

ALLERGENS

IN-12 M

(b)(3):10 USC §1306,(b)(6)

YEAR

005

TRANSCRIBED:

VERIFIED:

DATE	SCHEDULED MED	TIME
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4/27	PAIN'S	
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SIGNATURES

(b)(3):10 USC §1306,(b)(6)

(b)(2)

D,JTF 00

011092

GTMO JMG 163

MEDICATION ADMINISTRATION

3 (BACK) S/N 0105 LF-216-5581

SINGLE DOSES - PRE-OPERATIVE

MEDICATION, BRAND	ROUTE OF ADMINISTRATION	DATE	TIME	INITIAL	MEDICATION, BRAND	ROUTE OF ADMINISTRATION	DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN - SEE NO ORDERS FIRST FOR CONTRA INDICATIONS

ORDER # DATE	MEDICATION, DOSE ROUTE OF ADMINISTRATION FREQUENCY	DATE	TIME	DOSE	INITIAL
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)				
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)				
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)				
	Motrin 400-800mg PO TID PRN (moderate pain, headache)				
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)				
	Sudafed 30-50mg PO QID PRN (nasal congestion)				
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat				
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks				
	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				
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse				
	Analgesic Bain. AAA tid for up to 3 days, then notify MO				

VERIFIED:

July

DATE	SCHEDULED MED	TIME	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
15	Z-pak 300s x 5	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
15	Z-pak 100s x 5	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
15	Allegra 120s x 10	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2-5																															
	STOP																															

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

SIGNATURES

(b)(3):10 USC §130b,(b)(6)

AS	SOLIS

D, JTF 00

0693

Block

(b)(2)

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0102-LF-216-5591

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-												
		DATE												
TIME														
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ALLERGIES NKA

MEDICATION ADMINISTRATION RECORD

MONTH Jul / Aug
YEAR 2003

TRANSCRIBED: [Redacted]

VERIFIED: [Redacted]

DATE	SCHEDULED MED	TIME	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
<u>05 Jul 03</u>	<u>ALLEGRA 120mg</u>	<u>0600</u>															X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	<u>PO QD X 1 MONTH</u>	<u>0600</u>																															

SIGNATURES

[Redacted Signature Area]

D,JTF 00
888-0

0693
01093

[Redacted]

MEDICATION ADMINISTRATION RECORD (BACK) B/N 0104-LF-216-R551

SINGLE ORDERS - PRE-OPERATIVE

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

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS

ORDER DATE	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	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.
	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 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.
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE	TIME	DOSE	INIT.
		DATE	TIME	DOSE	INIT.
		DATE	TIME	DOSE	INIT.
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ALLERGIES

MEDICATION ADMINISTRATION RECORD

MONTH Oct-Nov

TRANSCRIBED:

(b)(3):10 USC §130b,(b)(6)

YEAR 2003

VERIFIED:

DATE	SCHEDULED MED	TIME	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10				
			(b)(3):10 USC §130b,(b)(6)																																			
10/10	Cortisporon II 5Hs	0600																																				
	AS TIO x100	1800																																				
		2200																																				

SIGNATURES

(b)(3):10 USC §130b,(b)(6)	

D,JTF 00
888-0 - 693

(b)(2)

Sick Call Flow Sheet

Date/ Time	Comments			Initials
25 FEB 04	<input checked="" type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input type="checkbox"/> See chart	(b)(3):10 USC §130b,(b)(6)
26 FEB 04	<input checked="" type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input type="checkbox"/> See chart	
3-1-04	<input type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input checked="" type="checkbox"/> See chart	
3-5-04	<input type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input checked="" type="checkbox"/> See chart	
	<input type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input type="checkbox"/> See chart	
	<input type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input type="checkbox"/> See chart	
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	<input type="checkbox"/> No complaints	<input type="checkbox"/> Sick call refusal	<input type="checkbox"/> See chart	

(b)(3):10 USC §130b,(b)(6)

ISN: 693

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

verified 2 Nov 02

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH NOV YEAR 2002 DATES:

ORDER DATE	MEDICATION - DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	HOURS	14	15	16	17	18	19	20
			(b)(3):10 USC §130b,(b)(6)						
<u>10/29</u>	<u>ZANTAC 150mg PO</u>	<u>0400</u>							
<u>29 Nov 02</u>	<u>BID x 3 days</u>	<u>0400</u>							

(b)(3):10 USC §130b,(b)(6)

DURESSOGRAPH:

JEX 000693
NO-0093

(b)(2)

- Injection Site Code
- 1=left buttock 2=right buttock
 - 3=left deltoid 4=right deltoid
 - 5=left leg 6=right leg
 - 7=left arm 8=right arm
 - 9=abdomen