

MEDICATION ADMINISTRATION RECORD (BACK) 0/0 0100-LP-210-0581

SINGLE ORDERS - PRE-OPERATIVE

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

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-SEE MD 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.	<i>Don't give to Feldner (NSAIDs)</i>								
	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.									

MEDICATION RECORD

ALLERGIES nyda TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED \_\_\_\_\_ MONTH/ YEAR July 2005

\*\*\*\*\*Any starred entry must be verified by RN\*\*\*\*\*  
\* = REFUSED    \*\* = NOT IN STOCK    \*\*\* = NOT GIVEN

MEDICATION LEGEND:

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	17	18	19	20	21	22	23	24	25	26	27	28	29	30

SICKCALL VISITS	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	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

INITIALS / PRINTED NAMES

(b)(3):10 USC §130b,(b)(6)

D-ITF 888-0-693

BLOCK#			
(b)(2)			

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN		MEDICATION DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN	
		TIME	INITIAL			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 650mg or 500 Mg PO Q4-8HR 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.												
		DATE	TIME	DOSE	INIT.												

ALIFE 3 NKOA

TRANSCRIBED

(b)(3)-10 USC §1306(b)(6)

ADMINISTRATION RECORD

MONTH/YEAR FEB-MAR-05

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

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	27	28	01	02	03	04	05	06	07	08	09	10	11	12
2/22/05	3/4/05	MOTRIN 800MG PO TID	0600 1200 1800														
2/28/05	3/4/05	Jesselon Prolo 100mg PO tid PO tid 1400 2200	0600 1400 2200														

SICKCALL VISITS

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

D-JTF 888-0-693

BLOCK#



JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES N/A

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

VERIFIED (b)(3):10 USC §130b,(b)(6)

MONTH/ YEAR 13/05

\*\*\*\*\* Any starred entry must be verified by RN\*\*\*\*\*

MEDICATION LEGEND:

\* = REFUSED

\*\*= NOT IN STOCK

\*\*\*= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
2128/05	UNTIL RX	Tessalon Pericort 100mg	0600	(b)(3):10 USC §130b,(b)(6)															
		PO TID until gone	1400																
			2200																
<p style="font-size: 2em; font-family: cursive;">needed</p>																			

Prescription complete MB

<b>SICKCALL VISITS</b>	X	S																
<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 §130b,(b)(6)

D-JTF 888-0-613

BLOCK#

(b)(2)			
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MEDICATION ADMINISTRATION RECORD (BACK) REV 07/06-LF-218-8561

**SINGLE ORDERS - PRE-OPERATIVE**

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

**PRN AND VARIABLE DOSE MEDICATIONS**

ORDER DATE	MEDICATION-DOSEAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- <u>SEE MO ORDERS FIRST FOR CONTRAINDICATIONS</u>									
	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 8hr 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 tpsp 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 FEB 05

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**MEDICATION LEGEND:**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2/11/05	When above completed BRP	HC 11 cream AAA	0600														
		TID	1400														
			2200														
2-18-05	2-25-05	Humabrid LA T PO BID	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		# 14	1800	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2-18-05	2-25-05	Tessalon Rev 100mg	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		TID # 21	1400	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
2/22/05	3/4/05	Moham 80mg po TID	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			1200	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	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**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

**BLOCK#**

(b)(2)



**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 Q4-6HR PRN (minor aches, pains, HA)	11/27/05	10:30	2.5	(b)(3):10								
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)				USC								
	Benadryl 25-50mg PO Q 6hr PRN (runny nose, sneezing, Watery eyes, itchy rash)	11/27/05	10:30		(b)(3):								
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	10											
	Tinactin (tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)												
	Sudafed 30-60mg PO QID PRN (nasal congestion)												
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	11/27/05	11:30		(b)(3):10 USC								
2/14/05 (b)(3) 10	Hydrocortisone Topical 1% cream, AAA 3 times a day <del>x 2 weeks</del> <i>10 DEF</i>	11/27/05			\$130b (b)(3)								
	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												
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse												
	Analgesic Balm, AAA tid for up to 3 days, then notify MO												

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES

None

TRANSCRIBED

(b)(3):10 USC §130b,(b)(6)

VERIFIED

(b)(3):10 USC §130b,(b)(6)

MONTH/YEAR

Jan - 2006

Any starred entry must be verified by RN\*\*\*\*\*

MEDICATION LEGEND:

\* = REFUSED

\*\* = NOT IN STOCK

\*\*\* = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	30	41	1	2	3	4	5	6	7	8	9	10	11	12
2/11/05	when tube completed @ RF	HC 1% cream AAA TID	0600 1400 2200	X	X	X	X	X	X	X	X	X	X	X	X	X	X

<b>SICKCALL VISITS</b>	X	X	C	X	S	X	*	X	X	C	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

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-U-643

BLOCK#

(b)(2)