**<INSERT SERVICE USER NAME> MEDICATION CARE PLAN EXAMPLE**

|  |  |
| --- | --- |
| **Name:** Edna Rogers | **Date care plan developed:**1st August 2022 |
| **Registered Manager:** Charlotte Mitchell |
| **Responsible person(s):** June Bridger |
| **Date**  | **Assessed need** | **Outcome**  | **To be achieved by:** |
| 01.08.22 | 1. Mrs Rogers is unable to remember to take her medication or manipulate medication pots and packets and needs help to take her cancer medication once a day and pain relief four times a day.
 | * Remind and assist Mrs Rogers to take her medication Mrs Rogers as outlined on the Medication Administration Record (MAR).
 | Ongoing |
| 1. Mrs Rogers sometimes feels sick after food, so needs help to take her anti-emetic medication after food as and when required.
 | * Administer Mrs Rogers anti-emetic medication as and when she says she feels sick.
 | Ongoing |
| **Registered Manager Signature:** Charlotte Mitchell**Review Date:** 01/09/25 |