

Transcription Workbook One

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Dose = Strength x Amount Worksheet

DOSE is found in the Health Care Provider's order

HCP Order Example:

Health Care Provider Order	
Tina Lewis	no known allergies
Pepcid 20mg twice daily by mouth	
HCP's Signature: <i>Dr. Jones</i>	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	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
		6/11/yr
Tina Lewis Famotidine 10mg I.C. Pepcid Take 2 tablets by mouth twice daily		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)

PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Tina Lewis 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.

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

S T A F F	Name: Tina Lewis		Date: 6/11/yr	
	Health Care Provider: Dr. Jones		Allergies: no known allergies	
	Reason for Visit: Tina states she has a burning feeling in her throat during the day.			
	Current Medications: Pantoprazole 40mg by mouth once daily in the evening			
	Staff Signature: <i>John Smith, Program Manager</i>		Date: 6/11/yr	
H C P	Health Care Provider Findings: GERD			
	Medication/Treatment Orders:			
	D/C Pantoprazole Pepcid 20mg <u>twice daily</u> by mouth <i>dose</i> <i>frequency</i> <i>route</i>			
	Instructions:			
	Follow-up visit:		Lab work or Tests:	
Signature: <i>Dr. Jones</i>		Date: 6/11/yr		

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-7-yr	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
	Brand	Protonix																																
	Strength	40mg	Dose	40mg																														
	Stop	Amount	1 tab	Route	By mouth																													
Cont.	Frequency	Once daily in the evening	8pm	KB	JS	KB	KB	ST	ST	KB	RN	KB	KB																					

Special instructions:

Reason: decrease acid

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																																	

Special instructions:

Reason:

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																																	

Special instructions:

Reason:

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																																	

Special instructions:

Reason:

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

Pharmacy Label

Rx#135	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 6/11/yr
Tina Lewis		
Famotidine <u>10mg</u> <i>strength</i>		
I.C. Pepcid		Qty. 120
Take <u>2 tablets</u> <i>amount</i> by mouth twice daily		
		Dr. Jones
Lot# 323-5	ED: 6/11/yr	Refills: 3

Generic Equivalents

Brand Name	Generic Equivalent
Pepcid	Famotidine
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Pepcid 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)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-7-yr Stop Cont.	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
	Brand	Protonix D/C 6-11-yr JS																																
	Strength	40mg Dose 40mg																																
	Amount	1 tab Route By mouth																																
	Frequency	Once daily in the evening	8pm	KB	KB	JS	KB	ST	ST	KB	RN	KB	KB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions:

Reason: reduce acid

Start 6-11-yr Stop Cont.	Generic	Famotidine	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	Pepcid	8am	X	X	X	X	X	X	X	X	X	X	X																				
	Strength	10mg Dose 20mg																																
	Amount	2 tablets Route By mouth																																
	Frequency	Twice daily	8pm	X	X	X	X	X	X	X	X	X	X																					

Special instructions:

Reason: GERD

Start Stop	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																																
	Amount	Route																																
	Frequency																																	

Special instructions:

Reason:

Start Stop	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																																
	Amount	Route																																
	Frequency																																	

Special instructions:

Reason:

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

PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Tina Lewis 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.

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: Tina Lewis	Date: 6/20/yr
Health Care Provider: Dr. Smith	Allergies: None
Reason for Visit: complaint of pressure on forehead, mild fever, dizziness, increase in head slapping behavior	
Current Medications: Synthroid 0.125mg by mouth once a day in the morning	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 6/20/yr
Health Care Provider Findings: hypothyroid, elevated blood pressure, sinus infection	
Medication/Treatment Orders: D/C Synthroid Armour Thyroid 30mg by mouth once daily before breakfast. Brand name only medication. Inderal 20mg by mouth once daily in the morning Amoxil 500mg by mouth three times daily for 10 days	
Instructions:	
Follow-up visit: 2 weeks	Lab work or Tests:
Signature: <i>Dr. Susan Smith</i>	Date: 6/20/yr

Month and Year: June (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	24	25	26	27	28	29	30	31
3-23-yr	Brand Synthroid	8am	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS											
	Strength 0.125mg	Dose 0.125mg																															
Stop	Amount 1 tab	Route By mouth																															
Cont.	Frequency Daily in the morning																																

Special instructions:

Reason: replace thyroid hormone

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

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

Pharmacy Labels

Rx#139 Tina Lewis Armour Thyroid 30mg I.C. Take 1 tablet once daily before breakfast by mouth Lot# 659	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000 ED: 6/20/yr	111-222-3434 6/20/yr Qty. 30 Dr. Smith Refills: 3
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Rx#285-97226 Tina Lewis Propranolol 10mg I.C. Inderal Take 2 tablets once daily in the morning by mouth Lot# 323-334	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000 ED: 6/20/yr	111-222-3434 6/20/yr Qty. 60 Dr. Smith Refills: 3
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Rx#285-97227 Tina Lewis Amoxicillin 500mg I.C. Amoxil Take 1 tablet three times daily for ten days by mouth Lot# 323-335	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000 ED: 6/20/yr	111-222-3434 6/20/yr Qty. 30 Dr. Smith Refills: 0
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Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Armour Thyroid	Thyroid desiccated
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

Start 3-23-yr Stop Cont.	Generic	D/C 6-20-yr PJ D/C 6-20-yr PJ	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		Synthroid	8am	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X
	Strength		0.125mg	Dose	0.125mg																														
	Amount		1 tab	Route	By mouth																														
	Frequency		Daily in the morning																																

Special instructions:

Reason: replace thyroid hormone

Start 6-21-yr Stop Cont.	Generic	Armour Thyroid 30mg 1 tab Once daily before breakfast	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		7am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
	Strength		30mg	Dose	30mg																														
	Amount		1 tab	Route	By mouth																														
	Frequency		Once daily before breakfast																																

Special instructions:

Reason: hypothyroid

Start 6-21-yr Stop Cont.	Generic	Propranolol Inderal 10mg 2 tabs Once daily in the morning	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		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
	Strength		10mg	Dose	20mg																														
	Amount		2 tabs	Route	By mouth																														
	Frequency		Once daily in the morning																																

Special instructions:

Reason: high blood pressure

Start 6-20-yr Stop 6-30-yr	Generic	Amoxicillin Amoxil 500mg 1 tab Three times daily	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		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X
	Strength		500mg	Dose	500mg																														
	Amount		1 tab	Route	By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X
	Frequency		Three times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X

Special instructions: For 10 days

Reason: sinus infection

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

PRACTICE SKILLS-TRANSCRIPTION

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.

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: Jane McCarthy	Date: 8/1/yr
Health Care Provider: Dr. White	Allergies: No Known Allergies
Reason for Visit: Continues to have frequent trips to bathroom during the night. Complains of a burning feeling when urinating.	
Current Medications: Cefaclor 250mg twice daily for seven days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 8/1/yr
Health Care Provider Findings: Urinary tract infection	
Medication/Treatment Orders: D/C Cefaclor Amoxil 500mg four times daily for 10 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Andrea White, MD</i>	Date: 8/1/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-29-yr	Generic Cefaclor	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 Ceclor	8am	JS					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 8-5-yr	Strength 250mg	Dose 250mg																															
	Amount 1 tab	Route By mouth																															
	Frequency Twice daily	8pm					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For 7 days

Reason: urinary tract infection

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																																
Stop	Strength	Dose																															
	Amount	Route																															
	Frequency																																

Special instructions:

Reason:

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																																
Stop	Strength	Dose																															
	Amount	Route																															
	Frequency																																

Special instructions:

Reason:

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																																
Stop	Strength	Dose																															
	Amount	Route																															
	Frequency																																

Special instructions:

Reason:

Name: Jane McCarthy Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#276-97226 Jane McCarthy Amoxicillin 250mg I.C. Amoxil	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 8/1/yr Qty. 80 Dr. A. White
Take 2 capsules four times daily for 10 days by mouth		
Lot# 323-336	ED: 8/1/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
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 7-29-yr Stop 8-5-yr	Generic Cefaclor	D/C 8-1-yr PJ Dose 250mg Amount 1 tab Route By mouth Frequency Twice daily	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 Ceclor		8am	JS						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength 250mg																																			
			8pm						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions: **For 7 days**

Reason: urinary tract infection

Start 8-1-yr Stop 8-11-yr	Generic Amoxicillin	 Dose 500mg Amount 2 caps Route By mouth Frequency Four times daily	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 Amoxil		8am	X												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg		12pm	X												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			4pm											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			8pm											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: **For 10 days**

Reason: urinary tract infection

Start Stop	Generic	 Dose Amount Route Frequency	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																																		

Special instructions:

Reason:

Start Stop	Generic	 Dose Amount Route Frequency	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																																		

Special instructions:

Reason:

Name: Jane McCarthy Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	PJ	Paula Jones		
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

PRACTICE SKILLS-TRANSCRIPTION

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 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.

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: Sam Lopes	Date: 2/14/yr
Health Care Provider: Dr. White	Allergies: No Known Allergies
Reason for Visit: Cough has worsened. Is now complaining of a sore throat.	
Current Medications: Amoxicillin 250mg four times daily for 5 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 2/14/yr
Health Care Provider Findings: Upper respiratory infection	
Medication/Treatment Orders: D/C Amoxicillin EES 666mg three times daily for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Andrea White, MD</i>	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	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg Dose 250mg	12pm	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop	Amount 1 tab Route By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2-17-yr	Frequency Four times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions: **For 5 days**

Reason: **respiratory infection**

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

Name: Sam Lopes Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	ST	<i>Sarah Tourney</i>		
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#277-97226 Sam Lopes Erythromycin 333mg I.C. EES	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 2/14/yr Qty. 30 Dr. A. White
Take 2 tablets three times daily for 5 days by mouth		
Lot# 324-336	ED: 2/14/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
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	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 D/C 2-14-yr PJ	8am	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg Dose 250mg	12pm	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop	Amount 1 tab Route By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-17-yr	Frequency Four times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: **For 5 days**Reason: *respiratory infection*

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	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X
	Strength 333mg Dose 666mg																																
Stop	Amount 2 tabs Route By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X
2-19-yr	Frequency Three times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: **For 5 days**Reason: *respiratory infection*

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

Name: Sam Lopes Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	ST	<i>Sarah Tourney</i>		
	H-hospital, nursing home, rehab center	PJ	<i>Paula Jones</i>		
	S-school				

PRACTICE SKILLS-TRANSCRIPTION

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 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.

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: Joe Simon	Date: 4/17/yr
Health Care Provider: Dr. Smith	Allergies: Sulfa drugs
Reason for Visit: Red area on left leg is getting larger despite doxycycline which was started 3 days ago.	
Current Medications: Doxycycline 100mg once daily in the morning for ten days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 4/17/yr
Health Care Provider Findings: Cellulitis left leg	
Medication/Treatment Orders: D/C Vibramycin Keflex 500mg twice daily for 10 days by mouth Prednisone 5mg by mouth once daily at 4pm for three days, to decrease inflammation	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 4/17/yr

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 4-15-yr	Generic	Doxycycline	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	Vibramycin	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB	JS								X	X	X	X	X	X	X
Stop 4-24-yr	Strength	100mg	Dose	100mg																														
	Amount	1 tab	Route	By mouth																														
	Frequency	Once daily in the morning																																

Special instructions: For ten days

Reason: Cellulitis left leg

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

Name: Joe Simon Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Labels

Rx#287-97226 Joe Simon Cephalexin 250mg I.C. Keflex	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 4/17/yr Qty: 40 Dr. Smith
Take 2 tablets twice daily for ten days by mouth		
Lot# 324-331	ED: 4/17/yr	Refills: 0

Rx#283-97225 Joe Simon Prednisone 5mg I.C.	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 4/17/yr Qty: 3 Dr. Smith
Take 1 tablet once daily at 4 pm for three days by mouth		
Lot# 676-009	ED: 4/17/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Keflex	Cephalexin
Loram	Loramine
Sterapred	Prednisone
Tylenol	Acetaminophen

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Cephalexin
Brand name for Cephalexin is Keflex. Cephalosporin antibiotic commonly used to treat bacterial infections in the body.

Prednisone
Prednisone is a corticosteroid that prevents the release of substances in the body which cause inflammation.

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 4-15-yr	Generic Doxycycline Brand Vibramycin D/C 4-17-yr PJ Strength 100mg Dose 100mg Amount 1 tab Route By mouth Frequency Once daily in the morning	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB	JS	D/C 4-17-yr PJ											X	X	X	X	X	X	X	X	X	X
Stop 4-24-yr																																								

Special instructions: For ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic Cephalexin Brand Keflex Strength 250mg Dose 500mg Amount 2 tabs Route By mouth Frequency Twice daily	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X	X	X	X
Stop 4-27-yr		8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X	X	X	X	

Special instructions: For ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic Prednisone Brand Strength 5mg Dose 5mg Amount 1 tab Route By mouth Frequency Daily at 4pm, for three days	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
		4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X
Stop 4-19-yr																																	

Special instructions:

Reason: Decrease inflammation

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																																

Special instructions:

Reason:

Name: Joe Simon Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	PJ	Paula Jones		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

PRACTICE SKILLS-TRANSCRIPTION

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 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: Casey Forte	Date: 5/20/yr
Health Care Provider: Dr. Smith	Allergies: No Known Allergies
Reason for Visit: Frowning and asking for second cup of water when swallowing Amoxicillin in tablet form started last night.	
Current Medications: Amoxicillin 250mg four times daily for 7 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 5/20/yr
Health Care Provider Findings: UTI, difficulty swallowing tablets, will try medication in suspension form	
Medication/Treatment Orders: D/C Amoxicillin Amoxil suspension 250mg four times daily for 10 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 5/20/yr

Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 5-19-yr	Generic Amoxicillin Brand Amoxil Strength 250mg Dose 250mg Amount 1 tab Route By mouth Frequency Four times daily	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB							X	X	X	X	X
		12pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	JS							X	X	X	X	X
Stop 5-26-yr		4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								X	X	X	X	X
		8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	RN							X	X	X	X	X	X

Special instructions: For 7 days

Reason: urinary tract infection

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

Name: Casey Forte Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	RN	Reggie Newton		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#287-97326 Casey Forte Amoxicillin Suspension 250mg per 5mL I.C. Amoxil suspension Take 5mL four times daily for 10 days by mouth	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000 	111-222-3434 5/20/yr Qty: 200mL Dr. Smith
Lot# 324-231	ED: 5/20/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil suspension	Amoxicillin suspension
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	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	D/C	5-20-yr PJ																															
	Strength	250mg	Dose	250mg																															
Stop	Amount	1 tab	Route	By mouth																															
5-27-yr	Frequency	Four times daily																																	
			8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB							X	X	X	X	X	
			12pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	JS	D/C 5-20-yr PJ							X	X	X	X	X
			4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									X	X	X	X	X
			8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	RN								X	X	X	X	X	

Special instructions: **For 7 days**

Reason: urinary tract infection

Start	Generic Amoxicillin suspension	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 suspension	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X
	Strength 250mg/ 5mL Dose 250mg	12pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X
Stop	Amount 5mL Route By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X
5-30-yr	Frequency Four times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											X	X

Special instructions: **For 10 days**

Reason: urinary tract infection

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

Name: Casey Forte Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	RN	Reggie Newton		
	W-work	PJ	Paula Jones		
	H-hospital, nursing home, rehab center				
	S-school				

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.

Required information to complete this transcription: Marie's typical meal times are: 8am, 12pm and 5pm.

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 complains of pain in her stomach after eating	
Current Medications: Prilosec 20mg by mouth once daily in the morning for 14 days	
Staff Signature: <i>Paola Jones, Program Manager</i>	Date: 8/5/yr
Health Care Provider Findings: Gastritis, will try a trial of Carafate	
Medication/Treatment Orders: D/C Prilosec Carafate suspension 1GM by mouth three times daily one hour before meals for seven days	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 8/5/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr	Generic	Omeprazole	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	Prilosec	8am	JS	JS	KB	KB	RN				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Stop 8-8-yr	Strength	20mg	Dose	20mg																														
	Amount	1 tab	Route	By mouth																														
	Frequency	Once daily in the morning																																

Special instructions: For 14 days

Reason: Gastritis

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

Name: Marie Sousa Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	RN	Reggie Newton		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#287-96326 Marie Sousa Sucralfate suspension 1GM/10mL I.C. Carafate suspension	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 8/5/yr Qty: 210mL Dr. Smith
Take 10mL three times daily one hour before meals for seven days by mouth		
Lot# 314-231	ED: 8/5/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Carafate suspension	Sucralfate suspension
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Sucralfate
Sucralfate, also known by the brand name Carafate is an anti-ulcerative medication used to treat and prevent ulcers in the stomach.

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr Stop 8-8-yr	Generic	Omeprazole	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	Prilosec	D/C	8-5-yr	PJ	8am	JS	JS	KB	KB	RN	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength	20mg	Dose	20mg																														
	Amount	1 tab	Route	By mouth																														
	Frequency	Once daily in the morning																																

Special instructions: For 14 days

Reason: gastritis

Start 8-5-yr Stop 8-12-yr	Generic	Sucralfate suspension	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	Carafate suspension	7am	X	X	X	X	X								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength	1GM/10mL	Dose	1gm	11am	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Amount	10mL	Route	By mouth	4pm	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Frequency	Three times daily one hour																																

Special instructions: before meals for 7 days

Reason: gastritis

Start Stop	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																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

Start Stop	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																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

Name: Marie Sousa Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	RN	Reggie Newton		
	W-work	PJ	Paula Jones		
	H-hospital, nursing home, rehab center				
	S-school				

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 the past 24 hours. Temperature was 97.4 degrees by mouth this morning.	
Current Medications: none	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 9/16/yr
Health Care Provider Findings: Bronchitis	
Medication/Treatment Orders: Centrex liquid 120mg twice daily for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>David Smith, MD</i>	Date: 9/16/yr

Month and Year: September (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start Stop	Generic	Dose Route	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																																	
	Amount																																	
	Frequency																																	

Special instructions:

Reason:

Start Stop	Generic	Dose Route	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																																	
	Amount																																	
	Frequency																																	

Special instructions:

Reason:

Start Stop	Generic	Dose Route	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																																	
	Amount																																	
	Frequency																																	

Special instructions:

Reason:

Start Stop	Generic	Dose Route	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																																	
	Amount																																	
	Frequency																																	

Special instructions:

Reason:

Name: Chris Star Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab				
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#284-87226 Chris Star Centromonium 60mg/3mL I.C. Centrex Give 6mL twice daily (special dropper) by mouth for 5 days	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000 ED: 9/16/yr	111-222-3434 9/16/yr Qty: 60mL Dr. D. Smith Refills: 0
Lot# 323-233		

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
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 9-16-yr	Generic Centromonium Brand Centrex Strength 60mg/ 3mL Dose 120mg Amount 6mL Route By mouth Frequency Twice daily	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X
Stop 9-21-yr		8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	

Special instructions: **For 5 days****Use special dropper**Reason: *Bronchitis*

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

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																																

Special instructions:

Reason:

Name: Chris Star Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	PJ	<i>Paula Jones</i>		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				