

Topical Medication Administration Record Chart

**When using this chart, please ensure you write 'see Topical Medicines Application Record Sheet' on MAR.
+++DO NOT DOUBLE RECORD+++**

Patient name:		Date of Birth:	
Name of topical medication:		Frequency of application:	
Instructions for use: Apply sparingly/Apply liberally/Use as a soap substitute (delete as appropriate)			
Additional instructions:			
Start Date:		Review date:	
Completed by:		Checked by:	

Good practice

- 1) Ensure gloves are worn when applying topical medications.
- 2) Apply topical medications in the direction of hair growth to reduce folliculitis (inflamed hair follicles)
- 3) Ensure date of opening and expiry is recorded on bottle/tube/tub.

Record of application (Highlight or Circle the areas for application of topical medication on body map)

Time	MONTH -																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

