LESSON PLAN: 6

COURSE TITLE: <u>MEDICATION TECHNICIAN</u>

UNIT: II <u>GENERAL PRINCIPLES</u>

SCOPE OF UNIT:

This unit includes medication terminology, dosage, measurements, drug forms, transcribing physician's orders, packaging, storage, infection control, and accountability.

INFORMATION TOPIC: II-6 OR DEMONSTRATION:

TRANSCRIBING PHYSICIAN'S ORDERS (Lesson Title)

OBJECTIVES - THE STUDENT WILL BE ABLE TO:

- 1. Identify the two types of physician's orders.
- 2. Match the terms which determine what kind of a verbal or written order the physician has given with their definitions.
- 3. Identify the general principles used when transcribing orders.
- 4. List the items to be transcribed on the Medication Administration Record (MAR).
- 5. List the items to be transcribed on the medication card.
- 6. List the items found on the prescription label.
- 7. Record essential information on records.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

- 1. Sample physician's order sheets, medication records, medication cards, and prescription labels.
- 2. Abbreviation list for the facility.
- 3. HO 11: Sample Completed Physician's Order Sheet.
- 4. HO 12: Sample Completed Physician's Telephone Order Sheet.
- 5. HO 13: Sample Completed PRN Medication Form.
- 6. HO 14: Sample Completed Medication Administration Record (MAR).

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 6 prior to class and be prepared to discuss the information presented.

INTRODUCTION:

No medication can be given to a resident without a physician's order, so the administration of medications actually begins with that physician's order. Once the order has been obtained, the task of transcribing the order onto the facility's Medication Administration Record (MAR) may be completed. This lesson will identify the terms and general principles related to transcribing all medication orders and describes the records used in the transcription process.

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COURSE TITLE: <u>MEDICATION TECHNICIAN</u>

UNIT: II <u>GENERAL PRINCIPLES</u>

OUTLINE:

I. Types of Physician's Orders

A. Written.

- 1. Directly on the order sheet by the physician or prescriber (HO 11).
- 2. Indirectly by a prescription (permitted in an RCF when a direct written order is not required by the facility).

B. Verbal.

- 1. Physician gives the order verbally, either directly or by telephone to another person who is responsible for writing it on the order sheet (HO 12).
- 2. State regulations determine whether a medication technician may accept verbal orders in a RCF, ICF, or SNF. The verbal order must be reviewed by a nurse or pharmacist prior to administration of the medication.

II. Terms Describing Physician's Orders

- A. Automatic stop orders policy that puts a limit on the length of time a medication can be given before the physician must be consulted for a continuation of the order.
- B. Discontinue orders medications are stopped and no longer administered to the resident.
- C. One-time orders single dose is administered only one time.
- D. PRN orders meds are administered only as needed according to a designated time frame identified in the order. All prn orders must contain a specific reason for giving the medication such as pain, fever, etc. The licensed nurse assesses the resident and makes the decision when to administer a prn medication.
- E. Renewal orders continues the medications which were previously prescribed for the resident; usually done once a month.
- F. Routine orders orders for medications the resident takes on an on-going basis.
- G. Short-Term Orders/Limited Orders physician determines the number of doses or days the medication is to be administered. The medication is given only for

this prescribed time. For example: Antibiotics that are ordered to be given twice a day for 7 days.

- H. STAT orders these meds are administered immediately, one-time only such as Nitroglycerine STAT.
- I. Change in order.
 - 1. Original order discontinued.
 - 2. New order written.
 - 3. If a label is to be changed on the medication container to reflect new directions, this must be done by the pharmacist. It is unacceptable for a CMT or nurse to write on the medication label.
 - 4. If no new label is to be used, the medication container should be flagged with a "change in order" sticker to indicate new directions.

III. General Principles in Transcription

- A. All transcription must be error-free. To reduce the chance of errors:
 - 1. Writing should be clear, neat, and legible. Print if necessary.
 - 2. Blue or black ink is preferred by most facilities. Do not use a felt tip pen as the ink can run or bleed through the MAR.
 - 3. Use only abbreviations on the list of accepted abbreviations established by the facility.
 - 4. Keep distractions to a minimum.
 - 5. Orders should be completely transcribed all at one time. Leaving and coming back to orders may mean something is overlooked or forgotten.
 - 6. Recopy from the original order. The more an order is recopied, the greater the chance an error can occur. The medication technician should take responsibility to find the original order and copy only from it.
 - 7. Review unclear orders with the charge nurse or physician before attempting to transcribe them whenever necessary. The physician's handwriting may not be very legible. Review directly with the physician if he/she is in the facility, or review by phone if the physician is not on the premises.
 - 8. Verify verbal orders by writing them down and reading them back to the physician exactly as given. Say in words the meaning of any abbreviations used.

- 9. Spell drug names back to physician when pronunciation is unclear. If the physician uses an unapproved abbreviation or term, repeat the order back to the physician using the correct abbreviation or term for clarification.
- 10. Transcribe all orders onto each document exactly as they appear on the original written order. If an unapproved abbreviation or symbol was used in the original order, clarify the order with the physician.
- 11. Verify all completed transcriptions with licensed nurse.
- 12. If an error is made, cross it out and write "mistaken entry" and your name and date above it.
- 13. When transcribing medication orders onto the MAR, following your facility's guidelines regarding the timing of medications ordered daily, BID, TID, QID, etc. Pay special attention to medications that must be given before or after meals and assign them the correct time for administration.

CAUTION: Accuracy is essential in transcribing all physicians' orders.

- IV. Medication Administration Record (MAR) (HO 13, HO 14)
 - A. A Permanent record that is part of a resident's chart. Maybe a paper or an electronic document.
 - B. Items found on medication record include:
 - 1. Name of resident first name, middle initial and last name.
 - 2. Allergies to foods and/or medications.
 - 3. Date medication administered.
 - 4. Time medication administered.
 - 5. Name of the drug.
 - a. Written just as given by physician.
 - b. May be provided in generic form.
 - c. Verify that medications sent in generic form are indeed the same medication as the physician ordered.
 - 6. Strength of the drug.
 - a. Not all medications will have a strength designated. If strength is not specified, confirm there is ONLY one strength available.

- b. Most medication comes in more than one strength.
- 7. Dosage amount of medication given.
- 8. Route of administrations (e.g., oral, rectal, topical, etc.).
- 9. Signature of person administering drug.
 - a. Small square for initials.
 - b. Official signature (first initial, last name, and title) recorded beside the initials the person is using must appear on the MAR.
- C. Access to an electronic MAR (sometimes referred to as an e-MAR) may require the CMT to use a password to access the computer software program. It is important to be trained on the use of the software prior to administering and documenting medications using this sytem.

V. Medication Card

- A. Medication cards are used in some facilities to identify medications when it is necessary to remove them from their original container prior to administration. If a medication leaves the original packaging and is not administered at once, it must have a medication card(s) with it at all times.
- B. Items found on the medication card.
 - 1. Full name of the resident.
 - 2. Room number of the resident.
 - 3. Name of the medication.
 - 4. Dosage and strength of the medication.
 - 5. Times of administering the medication.
 - 6. Route of administration.
 - 7. Date the medication was ordered.
 - 8. Physician's name.

VI. Prescription Label

- A. Found on the medication container (bottle, unit dose card or pack).
- B. Check for accuracy.

- C. Information found on prescription label (Missouri Board of Pharmacy requirements).
 - 1. Date prescription was filled.
 - 2. Prescription number (may be preceded by "C" for controlled substances).
 - 3. Resident's full name.
 - 4. Prescriber's directions for usage.
 - 5. Prescribing doctor's name.
 - 6. Name and address of the pharmacy.
 - 7. Exact name and dosage of the drug dispensed including a note if a generic substitution has been made).
 - 8. Name of drug manufacturer if generic drug dispensed.
 - 9. Lot control number, expiration date, and manufacturer if single unit dose package (bubble or blister packs, foil packs, etc.).

D. Sample label:

LTC PHARMACY SERVICE

123 Highway

Hometown, MO 65432 Ph: (314) 246-8012

Rx# 123456

Margaret Anderson Dr. Heart Take 1 tablet po every morning 5-10-00

generic equiv. for LASIX. lot ABC exp 11-10-00

Furosemide 20 mg (GG)

VII. Facility Records

- A. Each facility has their own system of record-keeping regarding administering, receiving, destroying, returning, or other disposition of medications. Controlled substance records have specific requirements.
- B. Examine and become familiar with the documents in your facility.
- C. Record pertinent information on the documents.

VIII. Summary and Conclusion

- A. Types of physician's orders.
- B. Terms describing physician's orders.
- C. General principles in transcription.
- D. Medication administration record (MAR).
- E. Medication card.
- F. Prescription label.
- G. Facility records.

Care must be taken when transcribing physician's orders. An error could be deadly for your resident. The next lesson is on packaging, storage, infection control, and accountability.

	nt may be used unless the orde totation: "Use no substitutes."]	PHYSICIAN	S ORDERS		
medication while	on pass from facility. May lea	we premises with	FUNCTIONALI	EVEL. I	70 40 110			
days. I recertify f	for level of		FUNCTIONAL L ACTIVITIES: PK		P AD LIB			
Medications prev overall plan of ca	riewed and approved as printe are.	d. I approve the	SOCIAL SERVICE		N7			
			ROUTINE LABS			<u> </u>		
Pharmacist's Sig	nature		RESTRAINTS: N		TRIEDWJ	<u>UL</u>		
			CODE STATUS:)E			
MEDICATIONS		Schedule						
Multivitamin ta	b 1 tab po every							
morning	o 1 tao po every		D/C 1	^F urosemi	de 20mg			
12/5/00		800A		Fure	semide 40m	g 1 tab po every A	M	
Digoxin 0.125M	Ig 1 tab po every			1	/11/05 Dr. W	atson		
morning hold ij	AP less than 60 or over							
110 12/5/00		800A						
		000/1						
Furecomide 20: morning	mg 1 tab po every							
DC	1/00	800A						
1/1	1,00	00011						
	200mg 1 tab po every 12							
hours 12/5/00		800A						
12/0/00		00011						
		800A						
Captopril 12.5n 12/5/00	ng 1 tab po 3 times daily	1200N 400P						
		700A						
	tab po before meals and	1100A						
at bedtime 12/5/00		400P 800P						
	325mg 2 tabs po every 4							
hrs prn for pain 12/5/00	1	PRN						
Lorazepam 0.51	ng 1 tab po at bedtime							
prn for sleep 12/5/00		PRN						
12/3/00		rkn	Attending Physic	ian's Sig	nature			
	mg 1 tab po q morning	9004					_	
1/11/00		800A					Da	ite
Charting for (01/1/00		Through 01/3	1/00				
Physician	WATSON		Patient Code	Revise	d by Superv	ising Nurse		
Phone No.	123-4567					D : 0D1 1		g.
Diet	REGULAR, NO ADDED SA	LT			Weight 120 Ib	Date of Birth 1/10/00		Sex F
Allergies	NKA				Med Record	l No.	Admi 12/5//00	ssion Date
Diagnosis						bilitative/Rehabilita		l
	CHF/SEIZURE DISORDER	R / GASTRIC ULCE	ER		Medicaid	FAIR	Room	
Patient	Edna Lona				No.	Medicare No.	No.	Bed

Facility Name: V	VeCare N	Jursing		PHYSICIAN	
TELEPHONE O	RDERS	_			
Facility Address	: 123 Oak	Street, A	Anytown, USA		
Patient Name: E	dna Long	_	Room No1 Physician	Watson	
Order Date	Prob	Code	Physician Orders	Sig.	Init.
1/20/00			D/C Furosemide 20mg		
			Furosemide 40mg 1 po every AM		
Nurse Signatur	e		Physician's Signatur	e	
Date 1/20/00			Date 1/23/00		
B. Wilson,	CM.	T	Mark Watson,	MD	
		Physic	ian please sign and return within 7 days		

						I	PRN Me	edication					
Name			Initials	Nam	e		Initials	Name		In	itials	Name	Initials
B. Wilso	on, CMT	1	BW										
D. Mor	e, CMT		DM										
Date	Time	Medicatio	on		Route	Reason Gi	ven		Ini	tials	Time	Result	Initials
1/10/00	10AM	acetaminoph	nen 325 mg 2	tab	po	headache pain	ı		BW		1030P	Denies headache	BW
1/10/00	2PM	acetaminoph	nen 325 mg 2	tab	po	headache pain	ı		BW		230P	Denies headache	BW
1/10/00	10PM	lorazepam 0.	.5mg tab		po	c/o insomnia			DM	•	11P	sleeping	DM
1/11/00	9AM	acetaminoph	nen 325 mg 2	325 mg 2 tab		headache pain	ı		BW		930A	Denies headache	BW
1/11/00	9AM	lorazepam 0.	.5 mg tab			c/o insomnia			DM		10P	sleeping	DM
1/12/00	4PM	acetaminoph	nen 325 mg2	tab	po	c/o headache			DM	-	430P	Denies headache	DM
1/12/00	<i>9PM</i>	lorazepam 0.	.5mg tab		po	c/o insomnia			DM		930P	sleeping	DM

SAMPLE COMPLETED MEDICATION ADMINISTRATION RECORD

Medication		•Put initials in appropriate box when med. Given. •Circle initials when med. refused •Record reason refused. •PRN Meds. DC=discontinued. O=not given Medication Administration													ls. Record reason given. ration Record R=Refused, V=Vomited																																		
	Schedule	DC	=disco	ontinu	ied, C	=not	given												Med	icatior	ı Adm	inistra	tion R	ecord	R=R	efused	l, V=V	omite/	d																				
Multivitamin tab 1 tab	800A	1	2	3	4	5	6	7	8	9	JB.	JB	JB	JB	J#	JB	JB	JB	1 90B	ĴВ	ЭB	JB	JB	23	24	25	26	27	28	29	30	31																	
po every morning																																																	
12/5/00		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																	
Digoxin 0.125Mg 1 tab	800A	1	2	3	4	5	6	7	8	9	JB	JB	JB	JB	JB.	JB	1 J/B		JB	J/B		TB	JB	23	24	25	26	27	28	29	30	31																	
po every morning																																																	
Hold if AP less than 60		1	2	3	4	5		7	8	9	10	11	10	12	14	15	1.0	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	
or over 110		1	2	3	4	3	6	/	8	9	J B	JB	12 17 B	13 JB	JB	15 JB	16 7B	IB	JB	JB	JB	21	22	23	24	25	20	21	28	29	30	31																	
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Furesemide 20 mg 1 tab	800A	1	2	3	4	3	0	/	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		24	25	26	21	28	29	30	31																	
po every morning DC 1/11/00				\vdash																			D/C	1/	20/ 0	b																							
DC 1/11/00		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																	
Carbamazepine 200 mg	800A	1	2	3	4	5	6	7	8	9	10 703	1/1/28	<i>J</i> /B	13	JB	15 7B	1600	1 /3	1/3	1/B	20 7B	2 1/B	72B	23	24	25	26	27	28	29	30	31																	
1 tab po every 12 hours				<u> </u>							J-	32	J -	32	J-	3-	32	32	3-	J _	3-	32	32																										
12/5/00				<u> </u>				_			1		-		-	0-		-	00	-0	600	a .				2.7		2.5	***	20	20																		
~	800P	1	2	3	4	5	6	7	8	9	Sn	\mathcal{S}n		1Sn			Sn		Sn	Sn	Sm	Sn IB	\$n 2 JB	23	24	25	26	27	28	29	30	31																	
Captopril 12.5 mg 1 tab	800A	1	2	3	4	5	6	/	8	9		JB JB	1JB		JB JB	19B		JB	JB JB	1¶B			IB	23	24	25	26	27	28	29	30	31																	
po 3 times daily 12/5/00	1200N 400P			<u> </u>			-					_					- ,, 2	JB	JAB	_	•	JУB	_																										
12/3/00	400P	1	2	3	4	5	6	7	0	9	Sn	<u>Sn</u>	Sn 12	Sn 13	<u>Sn</u>	Sn 15	Sn 16	<u>Sn</u> 17	Sn 18	<u>Sn</u> 19	Sn 20	21	Sn 22	23	24	25	26	27	28	29	30	31																	
Canafata 1 am 1 tah na	700A	1	2	3	4	5	6	7	8	9	19 73		12 7/3		9/3B	1 5 B			190B	19 7/B		2/kB	2 7/B	23	24	25	26	27	28	29	30	31																	
Carafate 1 gm 1 tab po before meals and at	1100A	1	2		-	3	-	,	0		199		JB		JB JB	JB			JB	JB		1B	1B	23	24	23	20	21	20	2)	30	51																	
bedtime	400P			\vdash							Sn		ı Sn	.J.B S1	1 Sn	Sn	JA Sn	JB Sn		Sn	Sn		Sn																										
12/5/00	800P	1	2	3	4	5	6	7	8	9	1 Sn						16 Sn			1 Sn		Sn	2 \$n	23	24	25	26	27	28	29	30	31																	
Acetaminophen 325mg 2	0001	1	2	3	4	5	6	7	8	9	1/B	1703		13	_	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	
tabs po every 4 hrs prn											IB	Ju																																					
for pain	prn										J-		Sn																																				
12/5/00	•	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																	
Lorazepam 0.5Mg 1 tab	prn	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																	
po at bedtime prn for				<u> </u>																																													
sleep		1	2	3	4	5	6	7	Q	0	10	11	ы	13	14	15	16	17	18	19	20	24-0	22-	23	24	25	26	27	28	29	30	31																	
12/5/00	0004	1						,	0	,	3n	¹ \$n	5°n									2 ∱ B	<i>J</i> B																										
Furosemide 40 mg 1 tab	800A	1	2	3	4	5	6	/	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	
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Blo	ood Pressure																																																
Charting for 01/01/0	00																Thro	ugh	01/31/0	90																													
Physician WATSO	N	Pati	ent Co	ode			Rev	viewe	d by S	Super	vising	Nurse	:										7/	A.I)																								
Phone No. 123-456	7								•	•													IVI.	A.I	Λ.																								
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Allergies NKA											120				No.			1/1	10/05	on Da			3.	Butt	ocks (gluteu oid) Le	s) Rig eft																						
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COURSE	TITLE: MEDIC	CATIC	<u>N TECHNICIAN</u>
UNIT: II	<u>GENE</u>	RAL P	RINCIPLES
EVALUA	TION ITEMS:		
1. Wh	nat are the two type	s of m	edication orders?
a.			
b.			
Match the	e terms in Column	A wit	h the correct definitions in Column B.
Column A			umn B
2.	Limited order	a.	Medications are cancelled so they are no longer administered.
3.	Verbal order	b.	Medication the resident takes on an on-going basis
4.	stat order	c.	Physician voices order directly or by telephone.
5.	Routine order	d.	Continues medications previously prescribed.
6.	Written order		
7.	PRN order	e.	Physician determines number of doses or day the medication is to be administered.
8.	Discontinue order	f.	Administered immediately, one-time only.
9.	One-time order	g.	Single dose administered only one time.
10.	Renewal order	h.	Administered only as needed according to a designated time frame.
		i.	Physician puts in writing the medication order.
Circle the	eletter of the best a	answei	·.
11. Wh	nich statement is NO	OT tru	e regarding the principles of transcription?
a. b. c. d.	Black ink is pref Only approved a	erred f bbrevi	ation orders must be error-free. For transcribing physician's orders. ations may be used when transcribing orders. attranscribed the first consideration is speed.

LESSON PLAN: 6

12.	Which statement is NOT true regarding the principles of transcription?
	a. Recopying of medication orders should be done from original order.b. When a medication technician has completed transcription of orders, it should be verified by another medication technician.
	c. If the physician's pronunciation of a drug name is unclear in giving the order, the medication technician should spell the drug name back to him/her for clarification.
	d. If a medication technician has any doubt about a medication order, he/she should question the licensed nurse about any point of concern.
13.	List the items to be transcribed on the medication record.
14.	List the items to be transcribed on the medication card.

15. List the items found on a prescription label.

Circle the correct word(s) to complete the following statements.

- 16. Transcription of medication orders must be (error free) (nearly correct).
- 17. (Red) (Black) ink is preferred for transcribing physician's orders.
- 18. (Any) (Only Approved) abbreviations may be used when transcribing orders.
- 19. When an order is being transcribed the first consideration is (speed) (accuracy).
- 20. Recopying of medication orders should be done from (original order) (a clear copy).
- 21. When a CMT has completed transcription of orders, it should be verified by (the licensed nurse) (another CMT).
- 22. If the physician's pronunciation of a drug name is unclear in giving the order, the CMT should (spell the drug name back to the doctor for clarification) (try to look it up).
- 23. If a CMT has any doubt about a medication order he/she should (hurry up and give the dose at the prescribed time so there will be time to look up information) (question the charge nurse about any point of concern).
- 24. There should be (no variances) (only minor discrepancies) in the information on the MAR, physician's order, and prescription label.
- 25. What is found on the prescription label when there is a change in directions for administering?

26. What is the purpose of the pharmacy's name, address, prescription number, and phone number being on the prescription label?

Demonstrate your understanding of documentation of medication orders in the following scenario.

27. You are on duty at WeCare Nursing Facility and receive a telephone call from Dr. Watson. Today, he orders the following for your resident Edna Long: Zantac 150 mg, 1 tab po at 8 a.m. & 8 p.m., Aspirin EC 325 mg, 1 tab po at 8 a.m., and Milk of Magnesia, 30 mL po daily prn constipation. Fill out the PHYSICIAN'S TELEPHONE ORDERS form, the PHYSICIAN'S ORDERS sheet, and the MEDICATION ADMINSTRATION RECORD. Also document on the forms the administration of all three drugs for today.

Facility Name: Facility Address:				PHYSIC	CIAN TELEPHONE	ORDERS
Patient Name:		Roc	om No	Physician		
Order Date	Prob	Code	Physici	an Orders	Sig.	Init.
Nurse Signature Date	ı			Physician's Signatu	re	Date
				Dhysisian n	loose sion and note	um vyithin 7 daya
1				Physician p	lease sign and retu	m willin / days

Question 28: (Continued).

			PHYSICIANS ORDERS													
followed by the not	may be used unless the order is ation: "Use no substitutes." May	send medication														
while on pass from	facility. May leave premises wit	h responsible														
for	edicationsedicationse	oreviewed and														
approved as printed	. I approve the overall plan of ca	are.														
DI 141 G																
Pharmacist's Signa	ature															
MEDICATIONS		Cahadula														
MEDICATIONS		Schedule														
			Attending Physicia	n's Signa	ature											
							n	ate								
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Charting for			Through													
Physician			Patient Code	Revised	d by Supervi	sing Nurse										
Phone No.																
Diet					Weight	Date of Birth		Sex								
Allergies					Med Record	No.	Admi	ssion Date								
D' '					**	bilitative/Rehabilitat	ino Dott'									
Diagnosis					Ha	iomtative/Kehabilitat	ive Potential									
Patient					Medicaid No	. Medicare No.	Room	Bed								
- 40000					22.2		No.									

Medication									med.	given	•Circ	le init	ials wl	nen me	ed. ref	used •	Recor	d reas	on refu	ised •	PRN N	Meds.	Record	l reaso	n give	n						
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 	Blood Pressure]														
Charting for	Thi	ough																														
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Phone No.																_																
												Weigh	ıt			Date of	of Birt	h			Sex		Inje	ction S	ite Nu	ımbers	3					
DIET																																
																							1.	Butt	ocks (gluteu	s) Lef	ìt				
Allergies												N	led Re	cord N	Vo.			A	Admiss	ion Da	ate		2.	Butt	ocks (gluteu	s) Rig	ght				
																					3.	Arm	(delte	oid) L	eft							
Diagnosis												Habilitative/Rehabilitative Potential											4. Arm (deltoid) Right									
																				5.			adrice									
Patient						Me	dicaid	l Nun	ber			Med	licare	Numb	er								6. Thigh (quadriceps) Right									
																							7.	Abd	omen							