**Record of any changes to medication, e.g. following an MDT [adapt for local use]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of resident** |  | **Date of birth** |  | **Name of Care Home** |  |
| **GP practice** |  |
| **Medical history** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Description of change** | **Reason** | **Can change wait until next cycle to minimise waste?** | **Action required and who is responsible** | **Monitoring needed by Care Staff** | **Follow up / Review date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Blood investigations** |  | **End of life planning** |  |
| **Crisis planning** |  | **Hospital avoidance plan** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signed GP/Prescriber** |  | **Print name** |  | **Date** |  | **Prescriber contact number:** |  |
| **Signed for Care Home** |  | **Print name** |  | **Date** |  |  |  |