Controlled Medication Log (yellow) for: _____ **Moore Center Services – CONFIDENTIAL**

Guardian: _____ Phone: _____ ALLERGIES: _____

MONTH: _____ YEAR: _____

Initial square when medication has been administered. Code 0 = Enter code in date/time block any time medication is not given as ordered. Document on reverse.

		Date:	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	31
Daily Inventory Count -		Number:																															
		Initial:																															
DRUG:	Time:	Amt. Admin.:																															
		Amt. Left:																															
DOSAGE:		Initial:																															
	Time:	Amt. Admin.:																															
ROUTE:		Amt. Left:																															
		Initial:																															
FREQUENCY:	Time:	Amt. Admin.:																															
		Amt. Left:																															
M.D.:		Initial:																															
	Time:	Amt. Admin.:																															
ORDER DATE:		Amt. Left:																															
		Initial:																															

Transcribers Initials: _____ Date: _____ Special Considerations: _____

QA Review Signature:	Date:	Signature and Initials of Staff administering medication:					
		1.		4.		7.	
		2.		5.		8.	
		3.		6.		9.	

DOCUMENT CODED ENTRIES

DATE	TIME	CODE	DRUG	DOSE	PROBLEM	RESULTS / ACTION TAKEN	STAFF / PROVIDER SIGNATURE