Northern Human Services

MEDICATION USE AND TREATMENT LOG

Client Name: _____ Name & Phone No. of Guardian: _____ Month/Yr. _____

Allergies: _____

	Medication, Treatment & Frequency		Prescribing Practitioner		Date of Order	Initials
1		1		1.		
2		2		2.		
3		3		3.		
4		4		4.		
5		5		5.		

Meds / Rx	Route	Amount	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

INSTRUCTIONS: Initial square when medication has been given/administered. Fill out back of log for all PRNs administered and for all categories except those with *. Code: *DP = Da
Hospital *R = Respite *S = School *F = Family O = Omit Z = Other (example withheld)

QA/NT Review Signature _____ Date : _____

DOCUMENT ALL CODES*

DATE	TIME	CODE	DRUG	DOSE	PROBLEM	RESULTS OR ACTION TAKEN	STAFF SIGNATURE