

Keep medication log in locked kit.

Patient name: _____

PHN: _____ DOB: _____ City: _____ Kit#: _____ Date started: _____

Community nurses and physician:

1. All medications used/removed from the kit **must** be recorded below. Do **not** record patient's own personal medications on this sheet.
2. Do **NOT** give the lock combination to family members or caregivers. Kits are only accessed by physicians and Northern Health home care 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.

Community nurses and physician 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: _____



