

MEDICATION ADMINISTRATION ASSESSMENT RECORD FOR

ACTION	PASS	FAIL	COMMENTS
<i>Did the member of staff:</i>			
Identify the person by name and photograph			
Check date of birth where appropriate			
Check for allergies			
Check for person with same name (If so then DOB checking compulsory)			
(If to administer): Check drug has not been given			
Check time, route, strength, dose of drug and expiry date correct against container			
Place all drugs into appropriate receptacle			
Ensure plenty of water available			
Sign only when taken by person			
Follow policy for administration of all controlled drugs			
Ensure correct transportation and safekeeping of drugs at all times			
Follow Infection Control procedures during the assessment			
Maintain the person's dignity during the assessment			
(If the person is self-medicating): check review & arrange to carry out if due			
Order more stock if medication stock depleted			
Correctly report and record any medication discrepancies			

Assessor (Name) **Assessor (Signature)**

Staff Signature: **Date:**

Name of Service