**Transcription Workbook Three**

**Advanced Learning**

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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

|  |
| --- |
| **Jasper James no known allergies** |
| Mylanta Gas 400/400/40mg three times daily after meals 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 111-222-3434

# 20 Main Street

# Treetop, MA 00000

# 6/11/yr

# Jasper James

# Geri-Lanta 200/200/20mg per 5mL

# I.C. Mylanta Gas Qty. 355 mL

**Take 10mL by mouth three times daily after meals Dr. Jones**

**Lot# 323-5 ED: 6 /11/yr Refills: 3**

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

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

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

# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Brock Davis to the doctor and have received medication from the pharmacy. Pretend that the date is June 28, 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 Sheets.**

**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Brock Davis** | **Date: 6/28/yr** |
| **Health Care Provider: Dr. Jones** | **Allergies: no known allergies** |
| **Reason for Visit: Brock states his ears and throat hurt, he has been coughing since last night, temp 101.6** | |
| **Current Medications:**  **Amoxicillin 250mg by mouth three times daily for 10 days** | |
| **Staff Signature:** *John Smith, Program Manager* | **Date: 6/28/yr** |
| **Health Care Provider Findings:**  **Bronchitis** | |
| **Medication/Treatment Orders:** D/C Amoxicillin **Zithromax 500mg once this afternoon by mouth, then starting tomorrow Zithromax 250mg once daily in the morning for four days, by mouth.** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Dr. Jones | **Date: 6/28/yr** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: June (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | 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** |
| 6-26-yr | | Brand | Amoxil | | | | | | | |  |  | **8am** | X | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **KB** | **RN** |  |  |  |
|  | | Strength | 125mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **4pm** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **JS** | **ST** |  |  |  |  |
| 7-6-yr | | Frequency | | Three times daily | | | | | | |  |  | **8pm** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **JS** | **ST** |  |  |  |  |
| *Special instructions: For 10 days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: ear infection* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Brock Davis | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Start  Month and Year: July (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | 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** |
| 6-26-yr | | Brand | Amoxil | | | | | | | |  |  | **8am** |  |  |  | |  |  | |  | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 125mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **4pm** |  |  |  | |  |  | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 7-6-yr | | Frequency | | Three times daily | | | | | | |  |  | **8pm** |  |  |  | |  |  | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions: For 10 days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: ear infection* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Brock Davis | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** Everett Street, Apt. 1A | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

7

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| --- |
| Pharmacy Label **Rx#135 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, MA 00000 6/28/yr**  **Brock Davis**  **Azithromycin 250mg**  **I.C. Zithromax Qty. 6**  **Take 2 tablets once this afternoon, then 1 tablet once daily in the morning for four days, by mouth**  **Dr. Jones**    **Lot# 343-5 ED: 6/28/yr Refills:**  0 |

##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Zithromax** | **Azithromycin** |
| **Loram** | **Loramine** |
| **Loxaprill** | Loxaprilline |
| **Tylenol** | **Acetaminophen** |
| **Amoxil** | **Amoxicillin** |
| **EES** | **Erythromycin** |
| Depakote | **Divalproex** |
| **Haldol** | **Haloperidol** |
| Tegretol | **Carbamazepine** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

**Zithromax** (azithromycin) is an antibiotic that fights bacteria. Zithromax is used to treat infections such as respiratory infections, skin infections, ear infections and sexually transmitted diseases.

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**-7-**

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| Start | | 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** |
| 6-26-yr | | Brand | Amoxil **D/C 6-28-yr JS** | | | | | | | |  |  | **8 am** | X | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X**  **D/C 6-28-yr JS** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **KB** | **RN** |  |  |  |
|  | | Strength | 125mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **4 pm** | **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** | **JS** | **ST** |  |  |  |  |
| 7-6-yr | | Frequency | | Three times daily | | | | | | |  |  | **8pm** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **JS** | **ST** |  |  |  |  |
| *Special instructions: For 10 days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: ear infection* | | | | | | | | |
| Start | | Generic | Azithromycin | | | | | | | |  |  | **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** |
| 6-28-yr | | Brand | Zithromax | | | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 500mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **4 pm** | **X** | **X** | **X** | **X** | | | **X** | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** |  | **X** | **X** | **X** |
| 6-28-yr | | Frequency | | | Once this afternoon | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Bronchitis* | | | | | | | | |
| Start | | Generic | Azithromycin | | | | | | | |  |  | **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** |
| 6-29-yr | | Brand | Zithromax | | | | | | | |  |  | **8 am** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** |  |  |  |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 7-2-yr | | Frequency | | | | Once daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: For four days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Bronchitis* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name: Brock Davis** | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

**Month and Year: June (year) MEDICATION ADMINISTRATION SHEET Allergies: none**

9

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Start | | 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** |
| 6-26-yr | | Brand | Amoxil  **D/C 6-28-yr JS** | | | | | | | |  |  | **8am** |  |  |  | |  |  | |  | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X**  **D/C 6-28-yr JS** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 125mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **4pm** |  |  |  | |  |  | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 7-6-yr | | Frequency | | Three times daily | | | | | | |  |  | **8pm** |  |  |  | |  |  | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions: For ten days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Ear infection* | | | | | | | | |
| Start | | Generic | Azithromycin | | | | | | | |  |  | **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** |
| 6-29-yr | | Brand | Zithromax | | | | | | | |  |  | **8am** |  |  | **X** | **X** | | | **X** | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 7-2-yr | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: For four days* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Bronchitis* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name: Brock Davis** | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** Everett Street Apt. 1A | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

10

**Month and Year: July (year) MEDICATION ADMINISTRATION SHEET Allergies: none**

# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have received medication refills for Percy Patachoux’s Inderal and Armour thyroid from the pharmacy. The HCP orders have not changed however the strength of tablet, for each of the medications received from the pharmacy has. Using the current HCP order and new pharmacy labels, transcribe the new medication strengths received onto the medication sheet. Pretend that the medication refill has been received on June 2, year. It is 1 pm.

**Use the health care provider’s order, pharmacy labels and generic equivalents to transcribe the new medication strengths onto the Medication Sheet.**

11

**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Percy Patachoux** | **Date: 3/20/yr** |
| **Health Care Provider: Dr. Smith** | **Allergies: None** |
| **Reason for Visit: complaint of pressure on forehead, mild fever, dizziness, increase in head slapping behavior** | |
| **Current Medications: Synthroid 0.125mg by mouth once a day in the morning** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 3/20/yr** |
| **Health Care Provider Findings: sinus infection, elevated blood pressure, hypothyroid** | |
| **Medication/Treatment Orders:** D/C Synthroid **Armour Thyroid 30mg by mouth once daily before breakfast**  **Inderal 20mg by mouth once daily in the morning**  **Amoxil 500mg by mouth three times daily for 10 days** | |
| **Instructions:** | |
| **Follow-up visit:**  **2 weeks** | **Lab work or Tests:** |
| **Signature:** Dr. Susan Smith | **Date: 3/20/yr** |

12

Posted Paula Jones 3/20/yr 3pm Verified Sam Dowd 3/20/yr 3:15pm

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Start  Month and Year: June (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Thyroid desiccated | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Armour thyroid | | | | | | | |  |  | **7am** | JS | **KB** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 30mg | | | | | Dose | 30mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: before breakfast* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason:* *replace thyroid hormone* | | | | | | | | |
| Start | | Generic | Propranolol | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Inderal | | | | | | | |  |  | **8am** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 10mg | | | | | Dose | 20mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: blood pressure* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Percy Patachoux | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** Everett Street, Apt. 1A | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Labels **Rx#100 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, MA 00000 6/2/yr**  **Percy Patachoux**  **Thyroid desiccated 15mg Qty. 60**  **I.C. Armour thyroid**  **Take 2 tablets once daily before breakfast by mouth**  **Dr. Smith**  **Lot# 689 ED: 6/2/yr Refills: 3** |

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| --- |
| **Rx#285-7878 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, MA 00000 6/2/yr**  **Percy Patachoux**  **Propranolol 20mg**  **IC Inderal Qty. 30**  **Take 1 tablet once daily in the morning by mouth**  **Dr. Smith**  **Lot# 325-634 ED: 6/2/yr Refills: 3** |

##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Dilantin** | **Phenytoin** |
| **Armour Thyroid** | **Thyroid desiccated** |
| **Inderal** | Propranolol |
| **Tylenol** | **Acetaminophen** |
| **Amoxil** | **Amoxicillin** |
| **EES** | **Erythromycin** |
| Depakote | **Divalproex** |
| **Haldol** | **Haloperidol**  14 |

**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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: June (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Thyroid desiccated | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Armour thyroid | | | | | | | |  |  | **7am** | JS | **KB** |  | |  |  | |  |  |  | **Rewritten, see below 6/2/yr KB** | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| **Rewritten see below 6/2/yr KB** | | Strength | 30mg | | | | | Dose | 30mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: before breakfast* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: replace thyroid hormone* | | | | | | | | |
| Start | | Generic | Propranolol | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Inderal | | | | | | | |  |  | **8am** | **JS** | **KB** |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 10mg | | | | | Dose | 20mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop  **Rewritten see below 6/2/yr KB** | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  | **Rewritten see below 6/2/yr KB** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| Start | | Generic | Thyroid desiccated | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Armour thyroid | | | | | | | |  |  | **7am** | **X** | **X** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 15mg | | | | | Dose | 30mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Once daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: before breakfast* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: replace thyroid hormone* | | | | | | | | |
| Start | | Generic | Propranolol | | | | | | | |  |  | **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** |
| 3-20-yr | | Brand | Inderal | | | | | | | |  |  | **8am** | **X** | **X** |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 20mg | | | | | Dose | 20mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Once daily in the morning | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Percy Patachoux | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** Everett Street, Apt. 1A | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Lawanda Stevens to the doctor and have received medication from the pharmacy. Pretend that the date is August 1, year. It is 4 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Lawanda Stevens** | **Date: 8/1/yr** |
| **Health Care Provider: Dr. White** | **Allergies: No Known Allergies** |
| **Reason for Visit: Continues to have frequent trips to bathroom during the night. Complains of a burning feeling when urinating.** | |
| **Current Medications: Cefaclor 250mg twice daily for seven days by mouth** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 8/1/yr** |
| **Health Care Provider Findings:**  **Urinary tract infection** | |
| **Medication/Treatment Orders:**  **D/C** **Cefaclor**  **Amoxil 500mg every 6 hours for 10 days by mouth** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Andrea White, MD | **Date: 8/1/yr** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: August (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Cefaclor | | | | | | | |  |  | **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** |
| 7-29-yr | | 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** |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 8-5-yr | | Frequency | | Twice daily | | | | | | |  |  | **8pm** |  |  |  | |  | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions:* **For 7 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: urinary tract infection* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Lawanda Stevens | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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|  |
| --- |
| Pharmacy Label **Rx#276-97226 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Anytown, Ma 09111 8/1/yr**  **Lawanda Stevens**  **Amoxicillin 250mg Qty. 80**  **I.C. Amoxil**  **Take 2 capsules every 6 hours 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.

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**-22-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: August (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Cefaclor | | | | | | | |  |  | **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** |
| 7-29-yr | | Brand | Ceclor **D/C 8-1-yr PJ** | | | | | | | |  |  | **8am** | JS |  |  | |  |  | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X**  **D/C 8-1-yr PJ** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 250mg | | | | | Dose | 250mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 8-5-yr | | Frequency | | Twice daily | | | | | | |  |  | **8pm** |  |  |  | |  | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions:* **For 7 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: urinary tract infection* | | | | | | | | |
| Start | | 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** |
| 8-1-yr | | Brand | Amoxil | | | | | | | |  |  | **12am** | **X** |  |  |  | | |  |  |  |  |  | |  | |  | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 250mg | | | | | Dose | 500mg | | | | **6amm** | **X** |  |  |  | | |  |  |  |  |  | |  | |  | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Stop | | Amount | 2 caps | | | | | Route | By mouth | | | | **12pm** | **X** |  |  |  | | |  |  |  |  |  | |  | |  | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 8-11-yr | | Frequency | | | Every 6 hours | | | | | |  |  | **6pm** |  |  |  |  | | |  |  |  |  |  | |  | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions:* **For 10 days** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: urinary tract infection* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Lawanda Stevens | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | PJ | | Paula Jones | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

21

# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Candy Bowen to the doctor and have received medication from the pharmacy. Pretend that the date is February 4, 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Candy Bowen** | **Date: 2/4/yr** |
| **Health Care Provider: Dr. White** | **Allergies: No Known Allergies** |
| **Reason for Visit: Increase in seizure activity.** | |
| **Current Medications:**  **Carbamazepine 300mg three times daily by mouth** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 2/4/yr** |
| **Health Care Provider Findings:**  **Poor seizure control, will taper down the carbamazepine and start gabapentin with a gradual increase** | |
| **Medication/Treatment Orders:**  **Gabapentin 100mg once daily in the evening for 5 days, then 100mg twice daily for 5 days then 200mg twice daily, cont., by mouth.**    **Starting 2/5/yr DC current Carbamazepine order and start Carbamazepine 300mg twice daily for three days, then 300mg once daily in the morning for four days, by mouth, then discontinue** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:**  **Carbamazepine and gabapentin levels in 6 weeks** |
| **Signature:** Andrea White, MD | **Date: 2/4/yr** |

23

Month and Year: February (year) MEDICATION ADMINISTRATION SHEET Allergies: none

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 2-12-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | SD | **RN** | **RN** | | **KB** |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 300mg | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | | **4pm** | ST | **ST** | **JS** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Three times daily | | | | | | |  |  | **8pm** | ST | **ST** | **JS** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic |  | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | **4** | | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
|  | | Brand |  | | | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength |  | | | | | Dose |  | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Frequency | | |  | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason:* | | | | | | | | |
| Start | | Generic |  | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
|  | | Brand |  | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength |  | | | | | Dose |  | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Frequency | | | |  | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Candy Bowen | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | | SD | | Sam Dowd | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school**  24 | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| Start  Month and Year: February (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Candy Bowen | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

25

|  |
| --- |
| Pharmacy Labels **Rx#277-97226 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 2/4/yr**  **Candy Bowen**  **Carbamazepine 300mg Qty. 10**  **I.C. Tegretol**  **Starting 2/5/yr take 1 tab twice daily for three days, then 1 tab once daily in the morning for four days by mouth , then discontinue**  **Dr. A. White**  **Lot# 324-336 ED: 2/4/yr Refills: 0** |

**Rx 44-678 Greenleaf Pharmacy 111-222-3434**

**20 Main Street**

**Treetop, Ma 00000 2/4/yr**

**Candy Bowen Qty: 135**

**Gabapentin 100mg**

**I.C. Neurontin**

**Take 1 cap daily in the pm for five days, then 1 cap twice daily for five days, then 2 caps twice daily, cont., by mouth**

**Dr. A White**

**Lot# 3388-4 ED: 2/4/yr Refills: 3**

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##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Dilantin** | **Phenytoin** |
| **Neurontin** | **Gabapentin** |
| **Tylenol** | **Acetaminophen** |
| **Amoxil** | **Amoxicillin** |
| Depakote | **Divalproex** |
| Tegretol | **Carbamazepine** |

**MEDICATION INFORMATION SHEETs: SAMPLE ONLY**

# Carbamazepine

Anticonvulsant which works by decreasing nerve impulses that causes seizures and pain.

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**Gabapentin**

Anti-epileptic medication used to control seizures and some types of pain.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 2-12-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | SD | **RN** | **RN** | | **KB** |  | | **Last dose 2-4-yr at 8pm, then DC and see below** |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 300mg | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | | **4pm** | ST | **ST** | **JS** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 2-17-yr | | Frequency | | Three times daily | | | | | | |  |  | **8pm** | ST | **ST** | **JS** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason:* *seizure control* | | | | | | | | |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | **4** | | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 2-5-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | **X** | X | **X** | **X** | | |  |  |  | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 300mg | | | | | Dose | 300mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 2-7 -yr | | Frequency | | | Twice daily | | | | | |  |  | **8pm** | X | **X** | **X** | **X** | | |  |  |  | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions:* **For 3 days** | | | | | | | | | then see new frequency | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Carbamazepine | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 2-8-yr | | Brand | Tegretol | | | | | | | |  |  | **8am** | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** |  |  | |  | |  | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 300mg | | | | | Dose | 300mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 2-11-yr | | Frequency | | | | Once daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:*  **For 4 days then** | | | | | | | | | **Discontinue** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic | Gabapentin | | | | | | | |  |  | **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** |
| 2-4-yr | | Brand | Neurontin | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| 2-8-yr | | Frequency | | | | | Once daily in the evening | | | |  |  | **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** |
| *Special instructions:*  **For 5 days** | | | | | | | | | **then see new frequency** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: seizure control* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Candy Bowen | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | | SD | | Sam Dowd | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

28

Month and Year: February (year) MEDICATION ADMINISTRATION SHEET Allergies: none

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start | | Generic | Gabapentin | | | | | | | | |  |  | **Hour**  Month and Year: February (year) MEDICATION ADMINISTRATION SHEET Allergies: none | **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** | |
| 2-9-yr | | Brand | Neurontin | | | | | | | | |  |  | **8am** | X | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** |  | |  | |  |  |  | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | |
|  | | Strength | 100mg | | | | | Dose | 100mg | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Stop | | Amount | 1 cap | | | | | Route | By mouth | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| 2-13-yr | | Frequency | | Twice daily for 5 days | | | | | | | |  |  | **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** | |
| *Special instructions:* see new frequency | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | *Reason:* seizure control | | | | | | | | |
| Start | | Generic | Gabapentin | | | | | | | | |  |  | **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** | |
| 2-14-yr | | Brand | Neurontin | | | | | | | | |  |  | **8am** | **X** | X | **X** | **X** | | | **X** | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | Strength | 100mg | | | | | Dose | 200mg | | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Stop | | Amount | 2 caps | | | | | Route | By mouth | | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Cont. | | Frequency | | | Twice daily | | | | | | |  |  | **8pm** | X | **X** | **X** | **X** | | | **X** | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | *Reason: seizure control* | | | | | | | | |
| Start | | Generic |  | | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | |
|  | | Brand |  | | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | Strength |  | | | | | Dose |  | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Stop | | Amount |  | | | | | Route |  | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | Frequency | | | |  | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | *Reason:* | | | | | | | | |
| Start | | Generic |  | | | | | | | | |  |  | **Hour** | **1** | **2** | **3** | | **4** | **5** | | **6** | **7** | **8** | **9** | | **10** | | **11** | **12** | **13** | **14** | **15** | **16** | | **17** | **18** | **19** | | **20** | **21** | | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | |
|  | | Brand |  | | | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | Strength |  | | | | | Dose |  | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Stop | | Amount |  | | | | | Route |  | | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | Frequency | | | | |  | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  | |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | *Reason:* | | | | | | | | |
|  | | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | |
| **Name:** Candy Bowen | | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |

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# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Jax Peters 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Jax Peters** | **Date: 4/17/yr** |
| **Health Care Provider: Dr. Smith** | **Allergies: Sulfa drugs** |
| **Reason for Visit: Jax reports that the PRN Benadryl ordered for sleep is not helping, he still has trouble falling asleep** | |
| **Current Medications:**  **Benadryl 50mg by mouth, once daily at bedtime PRN** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 4/17/yr** |
| **Health Care Provider Findings:**  **Difficulty sleeping** | |
| **Medication/Treatment Orders:**  **DC Benadryl**  **Trazodone 100mg by mouth once daily at bedtime PRN as requested by Jax for sleep. Do not give later than 11:30pm. Call HCP in the am, if Jax still had difficulty falling asleep.** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Donald Smith, MD | **Date: 4/17/yr** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April (year) MEDICATION ADMINISTRATION SHEET Allergies: Sulfa Drugs | | Generic | Diphenhydramine | | | | | | | |  |  | **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** |
| 1-2-yr | | Brand | Benadryl | | | | | | | |  |  | **P** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 25mg | | | | | Dose | 50mg | | | | **R** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **N** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily at bedtime PRN | | | | | | |  |  |  |  | **JS**  **9pm** |  | | **KB**  **9pm** | **RN**  **8pm** | |  | **ST**  **9pm** |  | **ST**  **10pm** | | **JS 9pm** | |  | **KB**  **8pm** | **ST**  **9pm** | **RN**  **8pm** |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* As requested | | | | | | | | | Do not give later than 11:30pm. Call HCP in am if ineffective. | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: sleep aid* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Jax Peters | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#287-97226 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **treetop, Ma 00000 4/17/yr**  **Jax Peters**  **Trazodone50mg Qty: 60**  **I.C. Desyrel**  **Dr. Smith**  **Take 2 tablets once daily at bedtime PRN**  **by mouth, as requested by Jax for sleep. Do not give later than 11:30 pm**  **Lot# 324-331 ED: 4/17/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** |
| Desyrel | **Trazodone** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Trazodone

Brand name for Trazodone is Desyrel. Trazodone is an antidepressant. It affects chemicals in the brain that may be unbalanced in people with depression. Trazodone improves mood, appetite and energy as well as decreases anxiety and insomnia related to depression.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: April (year) MEDICATION ADMINISTRATION SHEET Allergies: Sulfa Drugs | | Generic | Diphenhydramine | | | | | | | |  |  | **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** |
| 1-2-yr | | Brand | Benadryl **DC 4/17/17 PJ** | | | | | | | |  |  | **P** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  | **DC 4/17/17 PJ** | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 25mg | | | | | Dose | 50mg | | | | **R** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **N** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily at bedtime PRN | | | | | | |  |  |  |  | **JS**  **9pm** |  | | **KB**  **9pm** | **RN**  **8pm** | |  | **ST**  **9pm** |  | **ST**  **10pm** | | **JS 9pm** | |  | **KB**  **8pm** | **ST**  **9pm** | **RN**  **8pm** |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* as requested | | | | | | | | | Do not give later than 1130pm. Call HCP in am if ineffective | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: sleep aid* | | | | | | | | |
| Start | | Generic | Trazodone | | | | | | | |  |  | **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** |
| 4-17-17 | | Brand | Desyrel | | | | | | | |  |  | **P** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 50mg | | | | | Dose | 100mg | | | | **R** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | | **N** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily at bedtime PRN | | | | | |  |  |  | **X** | **X** | **X** | **X** | | | **X** | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* as requested | | | | | | | | | Do not give later than 11:30pm. Call HCP in am if ineffective | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: sleep aid* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Jax Peters | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Tourney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | | PJ | | Paula Jones | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Erin O’Malley 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Erin O’Malley** | **Date: 5/20/yr** |
| **Health Care Provider: Dr. Smith** | **Allergies: No Known Allergies** |
| **Reason for Visit: Recheck of blood pressure** | |
| **Current Medications:**  **Lisinopril 10mg once daily in the morning by mouth** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 5/20/yr** |
| **Health Care Provider Findings:**  **High blood pressure** | |
| **Medication/Treatment Orders:**  **DC current Lisinopril order**  **Lisinopril 20mg once daily in the morning by mouth. Take blood pressure before administration, if systolic is below 90 or diastolic below 50, hold Lisinopril and notify HCP.** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Donald Smith, MD | **Date: 5/20/yr** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: May (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Lisinopril | | | | | | | |  |  | **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** |
| 3-10-yr | | Brand | Zestril | | | | | | | |  |  | **8am** | **KB** | **KB** | **ST** | | **ST** | **JS** | | **ST** | **RN** | **RN** | **KB** | | **RN** | | **ST** | **JS** | **JS** | **KB** | **ST** | **ST** | | **RN** | **RN** | **KB** | | **ST** |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 10mg | | | | | Dose | 10mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name: Erin O’Malley** | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Turney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#287-97326 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 5/20/yr**  **Erin O’Malley**  **Lisinopril 10mg**  **I.C. Zestril**  **Qty: 60**  **Take 2 tablets once daily in the morning by mouth**  **Take b/p prior to giving; if systolic is below 90 or diastolic is below 50, hold and notify HCP.**  **Dr. Smith**  **Lot# 324-231 ED: 5/20/yr Refills: 3** |

##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Dilantin** | **Phenytoin** |
| **Loram** | **Loramine** |
| **Zestril** | Lisinopril |
| **Tylenol** | **Acetaminophen** |
| **Amoxil suspension** | **Amoxicillin suspension** |
| **EES** | **Erythromycin** |
| Depakote | **Divalproex** |
| **Haldol** | **Haloperidol** |
| Tegretol | **Carbamazepine** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Lisinopril

Brand name for Lisinopril is Zestril. Lisinopril is used to treat high blood pressure and heart failure. It is also used after a heart attack to increase the chance of survival.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: May (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Lisinopril  **DC 5/20/yr PJ** | | | | | | | |  |  | **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** |
| 3-10-yr | | Brand | Zestril | | | | | | | |  |  | **8am** | **KB** | **KB** | **ST** | | **ST** | **JS** | | **ST** | **RN** | **RN** | **KB** | | **RN** | | **ST** | **JS** | **JS** | **KB** | **ST** | **ST** | | **RN** | **RN** | **KB** | | **ST** | **DC 5/20/yr PJ** | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 10mg | | | | | Dose | 10mg | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 1 tab | | | | | Route | By mouth | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| Start | | Generic | Lisinopril | | | | | | | |  |  | **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** |
| 5-21-yr | | Brand | Zestril | | | | | | | |  |  | **8am** |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 10mg | | | | | Dose | 20mg | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once daily in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* Take b/p prior to | | | | | | | | | giving Lisinopril if systolic less than 90 or diastolic less than 50 hold and call HCP | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| Start | | Generic | Blood pressure | | | | | | | |  |  | **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** |
| 5-21-yr | | Brand | Monitoring | | | | | | | |  |  | **730am** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength |  | | | | | Dose |  | | | | **b/p** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | | if systolic less than 90 or diastolic less than 50 hold Lisinopril and call HCP | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: high blood pressure* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name: Erin O’Malley** | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | ST | | Sarah Turney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | | PJ | | Paula Jones | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Maria Silva 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Maria Silva** | **Date: 8/5/yr** |
| **Health Care Provider: Dr. Smith** | **Allergies: No Known Allergies** |
| **Reason for Visit: Maria points to her stomach and curls up in her bed after taking the Motrin even though a snack is given along with it.** | |
| **Current Medications:**  **Motrin 400mg every 6 hours PRN headache by mouth. Give with snack.** | |
| **Staff Signature:** *Paula Jones, Program Manager* | **Date: 8/5/yr** |
| **Health Care Provider Findings:**  **Gastritis, will try Tylenol for control of headache** | |
| **Medication/Treatment Orders:**  **D/C** **Motrin**  **Tylenol 650mg every 6 hours PRN headache, by mouth. Call HCP if headache continues after 24 hours.** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** Donald Smith, MD | **Date: 8/5/yr** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: August (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Ibuprofen | | | | | | | |  |  | **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** |
| 4-10-yr | | Brand | Motrin | | | | | | | |  |  | **P**  **R**  **N** |  |  | JS **7am** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 200mg | | | | | Dose | 400mg | | | |  |  |  | KB **2pm** | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | | RN **4pm** |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Every 6 hours PRN | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* **Headache** | | | | | | | | | Give with snack, call HCP if headache continues after 24 hrs | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Headache* | | | | | | | | |
| 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:* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Marie Sousa | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **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** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#287-96326 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 8/5/yr**  **Maria Silva**  **Acetaminophen 325mg**  **Qty: 200**  **I.C. Tylenol**  **Dr. Smith**  **Take 2 tablets every 6 hours as needed for**  **headache by mouth.**  **Call HCP if headache continues after 24 hours.**  **Lot# 314-231 ED: 8/5/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** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Acetaminophen

Acetaminophen is known by many names such as Anacin-3, Panadol, Tylenol and others. Acetaminophen relieves mild pain and fever

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: August (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | **Ibuprofen** | | | | | | | |  |  | **Hour**  **P**  **R**  **N** | **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** |
| 4-10-yr | | Brand | Motrin **D/C 8-5-yr PJ** | | | | | | | |  |  |  |  |  | JS **7am** | |  | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
|  | | Strength | 200mg | | | | | Dose | 400mg | | | |  |  |  | **KB**  **2pm** | |  | **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 | | Amount | 2 tabs | | | | | Route | By mouth | | | |  |  |  |  | | **RN**  **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** | **X** | **X** |
| Cont. | | Frequency | | Four times a day | | | | | | |  |  | **D/C 8-5-yr PJ** |  |  |  | |  | **X** | | **X** | **X** | **X** | **X** | | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | | **X** | **X** | **X** | | **X** | **X** | | **X** | **X** | | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| *Special instructions:* **Headache** | | | | | | | | | Give with snack, call HCP if headache continues after 24 hrs | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason:* *headache* | | | | | | | | |
| Start | | Generic | Acetaminophen | | | | | | | |  |  | **Hour**  **P**  **R**  **N** | **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** |
| 8-5-yr | | Brand | Tylenol | | | | | | | |  |  |  | **X** | X | **X** | **X** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 325mg | | | | | Dose | 650mg | | | |  | **X** | X | **X** | **X** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 2 tabs | | | | | Route | By mouth | | | |  | **X** | X | **X** | **X** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Every 6 hours PRN | | | | | |  |  |  | X | **X** | **X** | **X** | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* **Headache** | | | | | | | | | Call HCP if headache continues after 24 hours | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: headache* | | | | | | | | |
| 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Maria Silva | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | RN | | Reggie Newton | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | | PJ | | Paula Jones | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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# PRACTICE SKILLS-TRANSCRIPTION

**INSTRUCTIONS**

You have taken Olga Swanson to the doctor and have received medication from the pharmacy. At times, there will be medications ordered by the HCP that MAP Certified staff are not allowed to administer or the medication ordered will be administered at the HCP’s office. All medications ordered must be transcribed onto the medication sheet. 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.**

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**HEALTH CARE PROVIDER ORDER**

|  |  |
| --- | --- |
| **Name: Olga Swanson** | **Date: 9/16/yr** |
| **Health Care Provider: Dr. Smith** | **Allergies: no known allergies** |
| **Reason for Visit: Weekly fasting blood glucose levels have been running high** | |
| **Current Medications: Lantus insulin 100u/mL 20units subcutaneously once daily in the morning, monitor fasting blood glucose level once weekly** | |
| **Staff Signature:** *John Smith, Program Manager* | **Date: 9/16/yr** |
| **Health Care Provider Findings:**  **High fasting blood sugars, will increase morning dose of insulin by 5 units** | |
| **Medication/Treatment Orders:**  **Lantus insulin 100u/mL 25 units, once daily in the morning, subcutaneously**  **Monitor fasting blood glucose level three times weekly (Mon-Wed-Fri), call HCP for blood glucose level below 50 or above 300** | |
| **Instructions:** | |
| **Follow-up visit:** | **Lab work or Tests:** |
| **Signature:** David Smith, MD | **Date: 9/16/yr** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: September (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Insulin glargine | | | | | | | |  |  | **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** |
| 1-6-yr | | Brand | Lantus | | | | | | | |  |  | **8am**  **TO BE ADMINISTERED BY NURSING ONLY** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100u/mL | | | | | Dose | 20units | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 20units | | | | | Route | SC injection | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
| Start | | Generic | Fasting Blood Glucose | | | | | | | |  |  | **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** |
| 1-6-yr | | Brand | Monitoring | | | | | | | |  |  | **7am** | **X** | **ST** | **X** | **X** | | | **X** | **X** | **X** | **X** | **JS** | | **X** | | **X** | **X** | **X** | **X** | **X** | **KB** | | **X** | **X** | **X** | | **X** | **X** | | **X** |  | | **X** | **X** | **X** | **X** | **X** | **X** |  | **X** |
|  | | Strength |  | | | | | Dose |  | | | | **BGM** |  | **164** |  |  | | |  |  |  |  | **175** | |  | |  |  |  |  |  | **176** | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once weekly in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: Before breakfast* | | | | | | | | | Call HCP for BG level below 50 or greater than 300 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
| 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 |  | | | | | | | |  |  | **7am** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | 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:* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Olga Swanson | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | ST | | Sarah Turney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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| --- |
| Pharmacy Label **Rx#284-87226 Greenleaf Pharmacy 111-222-3434**  **20 Main Street**  **Treetop, Ma 00000 9/16/yr**  **Olga Swanson**  **Insulin glargine 100u/mL Qty: 8 mL**  **I.C. Lantus**  **Give 25 units, subcutaneously once daily in the morning**  **Dr. D. Smith**  **Lot# 323-233 ED: 9/16/yr Refills: 3** |

##### Generic Equivalents

|  |  |
| --- | --- |
| Brand Name | Generic Equivalent |
| **Dilantin** | **Phenytoin** |
| **Loram** | **Loramine** |
| **Lantus insulin** | Insulin glargine |
| **Tylenol** | **Acetaminophen** |
| **Amoxil** | **Amoxicillin** |
| **EES** | **Erythromycin** |
| Depakote | **Divalproex** |
| **Centrex** | **Centromonium** |
| Tegretol | **Carbamazepine** |
| Pen VK | **Penicillin** |

**MEDICATION INFORMATION SHEET: SAMPLE ONLY**

# Insulin glargine

Insulin glargine is a man-made form of a human hormone produced in the body which lowers the level of glucose in the blood. Used in the treatment of Type 1 diabetes.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start  Month and Year: September (year) MEDICATION ADMINISTRATION SHEET Allergies: none | | Generic | Insulin glargine  **DC 9/16/yr JS** | | | | | | | |  |  | **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** |
| 1-6-yr | | Brand | Lantus | | | | | | | |  |  | **8am**  **TO BE ADMINISTERED BY NURSING ONLY** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100u/mL | | | | | Dose | 20units | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 20units | | | | | Route | SC injection | | | |  |  |  |  | |  |  | |  | **DC 9/16/yr JS** |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | Once daily in the morning | | | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
| Start | | Generic | Fasting Blood Glucose **DC 9/16/yr JS** | | | | | | | |  |  | **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** |
| 1-6-yr | | Brand | Monitoring | | | | | | | |  |  | **7am** | **X** | **ST** | **X** | **X** | | | **X** | **X** | **X** | **X** | **JS** | | **X** | | **X** | **X** | **X** | **X** | **X** | **KB** | | **X** | **X** | **X** | | **X** | **X** | | **X** |  | | **X** | **X** | **X** | **X** | **X** | **X** |  | **X** |
|  | | Strength |  | | | | | Dose |  | | | | **BGM** |  | **164** |  |  | | |  | **DC 9/16/yr JS** |  |  | **175** | |  | |  |  |  |  |  | **176** | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | Once weekly in the morning | | | | | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: Before breakfast* | | | | | | | | | Call HCP for BG level below 50 or greater than 300 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
| Start | | Generic | Insulin glargine | | | | | | | |  |  | **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** |
| 9-17-yr | | Brand | Lantus | | | | | | | |  |  | **8am**  **TO BE ADMINISTERED BY NURSING ONLY** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
|  | | Strength | 100u/mL | | | | | Dose | 25 units | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Stop | | Amount | 25 units | | | | | Route | SC injection | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | Once daily in the morning | | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
| Start | | Generic | Fasting Blood Glucose | | | | | | | |  |  | **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** |
| 9-17-yr | | Brand | Monitoring | | | | | | | |  |  | **7am** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  | **X** |  | | **X** |  | | **X** | **X** | |  | **X** |  | **X** |  | **X** | **X** | **X** |
|  | | Strength |  | | | | | Dose |  | | | | **BGM** |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  | **X** |  | | **X** |  | | **X** | **X** | |  | **X** |  | **X** |  | **X** | **X** | **X** |
| Stop | | Amount |  | | | | | Route |  | | | |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| Cont. | | Frequency | | | | | Three times weekly M-W-F | | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |
| *Special instructions: Before breakfast* | | | | | | | | | Call HCP for BG level below 50 or greater than 300 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Reason: Diabetes* | | | | | | | | |
|  | | | | | | | | | | | | | **CODES** | | | | | | | | | | | | Init | | **Signature** | | | | | | | | | | | Init | | | Signature | | | | | | | | | | | |
| **Name:** Olga Swanson | | | | | | | | | | | | | **DP-day program/day hab** | | | | | | | | | | | | JS | | John Smith | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **LOA-leave of absence** | | | | | | | | | | | | ST | | Sarah Turney | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Site:** 35 River Way | | | | | | | | | | | | | **P-packaged** | | | | | | | | | | | | KB | | Karl Burke | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **W-work** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **H-hospital, nursing home, rehab center** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | **S-school** | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | |

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