

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-7-yr	Generic Pantoprazole	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand Protonix																																	
Stop	Strength 40mg	Dose 40mg																																
	Amount 1 tab		Route By mouth																															
Cont.	Frequency Once daily in the evening		8pm	KB	JS	KB	KB	ST	ST	KB	RN	KB	KB																					

Special instructions:

Reason: decrease acid

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 3-23-yr	Generic	Brand Synthroid	Strength 0.125mg	Dose 0.125mg	Amount 1 tab	Route By mouth	Frequency Daily in the morning	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8am							JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS												

Special instructions:

Reason: replace thyroid hormone

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

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

Special instructions:

Reason: urinary tract infection

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Special instructions:

Reason: respiratory infection

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

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

Special instructions: For ten days

Reason: Cellulitis left leg

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

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

Special instructions:

Reason: urinary tract infection

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Special instructions: For 14 days

Reason: Gastritis

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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