MEDICINES – CARER DIARY

DATE: _____ **PATIENT NAME: _____**

MEDICINE TO BE GIVEN	TIME GIVEN	WAS IT EFFECTIVE ?	TIME GIVEN	WAS IT EFFECTIVE ?	TIME GIVEN	WAS IT EFFECTIVE ?	TIME GIVEN	WAS IT EFFECTIVE ?	TIME GIVEN	WAS IT EFFECTIVE ?	TIME GIVEN	WAS IT EFFECTIVE ?
Oramorph liquid for breathlessness 1ml - 2.5ml not more frequently than every 4 hours												
Lorazepam tablet For agitation/anxiety Half a tablet under the lip not more frequently than every 4 hours												
Levomepromazine 25mg tablet (may not be prescribed for all patients) **For agitation/anxiety** Half a tablet not more frequently than every 12 hours												