

Month and Year: Month Year

MEDICATION SHEET

Allergies: NKA

Medication or Treatment

Start	Generic: Med 1	FREQ	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: Med 1	9am																																
	Strength: 0.1% Dose: one drop																																	
Stop	Amount: one drop Route: (R) eye	1pm																																
Continue	Frequency: three times daily	5pm																																

Special Instructions/Precautions:

Reason for Med:

Start	Generic: Med 2	FREQ	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: Med 2	8 am																																
	Strength: 300 mg Dose: 300 mg	1 pm																																
Stop	Amount: 1 tab Route: by mouth																																	
Continue	Frequency: three times daily	5 pm																																

Special Instructions/Precautions:

Reason for Med:

Start	Generic: Med 3	FREQ	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: Med 3	9 am																																
	Strength: 0.25 mg Dose: 0.25 mg																																	
Stop	Amount: 1 tab Route: by mouth																																	
Continue	Frequency: once daily																																	

AP RATE:

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

Reason for Med:

Start	Generic: Med 4	FREQ	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: Med 4	8 am																																
	Strength: 100 mg Dose: 100 mg																																	
Stop	Amount: 1 tab Route: by mouth																																	
Continue	Frequency: twice daily	5 pm																																

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				