Medication Verification for medicine undertaken with Registered Nurses (RN) who are non NMC mentor

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| --- |
| Medication  |
| **Action** |  |
| **Effect / Indication** |  |
| **Route** |  |
| **Dose** |  |
| **Common Side effects**(Please relate this to a patient/service user you are caring for /involved with) |  |
| **Cautions**(Please relate this to a patient/service user you are caring for /involved with) |  |
| **Drug Calculation****(you must show workings out)** |  |

I verify that the calculation is correct yes /no

The medication was (please tick relevant box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Given by student  |  | Self administered |  | Given by other e.g. mentor/Carer  |  |

RN signature …………………………………. Date ……………………….

Location …………………………………… email ………………………………..

(students; please upload this to the appropriate Medication standards rosette e.g. S1 Medicines standard, S2 Medicines standards, S2 Medicines standards)