

MEDICATION BOOK CONTENTS

HEALTH CARE PROVIDER ORDER

Name: Chip Brown	Date: June 1, yr
Health Care Provider: Dr. Jones	Allergies: None known
Reason for Visit: Chip has been pacing more than usual, slapping his head and telling staff he feels weird inside	
Current Medications: see attached med sheets	
Staff Signature: <i>Eduardo Perez</i>	Date: June 1, yr
Health Care Provider Findings: After discussing with Chip about how he is feeling we have agreed to try additional Ativan to help him feel less anxious	
Medication/Treatment Orders: Add Ativan 0.5mg once daily PRN anxiety by mouth Give at least 4 hours apart from regularly scheduled Ativan doses Refer to behavior support plan. Continue with current medications: Ativan 0.5mg twice daily by mouth Capoten 25mg one time a day in the morning by mouth	
Instructions: I have discussed with Chip to try an additional Ativan dose if needed to see if it will help. Let's give it a month and we can re-evaluate.	
Follow-up visit: 1 month	Lab work or Tests: None today
Signature: <i>Arthur Jones, MD</i>	Date: June 1, yr

Month and Year: September/ yr

MEDICATION ADMINISTRATION SHEET

Allergies: none known

Start 2-4-yr	Generic	Captopril	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	Capoten	8am	ST	ST	RN																													
	Strength	12.5mg	Dose	25 mg																															
	Stop	Amount	2 tabs	Route	mouth																														
Cont.	Frequency	One time a day in morning																																	

Special instructions:

Reason: High blood pressure

Start 8-31-yr	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	
	Brand	Ativan	8am	ST	ST	RN																													
	Strength	0.5mg	Dose	0.5mg																															
	Stop	Amount	1 tablet	Route	mouth																														
Cont.	Frequency	Twice a day	8pm	KM	KM																														

Special instructions:

Reason: Anxiety

Start 6-1-yr	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	
	Brand	Ativan	P																																
	Strength	0.5mg	Dose	0.5mg																															
	Stop	Amount	1 tablet	Route	mouth																														
Cont.	Frequency	Once daily PRN anxiety	N	3p	KM																														

Special instructions: See Behavior support plan. Must give at least 4 hours apart from regularly scheduled Ativan doses

Reason: Anxiety

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: Chip Brown Site: Everett St. Apt. 1A	CODES		Signature	Signature
	DP-day program/day hab	RN	Reggie Newton	
	LOA-leave of absence	ST	Sarah Tourney	
	P-packaged	KM	Kathy Mason	
	W-work			
	H-hospital, nursing home, rehab center			
S-school				

**Insert med info sheets
Appendices E20 and E21**

**Corresponding labels for Capoten bottle E10
Use label below for countable**

Rx#138	ABC Pharmacy 20 Main Street Any Town, MA 09111	555-555-1212 8/31/yr
Chip Brown Lorazepam 0.5mg I.C. Ativan 0.5mg		Qty. 60
Take 1 tablet twice daily by mouth Take 1 tablet once daily as needed for anxiety by mouth. Give at least 4 hrs. apart from regularly scheduled doses. See behavior support plan. Dr. Jones		
Lot# 269	ED: 8/31/yr	Refills: 0

HEALTH CARE PROVIDER ORDER

Name: Vi Lee	Date: September 3, yr
Health Care Provider: Dr. T. Wong	Allergies: Penicillin
Reason for Visit: 3 month follow-up. Last few days, Vi has had episodes of pacing and nail biting.	
Current Medications: see med sheet	
Staff Signature: <i>B. Smith</i>	Date: September 3, yr
Health Care Provider Findings: Vi seems very anxious and down today. He states he has been having more panic attacks. Has agreed to try medication.	
Medication/Treatment Orders: Begin Klonopin 1 mg by mouth 2 times daily Continue current medications: Kazinem 75 mg daily at 4pm by mouth	
Instructions: Observe for signs of increased panic attacks and depression.	
Follow-up visit: 1 month	Lab work or Tests:
Signature: <i>T. Wong, MD</i>	Date: September 3, yr

Posted *B. Smith* 9-3-yr 10am

Verified Kevin King 9-3-yr 11:30am

Start 5-14-yr	Generic Lotiem	Dose 75 mg	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 Kazinem		Strength 25mg																																	
Stop	Amount 3 tabs	Route mouth	4pm	R	N	R	N	R	N																											
Cont.	Frequency Daily at 4pm																																			

Special instructions:

Reason: Nervousness

Start 9-3-yr	Generic Clonazepam	Dose 1 mg	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 Klonopin		Strength 0.5mg	8am	X	X	X																													
Stop	Amount 2 tabs	Route mouth																																		
Cont.	Frequency Twice a day		8pm	X	X																															

Special instructions:

Reason: Panic disorder

Start	Generic	Dose	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																																		
Stop	Amount	Route																																			
	Frequency																																				

Special instructions:

Reason:

Start	Generic	Dose	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																																		
Stop	Amount	Route																																			
	Frequency																																				

Special instructions:

Reason:

Name: Vi Lee Site: Everett St. Apt. 1D	CODES		Signature		Signature
	DP-day program/day hab	RN	<i>Reggie Newton</i>		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					

Insert med info sheets Appendices E81 and E82

Corresponding labels for countable meds E 79 and E80

HEALTH CARE PROVIDER ORDER

Name: Melissa Sullivan	Date: September 3, yr
Health Care Provider: Dr. Smith	Allergies: None known
Reason for Visit: Melissa has been crying when staff assists her from bed to chair, or chair to bed.	
Current Medications: see attached med sheets	
Staff Signature: <i>Karen Mason</i>	Date: September 3, yr
Health Care Provider Findings: Low back pain	
Medication/Treatment Orders: Begin Percocet 5-325mg two times a day by mouth Administer pain medication 30 minutes before transfer from bed to chair and chair to bed Continue current meds: Mysoline 50mg twice a day by mouth Colace liquid 100mg twice a day by mouth	
Instructions: Continue to monitor Melissa's response when assisting with transferring	
Follow-up visit: 2 weeks	Lab work or Tests: X-ray spine Schedule MRI ASAP
Signature: <i>Meredith Smith, MD</i>	Date: September 3, yr

Posted K. Mason 9-3-yr 10am

Verified Lisa Long 9-3-yr 11:30am

Month and Year: September/ yr

MEDICATION ADMINISTRATION SHEET

Allergies: none known

Start 7-1-yr	Generic Primodone	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 Mysoline	8am	ST	ST	RN																													
	Strength 50mg	Dose 50mg																																
Stop	Amount 1 tablet	Route mouth																																
Cont.	Frequency 2 times a day	8pm	KM	KM																														

Special instructions:

Reason: Seizures

Start 7-1-yr	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	
	Brand Colace	8am	ST	ST	RN																													
	Strength 50mg/5mL	Dose 100mg																																
Stop	Amount 10mL	Route mouth																																
Cont.	Frequency 2 times a day	8pm	KM	KM																														

Special instructions: Shake well

Reason: Constipation

Start 9-3-yr	Generic Oxycodone/Hydrochloride 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	
	Brand Percocet	8am	X	X	X																													
	Strength 5-325mg	Dose 5-325mg																																
Stop	Amount 1 tablet	Route mouth																																
Cont.	Frequency 2 times a day	8pm	X	X																														

Special instructions: 30 minutes before assisting with transfer

Reason: low back pain

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	8am																																
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	

Special instructions:

Reason:

Name: Melissa Sullivan Site: Everett St. Apt. 1C	CODES		Signature		Signature
	DP-day program/day hab	RN	Reggie Newton		
	LOA-leave of absence	ST	Sarah Tourney		
	P-packaged	KM	Kathy Mason		
	W-work				
	H-hospital, nursing home, rehab center				
S-school					

Insert med info sheets Appendices E47, E48, E50

Corresponding labels for meds E43 and labels below

Rx# 124	ABC Pharmacy 20 Main Street Any Town, MA 09111	555-555-1212 8/30/yr
Melissa Sullivan		
Docusate 50mg per 5mL I.C. Colace liquid		Qty. 600cc
Take 2 teaspoons (10mL) twice a day by mouth Shake well		Dr. Smith
Lot# 256-410	ED: 8/30/yr	Refills: 6

Rx # C125	ABC Pharmacy 20 Main Street Anytown, MA 09111	555-555-1212 9/1/yr
Melissa Sullivan		
Percocet 5-325 mg Oxycodone Hydrochloride/Acetaminophen 5-325 mg		Qty. 60
Take 1 tablet by mouth twice daily, give 30 minutes before transfer from bed to chair and chair to bed.		Dr. Smith
Lot # 710-258	ED: 9/1/yr	Refills: 0