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

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| **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 | | | | |