

MEDICATION LOG

Month / Year: _____

Name: _____
 Known Allergies (food, drugs, other)

Diagnosis:

Prescribing Physician(s):

CHARTING CODES:

Circle - Indicated clerical or administration error
 Initial and circle / Comment other side.

V - Vacation

W - Indicated medication was taken during day hours

D/C - Medication discontinued

R - Med refused by client. Comment other side

Your Initials - Indicates med. was given

H - Hold med per Drs. order or med. Supervisor

F - Home visits with Family/Friends

S - Hospital stay/visit

ROUTE (Rt.) CODES:

TP = Topical

IH = Inhaler

ER = Right ear

VG = Vaginal

NS = Nasal

RO = Right Eye

LE = Left ear

RT = Rectal

OR = Oral

LO = Left Eye

GT = G Tube

IJ = Insulin Injection

Special Instructions Below:

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NAME AND DOSAGE OF MEDICATION		RT	TIME GIVEN	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					
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Staff Initials & Signatures

MEDICATIONS ERROR COMMENTS:

Date	Medication Name:
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	Staff Signature

Date	Medication Name:
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	Staff Signature

Date	Medication Name:
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