

Good Practice Guidance for Care Homes

When Required or Variable Dose Medication

This form is to be completed to provide information to guide and support decisions to administer medicines prescribed to be taken “when required” or as a variable dose.

A separate form should be completed for each relevant medicine and a copy of each held with the Medicine Administration Record (MAR) chart for easy reference.

Name of resident	DOB						
Medication	Form (e.g. tablet, capsule, liquid, etc)						
Strength	Route Of Administration						
Reasons for Administration: Include what the drug is prescribed for & how to judge when the medication should be given – describe relevant features of the condition being treated in as much detail as possible to help with administration decisions e.g.. symptoms, signs and indicators, related behaviour(s), triggers and circumstances,							
How does the resident express or indicate need for this medication? Verbal or Non-Verbal? Provide details to support & guide administration decisions - include usual behaviour / other indications that medication is needed							
Is resident able to self-administer this medication? Yes No							
Dosage Criteria (if dose on label says “1 or 2”, define when to give 1 tablet and when to give 2 tablets) e.g. Give 1 tablet if.....Give 2 tablets if.....							
How & when the dose can be repeated (e.g. for “Paracetamol 500mg tablets, take 2 tablets every four to six hours when required for back pain.” Administer 2 tablets at onset of symptoms, if still has back pain then can repeat dose after interval of FOUR hours).							
Maximum number of doses in 24 hours							
Any further information required e.g. after food							
GP needs feedback regarding administration Yes (give details of how /when) No							
Circumstances for reporting to GP (tick Δ as appropriate) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Persistent need for upper level of dosage</td> <td><input type="checkbox"/> Never requesting dosage</td> </tr> <tr> <td><input type="checkbox"/> Requesting too often</td> <td><input type="checkbox"/> Side effects experienced</td> </tr> <tr> <td><input type="checkbox"/> Other (please state)</td> <td><input type="checkbox"/> Agreed with GP (see above)</td> </tr> </table>		<input type="checkbox"/> Persistent need for upper level of dosage	<input type="checkbox"/> Never requesting dosage	<input type="checkbox"/> Requesting too often	<input type="checkbox"/> Side effects experienced	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Agreed with GP (see above)
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Ensure the medication is always administered for the reason it was prescribed. If unsure do not administer until you have sought further advice. Always read the label on the medicine and the MAR chart. Always check when the last dose of this medicine was given. The MAR chart must clearly document the dose and the time it was given.							
Completed by:	Date:						
	Review Date						

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