# MEDICATION CHART

Consumer

Residence

Month/Year _____

Allergies

Person Transposing

RN Review _____

| Medication or Treatment | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M/T: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose start ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freq. stop ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Person administering or supervising; print name, sign, and initial.

| | | | | | |
|---|---|---|---|---|---|
| 1 | | | 4 | | |
| 2 | | | 5 | | |
| 3 | | | 6 | | |

# MEDICATION CHART NOTES

Please, use this note section for the following six reasons, including Sleep and Physical Discomfort "PRN's". Fill out a short form Incident Recording form for all other "PRN's".

KEY: 1 = Sleep PRN; 2 = Physical discomfort PRN; 3 = Refused; 4 = Charting error; 5 = Medication error; 6 = Medication spit out or vomited (questionable dose absorption).

| Date | Hour | Initial | Medication | Key | Reason | Results |
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Prescription Abbreviations:

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|---|---|---|---|
| b.i.d. | - twice a day | p.r.n. | - as occasion arises; given when necessary |
| hor.som., H.S. | - at bedtime, before going to sleep | q.i.d. | - four times a day |
| in d. / q.D. | - daily / once a day | q.o.d. | - every other day |
| p.c. | - after food; after meals | t.i.d. | - three times a day |