

# HEALTH AND WELLBEING CARE PLAN

Care plan for:

Unit/room:

## Medications

To include:

- Whether I am able to take medication independently
- How I feel about taking medications
- Any preferred time I would like to take my medication
- What special support I may need to help me make decisions about whether or not to take medication
- Situations that cause me to have a negative reaction and how best to prevent these from happening, and what to do if they do happen (i.e. Distress, agitation etc.)
- Any other medication requirements due to my health condition or some difficulties I experience (i.e. Liquid form of medication, crushing, halving the tablets etc.)
- What my carers will do if there are any problems with my medications
- Do I have any medication allergy

\*for list of my medications please refer to my MAR chart

## My needs and plan of care

Print name and sign:

Date: