

Sample

OTC Medication or Dietary Supplement Without a Pharmacy Label Training Template

Name of Individual(s):

1. Compare the signed Health Care Provider (HCP) Order with the Medication Sheet
Example: HCP order transcribed onto the medication sheet states:

Dose:

Strength:

Route:

Special Instructions:

Amount:

Frequency:

Reason:

Supplement Facts:

Active Ingredient:

Other ingredients:

Uses:

2. Check the following:
 - Was the OTC Medication or Dietary Supplement reviewed by the designee who marked the individual's name on the container?
 - Is the name of the OTC Medication or Dietary Supplement the same as on the HCP Order?
 - Does the strength and amount of the OTC Medication or Dietary Supplement add up to equal the dose ordered by the HCP?
3. If all information agrees, then the OTC Medication or Dietary Supplement may be administered according to the HCP Order and Medication Sheet, following the same procedure as with any medication labeled by the pharmacy.

Trainer Name:

Contact Information:

Staff Name:

Staff Signature:

Date Trained:

Staff Name:	Staff Signature:	Date Trained: