

Daily Medication Log #TFP-01

CLIENT'S NAME _____ CLIENT'S DOB _____ REPORT'S MONTH AND YEAR _____

SPECIAL NOTES/ALLERGIES: _____

MEDICINE	PHYSICIAN	DATE ADDED	DATE DISCONTINUED	STAFF INITIALS & DATE	INITIALS & PRINTED NAME OF PERSON ADMINISTRATING MEDICATION

CODES: *D= Discontinued S= School R= Refused O= Out of meds W=Wrong Meds HV=Home visit H= Hospitalization A=AWOL and other absences*

MEDICATION	DOSE & FREQUENCY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Example: RITALIN	20mg tablets. Take 2 tablets three times a day.	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL
		4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL
Example: “”	“”	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL

Any adverse reaction due to an administered drug; a medication error which is an apparent administration of an unprescribed drug or a prescribed drug at an incorrect frequency or dosage; or a client's refusal to take a prescribed medication is an incident that must be reported to your AFY worker immediately.

MEDICATION	DOSE & FREQUENCY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Example: RITALIN	20mg tablets. Take 2 tablets three times a day.	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL	8 am CL
		4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL	4 pm CL
Example: “”	“”	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL	8 pm CL

Any adverse reaction due to an administered drug; a medication error which is an apparent administration of an unprescribed drug or a prescribed drug at an incorrect frequency or dosage; or a client's refusal to take a prescribed medication is an incident that must be reported to your AFY worker immediately.

Instructions: List each medication with dosage size and dosage frequency on pages 1 and 2. Follow example. If medication is given more than twice a day: list on one line on each page and then use ditto marks (“”) on next row(s) to provide enough space to record each time administered. If a medication is added or deleted: record name, doctor prescribing/discontinuing, and date added/deleted on small chart on page 1. *Effective Date: December 1, 2007*