



Caring Safely at Home
palliative care education for caregivers

Caregiver
Daily Medication Diary

To assist you in your caring role, this diary has been developed specifically for use to assist you (lay caregiver) with recording the medication(s) you administer each day to the person you are caring for. The medications may include tablets or subcutaneous injections. This diary has been evaluated highly by other lay caregivers and registered nurses as a useful tool to record and monitor daily medications. ¹

Source:

1. Healy, S., Israel, F., Charles, M., Reymond, L. *Supporting Carers of People Requiring Palliative Care at Home* Final Report. Australian Government Department of Health and Ageing. 2010
2. Christie, I.W., Hill, M.R. *Standardised Colour Coding for Syringe Drug Labels: A National Survey*. *Anaesthesia* 2002; 57(8): 793-798.
3. Wong, DL., Hockenberry-Eaton, M., Wilson, D., Winkelstein, ML., Schwartz, P. *Wong's Essentials of Pediatric Nursing*, 6/e, St. Lois, 2001, P.1301
4. Bauer, S., Durham, L., Griffin, K. *Karuna Symptom Scale*. 2008
5. Bruera, E., Kuehn, N., Miller, MJ., Selmser, P., Macmillan, K. *The Edmonton Symptom Assessment System (ESAS): a simple method of the assessment of palliative care patients*. *Journal of Palliative Care* 1991; 7:6-9
6. *National Recommendations for User-applied Labelling of Injectable Medications, Fluids and Lines*; Australian Commission on Safety and Quality in Health Care. NSW. 2010
7. *User-applied labels for use on syringes containing drugs used during anaesthesia (AS/NZS 4375:1996)*. Sydney: Standards Australian International Pty Ltd, 1996.

State of Queensland (Queensland Health) 2009. First print June 2011. Contact CIM@health.qld.gov.au.

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Contact Details

Name

Name of Nursing Service

Contact No.

Fax No.

Name of GP

Contact No.

Fax No.

Name of Palliative Care Medical Officer

Contact No.

Fax No.

Name of Pharmacy

Contact No.

Fax No.

Caregiver Diary Instructions

For each medication administered please complete the following:

Date and Time

Write the date and time in the far left column after each medication administration.

Medication

Medication
Maxolon
Morphine

Write the name of the medication each time you give it. It could be a tablet or an injection or both. If you have administered an injection, each syringe should be labelled with the name of the medication for easy identification.

Dose

Dose
10 mg
2 mg

Write the medication dose each time you give a tablet or injection.

Reason for Medication

Reason for Injection
<input type="checkbox"/> Pain
<input type="checkbox"/> Nausea
<input checked="" type="checkbox"/> Restlessness
<input type="checkbox"/> Breathlessness
<input type="checkbox"/> Other

Tick the box which best explains the reason you are giving the medication. On some occasions you may be required to give a number of tablets or injections or both e.g. one for pain and one for restlessness. If so record each on a separate line.

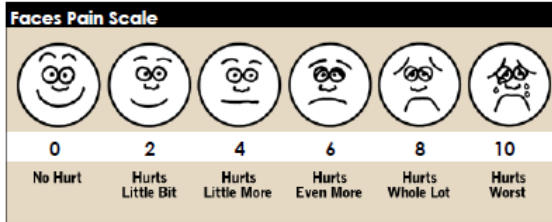
Pain/Symptom Score before giving medication

Pain/Symptom Score Before (0-10)
6

If possible ask the person how they would rate their pain/symptom on a scale of 0 – 10. 0 indicates no pain/symptom and 10 indicates worst possible pain/symptom. Record the number in the box. This will allow you to see later on if the medication has worked.

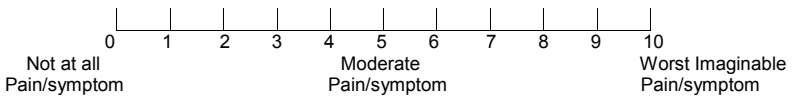
There are many tools available to help assess pain and symptom(s). Below are some examples of assessment tools. The health professional caring for your loved one may ask you to use a different tool to those shown below.

Scales to Assess Pain



Reference: Wong-Baker Pain Rating Scale

Pain/Symptom Assessment Scale



Pain/Symptom Score 20 minutes after giving medication

Pain/Symptom Score After (0-10)
1

Check in approximately 20 minutes to see if the medication you gave earlier has worked. Again if possible, ask the person to rate their pain/symptom on a scale from 0 – 10. 0 being no pain/symptom to 10 being worst pain/symptom. If it is not possible, check the person to see if they look settled and/or comfortable.

Remember: Everyone is different and for some, breakthrough medications can take between 15-30 minutes to work. Allow this time for the medication to work before checking and recording this section of the daily diary. If you are concerned contact your nurse or doctor for further advice.

Comments

Comments
<i>Jack settled after 20 minutes.</i>

In the comments box you are invited to make comments as a prompt or reminder about anything you think is significant.

Colour-Coded Legend for prepared syringes

This colour-coded legend has been provided to you as a reference to help to manage symptoms in the person you are caring for. Your nurse/doctor may use this colour-coded system when labelling pre-prepared syringes, which you may need to give later. The nurse will teach you how to do this, if it is required.

Medication Classification	Colour
Narcotics - Strong pain	Blue
Tranquillisers – Sedation, restlessness, anxiety	Orange
Anticholinergic Agents – Rattly breathing and/or moist secretions	Green
Major Tranquillisers – Sedation restlessness, anxiety or nausea	Salmon
Antiemetics - Nausea	Salmon
Induction Agents - Strong pain (nerve pain)	Yellow
All other classifications	White

Reference: *Adapted from Australian and New Zealand Standard – User-applied labels for use on syringes containing drugs used during anaesthesia 1996*

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**BRISBANE SOUTH
PALLIATIVE CARE COLLABORATIVE**



Queensland
Government

