

Resource examples

Gloucestershire – Medication Form

TOP TIPS

Name: xxxxx

DOB:

MEDICATION INFORMATION

If xxxxx is having a seizure she will go very quiet – her eyes will be wide open, her pupils dilated; she starts to shake and goes very stiff. This will last 30-40 seconds – she will then generally go to sleep.

7.5mg Buccal Midazolam should be administered for seizure episodes lasting more than 5 minutes in duration or if there are more than 3 brief seizure episodes within 1 hour, or more than 5 in a 2-hour duration.

Physical Description & Health

- xxxxx has Rett Syndrome and is on the autistic spectrum
- xxxxx is on medication to control her seizures – Keppra (administered at home) and emergency medication Buccal Midazolam – NB: since using Keppra in December 2010, xxxxx has had no seizure clusters (as of 6 June 20XX)
- xxxxx can lack co-ordination

Personal, Social & Emotional

- xxxxx wears pads – when soiled lay her down to change
- NB: xxxxx will smear and is very quick, so adults need to be aware!
- xxxxx can be over-friendly
- When out walking hold her hand – she likes dogs (if dog owner allows OK to stroke the dog)
- Needs close supervision during meal times – she will overeat and take other people's food from their plates

Communication & Language

- xxxxx uses MAC switches at school
- xxxxx will eye-point
- Staff at school are using Makaton with her – as yet she has not responded but Dad happy for us to use Makaton
- Uses objects of reference, i.e. nappy for toilet time

Likes

- Dancing
- Sand (but will eat)
- Jingle ring
- Books to touch and feel
- Listening and dancing to music and nursery rhymes
- TV
- Slapstick actions and noises
- Interaction with staff
- Farm animal noises
- Water
- Outside play/garden
- Sensory Room
- Glueing

Dislikes

- Painting
- Roundabouts

July 20XX

Gloucestershire – record of the administration of medication

MH6a

Recording Chart for All Medication Administered

Child's Name

Date of Birth

Any Known Allergies/Sensitivities.....

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(Use in conjunction with child/young person's individual care plan)

Note:

Check!! Right child, Right drug, Right dose, Right time and Right Route - **BEFORE** administering **ANY** medication.

Child/young Person's Name D.O.B.

Generic Medication Name, Type, Strength and Dose to be given as prescribed	Date & Time	Sign	Date & Time	Sign	Date & Time	Sign
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VIA	Instructions:					

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