

# FORT LA BOSSE SCHOOL DIVISION

TITLE - **MEDICAL ASSISTANCE POLICY\***

POLICY - **JLCD-E6**

Approval Date - 13/04/98

Cross Reference -

Resolution # - 113/98

Implementation - 13/04/98

Legal Reference -

Last Reviewed - 21/08/07

## MEDICATION ADMINISTRATION RECORD and MONTHLY MONITORING

**Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_

| Medication, Dose and Route   |         |  |  |  |  |  | Monthly Number Supplied | Weekly Count                        | Comments |
|--|---------|--|--|--|--|--|-------------------------|-------------------------------------|----------|
| <b><u>Week #1 (example)</u></b><br>Diazepam 2mg, two tabs<br>(4mg) daily per g-tube<br>at 1130 | Date    |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
| <b><u>Week #2</u></b>  | Date    |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
| <b><u>Week #3</u></b>  | Date    |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
| <b><u>Week #4</u></b>  | Date    |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |
| <b><u>Week #5</u></b>  | Date    |  |  |  |  |  |                         |                                     |          |
|  | Initial |  |  |  |  |  |                         | Transfer to<br>next month<br>record |          |
|  | Initial |  |  |  |  |  |                         |                                     |          |

**Other Medication as Necessary**

|                                    |         |                |                       |  |  |  |  |  |                |  |
|------------------------------------|---------|----------------|-----------------------|--|--|--|--|--|----------------|--|
| Medication, Dose, Frequency, Route |         |                |                       |  |  |  |  |  |                |  |
|                                    | Date    |                |                       |  |  |  |  |  |                |  |
|                                    | Time    |                |                       |  |  |  |  |  |                |  |
|                                    | Initial |                |                       |  |  |  |  |  |                |  |
|                                    | Date    |                |                       |  |  |  |  |  |                |  |
|                                    | Time    |                |                       |  |  |  |  |  |                |  |
|                                    | Initial |                |                       |  |  |  |  |  |                |  |
| <b>Full Signature</b>              |         | <b>Initial</b> | <b>Full Signature</b> |  |  |  |  |  | <b>Initial</b> |  |
|                                    |         |                |                       |  |  |  |  |  |                |  |

