In-Home Medication Tracker

(Common Tracking Tool for Family, Caregiver, Technician & Nurses to Track Medications Given to Patient)

Patient Name _____ **HCN** _____ **VC** _____ **DOB** _____

Address _____ **City** _____ **Province** _____ **Postal Code** _____

Medication Name and Strength	**Reason for Medication**	**Route** G = G-Tube IV = Intravenously IM = Intramuscularly PO = Orally pr = Rectally SUBCUT = Subcutaneously
Regular Dose and Frequency	**PRN (as needed) Dose and Frequency**	
Other Instructions:		

Date	Time	Dose	Regular or PRN	Route Given	Given By (Signature)	Syringes Prepared by	Syringes Wasted	Syringe Count / Initials	Caregiver Initials
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						
			☐Regular ☐PRN						

Notes and Instructions for Use:

Medication tracker form is used to communicate medication management with patient, family and members of care team. Use of this form does not replace formal medical administration documentation that is required in the patient's record.

1. Use one sheet per medication. A new sheet must be started when any changes in medication dosage and/or frequency are made
2. To be used as a comprehensive documentation tool in the home by all individuals administering medication to the patient (nurse, technician, caregiver)
3. To remain in the patients home
4. Syringe count to be validated with caregiver when able (during visit, beginning of shift and end of shift)