TransitionalCareServices
The Bridge to Better Care

Medication Consumption Report

CR Name: ____

Fill in at the beginning and set up your schedule. After visually seeing the medication ingested check it off in the far left column.

✓	Date	Time	Medication	Amount

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800 395-2065
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✓	Date	Time	Medication	Amount

Date	Medication	Total Amount

Notes:

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INSTRUCTIONS:

- CR = Care Recipient, CG = Caregiver
- There should be at least one line in the report for every day.
- Only nurses administer medications. Caregivers monitor medication consumption and remind CRs when it is time to take medications.
- Medication: provide the name of the medication.
- Amount: indicate the dosage to be taken.
- Notes: If the CR has any difficulty taking a medication, indicate that here.
- Caregiver: The CGs name goes here.
- ✓: Check this column when the medication has been consumed.
- This report should remain posted in the kitchen or wherever medication is usually consumed.
- Keep a file for these reports and save them. The doctor, Case Manager or Care Agent may request to see this report at any time.

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