



# Transcription Exercise Workbook Two

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## Dose-Strength-Amount Worksheet

**DOSE** is found in the Health Care Provider's order

*HCP Order Example:*

### Health Care Provider Order

Ann Jones	NKA
Depakote 500mg twice daily by mouth	
HCP's Signature: <i>Alex Williams M.D.</i>	Date: 1/6/yr

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

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

*Pharmacy Label Example:*

Rx# 010101	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
Ann Jones		1/6/yr
Divalproex sodium 250mg		
I.C. Depakote		Qty: 120
Take 2 tablets by mouth twice daily		Dr. A. Williams
Lot# 11111	ED:1/6/yr	Refills: 5

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

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

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



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Clover Callaway to the doctor and have received medication from the pharmacy. Pretend that the date is March 5, yr. It is 1 pm.

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

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

## HEALTH CARE PROVIDER ORDER

S  
T  
A  
F  
F

Name: Clover Callaway	Date: 3/5/yr
Health Care Provider: Dr. S. Davidson	Allergies: Penicillin
Reason for Visit: Evaluation of seizure medication. Increase in number of seizure from 0 to approximately 2 per month for the last 3 months.	
Current Medications: Klonopin 0.5mg once daily in morning by mouth	
Staff Signature: <i>D. Jones, Program Manager</i>	Date: 3/5/yr

D  
O  
C  
T  
O  
R

Health Care Provider Findings: Will increase the frequency of the Klonopin for seizure control	
Medication/Treatment Orders:	
<del>D/C Klonopin</del> Klonopin <u>0.5mg</u> <u>twice daily</u> <u>by mouth</u> <small style="margin-left: 100px;">dose</small> <small style="margin-left: 50px;">frequency</small> <small style="margin-left: 50px;">route</small>	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>S. Davidson, MD</i>	Date: 3/5/yr



Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Penicillin

Start 11-1-yr	Generic <b>Clonazepam</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>Klonopin</b>	8am	KB	JS	RN	JS	JS																												
Stop Cont.	Strength <b>0.5mg</b> Dose <b>0.5mg</b>																																		
	Amount <b>1 tab</b> Route <b>By mouth</b>																																		
	Frequency <b>Once daily in morning</b>																																		

Special instructions:

Reason: seizure control

Start	Generic	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Brand																																		
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> Clover Callaway  <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#C284-9726	Greenleaf Pharmacy 20 Main Street Treetop, Ma 00000	111-222-3434
Clover Callaway		3/5/yr
Clonazepam <u>0.5mg</u> <i>strength</i>		
I.C. Klonopin		Qty:60
Take <u>1 tablet</u> <i>amount</i> by mouth twice daily		
		Dr. S. Davidson
Lot# 323-4444	ED: 3/5/yr	Refills: 5

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

**Clonazepam**

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

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Penicillin

Start 11-1-yr	Generic <b>Clonazepam</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>Klonopin D/C 3-5-yr DJ</b>	8am	KB	JS	RN	JS	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	X	
	Strength <b>0.5mg</b> Dose <b>0.5mg</b>																																	
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Once daily in the morning</b>																																	

**D/C 3-5-yr DJ**

Special instructions:

Reason: seizure control

Start 3-5-yr	Generic <b>Clonazepam</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>Klonopin</b>	8am	X	X	X	X	X																											
	Strength <b>0.5mg</b> Dose <b>0.5mg</b>																																	
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>	8pm	X	X	X	X																												

Special instructions:

Reason: seizure control

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

Special instructions:

Reason:

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

Special instructions:

Reason:

<b>Name:</b> Clover Callaway  <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				



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Michel Pierre to the doctor and have received medication from the pharmacy. Pretend that the date is July 1, yr. It is 2 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: July yr

MEDICATION ADMINISTRATION SHEET

Allergies: Strawberries

Start 2-7-yr	Generic Metoprolol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand Lopressor	8am	JS																															
	Strength 50mg      Dose 50mg																																	
Stop	Amount 1 tab      Route By mouth																																	
Cont.	Frequency Once daily in the morning																																	

Special instructions:

Reason: high blood pressure

Start 2-7-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	JS																															
	Strength 250mg      Dose 250mg																																	
Stop	Amount 1 cap      Route By mouth																																	
Cont.	Frequency Twice daily	8pm																																

Special instructions:

Reason: soften stool

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: July yr

MEDICATION ADMINISTRATION SHEET

Allergies: Strawberries

Start 2-7-yr Stop Cont.	Generic <b>Metoprolol</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>Lopressor D/C 7-1-yr ED</b>	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	X	X	X	X	X	X		
	Strength <b>50mg</b> Dose <b>50mg</b>																																			
	Amount <b>1 tab</b> Route <b>By mouth</b>																																			
	Frequency <b>Once daily in the morning</b>																																			

Special instructions:

Reason: high blood pressure

Start 2-7-yr Stop Cont.	Generic <b>Docusate sodium</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>Colace</b>	8am	JS																																		
	Strength <b>250mg</b> Dose <b>250mg</b>																																				
	Amount <b>1 cap</b> Route <b>By mouth</b>																																				
	Frequency <b>Twice daily</b>	8pm																																			

Special instructions:

Reason: soften stool

Start 7-2-yr Stop Cont.	Generic <b>Metoprolol</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>Lopressor</b>	8am	X																																			
	Strength <b>50mg</b> Dose <b>100mg</b>																																					
	Amount <b>2 tabs</b> Route <b>By mouth</b>																																					
	Frequency <b>Once daily in the morning</b>																																					

Special instructions:

Reason: high blood pressure

Start Stop Cont.	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																																					
	Amount      Route																																					
	Frequency																																					

Special instructions:

Reason:

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



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Lucille Jones to the doctor and have received medication from the pharmacy. Pretend that the date is April 7, yr. It is 3 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start	Generic <b>Divalproex</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	
10-5-yr	Brand <b>Depakote</b>	8am	JS	JS	JS	JS	JS	R	R	N																								
	Strength <b>250mg</b> Dose <b>500mg</b>																																	
Stop	Amount <b>2 caps</b> Route <b>By mouth</b>	4pm	KB	KB	KB	KB	ST	ST																										
Cont.	Frequency <b>Three times daily</b>	10pm	KB	KB	KB	KB	ST	ST																										

Special instructions:

Reason: seizure control

Start	Generic <b>Docusate sodium</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	
10-5-yr	Brand <b>Colace</b>	8am	JS	JS	JS	JS	JS	R	R	N																								
	Strength <b>250mg</b> Dose <b>250mg</b>																																	
Stop	Amount <b>1 cap</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>	10pm	KB	KB	KB	KB	ST	ST																										

Special instructions:

Reason: soften stool

Start	Generic <b>Calcium carbonate</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	
10-5-yr	Brand <b>Oscal</b>	8am	JS	JS	JS	JS	JS	R	R	N																								
	Strength <b>500mg</b> Dose <b>500mg</b>																																	
Stop	Amount <b>1 cap</b> Route <b>By mouth</b>	4pm	KB	KB	KB	KB	ST	ST																										
Cont.	Frequency <b>Three times daily</b>	10pm	KB	KB	KB	KB	ST	ST																										

Special instructions:

Reason: calcium replacement

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

Special instructions:

Reason:

<b>Name:</b> Lucille Jones  <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				
	S-school				

## Pharmacy Label

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

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Divalproex</b></p> <p>Brand names for Divalproex are Depakote, Depakote Sprinkles and Epival. Divalproex is commonly prescribed for seizures. It is also used for conditions that require better emotional control and migraine headaches.</p>
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Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-5-yr Stop Cont.	Generic <b>Divalproex</b>	<b>D/C 4-7-yr JR</b> Dose <b>500mg</b> Route <b>By mouth</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>Depakote</b>		8am	JS	JS	JS	JS	JS	RNRN	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>250mg</b>		4pm	KB	KB	KB	KB	ST	ST	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Amount <b>2 caps</b>		10pm	KB	KB	KB	KB	ST	ST	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions:

Reason: seizure control

Start 10-5-yr Stop Cont.	Generic <b>Docusate sodium</b>	Dose <b>250mg</b> Route <b>By mouth</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>Colace</b>		8am	JS	JS	JS	JS	JS	RNRN																												
	Strength <b>250mg</b>		4pm																																		
	Amount <b>1 cap</b>		10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: soften stool

Start 10-5-yr Stop Cont.	Generic <b>Calcium carbonate</b>	Dose <b>500mg</b> Route <b>By mouth</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>Oscal</b>		8am	JS	JS	JS	JS	JS	RNRN																												
	Strength <b>500mg</b>		4pm	KB	KB	KB	KB	ST	ST																												
	Amount <b>1 cap</b>		10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: calcium replacement

Start 4-7-yr Stop Cont.	Generic <b>Divalproex</b>	Dose <b>500mg</b> Route <b>By mouth</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>Depakote</b>		8am	X	X	X	X	X	X	X																												
	Strength <b>250mg</b>		4pm																																			
	Amount <b>2 caps</b>		10pm	X	X	X	X	X	X																													

Special instructions:

Reason: seizure control

Name: Lucille Jones  Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	<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					



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Juan Garcia to the doctor and have received medication from the pharmacy. Pretend that the date is November 4, yr. It is 1 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: November yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start	Penicillin <b>Penicillin V Potassium</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
11-1-yr	Brand <b>Pen-Vee K</b>	8am	X	JS	JS	JS								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength <b>250mg/5mL</b> Dose <b>250mg</b>																																
Stop	Amount <b>5mL</b> Route <b>By mouth</b>	4pm	KB	KB	KB								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
11-11-04	Frequency <b>Three times daily</b>	10pm	KB	KB	KB								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions: **For 10 days**

Reason: ear infection

Start	Generic <b>Haloperidol</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
2-13-yr	Brand <b>Haldol</b>	8am	JS	JS	JS	JS																											
	Strength <b>5mg</b> Dose <b>5mg</b>																																
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>																																
Cont.	Frequency <b>Once daily in the morning</b>																																

Special instructions:

Reason: agitation

Start	Generic <b>Docusate sodium</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
2-13-yr	Brand <b>Colace</b>	8am	JS	JS	JS	JS																											
	Strength <b>100mg</b> Dose <b>100mg</b>																																
Stop	Amount <b>1 cap</b> Route <b>By mouth</b>																																
Cont.	Frequency <b>Twice daily</b>	8pm	KB	KB	KB																												

Special instructions:

Reason: softenstool

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

Special instructions:

Reason:

<b>Name:</b> Juan Garcia  <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 Label

Rx#384-9726	Greenleaf Pharmacy 20 Main Street Treetop, Ma 00000	111-222-3434  11/4/yr
Juan Garcia	Cefuroxime axetil 125mg/ 5mL I.C. Ceftin	100mL
Take 10mL twice daily for 5 days by mouth		Dr. L. Curtis
Lot# 323-5555	ED: 11/4/yr	Refills: 0

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p><b>Cefuroxime Axetil</b></p> <p>Cefuroxime axetil (generic name) is a cephalosporin antibiotic. Brand name: Ceftin. It is prescribed to treat a variety of infections caused by bacteria.</p>
--

Month and Year: November yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start	Generic Penicillin V Potassium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
11-1-yr	Brand Pen-Vee K D/C 11-4-yr <i>EQ</i>	8am	X	JS	JS	JS								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg/5mL Dose 250mg																																	
Stop	Amount 5mL Route By mouth	4pm	KB	KB	KB									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
11-11-yr	Frequency Three times daily	10pm	KB	KB	KB									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For 10 days

Reason: ear infection

Start	Generic Haloperidol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2-13-yr	Brand Haldol	8am	JS	JS	JS	JS																												
	Strength 5mg Dose 5mg																																	
Stop	Amount 1 tab Route By mouth																																	
Cont.	Frequency Once daily in the morning																																	

Special instructions:

Reason: agitation

Start	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2-13-yr	Brand Colace	8am	JS	JS	JS	JS																												
	Strength 100mg Dose 100mg																																	
Stop	Amount 1 cap Route By mouth																																	
Cont.	Frequency Twice daily	8pm	KB	KB	KB																													

Special instructions:

Reason: soften stool

Start	Generic Cefuroxime axetil	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
11-4-yr	Brand Ceftin suspension	8am	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength 125mg/5mL Dose 250mg																																	
Stop	Amount 10mL Route By mouth																																	
11-9-yr	Frequency Twice daily	8pm	X	X	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions: For 5 days

Reason: left otitis media

<b>Name:</b> Juan Garcia  <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					



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Ann Sullivan to the doctor and have received medication from the pharmacy. Pretend that the date is March 8, yr. It is 1 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Bactrim

Start	Generic <b>Acetaminophen</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	
2-1-yr	Brand <b>Tylenol</b>			JS 8am					KB 11a																									
	Strength <b>325mg</b> Dose <b>650mg</b>	<b>P</b>		JS 2pm	JS 1pm																													
Stop	Amount <b>2 tabs</b> Route <b>By mouth</b>	<b>R</b>																																
Cont.	Frequency <b>Every 6 hours as needed</b>	<b>N</b>		ST 9pm					ST 5pm																									

Special instructions: **for knee pain, call HCP if knee pain continues after 24 hours**

Reason: *knee pain*

Start	Generic <b>Phenobarbital</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	
3-1-yr	Brand <b>Solfoton</b>			JS	JS	JS	JS	RN	RN	RN	RN																							
	Strength <b>30mg</b> Dose <b>30mg</b>																																	
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>																																	

Special instructions:

Reason: *seizure control*

Start	Generic <b>Calcium carbonate</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	
3-1-yr	Brand <b>Oscal</b>			JS	JS	JS	JS	RN	RN	RN	RN																							
	Strength <b>500mg</b> Dose <b>500mg</b>																																	
Stop	Amount <b>1 cap</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>																																	

Special instructions:

Reason: *calcium replacement*

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

Special instructions:

Reason:

<b>Name:</b> Ann Sullivan  <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				
S-school					

## Pharmacy Label

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

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Bactrim

Start	Generic <b>Acetaminophen</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	
2-1-yr	Brand <b>Tylenol D/C 3-8-yr EM</b>	8am		JS					KB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength <b>325mg</b> Dose <b>650mg</b>	2pm		JS	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	Amount <b>2 tabs</b> Route <b>By mouth</b>	1pm								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cont.	Frequency <b>Every 6 hours as needed</b>	9pm		ST						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For knee pain, call HCP if knee pain continues after 24 hours

Reason: knee pain

Start	Generic <b>Phenobarbital</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	
3-1-yr	Brand <b>Solfoton</b>	8am	JS	JS	JS	JS	RN	RN	RN	RN																								
	Strength <b>30mg</b> Dose <b>30mg</b>																																	
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>	8pm	KB	KB	KB	KB	ST	ST	ST																									

Special instructions:

Reason: seizure control

Start	Generic <b>Calcium carbonate</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	
3-1-yr	Brand <b>Oscal</b>	8am	JS	JS	JS	JS	RN	RN	RN	RN																								
	Strength <b>500mg</b> Dose <b>500mg</b>																																	
Stop	Amount <b>1 cap</b> Route <b>By mouth</b>																																	
Cont.	Frequency <b>Twice daily</b>	8pm	KB	KB	KB	KB	ST	ST	ST																									

Special instructions:

Reason: calcium replacement

Start	Generic <b>Ibuprofen</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	
3-8-yr	Brand <b>Motrin</b>		X	X	X	X	X	X	X	X																								
	Strength <b>200mg</b> Dose <b>200mg</b>		X	X	X	X	X	X	X	X																								
Stop	Amount <b>1 tab</b> Route <b>By mouth</b>		X	X	X	X	X	X	X																									
Cont.	Frequency <b>Every 6 hours as needed</b>		X	X	X	X	X	X	X																									

Special instructions: for knee pain, call HCP if knee pain continues after 24 hours

Reason: knee pain

<b>Name:</b> Ann Sullivan  <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					



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Emmett Max to the doctor and have received medication from the pharmacy. Pretend that the date is February 2, yr. It is 1 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: February yr

MEDICATION ADMINISTRATION SHEET

Allergies: Milk and dairy products

Start 1-29-yr	Generic <b>Pseudoephedrine</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>Sudafed</b>	8am	JS	KB		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 2-3-yr	Strength <b>60mg</b> Dose <b>60mg</b>																																	
	Amount <b>1 tab</b> Route <b>By mouth</b>	2pm	RN		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency <b>Daily at 8am, 2pm, 8pm</b>	8pm	ST		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: **For 5 days**

Reason: nasal congestion

Start 1-15-yr	Generic <b>Phenytoin</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>Dilantin</b>	8am	JS	KB																																
Stop	Strength <b>100mg</b> Dose <b>300mg</b>																																			
	Amount <b>3 caps</b> Route <b>By mouth</b>																																			
Cont.	Frequency <b>Once daily in the morning</b>																																			

Special instructions:

Reason: seizure control

Start 1-15-yr	Generic <b>Docusate sodium</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>Colace</b>	8am	JS	KB																																
Stop	Strength <b>250mg</b> Dose <b>250mg</b>																																			
	Amount <b>1 cap</b> Route <b>By mouth</b>																																			
Cont.	Frequency <b>Twice daily</b>	8pm	ST																																	

Special instructions:

Reason: soften stool

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

Special instructions:

Reason:

<b>Name:</b> Emmett Max  <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				
S-school					

## Pharmacy Label

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

MEDICATION ADMINISTRATION SHEET

Allergies: Milk and dairy products

Start 1-29-yr	Generic	Pseudoephedrine	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand	Sudafed D/C 2-2-yr DB	8am	JS	KB		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 2-3-yr	Strength	60mg	Dose	60mg	D/C 2-2-yr DB																														
	Amount	1 tab	Route	By mouth	2pm	RN		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency	Daily at 8am, 2pm, 8pm	8pm	ST		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For 5 days

Reason: nasal congestion

Start 1-15-yr	Generic	Phenytoin	Hour	1	2																															
	Brand	Dilantin	8am	JS	KB																															
Stop Cont.	Strength	100mg	Dose	300mg																																
	Amount	3 caps	Route	By mouth																																
	Frequency	Once daily in the morning																																		

Special instructions:

Reason: seizure control

Start 1-15-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	JS	KB																															
Stop Cont.	Strength	250mg	Dose	250mg																																
	Amount	1 cap	Route	By mouth																																
	Frequency	Twice daily	8pm	ST																																

Special instructions:

Reason: soften stool

Start 2-2-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	X	X	X	X	X	X	X	X	X	X
Stop 2-12-yr	Strength	250mg	Dose	250mg	12pm	X	X									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Amount	1 tablet	Route	By mouth	4pm	X										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency	Four times daily	8pm	X												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For 10 days

Reason: sinus infection

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



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Mary Patterson to the doctor and have received medication from the pharmacy. Pretend that the date is January 12, yr. It is 1 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Start 10-17-yr Stop Cont.	Generic <b>Cimetidine</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>Tagamet</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength <b>300mg/5mL</b> Dose <b>300mg</b>																																		
	Amount <b>5mL</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB																						

Special instructions:

Reason: indigestion

Start 2-2-yr Stop Cont.	Generic <b>Lorazepam</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>Ativan</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength <b>1mg</b> Dose <b>1mg</b>																																		
	Amount <b>1 tab</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB																						

Special instructions:

Reason: seizure control

Start 2-2-yr Stop Cont.	Generic <b>Docusate sodium</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>Colace</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength <b>100mg</b> Dose <b>100mg</b>																																		
	Amount <b>1 cap</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB																						

Special instructions:

Reason: soften stool

Start Stop	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																																		
	Amount    Route																																		

Special instructions:

Reason:

Name: Mary Patterson  Site: 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				
	S-school				

## Pharmacy Label

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

## Generic Equivalents

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

### MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: January yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-17-yr Stop Cont.	Generic <b>Cimetidine</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>Tagamet D/C 1-12-yr ET</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength <b>300mg/5mL</b> Dose <b>300mg</b>																																		
	Amount <b>5mL</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	KB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions:

Reason: indigestion

Start 2-2-yr Stop Cont.	Generic <b>Lorazepam</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12																					
	Brand <b>Ativan</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength <b>1mg</b> Dose <b>1mg</b>																																		
	Amount <b>1 tab</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	KB																					

Special instructions:

Reason: seizure control

Start 2-2-yr Stop Cont.	Generic <b>Docusate sodium</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>Colace</b>	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																						
	Strength <b>100mg</b> Dose <b>100mg</b>																																			
	Amount <b>1 cap</b> Route <b>By mouth</b>	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	KB																						

Special instructions:

Reason: soften stool

Start 1-12-yr Stop Cont.	Generic <b>Cimetidine</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>Tagamet</b>	8am	X	X	X	X	X	X	X	X	X	X	X	X	X																								
	Strength <b>300mg/5mL</b> Dose <b>300mg</b>																																						
	Amount <b>5mL</b> Route <b>By mouth</b>	4pm	X	X	X	X	X	X	X	X	X	X	X	X																									
Frequency <b>Three times daily</b>	10pm	X	X	X	X	X	X	X	X	X	X	X	X																										

Special instructions:

Reason: GERD

Name: Mary Patterson  Site: 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				
	S-school				



## PRACTICE SKILLS-TRANSCRIPTION

### INSTRUCTIONS

You have taken Timmy Katz to the doctor and have received medication from the pharmacy. Pretend that the date is April 3, yr. It is 2 pm.

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

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

## HEALTH CARE PROVIDER ORDER

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



Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: shellfish

Start	Generic <b>Phenytoin</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		
3-4-yr	Brand <b>Dilantin</b>																																		
	Strength <b>100mg</b> Dose <b>100mg*</b>																																		
Stop	Amount <b>1 capsule</b> Route <b>By mouth</b>																																		
Cont.	Frequency <b>Once daily in the evening</b>	8pm	JS	KB																															

Special instructions: \*See below      Total evening dose is 150mg      Reason: seizure control

Start	Generic <b>Phenytoin</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			
3-4-yr	Brand <b>Dilantin</b>																																			
	Strength <b>50mg</b> Dose <b>50mg*</b>																																			
Stop	Amount <b>1 tablet</b> Route <b>By mouth</b>																																			
Cont.	Frequency <b>Once daily in the evening</b>	8pm	JS	KB																																

Special instructions: \*See above      Total evening dose is 150mg      Reason: seizure control

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

Special instructions:      Reason:

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

Special instructions:      Reason:

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

## 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

<b>Carbamazepine</b> This medication controls some types of seizures. It is also used to treat trigeminal neuralgia pain. The label may read Eptol or Tegretol.
--

Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: shellfish

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
3-4-yr	Brand Dilantin D/C 4-3-yr AE																																			
	Strength 100mg Dose 100mg*																																			
Stop	Amount 1 capsule Route By mouth																																			
Cont.	Frequency Once daily in the evening	8pm	JS	KB																																

Special instructions: \*See below Total evening dose is 150mg Reason: seizure control

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
3-4-yr	Brand Dilantin D/C 4-3-yr AE																																				
	Strength 50mg Dose 50mg*																																				
Stop	Amount 1 tablet Route By mouth																																				
Cont.	Frequency Once daily in the evening	8pm	JS	KB																																	

Special instructions: \*See above Total evening dose is 150mg Reason: seizure control

Start	Generic Carbamazepine	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
4-3-yr	Brand Tegretol	8am	X	X	X																																
	Strength 200mg Dose 200mg*																																				
Stop	Amount 1 capsule Route By mouth																																				
Cont.	Frequency Twice daily	8pm	X	X																																	

Special instructions: \*See below Total dose is 300mg Reason: seizure control

Start	Generic Carbamazepine	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
4-3-yr	Brand Tegretol	8am	X	X	X																																	
	Strength 100mg Dose 100mg*																																					
Stop	Amount 1 capsule Route By mouth																																					
Cont.	Frequency Twice daily	8pm	X	X																																		

Special instructions: \*See above Total dose is 300mg Reason: seizure control

<b>Name:</b> Timmy Katz  <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				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

