

Month and Year: Month Year

**MEDICATION SHEET**

Allergies: NKA

Medication or Treatment

Start	Generic: <b>Med 1</b>	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		
02/01/20	Brand: <b>Med 1</b>	<b>9am</b>																																	
	Strength: <b>0.1%</b> Dose: <b>one drop</b>																																		
Stop	Amount: <b>one drop</b> Route: <b>(R) eye</b>	<b>1pm</b>																																	
Continue	Frequency: <b>three times daily</b>	<b>5pm</b>																																	

*Special Instructions/Precautions:*

Reason for Med:

Start	Generic: <b>Med 2</b>	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		
02/01/20	Brand: <b>Med 2</b>	<b>8 am</b>																																	
	Strength: <b>300 mg</b> Dose: <b>300 mg</b>	<b>1 pm</b>																																	
Stop	Amount: <b>1 tab</b> Route: <b>by mouth</b>																																		
Continue	Frequency: <b>three times daily</b>	<b>5 pm</b>																																	

*Special Instructions/Precautions:*

Reason for Med:

Start	Generic: <b>Med 3</b>	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		
02/01/20	Brand: <b>Med 3</b>	<b>9 am</b>																																	
	Strength: <b>0.25 mg</b> Dose: <b>0.25 mg</b>																																		
Stop	Amount: <b>1 tab</b> Route: <b>by mouth</b>																																		
Continue	Frequency: <b>once daily</b>																																		

**Special Instructions/Precautions: \*\*HOLD IF HEART RATE IS BELOW 60 BPM\*\***

Reason for Med:

Start	Generic: <b>Med 4</b>	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		
02/01/20	Brand: <b>Med 4</b>	<b>8 am</b>																																	
	Strength: <b>100 mg</b> Dose: <b>100 mg</b>																																		
Stop	Amount: <b>1 tab</b> Route: <b>by mouth</b>																																		
Continue	Frequency: <b>twice daily</b>	<b>5 pm</b>																																	

*Special Instructions/Precautions:*

Reason for Med:

Name: Sample Candidate Room: 200 Date of Birth: 08/29/1945 Date: Admitted: 03/21/2012 Sex: Female Physician: Dr. Tom	CODES	Init	Signature	Init	Signature
	LOA= Leave of Absence				
	Circled Initials=Medication Not Given				
	P=Medications Packaged by Client				
	DP=Meds Given at Day Program				