

CONTROLLED DRUG RECORD

-Chart each dose administered. IF DOSE IS REFUSED or NOT GIVEN, please put the appropriate code next to the dose #(R = refused, NG = not given), circle the dose # and chart it. At the Disposition of Remaining Doses box below, tally up the remaining doses and fill it out accordingly-

****DISCHARGE NOTE: For person receiving medications.** My signature on this form is indication that I do not want these medications in child proof containers and I understand that if I do want the child proof containers I may return these drugs to the issuing pharmacy for re-packaging.

**INJECTIONS MAXIMUM DISPENSED 20mL
 MINIMUM DOSAGE 0.5mL (1/2)mL UNITS**

DATE	TIME	INJECTIONS 0.5mL UNITS	R / NG?	SIGNATURE
		20		
		19.5		
		19		
		18.5		
		18		
		17.5		
		17		
		16.5		
		16		
		15.5		
		15		
		14.5		
		14		
		13.5		
		13		
		12.5		
		12		
		11.5		
		11		
		10.5		
		10		
		9.5		
		9		
		8.5		
		8		
		7.5		
		7		
		6.5		
		6		
		5.5		
		5		
		4.5		
		4		
		3.5		
		3		
		2.5		
		2		
		1.5		
		1		
		.5		

LIQUIDS - MAXIMUM DISPENSED 480mL, MINIMUM DOSAGE 5mL UNITS

DATE	TIME	LIQUIDS	R / NG?	SIGNATURE	DATE	TIME	LIQUIDS	R / NG?	SIGNATURE	DATE	TIME	LIQUIDS	R / NG?	SIGNATURE
		480					320					160		
		475					315					155		
		470					310					150		
		465					305					145		
		460					300					140		
		455					295					135		
		450					290					130		
		445					285					125		
		440					280					120		
		435					275					115		
		430					270					110		
		425					265					105		
		420					260					100		
		415					255					95		
		410					250					90		
		405					245					85		
		400					240					80		
		395					235					75		
		390					230					70		
		385					225					65		
		380					220					60		
		375					215					55		
		370					210					50		
		365					205					45		
		360					200					40		
		355					195					35		
		350					190					30		
		345					185					25		
		340					180					20		
		335					175					15		
		330					170					10		
		325					165					5		

DISPOSITION OF REMAINING DOSES

Total of refused and not given doses: _____

Method of disposition:

 Dose transferred to a medical waste container Dose flushed Doses Incinerated

 Doses mixed with cat litter/coffee grounds Other _____

QUANTITY _____ DATE _____ RN Signature _____ RPh Signature _____

 Doses transferred to other Disposal Record DATE _____ Sign/Title _____

 Doses discharged with patient (SEE RECORD ON CHART) QTY _____ Date _____

 Party Receiving (see discharge note): _____ Rn Sign _____

SIGNATURE OF NURSE RECEIVING MEDICATION: Date _____ # of Doses Received: _____

LABEL



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TABLETS - CAPSULES - AMPULES - PATCHES (MAXIMUM DISPENSED 120 UNITS, MINIMUM DOSE 1 UNIT)

DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE
		120					90					60					30		
		119					89					59					29		
		118					88					58					28		
		117					87					57					27		
		116					86					56					26		
		115					85					55					25		
		114					84					54					24		
		113					83					53					23		
		112					82					52					22		
		111					81					51					21		
		110					80					50					20		
		109					79					49					19		
		108					78					48					18		
		107					77					47					17		
		106					76					46					16		
		105					75					45					15		
		104					74					44					14		
		103					73					43					13		
		102					72					42					12		
		101					71					41					11		
		100					70					40					10		
		99					69					39					9		
		98					68					38					8		
		97					67					37					7		
		96					66					36					6		
		95					65					35					5		
		94					64					34					4		
		93					63					33					3		
		92					62					32					2		
		91					61					31					1		

DISPOSITION OF REMAINING DOSES
 Total of refused and not given doses: _____
 Method of disposition:
 Dose transferred to a medical waste container Dose flushed Doses Incinerated
 Doses mixed with cat litter/coffee grounds Other _____
 QUANTITY _____ DATE _____ RN Signature _____ RPh Signature _____

 Doses transferred to other Disposal Record DATE _____ Sign/Title _____
 Doses discharged with patient (SEE RECORD ON CHART) QTY _____ Date _____
 Party Receiving (see discharge note): _____ Rn Sign _____
SIGNATURE OF NURSE RECEIVING MEDICATION: Date _____ # of Doses Received: _____

LABEL