Month and Year: June (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start 2-7-yr	Generic Pantoprazole Brand Protonix		
	Strength 40mg	Dose 40mg	
Stop	Amount 1 tab	Route By mouth	
Cont.	Frequency Once daily in the evening		

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
8pm	KB	JS	KB	KB	ST	ST	KB	RN	KB	KB																					

Special instructions: *Reason: decrease acid*

Start	Generic Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Start	Generic Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Start	Generic Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Name: Tina Lewis

Site: Everett Street, Apt. 1A

CODES	CODES		Init	Signature
DP-day program/day hab	A-Absent		JS	John Smith
LOA-leave of absence	NSS-no second staff (e.g. Coumadin)		KB	Karl Burke
P-packaged	OSA-off site administration		RN	Reggie Newton
W-work	MNA-medication not administered		ST	Sarah Tourney
H-hospital, nursing home, rehab center		Signature		
S-school				
V-vacation				

Month and Year: June (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start	Generic		
3-23-yr	Brand Synthroid		
	Strength 0.125mg	Dose 0.125mg	
Stop	Amount 1 tab	Route By mouth	
Cont.	Frequency 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	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS											

Special instructions: *Reason:* *replace thyroid hormone*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Name: Tina Lewis

Site: Everett Street, Apt. 1A

CODES	CODES		Init	Signature
DP-day program/day hab	**A-Absent**		JS	John Smith
LOA-leave of absence	**NSS-no second staff (e.g. Coumadin)**		KB	Karl Burke
P-packaged	**OSA-off site administration**		RN	Reggie Newton
W-work	**MNA-medication not administered**		ST	Sarah Tourney
H-hospital, nursing home, rehab center		**Signature**		
S-school				
V-vacation				

Month and Year: August (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start	Generic Cefaclor		
7-29-yr	Brand Ceclor		
	Strength 250mg	Dose 250mg	
Stop	Amount 1 tab	Route By mouth	
8-5-yr	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	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
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		
	Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Start	Generic		
	Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Start	Generic		
	Brand		
	Strength	Dose	
Stop	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

Special instructions: *Reason:*

Name: Jane McCarthy

Site: 35 River Way

CODES	CODES		Init	Signature
DP-day program/day hab	A-Absent		JS	John Smith
LOA-leave of absence	NSS-no second staff (e.g. Coumadin)			
P-packaged	OSA-off site administration			
W-work	MNA-medication not administered			
H-hospital, nursing home, rehab center		Signature		
S-school				
V-vacation				

Month and Year: February (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start 2-12-yr
Generic Amoxicillin
Brand Amoxil
Strength 250mg Dose 250mg
Stop 2-17-yr
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	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X
12pm	X	X	X	X	X	X	X	X	X	X	X	X	KB					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	RN	ST				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	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
Brand
Strength Dose
Stop
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

Special instructions: *Reason:*

Start
Generic
Brand
Strength Dose
Stop
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

Special instructions: *Reason:*

Start
Generic
Brand
Strength Dose
Stop
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

Special instructions: *Reason:*

Name: Sam Lopes

Site: 35 River Way

CODES	CODES	Init	Signature
DP-day program/day hab	A-Absent	JS	John Smith
LOA-leave of absence	NSS-no second staff (e.g. Coumadin)	KB	Karl Burke
P-packaged	OSA-off site administration	RN	Reggie Newton
W-work	MNA-medication not administered	ST	Sarah Tourney
H-hospital, nursing home, rehab center	Signature		
S-school			
V-vacation			

Month and Year: April (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: Sulfa Drugs**

Start	Generic	Doxycycline	
4-15-yr	Brand	Vibramycin	
	Strength	100mg	Dose 100mg
Stop	Amount	1 tab	Route By mouth
4-24-yr	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								X	X	X	X	X	X	X

Special instructions: For ten days *Reason: Cellulitis left leg*

Start	Generic		
	Brand		
	Strength		Dose
Stop	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

Special instructions: *Reason:*

Start	Generic		
	Brand		
	Strength		Dose
Stop	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

Special instructions: *Reason:*

Start	Generic		
	Brand		
	Strength		Dose
Stop	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

Special instructions: *Reason:*

Name: Joe Simon

Site: 35 River Way

CODES	CODES		Init	Signature
DP-day program/day hab	**A-Absent**		JS	*John Smith*
LOA-leave of absence	**NSS-no second staff (e.g. Coumadin)**		KB	*Karl Burke*
P-packaged	**OSA-off site administration**			
W-work	**MNA-medication not administered**			
H-hospital, nursing home, rehab center		**Signature**		
S-school				
V-vacation				

Month and Year: May (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start	Generic Amoxicillin																																
5-19-yr	Brand Amoxil																																
	Strength 250mg	Dose 250mg																															
Stop	Amount 1 tab	Route By mouth																															
5-26-yr	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
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																																
	Brand																																
	Strength	Dose																															
Stop	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

Special instructions: *Reason:*

Start	Generic																																
	Brand																																
	Strength	Dose																															
Stop	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

Special instructions: *Reason:*

Name: Casey Forte

Site: 35 River Way

CODES	CODES	Init	Signature
DP-day program/day hab	**A-Absent**	JS	*John Smith*
LOA-leave of absence	**NSS-no second staff (e.g. Coumadin)**	KB	*Karl Burke*
P-packaged	**OSA-off site administration**	RN	*Reggie Newton*
W-work	**MNA-medication not administered**		
H-hospital, nursing home, rehab center	**Signature**		
S-school			
V-vacation			

Month and Year: August (year) **MEDICATION ADMINISTRATION SHEET** **Allergies: none**

Start	Generic Omeprazole		
7-26-yr	Brand Prilosec		
	Strength 20mg	Dose 20mg	
Stop	Amount 1 tab	Route By mouth	
8-8-yr	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	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	X

Special instructions: For 14 days *Reason: Gastritis*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Start	Generic	
	Brand	
	Strength	Dose
Stop	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

Special instructions: *Reason:*

Name: Marie Sousa

Site: 35 River Way

CODES	CODES	Init	Signature
DP-day program/day hab	**A-Absent**	JS	John Smith
LOA-leave of absence	**NSS-no second staff (e.g. Coumadin)**	KB	Karl Burke
P-packaged	**OSA-off site administration**	RN	Reggie Newton
W-work	**MNA-medication not administered**		
H-hospital, nursing home, rehab center	**Signature**		
S-school			
V-vacation			

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	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:*

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	CODES		Init	Signature
DP-day program/day hab	**A-Absent**			
LOA-leave of absence	**NSS-no second staff (e.g. Coumadin)**			
P-packaged	**OSA-off site administration**			
W-work	**MNA-medication not administered**			
H-hospital, nursing home, rehab center		**Signature**		
S-school				
V-vacation				