



Medicine Check - 5Rs

- ✓ Right child
- ✓ Right medicine
- ✓ Right dose
- ✓ Right route
- ✓ Right time

Record of medicine administered to all children

NB: Medicines must be in the original container as dispensed by the pharmacy

Date	Child's name	Medicine	Dose given	Route (*)	Time given	Any reactions	Signature	Print name

Key: Route of administration: oral (O), inhaled (I), topical/skin (T), intramuscular (IM)