



Documentation Procedures for the Use of Chemical Supports

Each occasion of the use of a chemical support for a medical appointment must be documented in the record of the person served. All documentation must contain, at a minimum:

1. The person’s name
2. The potential side effects of the chemical support
- 3. The date chemical support was used**
- 4. The type of chemical support used**
- 5. The person’s response to the chemical support**
- 6. The appointment for which the chemical support was used**
- 7. Whether the chemical support is effective in accomplishing the purpose for which it is approved.**

Staff will document items 3 – 7 above on the back of the Medication Administration Record (MAR) of the person served in the areas indicated.

Example:

PRN/STAT ORDERS

DATE	HOUR	Initial	MEDICATION	REASON	RESULT	INITIAL	STAFF NAME	JOB TITLE
1/16	8 am	JR	Ativan 5 mg	Dental appt.	Med effective, appt. completed	1	JR Joe Rogers	RPT
						2		
						3		
						4		
						5		
						6		
						7		

By signing below, I acknowledge that I understand the above procedure and agree to carry out this procedure as required.

Printed Name

Position Title

Signature

Date