

Medication Book

(Attention: To be Used for Certification Testing Only)

HEALTH CARE PROVIDER ORDER

Name Evan Peters	Date 4-1-yr
Health Care Provider Dr. Richard Black	Allergies none
Reason for Visit Annual physical exam	
Current Medications See attached medication list	
Staff Signature <i>Sam Dowd</i>	Date 4-1-yr
Health Care Provider Findings Continue current medications	
Medication/Treatment Orders √ Zohydro ER 20mg by mouth twice daily at 8am and 4pm √ Luminal 97.2mg by mouth once daily in the evening	
Instructions	
Follow-up visit	Lab work or Tests
Signature <i>Dr. Richard Black</i>	Date 4-1-yr

Posted: Sam Dowd Date: 4/1/yr Time: 2pm

Verified: Linda White Date: 4/1/yr Time: 4pm

Month and Year: May yr

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start	Generic Hydrocodone ER	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 Zohydro ER	8am	JS	AS	AS																													
	Strength 10mg Dose 20mg																																	
Stop	Amount 2 tabs Route mouth	4pm	LW	SD																														
cont.	Frequency Twice daily 8am and 4pm																																	

Special instructions:

Reason: right knee pain

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		
2-1-yr	Brand Luminal																																		
	Strength 32.4mg Dose 97.2mg																																		
Stop	Amount 3 tabs Route mouth																																		
cont.	Frequency Once daily in evening	8pm	LW	SD																															

Special instructions:

Reason: decrease seizures

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Evan Peters Site: 57 Shade Street Treetop MA 00000	CODES		Signature	Signature
	DP-day program/day hab	LW	Linda White	
	LOA-leave of absence	JS	Jenna Sherman	
	P-packaged	AS	Amanda Smith	
	W-work	SD	Sam Dowd	
	H-hospital, nursing home, rehab center			
S-school				

FOR TESTING PURPOSES SIGNATURE NOT REQUIRED

Sample Medication Information Sheet

Hydrocodone ER: is an analgesic used to treat moderate to severe pain, chronic pain.

Brand name for Hydrocodone ER is Zohydro ER.

How to take: Extended release oral tablets, do not crush, break, or open an extended-release pill, swallow whole.

What to do if you miss a dose: Take as soon as possible unless it is one hour before the next dose. If so, skip the missed dose. Never double up on dose.

Side Effects: Vertigo, depression, seizures, headache, fatigue, hypotension, blurred vision, nasal congestion, nausea, anorexia, constipation, GI irritation, diarrhea, pruritus and urinary retention.

Interactions: Tell your HCP of all the medications you are taking. Do not use with St. John's wort. Using tramadol together with alcohol may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating.

Contraindications: Hypersensitivity, acute intoxication with any CNS depressant, alcohol, asthma, respiratory depression.

Special Precautions: Monitor vital signs, if respirations are less than 12 withhold, track bowels, and check urinary output.

Overdose reaction: Can slow or stop breathing, Serotonin syndrome, neuroleptic malignant syndrome: increased heart rate, sweating, dilated pupils, tremors, high B/P, hyperthermia, headache, and confusion.

Sample Medication Information Sheet

Phenobarbital: is a barbiturate used for all forms of epilepsy, status epilepticus, and febrile seizures in children, sedation and insomnia. It may be used for other conditions as determined by your HCP (Health Care Provider).

How to take: Take this medication by mouth with food or milk to avoid stomach upset on a regularly schedule and as prescribed by your HCP. Do not suddenly stop taking this medication.

What to do if you miss a dose: Take it as soon as you remember but if it is too close to the next dose skip the missed dose and resume your regular schedule. Do not double the dose.

Side Effects: Agitated mood; confusion; dizziness; excessive daytime drowsiness; headache; lightheadedness; low blood pressure; nausea; slow heartbeat; slowed breathing; vomiting.

Seek medical attention right away if any of these SEVERE side effects occur: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); liver damage.

Interactions: Tell your HCP about all the medications you take especially blood thinners (warfarin), epilepsy medications, cyclosporine, antidepressants, pain medications, muscle relaxants, alcohol, Barbiturates can decrease the effectiveness of oral birth control pills.

Special Precautions: Avoid alcohol, use caution while driving or operating machinery, elderly people may be more sensitive to the effects of this medication.

Overdose reaction: If overdose is suspected call your local poison control center at 1-800-222-1222.

HEALTH CARE PROVIDER ORDER

Name Kelly Adams	Date 4-1-yr
Health Care Provider Dr. David Jones	Allergies Bactrim
Reason for Visit Annual physical exam	
Current Medications See attached medication list	
Staff Signature <i>Sam Dowd</i>	Date 4-1-yr
Health Care Provider Findings Continue current medications	
Medication/Treatment Orders √ Ativan 1mg by mouth twice daily √ OxyContin 5mg by mouth once daily at 4pm	
Instructions	
Follow-up visit	Lab work or Tests
Signature <i>Dr. David Jones</i>	Date 4-1-yr

Month and Year: **May yr**

MEDICATION ADMINISTRATION SHEET

Allergies: **Bactrim**

Start	Generic Lorazepam	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
4-1-yr	Brand Ativan	8am	JS	AS	AS																												
	Strength 0.5mg	Dose 1mg																															
Stop	Amount 2 tabs	Route mouth																															
cont.	Frequency twice daily	8pm	LW	SD																													

Special instructions:

Reason: decrease anxiety

Start	Generic Oxycodone ER	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
4-1-yr	Brand OxyContin																																
	Strength 5mg	Dose 5mg																															
Stop	Amount 1 tab	Route mouth	4pm	LW	SD																												
cont.	Frequency once daily at 4pm																																

Special instructions:

Reason: contracture pain

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Kelly Adams Site: 57 Shade Street Treetop MA 00000	CODES		Signature		Signature
	DP-day program/day hab	LW	Linda White		
	LOA-leave of absence	JS	Jenna Sherman		
	P-packaged	AS	Amanda Smith		
	W-work	SD	Sam Dowd		
	H-hospital, nursing home, rehab center				
S-school					

FOR TESTING PURPOSES SIGNATURE NOT REQUIRED

Sample Medication Information Sheet

Lorazepam: is an anti-anxiety medication used to treat anxiety, seizures, alcohol withdrawal, prevention of nausea and vomiting due to chemotherapy, insomnia and tension headaches.

Brand name for lorazepam is Ativan.

How to take: Oral form should be taken with food or milk for GI symptoms; may crush if unable to swallow medication whole.

Side Effects: Can cause dizziness, drowsiness, depression, weakness, orthostatic hypotension, blurred vision, constipation, tinnitus, diarrhea, anorexia, or rash. Notify your HCP if these effects persist or worsen.

Interactions: Do not take more than prescribed amount, may be habit forming. Limit alcohol use to avoid drowsiness.

Special precautions: Not to discontinue medication abruptly after long term use, to avoid driving, or activities that require alertness, since drowsiness may occur, to rise slowly because fainting may occur, especially among geriatric patients.

Overdose reaction: If overdose is suspected, call your local poison control center or emergency room. US residents can call the national poison control hotline at 1-800-222-1212.

Sample Medication Information Sheet

Oxycodone: is an analgesic used to treat moderate to severe pain, chronic pain.

Brand name for Oxycodone ER is OxyContin.

How to take: Oral tablets, swallow the tablets whole to avoid exposure to a potentially fatal overdose. Do not break, crush, chew, or dissolve the tablets. take with or without food.

What to do if you miss a dose: Take as soon as possible unless it is one hour before the next dose. If so, skip the missed dose. Never double up on dose.

Side Effects: Nausea, vomiting, constipation, dry mouth, weakness, sweating, lightheadedness, dizziness, and drowsiness may occur.

Interactions: Tell your HCP of all the medications you are taking. Taking other products such as other opioid pain or cough relievers, alcohol, drugs for sleep or anxiety, muscle relaxants or antihistamines. Avoid eating grapefruit or drinking grapefruit juice while using this medication unless your doctor or pharmacist says you may do so safely.

Contraindications: Hypersensitivity, acute intoxication with any CNS depressant, alcohol, asthma, respiratory depression.

Special Precautions: Monitor vital signs, if respirations are less than 12 withhold, track bowels, and check urinary output.

Overdose reaction: Slow/shallow breathing, severe drowsiness/dizziness, Serotonin syndrome, neuroleptic malignant syndrome: increased heart rate, sweating, dilated pupils, tremors, high B/P, hyperthermia, headache, and confusion

HEALTH CARE PROVIDER ORDER

Name Kim Jones	Date 4-1-yr
Health Care Provider Dr. Chen Lee	Allergies none
Reason for Visit Annual physical exam	
Current Medications See attached medication list	
Staff Signature <i>Sam Dowd</i>	Date 4-1-yr
Health Care Provider Findings Continue current medications	
Medication/Treatment Orders √ Valium 1mg by mouth once daily in the evening √ Klonopin 1mg by mouth twice daily, at 8am and 4pm	
Instructions	
Follow-up visit	Lab work or Tests
Signature <i>Dr. Chen Lee</i>	Date 4-1-yr

Posted: Sam Dowd Date: 4/1/yr Time: 2pm

Verified: Linda White Date: 4/1/yr Time: 4pm

Month and Year: **May yr**

MEDICATION ADMINISTRATION SHEET

Allergies: **none**

Start 2-1-yr	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		
	Brand Klonopin	8am	JS	AS	AS																														
Stop cont.	Strength 1mg Dose 1mg																																		
	Amount 1 tab Route mouth	4pm	LW	SD																															
Frequency twice daily at 8am and 4pm																																			

Special instructions:

Reason: decrease seizures

Start 2-1-yr	Generic Diazepam	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 Valium																																			
Stop cont.	Strength 0.5mg Dose 1mg																																			
	Amount 2 tabs Route mouth	8pm	LW	SD																																
Frequency Once daily in the evening																																				

Special instructions:

Reason: decrease seizures

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:

Name: Kim Jones Site: 57 Shade Street Treetop MA 00000	CODES		Signature		Signature
	DP-day program/day hab	LW	Linda White		
	LOA-leave of absence	JS	Jenna Sherman		
	P-packaged	AS	Amanda Smith		
	W-work	SD	Sam Dowd		
	H-hospital, nursing home, rehab center				
	S-school				

FOR TESTING PURPOSES SIGNATURE NOT REQUIRED

Accuracy Check 1

Jenna Sherman

Date 4/30/yr

Time 10pm

Accuracy Check 2

Amanda Smith

Date 4/30/yr

Time 10pm

Sample Medication Information Sheet

Clonazepam: is an anticonvulsant.

The brand name is Klonopin.

How to take: by mouth with food or milk for GI symptoms; oral disintegrating tablets can be opened by peeling back foil on blister pack (do not push through foil) place on tongue; allow to dissolve; may be swallowed with or without water.

Side effects: drowsiness, dizziness, confusion, tremors, insomnia, headache, slurred speech, palpitations, bradycardia, tachycardia, abnormal eye movements, nausea, constipation, diarrhea, dysuria, rash, alopecia, dyspnea, and respiratory depression.

Interactions: May increase lab test for AST, alkaline phosphate and bilirubin. CNS depression may occur if using alcohol, barbiturates, opiates antidepressants, other anticonvulsants, hypnotics and sedatives.

Special Precautions: Do not discontinue abruptly, seizures may increase. Report allergic reaction to HCP including red raised rash; product should be discontinued. Notify HCP if yellowing of skin/eyes, clay colored stool, bleeding fever, extreme fatigue, sore throat, suicidal thoughts/behaviors.

Overdose: Lavage, activated charcoal, flumazenil, monitor electrolytes, VS, administer vasopressors. If overdose is suspected, call the national poison control hotline at 1-800-222-1212.

Sample Medication Information Sheet

Diazepam: Diazepam is a benzodiazepine. It is used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms. Diazepam is sometimes used with other medications to treat seizures.

The brand name is Valium.

How to take: Take this medication by mouth with food or milk to avoid stomach upset on a regularly schedule and as prescribed by your HCP. Do not suddenly stop taking this medication.

What to do if you miss a dose: Take it as soon as you remember but if it is too close to the next dose skip the missed dose and resume your regular schedule. Do not double the dose.

Side Effects: Drowsiness and hypotonia; constipation; dry mouth; fatigue.

Side Effects requiring immediate medical attention: Shakiness or unsteadiness; agitation and irritability; abdominal pain; chills; confusion; dizziness; headache; nausea; fast heartbeat; fast breathing; vomiting.

Seek medical attention right away if any of these SEVERE side effects occur: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); liver damage.

Interactions: Tell your HCP about all the medications you take. Fatal side effects can occur if you use this medicine with opioid medicine, alcohol, or other drugs that cause drowsiness or slow your breathing. Avoid eating grapefruit or drinking grapefruit juice while using this medication unless your doctor or pharmacist says you may do so safely.

Special Precautions: Avoid alcohol, use caution while driving or operating machinery, elderly people may be more sensitive to the effects of this medication.

Overdose reaction: If overdose is suspected call your local poison control center at 1-800-222-1222.