Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, prénom : [_____]

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

MEDICATION LOG
AT-HOME PALLIATIVE CARE CLIENTELE

Decision-making tool: use of medication based on objective signs and symptoms						
PAIN[1]					LEVEL OF CONSCIOUSNESS[2]	BREATHING[3]
Face	**Tears**	**Moaning**	**Limbs**	**Movements**	Agitation, anxiety, insomnia	Rapid, laboured / Wheezing, noisy breathing
Tense, grimacing	Present	Present	Rigid, spasms	Restless		

For each medication listed, make an X in the box that corresponds to the administration time.

For	**Date** yyyy/mm/dd	**Times** 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• **Pain[1]** • **Shortness of breath[3]** • **Cough[3]** • **Rapid breathing[3]** **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									

For	**Date** yyyy/mm/dd	**Times** 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• **Anxiety[2]** **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									

Nom, prénom : [ ] #Dossier : [ ]

For	Date yyyy/mm/dd	Times 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• **Agitation**[2] **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									

For	Date yyyy/mm/dd	Times 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• **Pulmonary secretions**[3] • **Wheezing**[3] **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									

For	Date yyyy/mm/dd	Times 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• _____ • _____ **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									

For	Date yyyy/mm/dd	Times 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
• _____ • _____ **Name of medication**: _____ Every _____ ☐ As needed ☐ Regularly																									