Medicines Management
Care Homes Support

Thickener Administration Record

NHS
Coventry and Warwickshire

Care Home Name		**Room No**	
Resident Name		**D.O.B**	
Product Name			
Total Quantity			
Directions as Prescription			
Consistency/Level			
Added to (If applicable)			
Transcribed by		**Date**	
Countersigned by		**Date**	

Date	Time	Quantity of scoops used	Approx volume of fluid	Staff Signature		Date	Time	Quantity of scoops used	Approx volume of fluid	Staff Signature

Providers should use this guidance in conjunction with NHS Coventry & Warwickshire Thickener Guidance – APC RD029, Speech & Language advice, Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and check the CQC website for recent updates. Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire June 2018. Reviewed July 2022