

Transcription Workbook One

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Dose-Strength-Amount Worksheet

DOSE is found in the Health Care Provider's order

HCP Order Example:

Health Care Provider Order

Chip Brown	no known allergies
Zantac 150mg twice a day by mouth	
HCP's Signature: <i>Dr. Jones</i>	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	ABC Pharmacy 20 Main Street Any Town, MA 09111	555-555-1212
		6/11/yr
Chip Brown Ranitidine HCL 75mg I.C. Zantac Take two tablets by mouth two times a day		Qty. 120 Dr. Jones
Lot# 323-5	ED: 6 /11/yr	Refills: 3

(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 Chip Brown to the doctor and have received medication from the pharmacy. Pretend that the date is June 11, 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.

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: Chip Brown	Date: 6/11/yr
Health Care Provider: Dr. Jones	Allergies: no known allergies
Reason for Visit: Chip states he has a burning feeling in his throat during the day.	
Current Medications: Pantoprazole 40mg by mouth every evening	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 6/11/yr

D
O
C
T
O
R

Health Care Provider Findings:	
Medication/Treatment Orders:	
D/C Pantoprazole Zantac <u>150mg</u> <u>twice a day</u> <u>by mouth</u> <small style="margin-left: 40px;">dose</small> <small style="margin-left: 40px;">frequency</small> <small style="margin-left: 40px;">route</small>	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Dr. Jones</i>	Date: 6/11/yr

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Special instructions:

Reason: decrease acid

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Chip Brown Site: Everett Street, Apt. 1A	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#135	ABC Pharmacy 20 Main Street Any Town, MA 09111	555-555-1212 6/11/yr
Chip Brown Ranitidine HCL I.C. Zantac	75mg <i>strength</i>	Qty. 120
Take two tablets <i>amount</i> by mouth twice a day		Dr. Jones
Lot# 323-5	ED: 6/11/yr	Refills: 3

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Zantac is a stomach acid reducing medication used to treat and prevent ulcers, to treat GERD (gastro esophageal reflux disorder) and excessive acid secretion condition.

Month and Year: June (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Start 6-11-yr	Generic	Ranitidine HCL	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	Zantac	8am	X	X	X	X	X	X	X	X	X	X	X																							
	Strength	75mg	Dose	150mg																																	
Stop	Amount	2 tablets	Route	By mouth																																	
Cont.	Frequency	Twice a day	8pm	X	X	X	X	X	X	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: Chip Brown Site: Everett Street Apt. 1A	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 Chip Brown to the doctor and have received medication from the pharmacy. Pretend that the date is June 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 orders 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: Chip Brown	Date: 6/20/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: <i>Paula Jones, Program Manager</i>	Date: 6/20/yr
Health Care Provider Findings: sinus infection, elevated blood pressure	
Medication/Treatment Orders: D/C Synthroid Armour Thyroid 30mg by mouth once a day in the morning on an empty stomach Inderal 20mg by mouth once a day in the morning Amoxil 500mg by mouth three times a day for 10 days	
Instructions:	
Follow-up visit: 2 weeks	Lab work or Tests:
Signature: <i>Dr. Susan Smith</i>	Date: 6/20/yr

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	
3-23-yr	Brand Synthroid	8am	JS	JS	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS													
	Strength 0.125mg	Dose	0.125mg																															
Stop	Amount 1 tab	Route	By mouth																															
Cont.	Frequency Daily in the morning																																	

Special instructions:

Reason: replace thyroid hormone

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:

Name: Chip Brown Site: Everett Street, Apt. 1A	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 Labels

Rx#139	ABC Pharmacy	555-555-1212
	20 Main Street	
	Any Town, MA 09111	6/20/yr
Chip Brown		
Armour Thyroid 30mg		Qty. 30
Take 1 tablet daily in the morning on an empty stomach by mouth		
		Dr. Smith
Lot# 659	ED: 6/20/yr	Refills: 3

Rx#285-97226	ABC Pharmacy	555-555-1212
	20 Main Street	
	Any Town, MA 09111	6/20/yr
Chip Brown		
Propranolol 10mg		
IC Inderal		Qty. 60
Take 2 tablets daily in the morning by mouth		
		Dr. Smith
Lot# 323-334	ED: 6/20/yr	Refills: 3

Rx#285-97227	ABC Pharmacy	555-555-1212
	20 Main Street	
	Any Town, MA 09111	6/20/yr
Chip Brown		
Amoxicillin 500mg		Qty. 30
IC Amoxil		
Take 1 tablet three times a day for ten days by mouth		
		Dr. Smith
Lot# 323-335	ED: 6/20/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Dilantin	Phenytoin
Armour Thyroid	
Inderal	Propranolol
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

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.

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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.

Start 3-23-yr	Generic	D/C 6-20-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	
	Brand Synthroid		Strength 0.125mg	8am	JS	JS	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X	X
Stop	Amount 1 tab	Route By mouth																																	
Cont.	Frequency Daily in the morning																																		

Special instructions:

Reason: replace thyroid hormone

Start 6-21-yr	Generic	Armour Thyroid	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 30mg	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
Stop	Amount 1 tab	Route By mouth																																		
Cont.	Frequency Daily in the morning																																			

Special instructions: empty stomach

Reason:

Start 6-21-yr	Generic Propranolol	Inderal	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 10mg	8am	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																																		
Cont.	Frequency Daily in the morning																																			

Special instructions:

Reason:

Start 6-20-yr	Generic Amoxicillin	Amoxil	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 500mg	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Stop	Amount 1 tab	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
Cont. 6-30-yr	Frequency 3 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

Special instructions: For 10 days

Reason:

Name: Chip Brown Site: Everett Street, Apt. 1A	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 Jane McCarthy to the doctor and have received medication from the pharmacy. Pretend that the date is August 1, 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.

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: Jane McCarthy	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 a day for seven days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 8/1/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Cefaclor Amoxil 500mg four times a day for 10 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Andrea White, MD</i>	Date: 8/1/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Special instructions: **For 7 days**

Reason: urinary tract infection

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Jane McCarthy 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#276-97226	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 8/1/yr
Jane McCarthy Amoxicillin 250mg I.C. Amoxil		Qty. 80
Take two capsules four times a day 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
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>
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Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-29-yr	Generic Cefaclor	D/C 8-1-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	
	Brand Ceclor		Strength 250mg	Dose 250mg	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
Stop 8-5-yr	Amount 1 tab	Route By mouth																																	
	Frequency Twice 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	X

Special instructions: **For 7 days**

Reason: urinary tract infection

Start 8-1-yr	Generic Amoxicillin	Dose 500mg	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		Strength 250mg	8am	X											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 8-11-yr	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
	Frequency Four times a day		4pm											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			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:

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: Jane McCarthy 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 Torney		
	H-hospital, nursing home, rehab				
S-school					

PRACTICE SKILLS-TRANSCRIPTION

INSTRUCTIONS

You have taken Sam Lopes to the doctor and have received medication from the pharmacy. Pretend that the date is February 14, 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.

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: Sam Lopes	Date: 2/14/yr
Health Care Provider: Dr. White	Allergies: No Known Allergies
Reason for Visit: Cough has worsened. Is now complaining of a sore throat.	
Current Medications: Amoxicillin 250mg four times day for 5 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 2/14/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Amoxicillin EES 666mg three times a day for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Andrea White, MD</i>	Date: 2/14/yr

Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 2-12-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	KB	KB					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 2-17-yr	Strength	250mg	Dose	250mg	12pm	X	X	X	X	X	X	X	X	X	X	X	KB						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Amount	1 tab	Route	By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	ST	ST					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	ST	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Special instructions: For 5 days

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

Pharmacy Label

Rx#277-97226	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 2/14/yr
Sam Lopes Erythromycin 333mg I.C. EES		Qty. 30
Take two tablets three times a day for 5 days by mouth		Dr. A. White
Lot# 324-336	ED: 2/14/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>Erythromycin</p> <p>Erythromycin has many different brand names including Apo-Erythro, E-Base, EES, E-Mycin, Erybid, ERYC, Ery-Tab and PCE. Erythromycin is a commonly prescribed antibiotic used to treat a variety of infections including middle ear infections, sinusitis, sore throat, pneumonia, and skin, respiratory tract and urinary tract infections.</p>
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Month and Year: February (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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		
2-12-yr	Brand Amoxil D/C 2-14-yr PJ	8am	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Strength 250mg Dose 250mg	12pm	X	X	X	X	X	X	X	X	X	X	X	X	KB						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop	Amount 1 tab Route By mouth	4pm	X	X	X	X	X	X	X	X	X	X	X	ST	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-17-yr	Frequency Four times a day	8pm	X	X	X	X	X	X	X	X	X	X	X	ST	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

D/C 2-14-yr PJ

Special instructions: **For 5 days**

Reason: *respiratory infection*

Start	Generic Erythromycin	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 EES	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 333mg Dose 666mg																																			
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	X	X
2-19-yr	Frequency Three 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	X

Special instructions: **For 5 days**

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: Sam Lopes 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 Joe Simon to the doctor and have received medication from the pharmacy. Pretend that the date is April 17, 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.

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: Joe Simon	Date: 4/17/yr
Health Care Provider: Dr. Smith	Allergies: Sulfa drugs
Reason for Visit: Agitation (rocking back and forth, not participating in outdoor activities he usually enjoys) has increased.	
Current Medications: Tegretol 400mg three times a day by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 4/17/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Tegretol Depakote 750mg twice a day by mouth Depakote 500mg at 4pm by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 4/17/yr

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 1-2-yr Stop Cont.	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		
	Brand Tegretol	8am	JS	JS	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	RN	RN	RN	JS																	
	Strength 200mg Dose 400mg																																		
	Amount 2 tabs Route By mouth	4pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	ST	ST	KB	KB	KB																	
Frequency Three times a day	8pm	KB	KB	KB	KB	ST	ST	KB	KB	KB	KB	KB	ST	ST	KB	KB	KB																		

Special instructions:

Reason: emotional 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:

Name: Joe Slmon 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#287-97226	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 4/17/yr
Joe Simon Divalproex 250mg I.C. Depakote		Qty: 240 Dr. Smith
Take three tablets twice a day and two tablets daily at 4pm by mouth		
Lot# 324-331	ED: 4/17/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
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 (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 1-2-yr Stop Cont.	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 8am JS JS JS JS JS RN RN RN RN JS JS JS JS JS RN RN RN JS X X X X X X X X X X X X X X X D/C 4-17-yr PJ 4pm KB KB KB KB ST ST KB KB KB KB KB ST ST KB KB KB X 8pm KB KB KB KB ST ST KB KB KB KB KB ST ST KB KB KB X
	Brand Tegretol D/C 4-17-yr PJ	
	Strength 200mg Dose 400mg	
	Amount 2 tabs Route By mouth	
Frequency Three times a day		

Special instructions:

Reason: emotional control

Start 4-17-yr Stop Cont.	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 8am X X X X X X X X X X X X X X X X X 8pm X X X X X X X X X X X X X X X
	Brand Depakote	
	Strength 250mg Dose 750mg	
	Amount 3 tabs Route By mouth	
Frequency Twice a day		

Special instructions:

Reason:

Start 4-17-yr Stop Cont.	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 4pm X X X X X X X X X X X X X X X X
	Brand Depakote	
	Strength 250mg Dose 500mg	
	Amount 2 tabs Route By mouth	
Frequency Daily at 4pm		

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: Joe Simon 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 Casey Forte to the doctor and have received medication from the pharmacy. Pretend that the date is May 20, 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.

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: Casey Forte	Date: 5/20/yr
Health Care Provider: Dr. Smith	Allergies: No Known Allergies
Reason for Visit: Frowning and asking for second cup of water when swallowing Amoxicillin in tablet form started last night.	
Current Medications: Amoxicillin 250mg four times a day for 7 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 5/20/yr
Health Care Provider Findings:	
Medication/Treatment Orders: D/C Amoxicillin Amoxil suspension 250mg four times a day for 10 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, MD</i>	Date: 5/20/yr

Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

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

Special instructions: **For 7 days**

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Casey Forte 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#287-97326	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 5/20/yr
Casey Forte Amoxicillin Suspension 250mg per 5mL I.C. Amoxil		Qty: 200mL
Take one teaspoon (5mL) four times a day for 10 days by mouth		Dr. Smith
Lot# 324-231	ED: 5/20/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>
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Month and Year: May (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 5-19-yr Stop 5-27-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 D/C 5-20-yr PJ	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB							X	X	X	X	X
	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	KB											
	Amount 1 tab Route By mouth	4pm	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	ST							X	X	X	X	X

Special instructions: **For 7 days**

Reason: urinary infection

Start 5-20-yr Stop 5-30-yr	Generic Amoxicillin suspension	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 suspension	8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												X	
	Strength 250mg/ 5mL 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	
	Amount 1 teaspoon 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
	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	X

Special instructions: **For 10 days**

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																																	
	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																																		
	Amount	Route																																		
	Frequency																																			

Special instructions:

Reason:

Name: Casey Forte 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 Marie Sousa 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.

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: Marie Sousa	Date: 8/5/yr
Health Care Provider: Dr. Smith	Allergies: No Known Allergies
Reason for Visit: Marie 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: <i>Paula Jones, Program Manager</i>	Date: 8/5/yr
Health Care Provider Findings:	
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: <i>Donald Smith, MD</i>	Date: 8/5/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 4-10-yr	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		
	Brand Motrin		P			JS 7am																													
	Strength 200mg		Dose 400mg	R			KB 2pm																												
	Amount 2 tabs		Route By mouth	N				RN 4pm																											
Cont.	Frequency Every 6 hours PRN																																		

Special instructions: **Headache Give with snack**

Reason: *Headache discomfort*

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																																
	Amount		Route																																
Stop	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																																
	Amount		Route																																
Stop	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																																
	Amount		Route																																
Stop	Frequency																																		

Special instructions:

Reason:

Name: Marie Sousa 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#287-96326	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212 8/5/yr
Marie Sousa Acetaminophen 325mg I.C. Tylenol		Qty: 200 Dr. Smith
Take two 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
Loxapril	Loxapriline
Tylenol	Acetaminophen
Amoxil	Amoxicillin
EES	Erythromycin
Depakote	Divalproex
Haldol	Haloperidol
Tegretol	Carbamazepine
Pen VK	Penicillin

MEDICATION INFORMATION SHEET: SAMPLE ONLY

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

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 4-10-yr Stop Cont.	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	
	Brand Motrin D/C 8-5-yr PJ	P			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	X	X
	Strength 200mg Dose 400mg	R			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	X	X
	Amount 2 tabs Route By mouth	N			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	X	X
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	X	X	X	X	X

Special instructions: **Headache**

Give with snack

Reason: *Headache discomfort*

Start 8-5-yr Stop Cont.	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	
	Brand Tylenol	P	X	X	X	X																												
	Strength 325mg Dose 650mg	R	X	X	X	X																												
	Amount 2 tabs Route By mouth	N	X	X	X	X																												
Frequency Every 6 hours PRN		X	X	X	X																													

Special instructions: **Headache**

Call HCP if headache continues after 24 hours

Reason:

Start Stop Cont.	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:

Start Stop Cont.	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: Marie Sousa 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 Chris Star to the doctor and have received medication from the pharmacy. 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.

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: Chris Star	Date: 9/16/yr
Health Care Provider: Dr. Smith	Allergies: no known allergies
Reason for Visit: Has had a cough for the past 24 hours. Temperature was 97.4 degrees by mouth this morning.	
Current Medications: none	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 9/16/yr
Health Care Provider Findings:	
Medication/Treatment Orders: Centrex liquid 120mg twice a day for 5 days by mouth	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>David Smith, MD</i>	Date: 9/16/yr

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

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

Special instructions:

Reason:

Name: Chris Star 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#284-87226	Adams Pharmacy 20 Main Street Anytown, Ma 09111	978-937-1212
Chris Star		9/16/yr
Centromonium 60mg per 3mL I.C. Centrex		Qty: 60mL
Give 6mL twice a day (special dropper) by mouth for 5 days		Dr. D. Smith
Lot# 323-233	ED: 9/16/yr	Refills: 0

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

<p>Centromonium</p> <p>Centromonium (brand name: Centrex) may be prescribed to help relieve your cough by loosening mucus or phlegm in your lungs. It's helpful for coughs due to colds but not for long-term coughs such as those associated with asthma, emphysema or smoking.</p>

Start 9-16-yr	Generic	Centromonium	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	Centrex		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	
Stop 9-21-yr	Strength	60mg per 3mL	Dose	120mg																																	
	Amount	6mL	Route	By mouth																																	
Frequency			Twice 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		

Special instructions: For 5 days Use special dropper

Reason:

Start	Generic																																		
	Brand																																		
Stop	Strength	Dose																																	
	Amount	Route																																	
Frequency																																			

Special instructions:

Reason:

Start	Generic																																		
	Brand																																		
Stop	Strength	Dose																																	
	Amount	Route																																	
Frequency																																			

Special instructions:

Reason:

Start	Generic																																		
	Brand																																		
Stop	Strength	Dose																																	
	Amount	Route																																	
Frequency																																			

Special instructions:

Reason:

Name: Chris Star 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					