Siddharth Services Inc.

In pursuit of overall well being

SIDDHARTH SERVICES - CONFIDENTIAL

CONTROLLED MEDICATION LOG FOR _____

GUARDIAN: _____ **PHONE:** _____ **ALLERGIES:** _____

INSTRUCTIONS: Initial square when medication has been given / administered.

Code 0 (circle) = Enter code in date/time block any time medication is not given as ordered. Document on reverse.

New bottles - Circle initial on front of log and document pill count on front of log

Month: _____   **Year:** _____

		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	Number																																	
DRUG: _____	Time	Amt Given																																
	Initial	Amt Left																																
DOSAGE _____	Time	Amt Given																																
ROUTE _____	Initial	Amt Left																																
FREQUENCY _____	Time	Amt Given																																
MD _____	Initial	Amt Left																																
ORDER DATE _____	Time	Amt Given																																
	Initial	Amt Left																																

TRANSCRIBER'S INITIALS _____   **DATE:** _____   **SPECIAL CONSIDERATIONS** _____

Signature of Nurse Trainer	Date of QA Review	Signature and Initials of Staff administering medication		
	1	1	3	5
	2	2	4	6
	3	3	6	9

DATE	TIME	CODE	DRUG	DOSE	PROBLEM	RESULTS OR ACTION TAKEN	SIGN

DOCUMENT CODED ENTRIES