Medicines diary
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Acknowledgements
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Funding statement
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Suggested reference
Brisbane South Palliative Care Collaborative. Medicines diary. Brisbane: Brisbane South Palliative Care Collaborative; 2018.

Enquiries
All enquiries about this document should be directed to:

Brisbane South Palliative Care Collaborative
T: 1300 600 007
E: caringathome@health.qld.gov.au

Disclaimer
This diary has been developed specifically for use to assist carers with recording subcutaneous medicines given to the person they are caring for.

While the Brisbane South Palliative Care Collaborative has exercised due care in ensuring an accurate template for recording subcutaneous medicines in the diary, the information in the diary is a general guide only to appropriate practice, to be followed subject to the clinician's judgement and the carer's preference in each individual case.

The Brisbane South Palliative Care Collaborative does not accept any liability for any injury, loss, or damage incurred by use of, or reliance upon, the information provided within this diary.
Introduction

This diary is one part of the caring@home package for carers.

It is used to record all subcutaneous medicines given to a person to help manage their breakthrough symptoms.

The diary:

• Allows you to keep track of all subcutaneous medicines used and how well they worked
• Helps the health care team to assess if medicines were effective and if medicines need to be changed
• Enables communications between you, the person you are caring for and the health care team about the medicines used

It is important that the diary is completed each time you give a medicine for a breakthrough symptom.

“I really liked the medicines diary. I used it to show the family what was happening when they visited. And it helped me talk to the nurse and remember what was happening.”
Colour-coded labelling system

To ensure that you have selected the right medicine for a particular breakthrough symptom, always read the label on the syringe.

The colour-coded labelling system, shown below, acts as an extra safety check. It helps you to select the correct medicine for each breakthrough symptom. It includes:

- Colour-coded sticky labels for filled syringes

EXAMPLE

- Symptoms and medicines: Colour-coded fridge chart

Symptoms and medicines: Colour-coded fridge chart

Medicine | Medicine | Medicine | Medicine
---------|---------|---------|---------
Symptom  | Symptom | Symptom | Symptom
Blue     | Blue    | Orange  | Green   
Midazolam | Midazolam | Midazolam | Midazolam
Symptom  | Symptom | Symptom | Symptom
Anxiety  | Anxiety | Anxiety | Anxiety
Blue     | Blue    | Blue    | Blue
Sodium chloride 0.9% | Sodium chloride 0.9% | Sodium chloride 0.9% | Sodium chloride 0.9%
Flush    | Flush   | Flush   | Flush
Black text on white background | Black text on white background | Black text on white background | Black text on white background

Contact details:

24-hour phone number:

caring@home is funded by the Australian Government and led by Brisbane South Primary Care Collaborative.

This information is adapted from Australian Commission on Safety and Quality in Health Care. Revised Standards for Use Applied Labelling of Injectable Medicines. Rules and Glos, 2015.
## How to complete this diary

This example shows you how to complete the diary for each medicine given.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Name of the medicine given here</th>
<th>Dose</th>
<th>Reason for giving the medicine here</th>
<th>‘Before’ symptom distress rating (0–10)</th>
<th>‘After about 20 minutes’ symptom distress rating (0–10)</th>
<th>Settled and comfortable after 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/10/18</td>
<td>4.30am</td>
<td>Morphine</td>
<td>2mg</td>
<td>Anxiety</td>
<td>9</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>29/10/18</td>
<td>4.30am</td>
<td>Midazolam</td>
<td>2.5mg</td>
<td>Anxiety</td>
<td>9</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Medicine</td>
<td>Dose</td>
<td>Reason for medicine</td>
<td>Comments/Others</td>
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**Symptoms**:
- Pain
- Shortness of breath
- Noisy/rattly breathing
- Nausea and/or vomiting
- Restlessness/agitation
- Anxiety
- Muddled thinking or new confusion
- Other

**Rating Scale**:
- 0 = No symptom distress
- 10 = Worst possible symptom distress

**Before** symptom rating (0–10): __________

**After about 20 mins** symptom rating (0–10): __________

Comments/ Other things you want to note or mention: _________
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medicine</th>
<th>Dose</th>
<th>Reason for medicine</th>
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- Nausea and/or vomiting
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- Other
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<td>Pain</td>
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<td>Shortness of breath</td>
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<td>Noisy ‘ratty’ breathing</td>
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<td>Other</td>
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10 = Worst possible symptom distress
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