

Home Medication Record (HMR)

What is a Home Medication Record?

It is important to keep a careful record of the medication that your child takes at home as part of their treatment protocol. Your child's healthcare team will give you a paper called the **Home Medication Record (HMR)** that lists your child's medication and helps you keep track by signing off each time the medications are given.


Why is a Home Medication Record important?

- ✓ Many patients take part in clinical trials for their cancer treatment. It is a study requirement to have proof that the medications have been given as per the protocol and as prescribed.
- ✓ Even if your child is not on a clinical trial, we want to ensure that they have taken their medication as prescribed, The **Home Medication Record** is the way we can track this.
- ✓ Some parts of the patient's treatment will be medications by mouth, NG tube, G-tube or injection that can be given at home. The **Home Medication Record** helps to ensure the medication is given correctly.



Please ensure to sign off your Home Medication Record properly and to bring back to hand in to your team when completed.

Example of a Home Medication Record (HMR)


Home Medication Record (HMR)

Child's Name: MICKEY MOUSE ID#: m00123456 Protocol: AALL1731 Cycle: Consolidation

When you give your child each dose: Check box and Initial (IN) Print parent name and IN: JORDANBUCK, JB

Year 2021

Medication: Mercaptopurine Dose/ Route: <u>45mg oral</u> Frequency: <u>Take daily at bedtime</u> Start Date: <u>June 1</u> Stop Date: <u>June 28</u>	Date: <u>June 1</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 2</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 3</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 4</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 5</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 6</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 7</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>
	Date: <u>June 8</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 9</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 10</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 11</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 12</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 13</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 14</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>
	Date: <u>June 15</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 16</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 17</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 18</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 19</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 20</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 21</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>
	Date: <u>June 22</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 23</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 24</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 25</u> <input checked="" type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 26</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 27</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>	Date: <u>June 28</u> <input type="checkbox"/> PM Dose IN: <u>JB</u>

For Health professional use only: please file form in chemotherapy passport under the Outpatient Medications tab. This includes complete and incomplete forms for patients admitted to hospital. Please record reason for incomplete form.

Important Tips to Remember

- ✓ If you forget a medicine, call your child's nurse or doctor to check when you should give the next dose.
- ✓ If you forgot to sign off the medicine on the HMR do it as soon as you remember.
- ✓ For any questions about your **Home Medication Record** please call your child's nurse or doctor.