Transcription Workbook One

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Dose-Strength-Amount Worksheet

DOSE is found in the Health Care Provider's order

HCP Order Example:

Health Care Provider Order

| | ridoi Oidoi |
|-----------------------------------|--------------------|
| Chip Brown | no known allergies |
| Zantac 150mg twice a day by mouth | |
| | |
| HCP's Signature: Dr. Jones | Date: 6/11/yr |
| | |

(The dose is ____mg)

STRENGTH is found on pharmacy label next to the name of the medication

Pharmacy Label Example:

| Rx# 135 | ABC Pharmacy 20 Main Street Any Town, MA 09111 | 555-555-1212 |
|--|--|-----------------------|
| | • | 6/11/yr |
| Chip Brown Ranitidine HCL 75mg I.C. Zantac Take two tablets by mouth tw | o times a day | Qty. 120 Dr. Jones |
| Lot# 323-5 | ED: 6 /11/yr | Refills: 3 |

(The strength is ____mg)

AMOUNT is found on the pharmacy label in the instructions for administration

(The amount is ____tabs)

INSTRUCTIONS

You have taken Chip Brown to the doctor and have received medication from the pharmacy. Pretend that the date is June 11, year. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

TAF

HEALTH CARE PROVIDER ORDER

| | Name: Chip Brown | Date: 6/11/yr |
|-----------|--|--|
| | Health Care Provider: Dr. Jones | Allergies: no known allergies |
| S | Reason for Visit: Chip states he has the day. | a burning feeling in his throat during |
| = | Current Medications: Pantoprazole 40mg by mouth every e | vening |
| | Staff Signature: John Smith, Program Manager | Date: 6/11/yr |
| | Health Care Provider Findings: | |
| | Medication/Treatment Orders: | |
| | D/C Pantoprazole Zantac 150mg twice a day by mouth frequency route | |
| \langle | Instructions: | |
| | Follow-up visit: | Lab work or Tests: |
| | Signature: **Dr. Jones** | Date: 6/11/yr |
| | | |

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Pantoprazole | | Hour | 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 | 29 | 30 | 31 |
|---------|------------------------|----------------|-------|-------|--------|-------|------|--------|------|-------|----|----|-----|------|--------|-------|------|------|-----|-----|----|----|------|----|------|-----|------|------|-----|-----|-------|------|----|----|
| 2-7-yr | Brand Protonix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength 40mg | Dose 40mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 1 tab | Route By mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | |
| Cont. | Frequency Once in the | e evening | 8pm | KB | KB | ΚB | KB | ST | ST | ΚB | KB | KE | кв | 1 | | | | | | | | | | | | | | | | | | | | |
| Sµ | pecial instructions: | | • | | | | | • | | | | | | | • | | | | • | | • | | | | | F | ≀eas | on: | dec | rea | ase a | acic | | _ |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sį | pecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | F | Reas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sı | pecial instructions: | | | | | | | | | | | • | ı | | | • | | | | II. | ı. | | | | | F | Reas | on: | 1 | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | pecial instructions: | | | - | | | | | | | | | | | • | | - | | | | | | | | | F | Reas | ion: | | | | | | |
| | | | | | | COI | DES | 3 | | | | In | it | | | | Sigr | natu | ıre | | | | Init | S | Sign | atu | re | | | | | | | |
| Name: | Chip Brown | | DP-da | ау рі | ogra | m/d | ay h | nab | | | | JS | S (| John | Smit | h | | | | | | | | | | | | | | | | | | |
| | | | LOA- | leav | e of a | bse | nce | | | | | KI | В | Karl | l Buri | ke | | | | | | | | | | | | | | | | | | |
| Site: E | verett Street, Apt. 1A | | P-pac | kag | ed | | | | | | | R | _ | 00 | rie Ne | | | | | | | | | | | | | | | | | | | |
| | | | W-wo | rk | | | | | | | | S | T , | Sara | h Too | urney | | | | | | | | | | | | | | | | | | |
| | | | H-hos | pital | nurs | ing h | nome | e, reh | ab c | enter | r | | | | | | | | | | | | | | | | | | | | | | | |
| | | | S-sch | ool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pharmacy Label

Rx#135 **ABC Pharmacy** 555-555-1212 20 Main Street Any Town, MA 09111 6/11/yr **Chip Brown** Ranitidine HCL (75mg) Qty. 120 I.C. Zantac Take two tablets by mouth twice a day Dr. Jones amount Lot# 323-5 ED: 6/11/yr Refills: 3

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Zantac | Ranitidine HCL |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Zantac is a stomach acid reducing medication used to treat and prevent ulcers, to treat GERD (gastro esophageal reflux disorder) and excessive acid secretion condition.

Month and Year: June (year)

Site: Everett Street Apt. 1A

MEDICATION ADMINISTRATION SHEET

Allergies: none

| _ | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | _ | | | | _ | _ | |
|---------|---------------------|----------------|-------|----------|-------|----------|-------|----|----|----|----|-----|-----|--------|-------|--------|------|-----|----|----|----|----|------|-----|-----|----------|-----|-----|-------------|--------|--------|-----------|----------|--------|
| Start | Generic Pantopraz | | Hour | + | ٧ | 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 | 29 | 30 | 31 |
| 2-7-yr | | D/C 6-11-yr JS | | | | | | | | | | | | | | | | | | | | | L | | | | | - | \bigsqcup | Ш | | | | |
| | Strength 40mg | Dose 40mg | | | | | | | | | | | | | | | | | | | | | L |)/C | 6- | 11- | yr | JS | | | | | | |
| Stop | Amount 1 tab | Route By mouth | | | | | | | | | | | | | | | | | | | | / | | | | | | | | | | | | |
| Cont. | Frequency Once in | n the evening | 8pm | КВ | KB | КВ | ΚB | ST | ST | ΚB | ΚB | KB | КВ | X | X | X | X | X | X | X | X | X | X | Х | Х | Х | Х | X | X | * | × | X | х | Х |
| Sp | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | | | acio | | _ | |
| Start | Generic Ranitidine | HCL | Hour | 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 | 29 | 30 | 31 |
| 6-11-yr | Brand Zantac | | 8am | Х | Х | Х | X | X | X | Х | Х | Х | Х | X | | | | | | | | | | | | | | | | | | | | |
| | Strength 75mg | Dose 150mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 2 tablets | Route By mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | | | | |
| Cont. | Frequency Twice | a day | 8pm | Х | Х | Х | Χ | Х | Х | Х | Х | Х | Х | | | | | | | | | | | | | | | | \Box | | | 7 | | |
| Spe | ecial instructions: | | | ı | | <u> </u> | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | \sqcap | \Box | | \exists | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | \sqcap | | | | | \neg |
| - | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | | - | \Box | | \forall | \dashv | |
| Spe | ecial instructions: | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | _ | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | _ | _ | _ | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 寸 | | _ |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | \sqcap | | | | | \neg |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | \Box | \exists | \dashv | |
| Spe | ecial instructions: | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| , | | | | | | СО | DES | 3 | | | | lni | t | | | 5 | Sign | atu | re | | | | Init | s | ign | atur | | | | | | | | |
| Name: | Chip Brown | | DP-da | ay pr | rogra | am/c | lay h | ab | | | | JS | C | Tohn . | Smith | ; | | | | | | | | T | | | | | | | | | | |
| | | | LOA- | leave | e of | abse | ence | | | | | KE | 3 / | tarl | Burk | , e | | | | | | | | T | | | | | | | | | | |

ST

P-packaged

H-hospital, nursing home, rehab center

W-work

S-school

Reggie Newton

Sarah Tourney

INSTRUCTIONS

You have taken Chip Brown to the doctor and have received medication from the pharmacy. Pretend that the date is June 20, year. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new orders on to the Medication Sheet.

HEALTH CARE PROVIDER ORDER

| Name: Chip Brown | Date: 6/20/yr |
|--|---|
| Health Care Provider: Dr. Smith | Allergies: None |
| Reason for Visit: complaint of pressurincrease in head slapping behavior | ire on forehead, mild fever, dizziness, |
| Current Medications: Synthroid 0.125 morning | img by mouth once a day in the |
| Staff Signature: Paula Jones, Program Manager | Date: 6/20/yr |
| Health Care Provider Findings: sinus | infection, elevated blood pressure |
| Medication/Treatment Orders: D/C Synthroid Armour Thyroid 30mg by mouth once stomach Inderal 20mg by mouth once a day in | |
| Amoxil 500mg by mouth three times a | day for 10 days |
| Instructions: | |
| Follow-up visit: 2 weeks | Lab work or Tests: |
| Signature: **Dr. Susan Smith** | Date: 6/20/yr |

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

| | N | ΛEC | OIC | ATI | ON | I AI | DM I | INI | STF | RAT | ΠΟΙ | N S | SHE | ET | • | | | | | All | erg | jies | s: r | on | е | | | | | | | |
|---|------|-----|-----|-----|----|------|-------------|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|-----|-----|------|------|----|----|----|----|----|----|----|----|----|
| | Hour | 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 | 29 | 30 | 31 |
| | 8am | JS | JS | JS | JS | JS | RN | RN | RN | JS | JS | JS | JS | JS | RN | RN | RN | JS | JS | JS | JS | | | | | | | | | | | |
| n | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Start | Generic | Hou | r 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 [| 15 1 | 6 1 | 7 1 | 8 1 | 9 2 | 0 2 | 1:1 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------|--------------------------------|-----|------------|------|----|----|----|----|-----|----|----|----|----|----|------|------|------|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-------|-------|------|-------|------|----|
| 3-23-yr | Brand Synthroid | 8am | JS | S JS | JS | JS | JS | RN | IRN | RN | JS | JS | JS | JS | JS F | RNF | RNR | ΝJ | SJ | SJ | SJ | s | | | | | | | | | | | |
| | Strength 0.125mg Dose 0.125m |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 1 tab Route By mou | h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cont. | Frequency Daily in the morning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | pecial instructions: | • | | | • | • | | | | | • | | | | | | | , | , | | | | | | R | eas | on: | repla | ace t | hyro | id ha | ormo | ne |
| Start | Generic | Нош | r 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 ′ | 14 | 15 1 | 6 1 | 7 1 | 8 1 | 9 2 | 0 2 | 1 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| <u> </u> | เปลา แางแนบแบบง. | | | | | | | | | | | | | | | | | | | | | | | | | | / 10 | Jasi | on. | repie | ice i | Hylo | iu n | UIIIIC | 1110 |
|----------|------------------|-------|------|---|---|---|---|---|---|---|---|---|---|-----|-----|----|----|----|----|----|----|----|----|----|----|----|------|------|-----|-------|-------|------|------|--------|------|
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 0 1 | 1 1 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | ĺ | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| S _/ | pecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
|----------------|----------------------|-------|------|---|---|---|---|---|---|---|---|---|----|-----|------|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|-----|-----|----|----|----|----|----|----|
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 0 1 | 1 1: | 2 1 | 3 1 | 4 1 | 5 1 | 6 1 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Sp | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
|-------|---------------------|-------|------|---|---|---|---|---|---|---|---|---|----|----|------|------|----|----|----|----|----|----|----|----|----|----|-----|-----|----|----|--------|----|--------|----|
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1′ | 1 12 | 2 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | \Box | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | | | |

| Special instructions: | Reason: |
|-----------------------|-------------|
| -1 | |

| | CODES | Init | Signature | Init | Signature |
|-------------------------------|--|------|---------------|------|-----------|
| Name: Chip Brown | DP-day program/day hab | JS | John Smith | | |
| | LOA-leave of absence | KB | Karl Burke | | |
| Site: Everett Street, Apt. 1A | P-packaged | RN | Reggie Newton | | |
| | W-work | ST | Sarah Tourney | | |
| | H-hospital, nursing home, rehab center | | | | |
| | S-school | | | | |

Pharmacy Labels

Rx#139 ABC Pharmacy 555-555-1212

20 Main Street

Any Town, MA 09111 6/20/yr

Chip Brown

Armour Thyroid 30mg Qty. 30

Take 1 tablet daily in the morning on an empty stomach by mouth

Dr. Smith

Lot# 659 ED: 6/20/yr Refills: 3

Rx#285-97226 ABC Pharmacy 555-555-1212

20 Main Street

Any Town, MA 09111 6/20/yr

Chip Brown

Propranolol 10mg

IC Inderal Qty. 60

Take 2 tablets daily in the morning by mouth

Dr. Smith

Lot# 323-334 ED: 6/20/yr Refills: 3

Rx#285-97227 ABC Pharmacy 555-555-1212

20 Main Street

Any Town, MA 09111 6/20/yr

Chip Brown

Amoxicillin 500mg Qty. 30

IC Amoxil

Take 1 tablet three times a day for ten days by mouth

Dr. Smith

Lot# 323-335 ED: 6/20/yr Refills: 0

Generic Equivalents

| Brand Name | Generic Equivalent |
|----------------|--------------------|
| Dilantin | Phenytoin |
| Armour Thyroid | |
| Inderal | Propranolol |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Armour Thyroid is a thyroid replacement medication used when the thyroid gland is not secreting enough thyroid hormone.

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Inderal is a beta-blocker used to treat chest pain (angina), high blood pressure, irregular heartbeats, migraine headaches, tremors and other conditions as determined by your doctor. This medication has also been used for anxiety.

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin is a commonly prescribed antibiotic. It is used to treat middle ear infections, sinusitis, and skin, respiratory tract and urinary tract infections caused by bacteria.

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Hour 4 2 3 4 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Generic 8am JS JS JS JS JS RNRNRN JS JS JS JS RNRNRN JS JS JS JS X X X X X X X X X 3-23-yr Synthroid D/C 6-20-yr PJ Strength 0.125mg Dose 0.125mg D/C 6-20-vr PJ Amount 1 tab Route By mouth Stop Cont. Frequency Daily in the morning Special instructions: Reason: replace thyroid hormone 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic 2 3 Brand Armour Thyroid $\mathbf{x} \mathbf{x}$ $|\mathbf{x}|\mathbf{x}|\mathbf{x}$ 6-21-yr хх $\mathbf{x} \mathbf{x}$ Χ Χ 8am X Strength 30mg Dose 30mg Route By mouth Stop Amount 1 tab Cont. Frequency Daily in the morning Special instructions: empty stomach Reason: Start 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Generic Propranolol Hour 1 6-21-yr Brand Inderal 8am X X X X X X X X X X $\mathbf{x} \mid \mathbf{x}$ $\mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x}$ Strength 10mg Dose 20mg Route By mouth Amount 2 tabs Stop Cont. Frequency Daily in the morning Special instructions: Reason: 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic Amoxicillin Hour 1 2 3 4 5 6 6-20-yr Brand Amoxil 8am X X X Х x x Χ Х Χ Х хх $\mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x}$ Χ Strength 500mg Dose 500mg Route By mouth Stop Amount 1 tab Х Χ 6-30-yr 8pm X X X X X X Χ Χ Χ Χ ХХ Frequency 3 times a day X Special instructions: For 10 days Reason: **Signature** CODES Init **Signature** Init Name: Chip Brown DP-day program/day hab John Smith JS LOA-leave of absence Karl Burke Site: Everett Street, Apt. 1A P-packaged Reggie Newton W-work Sarah Tourney

H-hospital, nursing home, rehab center

S-school

INSTRUCTIONS

You have taken Jane McCarthy to the doctor and have received medication from the pharmacy. Pretend that the date is August 1, year. It is 2 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

HEALTH CARE PROVIDER ORDER

| Name: Jane McCarthy | Date: 8/1/yr |
|---|-------------------------------------|
| Health Care Provider: Dr. White | Allergies: No Known Allergies |
| Reason for Visit: Continues to have finight. Complains of a burning feeling | when urinating. |
| Current Medications: Cefaclor 250mg | twice a day for seven days by mouth |
| Staff Signature: Paula Tones, Program Manager | Date: 8/1/yr |
| Health Care Provider Findings: | |
| Medication/Treatment Orders: | |
| D/C Cefaclor Amoxil 500mg four times a day for 10 | days by mouth |
| Instructions: | |
| Follow-up visit: | Lab work or Tests: |
| Signature: Andrea White, MD | Date: 8/1/yr |

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| | | | | T | | | | | | Г | Г | F | | | | | | | | T | | T | | | | $\overline{}$ | $\overline{}$ | $\overline{}$ | | $\overline{}$ | $\overline{}$ | $\overline{}$ | $\overline{}$ | |
|------------------|---------------------------|----------------|-------|-------|----------|------|-------|--------|-------|------|---|----|-----|------|-------|------------|------|------|------|------|----|----|-----|-----|----------|---------------|---------------|---------------|------|---------------|---------------|---------------|---------------|----|
| Start | Generic Cefaclor | | Hour | | | 3 | 4 | 5 | 6 | | | | 10 | | | | | | | | | | | | | | | | | | | | | |
| 7-29-yr | Brand Ceclor | | 8am | JS | | | | | X | X | X | X | X | Х | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | Strength 250mg | Dose 250mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 1 tab | Route By mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8-5-yr | Frequency Twice a da | ау | 8pm | | | | | Χ | Х | Х | Х | Х | Х | Х | X | X | X | X | X | X | Х | Х | Х | Х | Х | Х | X | X | Х | X | Х | X | Х | Х |
| Sp | ecial instructions: For 7 | days | | • | <u>'</u> | | • | | • | | | | | • | | | | | | • | | | | | | F | ₹eas | son: | urir | ary | r trac | t ini | ectio | on |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 1 12 | 2 13 | 3 14 | 1 1 | 5 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | 1 | | 1 | | |
| Sp | ecial instructions: | | | | | ı | | | ı | | | | 1 | 1 | | | | | - | | ı | | | 1 | <u> </u> | F | Reas | son: | | _ | | _ | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 1 12 | 2 13 | 3 14 | 1 15 | 5 16 | 3 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | T | | 1 | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | + | | | | 1 | | | |
| Sp | ecial instructions: | | | 1 | 1 | ı | ı | ı | ı | | | ı | | | | - | | ı | | - | ı | 1 | 1 | | 1 | F | Reas | son: | | | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 1 12 | 2 13 | 3 14 | 1 1 | 5 16 | 3 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | 1 | | | | | | 1 | | | | | | 1 | F | Reas | son: | | | | | | |
| | | | | | | СО | DE | S | | | | In | nit | | | | Sig | nat | ure | | | | lni | t S | Sign | atu | re | | | | | | | |
| Name: | Jane McCarthy | | DP-d | ау р | rogra | am/c | day I | nab | | | | J | S | Toka | n Smi | th | | | | | | | | | | | | | | | | | | |
| | | | LOA- | leav | e of | abse | ence |) | | | | K | В | Kari | l Bur | ·ke | | | | | | | | | | | | | | | | | | |
| Site : 35 | River Way | | P-pac | ckag | ed | | | | | | | R | N. | Reg | gie N | lewtoi | И | | | | | | | | | | | | | | | | | |
| | | | W-wc | ork | | | | | | | | S | T . | Sari | ah To | - Turne | y | | | | | | | | | | | | | | | | | |
| | | | H-hos | pital | , nur | sing | hom | e, reł | nab c | ente | r | | | | | | | | | | | | | | | | | | | | | | | |
| | | | S-sch | nool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pharmacy Label

Rx#276-97226 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 8/1/yr

Jane McCarthy

Amoxicillin 250mg Qty. 80

I.C. Amoxil

Take two capsules four times a day for 10 days by mouth

Dr. A. White

Lot# 323-336 ED: 8/1/yr Refills: 0

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin

Common brand names are Amoxil, Polymox, Trimox and Wymox. Amoxicillin is a commonly prescribed antibiotic. It is used to treat middle ear infections, sinusitis, and skin, respiratory tract and urinary tract infections caused by bacteria.

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Cefaclor | | Hour | + | 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 | 29 | 30 | 31 |
|-----------------|-----------------------------|----------------|-------|-------|--------|------|-------|-----|-------|----|---|-----|-----|-------|-------|------|------|-----|----|----|----|------------|------|-----|-----|------|-------------------------|-----|----|----|----|----|-------|----|
| 7-29-yr | Brand Ceclor D/C | C 8-1-yr PJ | 8am | JS | | | | | X | × | X | Х | Х | Х | Х | Х | Х | Х | Х | | | Х | | | | | Х | | | | | | | Х |
| | Strength 259mg | Dose 250mg | | | | | | | | | | | | | | | | | | |] | D/(| · 8 | 1-1 | /r | РJ | | | П | | | | | |
| Stop | Amount 1 tab | Route By mouth | | | | | | | | | | | | | | | | | | | _ | | | Ċ | | | | | П | | | | | |
| 8-5-yr | Frequency Twice a da | ay | 8pm | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | X | X | $\overline{\mathbf{x}}$ | X | × | × | X | X | x | х |
| Sp | ecial instructions: For 7 c | days | - | | 1 | | | | , , , | | - | | | | | - | | | | | | | | | | | | | | | | | ectio | |
| Start | Generic Amoxicillin | | Hour | 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 | 29 | 30 | 31 |
| 8-1-yr | Brand Amoxil | | 8am | Х | | | | | | | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Х | Χ |
| | Strength 250mg | Dose 500mg | 12pm | Х | | | | | | | | | | | Х | Х | Χ | Χ | Х | Χ | Х | Х | Х | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Х | Χ |
| Stop | Amount 2 caps | Route By mouth | 4pm | | | | | | | | | | | Х | Х | Χ | X | X | Χ | X | Х | Х | Х | Х | X | Х | Х | X | Х | Х | Х | Х | Х | Χ |
| 8-11-yr | Frequency Four times | s a day | 8pm | | | | | | | | | | | Х | Х | Х | Χ | Χ | Х | X | Х | Х | Х | Х | X | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| Sp | ecial instructions: For 10 |) days | | | | | | | | | | | | - | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | П | | | | | |
| Sp | ecial instructions: | | | | 1 | | | | | | | | | 1 | | | | | ļ. | | | | | | | R | eas | on: | | | | | | |
| | | | | | | СО | DES | 3 | | | | Ini | it | | | S | Sign | atu | re | | | | Init | S | ign | atur | е | | | | | | | |
| Name: | Jane McCarthy | | DP-da | ıy pr | ogra | am/d | lay h | nab | | | | JS | | Tohn | Smith | ; | | | | | | | | | | | | | | | | | | |
| | | | LOA-I | eave | e of a | abse | ence | | | | | KE | 3 / | Karl | Burk | e | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | P-pac | kage | ed | | | | | | | RN | ۱ / | Reggi | ie Ne | wton | | | | | | | | | | | | | | | | | | |
| | | | W-wo | | | | | | | | | ST | - (| Sarak | r Tow | rney | | | | | | | | | | | | | | | | | | |
| | | | H-hos | - | l, nu | rsin | g ho | me, | reha | ab | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | S-sch | ool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

You have taken Sam Lopes to the doctor and have received medication from the pharmacy. Pretend that the date is February 14, year. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

HEALTH CARE PROVIDER ORDER

| Name: Sam Lopes | Date: 2/14/yr |
|---|----------------------------------|
| Health Care Provider: Dr. White | Allergies: No Known Allergies |
| Reason for Visit: Cough has worsene throat. | ed. Is now complaining of a sore |
| Current Medications: Amoxicillin 250mg four times day for | 5 days by mouth |
| Staff Signature: Paala Tones, Program Manager | Date: 2/14/yr |
| Health Care Provider Findings: | |
| Medication/Treatment Orders: | |
| D/C Amoxicillin EES 666mg three times a day for 5 da | ys by mouth |
| Instructions: | |
| Follow-up visit: | Lab work or Tests: |
| Signature: Andrea White, MD | Date: 2/14/yr |

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Amoxicillin | | | Hour | 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 | 29 | 30 | 31 |
|-----------------|----------------------------|-------|----------|-------|-------|-------|------|-------|--------|-------|------|---|-----|-----|------|--------|-------|------|-----|----|----|----|----|------|----|-----|------|-----|-----|-----|------|--------|-------|-------|----|
| 2-12-yr | Brand Amoxil | | | 8am | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | X | Х | KB | ΚB | | | | Х | X | Х | Х | Х | Х | X | X | Х | Х | X | X | Х | Χ |
| | Strength 250mg | Dose | 250mg | 12pm | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Χ | Х | ΚB | | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | X | Χ | Х | Х | Χ |
| Stop | Amount 1 tab | Route | By mouth | 4pm | Х | Χ | Х | Х | Х | X | Х | Х | Х | Х | Х | ST | ST | | | | Х | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Χ |
| 2-17-yr | Frequency Four times | a day | | 8pm | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | ST | ST | | | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Χ |
| Sp | pecial instructions: For 5 | days | | | | I | | | I | | I | l | | | l | | | | | | | ı | | ı | ı | I | R | eas | on: | res | pira | itory | ' inf | ectio | n |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | П | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | 1 | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | 1 | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | 1 | | |
| Sp | ecial instructions: | | | | 1 | | | | | | | | | | | 1 | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | 1 | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | ı. | | 1 | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | 1 | | | | ı | | ı | | | 1 | ! | 1 | | | | ļ. | | | | | | | R | eas | on: | | | | | | _ |
| | | | | | | | СО | DES | 3 | | | | Ini | it | | | 5 | Sign | atu | re | | | | Init | S | ign | atur | re | | | | | | | |
| Name: | Sam Lopes | | | DP-da | ay pı | rogr | am/c | lay h | nab | | | | JS | | Tohn | Smit | h | | | | | | | | | | | | | | | | | | |
| | | | | LOA- | leav | e of | abse | ence |) | | | | KE | 3 / | Karl | Bur, | ke | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | | P-pac | kag | ed | | | | | | | R١ | ۱ / | Regg | rie Ne | rwton | | | | | | | | | | | | | | | | | | |
| | | | | W-wo | rk | | | | | | | | ST | ٠ . | Sara | h Too | vrney | | | | | | | | | | | | | | | | | | |
| | | | | H-hos | pital | , nur | sing | home | e, reh | nab c | ente | r | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | S-sch | ool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pharmacy Label

Rx#277-97226 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 2/14/yr

Sam Lopes

Erythromycin 333mg Qty. 30

I.C. EES

Take two tablets three times a day for 5 days by mouth

Dr. A. White

Lot# 324-336 ED: 2/14/yr Refills: 0

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Erythromycin

Erythromycin has many different brand names including Apo-Erythro, E-Base, EES, E-Mycin, Erybid, ERYC, Ery-Tab and PCE. Erythromycin is a commonly prescribed antibiotic used to treat a variety of infections including middle ear infections, sinusitis, sore throat, pneumonia, and skin, respiratory tract and urinary tract infections.

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Amoxicillin | | Hour | f | 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 | 29 | 30 | 31 |
|-----------------|---|--|-------|-------|--------|------|----------|----|----------|----------|----------|-----|-----|-------|-------|------|------|-----|----|----|-----|----|------|----|-------------|----------------|-----|--------|-----|------|------|------|-------|------|
| 2-12-yr | Brand Amoxil D/C | C 2-14-yr PJ | 8am | Х | Х | Х | Х | X | X | X | X | X | Χ | Х | X | KB | ΚB | | | | Х | Χ | X | X | X | Х | X | Х | X | Х | Х | Х | Х | Х |
| | Strength 250mg | Dose 250mg | 12pm | Х | Х | Х | Х | Х | Х | Х | Х | Χ | Χ | X | X | KĐ | | | | | Х | Χ | Χ | χL |) /(| 7 - | I₹- | X Y | χ. | Х | Х | Х | Х | Х |
| Stop | Amount 1 tab | Route By mouth | 4pm | Х | Х | Х | Х | Х | Х | Х | Х | Х | Χ | Х | ST | ST. | | | | X | X | × | * | X | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| 2-17-yr | Frequency Four times | a day | 8pm | | | Х | Х | Х | Х | Х | Х | Χ | Χ | Х | ST | ST. | | | | Χ | Χ | Χ | Χ | Х | Х | Х | X | X | × | X. | X | Х | Х | Х |
| Spe | ecial instructions: For 5 d | ays | • | | | | <u> </u> | | <u> </u> | | | | | 1 | | | | | | | · | | | | | R | eas | son: | res | pira | tory | infe | ectio | on _ |
| Start | Generic Erythromycin | | Hour | 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 | 29 | 30 | 31 |
| 2-14-yr | Brand EES | | 8am | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | | | | | | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
| | Strength 333mg | Dose 666mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 2 tabs | Route By mouth | 4pm | Х | Х | Х | Χ | Х | Х | Х | Х | Χ | X | Х | X | Χ | | | | | | Χ | X | Χ | Х | Х | X | Х | Х | X | Х | Х | X | Х |
| 2-19-yr | Frequency Three times | s a day | 8pm | Χ | Х | Х | Х | Х | Х | Х | Х | Χ | X | Х | Х | Х | | | | | | Χ | X | Χ | Χ | Х | X | Х | Х | Х | X | Х | X | Χ |
| Spe | ecial instructions: For 5 c | lays | | | | | | • | • | | | | | | | | • | | • | | • | | | | | R | eas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ĺ | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spe | ecial instructions: | | | • | | • | • | | • | | <u>'</u> | | | • | | | | | | | | | | | | R | eas | on: | | | • | • | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spe | ecial instructions: | | | | | | | | | | · | ' | | • | | | | | ' | | · · | | | | | R | eas | son: | _ | | | • | | |
| | | | | | (| COE | DES | i | | | | Ini | t | | | (| Sign | atu | re | | | | Init | S | ign | atuı | e | | | | | | | |
| Name: | Sam Lopes | | DP-da | ay pr | ogra | m/da | ay ha | ab | | | | JS | C | John | Smiti | h | | | | | | | | | | | | | | | | | | |
| | | | LOA-I | eave | e of a | bser | nce | | | | | KB | / | Karl | Burk | le e | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | P-pac | kage | ed | | | | | | | RN | 1 / | Reggi | ie Ne | wton | | | | | | | | | | | | | | | | | | |
| | | | W-wo | rk | | | | | | | | ST | Ċ | Sarah | t Tou | rney | | | | | | | | | | | | | | | | | | |
| | Strength Dose Amount Route Frequency Stal instructions: Generic Brand Strength Dose Amount Route Frequency Strength Dose Amount Frequency Stal instructions: CODES DP-day program/day hab LOA-leave of absence iver Way P-packaged W-work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | structions: For 5 days eric d agth Dose unt Route Hour 1 2 3 4 5 6 7 Hour 1 2 3 4 5 6 7 Hour 1 2 3 4 5 6 7 d agth Dose unt Route Pric Dose Dose Unit Route Unit Unit Unit Route Unit Unit Unit Unit Unit Unit Unit Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

You have taken Joe Simon to the doctor and have received medication from the pharmacy. Pretend that the date is April 17, year. It is 3 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

HEALTH CARE PROVIDER ORDER

| Name: Joe Simon | Date: 4/17/yr |
|---|------------------------|
| Health Care Provider: Dr. Smith | Allergies: Sulfa drugs |
| Reason for Visit: Agitation (rocking boutdoor activities he usually enjoys) | |
| Current Medications: | |
| Tegretol 400mg three times a day by r | nouth |
| Staff Signature: Paula Tones, Program Manager | Date: 4/17/yr |
| Health Care Provider Findings: | , |
| Medication/Treatment Orders: | |
| D/C Tegretol Depakote 750mg twice a day by mouth Depakote 500mg at 4pm by mouth | h |
| Instructions: | |
| Follow-up visit: | Lab work or Tests: |
| Signature: Donald Smith, MD | Date: 4/17/yr |

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

| Start | Generic Carbamaze | pine | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 2 | 3 24 | 4 2: | 5 26 | 3 27 | 7 28 | 3 29 | 30 | 31 |
|-----------------|----------------------|----------------|-------|----------|--------|-------|-------|--------|------|------|----|-----|----|--------|-----|------|----------|------|----------|----|----|----|------|-----|------|------|------|-----------|------|-------------|------|-------|-------|----|
| 1-2-yr | Brand Tegretol | | 8am | JS | JS | JS | JS | JS | RN | RN | RN | JS | JS | JS | JS | JS | RN | IRN | IRN | JS | | | | | | | | | | \top | | | | |
| | Strength 200mg | Dose 400mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | |
| Stop | Amount 2 tabs | Route By mouth | 4pm | KB | KB | KB | KB | ST | ST | KB | KB | KB | KB | KB | ST | ST | KE | KE | KE | 3 | | | | | | | | + | | + | 1 | | | |
| Cont. | Frequency Three tim | nes a day | 8pm | | | | | | | | | | | | | | | | | | | | | | | | | \dagger | | + | + | | | |
| Sp | pecial instructions: | | | ! | | | | | | | | l . | | | | | <u> </u> | | 1 | 1 | 1 | | 1 | | - | I | Rea | son | : en | noti | ona | l cor | itrol | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 | 3 24 | 4 2! | 5 26 | 3 27 | 7 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | pecial instructions: | | | | | | | • | | • | | | | | • | | | | • | | | | | | | ŀ | Rea | son | : | | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 23 | 3 24 | 4 2: | 5 26 | j 27 | 7 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | pecial instructions: | | | | | | | • | | • | • | | | | • | | | | | | * | • | | | | ŀ | ₹еа | son | : | | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 2 | 3 24 | 1 2: | 5 26 | 3 27 | 7 28 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | pecial instructions: | | | • | | | | | | • | | | | | • | | | | <u>'</u> | | | | | | • | I | Rea | son | | | | | _ | |
| | | | | | | СО | DES | 3 | | | | Ini | t | | | ; | Sigı | natı | ıre | | | | Init | t : | Sigr | natu | ıre | | | | | | | |
| Name: | Joe Slmon | | DP-da | ay pı | rogra | am/d | lay h | ab | | | | JS | | John . | | | | | | | | | | | | | | | | | | | | |
| | | | LOA- | | | abse | ence | | | | | KB | _ | Karl , | | | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | P-pac | _ | ed | | | | | | | RN | _ | Reggie | | | | | | | | | | _ | | | | | | | | | | |
| | | | W-wo | rk | | | | | | | | ST | , | Sarah | Tow | uney | | | | | | | | _ | | | | | | | | | | |
| | | | H-hos | | , nurs | ing l | nome | e, reh | ab c | ente | r | | ┸ | | | | | | | | | | | _ | | | | | | | | | | |
| | | | S-sch | lool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pharmacy Label

Rx#287-97226 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 4/17/yr

Joe Simon

Divalproex 250mg Qty: 240

I.C. Depakote

Dr. Smith

Take three tablets twice a day and two tablets daily at 4pm by mouth

Lot# 324-331 ED: 4/17/yr Refills: 5

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Divalproex

Brand names for Divalproex are Depakote, Depakote Sprinkles and Epival. Divalproex is commonly prescribed for seizures. It is also used for conditions that require better emotional control and migraine headaches.

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

| Start | Generic Carbamazepii | ne | Hour | 4 | 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 | 29 | 30 | 31 |
|-----------------|-----------------------|----------------|---------|-------|-------|--------|-------|----------|------|------|----|------|----|-------|----------|----------|------|---------|----|----|----|----|------|----|-----|------|-----|-----|----|----|-----|----|----|---------------|
| 1-2-yr | Brand Tegretol D | | 8am | JS | JS | | | | | | | | | | | | | | | | | | | | | | | X | | | X | | | <u>X</u> |
| | Strength 200mg | Dose 400mg | - | | | | | | | | | | } | | | | | | | | | | /C | | | | | _ | | | | | | <u>~</u> |
| Stop | Amount 2 tabs | Route By mouth | 4pm | KB | KB | KR | KR | ST | ST | KR | KR | KB | KB | KR | ST | ST | KR | / KB | KR | X | X | | | _ | _ | X | | + | Х | X | Х | X | Х | Х |
| Cont. | Frequency Three time | | 8pm | | | | | | | | | | | | | | | | | | | | | | X | X | _ | X | _ | | | | | $\frac{x}{x}$ |
| | ecial instructions: | , | - Topin | | | | | <u> </u> | ٠. | | | 1112 | | 110 | <u>.</u> | <u> </u> | | | | | | | | | ^` | | | | | | nal | | | Ŝ |
| Start | Generic Divalproex | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | | | 28 | | | 31 |
| 4-17-yr | Brand Depakote | | 8am | Х | | | Х | | Х | | | | Х | _ | | Х | | | | | | | | | | | | | | | | | | |
| | Strength 250mg | Dose 750mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 3 tabs | Route By mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cont. | Frequency Twice a da | ıy | 8pm | Х | Х | Х | Χ | Х | Х | Х | Х | Х | Χ | Х | Χ | Х | Χ | Χ | Χ | | | | | | | | | | | | | | i | |
| Sp | ecial instructions: | | • | | | l . | | l . | l | ļ. | | 1 | | - | | | l . | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic Divalproex | | Hour | 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 | 29 | 30 | 31 |
| 4-17-yr | Brand Depakote | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength 250mg | Dose 500mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 2 tabs | Route By mouth | 4pm | Х | Х | Х | Χ | Х | Х | Х | Χ | Х | Χ | Х | Х | Х | Х | X | Х | | | | | | | | | | | | | | | |
| Cont. | Frequency Daily at 4p | om | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | • | • | • | | | | | • | | • | | | | • | • | | | | • | | | | • | R | eas | on: | | | _ | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| | | | | | | СО | DES | 3 | | | | lni | | | | | Sign | atu | re | | | | Init | S | ign | atur | е | | | | | | | |
| Name: . | Joe Simon | | DP-da | ay pı | rogra | am/d | lay h | nab | | | | JS | _ | John | | | | | | | | | | | | | | | | | | | | |
| | | | LOA- | leav | e of | abse | ence | ! | | | | KB | _ | Karl | | | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | P-pac | ŭ | ed | | | | | | | R۱ | _ | Reggi | | | | | | | | _ | | 1 | | | | | | | | | | |
| | | | W-wo | | | | | | | | | ST | , | Sarah | t Tou | rney | | | | | | 4 | | ╀ | | | | | | | | | | |
| | | | H-hos | | , nur | sing l | home | e, reh | ab c | ente | r | _ | ╀ | | | | | | | | | 4 | | ╀ | | | | | | | | | | |
| | | | S-sch | ool | | | | | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

You have taken Casey Forte to the doctor and have received medication from the pharmacy. Pretend that the date is May 20, year. It is 2 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

HEALTH CARE PROVIDER ORDER

| Name: Casey Forte | Date: 5/20/yr |
|--|-------------------------------|
| Health Care Provider: Dr. Smith | Allergies: No Known Allergies |
| Reason for Visit: Frowning and askin swallowing Amoxicillin in tablet form | |
| Current Medications: Amoxicillin 250mg four times a day fo | r 7 days by mouth |
| Staff Signature: Paula Tones, Program Manager | Date: 5/20/yr |
| Health Care Provider Findings: | |
| Medication/Treatment Orders: | |
| D/C Amoxicillin Amoxil suspension 250mg four times | a day for 10 days by mouth |
| Instructions: | • |
| Follow-up visit: | Lab work or Tests: |
| Signature: Donald Smith, WD | Date: 5/20/yr |

Month and Year: May (year)

Site: 35 River Way

MEDICATION ADMINISTRATION SHEET

| Montl | h and Year: May (yea | ır) | | N | ΛEΙ | DIC | ΑT | ION | I A | DM | INI | STI | RA | TIC | N S | SHE | EΕΊ | _ | | | | | ΑI | ler | gies | s: n | on | е | | | | | | | |
|---------|-----------------------------|-------|----------|-------|------|----------|------|-------|-----|----------|--|-----|-----|-----|------|--------------|-----|------|------|----------|----|----|----------|------|------|------|------|-----|-----|----------|----------|----|----|----------|----------|
| Start | Generic Amoxicillin | | | Hour | 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 | 29 | 30 | 31 |
| 5-19-yr | Brand Amoxil | | | 8am | | | | Х | | | X | | _ | | | | | | X | | | | X | | | | | | | | χ | _ | | _ | |
| | Strength 250mg | Dose | 250mg | 12pm | | | | | X | <u> </u> | | - | 4 | _ | | _ | X | _ | | _ | X | | - | KB | | | | | | — | X | _ | | _ | Х |
| Stop | Amount 1 tab | | By mouth | 4pm | 1 | - | | | | 1 | 1 | - | 4 | X | - | | X | 1- | + | X | | | <u> </u> | | | | | | | - | Х | | | _ | |
| 5-26-yr | Frequency Four times | | • | 8pm | | | | | | | | X | | X | | | | | X | | | | ST | | | | | | | Х | | | | | |
| Sp | ecial instructions: For 7 o | lavs | | 91 | | | | | | | | | - | | | | 1 | | 1 | | | | <u> </u> | | | | R | eas | on: | | | | | | <u> </u> |
| Start | Generic | , - | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | 25 | | <u> </u> | | | | 31 |
| | Brand | | | | | | | | | | | _ | _ | | | | | | | | | _ | | _ | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | - | | | | \vdash | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | \neg | | | | \Box | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \dashv | | | | \vdash | l |
| Sp | ecial instructions: | | | | | | | | | | ı | | 1 | | | 1 | - | | 1 | | | | | | | ļ | R | eas | on: | | | _ | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | |
| Sp | ecial instructions: | | | | | ı. | | | | | | | II. | 1 | | | · · | | | | | | 1 | | | | R | eas | on: | | | | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | l |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | • | <u> </u> | | | • | | • | • | | | | | | • | | <u> </u> | • | | * | | | | R | eas | on: | | | | | | |
| | | | | | | | СО | DES | 3 | | | | In | it | | | | Sigi | natu | re | | | | Init | S | ign | atur | е | | | | | | | |
| Name: | Casey Forte | | | DP-da | ау р | rogr | am/c | lay h | nab | | | | JS | 3 | Tohn | Smit | h | | | | | | | | | | | | | | | | | | |
| | | | | LOA- | leav | e of | abse | ence | | | | | KI | 3 | Karl | Rum | ke. | | | | | | | | | | | | | | | | | | |

RN ST

P-packaged

H-hospital, nursing home, rehab center

W-work

S-school

Reggie Newton

Sarah Tourney

Pharmacy Label

Rx#287-97326 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 5/20/yr

Casey Forte

Amoxicillin Suspension

250mg per 5mL Qty: 200mL

I.C. Amoxil

Take one teaspoon (5mL) four times a day for

10 days by mouth

Dr. Smith

Lot# 324-231 ED: 5/20/yr Refills: 0

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin

Common brand names are Amoxil, Polymox, Trimox and Wymox. Amoxicillin is a commonly prescribed antibiotic. It is used to treat middle ear infections, sinusitis, and skin, respiratory tract and urinary tract infections caused by bacteria.

Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Amoxicillin | | Hour | 4 | ٦ | 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 | 29 | 30 | 31 |
|------------------|-------------------------------|----------------|-------|------------|------|-------|------|----------|-------------------------|-------|---|-----|------------|-------|-------|------|------|------|----|----|------------|----|------|----|------|------|----------------|-----|------|-----|------|----------|----------|----|
| 5-19-yr | Brand Amoxil D/C | 5-20-yr PJ | 8am | Х | Х | Х | Х | X | $\overline{\mathbf{x}}$ | * | X | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | KB | | | | | | | Х | Х | х | х | Х |
| | | Dose 250mg | 12pm | Х | Х | Х | Х | х | Χ | Х | Χ | Х | Х | X | X | × | × | | Χ | Χ | Х | Χ | KB- | D | /C | 5-2 | 20- | vr | РJ | Х | Х | Х | х | Х |
| Stop | Amount 1 tab | Route By mouth | 4pm | - | _ | | | | | _ | Х | - | Х | + | + | _ | _ | | | | / x | | | | | | | | | Х | Х | Х | Х | х |
| 5-27-yr | Frequency Four times a | day | | Х | | | | | | Χ | Χ | X | Х | Х | Х | | | | Χ | Χ | X | | | | | | | | * | × | х | Х | Х | Х |
| Sp | ecial instructions: For 7 day | ys | | ļ <u>I</u> | | | | | | Į. | | | ļ. | · | | | | | | | | | | | | R | eas | on: | urir | ary | infe | ctio | n | _ |
| Start | Generic Amoxicillin susp | pension | Hour | 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 | 29 : | 30 | 31 |
| 5-20-yr | Brand Amoxil suspens | sion | 8am | Х | Х | Х | Χ | Х | Х | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Χ | Χ | Х | Χ | Χ | | | | | | | | | | | Х |
| | Strength 250mg/ 5mL | Dose 250mg | 12pm | Х | Х | Х | Х | Х | Χ | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Χ | Χ | Х | Χ | Х | | | | | | | | | | | Х |
| Stop | Amount 1 teaspoon | Route By mouth | 4pm | Х | Х | Х | Х | Х | Χ | Х | Χ | Х | Х | Х | Х | Х | Х | Х | Χ | Χ | Х | Χ | | | | | | | | | | | Х | Х |
| 5-30-yr | Frequency Four times a | a day | 8pm | Х | Х | Х | Х | Х | Χ | Х | Χ | X | Х | Х | Х | Х | Х | Χ | Χ | Χ | X | Χ | | | | | | | | | | | Х | Х |
| Sp | ecial instructions: For 10 da | ays | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | 1 | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | | • | | | | | | | | | | | | R | eas | on: | | • | | <u>'</u> | <u>'</u> | |
| | | | | | | COI | DES | 3 | | | | Ini | it | | | 5 | Sign | atuı | re | | | | Init | S | igna | atur | е | | | | | | | |
| Name: | Casey Forte | | DP-da | y pr | ogra | m/d | ay h | ab | | | | JS | ; <i>(</i> | Tohn | Smiti | h | | | | | | | | | | | | | | | | | | |
| | | | LOA-I | eave | of a | abse | nce | | | | | KE | 3 / | Karl | Burk | le . | | | | | | | | | | | | | | | | | | |
| Site : 35 | River Way | | P-pac | kage | ed | | | | | | | R۱ | _ | 00 | ie Ne | | | | | | | | | | | | | | | | | | | |
| | | | W-wo | rk | | | | | | | | S1 | ٠ , | Sarak | k Tou | rney | | | | | | | | | | | | | | | | | | |
| | | | H-hos | pital, | nurs | ing h | ome | , reha | ab ce | enter | • | | | | | | | | | | | | | | | | | | | | | | | |
| | | S-sch | ool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Marie Sousa to the doctor and have received medication from the pharmacy. Pretend that the date is August 5, year. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

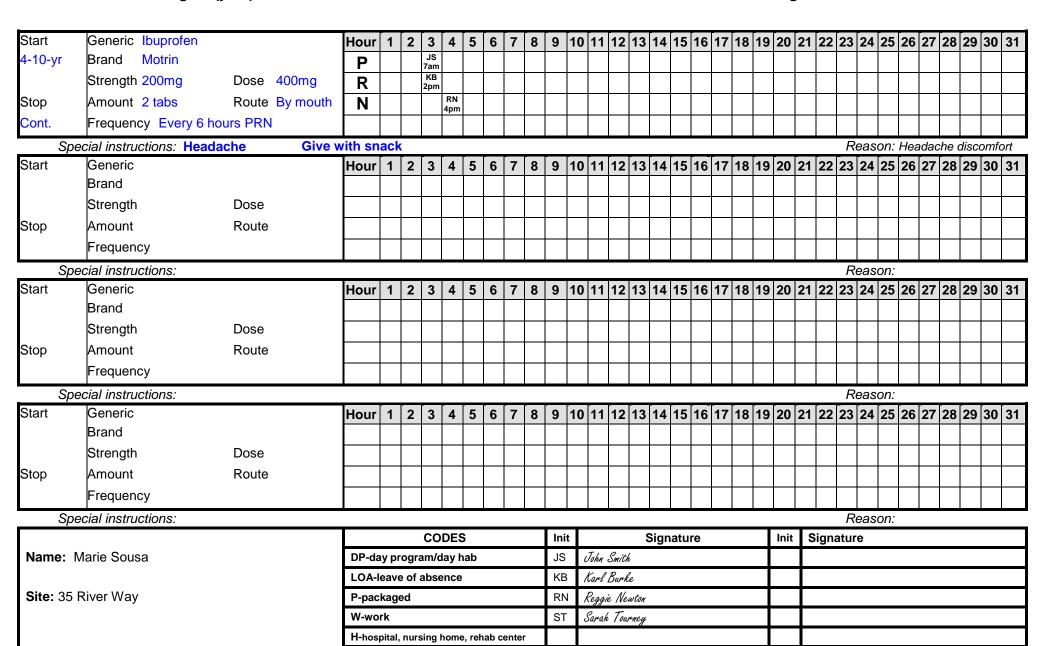
HEALTH CARE PROVIDER ORDER

| Name: Marie Sousa | Date: 8/5/yr |
|--|----------------------------------|
| Health Care Provider: Dr. Smith | Allergies: No Known Allergies |
| | |
| Reason for Visit: Marie points to her staking the Motrin even though a snack | |
| Current Medications: Motrin 400mg every 6 hours PRN head | dache by mouth. Give with snack. |
| Staff Signature: Paula Tones, Program Manager | Date: 8/5/yr |
| Health Care Provider Findings: | _ |
| Medication/Treatment Orders: D/C Motrin | |
| Tylenol 650mg every 6 hours PRN hea headache continues after 24 hours. | dache by mouth. Call HCP if |
| Instructions: | |
| Follow-up visit: | Lab work or Tests: |
| Signature: Donald Smith, MD | Date: 8/5/yr |

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none



Pharmacy Label

Rx#287-96326 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 8/5/yr

Dr. Smith

Marie Sousa

Acetaminophen 325mg Qty: 200

I.C. Tylenol

Take two tablets every 6 hours as needed for headache by mouth.

Call HCP if headache continues after 24 hours.

Lot# 314-231 ED: 8/5/yr Refills: 5

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Haldol | Haloperidol |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Acetaminophen

Acetaminophen is known by many names such as Anacin-3, Panadol, Tylenol and others. Acetaminophen relieves mild pain and fever

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| * ****** | O a a a si a . Ula a a a a fa | | | Γ. | Γ. | | _ | | | | | | [40 | · · · | [| | [| 7- | 4.0 | | | | | Ī | T | T | T | T | [aa | T | [| | | - |
|-----------------|-------------------------------|----------------|----------|-------|------------|----------------|-----------|--------|------|------|------|----------|-------------------------|-------|-------|------|------|-----|-----|----|----|----|------|----|----------|-----|-----|-----|-----|----|-------|----|----|---------|
| Start | Generic Ibuprofe | | Hour | 1 | 2 | 3 JS | 4 | 5 | 6 | 7 | _ | 9 | | | 12 | | | | | | | | | | _ | | | | 26 | | - | | 30 | 31 |
| 4-10-yr | Brand Motrin | | P | | | 7am KB | | | | * | | X | _ | | | X | X | X | | X | | | | | | | | | | | | X | X | X |
| | Strength 200mg | Dose 400mg | R | | | 2pm | | | X | X | | | X | | | | | | X | _ | | | | | | | | | | | | X | X | X |
| Stop | Amount 2 tabs | Route By mouth | N | | | | RN 4pm | | X | X | | X | | | | | X | | | | | | | | | | | | X | - | - | | X | X |
| Cont. | Frequency Four ti | | | | 8-5 | -yr | PJ | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | × | × | X | X | X | X |
| | ecial instructions: He | | with sr | | k | | | - | F | F | - | _ | _ | | _ | | _ | | | | | | _ | F | _ | | | | | | che d | | | |
| Start | Generic Acetamin | nophen | Hour | _ | 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 | 29 | 30 | 31 |
| 8-5-yr | Brand Tylenol | | Р | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | <u></u> |
| | Strength 325mg | Dose 650mg | R | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 2 tabs | Route By mouth | N | Х | Х | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cont. | Frequency Every | 6 hours PRN | | Х | Х | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: He | eadache Call F | ICP if I | nea | dac | he c | on | tinu | ıes | afte | er 2 | 4 h | our | S | | | | | | | • | • | | | | R | eas | on: | • | • | | | | _ |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | | | | | | | 1 | | | | | | | | | | | R | eas | on: | 1 | | 1 | | | |
| Start | Generic | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sp | ecial instructions: | | | | | | | | l | l | 1 | <u> </u> | ı | | | | | | | | | | ı | ı | <u> </u> | R | eas | on: | | | | | | |
| | | | | | | COI | DES | 3 | | | | ln | it | | | 5 | Sign | atu | re | | | | Init | S | Sign | atu | re | | | | | | | |
| Name: | Marie Sousa | | DP-d | ау р | rogra | am/d | ay h | ab | | | | JS | 6 | Tohn | Smith | ; | | | | | | | | | | | | | | | | | | |
| | | | LOA- | leav | e of | abse | nce | | | | | KE | 3 / | Karl | Burk | e | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | P-pac | ckag | ed | | | | | | | RI | N / | Reggi | ie Ne | wton | | | | | | | | | | | | | | | | | | |
| | | | W-wo | ork | | | | | | | | ST | Γζ | Sarah | t Tow | uney | | | | | | | | | | | | | | | | | | |
| | | | H-hos | pital | , nurs | ing h | ome | e, reh | ab c | ente | r | | $oldsymbol{\mathbb{I}}$ | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | _ | | | | | | | | | | | | | | | _ | |

PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Chris Star to the doctor and have received medication from the pharmacy. Pretend that the date is September 16, year. It is 3 pm.

Use the health care provider's order, pharmacy label and generic equivalents to transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

| Name: Chris Star | Date: 9/16/yr |
|---|------------------------------------|
| Health Care Provider: Dr. Smith | Allergies: no known allergies |
| Reason for Visit: Has had a cough for 97.4 degrees by mouth this morning. | the past 24 hours. Temperature was |
| Current Medications: none | |
| Staff Signature: Tohn Smith, Program Manager | Date: 9/16/yr |
| Health Care Provider Findings: | |
| Medication/Treatment Orders: | |
| Centrex liquid 120mg twice a day for 5 | days by mouth |
| Instructions: | |
| Follow-up visit: | Lab work or Tests: |
| Signature: David Smith, MD | Date: 9/16/yr |

Month and Year: September (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 3 24 | 4 2 | 5 2 | 6 2 | 27 | 28 2 | 29 : | 30 | 31 |
|----------------|----------------------|-------|----------|--------|------|--------|------|-------|-------|-------|---|-----|----|-------|-------|------|------|-----|----|----|----|----|------|-----|------|-----|------|-----|------------|-----|----|------|------|----|----|
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | pecial instructions: | | · | l | | | | | | | | 1 | | | | | | | J. | | | | I | 1 | ı | F | Rea | sor |) <i>:</i> | | | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 3 24 | 4 2 | 5 2 | 6 2 | 27 | 28 2 | 29 : | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | pecial instructions: | | <u> </u> | ı | | ' | | | | 1 | | | 1 | | | | | | | | | | | 1 | ı | F | ₹еа | sor |) <i>:</i> | | - | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 3 24 | 4 2 | 5 2 | 6 2 | 27 | 28 2 | 29 : | 30 | 31 |
| İ | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | pecial instructions: | | • | | • | | | | • | | | | | | | | | | | | | | | | | F | ₹еа | sor |) <i>:</i> | | | | | | |
| Start | Generic | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 3 24 | 4 2 | 5 2 | 6 2 | 27 | 28 2 | 29 : | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | pecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | F | Rea | sor |) <i>:</i> | | | | | | |
| | | | | | | СО | DES | 3 | | | | lni | | | | | Sign | atu | re | | | | Init | : 5 | Sign | atu | re | | | | | | | | |
| Name: | Chris Star | | DP-da | ay pı | ogra | am/d | ay h | nab | | | | JS | | - | Smith | | | | | | | | | | | | | | | | | | | | |
| | | | LOA-I | leav | e of | abse | nce | | | | | KE | | | Burk | | | | | | | | | ┸ | | | | | | | | | | | |
| Site: 3 | 5 River Way | | P-pac | kag | ed | | | | | | | R۱ | _ | | e Ne | | | | | | | | | ┸ | | | | | | | | | | | |
| | | | W-wo | rk | | | | | | | | ST | ٠, | Sarah | Tow | uney | | | | | | | | ┸ | | | | | | | | | | | |
| | | | H-hos | pital, | nurs | sing l | nome | , reh | nab c | enter | r | | | | | | | | | | | | | | | | | | | | | | | | |

Pharmacy Label

Rx#284-87226 Adams Pharmacy 978-937-1212

20 Main Street

Anytown, Ma 09111 9/16/yr

Chris Star

Centromonium 60mg per 3mL Qty: 60mL

I.C. Centrex

Give 6mL twice a day (special dropper)

by mouth for 5 days

Dr. D. Smith

Lot# 323-233 ED: 9/16/yr Refills: 0

Generic Equivalents

| Brand Name | Generic Equivalent |
|------------|--------------------|
| Dilantin | Phenytoin |
| Loram | Loramine |
| Loxaprill | Loxaprilline |
| Tylenol | Acetaminophen |
| Amoxil | Amoxicillin |
| EES | Erythromycin |
| Depakote | Divalproex |
| Centrex | Centromonium |
| Tegretol | Carbamazepine |
| Pen VK | Penicillin |

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Centromonium

Centromonium (brand name: Centrex) may be prescribed to help relieve your cough by loosening mucus or phlegm in your lungs. It's helpful for coughs due to colds but not for long-term coughs such as those associated with asthma, emphysema or smoking.

Month and Year: September (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

| Start | Generic Centromonium |) | | Hour | | 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 | 29 | 30 | 31 |
|-----------------|-----------------------------|-------------|--------|--------|-------|------|-------|-------|-----|------|-------|---|-----|----|--------|-----|------|------|------|----|----|----|----|------|----|------|------|-----|-----|----|----|----|----|----|----|
| 9-16-yr | Brand Centrex | | | 8am | X | X | X | X | X | X | X | X | X | X | X | Х | X | X | X | X | | | | | | X | X | Х | X | X | X | X | X | X | X |
| | Strength 60mg per 3mL | . Dose 120r | mg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount 6mL | Route By n | nouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9-21-yr | Frequency Twice a day | / | | 8pm | х | X | х | Х | X | X | Х | Х | Х | Х | Х | Х | Х | X | Х | | | | | | Х | Х | X | Х | X | Х | X | Х | Χ | Х | Х |
| Spe | ecial instructions: For 5 d | ays | Use sp | ecial | dro | ppe | er | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | l | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spe | ecial instructions: | | | | | | • | | | | | | | • | • | | | | | | | | | | | | R | eas | on: | | | _ | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spe | ecial instructions: | | | | • | | • | | | | | | | • | • | | • | | | | | | | | | | R | eas | on: | | | | | | |
| Start | Generic | | | Hour | 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 | 29 | 30 | 31 |
| | Brand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Strength | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop | Amount | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spe | ecial instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | R | eas | on: | | | | | | |
| | | | | | | | СО | DES | 3 | | | | lni | t | | | S | Sign | atuı | re | | | | Init | S | igna | atur | е | | | | | | | |
| Name: 0 | Chris Star | | | DP-da | ıy pr | ogra | am/d | lay h | ab | | | | JS | | Tohn . | | | | | | | | | | | | | | | | | | | | |
| | | | | LOA-I | | | abse | nce | | | | | KB | _ | tarl. | | | | | | | | | | | | | | | | | | | | |
| Site: 35 | River Way | | | P-pac | kage | ed | | | | | | | R١ | _ | Reggi | | | | | | | | | | | | | | | | | | | | |
| | | | | W-wo | rk | | | | | | | | ST | | Sarah | Tou | rney | | | | | | | | | | | | | | | | | | |
| | | | | H-hosi | nital | nure | ina l | ome | reh | ah c | ontor | | | | | | | | | | | | | | I | | | | | | | | | | |