

HHY Medication Report

All prescriptions and non-prescription medications must be entered. When prescription close dose is not administered, an explanation must be made.

Last Name	First name	Init	Month	Year
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Case #	Program
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INFORMATION FROM MEDICATION CONTAINER	PRESCRIPTION MEDICATIONS			
Name of Medication				
Dose Frequency (how many pills/tsp., how often)				
Strength (mg.)				
Physician Prescribing				
Start Date				
End Date				
Person Transcribing				

LOG OF PRESCRIPTION MEDICATIONS ADMINISTERED (for over-the-counter meds, enter on page two)

Instructions: Initial in appropriately dated block when medication is given. Record the actual time medication is given if different from time indicated above under dosage. If unable to administer medicine, enter and circle the appropriate Disposition Code*, in square. Please explain destroyed medicine or other unusual occurrences pertaining to receiving or administering medication on back of form.

CODE NAME	HOURS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

CODE NAME	HOURS	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ERROR CODES:

A=Youth Away from program

R=Youth Refused

NMA= No Medication Available

F= Staff Forgot

P= Parent/Family Forgot

PO= Physician Verbally Ordered Interrupted In Administration (Staff must obtain written order ASAP and put in file)