

**SINGLE ORDERS - PRE OPERATIVE**

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN		MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN	
	DATE	TIME		DATE	TIME

**PRN AND VARIABLE DOSE MEDICATIONS**

ORDER NO.	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS												
		DATE	TIME	DOSE	INIT.									
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE	TIME	DOSE	INIT.									
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE	TIME	DOSE	INIT.									
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)	DATE	TIME	DOSE	INIT.									
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE	TIME	DOSE	INIT.									
	Tinacilin(toinaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE	TIME	DOSE	INIT.									
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE	TIME	DOSE	INIT.									
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE	TIME	DOSE	INIT.									
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE	TIME	DOSE	INIT.									
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE	TIME	DOSE	INIT.	7:00	2:00	tt	(b)(3):					
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE	TIME	DOSE	INIT.									
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE	TIME	DOSE	INIT.									
		DATE	TIME	DOSE	INIT.									
		DATE	TIME	DOSE	INIT.									

**JTF-GTMO MEDICATION / ADMINISTRATION RECORD**

ALLERGIES

NKBA

TRANSCRIBED/  
DATE

(b)(3)-10 USC §130b.(b)(6)

VERIFIED/  
DATE

12/22/05

12/22/05

(b)(3)-10 USC §130b.(b)(6)

MONTH/  
YEAR

Dec 05-05

\*\*\*\*\* Any refused, not in stock, or other entry must be in red ink and verified by RN\*\*\*\*\*

**MEDICATION LEGEND:**

1 = REFUSED  
(Nurse Must Initial)

2 = NOT IN STOCK  
(Must Notify Nurse)

3 = OTHER (Document below any reason meds not given.)  
(Must Notify Nurse)

(b)(3)-10 USC §130b.(b)(6)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	29	30	31	01	02	03	04	05
(b)(3)-10 USC §130b.(b)(6)	12/13/05	12/28/05	ACIPHEX 20mg PO QD	0600						X	X	X	X	X	X	X	X	X
			BLD x 2wks	1800						X	X	X	X	X	X	X	X	X
<b>SICKCALL VISITS</b>																		

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL OFFERED BUT DETAINEE DECLINED

**Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)**

DATE	#	COMMENTS	INT.	DATE	#	COMMENTS	INT.

D-JTF 888-0-966

(b)(2)

BLOCK#

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MEDICATION ADMINISTRATION RECORD (BACK) G/N 0106-LP 210 0001

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS															
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.
	Tylenol 500mg or 650 mg PO Q 4-6 hrs PRN (minor aches, pains HA)	DATE	TIME	DOSE	INIT.												
	Mylanta 15-30 ML PO Q 4HR PRN (heartburn, indigestion)	DATE	TIME	DOSE	INIT.												
	Benadryl 25-50 mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, Itchy rash)	DATE	TIME	DOSE	INIT.												
	Motrin 400-800 mg PO TID PRN (moderate pain, headache)	DATE	TIME	DOSE	INIT.												
	Tinactin (tolnaftate) Topical cream AAA BID x 2 weeks (Athletes Foot, jock itch)	DATE	TIME	DOSE	INIT.												
	Sudafed 30-50mg PO QID PRN (nasal congestion)	DATE	TIME	DOSE	INIT.												
	Cepacol Lozenges 1 PO q 4-6 HR PRN (sore throat)	DATE	TIME	DOSE	INIT.												
	Analgesic Balm AAA TID for up to 3 days, then notify MO	DATE	TIME	DOSE	INIT.												
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsp with 8 oz water	DATE	TIME	DOSE	INIT.												
(b)(3):1 0 US	1/25 meclizine 25mg PO BID PRN x 30 days EW 12/25/05	DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												

URGENT NRDA

TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED

(b)(3):10 USC §130b,(b)(6)

MONTH/YEAR NOV 05

MEDICATION LEGEND: \* = REFUSED \*\* = NOT IN STOCK \*\*\* = NOT ON HAND

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	14	15	16	17	18	19	20	21	22	23	24	25	26	27
<u>11/1/05</u>	<u>INDEF</u>	<u>ACIPHEX 20mg i tab po</u>	<u>0600</u>														
		<u>DAILY</u>															

SICKCALL VISITS	14	15	16	17	18	19	20	21	22	23	24	25	26	27
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSYCH PRESENT														

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED \* = NO COMPLAINTS  
 PSYCH LEGEND: C = SEEN (NOTE IN CHART) X = NO PSYCH SICKCALL R = REFUSED \* = NO COMPLAINTS

INITIALS / PRINTED NAMES

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

REF 838-0-693

BLOCK#

(b)(2)						
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MEDICATION ADMINISTRATION RECORD (BACK) 5/18 01995 LP-216-5581

SINGLE ORDERS - PRE-OPERATIVE

DATE	INITIAL	MEDICATION DOSE ROUTE OF ADMINISTRATION	DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

MEDICATION DOSE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN - SEE MO ORDERS FIRST FOR CONTRAINDICATIONS				
Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE	TIME	DOSE	INIT.	
MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE	TIME	DOSE	INIT.	
Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)	DATE	TIME	DOSE	INIT.	
Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE	TIME	DOSE	INIT.	
Tinactin (tolinaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE	TIME	DOSE	INIT.	
Sudafed 30-50mg PO QID PRN (nasal congestion)	DATE	TIME	DOSE	INIT.	
Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE	TIME	DOSE	INIT.	
Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE	TIME	DOSE	INIT.	
Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE	TIME	DOSE	INIT.	
Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE	TIME	DOSE	INIT.	
Analgasic Balm, AAA tid for up to 3 days then notify MO	DATE	TIME	DOSE	INIT.	
	DATE	TIME	DOSE	INIT.	
	DATE	TIME	DOSE	INIT.	
	DATE	TIME	DOSE	INIT.	

1115  
2225  
+  
(b)(3):

b(3):10 USC §130b,(b)(6)

TRIFIED

b(3):10 USC §130b,(b)(6)

STARS IN RED

MEDICATION LEGEND: \* = REFUSED \*\* = NOT IN STOCK \*\*\* = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	31	1	2	3	4	5	6	7	8	9	10	11	12	13
9/21/05	INDEF	ZANTAC 150mg T+AB BID	0430 2030														
11/1/05	INDEF	Aciphex 20mg T+tab 10 daily	0430	X	X	X	X	X	X	X	X	X	X	X	X	X	X
11/1/05	INDEF	Aciphex 20mg T+tab 10 daily	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X

SICKCALL VISITS	1	2	3	4	5	6	7	8	9	10	11	12	13
	X	X	X	X	X	X	X	X	X	X	X	X	X
PSYCH PRESENT													

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED \* = NO COMPLAINTS  
 PSYCH LEGEND: C = SEEN (NOTE IN CHART) X = NO PSYCH SICKCALL R = REFUSED \* = NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

b(3):10 USC §130b,(b)(6)

D-JTF 888-0-693

BLOCK#

b(2)

b(3):10 USC §130b,(b)(6)

**MEDICATION ADMINISTRATION RECORD (BACK)**

**SINGLE ORDERS- PRE-OPERATIVE**

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

**PRN AND VARIABLE DOSE MEDICATIONS**

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS											
		DATE	TIME	DOSE	INITIAL	DATE	TIME	DOSE	INITIAL	DATE	TIME	DOSE	INITIAL
	<b>Tylenol 650mg or 500mg</b>												
	PO Q4-6HR PRN (minor aches, pains, HA)												
	<b>MYLANTA 15-30 ML</b>												
	PO Q 4HR PRN Heartburn, indigestion												
	<b>Benadryl 25-50mg PO</b>												
	Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)												
	<b>Motrin 400-800mg PO</b>												
	TID PRN (moderate Pain, headache)												
	<b>Tinactin (tolnaftate) 1%</b>												
	Cream topical AAA BID x 2 wks (athlete's Foot, jock itch)												
	<b>Sudafed 30-60mg PO</b>												
	QID PRN (nasal Congestion)												
	<b>Cepacol Lozenges</b>												
	1PO Q4-6 HRS PRN Sore Throat												
	<b>Hydrocortisone Topical 1%</b>												
	Cream, AAA TID x 2 weeks												
	<b>Milk of Magnesia</b>												
	As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tps with 8 oz water												
	<b>Selsun Shampoo 30cc,</b>												
	Apply to hair 2 times A week and rinse												
	<b>Analgesic Belm, AAA TID</b>												
	For up to 3 days, then notify MD												

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA

TRANSCRIBED

(b)(3);10 USC §1306,(b)(6)

VERIFIED

(b)(3);10 USC §1306,(b)(6)

MONTH/YEAR

OCT05

MEDICATION LEGEND: \* = REFUSED \*\* = NOT IN STOCK \*\*\* = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<u>9/2/05</u>	<u>INDEF</u>	<u>ZANTAC 150 MG TABS</u> <u>BID</u>	<u>0430</u> <u>2030</u>														

<b>SICKCALL VISITS</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>PSYCH PRESENT</b>																	

SICKCALL LEEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED \* = NO COMPLAINTS  
PSYCH LEGEND: C = SEEN (NOTE IN CHART) X = NO PSYCH SICKCALL R = REFUSED \* = NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

(b)(3);10 USC §1306,(b)(6)

WIFE 888-0-693

BLOCK#

(b)(2)



MEDICATION ADMINISTRATION RECORD (BACK) SN 0105-LP-210-6681

SINGLE ORDERS - PRE OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN - SEE MO ORDERS FIRST FOR CONTRAINDICATIONS											
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.
	Tylenol 650mg or 500 Mg PO Q 4HR PRN (minor aches, pains, HA)	DATE	TIME	DOSE	INIT.								
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE	TIME	DOSE	INIT.								
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)	DATE	TIME	DOSE	INIT.								
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE	TIME	DOSE	INIT.								
	Tinactin (tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE	TIME	DOSE	INIT.								
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE	TIME	DOSE	INIT.								
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE	TIME	DOSE	INIT.								
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE	TIME	DOSE	INIT.								
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tps with 8 oz water	DATE	TIME	DOSE	INIT.								
	Selsun Shampoo 30cc. apply to hair 2 times a week and rinse	DATE	TIME	DOSE	INIT.								
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE	TIME	DOSE	INIT.								
		DATE	TIME	DOSE	INIT.								
		DATE	TIME	DOSE	INIT.								

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA

TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED

(b)(3):10 USC §130b,(b)(6)

MONTH/YEAR Oct 2005

**MEDICATION LEGEND: \* = REFUSED \*\* = NOT IN STOCK \*\*\* = NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9/21/05	10/15/05	EPINEPHRINE TID x 2 wks	0030														
			0430														
			2030														
10/21/05	10/12/05	Simethicone 80 mg T tab	0030														
		FID x 3 wks	0430														
			2030														
9/21/05	indef	Zantac 150 mg T tab BID	0430														
			2030														

<b>SICKCALL VISITS</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>PSYCH PRESENT</b>																	

**SICKCALL LEGEND:** S = SICKNESS      I = INJURY      X = NO SICKCALL      R = REFUSED      \* = NO COMPLAINTS  
**PSYCH LEGEND:** C = SEEN (NOTE IN CHART)      X = NO PSYCH SICKCALL      R = REFUSED      \* = NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

D-JTF 888-0-693

(b)(2)  **CHK#**