A STAR

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: Alan Williams M.D.	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 Divalproex sodium 250r	ng	1/6/yr	
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)



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.

	(Name: Clover Callaway	Date: 3/5/yr
		Health Care Provider:	Allergies: Penicillin
		Dr. S. Davidson	Anergies. Fernennin
		DI. O. Davidson	
c			
S T		Reason for Visit: Evaluation of seizu	re medication.
Å	\checkmark	Increase in number of seizure from 0	to approximately 2 per month for the
F		last 3 months.	
F			
		Current Medications: Klonopin 0.5mg	g once daily in morning by mouth
		Staff Signature:	Date: 3/5/yr
		_	Date. 5/5/yl
		D. Jones, Program Maxager	
	(Health Care Provider Findings:	
	(Will increase the frequency of the Klo	nopin for seizure control
)		Medication/Treatment Orders:	
,		D/C Klanonin	
-		D/C Klonopin Klonopin 0.5mg twice daily by mouth	$\overline{}$
)		dose frequency route	
		Instructions:	
		Follow-up visit:	Lab work or Tests:
		•	
		Signature:	Date: 3/5/yr
		S. Davidson. MD	

D O C T O R

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Start	Generic Clonazepam		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 Klonopin		8am	KВ	JS	RN	JS	JS							1																			
	Strength 0.5mg	Dose 0.5mg		1										1	1		1							1	1									
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Once daily	in morning																																
Sp	ecial instructions:		1																							R	eas	on:	seiz	zure	e coi	ntrc	ol -	
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														1																			
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	
Sp	ecial instructions:		I																							R	eas	on:			<u></u>			
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													1	1															\square				
	Strength	Dose																																
Stop	Amount	Route																																
	Frequency																																	
Sp	ecial instructions:		I																							R	eas	on:			ilen et al a state de la state			
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:		H			•																				R	eas	on:			·	'		
						СО	DES	5				Ini					Sign	atu	re				Init		Sign	atur	е							
Namo	Clover Callaway		DP-da	ay pr	ogra	am/d	lay h	nab				JS			Smith																			
Name.	Ciover Callaway		LOA-	leave	e of	abse	ence					KB	/	Karl	'Burk	e																		
			P-pac	kage	ed							RN	/	Regg,	ie Ne	wton																		
Site: 35	River Way		W-wo	ork																														
			H-hos		nurs	sing l	nome	e, reh	ab c	enter														╇										
			S-sch	lool																														

Rx#C284-9726	Greenleaf Pharmacy 20 Main Street Treetop, Ma 00000	111-222-3434
Clover Callaway	,	3/5/yr
Clonazepam 0.5mg	Istrength	
I.C. Klonopin	,	Qty:60
Take 1 tablet by mou	th 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.

Start	Generic Clonazepam		Hour	4	٨	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 Klonopin D/C	23-5-yr DJ	8am	KB	JS				X	*	k	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х
	Strength 0.5mg	Dose 0.5mg														/							L)/C	3-	5-у	r S	ÞJ						
Stop	Amount 1 tab	Route By mouth																				/												
Cont.	Frequency Once daily	in the morning																																
Sp	ecial instructions:																									R	eas	on:	seiz	zure	e cor	ntro		
Start	Generic Clonazepam		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
3-5-yr	Brand Klonopin		8am	Х	Х	Х	Х	Χ																										
	Strength 0.5mg	Dose 0.5mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Twice daily	,	8pm	Х	Χ	Х	Х																											
Sp	ecial instructions:																									R	eas	on:	seiz	zure	e cor	ntro	1	
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	eas	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:																									R	eas	on:						
						СО	DES	5				Ini	t			Ś	Sign	atu	re				Init	S	ign	atur	re							
			DP-da	ay pi	rogra	am/d	lay h	nab				JS			Smith																			
Name:	Clover Callaway		LOA-			abse	ence					KE	_		Burk																			
			P-pac	kag	ed							RN	I Á	Reggi	e Ne	wton																		
Site: 35	River Way		W-wo	ork																														
			H-hos		, nurs	sing ł	home	e, reh	ab c	enter	,		╇											_										
			S-sch	nool																														



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.

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

Month and Year: July yr

MEDICATION ADMINISTRATION SHEET

Allergies: Strawberries

			-	-	-	-	-	-	F	-	-	F	F	F	-	-	F	r	F	F	-	-	-	-	-	-								7
Start	Generic Metoprolol		Hour		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 Lopressor		8am	JS																														
	Strength 50mg	Dose 50mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Once daily	in the morning																																
Sp	pecial instructions:								1																	R	eas	on:	higi	h bl	000	l pre	əssi	ıre
Start	Generic Docusate sod	ium	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 Colace		8am	JS																														
	Strength 250mg	Dose 250mg																																
Stop	Amount 1 cap	Route By mouth																																
Cont.	Frequency Twice daily	/	8pm					1																										
Sp	pecial instructions:																									R	eas	on:	sofi	ten	sto	ol	l	
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		24						30	31
	Brand			1	1				1															1										
	Strength	Dose																									╞──┦							
Stop	Amount	Route																																
-	Frequency																													-	-			
Sr	pecial instructions:																									R	eas	on [.]		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
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		24		26	27	28	29	30	31
	Brand					-			-				_								_	_	-					_		-	_			
	Strength	Dose																																
Stop	Amount	Route																									┝──┦				-			
	Frequency																										┝──┦							
Sr	pecial instructions:																									R	eas	on:		<u> </u>	<u> </u>	L	L	
						со	DES	S				Ini	t			(Sign	atu	re				Init	s	Signa									
			DP-da	ay pr	ogra	am/d	lay h	nab				JS		Tohn	Smith	k																		
Name:	Michel Pierre		LOA-	leave	e of a	abse	ence	•																										
			P-pac	kag	ed																													
Site: 35	River Way		W-wo	ork																														
			H-hos	pital,	nurs	sing l	home	e, reh	nab c	enter	r	Ī												T										
			S-sch	nool								Ĩ										Î		T										

Rx#978642	Greenleaf Pharmacy 20 Main Street	111-222-3434
	Treetop, Ma 00000	7/1/yr
Michel Pierre	,	
Metoprolol 50mg		Qty. 60
I.C. Lopressor		-
Take 2 tablets once	daily in the morning by mouth	
		Dr. G. Apple
1 01# 424 5569		Defille: F
Lot# 434-5568	ED: 7/1/yr	Refills: 5

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Metoprolol

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	Generic Metoprolol		Hour	∔	γ	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				23	24	25	26	27	28	29	30	31
2-7-yr	Brand Lopressor D/C	27-1-yr <i>ED</i>	8am	JS	Х	Х	Х	X	k	¥	¥	X	Х	Х	Х	Х	Х	Χ	Χ	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Χ	Х	Χ	Х	Χ	Х
	Strength 50mg	Dose 50mg																							D/(C 7	-1-	yr /	Ð					
Stop	Amount 1 tab	Route By mouth																				/												
Cont.	Frequency Once daily in	the morning																																
Sp	ecial instructions:																									R	eas	son:	hig	h bl	lood	pre	รรม	ire
Start	Generic Docusate sodiu	m	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22						28			
2-7-yr	Brand Colace		8am	JS																							1							
	Strength 250mg	Dose 250mg																									1							
Stop	Amount 1 cap	Route By mouth																																
Cont.	Frequency Twice daily		8pm																															
Sp	ecial instructions:		8																							R	eas	ion:	SO	ften	sto	ol		
Start	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
7-2-yr	Brand Lopressor		8am	Χ																														
	Strength 50mg	Dose 100mg																																
Stop	Amount 2 tabs	Route By mouth																																
Cont.	Frequency Once daily in	n the morning																																
Sp	ecial instructions:																									R	eas	on:	higi	h bl	lood	pre	รรม	ire
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	leas	:on:	_	_	_	_		_
						CO						Ini					Sign	atuı	re				Init	S	ign	atur	e							
Neme	Michel Pierre		DP-da	ay pr	ogra	am/d	ay h	ab				JS	0	Tohn	Smith	é																		
Name:	Michel Pierre		LOA-I			abse	ence																											
			P-pac		ed																													
Site: 35	River Way		W-wo										╇									┥		┢										
			H-hos		nurs	sing ł	nome	e, reh	ab c	enter			╇									4		╇										
			S-sch	lool																														



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.

Name: Lucille Jones	Date: 4/7/yr
Health Care Provider: Dr. Sandra Harris	Allergies: No Known Allergies
Reason for Visit: Evaluation of seizur has gotten worse when she walks.	e medication. Also, Lucille's balance
Current Medications: Depakote 500mg three times daily by Oscal 500mg three times daily by mou 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 to dose of Depakote	oday, will decrease the total daily
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

Start	Generic Divalproex		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 Depakote		8am	JS	S JS	s JS	JS	JS	RN	RN																								
	Strength 250mg	Dose 500mg																																
Stop	Amount 2 caps	Route By mou	h 4pm	KE	BKE	вкв	кв	ST	ST																									
Cont.	Frequency Three times	s daily	10pm		3 K E	вкв	кв	ST	ST																	1	1							
Spe	ecial instructions:		-											1										1		R	eas	on:	sei:	zure	e col	ntro	1	
Start	Generic Docusate sod	ium	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 Colace		8am	JS	S JS	s JS	JS	JS	RN	RN																								
	Strength 250mg	Dose 250mg																										1						
Stop	Amount 1 cap	Route By mou	h																															
Cont.	Frequency Twice daily	,	10pm	n KE	BKE	вкв	КВ	ST	ѕт																			1						
Spe	ecial instructions:																									R	eas	on:	sof	ten	stoc)	ł	
Start	Generic Calcium carbo	onate	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 Oscal		8am	JS	S JS	S JS	JS	JS	RN	RN																								
	Strength 500mg	Dose 500mg																										1						
Stop	Amount 1 cap	Route By mou	h 4pm	KE	BKE	вкв	кв	ST	ST																									
Cont.	Frequency Three time	s daily	10pm	n KE	BKE	вкв	кв	ST	ST																									
Spe	ecial instructions:		_																							R	eas	on:	calc	ium	n repl	lace	mer	nt
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																										1						
Stop	Amount	Route																										1						
	Frequency																											1						
Spe	ecial instructions:																									R	eas	on:			·			
						CC	DE	S				Ini	it			Ś	Sign	atur	e				Init	S	bign	atur	е							
			DP-d	lay p	orog	ram/o	day I	hab				JS	C	John c	Smith																			
Name: L	ucille Jones		LOA	leav	/e of	f abs	ence	•				KB	3 /	Karl I	Burk	, e																		
			Р-ра	ckaç	ged							RN		Reggie																				
Site: 35	River Way		W-we	ork								ST		Sarah	Tour	rney																		
			H-ho:	spita	l, nu	rsing	hom	e, reł	hab c	enter																								
			S-sc	hool																														

Rx#756-4389	Greenleaf Pharmacy 20 Main Street	111-222-3434
	Treetop, Ma 00000	4/7/yr
Lucille Jones		
Divalproex 250mg		Qty. 120
I.C. Depakote		
Take 2 capsules twi	ce daily by mouth	
Take 2 capsules twi	ce 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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Divalproex

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.

Start	Generic Divalproex		Hour		٨	3	4	5	6	7					12															27	28	29 🕻	30	31
10-5-yr	Brand Depakote D)/C 4-7-yr <i>JR</i>	8am	JS	JS	JS	JS	S	R M	RN	k	X	Х	Х	Χ	Χ	Х	Χ	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	X	Х	Х
	Strength 259mg	Dose 500mg														/]	D/(24-	7 -y	vr a	TR								
Stop	Amount 2 caps	Route By mouth	4pm	KB	KB	KB	KB	ST	ST	х	х	х	х	х	х	Х	х	х	Х	×							х	х	х	х	X	х	х	Х
Cont.	Frequency Three times	adaily	10pm	KB	KB	KB	KB	ST	ST	х	х	х	х	х	х							Х							×-		х			х
Spe	cial instructions:																												seiz		e cor			
Start	Generic Docusate sodi	um	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 3	31
10-5-yr	Brand Colace		8am	JS	JS	JS	JS	JS	RN	RN																					Í			
	Strength 250mg	Dose 250mg																																
Stop	Amount 1 cap	Route By mouth																																
Cont.	Frequency Twice daily		10pm	KB	KB	KB	KB	ST	ST																									
Spe	cial instructions:																									R	eas	on:	sof	len	stoo	I		
Start	Generic Calcium carbo	nate	Hour								8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29 3	30	31
10-5-yr	Brand Oscal		8am	JS	JS	JS	JS	JS	RN	RN																					Í			
	Strength 500mg	Dose 500mg																																
Stop	Amount 1 cap	Route By mouth	4pm	KВ	KB	KB	KB	ST	ST																									
Cont.	Frequency Three times	s daily	10pm	KB	KB	KB	KB	ST	ST																									
Spe	cial instructions:																									R	eas	on:	cald	ium	repl	acer	nen	t
Start	Generic Divalproex		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
4-7-yr	Brand Depakote		8am	Χ	Χ	Χ	Χ	Χ	Х	Χ																								
	Strength 250mg	Dose 500mg																																
Stop	Amount 2 caps	Route By mouth																																
Cont.	Frequency Two times	daily	10pm	Х	Χ	Х	Χ	Х	Х																									
Spe	cial instructions:																									R	eas	on:	seiz	zure	e cor	ntrol		
						CO	DES	5				Ini	t			S	Sign	atu	re				Init	S	ign	atur	е							
Namo	ucille Jones		DP-da	ay pi	rogra	am/d	ay h	nab				JS	C	John	Smith	ļ																		
Name. L			LOA-I	eav	e of a	abse	nce					KE	3 /	Karl	Burk	e																		
			P-pac	kag	ed							RN	1	Reggi	ie Ne.	wton																		
Site: 35 F	River Way		W-wo	rk								ST	. ,	Sarah	h Tour	uney																		
			H-hos	pital,	, nurs	sing h	nome	e, reh	ab c	enter																								
			S-sch	ool																														



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.

Name: Juan Garcia	Date: 11/4/yr
Health Care Provider: Dr. L. Curtis	Allergies: No Known Allergies
Reason for Visit: Juan continues to h ear. Also, he will not stop rubbing his	ave yellow liquid coming from his left s left ear.
Current Medications: Haldol 5mg once daily in the morning Colace 100mg twice daily by mouth Pen-Vee K oral suspension 250mg thr	-
Staff Signature: <i>Ellen 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

MEDICATION ADMINISTRATION SHEET

Start	Penicillin Penicillin V Po	tassium	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		8am		-			_			-	-	-		Х	X		Χ			X	Χ			-		-	-	-	-	X	-		X
	Strength 250mg/5mL	Dose 250mg																									1				-			
Stop	Amount 5mL	Route By mouth	4pm	KB	кв	KB								Х	Х	х	х	Х	Х	Х	Х	Х	х	х	X	X	X	X	x	x	x	x	x	Х
11-11-04	Frequency Three times	· · · · · · · · · · · · · · · · · · ·	10pm															Х				Х		Х		Х			x				x	Х
	cial instructions: For 10			<u> </u>																_											ectio			
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						28		30	31
2-13-yr	Brand Haldol		8am	_	_																								-					
	Strength 5mg	Dose 5mg																											1		1			
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Once daily	in the morning																																
Spe	cial instructions:																									R	eas	on:	agi	tatic	on			
Start	Generic Docusate sodi	um	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22						28	29	30	31
2-13-yr	Brand Colace		8am	JS	JS	JS	JS																											
	Strength 100mg	Dose 100mg																									1		1					
Stop	Amount 1 cap	Route By mouth																									1		1					
Cont.	Frequency Twice daily	- -	8pm	KB	кв	KB																					1		1					
Spe	cial instructions:																									R	eas	on:	sof	ten	stoo		<u></u>	
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																													1			
	Frequency																																	
Spe	cial instructions:																									R	eas	on:						
						CO	DES	5				Init	t			ę	Bign	atu	re				Init	S	Bign	atu	re							
Namo	uan Garcia		DP-da	ay p	rogra	am/d	ay h	nab				JS	Û	Tohn .	Smith	k																		
Name. J	uali Galcia		LOA-	leav	e of	abse	ence					KB	Λ	Karl,	Burk	e																		
			P-pac	kag	ed																													
Site: 35 F	River Way		W-wo	ork																														
			H-hos	-	, nurs	sing h	nome	e, reh	ab ce	enter																								
		S-sch	nool																															

Rx#384-9726	Greenleaf Pharmacy 20 Main Street	111-222-3434
	Treetop, Ma 00000	11/4/yr
Juan Garcia	-	-
Cefuroxime axetil 12	25mg/ 5mL	100mL
I.C. Ceftin		
Taka 10ml turiaa dai	ly for 5 days by mouth	
Take TUML twice dai	ly 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
Loxaprill	Loxaprilline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Ceftin	Cefuroxime axetil
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Start	Generic Penicillin V Potassi	um	Hour	4	2	3	4	5	6	7	8	9	10	11	12	12	11	15	16	17	10	10	20	21	้าว	22	24	25	26	27	28	20	20	21
			8am	-	JS			5	0		0	3	10		X	X	14 X		X											_		29 X	30 X	X
11-1-yr	Brand Pen-Vee K D/C 12 Strength 250mg/5mL Dos	L-4-yr <i>EG</i> e 250mg	8am	^	55	12	55								^	^	^	×	×	×	X	~	Χ	Ê)/C	î 1	-4-	X yr	ÊĞ	X	^	^	<u> </u>	<u> </u>
Stop		ite By mouth	4pm	KB	KB	KB								-x	х	х	х	X	Х	X	x	X	X	×	*	x	x	Х	x	Х	х	Х	Х	х
11-11-yr	Frequency Three times daily		10pm											-X	X	X	X	X	X	X	X	X	X	X				X			X	*	×	X
	cial instructions: For 10 days		- -											-7	Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ	Λ						ectio	20	~	
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						28		30	31
2-13-yr	Brand Haldol		8am					•	•	•	•	•	10	•••	12	10		10	10		10	10	20	~ '		20		20	20	21	20	23	00	<u> </u>
o y.		e 5mg																										┝─┤	┢──┦					
Stop	5 5	ite By mouth																											┢╴┦					
Cont.	Frequency Once daily in the	e morning																																
	cial instructions:							I I																		R	eas	on:	agit	tatic	'n			
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																						\square					
	Strength 100mg Dos	e 100mg																																
Stop	Amount 1 cap Rou	ite By mouth																																
Cont.	Frequency Twice daily		8pm	KB	КΒ	KB																										_		
Spe	cial instructions:																									R	eas	on:	soft	ten	stoo)		
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	Χ	Χ	Х	Х						Χ	Х	Х	Х	Х	Χ	Χ	Χ	Х	Χ	Χ	Х	Х	Х	Х	Χ	Х	Χ	Χ	Х	Х	Х
	Strength 125mg/5mL Dos	e 250mg																																
Stop	Amount 10mL Rou	te By mouth																																
11-9-yr	Frequency Twice daily		8pm	Х	Χ	Χ						Х	Х	Χ	Х	Х	Х	Χ	Χ	Χ	Χ	Χ	Χ	Х	Х	Х	Х	Χ	Χ	Χ	Х	Χ	Χ	Х
Spe	cial instructions: For 5 days																									R	eas	on:	left	otit	is m	edia	а	
						CO	DES	6				Init				Ś	Sign	atu	е				Init	S	ign	atur	e							
			DP-da	iy pi	rogra	ım/d	lay h	ab				JS	i	Tohn d	Smith	k																		
Name: J	uan Garcia		LOA-I	eav	e of a	abse	ence					KB	Ŕ	tarl,	Burk	e																		
			P-pac	kag	ed																													
Site: 35 F	River Way		W-wo	rk																														
			H-hos	pital	, nurs	ing h	nome	, reh	ab ce	nter																		_						
			S-sch	ool																														



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.

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

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Start	Generic Acetaminophe	en	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 Tylenol				JS 8am					KB 11a																								
	Strength 325mg	Dose 650mg	P		JS 2pm	JS 1pm																										1		
Stop	Amount 2 tabs	Route By mouth	R							ST 5pm																								
Cont.	Frequency Every 6 hou	urs as needed			ST 9pm																													
Special instructions: for knee pain, call HCP if knee pain continues after 24 hours																	R	leas	son:	kne	e p	bain												
Start	Generic Phenobarbital		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 Solfoton		8am	JS	JS	JS	JS	RN	RN	RN	RN																							
	Strength 30mg	Dose 30mg																																
Stop	Amount 1 tab	Route By mouth																														1		
Cont.	Frequency Twice daily	,	8pm	KB	KB	KB	KB	ST	ST	ST																						1		
Spe	cial instructions:																									R	leas	son:	sei	zure	e co	ntrc)	
Start	Generic Calcium carbo	onate	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 Oscal		8am	JS	JS	JS	JS	RN	RN	RNF	RN																							
	Strength 500mg	Dose 500mg																																
Stop	Amount 1 cap	Route By mouth																																
Cont.	Frequency Twice daily	/	8pm	KB	KB	KB	KB	ST	ST	ST																						1		
Spe	cial instructions:																									R	leas	son:	cal	ciurr	n rep	lace	me	nt
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																																	
Spe	cial instructions:																									R	leas	son:						
						CO	DES	5				Init	t			S	Sign	atu	re				Init	t 5	Sign	atu	re							
Name: A	nn Sullivan		DP-d	ay pr	ogra	am/d	ay h	ab				JS		Tohn c																				
Name: Ann Sullivan LOA-leave of absence						KB	Λ	tarl i	Burk	e																								
	P-packaged							RN		Reggie																								
Site: 35 F	Site: 35 River Way W-work						ST	S	Sarah	Tour	rney																							
	H-hospital, nursing home, rehab center																																	
			S-sch	nool																														

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Start	Generic Acetaminopher	า	Hour	4	٨	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17 ⁻	8 1	9 2	0 21	1 22	2 23	3 24	25	26	27	28	29	30	31
2-1-yr	Brand Tylenol D/C	3-8-yr <i>EM</i>	Р		JS 8am					<u>КВ</u> 11а	X	Х	Х	Χ	Χ	Χ	Х	Χ	Χ	Х	x x	()	(X	X	X	X	X	Х	Х	Χ	Х	Х	Х
	Strength 325mg	Dose 650mg			JS 2pm	JS 1pm					Χ	Χ	Х	X	Y	×	×	Х	Х	Χ	x x	()	(X	DX	ÇX	3-8-	y¥	EM	X	Χ	Χ	Х	Χ
Stop	Amount 2 tabs	Route By mouth	N							ST 5pm	Χ	Χ	Х	Х	Х	Χ	Χ					\sim				X							Х
Cont.	Frequency Every 6 hou	rs as needed			ST 9pm						Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х	X X	<)	(X	X	X	Х	X	*	¥	X	Х	Х	Х
Spec	Special instructions: For knee pain, call HCP if knee pain continues after 24 hours Reason: knee pain																																
Start	Generic Phenobarbital		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17 [•]	8 1	9 2	0 21	1 22	2 23	3 24	25	26	27	28	29	30	31
3-1-yr	Brand Solfoton		8am	JS	JS	JS	JS	RN	RN	RN	RN																						
	Strength 30mg	Dose 30mg																															
Stop	Amount 1 tab	Route By mouth																															
Cont.	Frequency Twice daily		8pm	KB	KB	KB	KB	ST	ST	ST																							
Spec	cial instructions:																												zure				
Start	Generic Calcium carbor	nate	Hour									9	10	11	12	13	14	15	16	17 [•]	8 1	9 2	0 21	1 22	2 23	3 24	25	26	27	28	29	30	31
3-1-yr	Brand <mark>Oscal</mark>		8am	JS	JS	JS	JS	RN	RN	RNF	RN																						
	Strength 500mg	Dose 500mg																															
Stop	Amount 1 cap	Route By mouth																															
Cont.	Frequency Twice daily		8pm	KB	KB	KB	KB	ST	ST	ST																							
Spec	cial instructions:																								F	Reas	son:	cald	cium	repl	acei	men	t
Start	Generic Ibuprofen		Hour	1	2	3	4	5			8	9	10	11	12	13	14	15	16	17 ⁻	8 1	9 2	0 21	1 22	2 23	3 24	25	26	27	28	29	30	31
3-8-yr	Brand Motrin		P	Х		Χ			Χ	Χ	Χ																						
	Strength 200mg	Dose 200mg	R	Х	Χ	Χ	Χ	Х	Х	Χ	Х																						
Stop	Amount 1 tab	Route By mouth	N	X	Χ	Х	Х	Х	Х	Χ																							
Cont.	Frequency Every 6 hou	urs as needed		Χ	Χ	Χ	Х	Х	Χ	Χ																							
Spec	cial instructions: for knee	e pain, call HCP if k	nee pa	ain c	conti	inue	es a	fter	24	hou	rs														F	Reas	son:	kne	e pa	ain			
				CODES							Ini	t			S	Sign	atur	е			In	Init Signature											
DP-day program/day hab							JS		John Smith																								
Name: Ann Sullivan LOA-leave of absence						KB		tarl i																									
P-packaged					RN	_	Reggie																										
Site: 35 R	35 River Way W-work					ST	č	Sarah	Tour	rney						_																	
	H-hospital, nursing home, rehab center							╇																									
			S-sch	lool																													



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.

Name: Emmett Max	Date: 2/2/yr										
Health Care Provider: Dr. Mary Hogan	Allergies: Milk and dairy products										
Reason for Visit: Emmett has receive January 29. He continues to have dra color of the drainage is now green. A says, "hurts".	inage coming from his nose and the										
Current Medications: Sudafed 60mg three times daily at 8ar Dilantin 300mg once daily in the morn 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: Mary Hogan, MD	Date: 2/2/yr										

MEDICATION ADMINISTRATION SHEET

Start	Generic	Pseudoephed	rine		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 3	31
1-29-yr	Brand	Sudafed			8am	_			х	Х		х	Х		х						х						х	X						X	X	х
	Strength	60mg	Dose	60mg																														-		
Stop	Amount	-		By mouth	2pm	RN		х	Х	Х	Х	Х	Χ	х	Х	х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	х	x	х	x	х	Х	X	X	х
2-3-yr	Frequen	cy Daily at 8ar	n, 2pm,	8pm	8pm	-	-	Х									х				Χ								X	Х	X	Х	Х	X	X	Х
	-	ctions: For 5 d																										R	eas	on:	nas	al c	ong	esti	on	
Start		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 3	1
1-15-yr	Brand	Dilantin			8am	JS	KB																													
	Strength	100mg	Dose	300mg																																
Stop	Amount	3 caps	Route	By mouth																																
Cont.	Frequen	cy Once daily	in the n	norning																																
Spe	ecial instru	ctions:																										R	eas	on:	seiz	zure	; COI	ntrol		
Start	Generic	Docusate sodi	ium		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 3	;1
1-15-yr	Brand	Colace			8am	JS	KΒ																													
	Strength	250mg	Dose	250mg																																
Stop	Amount	1 cap	Route	By mouth																																
Cont.	Frequen	cy Twice daily	/		8pm	ST																														
Spe	ecial instru	ctions:												•		•	•										•	R	ease	on:	sofi	en	stoc)		
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 3	51
	Brand																																			
	Strength		Dose																																	
Stop	Amount		Route																																	
	Frequen	су																																		
Spe	ecial instru	ctions:																										R	eas	on:						
								CO	DES	5				Ini	t			S	ign	atur	re				Init	S	ign	atur	e							
					DP-da	ay pi	rogra	am/d	ay h	ab				JS	_	John .																				
Name: E	Emmett Ma	ax			LOA-	leave	e of a	abse	ence					KE	_	Karl																				
					P-pao		ed							RN		Reggi																				
Site: 35	River Way	,			W-wo	ork								ST		Sarah	r Tou	rney																		
					H-hos		, nurs	sing h	nome	, reh	ab ce	enter		L																						
					S-sch	nool								Ĩ																						

Pharmacy Label

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

Start	Generic Pseudoephedrine		Hour	4	2	3	4	5 6	6 7	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
1-29-yr	Brand Sudafed D/C 2-2	2-vr <i>DB</i>	8am	JS	KB		X					х	x	х	Х	х						х		x	-	-		X	х				х
		e 60mg]	D/C	2-	2-1	r <i>l</i>	В							
Stop		te By mouth	2pm	RN		٠X	X	x)	x x	x x	X	Х	Х	Х	Х	Х	Х	Х	X	X							X	Х	Х	X	X	X	Х
2-3-yr	Frequency Daily at 8am, 2pr	n, 8pm	8pm	ST		X	X	x)	x)	хх	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Х	Х	Х	Х	Х	X	X	×	×	х	Х	X	Х
Spe	ecial instructions: For 5 days																								R	eas	on:	nas	al c	ong	gesti	on	
Start	Generic Phenytoin		Hour	1	2																												
1-15-yr	Brand Dilantin		8am	JS	KB																												
	Strength 100mg Dose	e 300mg																															
Stop	Amount 3 caps Rout	te By mouth																															
Cont.	Frequency Once daily in the	morning																															
Spe	cial instructions:		•																						R	eas	on:	sei	zure) COI	ntrol	ī —	
Start	Generic Docusate sodium		Hour	1	2	3	4	56	6 7	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
1-15-yr	Brand Colace		8am	JS	KB																												
	Strength 250mg Dose	e 250mg																															
Stop	Amount 1 cap Rout	te By mouth																															
Cont.	Frequency Twice daily		8pm	ST																													
Spe	ecial instructions:																								R	eas	on:	sof	ten	stoc)		
Start	Generic Amoxicillin		Hour		2	3	4	5 6	6 7	7 8	9	10	11	12	13							20									29	30 (31
2-2-yr	Brand Amoxil		8am		Х										Χ	Х				Χ		Х	Х		Χ	Х	X	Χ	Х		Χ	Χ	Х
	Strength 250mg Dose	e 250mg	12pm	X	Χ										Χ	Χ	Χ	Χ	X	X	Χ	Х	Х	X	Х	Х	X	Χ	Χ	Χ	Χ	Χ	X
Stop	Amount 1 tablet Rout	te By mouth	4pm	Х										Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	х	Х	Х	Х	Х	Х	Х	Х	х
2-12-yr	Frequency Four times daily		8pm	Х										Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ	Х	Х	X	Х	Х	X	Х	Χ	Χ	Χ	Χ	Х
Spe	ecial instructions: For 10 days																								R	eas	on:	sin	us i	nfec	tion		
						COL	-				In					Sign	atur	е				Init	S	bign	atur	е							
No			DP-da	ay pr	ogra	m/da	ay ha	b			JS	_		Smith																			
Name: E	Emmett Max		LOA-			absei	nce				KE			Burk									_										
			P-pac		ed						R		00	ie Ne																			
Site: 35	River Way		W-wo								ST	5	Sarah	h Tou	rney																		
			H-hos		nurs	ing h	ome,	rehab	o cen	iter		_																					
			S-sch	nool																													



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

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

<u>.</u>			П				Γ.	Γ_		Γ_	-			Γ														Tar		[Tee			
Start	Generic Cimetidine		Hour			3	4	5				-			-	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10-17-yr	Brand Tagamet		8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																			
	Strength 300mg/5mL	Dose 300mg																														ا ا		
Stop	Amount <mark>5mL</mark>	Route By mouth																																
Cont.	Frequency Twice daily	,	8pm	KE	вкв	кв	KB	ST	ST	KB	KB	KΒ	KВ	KB	3																			
Spe	ecial instructions:																														stior			
Start	Generic Lorazepam		Hour						6							13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2-2-yr	Brand Ativan		8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																			
	Strength 1mg	Dose 1mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Twice daily	/	8pm	KE	вкв	КΒ	KB	ST	ST	KB	KB	KB	KΒ	KB	5																			
Spe	ecial instructions:						•																								e co			
Start	Generic Docusate sod	ium	Hour			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
2-2-yr	Brand Colace		8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																			
	Strength 100mg	Dose 100mg																																
Stop	Amount 1 cap	Route By mouth																											1					
Cont.	Frequency Twice daily	/	8pm	KE	вкв	кв	KB	ST	ST	KB	KB	кв	KВ	KB	5														1					
Spe	ecial instructions:																									F	Reas	son:	sof	ten	stoc	וכ	ł	
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							1	1	1																			Τ					
	Strength	Dose																																
Stop	Amount	Route																											1					
	Frequency																																	
Spe	ecial instructions:		I																							F	Reas	son:		<u> </u>			ł	
						СО	DE	s				Ini	it			S	Sign	atu	re				Ini	t S	Sign	atu	re							
Nomer N	Jan / Dattaraan		DP-d	ay p	rogr	am/o	day I	hab				JS	; <i>(</i>	John	Smith	4																		
Name: N	Mary Patterson		LOA-	leav	e of	abse	ence)				KE	3 /	Karl	'Bark	?e																		
			P-pa	ckag	jed							RN	۸ I	Regg	ie Ne	wton																		
Site: 35	River Way		W-wo	ork								ST	- ,	Sarai	h Tou	rney																		
			H-hos	spital	l, nur	sing	hom	e, reł	hab c	ente	r																							
			S-sc	hool																														

Pharmacy Label

Rx#834-2395	Greenleaf Pharmacy 20 Main Street	111-222-3434
	Treetop, Ma 00000	1/12/yr
Mary Patterson	,	
Cimetidine liquid 30)0mg/5mL	Qty: 450ml
I.C. Tagamet		
Take 5mL three tim	es daily by mouth	Dr. C. Wilson
Lot# 778-4744	ED: 1/12/yr	Refills: 5

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Cimetidine 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.

Start	Generic Cimetidine	Hour	4	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	5 17	11	3 1	9 2	0 2	21	22	23	2/	4 2	25 2	26	27	28	29	30	31
10-17-yr	Brand Tagamet D/C 1-12-yr EJ	8am	JS	JS	JS												_	_		-	_	-			Х		X						х		Х
	Strength 300mg/5mL Dose 300mg																						I	D/	C 1	-1	2-1	vr	EV	r					
Stop	Amount 5mL Route By mouth															1					+	+					T		Ť						
Cont.	Frequency Twice daily	8pm	KB	КΒ	KB	KB	ST	ST	KB	KB	8 KE	KB	вкв	Х	Х	X	X	X	X	X	X	()	()	Х	Х	Х	X		X	*	¥	х	Х	Χ	Х
Spe	ecial instructions:																									F	Rea	soi	n: ii	ndi	ges	tion			
Start	Generic Lorazepam	Hour	1										11																						
2-2-yr	Brand Ativan	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength 1mg Dose 1mg																																		
Stop	Amount 1 tab Route By mouth																																		
Cont.	Frequency Twice daily	8pm	KB	КB	KB	KB	ST	ST	KB	KB	8 KE	KB	вкв																						
Spe	ecial instructions:																															cor			
Start	Generic Docusate sodium	Hour		2	3		5									14	15	16	5 17	18	3 19	9 2	0 2	21	22	23	24	12	25 2	26	27	28	29	30	31
2-2-yr	Brand Colace	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength 100mg Dose 100mg																																		
Stop	Amount 1 cap Route By mouth																										Τ								
Cont.	Frequency Twice daily	8pm	KB	KB	KB	KB	ST	ST	KB	KB	8 KE	KB	вкв																						
Spe	ecial instructions:																									F	lea:	soi	n: s	soft	en :	stoo)		
Start	Generic Cimetidine	Hour	1	2	3	4	5	6							13	14	15	16	5 17	18	3 19	9 2	0 2	21	22	23	24	12	25 2	26	27	28	29	30	31
1-12-yr	Brand Tagamet	8am	Х	Χ	Χ	X	Χ	X	Х	X	Χ	Х	Х	X																					
	Strength 300mg/5mL Dose 300mg																																		
Stop	Amount 5mL Route By mouth	4pm	Х	Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х																						
Cont.	Frequency Three times daily	10pm	Χ	Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х																						
Spe	ecial instructions:																									F	lea:	soi	n: (GEF	RD				
					СО	DES	5				In					Sig	natı	ire				lr	it	S	ign	atu	re								
Name [.] M	Mary Patterson	DP-da	ay pi	rogra	am/d	ay h	nab				JS	_	John																						
Name.		LOA-	leav	e of a	abse	nce					K	_	Karl																						
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Site: 35	River Way	W-wo	rk								S	r I	Sarak	h Tou	rney																				
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		S-sch	lool																																



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 seizures, February he had 5 seizures	
Current Medications:	
Dilantin 150mg once daily in the even	ing by mouth
Staff Signature: <i>Al Evans, Program Manager</i>	Date: 4/3/yr
Health Care Provider Findings: Increase in seizure activity, will try Te seizures	gretol for increased control of
Medication/Treatment Orders: D/C Dilantin Tegretol 300mg twice daily by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: Darlene McKay, RNP	Date: 4/3/yr

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			-	_	-	-	-		-	-	-																						
- ,	Strength 100mg	Dose 100mg*																											-	<u> </u>		<u> </u>		
Stop	Amount 1 capsule	Route By mouth																										-	-	-		<u> </u>		
Cont.	Frequency Once daily	•	8pm	IS	ĸB																									<u> </u>	+'	<u> </u>		
	ecial instructions: *See b		-				50m	nd																		R	eas	ion [.]	sei	7110	e co	ntra	ـــــــــــــــــــــــــــــــــــــ	
Start	Generic Phenytoin		Hour	<u> </u>	-			<u> </u>	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22								30	31
3-4-yr	Brand Dilantin			-	_		-			-																								<u> </u>
с . <u>ј</u> .	Strength 50mg	Dose 50mg*																										-	-			<u> </u>		
Stop	Amount 1 tablet	Route By mouth																			-		-		-			-	-	 	-	<u> </u>		
Cont.	Frequency Once daily	•	8pm	JS	KB																							+	-	┢──		<u> </u>		
	ecial instructions: *See a		-				50m	na																		R	eas	son:	sei	zun	e co	ntre	2/	
Start	Generic		Hour	-				-	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22								30	31
	Brand			-			-				-	-																		<u> </u>				
	Strength	Dose																																
Stop	Amount	Route																																
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Sp	ecial instructions:																									R	eas	ion:	4				L	
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																													1				
	Strength	Dose																																
Stop	Amount	Route			1					1					1		1							Î										
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Sp	ecial instructions:																									R	eas	on:	<u> </u>	-			LL	
						СО	DES	S				Ini	it			:	Sigr	natu	re				Ini	t 5	Sign	atu	е							
Nome	Timmy Katz		DP-da	ay pi	ogra	am/c	lay l	nab				JS	; (John	Smith	k																		
Name:	nininy kalz		LOA-	leav	e of	abse	ence	•				KB	3 /	Karl	'Burk	ke																		
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Site: 35	River Way		W-wo	ork																														
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			S-sch	lool																														

Pharmacy Labels

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Rx#692-151 Timmy Katz Carbamazepine 2000 I.C. Tegretol	Greenleaf Pharmacy 20 Main Street Treetop, Ma 00000 mg	111-222-3434 4/3/yr Qty: #60
Take 1 capsule twice	e daily by mouth	D. McKay RNP
Lot# 294-050	ED: 4/3/yr	Refills: 5
Rx#692-151	Greenleaf Pharmacy 20 Main Street Treetop, Ma 00000	111-222-3434 4/3/yr
Timmy Katz Carbamazepine 100 I.C. Tegretol	•	Qty: #60
Take 1 capsule twice	e daily by mouth	D. McKay RNP
Lot# 294-048	ED: 4/3/yr	Refills: 5

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

Carbamazepine This medication controls some types of seizures. It is also used to treat trigeminal neuralgia pain. The label may read Epitol or Tegretol.

MEDICATION ADMINISTRATION SHEET

Allergies: shellfish

Start	Generic Phenytoin	Hour	T	Å	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1 2!	52	6 2	7 2	8 29	9 30) 3	1		
3-4-yr	Brand Dilantin D/C 4-3-yr AE										_													1	Γ			Т		T		Т				
	Strength 100mg Dose 100mg*																						D	C	4-3	3-yı	r Al	Ē						_		
Stop	Amount 1 capsule Route By mouth																											T	T			T		_		
Cont.	Frequency Once daily in the evening	8pm	JS	KB																							F	₹		+	+	+	\pm	-		
. Spe	ecial instructions: *See below Total e	veninc	l do	se i	s 15	50m	a																		F	Reas	son	: St	aizu	re	conti	rol				
Start		Hour					<u> </u>	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22) 3	1		
3-4-yr	Brand Dilantin D/C 4-3-yr AE										-	-	_												Γ					T	_					
	Strength 50mg Dose 50mg*																							D/	C4	-3-	yr:	Æ	-	-		1	-			
Stop	Amount 1 tablet Route By mouth																									-	+	+	\downarrow					_		
Cont.	Frequency Once daily in the evening	8pm	JS	KB																							+	╪	+	Ŧ	+	ᆃ	ᆃ	4		
Spe	ecial instructions: *See above Total e					50m	g											l							F	Rea	son	: se	əizu	ure 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	3 24	2:	52	6 2	7 2	8 29	9 3() 3	1		
4-3-yr	Brand Tegretol	8am	Х	Χ	Χ																							Τ								
	Strength 200mg Dose 200mg*																											Τ								
Stop	Amount 1 capsule Route By mouth																											T								
Cont.	Frequency Twice daily	8pm	Х	Χ																								Τ								
Spe	ecial instructions: *See below Total d	lose is	300)mg																					F	Rea	son	: s(izu	re (conti	rol				
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	8 24	25	52	6 2	7 2	8 29	9 30) 3	1		
4-3-yr	Brand Tegretol	8am	Х	Χ	Χ																															
	Strength 100mg Dose 100mg*																																			
Stop	Amount 1 capsule Route By mouth																																			
Cont.	Frequency Twice daily	8pm	Χ	Χ																																
Spe	ecial instructions: *See above Total d	lose is	300)mg																					F	Rea	son	: se	izu	re (conti	rol	_	_		
	CODES								Init		- J									Init	S	Sign	atu	re												
Name: Timmy Katz		DP-day program/day hab								JS		John Smith																								
		LOA-I			abse	nce					KB	K	larl 1	Burk	e								_													
Site: 35 River Way				P-packaged																	┛		╇											_		
				W-work								_											4											4		
	_	H-hospital, nursing home, rehab center									_									4		╇				—	_	—	—			—	4			
		S-sch	ool																																	