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: Dr. Jones	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	ce 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)

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.

HEALTH CARE PROVIDER ORDER

	Name: Tina Lewis	Date: 6/11/yr
	Health Care Provider: Dr. Jones	Allergies: no known allergies
S T A	Reason for Visit: Tina states she has the day.	a burning feeling in her throat during
F	Current Medications: Pantoprazole 40mg by mouth once da	aily in the evening
	Staff Signature: John Smith, Program Manager	Date: 6/11/yr
	Health Care Provider Findings: GERD	
	Medication/Treatment Orders:	
	D/C Pantoprazole Pepcid 20mg twice daily by mouth dose frequency route	
	Instructions:	
	Follow-up visit:	Lab work or Tests:
	Signature: Dr. Jones	Date: 6/11/yr

C

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	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
2-7-yr	Brand Protonix																														П		П	
	Strength 40mg	Dose 40mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Once daily	in the evening	8pm	KB	JS	KB	ΚB	ST	ST	KB	RN	KB	KB																					
Sį	pecial instructions:														1	ı		ı			1			1		F	Reas	on:	dec	rea	ase a	acic	ī	
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																																	·
Sį	pecial instructions:		•	•		•					•										•	•			•	F	Reas	on:						
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand																																	
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	
Sµ	pecial instructions:					•				•		•			•		•		•				•				Reas					_	_	
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																																	l
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	
Sį	pecial instructions:		•	•		•	•					•									•					F	Reas	son:						
						COI	DES	3				Ini	it			;	Sigr	natu	re				Init	: 5	Sign	atu	re							
Name:	Tina Lewis		DP-da	ay pı	ogra	m/d	ay h	ab				JS	6	Tohn	Smiti	h																		
			LOA-	leav	e of a	bse	nce					KE	3 /	Karl	Burk	le .																		
Site: Ev	erett Street, Apt. 1A		P-pac	kag	ed							RN		00	ie Ne																			
			W-wo	rk								ST		Sarai	h Tou	rney								┸										
			H-hos	pital	nurs	ing h	ome	e, reh	ab c	enter	•		┸											┸										
			S-sch	ool								1	1											ı										

Pharmacy Label

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

Generic Equivalents

Brand Name	Generic Equivalent
Pepcid	Famotidine
Loram	Loramine
Loxaprill	Loxaprilline
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	Generic Pantoprazole	,	Hour	+	2	3	4	5	6	7	8	9	10	11	12	. 13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2-7-yr	Brand Protonix D/C	C 6-11-yr JS								_																								
I	Strength 40mg	Dose 40mg													\vdash	_	—	$ \downarrow $)/C	6-	11	-yr	JS	, 			1		
Stop	Amount 1 tab	Route By mouth																				\vdash	-	ota		<u> </u>	1	1			\Box	1		
Cont.	Frequency Once daily	in the evening	8pm	KB	КВ	JS	KB	ST	ST	KB	RN	KB	KE	X	X	X	X	X	X	X	Х	X	Х	Х	Х	Х	X	X	X	*	×	X	X	Х
Sp	pecial instructions:								_	_	_	_		_		_	_				_	_				F	≀eas	son:	red	luce	e acio	d		
Start	Generic Famotidine		Hour	1	2	3	4	5	6	7	8	9	10	11	12	. 13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
6-11-yr	Brand Pepcid		8am	Х	Х	Х	X	X	X	X	X	Х	Х	Х																				<u> </u>
l	Strength 10mg	Dose 20mg																														1		
Stop	Amount 2 tablets	Route By mouth																			1			1	1	\dagger	1	1			\Box	1		
Cont.	Frequency Twice daily	y	8pm	X	X	X	X	X	X	X	X	X	X				\dagger		\dagger	\dagger	†		†			\dagger	\dagger	\dagger						
Sp	pecial instructions:			_	_	_	_	_	_	_	_	_	_	_	_	_	<u> </u>	_	_	_	_	_		_	_	F	≀eas	son:	: GE	RD	_	_	_	_
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	. 13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand																															1		 '
	Strength	Dose	,																					1		1	1	1			\Box	1		
Stop	Amount	Route			\Box		\Box	\vdash		\dagger	<u> </u>		†	\dagger			\dagger	\dagger	\dagger	\dagger	†		†	†	†	†	†	†	†		\sqcap	$\overline{}$		
	Frequency		'			\Box	\Box	\vdash	\dagger	\dagger			\dagger	\vdash		\vdash	+	+	+	+	\top	-	 	-	-	\dagger	\dagger	\dagger	\vdash		\sqcap	-		
Sp	pecial instructions:			_	_	_	_	_	_	_	_	_	_	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	_	_	_			<u> </u>	F	Reas	son:	_	_	_	_	<u>—</u>	_
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	. 13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
l	Brand																															1		
	Strength	Dose	,																					1		1	1	1			\Box	1		
Stop	Amount	Route			\Box					\dagger			†	†	†	\dagger	\dagger	\dagger	\dagger	\dagger	†	T	†	†	†	†	†	†	†		\sqcap	1		
I	Frequency									+	\vdash		\top	\top			+		\top	\top			†	†	†	†	†	†	\dagger	\Box	\Box	$\overline{}$		

Special instructions: Reason:

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

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.

HEALTH CARE PROVIDER ORDER

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

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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	ΚВ	JS	JS	JS	RN	RN	RN																						\Box	
	Strength 0.125mg	Dose 0.125mg																															\exists	
Stop	Amount 1 tab	Route By mouth																												Г			\exists	
Cont.	Frequency Daily in the	e morning																																
Sp	ecial instructions:			1					1						1						1	1		1		R	eas?	on:	repla	ace t	thyroi	id ho	rmor	ne
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																																	
Sp	ecial instructions:		•							•					•		•		•							R	Reas	on:						
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand																																	
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	
Sp	ecial instructions:														1											R	Reas	on:						
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand																																	
	Strength	Dose																																
Stop	Amount	Route																																
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Sp	ecial instructions:		•							•	•							•					•			R	Reas	on:						
						СО	DES	S				Ini	it			(Sign	atu	re				Init	S	ign	atuı	re							
Name:	Tina Lewis		DP-da	ay pı	rogra	am/d	lay l	nab				JS			Smith																			
			LOA-leave of absence KB Karl Burke																															
Site: Ev	erett Street, Apt. 1A		P-packaged RN Reggie Newton																															
			W-work ST Sarah Tourney																															
			H-hos	pital	, nurs	sing l	nome	e, reh	nab c	ente	r																							
			S-sch	ool																														

Pharmacy Labels

Rx#139 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 6/20/yr

Tina Lewis

Armour Thyroid 30mg Qty. 30

I.C.

Take 1 tablet once daily before breakfast by mouth

Dr. Smith

Lot# 659 ED: 6/20/yr Refills: 3

Rx#285-97226 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 6/20/yr

Tina Lewis

Propranolol 10mg

I.C. Inderal Qty. 60

Take 2 tablets once daily in the morning by mouth

Dr. Smith

Lot# 323-334 ED: 6/20/yr Refills: 3

Rx#285-97227 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 6/20/yr

Tina Lewis

Amoxicillin 500mg Qty. 30

I.C. Amoxil

Take 1 tablet three times daily for ten days by mouth

Dr. Smith

Lot# 323-335 ED: 6/20/yr Refills: 0

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.

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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 Start Generic 8am JSKBJSJSJSRNRNRNJSSTJSJSJSRNRNRNJSJSJSJSXXXXXXXXXXXXXX 3-23-yr Synthroid D/C 6-20-yr PJ Strength 0.125mg Dose 0.125mg D/C 6-20-vr PJ Amount 1 tab Route By mouth Stop Cont. Frequency Daily in the morning Special instructions: Reason: replace thyroid hormone 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Generic 9 10 11 12 Brand Armour Thyroid $|\mathbf{x}|\mathbf{x}|\mathbf{x}|\mathbf{x}$ 6-21-yr $\mathbf{X} \mid \mathbf{X}$ $\mathbf{X} \mathbf{X}$ $\mathbf{x} \mid \mathbf{x}$ 7am X Strength 30mg Dose 30mg Route By mouth Stop Amount 1 tab Frequency Once daily before breakfast Cont. Special instructions: Reason: hypothyroid 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Generic Propranolol Start Hour 1 6-21-yr Brand Inderal 8am X X X X X X X X Χ $\mathbf{x} \mid \mathbf{x}$ $\mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x}$ Strength 10mg Dose 20mg Route By mouth Amount 2 tabs Stop Cont. Frequency Once daily in the morning Special instructions: Reason: high blood pressure 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 Start Generic Amoxicillin 2 3 5 6 Hour 1 Χ 6-20-yr Brand Amoxil 8am X X X X X Х X Х хх $\mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x}$ X Strength 500mg Dose 500mg Route By mouth Stop Amount 1 tab X Χ 6-30-yr Χ Frequency Three times daily 8pm X X X Χ $\mathbf{x} \mathbf{x}$ Χ Χ Χ $\mathbf{x} \mid \mathbf{x}$ $\mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x} | \mathbf{x}$ Х Χ Special instructions: For 10 days Reason: sinus infection **CODES** Init **Signature** Init **Signature** John Smith Name: Tina Lewis DP-day program/day hab JS LOA-leave of absence Karl Burke Site: Everett Street, Apt. 1A P-packaged Reggie Newton W-work Sarah Tourney Paula Jones H-hospital, nursing home, rehab center

S-school

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.

HEALTH CARE PROVIDER ORDER

Name: Jane McCarthy	Date: 8/1/yr
Health Care Provider: Dr. White	Allergies: No Known Allergies
Tiodicii Gare i Tovider. Di. Winte	Allergies. No fallowit Allergies
Reason for Visit: Continues to have f night. Complains of a burning feeling	
Current Medications: Cefaclor 250mg	twice daily for seven days by mouth
Staff Signature:	Date: 8/1/yr
Paala Tones, Program Manager	
Health Care Provider Findings:	
Urinary tract infection	
Medication/Treatment Orders:	
D/C Cefactor Amoxil 500mg four times daily for 10	days by mouth
,	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature:	Date: 8/1/yr
Andrea White, MD	

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic Cefaclor		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7-29-yr	Brand Ceclor		8am	JS					Х	Х	Х	Х	Х	Х		_	_	_		_		_	_	Х	х	Х		Х						Х
	Strength 250mg	Dose 250mg																													\Box			
Stop	Amount 1 tab	Route By mouth																													\Box	П		
8-5-yr	Frequency Twice dai	ly	8pm					Х	Х	Х	Х	X	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Sp	ecial instructions: For 7	days	1	1				ı	1					1	1	1			1	1	1					R	eas	on:	urin	ary	traci	t infe	ectic	n
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	3 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand																																	
	Strength	Dose																																
Stop	Amount	Route																														П		
	Frequency																																	
Sp	ecial instructions:																									R	eas	on:						
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	3 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																															\bigcap		
Sp	ecial instructions:		•		•	•		•		•					•	<u>'</u>			•	•	•	•		•	•	R	eas	on:						
Start	Generic		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	3 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																															\bigcap		
Sp	ecial instructions:		•	•										•	•		•			•	•					R	eas	on:						
						СО	DES	S				Ini	it				Sig	natı	ıre				Init	: 5	Sign	atur	е							
Name:	Jane McCarthy		DP-da	ay p	rogra	am/d	lay l	nab				JS		Tohn	Smit	h																		
			LOA-	leav	e of	abse	ence)																										
Site: 35	River Way		P-pac	kag	ed																													
			W-wo	rk																														
			H-hos		, nurs	sing l	home	e, rel	nab c	ente	r	_	_											_										
			S-sch	nool																														

Pharmacy Label

Rx#276-97226 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 8/1/yr

Jane McCarthy

Amoxicillin 250mg Qty. 80

I.C. Amoxil

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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin

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.

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic Cefaclor		Hour	+	9	3	4	5	6	7 8	3 [9	9 10	0 1	1 12	2 13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		8-1-yr PJ	8am	JS					_	\times		x x	_	x x	_	_	_													X		_	Χ
	Strength 250mg	Dose 250mg											Ť		+							. 8 -										-	
	Amount 1 tab	Route By mouth																			<i>-</i> /	0			10			\Box		$\overline{}$			\dashv
•	Frequency Twice daily		0 m m			-	+	x 2	X	XX	, ,	хх	, ,	x x	X	v	Х	Х	Х	Х	Х	Х	Х	X	X	X	Х	V	X	$\overline{}$		-V	_
•	cial instructions: For 7 d		8pm	_		_	—	A A	٨	X /	4	X X	. /	X X	Ι Λ		Λ	Λ	Λ	Χ	Λ	۸	Λ	Λ						X tract		ection	<u>~</u>
	Generic Amoxicillin	uy3	Hour	1	2	3	4	5	6	7 8		9 10	1	1 12	13	3 14	15	16	17	18	19	20	21	22						28			
	Brand Amoxil		8am		_		-								_	_	_					X		<u></u>	X	χ	X				_	Х	<u>х</u>
	Strength 250mg	Dose 500mg	12pm											X	_	_	_	4	1			Х		X	X	X	Х				X	X	X
	Amount 2 caps	Route By mouth	4pm	_									١,	x x	_		X		X		X						X			Х			X
•	Frequency Four times	•	8pm											X X								Х	X	X	X	X	X	Х			X	X	X
•	cial instructions: For 10		opin											^	^			^	^	^	^	^	^							ract in			
	Generic	aayo	Hour	1	2	3	4	5	6	7 8	3 9	9 10	0 1	1 12	2 13	14	15	16	17	18	19	20	21	22					_				31
	Brand		110011		_																												-
	Strength	Dose																															\neg
	Amount	Route																										\Box					
•	Frequency																											\Box					
	cial instructions:																								R	eas	on:						
	Generic		Hour	1	2	3	4	5	6	7 8	3 9	9 10	0 1	1 12	2 13	3 14	15	16	17	18	19	20	21	22			_	26	27	28	29	30	31
	Brand		110011		_																												-
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Name: Ja	ane McCarthy		DP-da	ay pr	ogra	m/da	ay ha	b			T	JS	Joh	hn Smi	th						1												\neg
			DP-day program/day hab LOA-leave of absence								T	PJ	Pad	ula To	nes																		\neg
Site: 35 R	River Way		P-packaged																		ı												\Box
			W-work								Ī										ı												\neg
			H-hos	H-hospital, nursing home, rehab																													
			S-sch	chool																													

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.

HEALTH CARE PROVIDER ORDER

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

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Start	Generic Amoxicillin		Hou	r 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 Amoxil		8an	ı X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	KB	JS				X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х
	Strength 250mg	Dose 250mg	12pr	n X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	KB	JS				Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Χ
Stop	Amount 1 tab	Route By mo	uth 4pn	ı X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	RN	ST	-			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
2-17-yr	Frequency Four times	daily	8pn	ı X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	RN	ST	-			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Spe	ecial instructions: For 5 d	ays				1																				F	Reas	son:	res	pire	atory	, infe	əctic	on
Start	Generic		Hou	r 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																																
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Start	Generic		Hou	r 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
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	Strength	Dose																																
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	Brand																																	
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Spe	ecial instructions:										•	•	•	•	•		•									F	Reas	son:						_
						CC	DE	S				ln	it			;	Sigr	natu	re				Init	: 8	Sign	atu	re							
Name: S	Sam Lopes		DP-	day p	orog	ram/	day	hab				JS	3 (Tohn	. Smit	h																		
			LOA	\-lea	ve o	f abs	ence	е				K	3 /	Kari	l Buri	ke																		
Site: 35	River Way		P-pa	acka	ged							RI	N /	Regy	rie Ne	rwton																		
			W-w	ork								S	Γ ,	Sara	ah Tod	urney	;																	
			H-ho	H-hospital, nursing home, rehab center																														
			S-sc	S-school																														

Pharmacy Label

Rx#277-97226 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 2/14/yr

Sam Lopes

Erythromycin 333mg Qty. 30

I.C. EES

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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Erythromycin

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.

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic Amoxicillin		Hour		2	2	4	E .	. -	6	0	40	144	40	42	4.4	4 E	10	17 4	0 4	0 0	1	4 0	2 2	2	14	OF 4	20	27 4	20 0	0 24	24
2-12-yr		. D.T		T-	7	_	_	5 6		8	_	_	_	_	13		15	16			_		1 2							28 2	_	
2-12-yi	Brand Amoxil D/C 2-14-	•	8am		X			X X	_						KB						()	′	() D/ (X 2-1	χ 4-ν	X	X P.T	X	X)		
0.		250mg	12pm					X X											_		_	_	_							X)		
Stop		By mouth	4pm						_			4	X	_						()	_	_					$\overline{}$	_		X)	X	X
2-17-yr	Frequency Four times daily		8pm	X	X	X	X	X	(X	X	X	X	X	RN	ST.			_	X	()	()	()	()	()	X	X	X	X	X	ר X	X	X
	ecial instructions: For 5 days		<u> </u>							_	_	_		_														_		ory i		
Start	Generic Erythromycin		Hour				4					_	_	_			15 °	16	17 1	8 1					_							31
2-14-yr	Brand EES		8am	X	X	X	X	X	(X	X	X	X	X	X	X	X					X	()	()	()	X	X	X	X	Х	X)	X	X
	-	666mg																														
Stop	Amount 2 tabs Route	By mouth	4pm	X	X	Х	Х	X	(X	X	X	X	X	X	X)	()	()	()	()	X	X	X	X	Х	X)	X	X
2-19-yr	Frequency Three times daily		8pm	Х	Х	Х	Х	X X	(X	Х	Х	X	Х	Х	Х)	()	X	()	()	X	Х	Х	Х	Х	X)	X	X
Spe	ecial instructions: For 5 days				•	•		•					•		•					•				Re	aso	n: r	esp	irat	ory i	nfec	tion	
Start	Generic		Hour	1	2	3	4	5 6	7	8	9	10	11	12	13	14	15 °	16	17 1	8 1	9 2	0 2	1 2	2 2	23 2	24 2	25 2	26	27 2	28 2	9 30	31
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	Brand																															
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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.

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 which was started 3 days ago.	j is getting larger despite doxycycline
Current Medications: Doxycycline 100mg once daily in the	morning for ten days by mouth
Staff Signature: Paala Tones, Program Manager	Date: 4/17/yr
Health Care Provider Findings: Cellulitis left leg	
Medication/Treatment Orders: D/C Vibramycin Keflex 500mg twice daily for 10 days I Prednisone 5mg by mouth once daily inflammation	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: Donald Smith, MD	Date: 4/17/yr

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start	Generic Doxycycline			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
4-15-yr	Brand Vibramycin			8am	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	ΚB	KΒ	JS								X	X	X	X	Х	Х	Χ
	Strength 100mg	Dose	100mg																																
Stop	Amount 1 tab	Route	By mouth																																
4-24-yr	Frequency Once daily	in the m	orning																																
Spe	ecial instructions: For ter	n days		1	l	l	l									l		l				l					R	eas	on:	Cel	lulit	is le	ft le	g	
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																																	
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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																																	
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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																																	
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Name: 、	Joe Simon			DP-da	ıy pr	ogra	am/d	lay h	ab				JS	_	John Smith																				
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Site: 35	River Way			P-pac	kag	ed																			┸										
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				H-hos		nurs	sing h	nome	, reh	ab ce	enter			_									_		_										
				S-sch	S-school																				1										

Pharmacy Labels

Rx#287-97226 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 4/17/yr

Joe Simon

Cephalexin 250mg Qty: 40

I.C. Keflex

Lot# 324-331

Take 2 tablets twice daily far tan days by mayth Dr. Smith

Take 2 tablets twice daily for ten days by mouth

Rx#283-97225 Greenleaf Pharmacy 111-222-3434

ED: 4/17/yr

20 Main Street

Treetop, MA 00000 4/17/yr

Joe Simon

Prednisone 5mg Qty: 3

I.C.

Take 1 tablet once daily at 4 pm for three days by mouth

Dr. Smith

Refills: 0

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

Cephalexin

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

Prednisone

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	Generic Doxycycline		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
4-15-yr	Brand Vibramycin D	/C 4-17-yr PJ	8am	Х	Х	Х	Х	Х	X	X			X				Х																Х	Х
	Strength 100mg	Dose 100mg																/				D	/C	4- 1	7-	vr]	P.J							
Stop	Amount 1 tab	Route By mouth																								_								
4-24-yr	Frequency Once daily	in the morning																												_				
	ecial instructions: For ten	davs	\																							R	eas	on:	Cei	llulit	is le	eft le	eq.	
Start	Generic Cephalexin		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22						28		_	31
4-17-yr	Brand Keflex		8am	Х	Х		Х	Х		Х		Х					Х															Х		Х
	Strength 250mg	Dose 500mg																																
Stop	Amount 2 tabs	Route By mouth																													\Box		_	
4-27-yr	Frequency Twice daily	,	8pm	Х	Х	Х	X	Χ	Х	X	X	Х	Х	Х	Х	Х	Х	Х	X										\Box	Х	Х	Х	X	X
Sp	ecial instructions: For ten	days	<u> </u>		l				l			<u> </u>	<u> </u>							<u> </u>	<u> </u>	l		l		R	eas	on:	Cel	llulit	is le	ft le	g	
Start	Generic Prednisone	,	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22						28		_	31
4-17-yr	Brand																																	
	Strength 5mg	Dose 5mg																																
Stop	Amount 1 tab	Route By mouth	4pm	Х	Х	Х	Х	Χ	Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х				Χ	Χ	X	Х	X	Х	Х	Х	Х	X	Х	X
4-19-yr	Frequency Daily at 4p	m, for three days																											Г				_	
Sp	ecial instructions:												1	-	-		ı			<u> </u>	ı					R	eas	on	Deci	reas	se int	lam	mat	ion
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
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	Strength	Dose																																
Stop	Amount	Route																																
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Name:	Joe Simon		DP-da	ay pr	rogra	am/d	lay h	ab				JS		Tohn	Smiti	h																		
			LOA-I	eave	e of	abse	ence					KE	3 /	Karl	Burk	le																		
Site: 35	River Way		P-pac	kag	ed							PJ	1	Pauli	a Tone	es																		
			W-wo	rk																														
			H-hos	pital,	, nurs	sing l	home	, reh	ab c	enter																								
S-school																																		

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.

HEALTH CARE PROVIDER ORDER

Name: Casey Forte	Date: 5/20/yr
Health Care Provider: Dr. Smith	Allergies: No Known Allergies
Reason for Visit: Frowning and askin swallowing Amoxicillin in tablet form	•
Current Medications: Amoxicillin 250mg four times daily for	7 days by mouth
Staff Signature: Paala Tones, Program Manager	Date: 5/20/yr
Health Care Provider Findings: UTI, difficulty swallowing tablets, will	try medication in suspension form
Medication/Treatment Orders:	
D/C Amoxicillin Amoxil suspension 250mg four times	daily for 10 days by mouth
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: Donald Smith, MD	Date: 5/20/yr

Month and Year: May (year)

Name: Casey Forte

Frequency Special instructions:

Frequency Special instructions:

Frequency Special instructions:

Special instructions: For 7 days

Start

Stop 5-26-yr

Start

Stop

Start

Stop

Start

Stop

5-19-yr

MEDICATION ADMINISTRATION SHEET

and Year: May (yea	r)	N	ΜEI	DIC	CAT	101	NΑ	DM	INI	STI	RA ^T	ΓΙΟ	N S	SHE	ET	•					ΑII	lerç	gies	s: n	one	е							
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		Х	_	_	_	_	х	X	Х	_			X		Х	Х			X								Х		Х		Χ
Strength 250mg	Dose 250mg	12pm	_	Х	_		4	-		Х	Х		4		Х	Х	Х	Х	Х	Х	Х	JS							Х	Х	_	Х	Х
Amount 1 tab	Route By mouth	4pm		Х	_	+	1 -	1	-	<u> </u>	Х	<u> </u>	+	1	Х	Х	Х	Х	Х	Х	Χ								Х	Х		Х	Х
Frequency Four times	daily	8pm	_		_	4	Х	4	-	Х	-	1	4	Х	-	Х	Х	Х	-	Х								Х		-	Х	Х	Χ
cial instructions: For 7 c	lavs		1	1			1	1					1				ļ					ļ	ļ.		R	eas	on:						
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asey Forte		DP-da	ау р	rog	ram/	day	hab				JS	_	John																				
		LOA-	leav	e of	abs	ence	•				KE	3 ,	Karl	Burk	le																		

	LOA-leave of absence	KB	Karl Burke	
Site: 35 River Way	P-packaged	RN	Reggie Newton	
	W-work			
	H-hospital, nursing home, rehab center			
	S-school			

Pharmacy Label

Rx#287-97326 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 5/20/yr

Casey Forte

Amoxicillin Suspension

250mg per 5mL Qty: 200mL

I.C. Amoxil suspension

_ . _ 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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil suspension	Amoxicillin suspension
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin

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.

Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Start	Generic Amoxici	llin	Hour	Ŧ	۴	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					22	23	24	25	26	27	28	29	30	31
5-19-yr	Brand Amoxil	D/C 5-20-yr PJ	8am	X	X	X	X	X	X	X	*	¥	k	Χ	X	X	X	Χ	Х	X	X	X	KB							X	Х	Х	X	Χ
	Strength 250mg	Dose 250mg	12pm	Х	Х	X	Х	Х	Х	Х	Х	X	Χ	Х	X	X	X	*	X	X	Χ	X	JS	L	/C	5-	<u> 20-</u>	vr	РJ	Х	Х	Х	Х	Χ
Stop	Amount 1 tab	Route By mouth	4pm	Х	Х	Х	Х	Х	х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	X			_					Х	Х	Χ	Х	Х
5-27-yr	Frequency Four t	imes daily	8pm	Х	Х	Х	Χ	Х	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Χ	RN							Х	X	X	×	X	X
Spe	ecial instructions: Fo	or 7 days	-		<u> </u>					Į.													<u> </u>			R	eas	on:	urina	ary tr	act ii	nfect	ion	
Start	Generic Amoxicil	lin suspension	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
5-20-yr	Brand Amoxil s	uspension	8am	Х	Х	Х	Х	Х	Х	Х		Х	Х					Χ		X			Х											Х
	Strength 250mg/	5mL Dose 250mg	12pm	Х	Х	Х	Х	Х	х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х											Х
Stop	Amount 5mL	Route By mouth	4pm	Х	Х	Χ	Х	Х	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ											Х	Х
5-30-yr	Frequency Four	times daily	8pm	Х	Х	Х	Χ	Х	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Х	Χ	Χ	X											Χ	Х
Spe	ecial instructions: Fo	or 10 days			<u> </u>					l.															1	R	eas	on:	urina	ary tr	act in	nfect	ion	
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Allergies: none

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
Stoff Signature.	Data: 9/Ehm
Staff Signature: Paala Tones, Program Manager	Date: 8/5/yr
Health Care Provider Findings: Gastritis, will try a trial of Carafate	
Medication/Treatment Orders: D/C Prilosec Carafate suspension1GM by mouth th for seven days	ree times daily one hour before meals
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: Donald Smith, MD	Date: 8/5/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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Start	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
7-26-yr	Brand Prilosec		8am	JS	JS	KB	ΚB	RN				Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	X	Х	Х	Х	Х	X	Х	Х	Х	Х	Х
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Pharmacy Label

Rx#287-96326 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 8/5/yr

Marie Sousa

Sucralfate suspension 1GM/10mL Qty: 210mL

I.C. Carafate suspension

Dr. Smith

Take 10mL three times daily one hour before meals for seven days by

mouth

Lot# 314-231 ED: 8/5/yr Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Carafate suspension	Sucralfate suspension
Loram	Loramine
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

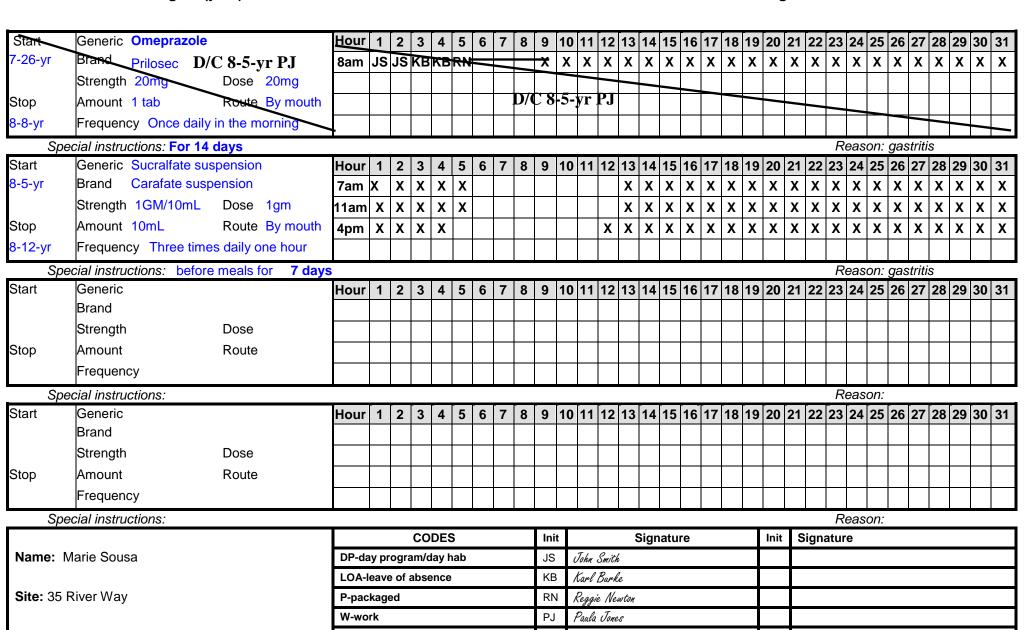
Sucralfate

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



H-hospital, nursing home, rehab center

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 97.4 degrees by mouth this morning.	the past 24 hours. Temperature was
Current Medications: none	
Staff Signature: Tokn Smith, Program Manager	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: David Smith, MD	Date: 9/16/yr

Month and Year: September (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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
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Site: 35 F	River Way		P-pac	kage	ed																													
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H-hospital, nursing home, rehab center

Pharmacy Label

Rx#284-87226 Greenleaf Pharmacy 111-222-3434

20 Main Street

Treetop, MA 00000 9/16/yr

Chris Star

Centromonium 60mg/3mL Qty: 60mL

I.C. Centrex

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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Centrex	Centromonium
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Centromonium

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.

Month and Year: September (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic Centromonium	ı	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
9-16-yr	Brand Centrex		Hour 8am	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х						Х	Х	Х	Х	Х	Χ	Х	Χ	Х	Х
	Strength 60mg/3mL	Dose 120mg																											П					
Stop	Amount 6mL	Route By mouth)																															
9-21-yr	Frequency Twice daily		8pm	Х	х	Х	Х	Х	х	X	Х	х	х	х	X	х	Х	х						х	х	Х	Х	Х	х	X	Х	X	Х	X
Sp	ecial instructions: For 5 c	lays Use	special	dro	ppe	er	ı		1															ı		R	eas	on:	Bro	nch	itis			
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
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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
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H-hospital, nursing home, rehab center