

CARE HOME MEDICATION RETURNS FORM

To be completed by manager (deputy) of home – medication returns can only be picked up once this is completed and handed to driver.

CARE HOME _____

I verify that the medication returns dated _____ have been checked by myself as care home manager (or deputy in absence of manager) and meet the NHS Tayside guidelines for medication returns and wastage.

1. Returns only include:

- ✓ Medication from deceased patients
- ✓ Medication which is date expired
- ✓ Medication which has been stopped by the clinician
- ✓ Medication which has had a change in dose

2. ✗ No excess stock. No medication has been returned that is still in date and which the patients are still currently prescribed.

3. ✗ No food supplements, non-medicated dressings, appliances such as catheters or stoma bags are included in the waste

4. ✓ Medication returns are fully documented on the returns sheet for each patient with a valid reason (attached).

Signed Date

Name Position

Name and signature (if possible) of person(s) assembling medication for return:

Name Signature

Name Signature