Tennessee Department of Children's Services

Medication Observation Record (MOR) Draft

NAME:	Electronic Record System ID#:	DOB:	Male: ☐ Female: ☐
Diagnosis (if known):		Allergies:	

	Date: →	Sun:	Mon:	Tue:	Wed:	Thu:	Fri	Sat:
MEDICATION (med name, dose, frequency, special instructions)	Time: ↓	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Name: Dose: Frequency: Route: Instructions:								
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Instructions:

1. Ensure shaded information is entered first (medication name, dose frequency, instructions and expected time of administration.
2. Ensure the name of the medication, dose, frequency (include time), and any special instructions.
3. For each medication distribution/self-administration, enter your initials in the box under the correct date and time.
4. Initials and signature must be recorded on page 2.
5. Medication NOT given, or medication error/refused and reason must be recorded on page 2 and an incident report completed in the Electronic Record System.
6. Medication NOT given, or medication error/refused should also be documented on the chart on page 1 with your initials and writing MIS(missed), ERR(Error) or REF(refused).
7. PRN medication: time and reason must be recorded on page 2.
8. If medication is stopped, put stop date in medication box and X out remaining dates.
9. Completed MOR is uploaded to the documents section of the child's case file.

NAME:	Electronic Record System ID#:	DOB:

Signature Log					
Initials	**Signature**	**Initials**	**Signature**	**Initials**	**Signature**

Medications Taken As Needed (PRN)				
Date	**Time**	**Medication**	**Reason**	**Signature**

Medications NOT Given or Medication Error or Refused					
Date	**Time**	**Medication**	**Reason**	**Signature**	**IR Done**
					☐
					☐
					☐
					☐
					☐