

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 FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN													
7/5	morphine 800mg T PO TID PRN PAIN X 10 DAYS	DATE													
		TIME													
		DOSE													
		INIT.													
		DATE													
		TIME													
		DOSE													
		INIT.													
		DATE													
		TIME													
		DOSE													
		INIT.													
		DATE													
		TIME													
		DOSE													
		INIT.													
		DATE													
		TIME													
		DOSE													
		INIT.													
		DATE													
		TIME													
		DOSE													
		INIT.													

Transcribed by (b)(3):10 USC

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH JULY 19 2002 DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	17	18	19	20	21	22	23
			(b)(3):10 USC §130b,(b)(6)						
6/18	ZANTAC 150mg PO BID	0600 1800							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)	

ADDRESSOGRAPH PLATE 888-00-0693

\* = LOCKDOWN

(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

WARD NO.

SINGLE DOSE, PRE- OR POST & VARIABLY DOSE ORDERS SEE REVERSE



SINGLE ORDERS - PRE-OPERATIVE

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

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																		
7/5	MORPHINE 800mg + PO TID PRN Pain x 10 days	DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH

July 2002

DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	31	1	2	3	4		
6/18	Zantac 150mg po BID	0600 1900	(b)(3):10 USC §130b,(b) (6)						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
		(b)(3):10 USC §130b,(b)(6)			
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH PLATE      Injection Site Code      WARD NO.

JTF 009093  
805-00-0693

(b)(2)

(b)(2)

- ① = Left Buttock      ⑥ = Left Leg
  - ② = Right Buttock      ⑦ = Right Leg
  - ③ = Left Deltoid      ⑧ = Left Arm
  - ④ = Right Deltoid      ⑨ = Right Arm
  - ⑤ = Abdomen
- ⑩ = Abdomen
- SINGLE DOSE,  
PRE- OR POST  
& VARIABLE  
DOS ORDER  
SEE REVERSE



**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 FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

*Transcribed by:*

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH July YEAR 2002 DATES:

ORDER DATE	MEDICATION - DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	HOURS	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>
<u>6/18</u>	<u>Zantac 150mg</u> <u>PO BID</u>	<u>0600</u> <u>1800</u>	(b)(3):10 USC §130b,(b)(6)						

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)			

ADDRESSOGRAPH:

DTF 000693  
008-00-0693

(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



**SINGLE ORDERS - PRE-OPERATIVE**

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

**PRN AND VARIABLE DOSE MEDICATIONS**

ORDER DATE	MEDICATION-DOSE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																			
		DATE	TIME	DOSE	INT.	DATE	TIME	DOSE	INT.	DATE	TIME	DOSE	INT.								
15	MORPHINE PO TID PRN PAIN x today																				

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES

NKDA

TRANSCRIBED/  
DATE

2/23/06

VERIFIER/  
DATE

(b)(3):10 USC §130b,(b)(6)

MONTH/  
YEAR

FEB-MAR 2006

\*\*\*\*\* Any refused, not in stock, or other entry must be in re

MEDICATION LEGEND:

1 = REFUSED  
(Nurse Must Initial)

2 = NOT IN  
(Must Notify Nurse)

R (Document below any reason meds not given.)  
(Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	1	2	3	4	5	6	7	8	
(b)(3):10 USC §130b,(b)(6)	2/23/06	I	FLONASE 2 spray each	0600	X														
			nasal BID	1800	X														
	2/23/06	I	Saline nasal mist 5-10 Hz	0600	X														
			each nasal BID	1800	X														
	2/23/06	I	CLARITIN 10mg PO QD	0600	X														
	2/23/06	I	3 CANS 2 cal HN + 1 CAN BOOST (if he does not eat but agrees to drink) BID	0700 1400	X X														
2/23/06	I	DAILY WEIGHTS	0600	X															
2/24/06	2/27/06		SUDAFED 60mg PO TID	0600	X	X			X	X	X	X	X	X	X	X	X	X	
				1200	X				X	X	X	X	X	X	X	X	X	X	
				1800	X				X	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	#	INT.	DATE	#	INT.
2/23/06	3	(b)(3):10 USC §130b,(b)(6)			

D-JTF 888-0-693

(b)(2)

BLOCK#

GTMO JMG 200



# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES

NKDA

TRANSCRIBED/  
DATE

2/23/06

VERIFIED/  
DATE

(b)(3):10 USC §130b,(b)(6)

MONTH/  
YEAR

FEB-MAR 2006

\*\*\*\*\*Any refused, not in stock, or other entry must be in red

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)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	1	2	3	4	5	6	7	8
(b)(3):10 USC §130b,(b)(6)	2/23/06	I	FLOXASE 2 spray each nostril BID	0600 1800	X	X												
	2/23/06	I	Saline nasal mist 5-10 Hz each nostril BID	0600 1800	X	X												
	2/23/06	I	CLARITIN 10mg PO QD	0600	X													
	2/23/06	I	3 CANS 2 can HN + 1 CAN BOOST (If he does not eat but agrees to drink) BID	0700 1400	X	X												
	2/23/06	I	DAILY WEIGHTS	0600	X													
	2/24/06	2/27/06	SUDAFED 60mg PO TID	0600 1200 1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X

VIRAL TO 0.7 CAR

## SICKCALL VISITS

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	#	INT.	DATE	#	INT.
2/23/06	3	(b)(3):10 USC §130b,(b)(6)			

D-JTF 888-0-693

(b)(2)

BLOCK#

ADMINISTRATION RECORD

GIBS

MKA

TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED

(b)(3):10 USC §130b,(b)(6)

MONTH/YEAR NOV/DEC 05

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

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	28	29	30	1	2	3	4	5	6	7	8	9	10	11
11/1/05	IND	ACIPHEX 20MG TAB	0600														
		PO DAILY															
1/5/05	7	ARTIFICIAL TEARS B70	0600	X													
		Sudafed 60mg	1800	X													
		TAB PO TID	0600														
			1400														
			2200														

SICKCALL VISITS	28	29	30	1	2	3	4	5	6	7	8	9	10	11
	*	X	X	X	X	X	X	S	R	X	X	X		
PSYCH PRESENT														

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

(b)(3):10 USC §130b,(b)(6)

BLOCK#
(b)(2)