

Transcription Workbook One

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Dose = Strength x Amount Worksheet

DOSE is found in the Health Care Provider's order

HCP Order Example:

Health Care Provider Order

Tina Lewis	no known allergies
Pepcid 20mg twice daily 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	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
		6/11/yr
Tina Lewis Famotidine 10mg I.C. Pepcid Take 2 tablets by mouth twice daily		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 Tina Lewis 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: Tina Lewis	Date: 6/11/yr
Health Care Provider: Dr. Jones	Allergies: no known allergies
Reason for Visit: Tina states she has a burning feeling in her throat during the day.	
Current Medications: Pantoprazole 40mg by mouth once daily in the evening	
Staff Signature: <i>John Smith, Program Manager</i>	Date: 6/11/yr

H
C
P

Health Care Provider Findings: GERD	
Medication/Treatment Orders:	
D/C Pantoprazole Pepcid <u>20mg</u> <u>twice daily</u> by <u>mouth</u> <i>dose frequency route</i>	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Dr. Jones</i>	Date: 6/11/yr

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 daily in the evening		8pm	KB	JS	KB	KB	ST	ST	KB	RN	KB	KB																								

Special instructions:

Reason: decrease acid

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: Tina Lewis 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	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434
Tina Lewis		6/11/yr
Famotidine <u>10mg</u> <i>strength</i>		
I.C. Pepcid		Qty. 120
Take <u>2 tablets</u> <i>amount</i> by mouth twice daily		
		Dr. Jones
Lot# 323-5	ED: 6/11/yr	Refills: 3

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Pepcid 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																																		
Stop	Strength	40mg	Dose	40mg	D/C 6-11-yr JS																															
	Amount	1 tab	Route	By mouth																																
Cont.	Frequency	Once daily in the evening		8pm	KB	KB	JS	KB	ST	ST	KB	RN	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:

Reason: reduce acid

Start 6-11-yr	Generic	Famotidine		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	Pepcid		8am	X	X	X	X	X	X	X	X	X	X	X																				
Stop	Strength	10mg	Dose	20mg																															
	Amount	2 tablets	Route	By mouth																															
Cont.	Frequency	Twice daily		8pm	X	X	X	X	X	X	X	X	X	X																					

Special instructions:

Reason: GERD

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: Tina Lewis 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 Tina Lewis 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: Tina Lewis	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: hypothyroid, elevated blood pressure, sinus infection	
Medication/Treatment Orders: D/C Synthroid Armour Thyroid 30mg by mouth once daily before breakfast. Brand name only medication. Inderal 20mg by mouth once daily in the morning Amoxil 500mg by mouth three times daily for 10 days	
Instructions:	
Follow-up visit: 2 weeks	Lab work or Tests:
Signature: <i>Dr. Susan Smith</i>	Date: 6/20/yr

Start 3-23-yr	Generic	Strength 0.125mg	Dose 0.125mg	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			8am	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS														
Stop	Amount 1 tab																																					
Cont.	Frequency Daily in the morning																																					

Special instructions:

Reason: replace thyroid hormone

Start	Generic	Strength	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	Amount																																					
	Frequency																																					

Special instructions:

Reason:

Start	Generic	Strength	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	Amount																																					
	Frequency																																					

Special instructions:

Reason:

Start	Generic	Strength	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	Amount																																					
	Frequency																																					

Special instructions:

Reason:

Name: Tina Lewis 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	Greenleaf Pharmacy	111-222-3434
	20 Main Street	
	Treetop, MA 00000	6/20/yr
Tina Lewis		
Armour Thyroid 30mg		Qty. 30
I.C.		
Take 1 tablet once daily before breakfast by mouth		
		Dr. Smith
Lot# 659	ED: 6/20/yr	Refills: 3

Rx#285-97226	Greenleaf Pharmacy	111-222-3434
	20 Main Street	
	Treetop, MA 00000	6/20/yr
Tina Lewis		
Propranolol 10mg		Qty. 60
I.C. Inderal		
Take 2 tablets once daily in the morning by mouth		
		Dr. Smith
Lot# 323-334	ED: 6/20/yr	Refills: 3

Rx#285-97227	Greenleaf Pharmacy	111-222-3434
	20 Main Street	
	Treetop, MA 00000	6/20/yr
Tina Lewis		
Amoxicillin 500mg		Qty. 30
I.C. Amoxil		
Take 1 tablet three times daily 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	Thyroid desiccated
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 Stop Cont.	Generic	D/C 6-20-yr PJ Strength 0.125mg Dose 0.125mg Amount 1 tab Route By mouth Frequency Daily in the morning	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		8am	JS	KB	JS	JS	JS	RN	RN	RN	JS	ST	JS	JS	JS	RN	RN	RN	JS	JS	JS	JS	X	X	X	X	X	X	X	X	X	X	X	X		
	Strength																																				
	Amount																																				
	Frequency																																				

Special instructions:

Reason: replace thyroid hormone

Start 6-21-yr Stop Cont.	Generic	Armour Thyroid Strength 30mg Dose 30mg Amount 1 tab Route By mouth Frequency Once daily before breakfast	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		7am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X														
	Strength																																					
	Amount																																					
	Frequency																																					

Special instructions:

Reason: hypothyroid

Start 6-21-yr Stop Cont.	Generic	Propranolol Brand Inderal Strength 10mg Dose 20mg Amount 2 tabs Route By mouth Frequency Once daily in the morning	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		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X															
	Strength																																						
	Amount																																						
	Frequency																																						

Special instructions:

Reason: high blood pressure

Start 6-20-yr Stop 6-30-yr	Generic	Amoxicillin Brand Amoxil Strength 500mg Dose 500mg Amount 1 tab Route By mouth Frequency Three times daily	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		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X													X	
	Strength																																					
	Amount																																				X	X
	Frequency																																				X	X

Special instructions: For 10 days

Reason: sinus infection

Name: Tina Lewis 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	PJ	Paula Jones		
	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 daily for seven days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 8/1/yr
Health Care Provider Findings: Urinary tract infection	
Medication/Treatment Orders: D/C Cefaclor Amoxil 500mg four times daily 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	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	Dose	250mg																																	
	Amount	1 tab	Route	By mouth																																	
Frequency			Twice daily	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 7 days

Reason: urinary tract 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: Jane McCarthy Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	JS	John Smith		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#276-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 8/1/yr
Jane McCarthy Amoxicillin 250mg I.C. Amoxil		Qty. 80
Take 2 capsules four times daily 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 daily		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	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	X	X
	Frequency Four times daily		4pm											X	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: urinary tract 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																																			
	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	<i>John Smith</i>		
	LOA-leave of absence	PJ	<i>Paula Jones</i>		
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
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 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: 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 daily for 5 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 2/14/yr
Health Care Provider Findings: Upper respiratory infection	
Medication/Treatment Orders: D/C Amoxicillin EES 666mg three times daily 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	JS					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	JS					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	RN	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Frequency	Four times daily		8pm	X	X	X	X	X	X	X	X	X	X	X	RN	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 Burke				
	P-packaged		RN	Reggie Newton				
	W-work		ST	Sarak Tourney				
	H-hospital, nursing home, rehab center							
	S-school							

Pharmacy Label

Rx#277-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 2/14/yr
Sam Lopes Erythromycin 333mg I.C. EES		Qty. 30
Take 2 tablets three times daily 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	JS					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	JS					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	RN	ST					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-17-yr	Frequency Four times daily	8pm	X	X	X	X	X	X	X	X	X	X	X	X	RN	ST					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	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	X	
2-19-yr	Frequency Three times daily	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	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																																							
	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	PJ	<i>Paula Jones</i>		
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 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: Joe Simon	Date: 4/17/yr
Health Care Provider: Dr. Smith	Allergies: Sulfa drugs
Reason for Visit: Red area on left leg is getting larger despite doxycycline which was started 3 days ago.	
Current Medications: Doxycycline 100mg once daily in the morning for ten days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 4/17/yr
Health Care Provider Findings: Cellulitis left leg	
Medication/Treatment Orders: D/C Vibramycin Keflex 500mg twice daily for 10 days by mouth Prednisone 5mg by mouth once daily at 4pm for three days, to decrease inflammation	
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 4-15-yr	Generic Doxycycline	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 Vibramycin		8am	X	X	X	X	X	X	X	X	X	X	X	X	X	X	KB	KB	JS								X	X	X	X	X	X	X
Stop 4-24-yr	Strength 100mg	Dose 100mg																																
	Amount 1 tab	Route By mouth																																
	Frequency Once daily in the morning																																	

Special instructions: **For ten days**

Reason: **Cellulitis left leg**

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: Joe Simon 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				
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Labels

Rx#287-97226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 4/17/yr
Joe Simon Cephalexin 250mg I.C. Keflex		Qty: 40
Take 2 tablets twice daily for ten days by mouth		Dr. Smith
Lot# 324-331	ED: 4/17/yr	Refills: 0

Rx#283-97225	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 4/17/yr
Joe Simon Prednisone 5mg I.C.		Qty: 3
Take 1 tablet once daily at 4 pm for three days by mouth		Dr. Smith
Lot# 676-009	ED: 4/17/yr	Refills: 0

Generic Equivalents

Brand Name	Generic Equivalent
Keflex	Cephalexin
Loram	Loramine
Sterapred	Prednisone
Tylenol	Acetaminophen

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Cephalexin
Brand name for Cephalexin is Keflex. Cephalosporin antibiotic commonly used to treat bacterial infections in the body.

Prednisone
Prednisone is a corticosteroid that prevents the release of substances in the body which cause inflammation.

Month and Year: April (year)

MEDICATION ADMINISTRATION SHEET

Allergies: Sulfa Drugs

Start 4-15-yr	Generic Doxycycline Brand Vibramycin D/C 4-17-yr PJ Strength 100mg Dose 100mg Amount 1 tab Route By mouth Frequency Once daily in the morning	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	KB	KB	JS	D/C 4-17-yr PJ														
Stop 4-24-yr																																		

Special instructions: For ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic Cephalexin Brand Keflex Strength 250mg Dose 500mg Amount 2 tabs Route By mouth Frequency Twice daily	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															
Stop 4-27-yr		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 ten days

Reason: Cellulitis left leg

Start 4-17-yr	Generic Prednisone Brand Strength 5mg Dose 5mg Amount 1 tab Route By mouth Frequency Daily at 4pm, for three days	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
Stop 4-19-yr		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

Special instructions:

Reason: Decrease inflammation

Start	Generic Brand Strength 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	
Stop	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	PJ	Paula Jones		
	W-work				
	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 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: 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 daily for 7 days by mouth	
Staff Signature: <i>Paula Jones, Program Manager</i>	Date: 5/20/yr
Health Care Provider Findings: UTI, difficulty swallowing tablets, will try medication in suspension form	
Medication/Treatment Orders: D/C Amoxicillin Amoxil suspension 250mg four times daily 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	JS							X	X	X
	Frequency Four times daily	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	RN						X	X	X	X	X	X

Special instructions: **For 7 days**

Reason: urinary tract 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	John Smith		
	LOA-leave of absence	KB	Karl Burke		
	P-packaged	RN	Reggie Newton		
	W-work				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#287-97326	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 5/20/yr
Casey Forte Amoxicillin Suspension 250mg per 5mL I.C. Amoxil suspension		Qty: 200mL Dr. Smith
Take 5mL four times daily for 10 days by mouth		
Lot# 324-231	ED: 5/20/yr	Refills: 0

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Amoxicillin
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.

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	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	JS	D/C 5-20-yr PJ					X	X	X	X	X	
	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	X	X	X
	Frequency Four times daily		8pm	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	RN						X	X	X	X	X	

Special instructions: **For 7 days**

Reason: urinary tract 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
	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
	Amount 5mL 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 daily		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: urinary tract 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																																	
	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	<i>John Smith</i>		
	LOA-leave of absence	KB	<i>Karl Burke</i>		
	P-packaged	RN	<i>Reggie Newton</i>		
	W-work	PJ	<i>Paula Jones</i>		
	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.

Required information to complete this transcription: Marie's typical meal times are: 8am, 12pm and 5pm.

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 complains of pain in her stomach after eating	
Current Medications: Prilosec 20mg by mouth once daily in the morning for 14 days	
Staff Signature: <i>Paola Jones, Program Manager</i>	Date: 8/5/yr
Health Care Provider Findings: Gastritis, will try a trial of Carafate	
Medication/Treatment Orders: D/C Prilosec Carafate suspension 1GM by mouth three times daily one hour before meals for seven days	
Instructions:	
Follow-up visit:	Lab work or Tests:
Signature: <i>Donald Smith, M.D</i>	Date: 8/5/yr

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr	Generic Omeprazole	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 Prilosec		8am	JS	JS	KB	KB	RN				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop 8-8-yr	Strength 20mg	Dose 20mg																																
	Amount 1 tab	Route By mouth																																
	Frequency Once daily in the morning																																	

Special instructions: For 14 days

Reason: Gastritis

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: Marie Sousa 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				
	H-hospital, nursing home, rehab center				
	S-school				

Pharmacy Label

Rx#287-96326 Marie Sousa Sucralfate suspension 1GM/10mL I.C. Carafate suspension	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 8/5/yr Qty: 210mL Dr. Smith
Take 10mL three times daily one hour before meals for seven days by mouth		
Lot# 314-231	ED: 8/5/yr	Refills: 0

Generic Equivalents

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

MEDICATION INFORMATION SHEET: SAMPLE ONLY

Sucralfate
Sucralfate, also known by the brand name Carafate is an anti-ulcerative medication used to treat and prevent ulcers in the stomach.

Month and Year: August (year)

MEDICATION ADMINISTRATION SHEET

Allergies: none

Start 7-26-yr	Generic Omeprazole	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 Prilosec D/C 8-5-yr PJ	8am	JS	JS	KB	KB	RN				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 8-8-yr	Strength 20mg Dose 20mg																																		
	Amount 1 tab Route By mouth																																		
	Frequency Once daily in the morning																																		

Special instructions: **For 14 days**

Reason: *gastritis*

Start 8-5-yr	Generic Sucralfate 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 Carafate suspension	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	
Stop	Strength 1GM/10mL Dose 1gm	11am	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 10mL 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	
8-12-yr	Frequency Three times daily one hour																																		

Special instructions: **before meals for 7 days**

Reason: *gastritis*

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: 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	PJ	<i>Paula Jones</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: Bronchitis	
Medication/Treatment Orders: Centrex liquid 120mg twice daily 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				
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					

Pharmacy Label

Rx#284-87226	Greenleaf Pharmacy 20 Main Street Treetop, MA 00000	111-222-3434 9/16/yr
Chris Star Centromonium 60mg/3mL I.C. Centrex		Qty: 60mL
Give 6mL twice daily (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

Centromonium

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.

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

Special instructions: **For 5 days Use special dropper**

Reason: *Bronchitis*

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: Chris Star Site: 35 River Way	CODES	Init	Signature	Init	Signature
	DP-day program/day hab	PJ	<i>Paula Jones</i>		
	LOA-leave of absence				
	P-packaged				
	W-work				
	H-hospital, nursing home, rehab center				
S-school					