**Care Homes Medication Sick Day Guidance - Use Record**

Please use this form to record when you have taken action to help a resident with a dehydrating illness.

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| **Case number**\*Please complete Case study if time permits | **Date dehydrating illness identified** | **Checked the sick day guidance on the app, website or other (please say)**[www.managemeds.scot.nhs.uk](http://www.managemeds.scot.nhs.uk) | **Gave resident or family advice about stopping certain medicines (Y/N)** | **Temporarily withheld medicine from a resident while sick (Y/N)** | **Contacted a healthcare professional working within the home if required (Y/N)** | **Contacted an external healthcare professional if required e.g. GP/ Pharmacist/ (Y/N)** | **Restarted medicines again after dehydrating illness ends (Y/N)**Restarted when well (24-48hrs after eating and drinking normally) | **Did the patient have any of the below; (Y/N)**Two or more episodes of Vomiting or Diarrhoea, or Fever – sweats and shaking unless minor |
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