

Date Created: February 19, 2008  
Date Revised:

Section: 5.631a  
Medication Record Form

Medication Record

Client Name: \_\_\_\_\_

Allergies:

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

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Medication \_\_\_\_\_, Dose \_\_\_\_\_, Frequency \_\_\_\_\_, Route \_\_\_\_\_

MD \_\_\_\_\_, Date Started \_\_\_/\_\_\_/\_\_\_, Date Discontinued \_\_\_/\_\_\_/\_\_\_

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Medication \_\_\_\_\_, Dose \_\_\_\_\_, Frequency \_\_\_\_\_, Route \_\_\_\_\_

MD \_\_\_\_\_, Date Started \_\_\_/\_\_\_/\_\_\_, Date Discontinued \_\_\_/\_\_\_/\_\_\_

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MD \_\_\_\_\_, Date Started \_\_\_/\_\_\_/\_\_\_, Date Discontinued \_\_\_/\_\_\_/\_\_\_

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**SMART Medication Record**

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**DOSE**

CC= cubic centimeters  
CAP= capsule  
GTT=drop  
L/min=liters per minute  
PUFF=puff  
TBSP=tablespoon  
TSP=teaspoon  
u=unit

MG= milligrams  
GM=grams  
SUP=suppository  
TAB=tablet  
MCG=microgram  
MEQ=mill equivalent  
ML=milliliters  
OZ=ounce

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**FREQUENCY**

AC=before meals  
BID=twice a day  
HS=at bed time  
PC=after meals  
PRN=as needed  
QAM=every morning  
QD=once a day  
QID=four times a day  
Qmo=every month  
QOD=every other day

Q2H=every 2 hours  
Q3H=every 3 hours  
Q4H=every 4 hours  
Q6H=every 6 hours  
Q1W=once a week  
Q2W=every 2 weeks  
Q3W=every 3 weeks  
Q4W=every 4 weeks  
TID=three times a day

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**ROUTE**

AD=right ear  
AS=left ear  
AU=both ears  
GT=g tube  
JT=j tube  
INH=inhalation  
IM=intramuscular  
IV=intravenous  
NB=nebulizer  
NC=nasal cannula

NAS=nasal spray  
OD=right eye  
OS=left eye  
OU=both eyes  
PO=oral  
PR=rectum  
SC=subcutaneous  
SL=sublingual  
TOP=topical  
VG=vaginal