## Appendix 8b

Time (24hr)	Name of Drug/medicine	Dosage(s)	Signature of member of staff administering drug	Witnessing member of staff
	Time (24hr)	Time (24hr)  Name of Drug/medicine    (24hr)	Time (24hr)Name of Drug/medicineDosage(s)II </td <td>Time (24hr)Name of Drug/medicineDosage(s)Signature of member of staff administering drugImage: Staff administering drugIma</td>	Time (24hr)Name of Drug/medicineDosage(s)Signature of member of staff administering drugImage: Staff administering drugIma

## **RECORD OF DRUG ADMINISTRATION**