

RE-USE OF MEDICINES LOGS: SECTION 1 - Log to store medicines for reuse (one page per medicine)

Medicine name (eg. "morphine sulfate")	Medicine strength (eg. "10mg/mL")	Medicine formulation (eg. "1mL amps for injection")

Date	Received from (residents name)	Consent documented (Y or N)	The medicine no longer needed by this resident & anticipated no suitable alternative (Y/N)	Is the medicine in an unopened pack or complete blister pack (Y/N)	The medicine has been stored in line with the manufacturer recommendations (Y/N)	The medicine has been prescribed by a registered prescriber (Y/N)	Is the medicine in date (expiry date)	Batch number	Medicine quarantined for 3 or 7 days as needed (Y/N)	Quantity	Checked by HCP Role and name	Checked remotely (R) or on site (S)	Completed by CH staff name and role
Example: 2/5/20	Alice Bloggs	Y	Y	Y	Y	Y	Y 9/21	3F5566	Y	20 amps	Bethan Warner pharmacist	R	Sophie Bhandary nurse

RE-USE OF MEDICINES LOGS: SECTION 2 - Log of medicines re-used for individual residents

Medicine name (eg. "morphine sulfate")	Medicine strength (eg. "10mg/mL")	Medicine formulation (eg. "1mL amps for injection")

Date	Name of resident receiving re-used medicine	Resident consent to receive re-used medicines documented	Reason for re-use (both need to apply)		Medicine originally prescribed to (residents full name)	Quantity taken from stocks	Full name (PRINT) job title and signature of care home staff administering medicine	Full name (PRINT) job title and signature of 2 nd check undertaken for accuracy (must be medicines trained)
			No supply for the person AND immediate need?	Suitable alternative not available				
<i>Example: 1/4/2020</i>	<i>Jane Doe</i>	<i>Yes</i>	<i>Yes</i>	<i>No alternative available</i>	<i>Alice Bloggs</i>	<i>2 tablets</i>	<i>Ann Jones Registered nurse Anne Jones</i>	<i>Janet Smith Senior Carer Janet Smith</i>