

<b>Group Medication Administration</b>		<b>Date:</b>																		
<b>Indicators:</b>	<input type="checkbox"/> At risk of dysphagia on DST																			
	<input type="checkbox"/> Nurse identified pill dysphagia																			
	<input type="checkbox"/> Patient/Family reported pill dysphagia																			
<b>Size of crushed medications:</b>	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L																	
<b>Legend:</b>	Top box: C = Crushed	● = Whole																		
	Bottom box: G = Group	N = Nil																		

**Supplementary Figure 2.** Medication chart sticker.