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**Name of Resident/Date of Birth**

**Hospice Comfort Kit Flow Sheet: Med Instructions from Hospice Nurses**

**Keep a written record of every med change the Hospice nurse instructs you to make. Ask for a written doctor’s order from Hospice for all comfort kit med changes. Write the name of the nurse who gives you the new order. Sign your name at the end. Write clearly and *TAKE ALL THE LINES YOU NEED TO MAKE THE INSTRUCTIONS CLEAR.***

 **Date Time Name of Nurse Instructions for Comfort Kit Meds – Caregiver Signature**

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