Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0630
Foster Home Medication Record

The Foster Home Medication Record is a form for you to keep track of the medications your child is taking. You should take this form to any health appointments and you should also share and review this form when your FSW visits your home.

Page 1 First Block
Prescription Medications

1. In the first box enter the names of the prescription medication, the dosage, and what time(s) of the day the medication is to be given. List the name of the prescribing provider, and the date/time of the next appointment with that prescribing provider. ONE MEDICATION PER LINE.
2. If your child is on psychotropic medications, an *Informed Consent form CS-0627* must be completed and signed by the biological parent/guardian, OR the DCS Health Nurse, OR the youth age 16 or older. Check the yes box if you have the consent for any psychotropic medications. If you don't have a consent but your child is taking psychotropic medications, contact your FSW and/or DCS Health Nurse ASAP. If the medication is NOT a psychotropic medication, check the NA box.
3. If you notice your child is having any side effects or problems that may be associated with the prescribed medication, list them under "side effect noted". Side effects are problems that occur when treatment goes beyond the desired effect or problems that occur in addition to the desired therapeutic effect. Even if you're not sure, list the problems.
4. List any good effects you see as a result of the medications under "any changes or improvement noted."
5. Write down any questions you may have to ask the provider at the next appointment. Usually it's hard to remember questions when you are at an appointment, so writing them down will help you and the provider know how the medication is affecting the child.
6. Write down contact phone numbers for the prescribing providers on the last line in the block so you have them handy if you need to call with any urgent questions or issues that may be occurring.

Second Block
Missed or Refused Doses

1. Write down any time a medication is not given or if the child refuses to take the medication in this section. Record the name of the medication, the date/time it was missed, and the reason it was missed.
2. In the boxes labeled yes/no, check if you contacted the prescribing provider to let them know the medication was missed, as well as the notification date.

DCS policy recommends calling the prescribing provider if a child refuses to take a prescription medication the first time. If the child refuses a medication for 48 hours, you MUST notify the prescribing provider for instructions on how to proceed with the medication.

If the child is on psychotropic medications, it can be very dangerous for the medication to be stopped abruptly. You may want to ask the prescribing provider if they want to be notified at the first refusal or if you can notify them after the child has refused the medication for 48 hours.

The instructions you receive from the prescribing provider can be recorded on page 2 at the bottom under "additional information."

Page 2

Weekly Medication Counts

1. Prescription medication should be counted every week. Record the date, medication, and amount/number of pills remaining in the pill container. Record the number of refills on the prescription and on what date you need to obtain a refill. If the medication is stopped either because the prescribing provider discontinued it or if the child was to take the medication only for a specific number of days, record that date in the "stop date" line.
2. Write any notes or other instructions at the bottom of the page under "additional information."

Page 3 First Block

Prescription Medication(s) given as needed (PRN)

1. Sometimes a medication can be prescribed to be taken only under certain circumstances or as needed by the child.
2. *If a ***psychotropic*** medication is prescribed for your child to be given "as needed", first there must be an Informed Consent signed. If the psychotropic medication is a drug for anxiety, sleep, sedation, or for psychotic episodes (when the child is out of touch with reality), another special consent must be signed called *Request for Prior Approval of PRN Psychotropic Medication form CS -0628*. Consult your DCS Health Nurse for assistance in determining if Prior Approval is needed and how to get the Prior Approval form reviewed. Psychotropic medication prescribed on a PRN basis will be allowed only to treat a child's psychiatric condition and not for behavior control, discipline, coercion, or for convenience of the caretaker. In most cases, a PRN psychotropic medication should be given for only 14-30 days.
3. If you have a prescription for a PRN medication, list the name of the medication on the form, the dosage prescribed, under what circumstances you should give the medication, and the name of the prescribing provider. In the last area, check yes or no if prior approval was needed/obtained from DCS or NA if no prior approval was needed.
4. If you notice your child is having any side effects or problems that may be associated with the prescribed medication, list them under "side effect noted".
5. List any good effects you see as a result of the medications under "any changes or improvement noted."

6. Write down any questions you may have to ask the provider at the next appointment. Usually it's hard to remember questions when you are at an appointment, so writing them down will help you and the provider know how the medication is affecting the child.
7. Write down contact phone numbers for the prescribing providers on the last line in the block so you have them handy if you need to call with any urgent questions or issues that may be occurring.

Second Block
Over-the-Counter Medication(s)

1. **List any over-the-counter (OTC) medications you give to your child. You should check with the prescribing provider before giving any OTC medications as there may be reasons some medications cannot be given together. You should always check before giving fever/cough/cold medications as many of these drugs contain generic Tylenol. If you give one drug for a fever and one drug for a cough, you may accidentally give an overdose of Tylenol which can be very dangerous.
2. Fill out any side effects, any good effects, and any questions you need to ask the prescribing provider just as you did in the previous blocks.

Review

When your contract case manager or DCS FSWs makes a monthly home visit, they should review this form with you and assist with any questions. After the review the case manager should sign the form, print their name and the date. Check the boxes if it's a contract provider case manager or a DCS FSW. Fill in the name of the contract provider (if applicable) and send a copy of the form to the DCS FSW.

NOTE

All prescription medications and over-the-counter medications must be single locked at all times. A child cannot be in charge of his/her own medication unless there is a prescription/special permission from the prescribing provider, approval from the DCS Health Nurse, and an education/evaluation plan is in place.