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

MOCLI60080A

Dossier : _____

Nom, Prénom : _____

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

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

POSTPARTUM SELF-MEDICATION COMMITMENT - ADMINISTRATION RECORD

Eligibility

☐ Upon completion of the assessment, this patient is considered eligible for the self-medication procedure.

_____ Date : _____
Nurse's signature yyyy/mm/dd

Explanations about the self-medication procedure

- The postpartum self-medication procedure involves you administering your own medication which is found in the kit (bag) that was given to you. This allows you to manage your medication based on your needs. Self-medication is perfectly safe provided it is done according to the instructions.
- The nursing staff gave you explanations and a form (on reverse) for keeping track of your doses. This form contains instructions on how many doses (number of tablets) to take and how often (number of hours) to take them.
- You were also given a medication information sheet with the instructions for use of each medication. This includes a description of the medication, its administration route, and its main side effects.
- The nursing staff is available at all times to help you and to answer your questions.

Commitment

I, the undersigned, _____ understand the explanations given by
User

the nursing staff and I agree to respect the following conditions :

- Take my medication as part of the self-medication procedure.
- Comply with the doses and frequencies indicated.
- Comply with the following safety measures: safely store all medications given to me and keep them out of reach of children and visitors.
- Not to give my medication to anyone else.
- Not to take any medication other than that given to me by the hospital staff.
- Consult the nursing staff at any time if I have questions.

_____ Date : _____
Signature of user yyyy/mm/dd

_____ Date : _____
Signature of nurse who gave the kit and provided explanations yyyy/mm/dd

Nom : Prénom : #Dossier :

Medication administration record (MAR)

Allergy(ies) : _____

Nursing staff: Write down allergies. Check the boxes that correspond to the medication in the kit and cross out, where applicable, the medications not given (e.g., no hemorrhoids). Write your initials in the space corresponding to your work shift and sign at the bottom.

User : When you take a medication, enter the time in the box opposite the medication taken.

MEDICATIONS	yyyy	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd
☐ Acetaminophen 500 mg (white tablet) • 1-2 tablets every 6 hours, if pain • Max. : 8 tablets per day		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
☐ Naproxen 500 mg (yellow tablet) • 1 tablet twice a day, if pain • Max. : 2 tablets per day		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
☐ Hydrocortisone 0.5 % / zinc sulfate ointment • Apply to hemorrhoids twice a day and after each bowel movement • Max. : 4 times per day		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
☐ Lidocaine 5 % ointment • Apply to perineum or hemorrhoids, if pain • Max. : 4 times per day		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm
☐ Polyethylene glycol (PEG 3350) 17 g • One single-dose powder packet per day as needed for constipation		hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm	hh:mm

VÉRIFICATION PAR L'INFIRMIÈRE OU L'INFIRMIÈRE AUXILIAIRE									
Espace réservé au personnel infirmier	Nuit								
	Jour								
Initiales	Soir								

Signature et titre	Initiales	Signature et titre	Initiales	Signature et titre	Initiales