Admin No: [ ][ ][ ][ ][ ][ ]

# PHARMACY RECORD (MODS)

START DATE:_____

Patient name and Address

Delivery ☐          Collection ☐

Monthly ☐          Weekly ☐

Supply type:  Nomad Clear™ ☐     Nomad Clear XL™ ☐      Venalink™ ☐      Usual ☐

Please record the time taken to dispense (Dispenser) and check (Pharmacist).

| Date | DISPENSER | | | PHARMACIST | | |
|---|---|---|---|---|---|---|
| | Start time | Finish time | Monthly/Weekly? | Start | Finish | Monthly/Weekly? |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please record the average time taken for activities involved with attaching OtCM™ films to packaging: ........................................................................................

Please record any comments regarding OtCM™ system below: ....................................................................................................................................
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................
....................................................................................................................................
...........

Please record any pharmacist-observed or patient-alleged near-misses

| Date | Time | Name of medicine | Type of Near Miss* | Additional comments |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

*D = Wrong drug; N = Wrong patient name; E = Out of date; P = Misread prescription; F = Wrong form; Q = Wrong quantity; L = Wrong label; S = Wrong strength; M = Missing item; X = Transposed labels

Please attach medication labels to the form, tick boxes to indicate whether medication is supplied in usual packaging or MOD (M) and, if in a MOD at what times it should be taken.

| Medication details | Usual pack(s) | MOD box | Morning | Noon | Evening | Night |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |