DESCENDING MEDICATION RECORD

NAME_____

MONTH_____

MEDICATION _____
        NAME   (MGS.)   (TABS/CAPS)

This medication should be re-ordered when the count reaches (_____)

Name of staff re-ordering medication-_____

Time/Date Called _____Time/Date Delivered_____

CODES

M.E. - MEDICATION ERROR
S.O. - SPIT OUT BY CONSUMER
L.   - MED WAS MISPLACED
O.K. - COUNT IS CORRECT
*   - OTHER (EXPLAIN)
F.   - FAMILY

DAY	COUNT								TOTAL	CODE/SIGN
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

DESCENDING MEDICATION RECORD

NAME_____

MONTH_____

MEDICATION _____
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DAY	COUNT								TOTAL	CODE/SIGN
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										