Nurse Ke's Medication Aide Report Sheet™

A Calm Start. A Safer Medication Pass. A Confident Handoff.

Nurse Ke · Keona Banks-Todd, BSN, RN · Kambiar Healthcare Academy

1 Shift Snapshot

DATE	SHIFT	UNIT / HALL	MEDICATION AIDE	ASSIGNED NURSE

2 Before the Medication Pass

- ☐ Got report from the nurse and off-going staff
- ☐ Cart clean, stocked and locked; keys with me
- ☐ Narcotic count done together; double lock secure per policy
- ☐ MARs reviewed: new orders, holds, stop dates, allergies
- ☐ Know which meds need a pulse, BP or other reading first, per policy
- ☐ Questions asked to the nurse **before** I start

Timed & Priority Meds

Before meals, time-critical, new orders

Appointments / Antibiotics / Dialysis

Room · what · time

3 Resident-by-Resident Notes

Use room numbers and initials only, per facility policy.

Room	Initials	Allergies	Med times & priorities	Follow-ups (PRN results, readings, concerns)	Nurse informed
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

4 Safety Flags & Handoff

Refusals & held medications

Room · medication · reason · nurse informed

Controlled substances

Reorders needed:

Residents with narcotic patch:

Count, double lock or waste concerns (two licensed nurses per policy):

Report to the nurse

Reactions, changes, errors, anything unusual

Outstanding tasks for next shift

Follow-ups, re-orders, pending items

This sheet is a personal organizing tool. It doesn't replace the MAR/eMAR, facility forms, facility policy or the licensed nurse's direction. Protect resident privacy: use room numbers and initials only, keep it with you, never take it home, and dispose of it per facility policy at the end of your shift.

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KAMBIAR HEALTHCARE ACADEMY

Assigned Residents

DATE / SHIFT / UNIT _____

RM · RESIDENT NAME _____ FC / DNR / Hospice Whole / Crush / WAS / WP Regular / Thickened FSBS _____	RM · RESIDENT NAME _____ FC / DNR / Hospice Whole / Crush / WAS / WP Regular / Thickened FSBS _____	RM · RESIDENT NAME _____ FC / DNR / Hospice Whole / Crush / WAS / WP Regular / Thickened FSBS _____	RM · RESIDENT NAME _____ FC / DNR / Hospice Whole / Crush / WAS / WP Regular / Thickened FSBS _____	RM · RESIDENT NAME _____ FC / DNR / Hospice Whole / Crush / WAS / WP Regular / Thickened FSBS _____
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Key (circle one in each line): FC = Full Code · **DNR** = Do Not Resuscitate · **Hospice** = receiving hospice care · **Whole / Crush** = how pills are given · **WAS** = Whole with Applesauce · **WP** = Whole with Pudding · **Regular / Thickened** = liquid drinks · **FSBS** = Fasting Blood Sugar. Always confirm code status, diet texture and crush orders on the current MAR, care plan and orders.

Protect resident information. Keep this sheet with you, never take it home, and dispose of it per facility policy at the end of your shift. It doesn't replace the MAR/eMAR or facility forms.

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