

DRUG INFORMATION SHEET

STAFF NAME: _____

Please review each medication your consumer(s) take(s) including PRN's by preparing a written plan using the following format

Route: _____

Dosage and Frequency: _____

Brand name: _____ **Generic name:** _____

For what purpose is drug being administered: _____

Side effects: _____

Special considerations: _____

Route: _____

Dosage and Frequency: _____

Brand name: _____ **Generic name:** _____

For what purpose is drug being administered: _____

Side effects: _____

Special considerations: _____

Route: _____

Dosage and Frequency: _____

Brand name: _____ **Generic name:** _____

For what purpose is drug being administered: _____

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Route:

Dosage and Frequency:

Brand name: _____ *Generic name:* _____

For what purpose is drug being administered: _____

Side effects: _____

Special considerations: _____

Route:

Dosage and Frequency:

Brand name: _____ *Generic name:* _____

For what purpose is drug being administered: _____

Side effects: _____

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Brand name: _____ *Generic name:* _____

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Special considerations: _____