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

Guardian: _____   **Phone:** _____   **ALLERGIES:** _____

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

DRUG: _____   **MONTH:** _____   **YEAR:** _____

	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	31
DOSE																																
ROUTE																																
FREQ																																
MD																																
ORDER DATE																																

Transcribers Initials: _____   Date: _____   Special Considerations: _____

DRUG: _____

	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	31
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Transcribers Initials: _____   Date: _____   Special Considerations: _____

DRUG: _____

	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	31
DOSE																																
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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 OR ACTION TAKEN	STAFF OR PROVIDER SIGNATURE