#### **CARE LOG - contact details**

Date and time this log w	as completed:	/ /	:	
	<u>Name</u>	<u>Email</u>	Telephone numbers	<u>Address</u>
Cared-for person:				
Parent 1:				
Parent 2:				
GP surgery:				
Pharmacy				

### **CARE LOG - daily record**

Persona Ass stants and Casua Workers should a ways make an entry into this record during and/or before the end of their shift.

Entries should relate to the children's condition, state of health, any incidents or events of importance, and record elements of careigned yen during the shift.

Confident a ty should a ways be considered when writing statements.

P ease read the care p an and s gn to show you understand the r hea th and care needs.

Any m stakes or erors must not be de eted but instead struck through with a comment added to explain. This is a legal document and can be used in an investigation.

Date	Start	Finish	Comments	Name	Sign

Image: contract of the contract			
Company			

Image: contract of the contract			
Company			

Image: contract of the contract			
Company			

## **CARE LOG - medication list**

Prescribed Medicine	Dose	Frequency	Additional Information

### **CARE LOG - Medication Administration Record**

																		Date	of m	onth													
Prescribed Medicine	Dose	Time Administered	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10tl	:h 11	Lth 12t	h 13t	h 14	th 1	5th	16th	17th	18th	19th	20th	21st	22nd 23	rd 241	:h 25t	h 26	:h 27t	h 28	3th 2	9th	30th 31st
																																+	
																																$\top$	
																																$\top$	

# **CARE LOG - Medication Administration Record**

Medicine	Dose	Date Administered	Time Administered	Signature

## **CARE LOG - Enteral Feeding Record**

Tota Mov co	over 24 hrs:		

F ush w th water after med cat ons or Mov co adm n stered (un ess mmed ate y fo ow ng w th water top-up)

Date	Time	Volume in ml	Water or Movical	Ph result	Comments	Signature

T		T .	T	

T		T .	T	

T		T .	T	

#### CARE LOG - DAILY EQUIPMENT CHECKS - Complete at the start of each shift

Please check box to indicate that check has been conducted an equipment is in working order

Please check box to confirm that the handover sheet has been read

Date	Time	Service Date Checked	Oxygen	Suction Pump	Backup Suction Pump	Emergency Tracheostomy Box	Feeding Pump	Handover	Comments	Signature