



Transcription Exercise Workbook Two

Table of Contents

Dose-Strength-Amount Worksheet-----	page 3
Exercise 1 Vincent Winthrop-----	page 4
Exercise 2 Michel Pierre-----	page 9
Exercise 3 Lucille Jones-----	page 14
Exercise 4 Juan Garcia-----	page 19
Exercise 5 Ann Sullivan-----	page 24
Exercise 6 Emmett Max-----	page 29
Exercise 7 Mammie Patterson-----	page 34
Exercise 8 Timmy Katz-----	page 39

Dose-Strength-Amount Worksheet

DOSE is found in the Health Care Provider's order

HCP Order Example:

Health Care Provider Order

Ann Jones	NKA
Depakote 500mg twice a day by mouth	
HCP's Signature: <i>Alex Williams M.D.</i>	Date: 1/6/yr

(The dose is _____ mg)

STRENGTH is found on pharmacy label next to the name of the medication

Pharmacy Label Example:

Rx# 010101	Hopewell Pharmacy 1 Main Street Rockston, MA 00000 (555) 711-1117	
Ann Jones Divalproex sodium IC Depakote 250mg Take two tablets by mouth twice a day	Date Filled: 1/6/yr Amount in bottle: 120 Dr. A. Williams	
Expiration Date: 1/6/yr	Lot# 11111	Refills: 5

(The strength is _____ mg)

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

(The amount is _____ tabs)



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Vincent Winthrop to the doctor and have received medication from the pharmacy. Pretend that the date is March 5, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

S
T
A
F
F

Name: Vincent Winthrop	Date: 3/5/yr
Health Care Provider: Dr. S. Davidson	Allergies: Penicillin
Reason for Visit: Evaluation of seizure medication. Increase in number of seizure from 0 to approximately 2 per month for last 3 months.	
Current Medications: Klonopin 0.5mg one time a day in morning by mouth	
Staff Signature: <i>D. Jones, Program Manager</i>	Date: 3/5/yr

D
O
C
T
O
R

Health Care Provider Findings:	
Medication/Treatment Orders:	
D/C Klonopin Klonopin <u>0.5mg</u> <u>twice a day</u> <u>by mouth</u> <small style="margin-left: 100px;">dose</small> <small style="margin-left: 100px;">frequency</small> <small style="margin-left: 100px;">route</small>	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>S. Davidson, MD</i>	Date: 3/5/yr

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Penicillin

Start 11-1-yr	Generic Clonazepam	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Brand Klonopin	8am	JS	JS	JS	JS	JS																												
Stop Cont.	Strength 0.5mg Dose 0.5mg																																		
	Amount 1 tab Route By mouth																																		
	Frequency one time a day in morning																																		

Special instructions:

Reason: seizures

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#C284-9726	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 3/5/yr
Vincent Winthrop		
Clonazepam <u>0.5mg</u> <i>strength</i>		Qty. 60
I.C. Klonopin		
Take <u>one tablet</u> <i>amount</i> by mouth twice a day		Dr. S. Davidson
Lot# 323-4444	ED: 3/5/yr	Refills: 5

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Klonopin	Clonazepam
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Clonazepam

Clonazepam (brand name: Klonopin) belongs to a class of drugs called benzodiazepines. It is used to treat seizure disorders such as epilepsy. It can be used alone or with other drugs.

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Penicillin

Start 11-1-yr	Generic Clonazepam	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand Klonopin D/C 3-5-yr DJ	8am	JS	JS	JS	JS	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 0.5mg Dose 0.5mg																																
Stop	Amount 1 tab Route By mouth																																
Cont.	Frequency one time a day																																

Special instructions:

Reason: seizures

Start 3-5-yr	Generic Clonazepam	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand Klonopin	8am	X	X	X	X	X																										
	Strength 0.5mg Dose 0.5mg																																
Stop	Amount 1 tab Route By mouth																																
Cont.	Frequency Twice a day	8pm	X	X	X	X																											

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:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Michel Pierre to the doctor and have received medication from the pharmacy. Pretend that the date is July 1, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Michel Pierre	Date: 7/1/yr
Health Care Provider: Dr. Gene Apple	Allergies: Strawberries
Reason for Visit: Michel has high blood pressure. The visiting nurses have been monitoring his blood pressure for a month.	
Current Medications: Lopressor 50mg by mouth one time a day in the morning Colace 250mg by mouth twice a day	
Staff Signature: <i>Ed Dailey, Program Manager</i>	Date: 7/1/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Lopressor Lopressor 100mg by mouth one time a day in the morning	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Gene Apple, MD</i>	Date: 7/1/yr

Month and Year: July yr

MEDICATION ADMINISTRATION SHEET

Allergies: Strawberries

Start 2-7-yr	Generic Metoprolol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand Lopressor	8am	JS																															
	Strength 50mg	Dose 50mg																																
Stop	Amount 1 tab	Route By mouth																																
Cont.	Frequency Once daily in the morning																																	

Special instructions:

Reason: high blood pressure

Start 2-7-yr	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand Colace	8am	JS																															
	Strength 250mg	Dose 250mg																																
Stop	Amount 1 cap	Route By mouth																																
Cont.	Frequency Twice a day		8pm																															

Special instructions:

Reason: stool softener

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#978642	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 7/1/yr
Michel Pierre Metoprolol 50mg I.C. Lopressor		Qty. 60
Take two tablets once a day in the morning by mouth		Dr. G. Apple
Lot# 434-5568	ED: 7/1/yr	Refills: 5

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Metoprolol
Metoprolol (brand name: Lopressor) belongs to a class of drugs called antihypertensive. It is used to treat high blood pressure and can be used after a heart attack.

Month and Year: July yr

MEDICATION ADMINISTRATION SHEET

Allergies: Strawberries

Start 2-7-yr Stop Cont.	Generic Metoprolol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Brand Lopressor D/C 7-1-yr ED	8am	JS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	Strength 50mg Dose 50mg																																			
	Amount 1 tab Route By mouth																																			
	Frequency Once daily in the morning																																			

Special instructions:

Reason: high blood pressure

Start 2-7-yr Stop Cont.	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	Brand Colace	8am	JS																																		
	Strength 250mg Dose 250mg																																				
	Amount 1 cap Route By mouth	8pm																																			

Special instructions:

Reason: stool softener

Start 7-2-yr Stop Cont.	Generic Metoprolol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
	Brand Lopressor	8am	X																																			
	Strength 50mg Dose 100mg																																					
	Amount 2 tabs Route By mouth																																					

Special instructions:

Reason:

Start Stop	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																																				
	Amount	Route																																				
	Frequency																																					

Special instructions:

Reason:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Lucille Jones to the doctor and have received medication from the pharmacy. Pretend that the date is April 7, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Lucille Jones	Date: 4/7/yr
Health Care Provider: Dr. Sandra Harris	Allergies: No Known Allergies
Reason for Visit: Evaluation of seizure medication. Also, Lucille's balance has gotten worse when she walks.	
Current Medications: Depakote 500mg three times a day by mouth Oscal 500mg three times a day by mouth Colace 250mg twice a day by mouth	
Staff Signature: <i>John Ruiz, Program Manager</i>	Date: 4/7/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Depakote Depakote 500mg two times a day by mouth	
Instructions:	
Follow-up visit: 1 month	Lab work or Tests: Depakote level (done in Dr.'s office)
Signature: <i>S. Harris, MD</i>	Date: 4/7/yr

Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-5-yr	Generic	Divalproex	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Brand	Depakote	8am	JS	JS	JS	JS	JS	R	R	N																										
	Strength	250mg	Dose	500mg																																	
	Stop	Amount	2 caps	Route	By mouth	4pm	KB	KB	KB	KB	ST	ST																									
Cont.	Frequency	Three times a day	10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: seizures

Start 10-5-yr	Generic	Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Brand	Colace	8am	JS	JS	JS	JS	JS	R	R	N																										
	Strength	250mg	Dose	250mg																																	
	Stop	Amount	1 cap	Route	By mouth	10pm	KB	KB	KB	KB	ST	ST																									
Cont.	Frequency	Twice a day																																			

Special instructions:

Reason: stool softener

Start 10-5-yr	Generic	Calcium carbonate	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	Oscal	8am	JS	JS	JS	JS	JS	R	R	N																										
	Strength	500mg	Dose	500mg																																	
	Stop	Amount	1 cap	Route	By mouth	4pm	KB	KB	KB	KB	ST	ST																									
Cont.	Frequency	Three times a day	10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: calcium replacement

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#756-4389	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212
Lucille Jones Divalproex 250mg I.C. Depakote		4/7/yr Qty. 120
Take two capsules two times a day by mouth		Dr. S. Harris
Lot# 434-5555	ED: 4/7/yr	Refills: 5

Generic Equivalents

Brand Name	Generic Equivalent
Depakote	Divalproex
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Divalproex

Brand names for Divalproex are Depakote, Depakote Sprinkles and Epival. Divalproex is commonly prescribed for seizures. It is also used for conditions that require better emotional control and migraine headaches.

Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-5-yr Stop Cont.	Generic Divalproex	D/C 4-7-yr JR Dose 500mg Route By mouth	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 Depakote		8am	JS	JS	JS	JS	JS	RNRN	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		4pm	KB	KB	KB	KB	ST	ST	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
	Amount 2 caps		10pm	KB	KB	KB	KB	ST	ST	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:

Reason: seizures

Start 10-5-yr Stop Cont.	Generic Docusate sodium	Dose 250mg Route By mouth	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 Colace		8am	JS	JS	JS	JS	JS	RNRN																												
	Strength 250mg		4pm																																		
	Amount 1 cap		10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: stool softener

Start 10-5-yr Stop Cont.	Generic Calcium carbonate	Dose 500mg Route By mouth	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 Oscal		8am	JS	JS	JS	JS	JS	RNRN																												
	Strength 500mg		4pm	KB	KB	KB	KB	ST	ST																												
	Amount 1 cap		10pm	KB	KB	KB	KB	ST	ST																												

Special instructions:

Reason: calcium replacement

Start 4-7-yr Stop Cont.	Generic Divalproex	Dose 500mg Route By mouth	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 Depakote		8am	X	X	X	X	X	X	X																												
	Strength 250mg		4pm																																			
	Amount 2 caps		10pm	X	X	X	X	X	X																													

Special instructions:

Reason:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Juan Garcia to the doctor and have received medication from the pharmacy. Pretend that the date is November 4, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Juan Garcia	Date: 11/4/yr
Health Care Provider: Dr. L. Curtis	Allergies: No Known Allergies
Reason for Visit: Juan continues to have yellow liquid coming from his left ear. Also, he will not stop rubbing his left ear.	
Current Medications: Haldol 5mg once a day in the morning by mouth Colace 100mg twice a day by mouth Pen-Vee K oral suspension 250mg three times day for 10 days by mouth	
Staff Signature: <i>Ellex Grey, Program Manager</i>	Date: 11/4/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Pen-Vee K Ceftin suspension 250mg twice a day for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>L. Curtis, MD</i>	Date: 11/4/yr

Month and Year: November yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start	Penicillin Penicillin V Potassium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11-1-yr	Brand Pen-Vee K	8am	X	JS	JS	JS								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg/1 tsp. Dose 250mg																																
Stop	Amount 1 teaspoon Route By mouth	4pm	KB	KB	KB								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
11-11-04	Frequency Three times a day	10pm	KB	KB	KB								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 Haloperidol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2-13-yr	Brand Haldol	8am	JS	JS	JS	JS																											
	Strength 5mg Dose 5mg																																
Stop	Amount 1 tab Route By mouth																																
Cont.	Frequency Once daily in the morning																																

Special instructions:

Reason: agitation

Start	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2-13-yr	Brand Colace	8am	JS	JS	JS	JS																											
	Strength 100mg Dose 100mg																																
Stop	Amount 1 cap Route By mouth																																
Cont.	Frequency Twice a day	10pm	KB	KB	KB																												

Special instructions:

Reason: stool softener

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#384-9726	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 11/4/yr
Juan Garcia Cefuroxime axetil 125mg per 5cc I.C. Ceftin		100cc
Take two teaspoons two times a day for 5 days by mouth		Dr. L. Curtis
Lot# 323-5555	ED: 11/4/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Ceftin	Cefuroxime axetil
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: November yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start	Generic Penicillin V Potassium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
11-1-yr	Brand Pen-Vee K D/C 11-4-yr <i>EQ</i>	8am	X	JS	JS	JS								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Strength 250mg/1 tsp. Dose 250mg																																		
Stop	Amount 1 teaspoon Route By mouth	4pm	KB	KB	KB									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
11-11-yr	Frequency Three times a day	10pm	KB	KB	KB									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 Haloperidol	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
2-13-yr	Brand Haldol	8am	JS	JS	JS	JS																													
	Strength 5mg Dose 5mg																																		
Stop	Amount 1 tab Route By mouth																																		
Cont.	Frequency Once daily in the morning																																		

Special instructions:

Reason: agitation

Start	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
2-13-yr	Brand Colace	8am	JS	JS	JS	JS																													
	Strength 100mg Dose 100mg																																		
Stop	Amount 1 cap Route By mouth																																		
Cont.	Frequency Twice a day	10pm	KB	KB	KB																														

Special instructions:

Reason: stool softener

Start	Generic Cefuroxime axetil	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
11-4-yr	Brand Ceftin suspension	8am	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 125mg per 5cc Dose 250mg																																		
Stop	Amount 2 teaspoons Route By mouth																																		
11-9-yr	Frequency Two times a day	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 5 days

Reason:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Ann Sullivan to the doctor and have received medication from the pharmacy. Pretend that the date is March 8, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Ann Sullivan	Date: 3/8/yr
Health Care Provider: Dr. James Diaz	Allergies: Bactrim
Reason for Visit: Ann occasionally complains of having mild knee pain after she has been on her feet for a while. She states Tylenol does not make the pain go away.	
Current Medications: Tylenol 650mg every 6 hours as needed for knee pain by mouth. Call HCP if knee pain continues after 24 hours Phenobarbital 30mg twice a day by mouth Oscal 500mg twice a day by mouth	
Staff Signature: <i>Edna Malone, Program Manager</i>	Date: 3/8/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Tylenol Motrin 200mg every 6 hours as needed for knee pain by mouth. Call HCP if knee pain continues after 24 hours	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>James Diaz, MD</i>	Date: 3/8/yr

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Bactrim

Start	Generic Acetaminophen	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
2-1-yr	Brand Tylenol			JS 8am					KB 11a																										
	Strength 325mg Dose 650mg	P		JS 2pm	JS 1pm																														
Stop	Amount 2 tabs Route By mouth	R																																	
Cont.	Frequency Every 6 hours as needed	N							ST 5pm																										
				ST 9pm																															

Special instructions: **Call HCP if knee pain continues after 24 hours**

Reason: *knee pain*

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

Special instructions:

Reason: *seizures*

Start	Generic Calcium carbonate	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
3-1-yr	Brand Oscal			JS	JS	JS	JS	RN	RN	RN	RN																								
	Strength 500mg Dose 500mg																																		
Stop	Amount 1 cap Route By mouth																																		
Cont.	Frequency Twice a day																																		
			8pm	KB	KB	KB	KB	ST	ST	ST																									

Special instructions:

Reason: *calcium replacement*

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#287-97226	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 3/8/yr
Ann Sullivan Ibuprofen 200mg I.C. Motrin		Qty: 150 Dr. Smith
Take one tablet every 6 hours as needed for knee pain by mouth. Call HCP if knee pain continues after 24 hours		
Lot# 663-1033	ED: 3/8/yr	Refills: 5

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: March yr

MEDICATION ADMINISTRATION SHEET

Allergies: Bactrim

Start	Generic Acetaminophen	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2-1-yr	Brand Tylenol D/C 3-8-yr EM	8am	JS						KB 11a	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 325mg Dose 650mg	2pm	JS	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
Stop	Amount 2 tabs Route By mouth	1pm								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 Every 6 hours as needed	5pm								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
		9pm	ST							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: Call HCP if knee pain continues after 24 hours

Reason: knee pain

Start	Generic Phenobarbital	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3-1-yr	Brand Solfoton	8am	JS	JS	JS	JS	RN	RN	RN	RN																								
	Strength 30mg Dose 30mg																																	
Stop	Amount 1 tab Route By mouth																																	
Cont.	Frequency Twice a day	8pm	KB	KB	KB	KB	ST	ST	ST																									

Special instructions:

Reason: seizures

Start	Generic Calcium carbonate	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3-1-yr	Brand Oscal	8am	JS	JS	JS	JS	RN	RN	RN	RN																								
	Strength 500mg Dose 500mg																																	
Stop	Amount 1 cap Route By mouth																																	
Cont.	Frequency Twice a day	8pm	KB	KB	KB	KB	ST	ST	ST																									

Special instructions:

Reason: calcium replacement

Start	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	
3-8-yr	Brand Motrin		X	X	X	X	X	X	X	X																								
	Strength 200mg Dose 200mg		X	X	X	X	X	X	X	X																								
Stop	Amount 1 tab Route By mouth		X	X	X	X	X	X	X																									
Cont.	Frequency Every 6 hours as needed		X	X	X	X	X	X	X																									

Special instructions: Call HCP if knee pain continues after 24 hours

Reason:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Emmett Max to the doctor and have received medication from the pharmacy. Pretend that the date is February 2, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Emmett Max	Date: 2/2/yr
Health Care Provider: Dr. Mary Hogan	Allergies: Milk and dairy products
Reason for Visit: Emmett has received Sudafed for nasal congestion since January 29. He continues to have drainage coming from his nose and the color of the drainage is now green. Also, he still points to his nose and says, "hurts".	
Current Medications: Sudafed 60mg three times a day at 8am, 2pm and 8pm for 5 days by mouth Dilantin 300mg daily in the morning by mouth Colace 250mg twice a day by mouth	
Staff Signature: <i>Don Brown, Program Manager</i>	Date: 2/2/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Sudafed Amoxil 250mg four times a day for 10 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Mary Hogan, MD</i>	Date: 2/2/yr

Month and Year: February yr

MEDICATION ADMINISTRATION SHEET

Allergies: Milk and dairy products

Start 1-29-yr	Generic Psuedoephedrine	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 Sudafed	8am	JS	KB		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
Stop 2-3-yr	Strength 60mg	Dose 60mg																																
	Amount 1 tab	Route By mouth	2pm	JS		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency At 8a, 2p and 8p		8pm	ST		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

Special instructions: For 5 days

Reason: nasal congestion

Start 1-15-yr	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Brand Dilantin	8am	JS	KB																															
Stop	Strength 100mg	Dose 300mg																																	
	Amount 3 caps	Route By mouth																																	
Cont.	Frequency Daily in the morning																																		

Special instructions:

Reason: seizures

Start 1-15-yr	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Brand Colace	8am	JS	KB																															
Stop	Strength 250mg	Dose 250mg																																	
	Amount 1 cap	Route By mouth																																	
Cont.	Frequency Twice a day		8pm	ST																															

Special instructions:

Reason: stool softener

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

Special instructions:

Reason:

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

Pharmacy Label

Rx#907-4832	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212
Emmett Max Amoxicillin 250mg I.C. Amoxil		2/2/yr Qty: #40
Take one tablet four times a day for 10 days by mouth		Dr. M. Hogan
Lot# 889-3633	ED: 2/2/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

<p>Amoxicillin</p> <p>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.</p>
--

Month and Year: February yr

MEDICATION ADMINISTRATION SHEET

Allergies: Milk and dairy products

Start 1-29-yr	Generic	Pseudoephedrine	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	Sudafed D/C 2-2-yr DB	8am	JS	KB		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
Stop 2-3-yr	Strength	60mg	Dose	60mg	D/C 2-2-yr DB																															
	Amount	1 tab	Route	By mouth	2pm	JS		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency	At 8a, 2p and 8p	8pm	ST		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	X

Special instructions: For 5 days

Reason: nasal congestion

Start 1-15-yr	Generic	Phenytoin	Hour	1	2																																
	Brand	Dilantin	8am	JS	KB																																
Stop Cont.	Strength	100mg	Dose	300mg																																	
	Amount	3 caps	Route	By mouth																																	
	Frequency	Daily in the morning																																			

Special instructions:

Reason: seizures

Start 1-15-yr	Generic	Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Brand	Colace	8am	JS	KB																																
Stop Cont.	Strength	250mg	Dose	250mg																																	
	Amount	1 cap	Route	By mouth																																	
	Frequency	Twice a day	8pm	ST																																	

Special instructions:

Reason: stool softener

Start 2-2-yr	Generic	Amoxicillin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Brand	Amoxil	8am	X	X											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 2-12-yr	Strength	250mg	Dose	250mg	12pm	X	X									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Amount	1 tablet	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
	Frequency	Four times a day	8pm	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:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Mammie Patterson to the doctor and have received medication from the pharmacy. Pretend that the date is January 12, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Mammie Patterson	Date: 1/12/yr
Health Care Provider: Dr. Clark Wilson	Allergies: No Known Allergies
Reason for Visit: Mammie continues to complain of stomach upset.	
Current Medications: Tagamet liquid 300mg two times a day by mouth Ativan 1mg twice a day by mouth Colace 100mg twice a day by mouth	
Staff Signature: <i>Eve Johnson, Program Manager</i>	Date: 1/12/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Tagamet Tagamet liquid 300mg three times a day by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Clark Wilson, MD</i>	Date: 1/12/yr

Month and Year: January yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-17-yr Stop Cont.	Generic Cimetidine	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 Tagamet	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																					
	Strength 300mg per 5ml Dose 300mg																																		
	Amount 1 teaspoon Route By mouth	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	KB																					

Special instructions:

Reason: indigestion

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

Special instructions:

Reason: seizures

Start 2-2-yr Stop Cont.	Generic Docusate sodium	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	Brand Colace	8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																							
	Strength 100mg Dose 100mg																																				
	Amount 1 cap Route By mouth	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	KB																							

Special instructions:

Reason: stool softener

Start Stop	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																																					
	Amount Route																																					

Special instructions:

Reason:

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

Pharmacy Label

Rx#834-2395	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212
Mammie Patterson		1/12/yr
Cimetidine liquid 300mg/5ml		Qty: 450ml
I.C. Tagamet		Dr. C. Wilson
Take one teaspoon three times a day by mouth		
Lot# 778-4744	ED: 1/12/yr	Refills: 5

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Cimetidine
This medication treats ulcers and may prevent their return. It may also be used to treat Zollinger-Ellison disease, an illness in which the stomach makes too much acid. The medication label may read Tagamet.

Month and Year: January yr

MEDICATION ADMINISTRATION SHEET

Allergies: No Known Allergies

Start 10-17-yr Stop Cont.	Generic Cimetidine	Brand Tagamet D/C 1-12-yr ET	Strength 300mg/5ml	Dose 300mg																																	
	Amount 1 teaspoon	Route By mouth																																			
	Frequency Two times a day																																				
						D/C 1-12-yr ET																															
					Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
					8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
					8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Special instructions:

Reason: indigestion

Start 2-2-yr Stop Cont.	Generic Lorazepam	Brand Ativan	Strength 1mg	Dose 1mg																																	
	Amount 1 tab	Route By mouth																																			
	Frequency Twice a day																																				
					Hour	1	2	3	4	5	6	7	8	9	10	11	12																				
					8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																				
					8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB																					

Special instructions:

Reason: seizures

Start 2-2-yr Stop Cont.	Generic Docusate sodium	Brand Colace	Strength 100mg	Dose 100mg																																	
	Amount 1 cap	Route By mouth																																			
	Frequency Twice a day																																				
					Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
					8am	JS	JS	JS	JS	JS	RN	RN	JS	JS	JS	JS	JS																				
					8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB																					

Special instructions:

Reason: stool softener

Start 1-12-yr Stop Cont.	Generic Cimetidine	Brand Tagamet	Strength 300mg/5ml	Dose 300mg																																	
	Amount 1 teaspoon	Route By mouth																																			
	Frequency Three times a day																																				
					Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
					8am	X	X	X	X	X	X	X	X	X	X	X	X	X																			
					6pm	X	X	X	X	X	X	X	X	X	X	X																					
					10pm	X	X	X	X	X	X	X	X	X	X																						

Special instructions:

Reason:

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



PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Timmy Katz to the doctor and have received medication from the pharmacy. Pretend that the date is April 3, yr. It is 1 pm.

Use the health care provider's order, pharmacy label and generic equivalents to discontinue the order and transcribe the new order on to the Medication Sheet.

Please Note: Do not place your initials in the medication box. You are not administering a medication at this time. This is transcription only.

HEALTH CARE PROVIDER ORDER

Name: Timmy Katz	Date: 4/3/yr
Health Care Provider: Darlene McKay, Registered Nurse Practitioner	Allergies: shellfish
Reason for Visit: Timmy is going to start on a new medication for better control of his seizures.	
Current Medications: Dilantin 150mg once a day in the evening by mouth	
Staff Signature: <i>Al Evans, Program Manager</i>	Date: 4/3/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Dilantin Tegretol 300mg two times a day by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Darlene McKay, RN</i>	Date: 4/3/yr

Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: shellfish

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
3-4-yr	Brand Dilantin																																		
	Strength 100mg Dose 100mg*																																		
Stop	Amount 1 capsule Route By mouth																																		
Cont.	Frequency Once a day in the evening	8pm	ST	ST																															

Special instructions: *See below Total evening dose is 150mg

Reason: seizures

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
3-4-yr	Brand Dilantin																																		
	Strength 50mg Dose 50mg*																																		
Stop	Amount 1 tablet Route By mouth																																		
Cont.	Frequency Once a day in the evening	8pm	ST	ST																															

Special instructions: *See above Total evening dose is 150mg

Reason: seizures

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Pharmacy Labels

Rx#692-151 Timmy Katz Carbamazepine 200mg I.C. Tegretol	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 4/3/yr Qty: #60 D. McKay RNP
Take one capsule two times a day by mouth		
Lot# 294-050	ED: 4/3/yr	Refills: 5

Rx#692-151 Timmy Katz Carbamazepine 100mg I.C. Tegretol	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 4/3/yr Qty: #60 D. McKay RNP
Take one capsule two times a day by mouth		
Lot# 294-048	ED: 4/3/yr	Refills: 5

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Loram	Loramine
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Centrex	Centromonium
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: April yr

MEDICATION ADMINISTRATION SHEET

Allergies: shellfish

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
3-4-yr	Brand Dilantin D/C 4-3-yr AE																																				
	Strength 100mg Dose 100mg*																																				
Stop	Amount 1 capsule Route By mouth																																				
Cont.	Frequency Once a day in the evening	8pm	ST	ST																																	

Special instructions: *See below Total evening dose is 150mg Reason: seizures

Start	Generic Phenytoin	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
3-4-yr	Brand Dilantin D/C 4-3-yr AE																																				
	Strength 50mg Dose 50mg*																																				
Stop	Amount 1 tablet Route By mouth																																				
Cont.	Frequency Once a day in the evening	8pm	ST	ST																																	

Special instructions: *See above Total evening dose is 150mg Reason: seizures

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				
4-3-yr	Brand Tegretol	8am	X	X	X																																
	Strength 200mg Dose 200mg*																																				
Stop	Amount 1 capsule Route By mouth																																				
Cont.	Frequency Two times a day	8pm	X	X																																	

Special instructions: *See below Total dose is 300mg Reason: seizures

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					
4-3-yr	Brand Tegretol	8am	X	X	X																																	
	Strength 100mg Dose 100mg*																																					
Stop	Amount 1 capsule Route By mouth																																					
Cont.	Frequency Two times a day	8pm	X	X																																		

Special instructions: *See above Total dose is 300mg Reason:

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

