1. First Name Last Name MI

2. Patient Number									--	H
3. Date of Birth					Month		Day		Year	

4. Race
☐ 1. White ☐ 2. Black/African American
☐ 3. American Indian/Alaska Native ☐ 4. Asian
☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other
Ethnicity: Hispanic/Latino Origin? ☐ Yes ☐ No

5. Gender ☐ 1. Male ☐ 2. Female

6. County of Residence

7. Allergies
1._____
2._____
3._____
4._____
5._____

NC Department of Health and Human Services
Public Health Nursing and Professional Development

Medication Flow Sheet

8. Date (M/D/Y)	9. /\ or DC Date (M/D/Y)	10. Medication Name	11. Lot No./ Manufacturer	12. Dose/ Rte./Frequency	13. Pt. Med Ed. (Source with Date)	14. Prescriber's Name	15. Signature

16. Pharmacy Name /Telephone Number

_____ _____

_____ _____

_____ _____

Patient Name, #, or DOB
or
Attach Patient Label Here

Medication Flow Sheet

8. Date (M/D/Y)	9. /\ or DC Date (M/D/Y)	10. Medication Name	11. Lot No./ Manufacturer	12. Dose/ Rte./Frequency	13. Pt. Med Ed. (Source with Date)	14. Prescriber's Name	15. Signature

16. Pharmacy Name /Telephone Number

_____ _____

_____ _____

_____ _____

MEDICATION FLOW SHEET (DHHS 2802)

This medication flow sheet can be used in one of two ways. In agencies employing a full time provider, the flow sheet can be used as an order/update sheet. In this event, it is the provider who fills in the sheet and the signature verifies that the medication listed is a medication order. In agencies not employing a full time provider, the medication flow sheet can be used purely as a tracking mechanism in order to keep up with the medications that the client is taking. In that case the signature confirms who updated the flow sheet. See below for directions depending on usage.

Medication Flow Sheet as the Provider's Medication Order Form.

1-6: Fill in information as requested.
7. Provide information regarding all allergies.
8. Fill in the month, day and year that the medication is ordered.
9. This column is to document a change in the medication dosage or to discontinue the medication.
10. Write in the medication name as it was ordered.
11. Provide lot number and manufacturer of the medication.
12. Provide the dosage, route and frequency prescribed.
13. Fill in the patient education information provided to the patient at the time the drug was prescribed. (This is required only for drugs prescribed and filled through the health department.)
14. It is suggested that the provider print in his/her name to assure accuracy regarding identification of prescriber.
15. The provider signs the flow sheet utilizing full credentials to verify the medication order.
16. Fill in the patient's pharmacy name and telephone number.

Medication Flow Sheet as a Medication Tracking Mechanism.

1-6: Fill in information as requested.
7. Provide information regarding all allergies.
8. Fill in the month, day and year that the medication was ordered.
9. This column is to document a change in the medication dosage or to discontinue the medication.
10. Write in the medication name as it was ordered.
11. Provide lot number and manufacturer of the medication.
12. Provide the dosage, route and frequency that the provider prescribed.
13. Fill in the patient education information provided to the patient at the time the drug was prescribed. (This is required only for drugs prescribed and filled through the health department.)
14. Fill in the provider's name that prescribed the drug. It is suggested that the name be printed to assure that the provider's name is legible.
15. The person updating the medication sheet signs the form to identify whom completed the update.
16. Fill in the patient's pharmacy name and telephone number.

Notes:

***** Medications are discontinued by applying yellow highlighter to the entire line referencing the drug to be discontinued. Use a highlighter bright enough to attract attention but not so dark as to prevent the deleted information from being seen clearly.

****** All medication changes should be treated as new medication orders. Discontinue the previous order by applying yellow highlighter to the complete line referencing the drug to be changed. Rewrite the drug with the new order date on the next available line.