

HHY Medication Report

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

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|------------------|-------------------|-------------|--------------|-------------|
| Last Name | First name | Init | Month | Year |
|------------------|-------------------|-------------|--------------|-------------|

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|---------------|----------------|
| Case # | Program |
|---------------|----------------|

| INFORMATION FROM MEDICATION CONTAINER | PRESCRIPTION MEDICATIONS | | | |
|---|--------------------------|-------|-------|------|
| Name of Medication | RX #1 | RX #2 | RX #3 | RX#4 |
| 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 |
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| CODE NAME | HOURS | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----------|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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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)