

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 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 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.	7/10	8:15	200					
	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 NKA

TRANSCRIBED (b)(3):10 USC §130b,(b)(6)

VERIFIED (b)(3):10 USC §130b,(b)(6)

MONTH/YEAR Sept/Oct 05

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

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	25	26	27	28	29	30	1	2	3	4	5	6	7	8
<u>9/21/05</u>	<u>10/5/05</u>	<u>ENSURE T CAN TID X 2 weeks</u>	<u>0600</u>														
9/21/05	9/21/05		<u>1000</u>														
9/21/05	9/21/05		<u>1800</u>														
<u>10/21/05</u>	<u>10/2/05</u>	<u>Simethicone 80mg T tab</u>	<u>0600</u>														
		<u>TID X 3 weeks</u>	<u>1400</u>														
			<u>2200</u>														
<u>10/21/05</u>	<u>INDEF</u>	<u>ZANTAC 150mg T tab</u>	<u>0600</u>														
		<u>BID</u>	<u>1800</u>														

SICKCALL VISITS	X	X	X	X	X	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

INITIALS / PRINTED NAMES (b)(3):10 USC §130b,(b)(6)

O-JTF 888-0-693

9/30 - cup logs

BLOCK# (b)(2)

SINGLE ORDERS - PRE-OPERATIVE

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

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSEAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS											
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	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 NIKDA

TRANSCRIBED (b)(3):10 USC §130b,(b)(6)

VERIFIED (b)(3):10 USC §130b,(b)(6)

MONTH/YEAR SEPT 05

STARS IN RED

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

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	DATE																							
				11	12	13	14	15	16	17	18	19	20	21	22	23	24										
9/7/05	9/21/05	Ensure 1/2 can TID x 2 weeks	0600	(b)(3):10 USC §130b,(b)(6)																							
9/7/05	9/21/05	Ensure 1/2 can TID x 2 weeks	1000	(b)(3):10 USC §130b,(b)(6)																							
9/7/05	9/21/05	Ensure 1/2 can TID x 2 weeks	1800	(b)(3):10 USC §130b,(b)(6)																							
9/21/05	Indef	Zantac 150mg 1/2 tab BID	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
			1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9/21/05	9/24/05	Bisacodyl 1/2 tab 1/2 tab x 3 days	1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9/21/05	10/12/05	Simethicone 80mg 1/2 tab TID	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 3 weeks	1400	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			2200	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9/21/05	10/5/05	Ensure TID x 2 weeks	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
		1/2 can	1000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SICKCALL VISITS				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PSYCH PRESENT																											

Handwritten: Sick call loss

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 NAME

(b)(3):10 USC §130b,(b)(6)
(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0-693

BLOCK#

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

Aug/Sep-05

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

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	28	29	30	31	1	2	3	4	5	6	7	8	9	10
8/6/05	9/6/05	Feldene 20mg PO QD	0600											X	X	X	X
9/7/05	9/24/05	Easura 1 cap TID	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		X 2 weeks	1000	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X

SICKCALL VISITS

PSYCH PRESENT

X	X	X	X	X	X	X								X	X	X	X

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED * = NO COMPLAINTS
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**** Block unsafe*

D-JTF 888-0-693

BLOCK#

(b)(2)				
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**** Block unsafe*

SINGLE ORDERS - PPE-OPERATIVE

PRN AND VARIABLE DOSE MEDICATIONS

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JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NIC DA TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED

(b)(3):10 USC §130b,(b)(6)

MONTH/YEAR AUG 05

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT COMPLIANT

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	14	15	16	17	18	19	20	21	22	23	24	25	26	27
8-6-05	9-6-05	FELDENE 20mg PO QD	0600														

SICKCALL VISITS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	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)

*Get hand
injection
to name med*

(b)(2)

MEDICATION ADMINISTRATION RECORD (BACK) SN 0106-LP-218-5581

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

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	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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Don't give E Feldene (NSAIDs)

JTF-GTMO MEDICATION ADMINISTRATION RECORD

allergies NADA

Transcribe

(b)(3)-10 USC §130b,(b)(6)

Verified

(b)(3)-10 USC §130b,(b)(6)

Month/Year July 2005

ANY STARRED ENTRY MUST BE VERIFIED BY RN
 * = 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
8/6/05	9/16/05	Feldene 20mg QD PO	0600	X	X	X	X	X	X	X	X	(b)(3)-10 USC §130b,(b)(6)					
SICKCALL VISITS				X	S	X	X	S	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 NAME

(b)(3)-10 USC §130b,(b)(6)

*** Stock used

D-JTF 09-888-0-693

BLOCK #

(b)(2)