MEDICATION HANDOVER (PART A)

| Date | Time | Name/Signature of Existing Key Holder | Name/Signature of Receiving Key Holder | Room Temperature* | | Fridge | Audit Completed | Checked by |
|------|------|--|---|-------------------|------------------------|--------------|-----------------|------------|
| | | | | Reading | Max since last reading | Temperature* | Ву | Manager |
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| | | signated person DAILV | | | | | | |

^{*} To be completed by designated person - <u>DAILY</u>

MEDICATION HANDOVER (PART B)

| TEMPERATURES | | | | | | | | |
|--------------|------|------------------------------------|-------------------|--------------------|---------------------------------|-----------------------|--|--|
| Date | Time | Name of Person Completing Check | Nature of Problem | Action to be Taken | Manager Notified Date and Time | Checked by Manager | | |
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| MEDICATION ANOMALIES | | | | | | | | |
|----------------------|------|-------------------------------|------------------------|--------------------|--------------------------------------|---------------------------|-----------------------|--|
| Date | Time | Name of Designated Persons | Description of Anomaly | Action to be Taken | Manager Notified Date and Time | MDS Notified Yes/No | Checked by Manager | |
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