Pamily Nu & Home Ca	irsing Jer are 💩	Sey Hos	pice Care ME	ANTICI DICATION	-				_	RD		SEY CARE	PR CA BO	MARY St	ates 🖉 Jersey	
SURNA	ME:							GP I	NAME							
FOREN	AMES: _			GR	Ar.			GP SL	JRGER		l no.					
ADDRE	SS: _		OR	<u>s</u> SO				PALLIAT KEY W	IVE CA /ORKEI	RE	l no.					
URN:	_		AD	DOB:				WEIGHT (Kg)								
			PLEASE CIR	CLE AS APPR	OPRIAT	E	DRUG / ALLERGEN (describe reaction)									
ALLER SENSIT		N D I SHC	IGNED: AME: ATE:	KNOWN ROL MPLETED P ANY MEDICII	E: RIOR TO											
			PRES	CRIPTIO	NS FO	RO	NCE C	ONLY	MED	DICA	ΓΙΟΝ	S				
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	UST IN	CAS		DETA						<b>^</b>	CHA	RT RE	-AUT	HORIS	ED	
			(please tick)	DETA	ILS OF S	F SUPPLEMENTARY CHARTS (please tick)					(every 3 months) PRESCRIBER SIGNATURE DATE					
	IN CASE YES 🗆 BOX NO.	N	( IN PLACE: D			IENTA	P ARY INFL )									
AS REC	QUIRE	DM	EDICINE	S												
DATE			E (Approved Na		DATE											
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PRESCRIBER				ient / USH	DOSE GIVEN BY											
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DOSE	RO	UTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE											
PRESCRIBER	SIGNATURE		INDICATION		ROUTE GIVEN BY											

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PATIENT'S NAME	DOB
AS REQUIRED MEDICINES	

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PATIENT'S I	TIENT'S NAME URN											
EO Family Nurs & Home Care	ing Jersey Hos		n Case (JIC) Bo Irity Tag Sheet	EEDEPATION	PRIMARY States of Jersey							
	0 -0		inty tag sheet									
	The tag should be broken and replaced:											
• Wł	nen medicat	tions are received i	nto or given from the JI	IC box								
DATE	TIME	SECURITY TAG IN PLACE AND INTACT? (Yes/No)*	IF BOX IS OPENED, STOCK OF ALL MEDICATIONS CORRECT? (Yes/No/Not applicable)*	TAG NUMBER	SIGNATURE(s)							

\* If it is suspected the tag has been tampered with or there is a stock discrepancy, contact your team leader <u>immediately</u> and investigate accordingly.

PATIEN	PATIENT'S NAME URN											
BCO Family Nurs & Home Care	Family Nursing Jersey Hospice Care											
& HOILIE CALK	your sare, your ch	noice, your time Secu	rity lag Sheet		<b>_</b> .							
The tag sh	The tag should be broken and replaced:											
			contents are routinely o	hecked								
• Wł	nen medicat	tions are received i	nto or given from the J	C box								
DATE	TIME	SECURITY TAG IN PLACE AND INTACT? (Yes/No)*	IF BOX IS OPENED, STOCK OF ALL MEDICATIONS CORRECT? (Yes/No/Not applicable)*	TAG NUMBER	SIGNATURE(s)							
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	Just in Case (JIC) Box Family Nursing Home Care Medication Record Sheet										
Family Nursing & Home Care	Jersey Hospice your care, your choice, yo	Mec	lication F	Record S	Sheet 🤳	FEDERATION	of Jersey				
	MEDIC	ATION NAME		STRE	NGTH	DOSAGE F	ORMULATION				
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)				

# Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

PATIEN	IT'S NAME	••••••		DOB		URN	I	
BOD Care	Jersey Hospice your care, your choice, yo		ust in Cas lication <b>F</b>			JERSEY CARE FEDERATION	CARE States States of Jersey	
	MEDIC			STRE	NGTH	DOSAGE FORMULATION		
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)	

DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

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BOD Family Nursing	Just in Case (JIC) Box Family Nursing Kerner Care ger ware ger										
& Home Care	your care, your caece, yo	ATION NAME			heet •						
			-	JINE							
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)				

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DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

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BOD Family Nursing	Tempily Numain d								
& Home Care	Medication Record Sheet       Medication Record Sheet         MEDICATION NAME       STRENGTH       DOSAGE FORMULATION								
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DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)		

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DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

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DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)	

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DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE

PATIEN	IT'S NAME			DOB		URN	۱		
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	MEDICATION NAME				NGTH	DOSAGE FORMULATION			
DATE	TIME	NO. OF DOSE UNITS RECEIVED	NO. OF DOSE UNITS USED	BATCH NUMBER	EXPIRY DATE	STOCK BALANCE	SIGNATURE(s)		

DATE	TIME	NO. OF DOSE UNITS	SIGNATURE	SIGNATURE

DATE	TIME	NO. OF DOSE UNITS TO BE DESTROYED	BATCH NUMBER	EXPIRY DATE	SIGNATURE	SIGNATURE