**Good Practice Guidance for Care Homes**

**Medicine Reminder Chart**

Care home………………………………………………..

Name…..…………….……………………… Date of birth………………………. Chart number …. of ….

The medicines that you are prescribed and when you are to take them is listed below;

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and strength of Medication** | **Description of your medication** | **What is it for?** | **When to take your medication and how many to take** | | | | **Special instructions** |
|  |  |  | **Morning**  *time……* | **Afternoon**    *time……* | **Evening**    *time……* | **Night**    *time…* |  |
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You may also be prescribed medicines to be taken “as required” these are described on the next page

Prepared by……………………………………………………….(print name) Date…………………………………………..

**“As Required Medicines”**

**As well as your regular medications, you are also prescribed some medicines which you only need to take when you need them.**

**These are;**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and strength of Medication** | **Description of your medication** | **What will this medicine help to do?** *(relief of…)* | **How much can I take at once?** | **How often can I take it?** | **Is there a “no more than ….” To be taken each day?** *(give clear details)* | **Any other comments or instructions?** |
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