

Month and Year: November, yr

**MEDICATION SHEET TEST #777**

Allergies: Seafood

Medication or Treatment

|          |  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----------|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Start    | Generic <b>Motrigine</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 |  |  |
| 1-1-yr   | Brand <b>Glidden</b>                           | <b>8 am</b> | LD | PS | DB | PS | LD | PS | DB | DB | PS | LD | PS | DB | DB | LD | LD |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|          | Strength <b>75 mg</b> Dose <b>75 mg</b>        |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Stop     | Amount <b>One tablet</b> Route <b>By mouth</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Continue | Frequency <b>Daily in morning</b>              |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

Special Instructions/Precautions:

Reason for Med: **Seizures**

|          |   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----------|---|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Start    | Generic <b>Hydroxyzine Hydrosodium</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 |  |  |
| 1-1-yr   | Brand <b>Enteric</b>                          | <b>8 am</b> | LD | PS | DB | PS | LD | PS | DB | DB | PS | LD | PS | DB | DB | LD | LD |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|          | Strength <b>80 mg</b> Dose <b>160 mg</b>      |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Stop     | Amount <b>2 tablets</b> Route <b>By mouth</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Continue | Frequency <b>Twice a day</b>                  | <b>8 pm</b> | JB | PS | PS | KS | JB | PS | PS | KS | KS | JB | JB | PS | PS | LD |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

Special Instructions/Precautions:

Reason for Med: **Anxiety**

|          |   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----------|---|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Start    | Generic <b>Cusate Clorate</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 |  |  |
| 1-1-yr   | Brand <b>Collate</b>                            | <b>8 am</b> | LD | PS | DB | PS | LD | PS | DB | DB | PS | LD | PS | DB | DB | LD | LD |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|          | Strength <b>90 mg</b> Dose <b>180mg</b>         |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Stop     | Amount <b>Two tablets</b> Route <b>By mouth</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Continue | Frequency <b>Twice a day</b>                    | <b>8pm</b>  | JB | PS | PS | KS | JB | PS | PS | KS | KS | JB | JB | PS | PS | LD |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

Special Instructions/Precautions:

Reason for Med: **Constipation**

|       |           |       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|-------|-----------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 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/Precautions:

Reason for Med:

|  |                                       |      |               |      |           |
|--|---------------------------------------|------|---------------|------|-----------|
| Name: Mack Testmann<br><br>Site: Newl Street | CODES                                 | Init | Signature     | Init | Signature |
|  | LOA= Leave of Absence                 | LD   | Lori Dot      |      |           |
|  | Circled Initials=Medication Not Given | PS   | Pam Snore     |      |           |
|  | P=Medications Packaged by Client      | DB   | Derrick Brick |      |           |
|  | DP=Meds Given at Day Program          | KS   | Kim Snow      |      |           |
|  |                                       | JB   | Jack Bloom    |      |           |

PRINT TEST CANDIDATE NAME: \_\_\_\_\_ ID: \_\_\_\_\_ DATE: \_\_\_\_\_