

# WBC Shared Lives Medication Administering Record

All service user information is detailed in their placement plan

**Shared Lives**, West Berkshire Council,  
Phoenix Resource centre, RG14 7EB  
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SU Name: ..... D.O.B. ..... Carer(s) Name: .....

GP Surgery: ..... Start Date (DD/MM/YY): ..... End Date: ..... Start Date: ..... End Date: .....

Please initial each box when you administer medication or enter the code if not | R = Refused M = Missed D = Discontinued A for Away V = Vomiting or Diarrhoea P = Returned to Pharmacist/Destroyed

|                   | Medication Name |      | Time | Dose | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |
|-------------------|-----------------|------|------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| Signed in and out |                 |      |      |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|                   |                 |      |      |      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
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|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
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|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
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|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
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|                   | In:             | Out: | In:  | Out: |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |

*R = Refused M = Missed D = Discontinued A for Away V = Vomiting or Diarrhoea P = Returned to Pharmacist/Destroyed*

Put Date, initials and any comments or actions in the notes below. Record all PRN medication on MAR chart above and reasons administered below.

Code: A = Awav, PRN- when required, R = Refused, M = Missed, D = Discontinued, V = Vomiting or Diarrhoea, P = Returned to Pharmacist/ Destroyed