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| --- | --- |
|  | **(Name of RCHE)** |
| **Confirmation of Request for Giving Proprietary/ Non-prescription Drugs** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident’s name** | **Sex/Age** | **HKIC no.** | **Room and/or bed no.** |
|  |  |  |  |

Please study part (V) before completing this confirmation and \*delete as appropriate.

1. **Information of the Requested Proprietary/Non-prescription Drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug name** | **Source** | **Purpose of Medication** | **Direction of Administration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Resident’s Confirmation (leave blank if the resident has cognitive impairment)**

|  |  |  |  |
| --- | --- | --- | --- |
| I have requested this residential care home for the elderly (RCHE) to give the above drugs to me. Any adverse effects that may cause will be at my own risk. | | | |
| **Signature** |  | **Date** |  |

1. **Confirmation by the \*Guardian/Guarantor/Family Member/Relative**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | (name), am the \*guardian/guarantor/family member/relative | | | | | |
| of |  | | | (resident’s name). I have requested this RCHE to give the | | | | |
| above drugs to the said resident. Any adverse effects that may cause will be at my own risk. | | | | | | | | |
| **Relationship with resident** | |  | | | **Signature** |  | **Date** |  |

1. **Confirmation by RCHE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In response to the request made by the said resident and/or his/her \*guardian/guarantor/family member/relative to this RCHE for giving the above proprietary/non-prescription drugs to the resident, our health care staff have reminded the said resident and/or his/her \*guardian/guarantor/family member/relative of the potential adverse effects of the drugs, and have also consulted | | | | | | | | | |
|  |  | | | | | (name of registered medical practitioner) of | | | |
|  |  | | | (name of hospital/clinic) who has no objection to the | | | | | |
| administration of the drugs for the said resident. | | | | | | | | | |
|  | | | | | | | | | |
| **Name of home manager** | | |  | | **Signature** | |  | **Date** |  |
| **Name of nurse/**  **health worker** | |  | | | **Signature** | |  | **Date** |  |

1. **Remarks**
2. An RCHE shall record the drugs listed in part (I) at the Individual Drug Record (IDR) of the said resident and keep the “Directions for the Use of Drugs” for healthcare professionals’ reference.
3. The resident should immediately stop taking the drugs and consult registered medical practitioners if there is any adverse effect.
4. This confirmation shall be updated if there is any change in the drugs listed in part (I).