MEDICATION LOG
Review Checklist for Caregivers

Purpose: Use this checklist to ensure Medication Logs are documented correctly in accordance with Residential Child Care Licensing Minimum Standards, Residential Child Care Contracts, and Child Protective Services Policy.

This checklist may be used to assist caregivers on how to correctly document medication administration and errors.

Medication Documentation (See Minimum Standards 749.1541, 749.1543)

- ☐ Are all sections of medication log completed entirely and correctly with no blanks? (May use "N/A" or "None" if something does not apply to the child)
- ☐ Reason medication was prescribed or administered documented?
    - ☐ Does it match child's prescription bottle, medication documentation from physician, etc.? If not, please contact health-provider immediately for clarification.
    - ☐ If over-the-counter medication/PRN Psychotropic medication are additional symptoms documented?
- ☐ Medication name, strength, and dosage, correct? (Best practice: request copy of medication prescription received at pharmacy and attach to med log)
    - ☐ Does it match what is on child's prescription bottle medication, documentation from physician, etc.?
- ☐ Date (day, month, and year) and the time the medication was administered?
    - ☐ Days in the month are correctly documented?
- ☐ Name and signature of person who administered medication
- ☐ Did child refuse to accept medication?
    - ☐ If yes, then was it reported and documented correctly?
- ☐ Was medication administered to child correctly each day? (i.e., in the morning, twice daily, at bedtime)

Medication Error Documentation (See Minimum Standards 749.1561 & 749.1563)

- ☐ Were there any medication errors? **If yes, then what type of medication error?**
    - ☐ 1. Did child receive wrong medication?
    - ☐ 2. Did child receive medication prescribed to someone else?
    - ☐ 3. Did child receive the wrong dosage of medication?
    - ☐ 4. Did child receive medication at wrong time?
    - ☐ 5. Medication dose skipped or missed?
    - ☐ 6. Did child receive expired medication?
    - ☐ 7. Was medication administration not followed? (i.e., such as giving child medication on empty stomach when the medication should be given with food)
    - ☐ 8. Was medication not stored as required to maintain effectiveness and then given to child such as refrigeration or not refrigeration?

    If medication error was selected, did you:
    - ☐ Contact Health-care professional immediately (except for error type #4 and #5)
    - ☐ Was medication error documented?
        - ☐ Time and date of error
        - ☐ Medication error
        - ☐ Time and date of the call to licensed health-care professional, if applicable
        - ☐ Name and title of health-care professional contacted, if applicable
        - ☐ Health-care professional's medical recommendation for ensuring child's safety.

Prescription Medication Log

Medication Name / Generic Name	Reason for Administration of Medication
Orders (Dosage information)	
Date of Prescription	**Strength**

Resident Name		Month	Year
Sex	**DOB**		**DOA**
Allergies			
Physician Name		**Phone Number**	

Administered By Initials of FP/Caregiver	date	time	am/pm	dosage given	Administered By Initials of FP/Caregiver	date	time	am/pm	dosage given

Administered By Initials of FP/Caregiver	date	time	am/pm	dosage given	Administered By Initials of FP/Caregiver	date	time	am/pm	dosage given

*FOSTER PARENTS/BCFS STAFF: *Please complete the following section.* **It cannot be left blank.** *Briefly note any positive and/or negative changes in* <u>child's</u> *behavior in response to this medication. If child Is maintaining or there are no noticeable changes, please indicate that with an appropriate statement below.*

_____

During this month, I have noted the following changes in child's behavior in response to this medication:

_____
_____
_____
_____

Medication Refusals, Errors or Missed Medications

Date	Time	am/pm	Refused	Missed	Error	Reason	Initials of Caregiver

_____ _____ _____
PRINTED NAME   SIGNATURE   INITALS

_____ _____ _____
PRINTED NAME   SIGNATURE   INITALS

_____ _____ _____
PRINTED NAME   SIGNATURE   INITALS

_____ _____ _____
PRINTED NAME   SIGNATURE   INITALS