

Keep medication log in locked kit

Patient name: \_\_\_\_\_

PHN: \_\_\_\_\_ DOB: \_\_\_\_\_ City: \_\_\_\_\_ Kit#: \_\_\_\_\_ Date started: \_\_\_\_\_

**Primary care/community nurses and physician:**

1. All medications used/removed from the kit must be recorded below.
2. Do NOT give the lock combination to family members or caregivers. Kits are only accessed by physicians and Northern Health nurses who are trained in the use of the kit.
3. Count all medications (in red ink) at first visit and then narcotics / benzodiazepines at each visit (minimum weekly) thereafter.
4. All persons making an entry on this record must complete the master signature list below.
5. All entries must be a full signature (first initial and last name). Initials alone cannot be used

**Master signature list**

Print name	Signature	Print name	Signature	Print name	Signature

Date completed: \_\_\_\_\_

**Pharmacy use only**

**Pharmacy audit completed**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Complete and ready for storage**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



