

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

Supplementary Figure 2. Medication chart sticker.