

**STAFF WEEKLY MEDICATION CHECK**

**Month and Year:** \_\_\_\_\_

**Week:** \_\_\_\_\_

**Residential Home** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM							
12 Noon							
4PM							
6PM							
8PM							
11PM							

**Signatures:** \_\_\_\_\_

1. Two Staff will check and sign when possible
2. Check the med pages for signatures that med has been given
3. Check all blister packs to ensure that the medication has been given on the correct day and time.
4. Staff checking medications should sign under the day and time chart.
5. Send this sheet in weekly.