**j0291000**

Transcription Exercise Workbook Two

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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

|  |
| --- |
| **Ann Jones NKA** |
| Depakote 500mg twice daily by mouth |
|  |
| **HCP’s Signature: Alan Williams M.D. Date: 1/6/yr** |

**(*The* *dose is \_\_\_\_\_mg)***

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

***Pharmacy Label Example:***

# Rx# 010101 Greenleaf Pharmacy 111-222-3434

# 20 Main Street

# Treetop, MA 00000

# 

# Ann Jones 1/6/yr

# Divalproex sodium 250mg

# I.C. Depakote Qty: 120

**Take 2 tablets by mouth twice daily Dr. A. Williams**

**Lot# 11111 ED:1/6/yr Refills: 5**

***(The strength is\_\_\_\_\_\_mg)***

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

***(The amount is \_\_\_\_\_tabs)***

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Clover Callaway to the doctor and have received medication from the pharmacy. Pretend that the date is March 5, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Clover Callaway** | **Date: 3/5/yr** |
| **Health Care Provider:**  **Dr. S. Davidson**  **S**  **T**  **A**  **F**  **F** | **Allergies: Penicillin** |
| **Reason for Visit: Evaluation of seizure medication.**  **Increase in number of seizure from 0 to approximately 2 per month for the last 3 months.** | |
| **Current Medications: Klonopin 0.5mg once daily in morning by mouth** | |
| **Staff Signature:** *D. Jones, Program Manager* | **Date: 3/5/yr** |
| **Health Care Provider Findings:**  **Will increase the frequency of the Klonopin for seizure control**  **D**  **O**  **C**  **T**  **O**  **R** | |
| **Medication/Treatment Orders:** D/C Klonopin **Klonopin 0.5mg twice daily by mouth**  dose frequency route | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** S. Davidson, MD | **Date: 3/5/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: March yr MEDICATION ADMINISTRATION SHEET Allergies: Penicillin | | Generic | Clonazepam | | | | | | | |  |  | **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** |
| 11-1-yr | | Brand | Klonopin | | | | | | | |  |  | **8am** | KB | **JS** | **RN** | | **JS** | **JS** | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 0.5mg | | | | | Dose | 0.5mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| 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:** Clover Callaway  **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#C284-9726 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000**  **Clover Callaway 3/5/yr**  **Clonazepam 0.5mg** strength  **I.C. Klonopin Qty:60**  **Take 1 tablet by mouth twice daily**  amount **Dr. S. Davidson**    **Lot# 323-4444 ED: 3/5/yr Refills: 5** |

##### Generic Equivalents

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

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Clonazepam

Clonazepam (brand name: Klonopin) belongs to a class of drugs called benzodiazepines. It is used to treat seizure disorders such as epilepsy. It can be used alone or with other drugs.

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: March yr MEDICATION ADMINISTRATION SHEET Allergies: Penicillin | | Generic | Clonazepam | | | | | | | |  |  | **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** |
| 11-1-yr | | Brand | Klonopin **D/C 3-5-yr DJ** | | | | | | | |  |  | **8am** | KB | **JS** | **RN** | | **JS** | **JS** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X**  **D/C 3-5-yr DJ** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 0.5mg | | | | | Dose | 0.5mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Clonazepam | | | | | | | |  |  | **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** |
| 3-5-yr | | Brand | Klonopin | | | | | | | |  |  | **8am** | **X** | **X** | **X** | **X** | | | **X** |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 0.5mg | | | | | Dose | 0.5mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | **X** | **X** | **X** | **X** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Clover Callaway  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Michel Pierre to the doctor and have received medication from the pharmacy. Pretend that the date is July 1, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Michel Pierre** | **Date: 7/1/yr** |
| **Health Care Provider:**  **Dr. Gene Apple** | **Allergies: Strawberries** |
| **Reason for Visit: Michel has high blood pressure. The visiting nurses have been monitoring his blood pressure for a month.** | |
| **Current Medications:**  **Lopressor 50mg by mouth once daily in the morning**  **Colace 250mg by mouth twice daily** | |
| **Staff Signature:** *Ed Dailey, Program Manager* | **Date: 7/1/yr** |
| **Health Care Provider Findings:**  **High blood pressure** | |
| **Medication/Treatment Orders:** D/C Lopressor **Lopressor 100mg by mouth once daily in the morning** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Gene Apple, MD | **Date: 7/1/yr** |

**-10-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: July yr MEDICATION ADMINISTRATION SHEET Allergies: Strawberries | | Generic | Metoprolol | | | | | | | |  | |  | **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 | Lopressor | | | | | | | |  | |  | **8am** | JS |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 50mg | | | | | Dose | 50mg | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  | |  | **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 | Colace | | | | | | | |  | |  | **8am** | **JS** |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | | **8pm** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| 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:** Michel Pierre  **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#978642 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 7/1/yr**  **Michel Pierre**  **Metoprolol 50mg Qty. 60**  **I.C. Lopressor**  **Take 2 tablets once daily in the morning by mouth**  **Dr. G. Apple**  **Lot# 434-5568 ED: 7/1/yr Refills: 5** |

##### Generic Equivalents

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

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Metoprolol

Metoprolol (brand name: Lopressor) belongs to a class of drugs called antihypertensive. It is used to treat high blood pressure and can be used after a heart attack.

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: July yr MEDICATION ADMINISTRATION SHEET Allergies: Strawberries | | Generic | Metoprolol | | | | | | | |  |  | **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 | Lopressor **D/C 7-1-yr ED** | | | | | | | |  |  | **8am** | JS | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X**  D/C 7-1-yr ED | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 50mg | | | | | Dose | 50mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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 | Colace | | | | | | | |  |  | **8am** | **JS** |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| Start | | Generic | Metoprolol | | | | | | | |  |  | **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** |
| 7-2-yr | | Brand | Lopressor | | | | | | | |  |  | **8am** | **X** |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 50mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Once daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Michel Pierre  **Site:** 35 River Way | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

**-13-**

# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Lucille Jones to the doctor and have received medication from the pharmacy. Pretend that the date is April 7, yr. 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.**

**-14-**

**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Lucille Jones** | **Date: 4/7/yr** |
| **Health Care Provider:**  **Dr. Sandra Harris** | **Allergies: No Known Allergies** |
| **Reason for Visit: Evaluation of seizure medication. Also, Lucille’s balance has gotten worse when she walks.** | |
| **Current Medications:**  **Depakote 500mg three times daily by mouth**  **Oscal 500mg three times daily by mouth**  **Colace 250mg twice daily by mouth** | |
| **Staff Signature:** *John Ruiz, Program Manager* | **Date: 4/7/yr** |
| **Health Care Provider Findings:**  **Depakote blood level was 130ug/mL today, will decrease the total daily dose of Depakote** | |
| **Medication/Treatment Orders:**  **D/C** **Depakote**  **Depakote 500mg twice daily by mouth** | |
| **Instructions:** | |
| **Follow-up visit:**  **1 month** | **Lab work or Tests:**  **Depakote level (done in Dr.’s office)** |
| **Signature:** S. Harris, MD | **Date: 4/7/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | 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** |
| 10-5-yr | | Brand | Depakote | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 caps | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Three times daily | | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 10-5-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **JS** | **RN** | **RN** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| Start | | Generic | Calcium carbonate | | | | | | | |  |  | **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** |
| 10-5-yr | | Brand | Oscal | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 500mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Three times daily | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: calcium replacement* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Lucille Jones  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#756-4389 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 4/7/yr**  **Lucille Jones**  **Divalproex 250mg Qty. 120**  **I.C. Depakote**  **Take 2 capsules twice daily by mouth**  **Dr. S. Harris**  **Lot# 434-5555 ED: 4/7/yr Refills: 5** |

##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Depakote** | **Divalproex** |
| **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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | 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** |
| 10-5-yr | | Brand | Depakote **D/C 4-7-yr JR** | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X**  **D/C 4-7-yr JR** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 250mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 caps | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **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** |
| Cont. | | Frequency | | Three times daily | | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **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:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 10-5-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **JS** | **RN** | **RN** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| Start | | Generic | Calcium carbonate | | | | | | | |  |  | **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** |
| 10-5-yr | | Brand | Oscal | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 500mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Three times daily | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: calcium replacement* | | | | | | | | |
| 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** |
| 4-7-yr | | Brand | Depakote | | | | | | | |  |  | **8am** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 caps | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Two times daily | | | |  |  | **10pm** | **X** | **X** | **X** | | **X** | **X** | | **X** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| **Name:** Lucille Jones  **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** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Juan Garcia to the doctor and have received medication from the pharmacy. Pretend that the date is November 4, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Juan Garcia** | **Date: 11/4/yr** |
| **Health Care Provider:**  **Dr. L. Curtis** | **Allergies: No Known Allergies** |
| **Reason for Visit: Juan continues to have yellow liquid coming from his left ear. Also, he will not stop rubbing his left ear.** | |
| Current Medications:  **Haldol 5mg once daily in the morning by mouth**  **Colace 100mg twice daily by mouth**  **Pen-Vee K oral suspension 250mg three times daily for 10 days by mouth** | |
| **Staff Signature:** *Ellen Grey, Program Manager* | **Date: 11/4/yr** |
| **Health Care Provider Findings:**  **Left Otitis Media** | |
| **Medication/Treatment Orders:**  **D/C** **Pen-Vee K**  **Ceftin suspension 250mg twice daily for 5 days by mouth** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** L. Curtis, MD | **Date: 11/4/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: November yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | Penicillin V Potassium | Penicillin V Potassium | | | | | | | |  |  | **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** |
| 11-1-yr | | Brand | Pen-Vee K | | | | | | | |  |  | **8am** | X | **JS** | **JS** | | **JS** |  | |  |  |  |  | |  | |  | **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 | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 5mL | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 11-11-04 | | Frequency | | Three times daily | | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | | **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: ear infection* | | | | | | | | |
| Start | | Generic | Haloperidol | | | | | | | |  |  | **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** |
| 2-13-yr | | Brand | Haldol | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 5mg | | | | | Dose | 5mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | *Reason: agitation* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 2-13-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | *Reason: softenstool* | | | | | | | | |
| 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:** Juan Garcia  **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#384-9726 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 11/4/yr**  **Juan Garcia**  **Cefuroxime axetil 125mg/ 5mL 100mL**  **I.C. Ceftin**  **Take 10mL twice daily for 5 days by mouth**  **Dr. L. Curtis**  **Lot# 323-5555 ED: 11/4/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** |
| Ceftin | **Cefuroxime axetil** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Cefuroxime Axetil

Cefuroxime axetil (generic name) is a cephalosporin antibiotic. Brand name: Ceftin. It is prescribed to treat a variety of infections caused by bacteria.

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**-22-**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: November yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | Generic | Penicillin V Potassium | | | | | | | |  |  | **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** |
| 11-1-yr | | Brand | Pen-Vee K **D/C 11-4-yr EG** | | | | | | | |  |  | **8am** | X | **JS** | **JS** | | **JS** |  | |  |  |  |  | |  | |  | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X**  **D/C 11-4-yr EG** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 250mg/5mL | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 5mL | | | | | Route | By mouth | | | | **4pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 11-11-yr | | Frequency | | Three times daily | | | | | | |  |  | **10pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | | **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: ear infection* | | | | | | | | |
| Start | | Generic | Haloperidol | | | | | | | |  |  | **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** |
| 2-13-yr | | Brand | Haldol | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 5mg | | | | | Dose | 5mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: agitation* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 2-13-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: softenstool* | | | | | | | | |
| Start | | Generic | Cefuroxime axetil | | | | | | | |  |  | **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** |
| 11-4-yr | | Brand | Ceftin suspension | | | | | | | |  |  | **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 | 125mg/5mL | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 10mL | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 11-9-yr | | 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** |
| *Special instructions:* **For 5 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: left otitis media* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Juan Garcia  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Ann Sullivan to the doctor and have received medication from the pharmacy. Pretend that the date is March 8, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Ann Sullivan** | **Date: 3/8/yr** |
| **Health Care Provider:**  **Dr. James Diaz** | **Allergies: Bactrim** |
| **Reason for Visit: Ann occasionally complains of having mild knee pain after she has been on her feet for a while. She states Tylenol does not make the pain go away.** | |
| **Current Medications:**  Tylenol 650mg every 6 hours as needed for knee pain by mouth. Call HCP if knee pain continues after 24 hours  **Phenobarbital 30mg twice daily by mouth**  **Oscal 500mg twice daily by mouth** | |
| **Staff Signature:** *Edna Malone, Program Manager* | **Date: 3/8/yr** |
| **Health Care Provider Findings:**  **Bilateral knee pain/Bursitis** | |
| **Medication/Treatment Orders:**  **D/C** **Tylenol**  **Motrin 200mg every 6 hours as needed for knee pain by mouth. Call HCP if knee pain continues after 24 hours** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** James Diaz, MD | **Date: 3/8/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: March yr MEDICATION ADMINISTRATION SHEET Allergies: Bactrim | | Generic | Acetaminophen | | | | | | | |  |  | **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** |
| 2-1-yr | | Brand | Tylenol | | | | | | | |  | **P**  **R**  **N** |  |  | **JS**  **8am** |  | |  |  | |  | **KB**  **11am** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 325mg | | | | | Dose | 650mg | | | |  |  | **JS**  **2pm** | **JS**  **1pm** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  | **ST**  **5pm** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Every 6 hours as needed | | | | | | |  |  |  |  | **ST**  **9pm** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* **for knee pain, call HCP if knee pain continues after 24 hours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Reason: knee pain* | | | | | | | | |
| Start | | Generic | Phenobarbital | | | | | | | |  |  | **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** |
| 3-1-yr | | Brand | Solfoton | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **RN** | **RN** | **RN** | **RN** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 30mg | | | | | Dose | 30mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** | **ST** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Calcium carbonate | | | | | | | |  |  | **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** |
| 3-1-yr | | Brand | Oscal | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **RN** | | **RN** | **RN** | **RN** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 500mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **ST** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: calcium replacement* | | | | | | | | |
| 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:** Ann Sullivan  **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** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#287-97226 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 3/8/yr**  **Ann Sullivan**  **Ibuprofen 200mg Qty: 150**  **I.C. Motrin**    **Dr. J. Diaz**  **Take 1 tablet every 6 hours as needed for knee pain**  **by mouth. Call HCP if knee pain continues after 24 hours**  **Lot# 663-1033 ED: 3/8/yr Refills: 5** |

##### Generic Equivalents

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

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Ibuprofen

Brand names for Ibuprofen are Advil, Motrin and Nuprin. Ibuprofen relieves mild to moderate pain and reduces fever.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: March yr MEDICATION ADMINISTRATION SHEET Allergies: Bactrim | | Generic | Acetaminophen | | | | | | | |  |  | **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** |
| 2-1-yr | | Brand | Tylenol **D/C 3-8-yr EM** | | | | | | | |  |  | P  **R**  **N** |  | **JS**  **8am** |  | |  |  | |  | **KB**  **11am** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X**  **D/C 3-8-yr EM** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 325mg | | | | | Dose | 650mg | | | |  |  | **JS**  **2pm** | **JS**  **1pm** | |  |  | |  |  | **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 | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  | **ST**  **5pm** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Cont. | | Frequency | | Every 6 hours as needed | | | | | | |  |  |  |  | **ST**  **9pm** |  | |  |  | |  |  | **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 knee pain, call HCP if knee pain continues after 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: knee pain* | | | | | | | | |
| Start | | Generic | Phenobarbital | | | | | | | |  |  | **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** |
| 3-1-yr | | Brand | Solfoton | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **RN** | **RN** | **RN** | **RN** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 30mg | | | | | Dose | 30mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** | **ST** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Calcium carbonate | | | | | | | |  |  | **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** |
| 3-1-yr | | Brand | Oscal | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **RN** | | **RN** | **RN** | **RN** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 500mg | | | | | Dose | 500mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **ST** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: calcium replacement* | | | | | | | | |
| Start | | Generic | Ibuprofen | | | | | | | |  |  | **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** |
| 3-8-yr | | Brand | Motrin | | | | | | | |  |  | **P**  R  **N** | **X** | X | **X** | | **X** | **X** | | **X** | **X** | **X** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 200mg | | | | | Dose | 200mg | | | |  | **X** | X | **X** | | **X** | **X** | | **X** | **X** | **X** |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  | **X** | X | **X** | | **X** | **X** | | **X** | **X** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Every 6 hours as needed | | | |  |  |  | X | **X** | **X** | | **X** | **X** | | **X** | **X** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* for knee pain, call HCP if knee pain continues after 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: knee pain* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Ann Sullivan  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Emmett Max to the doctor and have received medication from the pharmacy. Pretend that the date is February 2, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Emmett Max** | **Date: 2/2/yr** |
| **Health Care Provider:**  **Dr. Mary Hogan** | **Allergies: Milk and dairy products** |
| **Reason for Visit: Emmett has received Sudafed for nasal congestion since January 29. He continues to have drainage coming from his nose and the color of the drainage is now green. Also, he still points to his nose and says, “hurts”.** | |
| **Current Medications:**  **Sudafed 60mg three times daily at 8am, 2pm and 8pm for 5 days by mouth**  **Dilantin 300mg once daily in the morning by mouth**  **Colace 250mg twice daily by mouth** | |
| **Staff Signature:** *Don Brown, Program Manager* | **Date: 2/2/yr** |
| **Health Care Provider Findings:**  **Sinus infection** | |
| **Medication/Treatment Orders:**  **D/C** **Sudafed**  **Amoxil 250mg four times daily for 10 days by mouth** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Mary Hogan, MD | **Date: 2/2/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: February yr MEDICATION ADMINISTRATION SHEET Allergies: Milk and dairy products | | Generic | Pseudoephedrine | | | | | | | |  |  | **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** |
| 1-29-yr | | Brand | Sudafed | | | | | | | |  |  | **8am** | **JS** | **KB** |  | | **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** |
|  | | Strength | 60mg | | | | | Dose | 60mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | | **2pm** | **RN** |  | **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** | **X** |
| 2-3-yr | | Frequency | | Daily at 8am, 2pm, 8pm | | | | | | |  |  | **8pm** | **ST** |  | **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** | **X** |
| *Special instructions:* **For 5 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: nasal congestion* | | | | | | | | |
| Start | | Generic | Phenytoin | | | | | | | |  |  | **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** |
| 1-15-yr | | Brand | Dilantin | | | | | | | |  |  | **8am** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 300mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 3 caps | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 1-15-yr | | Brand | Colace | | | | | | | |  |  | **8am** | **JS** | **KB** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **ST** |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Emmett Max  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#907-4832 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 2/2/yr**  **Emmett Max**  **Amoxicillin 250mg Qty: #40**  **I.C. Amoxil**  **Dr. M. Hogan**  **Take 1 tablet four times daily for**  **10 days by mouth**  **Lot# 889-3633 ED: 2/2/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.

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: February yr MEDICATION ADMINISTRATION SHEET Allergies: Milk and dairy products | | Generic | Pseudoephedrine | | | | | | | |  |  | **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** |
| 1-29-yr | | Brand | Sudafed **D/C 2-2-yr DB** | | | | | | | |  |  | **8am** | **JS** | KB |  | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X**  **D/C 2-2-yr DB** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 60mg | | | | | Dose | 60mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | | **2pm** | **RN** |  | **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** | **X** |
| 2-3-yr | | Frequency | | Daily at 8am, 2pm, 8pm | | | | | | |  |  | **8pm** | ST |  | **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** | **X** |
| *Special instructions:* **For 5 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: nasal congestion* | | | | | | | | |
| Start | | Generic | Phenytoin | | | | | | | |  |  | **Hour** | **1** | **2** |  |  | |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 1-15-yr | | Brand | Dilantin | | | | | | | |  |  | **8am** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 300mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 3 caps | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 1-15-yr | | Brand | Colace | | | | | | | |  |  | **8am** | **JS** | **KB** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **ST** |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| 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** |
| 2-2-yr | | 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 | | | | | 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 | 1 tablet | | | | | 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** |
| 2-12-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: sinus infection* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Emmett Max  **Site:** 35 River Way | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Mary Patterson to the doctor and have received medication from the pharmacy. Pretend that the date is January 12, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Mary Patterson** | **Date: 1/12/yr** |
| **Health Care Provider:**  **Dr. Clark Wilson** | **Allergies: No Known Allergies** |
| **Reason for Visit: Mary continues to complain of stomach upset.** | |
| **Current Medications:**  **Tagamet liquid 300mg twice daily by mouth**  **Ativan 1mg twice daily by mouth**  **Colace 100mg twice daily by mouth** | |
| **Staff Signature:** *Eve Johnson, Program Manager* | **Date: 1/12/yr** |
| **Health Care Provider Findings:**  **GERD** | |
| **Medication/Treatment Orders:**  **D/C** **Tagamet**  **Tagamet liquid 300mg three times daily by mouth** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Clark Wilson, MD | **Date: 1/12/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: January yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | Generic | Cimetidine | | | | | | | |  |  | **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** |
| 10-17-yr | | Brand | Tagamet | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 300mg/5mL | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 5mL | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Twice daily | | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **KB** | **KB** | **KB** | | **KB** | | **KB** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: indigestion* | | | | | | | | |
| Start | | Generic | Lorazepam | | | | | | | |  |  | **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** |
| 2-2-yr | | Brand | Ativan | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **JS** | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 1mg | | | | | Dose | 1mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** | **KB** | **KB** | **KB** | | **KB** | | **KB** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 2-2-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **KB** | **KB** | **KB** | | **KB** | | **KB** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| 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:** Mary Patterson  **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** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#834-2395 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 1/12/yr**  **Mary Patterson**  **Cimetidine liquid 300mg/5mL**  **Qty: 450ml**  **I.C. Tagamet**  **Dr. C. Wilson**  **Take 5mL three times daily by mouth**  **Lot# 778-4744 ED: 1/12/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** |
| Tagamet | **Cimetidine** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Cimetidine

This medication treats ulcers and may prevent their return. It may also be used to treat Zollinger-Ellison disease, an illness in which the stomach makes too much acid. The medication label may read Tagamet.

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: January yr MEDICATION ADMINISTRATION SHEET Allergies: No Known Allergies | | Generic | Cimetidine | | | | | | | |  |  | **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** |
| 10-17-yr | | Brand | Tagamet **D/C 1-12-yr EJ** | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X**  **D/C 1-12-yr EJ** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 300mg/5mL | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 5mL | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Twice daily | | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **KB** | **KB** | **KB** | | **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: indigestion* | | | | | | | | |
| Start | | Generic | Lorazepam | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | **4** | | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 2-2-yr | | Brand | Ativan | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | **JS** | | | **JS** | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 1mg | | | | | Dose | 1mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | **KB** | | | **ST** | **ST** | **KB** | **KB** | **KB** | | **KB** | | **KB** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Docusate sodium | | | | | | | |  |  | **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** |
| 2-2-yr | | Brand | Colace | | | | | | | |  |  | **8am** | JS | **JS** | **JS** | | **JS** | **JS** | | **RN** | **RN** | JS | JS | | **JS** | | **JS** | **JS** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **KB** | **KB** | **KB** | | **KB** | **ST** | | **ST** | **KB** | **KB** | **KB** | | **KB** | | **KB** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: soften stool* | | | | | | | | |
| Start | | Generic | Cimetidine | | | | | | | |  |  | **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** |
| 1-12-yr | | Brand | Tagamet | | | | | | | |  |  | **8am** | **X** | X | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 300mg/5mL | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 5mL | | | | | Route | By mouth | | | | **4pm** | **X** | X | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Three times daily | | | |  |  | **10pm** | X | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: GERD* | | | | | | | | |
| **Name:** Mary Patterson  **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** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# j0291000PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Timmy Katz to the doctor and have received medication from the pharmacy. Pretend that the date is April 3, yr. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Timmy Katz** | **Date: 4/3/yr** |
| **Health Care Provider:**  **Darlene McKay, RNP** | **Allergies: shellfish** |
| **Reason for Visit: Seizure activity has been increasing; January he had 2 seizures, February he had 5 seizures and March he had 8.** | |
| **Current Medications:**  **Dilantin 150mg once daily in the evening by mouth** | |
| **Staff Signature:** *Al Evans, Program Manager* | **Date: 4/3/yr** |
| **Health Care Provider Findings:**  **Increase in seizure activity, will try Tegretol for increased control of seizures** | |
| **Medication/Treatment Orders:**  **D/C Dilantin**  **Tegretol 300mg twice daily by mouth** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Darlene McKay, RNP | **Date: 4/3/yr** |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April yr MEDICATION ADMINISTRATION SHEET Allergies: shellfish | | Generic | Phenytoin | | | | | | | |  |  | **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** |
| 3-4-yr | | Brand | Dilantin | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg\* | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 capsule | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the evening | | | | | | |  |  | **8pm** | **JS** | **KB** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions*: \*See below | | | | | | | | | Total evening dose is 150mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Phenytoin | | | | | | | |  |  | **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** |
| 3-4-yr | | Brand | Dilantin | | | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 50mg | | | | | Dose | 50mg\* | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tablet | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the evening | | | | | |  |  | **8pm** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* \*See above | | | | | | | | | Total evening dose is 150mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| 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:** Timmy Katz  **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| **Rx#692-151 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 4/3/yr**  **Timmy Katz**  **Carbamazepine 200mg Qty: #60**  **I.C. Tegretol**  **Take 1 capsule twice daily by mouth**  **D. McKay RNP**  **Lot# 294-050 ED: 4/3/yr Refills: 5** |
| **Rx#692-151 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 4/3/yr**  **Timmy Katz**  **Carbamazepine 100mg Qty: #60**  **I.C. Tegretol**  **Take 1 capsule twice daily by mouth**  **D. McKay RNP**  **Lot# 294-048 ED: 4/3/yr Refills: 5** |

##### Pharmacy Labels

##### 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**

# Carbamazepine

This medication controls some types of seizures. It is also used to treat trigeminal neuralgia pain. The label may read Epitol or Tegretol.

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April yr MEDICATION ADMINISTRATION SHEET Allergies: shellfish | | Generic | Phenytoin | | | | | | | |  |  | **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** |
| 3-4-yr | | Brand | Dilantin **D/C 4-3-yr AE** | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | | D/C 4-3-yr AE |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg\* | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 capsule | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the evening | | | | | | |  |  | **8pm** | **JS** | **KB** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions*: \*See below | | | | | | | | | Total evening dose is 150mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Phenytoin | | | | | | | |  |  | **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** |
| 3-4-yr | | Brand | Dilantin **D/C 4-3-yr AE** | | | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  | **D/C 4-3-yr AE** | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 50mg | | | | | Dose | 50mg\* | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tablet | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the evening | | | | | |  |  | **8pm** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* \*See above | | | | | | | | | Total evening dose is 150mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **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** |
| 4-3-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | **X** | **X** | **X** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 200mg | | | | | Dose | 200mg\* | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 capsule | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Twice daily | | | | |  |  | **8pm** | **X** | **X** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* \*See below | | | | | | | | | Total dose is 300mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **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** |
| 4-3-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | **X** | **X** | **X** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg\* | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 capsule | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Twice daily | | | |  |  | **8pm** | **X** | **X** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* \*See above | | | | | | | | | Total dose is 300mg | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| **Name:** Timmy Katz  **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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