Siddharth Services Inc.

In pursuit of overall well being

CONTROLLED MEDICATION LOG FOR _____ **SIDDHARTH SERVICES - CONFIDENTIAL**

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

TRANSCRIBER'S INITIALS _____ DATE: _____ SPECIAL CONSIDERATIONS _____

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

Siddharth Services, Inc.

DOCUMENT CODED ENTRIES

DATE	TIME	CODE	DRUG	DOSE	PROBLEM	RESULTS OR ACTION TAKEN	SIGN