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| **Topical Cream Administration Record** | | | Sheet |  | Of |  | Start date: | |  |
| **Photo** | Name: |  | | | GP Name | | |  | |
| Date of Birth: |  | | | Surgery | | |  | |
| Address: |  | | | NHS No. | | |  | |
| **Allergies:** |  | | | | | | | |
| Key: | R = Refused, H = Hospital, N = Nausea / Vomit, X = Not Given, O = Other | | | | | | | |
| **Medication Details** | | | | | | | | | |
|  | | | | | | | | | |
| **Highlight below where cream is to be administered** | | | | | | | | | |
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|  | **Week 1** | | | | | | | | | **Week 2** | | | | | | | | | | **Week 3** | | | | | | | | | **Week 4** | | | | | | | | |
| **Date** |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  |
| **Morning** |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  |
| **Lunch** |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  |
| **Tea** |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  |
| **Bed** |  | |  |  |  |  | |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  |
| Completed | | Approved | | | | | Quantity received: | | | | | | | | |  | | Carried forward: | | | | | | | | |  | | | Returned: | | | | | |  | |
| by | | by | | | | | Sign | | | | | Date | | | | | | Sign | | | | | | | | | | Date | | | | | | | | | |

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| **Date** | **Time** | **Detail of Notes** | **Name:** | **Sign:** |
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