

# **Transcription Workbook One**

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# Dose = Strength x Amount Worksheet

DOSE is found in the Health Care Provider's order

*HCP Order Example:*

## Health Care Provider Order

Tina Lewis	no known allergies
Pepcid 20mg twice daily by mouth	
HCP's Signature: <i>Dr. Jones</i>	Date: 6/11/yr

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

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

*Pharmacy Label Example:*

Rx# 135	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
		6/11/yr
Tina Lewis Famotidine 10mg I.C. Pepcid Take 2 tablets by mouth twice daily		Qty. 120 Dr. Jones
Lot# 323-5	ED: 6 /11/yr	Refills: 3

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

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

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

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Tina Lewis to the doctor and have received medication from the pharmacy. Pretend that the date is June 11, year. 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.**

# HEALTH CARE PROVIDER ORDER

S  
T  
A  
F  
F

Name: Tina Lewis	Date: 6/11/yr
Health Care Provider: Dr. Jones	Allergies: no known allergies
Reason for Visit: Tina states she has a burning feeling in her throat during the day.	
Current Medications: Pantoprazole 40mg by mouth once daily in the evening	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 6/11/yr

H  
C  
P

Health Care Provider Findings: GERD	
Medication/Treatment Orders:	
D/C Pantoprazole Pepcid 20mg <u>twice daily</u> by <u>mouth</u> <i>dose frequency route</i>	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Dr. Jones</i>	Date: 6/11/yr



Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-7-yr	Generic	Pantoprazole		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	Protonix																																			
Stop	Strength	40mg	Dose	40mg																																	
	Amount	1 tab	Route	By mouth																																	
Cont.	Frequency	Once daily in the evening		8pm	KB	JS	KB	KB	ST	ST	KB	RN	KB	KB																							

Special instructions:

Reason: decrease acid

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																																					
Stop	Strength			Dose																																		
	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																																						
Stop	Strength			Dose																																			
	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																																						
Stop	Strength			Dose																																			
	Amount			Route																																			
	Frequency																																						

Special instructions:

Reason:

<b>Name:</b> Tina Lewis  <b>Site:</b> Everett Street, Apt. 1A	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	ST	<i>Sarah Tourney</i>		
	H-hospital, nursing home, rehab center				
S-school					

## Pharmacy Label

Rx#135	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
Tina Lewis		6/11/yr
Famotidine <u>10mg</u> <i>strength</i>		
I.C. Pepcid		Qty. 120
Take <u>2 tablets</u> <i>amount</i> by mouth twice daily		
		Dr. Jones
Lot# 323-5	ED: 6/11/yr	Refills: 3

## Generic Equivalents

Brand Name	Generic Equivalent
Pepcid	Famotidine
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

**Pepcid** is a stomach acid reducing medication used to treat and prevent ulcers, to treat GERD (gastro esophageal reflux disorder) and excessive acid secretion condition.

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-7-yr	Generic	Pantoprazole		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	Protonix D/C 6-11-yr JS																																		
Stop	Strength	40mg	Dose	40mg	<b>D/C 6-11-yr JS</b>																															
	Amount	1 tab	Route	By mouth																																
Cont.	Frequency	Once daily in the evening		8pm	KB	KB	JS	KB	ST	ST	KB	RN	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:

Reason: reduce acid

Start 6-11-yr	Generic	Famotidine		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	Pepcid		8am	X	X	X	X	X	X	X	X	X	X	X																				
Stop	Strength	10mg	Dose	20mg																															
	Amount	2 tablets	Route	By mouth																															
Cont.	Frequency	Twice daily		8pm	X	X	X	X	X	X	X	X	X	X																					

Special instructions:

Reason: GERD

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																																		
Stop	Strength			Dose																															
	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																																		
Stop	Strength			Dose																															
	Amount			Route																															
	Frequency																																		

Special instructions:

Reason:

<b>Name: Tina Lewis</b>  <b>Site: Everett Street Apt. 1A</b>	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	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				

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Tina Lewis to the doctor and have received medication from the pharmacy. Pretend that the date is June 20, year. It is 1 pm.

**Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new orders 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.**

## HEALTH CARE PROVIDER ORDER

<b>Name:</b> Tina Lewis	<b>Date:</b> 6/20/yr
<b>Health Care Provider:</b> Dr. Smith	<b>Allergies:</b> None
<b>Reason for Visit:</b> complaint of pressure on forehead, mild fever, dizziness, increase in head slapping behavior	
<b>Current Medications:</b> Synthroid 0.125mg by mouth once a day in the morning	
<b>Staff Signature:</b> <i>Paula Jones, Program Manager</i>	<b>Date:</b> 6/20/yr
<b>Health Care Provider Findings:</b> hypothyroid, elevated blood pressure, sinus infection	
<b>Medication/Treatment Orders:</b> D/C Synthroid Armour Thyroid 30mg by mouth once daily before breakfast. Brand name only medication. Inderal 20mg by mouth once daily in the morning Amoxil 500mg by mouth three times daily for 10 days	
<b>Instructions:</b>	
<b>Follow-up visit:</b> 2 weeks	<b>Lab work or Tests:</b>
<b>Signature:</b> <i>Dr. Susan Smith</i>	<b>Date:</b> 6/20/yr



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	
3-23-yr	Brand Synthroid	8am	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS												
	Strength 0.125mg	Dose 0.125mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Daily in the morning																																	

Special instructions:

Reason: replace thyroid hormone

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:

<b>Name:</b> Tina Lewis  <b>Site:</b> Everett Street, Apt. 1A	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	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				

## Pharmacy Labels

<b>Rx#139</b>	<b>Greenleaf Pharmacy</b>	<b>111-222-3434</b>
	<b>20 Main Street</b>	
	<b>Treetop, MA 00000</b>	<b>6/20/yr</b>
<b>Tina Lewis</b>		
<b>Armour Thyroid 30mg</b>		<b>Qty. 30</b>
<b>I.C.</b>		
<b>Take 1 tablet once daily before breakfast by mouth</b>		
		<b>Dr. Smith</b>
<b>Lot# 659</b>	<b>ED: 6/20/yr</b>	<b>Refills: 3</b>

<b>Rx#285-97226</b>	<b>Greenleaf Pharmacy</b>	<b>111-222-3434</b>
	<b>20 Main Street</b>	
	<b>Treetop, MA 00000</b>	<b>6/20/yr</b>
<b>Tina Lewis</b>		
<b>Propranolol 10mg</b>		<b>Qty. 60</b>
<b>I.C. Inderal</b>		
<b>Take 2 tablets once daily in the morning by mouth</b>		
		<b>Dr. Smith</b>
<b>Lot# 323-334</b>	<b>ED: 6/20/yr</b>	<b>Refills: 3</b>

<b>Rx#285-97227</b>	<b>Greenleaf Pharmacy</b>	<b>111-222-3434</b>
	<b>20 Main Street</b>	
	<b>Treetop, MA 00000</b>	<b>6/20/yr</b>
<b>Tina Lewis</b>		
<b>Amoxicillin 500mg</b>		<b>Qty. 30</b>
<b>I.C. Amoxil</b>		
<b>Take 1 tablet three times daily for ten days by mouth</b>		
		<b>Dr. Smith</b>
<b>Lot# 323-335</b>	<b>ED: 6/20/yr</b>	<b>Refills: 0</b>

## Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Armour Thyroid	Thyroid desiccated
Inderal	Propranolol
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

**Armour Thyroid** is a thyroid replacement medication used when the thyroid gland is not secreting enough thyroid hormone.

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

**Inderal** is a beta-blocker used to treat chest pain (angina), high blood pressure, irregular heartbeats, migraine headaches, tremors and other conditions as determined by your doctor. This medication has also been used for anxiety.

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

**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.

Start 3-23-yr Stop Cont.	Generic	<b>D/C 6-20-yr PJ</b> Strength <b>0.125mg</b> Dose <b>0.125mg</b> Amount <b>1 tab</b> Route <b>By mouth</b> Frequency <b>Daily in the morning</b>	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	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength																																			
	Amount																																			

Special instructions:

Reason: replace thyroid hormone

Start 6-21-yr Stop Cont.	Generic	Brand <b>Armour Thyroid</b> Strength <b>30mg</b> Dose <b>30mg</b> Amount <b>1 tab</b> Route <b>By mouth</b> Frequency <b>Once daily before breakfast</b>	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		7am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X													
	Strength																																				
	Amount																																				

Special instructions:

Reason: hypothyroid

Start 6-21-yr Stop Cont.	Generic	Brand <b>Inderal</b> Strength <b>10mg</b> Dose <b>20mg</b> Amount <b>2 tabs</b> Route <b>By mouth</b> Frequency <b>Once daily in the morning</b>	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X													
	Strength																																				
	Amount																																				

Special instructions:

Reason: high blood pressure

Start 6-20-yr Stop 6-30-yr	Generic	Brand <b>Amoxicillin</b> Strength <b>500mg</b> Dose <b>500mg</b> Amount <b>1 tab</b> Route <b>By mouth</b> Frequency <b>Three times daily</b>	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												X	
	Strength																																				
	Amount			4pm	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 10 days

Reason: sinus infection

Name: Tina Lewis  Site: Everett Street, Apt. 1A	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 Tournay		
	H-hospital, nursing home, rehab center	PJ	Paula Jones		
S-school					

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Jane McCarthy to the doctor and have received medication from the pharmacy. Pretend that the date is August 1, year. 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.**

## HEALTH CARE PROVIDER ORDER

<b>Name:</b> Jane McCarthy	<b>Date:</b> 8/1/yr
<b>Health Care Provider:</b> Dr. White	<b>Allergies:</b> No Known Allergies
<b>Reason for Visit:</b> Continues to have frequent trips to bathroom during the night. Complains of a burning feeling when urinating.	
<b>Current Medications:</b> Cefaclor 250mg twice daily for seven days by mouth	
<b>Staff Signature:</b> <i>Paula Jones, Program Manager</i>	<b>Date:</b> 8/1/yr
<b>Health Care Provider Findings:</b> Urinary tract infection	
<b>Medication/Treatment Orders:</b>  D/C Cefaclor Amoxil 500mg four times daily for 10 days by mouth	
<b>Instructions:</b>	
<b>Follow-up visit:</b>	<b>Lab work or Tests:</b>
<b>Signature:</b> <i>Andrea White, MD</i>	<b>Date:</b> 8/1/yr





Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Reason: urinary tract infection

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																																	
Stop	Strength		Dose																															
	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																																	
Stop	Strength		Dose																															
	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																																	
Stop	Strength		Dose																															
	Amount		Route																															
	Frequency																																	

Special instructions:

Reason:

<b>Name:</b> Jane McCarthy  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

## Pharmacy Label

Rx#276-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  8/1/yr
Jane McCarthy Amoxicillin 250mg I.C. Amoxil		Qty. 80
Take 2 capsules four times daily for 10 days by mouth		Dr. A. White
Lot# 323-336	ED: 8/1/yr	Refills: 0

## Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Amoxicillin</b></p> <p>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.</p>
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Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-29-yr	Generic	Cefaclor	D/C 8-1-yr PJ	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	Ceclor		Strength	250mg	Dose	250mg	8am	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 8-5-yr	Amount	1 tab	Route	By mouth																																
	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	

Special instructions: For 7 days

Reason: urinary tract infection

Start 8-1-yr	Generic	Amoxicillin	D/C 8-1-yr PJ	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	Amoxil		Strength	250mg	Dose	500mg	8am	X								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 8-11-yr	Amount	2 caps	Route	By mouth											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency	Four times daily					4pm								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: urinary tract infection

Start	Generic		D/C 8-1-yr PJ	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		D/C 8-1-yr PJ	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: Jane McCarthy  Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	PJ	Paula Jones		
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Sam Lopes to the doctor and have received medication from the pharmacy. Pretend that the date is February 14, year. 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.**

## HEALTH CARE PROVIDER ORDER

<b>Name: Sam Lopes</b>	<b>Date: 2/14/yr</b>
<b>Health Care Provider: Dr. White</b>	<b>Allergies: No Known Allergies</b>
<b>Reason for Visit: Cough has worsened. Is now complaining of a sore throat.</b>	
<b>Current Medications: Amoxicillin 250mg four times daily for 5 days by mouth</b>	
<b>Staff Signature:</b> <i>Paula Jones, Program Manager</i>	<b>Date: 2/14/yr</b>
<b>Health Care Provider Findings: Upper respiratory infection</b>	
<b>Medication/Treatment Orders:</b>  <b>D/C Amoxicillin EES 666mg three times daily for 5 days by mouth</b>	
<b>Instructions:</b>	
<b>Follow-up visit:</b>	<b>Lab work or Tests:</b>
<b>Signature:</b> <i>Andrea White, MD</i>	<b>Date: 2/14/yr</b>

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-12-yr	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		
	Brand	Amoxil		8am	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS					X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 2-17-yr	Strength	250mg	Dose	250mg	Amount	1 tab	Route	By mouth	Frequency	Four times daily	12pm	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
	4pm	X		X							X	X	X	X	X	X	X	X	X	X	RN	ST					X	X	X	X	X	X	X	X	X	X
			8pm	X	X	X	X	X	X	X	X	X	X	X	RN	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions: For 5 days

Reason: respiratory infection

Start	Generic		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																																			
Stop	Strength		Dose		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																																			
Stop	Strength		Dose		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																																			
Stop	Strength		Dose		Amount		Route		Frequency																											

Special instructions:

Reason:

<b>Name:</b> Sam Lopes  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	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				

## Pharmacy Label

Rx#277-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  2/14/yr
Sam Lopes Erythromycin 333mg I.C. EES		Qty. 30
Take 2 tablets three times daily for 5 days by mouth		Dr. A. White
Lot# 324-336	ED: 2/14/yr	Refills: 0

## Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Erythromycin</b></p> <p>Erythromycin has many different brand names including Apo-Erythro, E-Base, EES, E-Mycin, Erybid, ERYC, Ery-Tab and PCE. Erythromycin is a commonly prescribed antibiotic used to treat a variety of infections including middle ear infections, sinusitis, sore throat, pneumonia, and skin, respiratory tract and urinary tract infections.</p>
--

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic <b>Amoxicillin</b>	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		
2-12-yr	Brand <b>Amoxil</b> <b>D/C 2-14-yr PJ</b>	8am	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength <b>250mg</b> Dose <b>250mg</b>	12pm	X	X	X	X	X	X	X	X	X	X	X	X	KB	JS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>	4pm	X	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-17-yr	Frequency <b>Four times daily</b>	8pm	X	X	X	X	X	X	X	X	X	X	X	X	RN	ST				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**D/C 2-14-yr PJ**

Special instructions: **For 5 days**

Reason: *respiratory infection*

Start	Generic <b>Erythromycin</b>	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				
2-14-yr	Brand <b>EES</b>	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	X	X	
	Strength <b>333mg</b> Dose <b>666mg</b>																																				
Stop	Amount <b>2 tabs</b> Route <b>By mouth</b>	4pm	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-19-yr	Frequency <b>Three times daily</b>	8pm	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: **For 5 days**

Reason: *respiratory infection*

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:

<b>Name:</b> Sam Lopes  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	ST	<i>Sarah Tourney</i>		
	H-hospital, nursing home, rehab center	PJ	<i>Paula Jones</i>		
S-school					



## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Joe Simon to the doctor and have received medication from the pharmacy. Pretend that the date is April 17, year. 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.**

## HEALTH CARE PROVIDER ORDER

Name: Joe Simon	Date: 4/17/yr
Health Care Provider: Dr. Smith	Allergies: Sulfa drugs
Reason for Visit: Red area on left leg is getting larger despite doxycycline which was started 3 days ago.	
Current Medications: Doxycycline 100mg once daily in the morning for ten days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 4/17/yr
Health Care Provider Findings: Cellulitis left leg	
Medication/Treatment Orders:  D/C Vibramycin Keflex 500mg twice daily for 10 days by mouth Prednisone 5mg by mouth once daily at 4pm for three days, to decrease inflammation	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 4/17/yr



Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 4-15-yr	Generic <b>Doxycycline</b>	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 <b>Vibramycin</b>		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB	JS								X	X	X	X	X	X	X
Stop 4-24-yr	Strength <b>100mg</b>	Dose <b>100mg</b>																																
	Amount <b>1 tab</b>	Route <b>By mouth</b>																																
	Frequency <b>Once daily in the morning</b>																																	

Special instructions: **For ten days**

Reason: **Cellulitis left leg**

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																																		
Stop	Strength	Dose																																	
	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																																		
Stop	Strength	Dose																																	
	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																																			
Stop	Strength	Dose																																		
	Amount	Route																																		
	Frequency																																			

Special instructions:

Reason:

<b>Name:</b> Joe Simon  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

## Pharmacy Labels

Rx#287-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  4/17/yr
Joe Simon Cephalexin 250mg I.C. Keflex		Qty: 40  Dr. Smith
Take 2 tablets twice daily for ten days by mouth		
Lot# 324-331	ED: 4/17/yr	Refills: 0

Rx#283-97225	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  4/17/yr
Joe Simon Prednisone 5mg I.C.		Qty: 3  Dr. Smith
Take 1 tablet once daily at 4 pm for three days by mouth		
Lot# 676-009	ED: 4/17/yr	Refills: 0

## Generic Equivalents

Brand Name	Generic Equivalent
Keflex	Cephalexin
Loram	Loramine
Sterapred	Prednisone
Tylenol	Acetaminophen

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<b>Cephalexin</b>
Brand name for Cephalexin is Keflex. Cephalosporin antibiotic commonly used to treat bacterial infections in the body.

<b>Prednisone</b>
Prednisone is a corticosteroid that prevents the release of substances in the body which cause inflammation.

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 4-15-yr	Generic <b>Doxycycline</b> Brand <b>Vibramycin D/C 4-17-yr PJ</b> Strength <b>100mg</b> Dose <b>100mg</b> Amount <b>1 tab</b> Route <b>By mouth</b> Frequency <b>Once daily in the morning</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB	JS	D/C 4-17-yr PJ													

Special instructions: For ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic <b>Cephalexin</b> Brand <b>Keflex</b> Strength <b>250mg</b> Dose <b>500mg</b> Amount <b>2 tabs</b> Route <b>By mouth</b> Frequency <b>Twice daily</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X															
		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 ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic <b>Prednisone</b> Brand Strength <b>5mg</b> Dose <b>5mg</b> Amount <b>1 tab</b> Route <b>By mouth</b> Frequency <b>Daily at 4pm, for three days</b>	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
		4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X

Special instructions:

Reason Decrease inflammation

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:

<b>Name:</b> Joe Simon  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	PJ	Paula Jones		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Casey Forte to the doctor and have received medication from the pharmacy. Pretend that the date is May 20, year. 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.**

## HEALTH CARE PROVIDER ORDER

<b>Name: Casey Forte</b>	<b>Date: 5/20/yr</b>
<b>Health Care Provider: Dr. Smith</b>	<b>Allergies: No Known Allergies</b>
<b>Reason for Visit: Frowning and asking for second cup of water when swallowing Amoxicillin in tablet form started last night.</b>	
<b>Current Medications: Amoxicillin 250mg four times daily for 7 days by mouth</b>	
<b>Staff Signature:</b> <i>Paula Jones, Program Manager</i>	<b>Date: 5/20/yr</b>
<b>Health Care Provider Findings: UTI, difficulty swallowing tablets, will try medication in suspension form</b>	
<b>Medication/Treatment Orders:  D/C Amoxicillin Amoxil suspension 250mg four times daily for 10 days by mouth</b>	
<b>Instructions:</b>	
<b>Follow-up visit:</b>	<b>Lab work or Tests:</b>
<b>Signature:</b> <i>Donald Smith, MD</i>	<b>Date: 5/20/yr</b>

Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 5-19-yr	Generic <b>Amoxicillin</b>	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 <b>Amoxil</b>		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB							X	X	X
Stop 5-26-yr	Strength <b>250mg</b> Dose <b>250mg</b>	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
	Amount <b>1 tab</b> Route <b>By mouth</b>		12pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	JS						X	X	X	X
	Frequency <b>Four times daily</b>	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
			4pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	X
		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	RN						X	X	X	X	X	X

Special instructions: **For 7 days**

Reason: *urinary tract infection*

Start	Generic	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																																
Stop	Strength	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
	Dose																																
	Amount	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
	Route																																
	Frequency	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Special instructions:

Reason:

Start	Generic	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																																
Stop	Strength	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
	Dose																																
	Amount	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
	Route																																
	Frequency	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Special instructions:

Reason:

Start	Generic	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																																
Stop	Strength	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
	Dose																																
	Amount	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
	Route																																
	Frequency	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Special instructions:

Reason:

<b>Name:</b> Casey Forte  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

## Pharmacy Label

Rx#287-97326	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  5/20/yr
Casey Forte Amoxicillin Suspension 250mg per 5mL I.C. Amoxil suspension		Qty: 200mL  Dr. Smith
Take 5mL four times daily for 10 days by mouth		
Lot# 324-231	ED: 5/20/yr	Refills: 0

## Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil suspension	Amoxicillin suspension
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Amoxicillin</b></p> <p>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.</p>
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## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Marie Sousa to the doctor and have received medication from the pharmacy. Pretend that the date is August 5, year. 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.**

***Required information to complete this transcription: Marie's typical meal times are: 8am, 12pm and 5pm.***

**Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.**

## HEALTH CARE PROVIDER ORDER

Name: Marie Sousa	Date: 8/5/yr
Health Care Provider: Dr. Smith	Allergies: No Known Allergies
Reason for Visit: Marie complains of pain in her stomach after eating	
Current Medications: Prilosec 20mg by mouth once daily in the morning for 14 days	
Staff Signature: <i>Paola Jones, Program Manager</i>	Date: 8/5/yr
Health Care Provider Findings: Gastritis, will try a trial of Carafate	
Medication/Treatment Orders: D/C Prilosec Carafate suspension 1GM by mouth three times daily one hour before meals for seven days	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 8/5/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr	Generic	Omeprazole		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	Prilosec		8am	JS	JS	KB	KB	RN				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength	20mg	Dose	20mg																																
Stop	Amount	1 tab	Route	By mouth																																
8-8-yr	Frequency	Once daily in the morning																																		

Special instructions: For 14 days

Reason: Gastritis

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:

<b>Name:</b> Marie Sousa  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	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				

## Pharmacy Label

<b>Rx#287-96326</b>	<b>Greenleaf Pharmacy</b> 20 Main Street Treetop, MA 00000	<b>111-222-3434</b>  <b>8/5/yr</b>
<b>Marie Sousa</b> <b>Sucralfate suspension 1GM/10mL</b> <b>I.C. Carafate suspension</b>		<b>Qty: 210mL</b>  <b>Dr. Smith</b>
<b>Take 10mL three times daily one hour before meals for seven days by mouth</b>		
<b>Lot# 314-231</b>	<b>ED: 8/5/yr</b>	<b>Refills: 0</b>

## Generic Equivalents

Brand Name	Generic Equivalent
<b>Carafate suspension</b>	<b>Sucralfate suspension</b>
<b>Loram</b>	<b>Loramine</b>
<b>Loxapril</b>	<b>Loxapriline</b>
<b>Tylenol</b>	<b>Acetaminophen</b>
<b>Amoxil</b>	<b>Amoxicillin</b>
<b>EES</b>	<b>Erythromycin</b>
<b>Depakote</b>	<b>Divalproex</b>
<b>Haldol</b>	<b>Haloperidol</b>
<b>Tegretol</b>	<b>Carbamazepine</b>
<b>Pen VK</b>	<b>Penicillin</b>

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<b>Sucralfate</b>
Sucralfate, also known by the brand name Carafate is an anti-ulcerative medication used to treat and prevent ulcers in the stomach.

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr	Generic <b>Omeprazole</b>	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 <b>Prilosec D/C 8-5-yr PJ</b>	8am	JS	JS	KB	KB	RN				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Stop 8-8-yr	Strength <b>20mg</b> Dose <b>20mg</b>																																		
	Amount <b>1 tab</b> Route <b>By mouth</b>																																		
	Frequency <b>Once daily in the morning</b>																																		

Special instructions: **For 14 days**

Reason: *gastritis*

Start 8-5-yr	Generic <b>Sucralfate suspension</b>	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 <b>Carafate suspension</b>	7am	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	
Stop	Strength <b>1GM/10mL</b> Dose <b>1gm</b>	11am	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	
	Amount <b>10mL</b> Route <b>By mouth</b>	4pm	X	X	X	X								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
8-12-yr	Frequency <b>Three times daily one hour</b>																																		

Special instructions: **before meals for 7 days**

Reason: *gastritis*

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:

<b>Name:</b> Marie Sousa  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	JS	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	PJ	<i>Paula Jones</i>		
	H-hospital, nursing home, rehab center				
S-school					

## **PRACTICE SKILLS-TRANSCRIPTION**

### **INSTRUCTIONS**

You have taken Chris Star to the doctor and have received medication from the pharmacy. Pretend that the date is September 16, year. It is 3 pm.

**Use the health care provider's order, pharmacy label and generic equivalents to 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.**

## HEALTH CARE PROVIDER ORDER

Name: Chris Star	Date: 9/16/yr
Health Care Provider: Dr. Smith	Allergies: no known allergies
Reason for Visit: Has had a cough for the past 24 hours. Temperature was 97.4 degrees by mouth this morning.	
Current Medications: none	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 9/16/yr
Health Care Provider Findings: Bronchitis	
Medication/Treatment Orders:  Centrex liquid 120mg twice daily for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>David Smith, MD</i>	Date: 9/16/yr

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																																			
Stop	Strength	Route																																		
	Amount																																			
	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																																				
Stop	Strength	Route																																			
	Amount																																				
	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																																				
Stop	Strength	Route																																			
	Amount																																				
	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																																				
Stop	Strength	Route																																			
	Amount																																				
	Frequency																																				

Special instructions:

Reason:

<b>Name:</b> Chris Star  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab				
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					

## Pharmacy Label

Rx#284-87226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434  9/16/yr
Chris Star Centromonium 60mg/3mL I.C. Centrex		Qty: 60mL
Give 6mL twice daily (special dropper) by mouth for 5 days		Dr. D. Smith
Lot# 323-233	ED: 9/16/yr	Refills: 0

## Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Centrex	Centromonium
Tegretol	Carbamazepine
Pen VK	Penicillin

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Centromonium</b></p> <p>Centromonium (brand name: Centrex) may be prescribed to help relieve your cough by loosening mucus or phlegm in your lungs. It's helpful for coughs due to colds but not for long-term coughs such as those associated with asthma, emphysema or smoking.</p>
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Start 9-16-yr	Generic	Centromonium	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	Centrex	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
Stop 9-21-yr	Strength	60mg/ 3mL	Dose	120mg																														
	Amount	6mL	Route	By mouth																														
	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 Use special dropper

Reason: Bronchitis

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																																		
Stop	Strength		Dose																																
	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																																		
Stop	Strength		Dose																																
	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																																		
Stop	Strength		Dose																																
	Amount		Route																																
	Frequency																																		

Special instructions:

Reason:

<b>Name:</b> Chris Star  <b>Site:</b> 35 River Way	<b>CODES</b>	<b>Init</b>	<b>Signature</b>	<b>Init</b>	<b>Signature</b>
	DP-day program/day hab	PJ	Paula Jones		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					