

IN-HOME PALLIATIVE JUST IN CASE (JIC) MEDICATION LOG

Instructions for Nurse / Physician / Nurse Practitioner (NP) / Paramedic: Please document each medication taken from the Palliative Just in Case Symptom Management Kit (SMK). Please keep this log in the JIC SMK bag. Physician/NP/Paramedic: If kit accessed please leave message with home health nurse - numbers on side of fridge.

Reference: http://insidenet.interiorhealth.ca/infoResources/policies/Documents/Controlled%20Substances.pdf

Patient Name (last)	
(first)	
DOB (dd/mm/yyyy)	
PHN	MRN
Account/Visit#	

Comments

Date (dd/mm/yyyy)	Time	Drug	# of vials/ tabs in kit	Route	Amount administered	Amount wasted	# of vials / tabs remaining in kit	e.g. # prefilled syringes left for family	Health Care Provider Signature & Designation
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(dd/mm/yyyy)	Time	Drug	tabs in kit	Route	administered	wasted	remaining in kit	left for family	Signature & Designation