# **Medication Book**

# **HEALTH CARE PROVIDER ORDER**

| Name                                      | Date              |
|---|-------------------|
| David Cook                                | 2-1-yr            |
|   |                   |
| Health Care Provider                      | Allergies         |
| Dr. Richard Black                         | none              |
| December 1975                             |                   |
| Reason for Visit                          |                   |
| Annual physical exam                      |                   |
| <b>Current Medications</b>                |                   |
| See attached medication list              |                   |
|   |                   |
| Staff Signature                           | Date              |
| Sam Dowd                                  | 2-1-yr            |
| Health Care Provider Findings             |                   |
| Continue current medications              |                   |
|   |                   |
| Medication/Treatment Orders               |                   |
| Ultram 50mg by mouth three times daily    |                   |
| Luminal 97.2mg by mouth daily in the ev   |                   |
| Earlinar of Ling by Modal daily in the ox |                   |
| Instructions                              |                   |
|   |                   |
| Fallow we visit                           | Lab work or Tests |
| Follow-up visit                           | Lab work or Tests |
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| Signature                                 | Date              |
| Dr. Ríchard Black                         | 2-1-yr            |
|   |                   |
|   |                   |

Posted: Sam Dowd Date: 2/1/yr Time: 2pm Verified: Linda White Date: 2/1/yr Time: 4pm

Month and Year: March yr **MEDICATION ADMINISTRATION SHEET** Allergies: none 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Generic Tramadol Start Hour JS AS AS 2-1-yr Brand Ultram 8am Strength 25mg Dose 50mg 4pm SDSD Stop Amount 2 tabs Route mouth 8pm SDSD Frequency three times daily cont. Special instructions: Reason: right knee pain 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2 5 8 Start Generic Phenobarbital Hour 1 3 6 2-1-yr Brand Luminal Strength 32.4mg Dose 97.2mg Amount 3 tabs Stop Route mouth 8pm SDSD Frequency daily in evening cont. Special instructions: Reason: decrease seizures 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2 5 8 Start Generic Hour Brand Strength Dose Stop Amount Route Frequency Special instructions: Reason: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour Start Generic 2 5 Brand Strength Dose Stop Amount Route Frequency Special instructions: Reason: **CODES** Signature Signature Línda White Name: David Cook DP-day program/day hab LW LOA-leave of absence JS Jenna Sherman Amanda Smith Site: 45 Shade Street P-packaged AS Treetop MA 00000 W-work SD Sam Dowd

H-hospital, nursing home, rehab center

S-school

Name: David Cook

# **Medication Progress Note**

| Date | Time | Medication | Dose | Given | Not Given | Refused | Other | Reason<br>(for giving/not giving) | Results and/or Response | Staff Signature |
|------|------|------------|------|-------|-----------|---------|-------|-----------------------------------|-------------------------|-----------------|
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**Tramadol:** is an analgesic used to treat moderate to severe pain, chronic pain.

Brand names for Tramadol are Conzip, Rybix, Ryzolt, Ultram, and Zytram.

**How to take:** Oral tablets, take with or without food.

What to do if you miss a dose: Take as soon as possible unless it is one hour before the next dose. If so, skip the missed dose. Never double up on dose.

**Side Effects:** Vertigo, depression, seizures, headache, fatigue, hypotension, blurred vision, nasal congestion, nausea, anorexia, constipation, GI irritation, diarrhea, pruritus and urinary retention.

**Interactions:** Tell your HCP of all the medications you are taking. Do not use with St. John's wort. Using tramadol together with alcohol may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating.

**Contraindications:** Hypersensitivity, acute intoxication with any CNS depressant, alcohol, asthma, respiratory depression.

**Special Precautions:** Monitor vital signs, if respirations are less than 12 withhold, track bowels, and check urinary output.

**Overdose reaction:** Serotonin syndrome, neuroleptic malignant syndrome: increased heart rate, sweating, dilated pupils, tremors, high B/P, hyperthermia, headache, and confusion.

**Phenobarbital:** is a barbiturate used for all forms of epilepsy, status epilepticus, and febrile seizures in children, sedation and insomnia. It may be used for other conditions as determined by your HCP (Health Care Provider).

**How to take:** Take this medication by mouth with food or milk to avoid stomach upset on a regularly schedule and as prescribed by your HCP. Do not suddenly stop taking this medication.

What to do if you miss a dose: Take it as soon as you remember but if it is too close to the next dose skip the missed dose and resume your regular schedule. Do not double the dose.

**Side Effects:** Agitated mood; confusion; dizziness; excessive daytime drowsiness; headache; lightheadedness; low blood pressure; nausea; slow heartbeat; slowed breathing; vomiting.

Seek medical attention right away if any of these SEVERE side effects occur: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); liver damage.

**Interactions:** Tell your HCP about all the medications you take especially blood thinners (warfarin), epilepsy medications, cyclosporine, antidepressants, pain medications, muscle relaxants, alcohol, Barbiturates can decrease the effectiveness of oral birth control pills.

**Special Precautions:** Avoid alcohol, use caution while driving or operating machinery, elderly people may be more sensitive to the effects of this medication.

**Overdose reaction**: If overdose is suspected call your local poison control center at 1-800-222-1222.

### **HEALTH CARE PROVIDER ORDER**

| Name                                   | Date              |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|
| Juanita Gomez                          | 2-1-yr            |  |  |  |  |  |
|  |                   |  |  |  |  |  |
| Health Care Provider                   | Allergies         |  |  |  |  |  |
| Dr. David Jones                        | Bactrim           |  |  |  |  |  |
| Reason for Visit                       |                   |  |  |  |  |  |
| Annual physical exam                   |                   |  |  |  |  |  |
| 7 midai priysical exam                 |                   |  |  |  |  |  |
| Current Medications                    |                   |  |  |  |  |  |
| See attached medication list           |                   |  |  |  |  |  |
|  |                   |  |  |  |  |  |
| Staff Signature                        | Date              |  |  |  |  |  |
| Sam Dowd                               | 2-1-yr            |  |  |  |  |  |
| Health Care Provider Findings          |                   |  |  |  |  |  |
| Continue current medications           |                   |  |  |  |  |  |
|  |                   |  |  |  |  |  |
| Medication/Treatment Orders            |                   |  |  |  |  |  |
| Colace liquid 200mg by mouth twice dai | ilv               |  |  |  |  |  |
| Dilantin 200mg by mouth twice daily    | ıy                |  |  |  |  |  |
| Ultram 50mg by mouth twice daily       |                   |  |  |  |  |  |
|  |                   |  |  |  |  |  |
|  |                   |  |  |  |  |  |
| Instructions                           |                   |  |  |  |  |  |
|  |                   |  |  |  |  |  |
| Follow-up visit                        | Lab work or Tests |  |  |  |  |  |
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|  |                   |  |  |  |  |  |
| Signature                              | Date              |  |  |  |  |  |
| Dr. Davíd Jones                        | 2-1-yr            |  |  |  |  |  |
| <b>3 3</b>                             |                   |  |  |  |  |  |

Posted: Sam Dowd Date: 2/1/yr Time: 2pm Verified: Linda White Date: 2/1/yr Time: 4pm

Month and Year: March yr **MEDICATION ADMINISTRATION SHEET** Allergies: Bactrim 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Generic Docusate sodium Hour 1 2 3 4 5 6 7 Start 2-1-yr JS AS AS 8am Brand Colace (liquid) Strength 50mg/5mL Dose 200mg Amount 20mL Stop Route mouth 8pm SDSD cont. Frequency twice daily Special instructions: Reason: soften stool 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Generic Phenytoin Hour 2 3 5 6 8 JS AS AS 2-1-yr Brand Dilantin 8am Dose 200mg Strength 100mg Amount 2 tabs Stop Route mouth Frequency twice daily 8pm SDSD cont. Special instructions: Reason: decrease seizures 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic Tramadol Hour 6 JS AS AS 2-1-yr Brand Ultram 8am Strength 50mg Dose 50mg Stop Amount 1 tab Route mouth 8pm SDSD Frequency twice daily cont. Special instructions: Reason: contracture pain 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2 5 8 Generic Hour 3 6 Start Brand Strength Dose Stop Amount Route Frequency Special instructions: Reason:

|                       | CODES                                  |    | Signature     | Signature |
|-----------------------|--|----|---------------|-----------|
| Name: Juanita Gomez   | DP-day program/day hab                 | LW | Línda Whíte   |           |
|                       | LOA-leave of absence                   | JS | Jenna Sherman |           |
| Site: 45 Shade Street | P-packaged                             | AS | Amanda Smíth  |           |
| Treetop MA 00000      | W-work                                 | SD | Sam Dowd      |           |
|                       | H-hospital, nursing home, rehab center |    |               |           |
|                       | S-school                               |    |               |           |

Name: Juanita Gomez

# **Medication Progress Note**

| Date | Time | Medication | Dose | Given | Not Given | Refused | Other | Reason<br>(for giving/not giving) | Results and/or Response | Staff Signature |
|------|------|------------|------|-------|-----------|---------|-------|-----------------------------------|-------------------------|-----------------|
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|      |      |            |      |       |           |         |       |                                   |                         |                 |

**Docusate sodium:** is used to prevent hard, dry stools by increasing water, fat penetration in the intestines; allows for easier passage of stools.

Brand names for docusate sodium are Colace, Correctol, Diocto, Doc-Q-Lace, Doculace, Good Sense Stool Softener, and Phillip's Stool Softener

**How To Take:** Swallow tablet whole; do not break, crush, or chew. Oral solution can be diluted in milk, fruit juice to decrease bitter taste. May be taken in the morning or evening

**Side Effects:** Bitter taste, throat irritation, nausea, anorexia, cramps, diarrhea and rash.

Interactions: Toxicity if taken with mineral oil, increased laxative action with flax and Senna.

**Special Precautions:** Not to use in presence of abdominal pain, nausea, vomiting. Notify HCP if constipation unrelieved, muscle cramps, pain, weakness, dizziness, excessive thirst. Know that it may take up to three days to soften stools.

**Overdose:** If overdose is suspected, call your local poison control center or emergency room. US residents can call the national poison control hotline at 1-800-222-1212.

**Phenytoin sodium:** is an anticonvulsant to control tonic-clonic (grand mal) and complex partial (temporal lobe) seizures.

Brand names for phenytoin are Dilantin, Phenytek

How to take: Give divided doses with or after meals to decrease adverse GI reactions.

What to do if you miss a dose: Take as soon as possible unless it is near the time of your next dose, skip the missed dose and resume your next regular dose. Never double the dose.

**Side Effects:** Ataxia, decreased coordination, mental confusion, slurred speech, insomnia, nervousness, peripheral neuropathy, hypotension, blurred vision, nausea, vomiting, constipation, Steven-Johnson Syndrome. If any of these effects persist or worsen, notify your doctor immediately.

**Interaction:** May decrease the therapeutic effects of acetaminophen and increase the incidence of hepatotoxicity. Monitor for toxicity. Tell your HCP of all medications you are taking, including any herbals.

**Special Precautions:** Do not discontinue abruptly because this may worsen seizures; take as prescribed the same time each day, with or after meals. Monitor drug levels, maintain seizure precautions.

**Overdose reaction:** If overdose is suspected, call your local poison control center or emergency room. US residents can call national poison control hotline at 1-800-222-1212.

**Tramadol:** is an analgesic used to treat moderate to severe pain, chronic pain.

Brand names for Tramadol are Conzip, Rybix, Ryzolt, Ultram, and Zytram.

**How to take:** Oral tablets, take with or without food.

What to do if you miss a dose: Take as soon as possible unless it is one hour before the next dose. If so, skip the missed dose. Never double up on dose.

**Side Effects:** Vertigo, depression, seizures, headache, fatigue, hypotension, blurred vision, nasal congestion, nausea, anorexia, constipation, GI irritation, diarrhea, pruritus and urinary retention.

**Interactions:** Tell your HCP of all the medications you are taking. Do not use with St. John's wort. Using tramadol together with alcohol may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating.

**Contraindications:** Hypersensitivity, acute intoxication with any CNS depressant, alcohol, asthma, respiratory depression.

**Special Precautions:** Monitor vital signs, if respirations are less than 12 withhold, track bowels, and check urinary output.

**Overdose reaction:** Serotonin syndrome, neuroleptic malignant syndrome: increased heart rate, sweating, dilated pupils, tremors, high B/P, hyperthermia, headache, and confusion.

### **HEALTH CARE PROVIDER ORDER**

| Name                                    | Date              |
|---|-------------------|
| Tanisha Johnson                         | 2-1-yr            |
|   |                   |
| Health Care Provider                    | Allergies         |
| Dr. Chen Lee                            | none              |
| Reason for Visit                        |                   |
| Annual physical exam                    |                   |
| , ,                                     |                   |
| <b>Current Medications</b>              |                   |
| See attached medication list            |                   |
|   |                   |
| Staff Signature                         | Date              |
| Sam Dowd                                | 2-1-yr            |
| Health Care Provider Findings           |                   |
| Continue current medications            |                   |
|   |                   |
| Medication/Treatment Orders             |                   |
| Luminal 64.8mg by mouth daily in the ev | vening            |
| Klonopin 1mg by mouth twice daily at 8a | <u> </u>          |
| Monophi mig by moder twice daily at oc  | ин ана триг       |
| Instructions                            |                   |
|   |                   |
|   |                   |
| Follow-up visit                         | Lab work or Tests |
|   |                   |
| Signature                               | Date              |
| Dr. Chen Lee                            | 2-1-yr            |
| DI. CIVEIV LEE                          | •                 |
|   |                   |

Posted: Sam Dowd Date: 2/1/yr Time: 2pm Verified: Linda White Date: 2/1/yr Time: 4pm

Month and Year: March yr

#### MEDICATION ADMINISTRATION SHEET

| 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 |
|----------|-------------------------|----------------|-------|--------|--------|--------|------|-------|------|-------|---|----|-----|------|------|------|------|------|----|----|----|----|----|----|-----|------|-----|-----|-----|-----|------|------|-----|----|
| 2-1-yr   | Brand Klonopin          |                | 8am   | JS     | AS     | AS     |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     | ¦ ' |      |      |     |    |
|          | Strength 1mg            | Dose 1mg       |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Stop     | Amount 1 tab            | Route mouth    | 4pm   | SD     | SD     |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| cont.    | Frequency twice daily a | at 8am and 4pm |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Spec     | cial instructions:      |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     | R    | eas | on: | dec | rea | se : | seiz | ure | s  |
| 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 |
| 2-1-yr   | Brand Luminal           |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          | Strength 32.4mg         | Dose 64.8mg    |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Stop     | Amount 2 tabs           | Route mouth    |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| cont.    | Frequency daily in the  | evening        | 8pm   | SD     | SD     |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Spec     | cial instructions:      |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     | R    | eas | on: | dec | rea | se s | seiz | ure | s  |
| 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               |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Spec     | cial instructions:      |                |       |        |        | •      |      |       | •    |       |   | •  | •   |      |      |      |      |      |    |    |    |    |    |    |     | R    | eas | on: |     |     |      |      |     |    |
| Start    | Generic                 |                | Hour  | 1      | 2      | 3      | 4    | 5     | 6    | 7     | 8 | 9  | 10  | 11   | 12   | 13   | 14   | 15   | 16 | 17 | 18 | 19 | 20 | 21 | 22  | 23   | 24  | 25  | 26  | 27  | 28   | 29   | 30  | 31 |
|          | Brand                   |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          | Strength                | Dose           |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Stop     | Amount                  | Route          |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          | Frequency               |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Spec     | cial instructions:      |                |       |        |        |        |      |       |      |       |   |    |     |      |      |      |      | ·    |    |    |    |    |    |    |     | R    | eas | on: |     |     |      |      |     |    |
|          |                         |                |       |        |        | СО     | DES  | 6     |      |       |   |    |     |      |      | 5    | Sign | atur | е  |    |    |    |    | S  | ign | atur | е   |     |     |     |      |      |     |    |
| Name: Ta | anisha Johnson          |                | DP-da | ıy pı  | ogra   | am/d   | ay h | ab    |      |       |   | LV | / ( | Lind | la W | hite |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          |                         |                | LOA-I | eave   | e of a | abse   | nce  |       |      |       |   | JS |     | Jenr |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Site: 45 | Shade Street            |                | P-pac | kag    | ed     |        |      |       |      |       |   | A  | 5 7 | Am   | anı  | da   | Smi  | th   |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
| Tre      | eetop MA 00000          |                | W-wo  | rk     |        |        |      |       |      |       |   | St | ) : | Sam  | Do   | wd   |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          |                         |                | H-hos | pital, | nurs   | sing l | ome  | , reh | ab c | enter | • |    | ┸   |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |
|          |                         |                | S-sch | ool    |        |        |      |       |      |       |   |    |     |      |      |      |      |      |    |    |    |    |    |    |     |      |     |     |     |     |      |      |     |    |

Allergies: none

Name: Tanisha Johnson

# **Medication Progress Note**

| Date | Time | Medication | Dose | Given | Not Given | Refused | Other | Reason<br>(for giving/not giving) | Results and/or Response | Staff Signature |
|------|------|------------|------|-------|-----------|---------|-------|-----------------------------------|-------------------------|-----------------|
|      |      |            |      |       |           |         |       |                                   |                         |                 |
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|      |      |            |      |       |           |         |       |                                   |                         |                 |
|      |      |            |      |       |           |         |       |                                   |                         |                 |

**Clonazepam:** is an anticonvulsant.

The brand name is Klonopin.

**How to take:** by mouth with food or milk for GI symptoms; oral disintegrating tablets can be opened by peeling back foil on blister pack (do not push through foil) place on tongue; allow to dissolve; may be swallowed with or without water.

**Side effects:** drowsiness, dizziness, confusion, tremors, insomnia, headache, slurred speech, palpitations, bradycardia, tachycardia, abnormal eye movements, nausea, constipation, diarrhea, dysuria, rash, alopecia, dyspnea, and respiratory depression.

**Interactions:** May increase lab test for AST, alkaline phosphate and bilirubin. CNS depression may occur if using alcohol, barbiturates, opiates antidepressants, other anticonvulsants, hypnotics and sedatives.

**Special Precautions:** Do not discontinue abruptly, seizures may increase. Report allergic reaction to HCP including red raised rash; product should be discontinued. Notify HCP if yellowing of skin/eyes, clay colored stool, bleeding fever, extreme fatigue, sore throat, suicidal thoughts/behaviors.

**Overdose:** Lavage, activated charcoal, flumazenil, monitor electrolytes, VS, administer vasopressors. If overdose is suspected, call the national poison control hotline at 1-800-222-1212.

**Phenobarbital:** is a barbiturate used for all forms of epilepsy, status epilepticus, and febrile seizures in children, sedation and insomnia. It may be used for other conditions as determined by your HCP (Health Care Provider).

**How to take:** Take this medication by mouth with food or milk to avoid stomach upset on a regularly schedule and as prescribed by your HCP. Do not suddenly stop taking this medication.

What to do if you miss a dose: Take it as soon as you remember but if it is too close to the next dose skip the missed dose and resume your regular schedule. Do not double the dose.

**Side Effects:** Agitated mood; confusion; dizziness; excessive daytime drowsiness; headache; lightheadedness; low blood pressure; nausea; slow heartbeat; slowed breathing; vomiting.

Seek medical attention right away if any of these SEVERE side effects occur: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); liver damage.

**Interactions:** Tell your HCP about all the medications you take especially blood thinners (warfarin), epilepsy medications, cyclosporine, antidepressants, pain medications, muscle relaxants, alcohol, Barbiturates can decrease the effectiveness of oral birth control pills.

**Special Precautions:** Avoid alcohol, use caution while driving or operating machinery, elderly people may be more sensitive to the effects of this medication.

Overdose reaction: If overdose is suspected call your local poison control center at 1-800-222-1222.

## Ellen Tracey Support Plan Anxiety Management No Known Allergies

Specific symptoms that show us Ellen is anxious:

- 1. Biting hands for more than 4 minutes
- 2. Head slapping for longer than 30 seconds or more than 5 times in 4 minutes
  - A. Staff will attempt to talk to Ellen in one on one conversation regarding current feelings and difficulties
  - B. Staff will attempt to direct and involve Ellen in a familiar activity such as laundry, meal preparation, etc.

If unsuccessful with A and B, the Ativan may be administered.

Ativan 0.5mg once daily as needed by mouth; must give at least 4 hours apart from regularly scheduled Ativan doses.

(Refer to HCP order)

If anxiety continues after the additional dose, notify HCP.

HCP signature: Shirley Glass MD 2/1/yr

Posted: Sam Dowd 2-1-yr 2pm

Verified: Línda White 2-1-yr 4pm

### **HEALTH CARE PROVIDER ORDER**

| Name<br>Ellen Tracey                    | Date<br>2-1-yr                  |
|---|---------------------------------|
| •                                       |                                 |
| Health Care Provider                    | Allergies                       |
| Dr. Shirley Glass                       | none                            |
| Reason for Visit                        |                                 |
| Annual physical exam                    |                                 |
| Current Medications                     |                                 |
| See attached medication list            |                                 |
| Staff Signature                         | Date                            |
| Sam Dowd                                | 2-1-yr                          |
| Health Care Provider Findings           |                                 |
| Continue current medications            |                                 |
| Medication/Treatment Orders             |                                 |
| Ativan 1mg by mouth twice daily         |                                 |
| Ativan 0.5mg by mouth once daily PRN    | anxiety. Give PRN dose at least |
| 4 hours apart from scheduled dose. S    |                                 |
| Lipitor 20mg by mouth once daily in the | evening                         |
| Instructions                            |                                 |
|   |                                 |
| Follow-up visit                         | Lab work or Tests               |
|   |                                 |
| Signature                               | Date                            |
| Dr. Shirley Glass                       | 2-1-yr                          |
| •                                       |                                 |

Posted: Sam Dowd Date: 2/1/yr Time: 2pm Verified: Linda White Date: 2/1/yr Time: 4pm

Month and Year: March yr MEDICATION ADMINISTRATION SHEET Allergies: none 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Generic Lorazepam 2 3 4 5 6 8 Hour JS AS 2-1-yr Ativan AS Brand 8am Strength 0.5mg Dose 1mg Amount 2 tabs Stop Route mouth 8pm SDSD Frequency twice daily cont. Special instructions: Reason: lessen anxiety 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic Lorazepam Hour 2 6 Р 2-1-yr Brand Ativan Strength 0.5mg Dose 0.5mg R 3pm SD Stop Amount 1 tab Route mouth Ν Frequency once daily PRN anxiety cont. Special instructions: Give at least 4 hours apart from scheduled dose. See support plan. Reason: lessen anxiety 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 3 4 Start Generic Atorvastatin Hour 1 2-1-yr Brand Lipitor Strength 10mg Dose 20mg Stop Amount 2 tabs Route mouth 8pm SDSD Frequency once daily in evening cont. Special instructions: Reason: decrease cholesterol 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic Hour 2 3 5 6 7 8 Brand Dose Strength Stop Amount Route Frequency Special instructions: Reason: **CODES** Signature Signature Name: Ellen Tracey DP-day program/day hab LW Linda White LOA-leave of absence JS Jenna Sherman Site: 45 Shade Street Amanda Smith P-packaged AS Treetop MA 00000 W-work SD Sam Dowd H-hospital, nursing home, rehab center S-school

Name: Ellen Tracey

# **Medication Progress Note**

| Date   | Time | Medication | Dose  | Given | Not Given | Refused | Other | Reason<br>(for giving/not giving) | Results and/or Response     | Staff Signature |
|--------|------|------------|-------|-------|-----------|---------|-------|-----------------------------------|-----------------------------|-----------------|
| 3-1-yr | 3pm  | Ativan     | 0.5mg | 1     |           | Ε       | ller  | n continued to b                  | ite hands and slap her he   | ad even after   |
|        |      |            |       |       |           |         |       |                                   | er and asking if she wan    |                 |
|        |      |            |       |       |           | to      | we    | ls                                |                             | Sam Dowd        |
| 3-1-yr | 6pm  |            |       |       |           | E       | lle   | n is eating dinn                  | er. The biting and slapping | ng stopped.     |
|        |      |            |       |       |           | _       |       |                                   |                             | Sam Dowd        |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |
|        |      |            |       |       |           |         |       |                                   |                             |                 |

**Lorazepam:** is an anti-anxiety medication used to treat anxiety, seizures, alcohol withdrawal, prevention of nausea and vomiting due to chemotherapy, insomnia and tension headaches.

Brand name for lorazepam is Ativan.

How to take: Oral form should be taken with food or milk for GI symptoms; may crush if unable to swallow medication whole.

**Side Effects:** Can cause dizziness, drowsiness, depression, weakness, orthostatic hypotension, blurred vision, constipation, tinnitus, diarrhea, anorexia, or rash. Notify your HCP if these effects persist or worsen.

**Interactions:** Do not take more than prescribed amount, may be habit forming. Limit alcohol use to avoid drowsiness.

**Special precautions:** Not to discontinue medication abruptly after long term use, to avoid driving, or activities that require alertness, since drowsiness may occur, to rise slowly because fainting may occur, especially among geriatric patients.

**Overdose reaction:** If overdose is suspected, call your local poison control center or emergency room. US residents can call the national poison control hotline at 1-800-222-1212.

**Atorvastatin:** is an antilipidemic which can reduce cardio vascular disease in those with mildly elevated cholesterol.

The brand name is Lipitor.

**How to take:** by mouth at any time of day without regards to meals.

What to do if you miss a dose: Take as soon as possible unless it is near your next dose, skip the missed dose and resume your regular schedule.

**Side Effects:** Headache, asthenia, abdominal cramps, constipation, diarrhea, flatus, heartburn, nausea, rash, alopecia, photosensitivity, pharyngitis, sinusitis.

**Interactions:** Possible toxicity when used with grapefruit juice; oat bran may reduce effectiveness.

**Special precautions:** report to HCP any blurred vision, severe GI symptoms, headaches, muscle pain, weakness. Not to take product if pregnant, breast feeding; to avoid alcohol. Stay out of the sun; use sunscreen, protective clothing to prevent photosensitivity.

**Overdose reaction:** If overdose is suspected, call your local poison control center or emergency room. US residents can call the national poison control hotline at 1-800-222-1212.