

Medication Record for Monitored Dosage System (MDS)

Name:		Date of Birth:						Allergies:										Service:										Month:					
Give at:	No of tablets in MDS to be taken	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	
Morning																																	
Noon																																	
Teatime																																	
Bedtime																																	

Contents of MDS: 	Special Instructions: <p style="text-align: center;">Is all medication in MDS/Compliance Aid? YES / NO</p> <p style="text-align: center;">If there is extra medication record this on additional MAR sheet</p>	Start date:
		Date discontinued:
		Date returned to pharmacist/service user:
		Signature:
		Signature:

Dispenser/Pharmacist: 	GP: 	MDS/Compliance Aid Prepared by: Pharmacist <input type="checkbox"/> Family/Carer <input type="checkbox"/> Other <input type="checkbox"/>
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Codes/Reasons for non-administration:

A – Refused B – Nausea & Vomiting
 F – other (define) _____

C – Hospitalised
 G – see note overleaf

D – Social Leave
 P - Prompt

E – Refused & Destroyed

