be crushed. All entries to be signed and dated.

Additional Care / Support Plans	Date

Particularly useful for agency staff or new staff.

Important that this section is completed with the relevant information, as this may influence any further therapies including prescribing and other treatment plans.

Vaccinations

Scheduled Childhood Vaccine UTD ❑ Yes ❑ No

Influenza Vaccine	- Date Last Given:	/ /
Pneumococcal Vaccine	- Date Last Given:	/ /
Tetanus Vaccine	- Date Last Given:	/ /
Hep A/ B Vaccine	- Date Last Given:	/ /
Covid 19 (1)	- Date Last Given:	/ /
Covid 19 (2)	- Date Last Given:	/ /
	- Date Last Given:	/ /

Vaccination recording is important to assist with monitoring disease prevention.

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MEDICATION COUNTS

Medication Counts

Date	Medication Name	Balance	Signature

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MEDICINES RECEIVED REGISTER, MEDICINES REMOVED REGISTER

Medicines Received Register

(If the answer is no to any of the following questions: refer to your organisation's medication policy for guidance)

Date	Type of Medicine/s	Are all Medicines correct? Check Medicine Orders (Y/N)	Are the non packed medicines in date? (Y/N)	Are medicines noticeably in good condition? (Y/N)	Signature

Medicines Removed Register

Date	Type of Medicine/s	Amount	Reason	Signature

Prescriber Review

Date	Signature

Pharmacy Review

Date	Signature

A log to record the acceptance of packed and non-packed client's medications.

A log to record the reason and removal of medications previously stored in the client's house.

Important this information is completed at the time a prescriber or pharmacist reviews a client's medication chart.

Indicates that the client's medication list undergoes review during the use of current drug chart.

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SAMPLE STAFF SIGNATURE AND INITIALS

Sample Staff Signature and Initials		
Staff Name	Signature	Initials

All staff that administer medications to the client and record this in the drug chart must complete.

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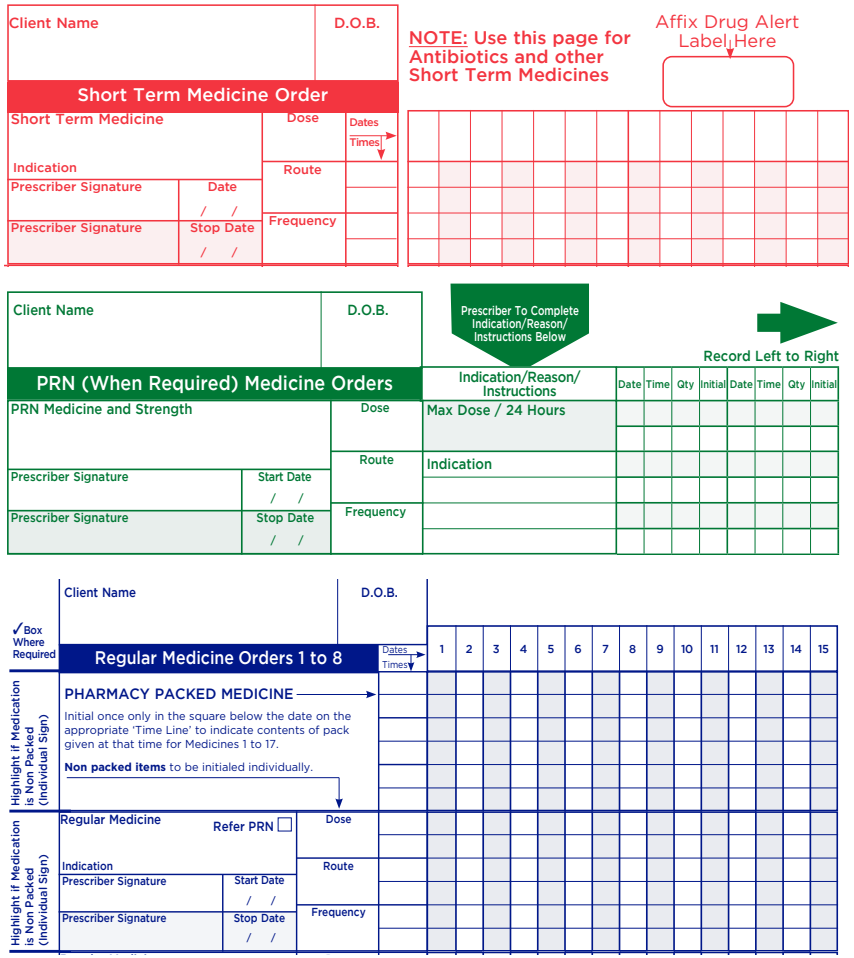
MEDICATION ORDERS



It is imperative that staff ensure medicine is swallowed prior to signing the Admin record.

The signature on the Admin record indicates the client has taken the medicine.

Staff must record any refusal to take medicines on the chart, and in the Progress Notes using the Dose Omitted Codes shown on the back of the drug chart. It is recommended that Dose Omitted Codes are written in RED pen.

The prescriber should also be notified of any refusal to take any medications.

Any discrepancies or incidents related to medicines should be recorded on a medication Incident Report and forwarded to the appropriately delegated person in the organisation.

No medicine should be administered if Medication Chart has expired (this drug chart has a duration length of SIX months from chart start date).

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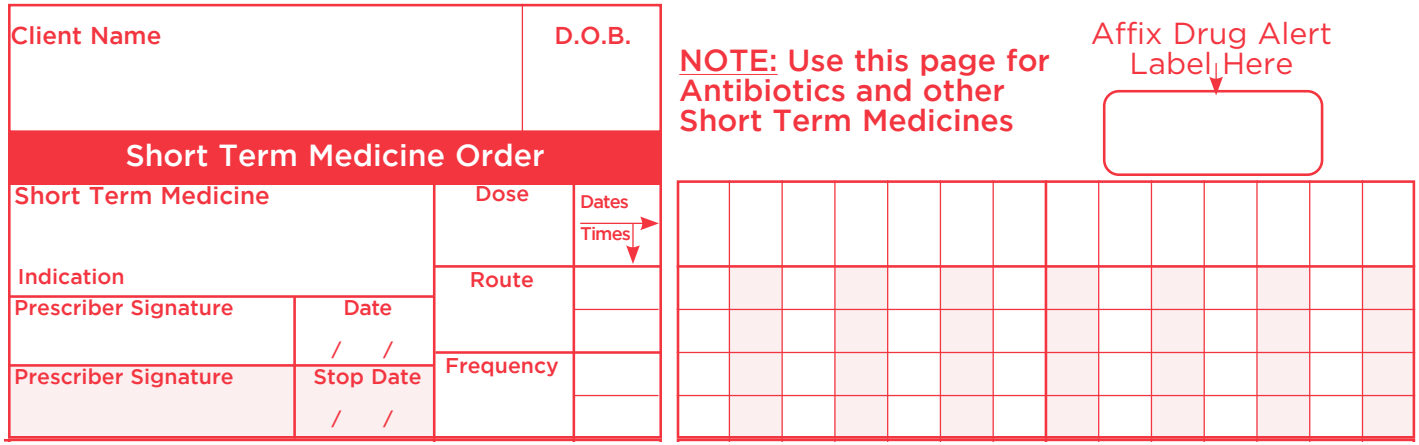
SHORT TERM/ANTIBIOTIC PAGE

Prescriber to write reason for the antibiotic next to the indication



Short Term Medicine Order chart is frequently misused by having regular drug orders written up. It is important during the implementation period to draw the Prescriber's attention to this. Also note there is now an indication section- recommended to be completed by best practice.

Short Term medicine order chart has same layout as regular medicine drug orders, however only **TWO weeks** of recording per drug order.

Supporting products:

- Auxiliary short term pages and quick clip
- Antibiotic bookmark prompts
- Clinical Review Needed bookmark prompts
- Ceased Stamp
- Ceased Labels
- Medicine Incident Report

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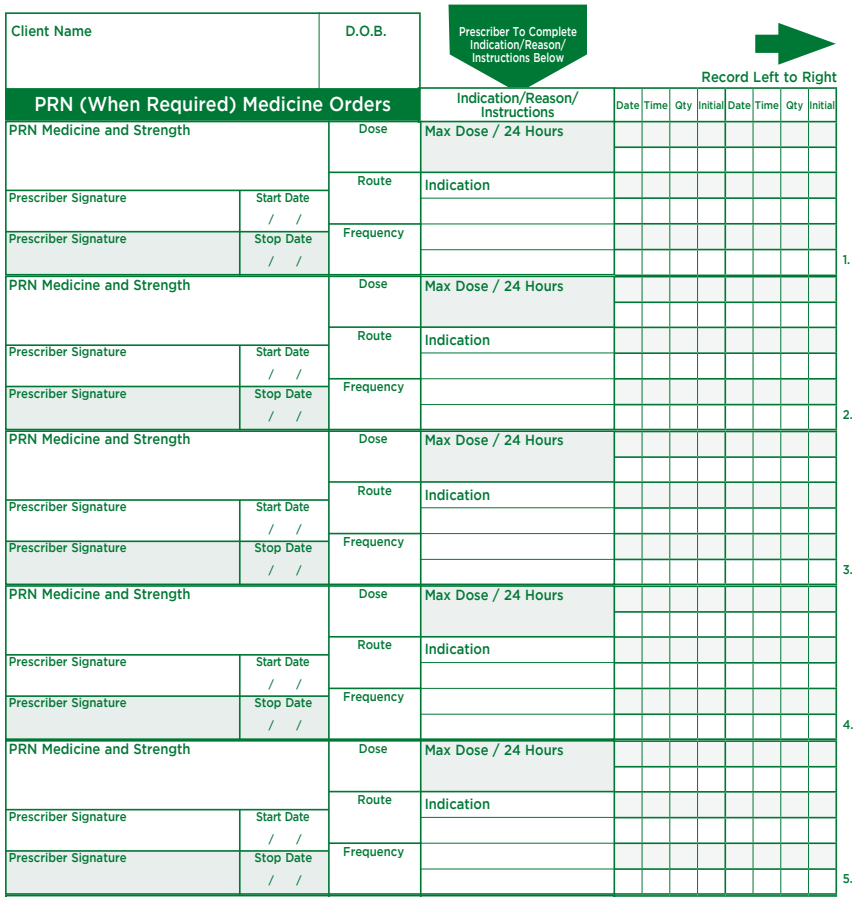
PRN ORDERS



Client Name	D.O.B.	Prescriber To Complete Indication/Reason/ Instructions Below → Record Left to Right								
PRN (When Required) Medicine Orders		Indication/Reason/ Instructions	Date	Time	Qty	Initial	Date	Time	Qty	Initial
PRN Medicine and Strength	Dose	Max Dose / 24 Hours								
Prescriber Signature / Start Date / /	Route	Indication								
Prescriber Signature / Stop Date / /	Frequency									
										1.
PRN Medicine and Strength	Dose	Max Dose / 24 Hours								
Prescriber Signature / Start Date / /	Route	Indication								
Prescriber Signature / Stop Date / /	Frequency									
										2.
PRN Medicine and Strength	Dose	Max Dose / 24 Hours								
Prescriber Signature / Start Date / /	Route	Indication								
Prescriber Signature / Stop Date / /	Frequency									
										3.
PRN Medicine and Strength	Dose	Max Dose / 24 Hours								
Prescriber Signature / Start Date / /	Route	Indication								
Prescriber Signature / Stop Date / /	Frequency									
										4.
PRN Medicine and Strength	Dose	Max Dose / 24 Hours								
Prescriber Signature / Start Date / /	Route	Indication								
Prescriber Signature / Stop Date / /	Frequency									
										5.

It is important that the date, time, quantity and initial is completed each time a PRN medicine is administered.

Outcome of PRN medicine administration should be recorded

It is suggested the guidelines be established within each organisation for the conversion of PRN to regular drug orders once a certain usage has been recorded.

Supporting Products:

- Progress Notes Labels- PPN01
- Medicine Incident Report

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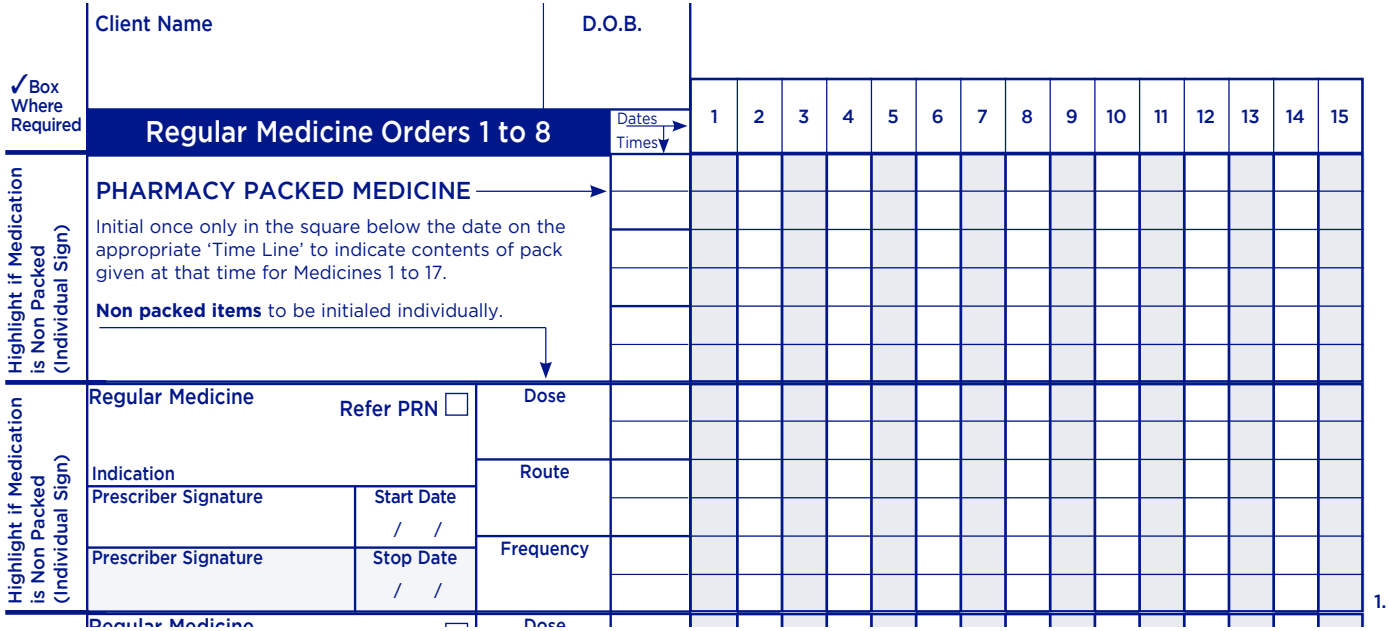
REGULAR MEDICINE ORDERS



The Seven R's

- Right Resident
- Right Medicine
- Right Dose
- Right Time
- Right Route
- Right Documentation
- Right to Refuse

- 17 regular drug orders
- Dates are printed on the chart
- Fill in month selection
- 6 month annotation- each short page represents one month

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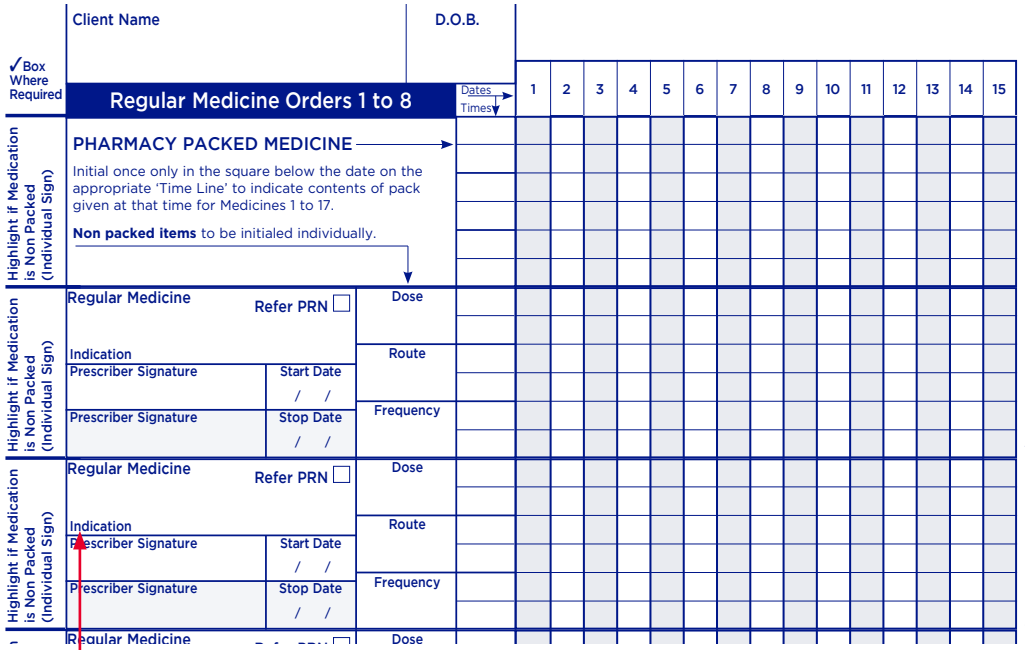
REGULAR MEDICINE ORDERS



Option to record indication

Highlight if Medication is Non Packed (Individual Sign)

The CDC01 Chart is designed for single and multi-dose (pharmacy packed) signing capabilities.

To achieve this:

- Pharmacy packed medications can be signed for once only against the designated time and date line throughout the chart.
- Single unit dose medications if required, can be signed for individually against the corresponding medication order, next to its designated time and date.
- This also applies to non-packed medications. Non-packed medications must be signed for individually against the corresponding medication order, next to its designated time and date.
- In the case of a regular medicines order and a PRN order for the same medicine, highlight and/or tick the box provided to prevent duplicating dose.
- Medicines must be signed for immediately after being given.
- Prescriber to rewrite medication order if it is not clear.

There are fields next to each medication order to highlight if medicine is non-packed.

Supporting Products:

- Urgent re-write Bookmark
- Ceased stamp/Labels
- Medicine Incident Report

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REGULAR MEDICINE ORDERS

Indication and Special Instructions: (Prescriber to complete)
Indication and Special Instructions: (Prescriber to complete)
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Indications and Special Instructions can be completed by the prescriber to include any further information regarding the charted medication order for the client.

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Dose Frequency or Timing

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

Route of Administration

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

Dose Omitted Codes To be Written in Red

Patient / Resident / Client		Medicines	
Absent	A	Adjusted Administration	A/T
Fasting	F	Contraindicated	C
Hospital	H	Not Available (Obtain supply or notify prescriber)	N
On Leave	L	Not Required	N/R
Sleeping	S	Omitted	O
Self Administering	S/A	Refused (Notify Prescriber)	R
Vomiting	V	Withheld (Enter reason in clinical record)	W
		Withheld pending results	W/R

The Seven R's

1. Right Client
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation
7. Right to Refuse

Incident report required if any of the Seven R's not followed

Please also refer to your Organisations "Rights of Medicine Administration"

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

Units of Measure and Concentration

g	gram(s)
international unit(s)	International unit(s)
unit(s)	unit(s)
L	litre(s)
mg	milligram(s)
mL	millilitre(s)
microgram, microg	microgram(s)
%	percentage
mmol	millimole

Dose Forms

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

Need for conformity on all abbreviations/admin codes etc.
24 hour clock