

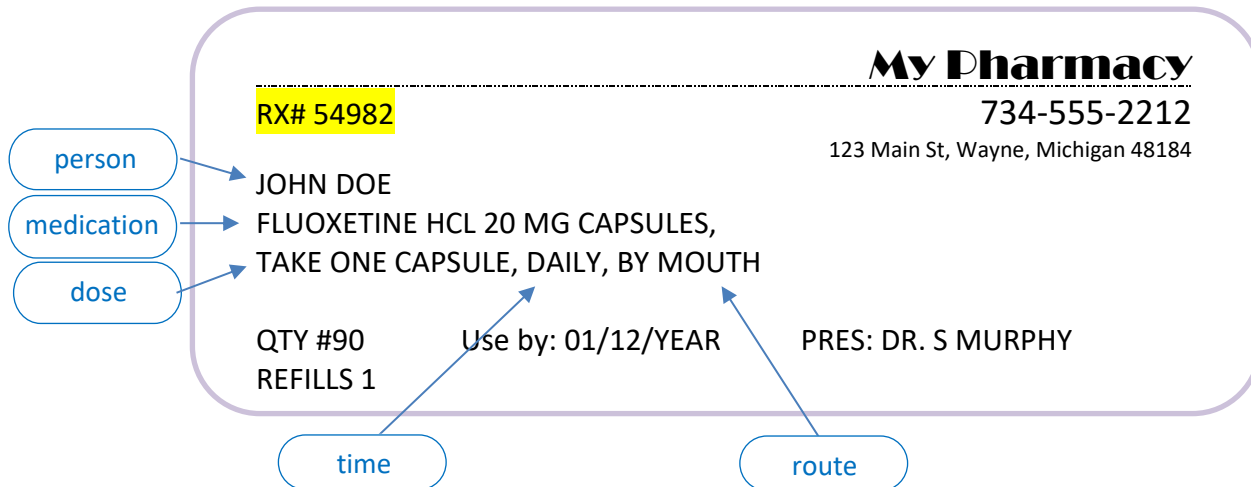


## WORKBOOK 1

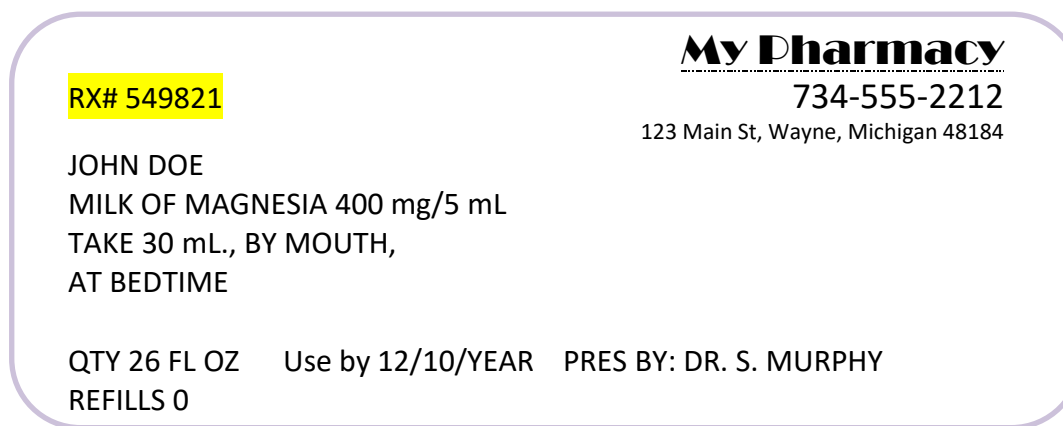
# MEDICATION TRANSCRIPTION

Here is an example of a pharmacy label, you can see each of the five rights.

- The rights do not always appear in the same order
- If the medication is given by mouth, sometimes that right will be dropped from the pharmacy label because it is such a common route.
- When identifying the medication, you must include the strength



- |                           |                                       |
|---------------------------|---------------------------------------|
| A. Dose, amount           | Take one capsule                      |
| B. Route, how             | By mouth                              |
| C. Time, when             | Daily, 8 am                           |
| D. Individual/Person, who | John Doe                              |
| E. Medication, what       | Fluoxetine HCL <u>20 mg capsules*</u> |
- \*note the strength is part of medication



- Looking at the label above, please answer the following:
 

A. Dose	_____
B. Route	_____
C. Time	_____
D. Individual/Person	_____
E. Medication	_____

PHYSICIAN'S ORDER SHEET		
NAME: <u>John Doe</u> D.O.B. <u>10/28/1961</u> RESIDENCE: <u>MAIN</u>		
ALLERGIES: NKDA	QUANTITY	REFILL
benztropine 2 mg tablet, daily, give one tablet, by mouth	30	3
atorvastatin 10 mg tablet, give one tablet, at bedtime, by mouth	30	3
metformin 1000 mg tablet, by mouth, give two tablets, daily	60	3
Pepto-Bismol 262 mg/15 mL, give 30 ml, daily PRN, by mouth	30	0
Flonase nasal spray, in each nostril, give two sprays, daily	1	0
clonazepam 1 mg tablet, give one tablet, twice a day prn, by mouth	30	0
lamotrigine 25 mg tablets, give three tablets, by mouth, daily	90	3
PHYSICIAN'S SIGNATURE: <u><i>Dr. Murphy</i></u>	DATE: <u>02/15/YEAR</u>	
(PRINT NAME) <u>S. Murphy, MD</u>	PHONE: <u>313-555-5511</u>	
ADDRESS <u>12456 Main, Detroit, Michigan 48180</u>	MEDICAID # <u>89302800</u>	
	DEA # <u>98098-085</u>	

2. Look at the Physician's Order Sheet above:
  - A. Underline the name of each medication, remember to include the strength.
  - B. Circle each dose.
3. What is the dose of the benztropine 2 mg tablets? \_\_\_\_\_
4. What is the meaning of NKDA? \_\_\_\_\_
5. What is the dose of Pepto-Bismol? \_\_\_\_\_
6. What is the route of Pepto-Bismol? \_\_\_\_\_
7. Do we know the strength of the Flonase Nasal Spray? YES / NO
8. What is the route for Flonase Nasal Spray? \_\_\_\_\_
9. What is the strength of the lamotrigine tablets? \_\_\_\_\_
10. What is the dose of the lamotrigine tablets? \_\_\_\_\_
11. How many milligrams of lamotrigine would the person receive at one time? \_\_\_\_\_
12. What does PRN mean? every day / as needed / dispense as written

Some approved Medication Administration Times

DESCRIPTION	TIMES		CHART	
Q day, daily, once a day, everyday	8:00 am		8A	
BID, Twice a day	8:00 am	8:00 am	8A	8A*
	4:00 pm	8:00 pm		
			4P	
				8P*
*EVERY 12 HOURS	8:00 am and 8:00 pm			
TID Three times a day	8:00 am  4:00 pm 8:00 pm		8A	
			4P	
			8P	
QID Four times a day	8:00 am 12:00 pm 4:00 pm 8:00 pm		8A	
			12P	
			4P	
			8P	

13. PRACTICE: Fill in the appropriate times for each order

MEDICATION	HR	MEDICATION	HR
Centrum Daily Vitamin and Mineral, daily, give one tablet, by mouth		Phenytoin 125 mg / 5 mL oral suspension, give 5mL, three times a day, by mouth	
Tegretol 100 mg tablets, give one tablet, three times a day, by mouth		Furosemide 20 mg tablets, twice a day, give one tablet, by mouth	
Artificial Tears, four times a day, give two drops, in each eye		Keppra 100 mg / mL, give 10mLs, twice a day, by mouth	
Hydrocortisone cream 5%, apply thin layer, to rash on right thigh, twice a day		MS Contin 15 mg tablets, give one tablet, every 12 hours, by mouth	
Apresoline 10 mg tablet, three times a day, give one tablet, by mouth		Aspirin 325 mg tablets, daily, give one tablet, by mouth	

**MEDICATION STARTING ON THE FIRST OF THE MONTH**

**MyPharmacy**  
734-555-2212

**RX# 456008**

MARK SMITH  
TEGRETOL 200 MG TABLETS  
GIVE ONE TABLET, THREE TIMES A DAY,  
BY MOUTH

QTY 90                      Use by 2/13/YEAR  
REFILLS 0                 PRES BY: DR. WHO

**MyPharmacy**  
734-555-2212

**RX# 7908644**

MARK SMITH  
ARTIFICIAL TEARS  
APPLY TWO DROPS, IN BOTH EYES,  
FOUR TIMES A DAY


QTY 1                        Use By 4/13/YEAR  
REFILLS 2                 PRES BY: DR. WHO

14. Looking at the labels above, please answer the following:

- A. Dose \_\_\_\_\_
- B. Route \_\_\_\_\_
- C. Time \_\_\_\_\_
- D. Individual/Person \_\_\_\_\_
- E. Medication \_\_\_\_\_

Mark's Tegretol 200 mg tablets order has been transcribed for you.

15. Please complete the current month and year on the Medication/Treatment Chart and complete the transcription for Mark's Artificial Tears using the pharmacy label above.

	LAST NAME <b>SMITH</b>		FIRST NAME <b>MARK</b>	
	ID # <b>54390</b>		HOME <b>SMITH</b>	
	B.D. <b>MARCH 10, 1968</b>			
	ALLERGIES <b>NKDA</b>			
	MONTH/YEAR			

MEDICATION	HR	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
Tegretol 200 mg. tablets, give one tablet, three times a day, by mouth	8A																															
	4P																															
	8P																															

## MEDICATION STARTING OTHER THAN FIRST OF THE MONTH

Sometimes, medications will start on a day other than the first of the month, for example: new medication is started by healthcare provider or medication orders at hospital discharge.

**My Pharmacy**  
734-555-2212  
123 Main St, Wayne, Michigan 48184

**RX# 509804509**

JANE DOE  
COLACE 50 MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH

QTY 1      Use by 5/05/YEAR  
REFILLS 0      PRES BY: DR. D. ROSS

**My Pharmacy**  
734-555-2212  
123 Main St, Wayne, Michigan 48184

**RX# 245245**

JANE DOE  
NASAL NOSE SPRAY, GIVE TWO SPRAYS, IN EACH NOSTRIL, EVERY TWELVE HOURS

QTY 1      Use by 5/05/YEAR  
REFILLS 0      PRES BY: DR. D ROSS

When an order does NOT start on the first of the month, mark off all days medication is not given


HR	1	2	3	4	5	6	7
8A	→						
8P	→						

OR

HR	1	2	3	4	5	6	7
8A	X	X	X	X			
8P	X	X	X	X			

Scenario: Jane Doe had an appointment and got two new medication orders from her physician. You pick up the prescriptions from the pharmacy at 6:00 am on May 5, YEAR. Jane's Colace 50mg/15mL has been transcribed for you.

16. Please write in the current month and year on the Medication/Treatment Chart and complete the transcription for Jane's Nasal Nose Spray using the pharmacy label.

	LAST NAME <b>DOE</b>		FIRST NAME <b>JANE</b>																													
	ID # <b>54321</b>		HOME <b>DOE</b>																													
	B.D. <b>OCT 28, 1961</b>																															
	ALLERGIES <b>NKDA</b>																															
	MONTH/YEAR																															
MEDICATION	HR	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
COLACE 50MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH	8A	→																														
	8P	→																														

## MEDICATION GIVEN FOR A LIMITED AMOUNT OF TIME

Sometimes, medications are given for a specific period. For example, when titrating medication or when an individual has an acute illness like a urinary tract infection, or pneumonia.

When a medication is ordered for a specific number of days, you must indicate the date and time of the last dose given.

- Multiply the number of times each day the medication is to be given by the number of days it is prescribed. This equals the total number of doses the person should receive.  
For example: four times a day (4) x 10 = 40 doses of medication
- Count the number of doses boxes to be left open for staff's initials.
- Draw arrows accurately to indicate when to begin and when to discontinue the medication.
- Specify the last dose, write: DISCONTINUE ON (DATE) AFTER (TIME) DOSE INITIAL AND DATE

SCENARIO: Jane Doe got a burn on her arm and went to the urgent care. You were given an order for; Keflex 500 mg. tablets, an antibiotic Jane will be taking for only ten days. You can see the first dose of this medication is on the 8<sup>th</sup> of the month.


**RX# 5598301**

JANE DOE  
KEFLEX 500 MG TABLETS  
GIVE ONE TABLET, FOUR TIMES A DAY FOR TEN DAYS,  
BY MOUTH

QTY 40    DISPENSED ON 5/08/YEAR    REFILLS 0

**My Pharmacy**  
734-555-2212  
123 Main St, Wayne, Michigan 48184

PRES BY: DR. OZ



LAST NAME <b>DOE</b>	FIRST NAME <b>JANE</b>
ID # <b>54321</b>	HOME <b>DOE</b>
B.D. <b>OCT 28, 1961</b>	
ALLERGIES <b>NKDA</b>	
MONTH/YEAR <b>May YEAR</b>	

;

MEDICATION	HR	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
Keflex 500 mg tablets, Give one tablet, four times a day for ten days, by mouth	8A								1	5	9	13	17	21	25	29	33	37	<div style="border: 1px solid blue; padding: 2px; display: inline-block;"> DISCONTINUE ORDER ON  <b>05/17/YEAR</b> AFTER <b>8PM</b> DOSE  YOUR INITIALS </div>													
	12P								2	6	10	14	18	22	26	30	34	38														
	4P								3	7	11	15	19	23	27	31	35	39														
	8P								4	8	12	16	20	24	28	32	36															

40 DOSES

**MEDICATIONS GIVEN FOR A LIMITED AMOUNT OF TIME, continued**

Sometimes, medications are given for a limited amount of time, for example: an antibiotic for infections or a medication to improve wound healing.

**My Pharmacy**  
734-555-2212  
123 Main St, Wayne, Michigan 48184


**RX# 646721**

JANE DOE  
CORTISPORIN EAR DROPS, GIVE TWO DROPS, IN LEFT EAR, TWICE A DAY FOR TEN DAYS  
QTY 1 Use by 5/03/YEAR  
REFILLS 0 PRES BY: DR. M. WELBY

**My Pharmacy**  
734-555-2212  
123 Main St, Wayne, Michigan 48184

**RX# 245497**

JANE DOE  
TRIPLE ANTIBIOTIC OINTMENT, APPLY SPARINGLY, TWICE A DAY FOR SEVEN DAYS, TO BURN ON RIGHT ARM  
QTY 1 Use by 5/03/YEAR  
REFILLS 0 PRES BY: DR. M. WELBY




Jane Doe  
Home: Doe  
No Known Drug Allergies

Case # 54321  
Birthdate: 06-17-1965

Scenario: Jane Doe had an appointment and got two new medication orders from her physician. You pick up the prescriptions from the pharmacy at 6:00 am on May 3rd.

17. Please complete Jane’s identifying information on Medication/Treatment Chart and complete the transcription for Jane’s medications using the pharmacy labels.  
Start the medications on May 3<sup>rd</sup>.

	LAST NAME		FIRST NAME																													
	CASE #		HOME																													
	B.D.																															
	ALLERGIES																															
	MONTH/YEAR																															
MEDICATION	HR	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



## Answers

1.
  - A. Dose = take 30 mL
  - B. Route = by mouth
  - C. Time = at bedtime, HS
  - D. Individual/Person = John Doe
  - E. Medication = Milk of Magnesia 40 mg/5mL
 Remember you must always include the strength if one indicated. If you answered only Milk of Magnesia, please correct it.
  
- 2.

PHYSICIAN'S ORDER SHEET		
NAME: <u>John Doe</u> D.O.B. <u>10/28/1961</u> RESIDENCE: <u>Penncrest</u>		
ALLERGIES: NKDA	QUANTITY	REFILL
<u>benztropine 2 mg tablet, daily, take one tablet, by mouth</u>	30	3
<u>atorvastatin 10 mg tablet, take one tablet, at bedtime, by mouth</u>	30	3
<u>metformin 1000 mg tablet, by mouth, take two tablets, daily</u>	60	3
<u>Pepto-Bismol 262 mg/15 mL, give 30 mL, daily PRN, by mouth</u>	30	0
<u>Flonase nasal spray, in each nostril, give two sprays, daily</u>	1	0
<u>clonazepam 1 mg tablet, take one tablet, twice a day prn, by mouth</u>	30	0
<u>lamotrigine 25 mg tablets, take three tablets, by mouth, daily</u>	90	3
PHYSICIAN'S SIGNATURE: <u>Dr. Crisley</u> DATE: <u>02/15/YEAR</u>		
(PRINT NAME) <u>Dr. Phillip Crisley</u> PHONE: <u>313-555-5511</u>		
ADDRESS <u>12456 Second, Detroit, Michigan 48180</u> MEDICAID # <u>89302800</u>		
DEA # <u>98098-085</u>		

3. What is the dose of benztropine 2 mg tablets? give one tablet
4. What is the meaning of NKDA? No known drug allergy
5. What is the dose of Pepto-Bismol? 30mL
6. What is the route of Pepto-Bismol? by mouth
7. Do we know the strength of the Flonase Nasal Spray? YES / NO
8. What is the route for Flonase Nasal Spray? In each nostril

9. What is the strength of the lamotrigine tablets? 25 mgs.  
 10. What is the dose of the lamotrigine tablets? give 3 tablets  
 11. How many milligrams of lamotrigine would the person receive at one time? 75 mgs  
 12. What does PRN mean? every day / as needed / dispense as written


13.

MEDICATION	HR	MEDICATION	HR
Centrum Daily Vitamin and Mineral, daily, give one tablet, by mouth	8A	Phenytoin 125 mg / 5 mL oral suspension, give 5mL, three times a day, by mouth	8A
			4P
			8P
Tegretol 100 mg tablets, give one tablet, three times a day, by mouth	8A	Furosemide 20 mg tablets, twice a day, give one tablet, by mouth *	8A
	4P		4P
	8P		
Artificial Tears, four times a day, give two drops, in each eye	8A	Keppra 100 mg / mL, give 10mLs, twice a day, by mouth *	8A
	12P		
	4P		8P
	8P		
Hydrocortisone cream 5%, apply thin layer, to rash on right thigh, twice a day *	8A	MS Contin 15 mg tablets, give one tablet, every 12 hours, by mouth	8A
			8P
Apresoline 10 mg tablet, three times a day, give one tablet, by mouth	8A	Aspirin 325 mg tablets, daily, give one tablet, by mouth	8A
	4P		
	8P		


\*THE TWICE A DAY MEDICATIONS ABOVE (Hydrocortisone cream 5%, Furosemide 20 mg tablets, and Keppra 100 mg/mL) appropriate times could be (8A and 4P) or (8A and 8P)

14. A. Dose = take one tablet  
 B. Route = by mouth  
 C. Time = three times a day; 8:00 am, 4:00 pm, and 8:00 pm  
 D. Individual/Person = Mark Smith  
 E. Medication = Tegretol 200 mg. tablets Remember you must always include the strength if one indicated. If you answered only Tegretol, please correct it.
- A. Dose = apply two drops  
 B. Route = in both eyes  
 C. Time = four times a day; 8:00 am, 12:00 pm, 4:00 pm, and 8:00 pm  
 D. Individual/Person = Mark Smith  
 E. Medication = Artificial Tears

15. MEDICATIONS BEING GIVEN ON FIRST OF MONTH

	LAST NAME <b>SMITH</b>		FIRST NAME <b>MARK</b>																													
	ID # <b>54390</b>		HOME <b>SMITH</b>																													
	B.D. <b>MARCH 10, 1968</b>																															
	ALLERGIES <b>NKA</b>																															
	MONTH/YEAR <b>CURRENT MONTH/YEAR</b>																															
MEDICATION	HR	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
TEGRETOL 200 MG. TABLETS, GIVE ONE TABLET, THREE TIMES A DAY, BY MOUTH	8A																															
	4P																															
	8P																															
ARTIFICIAL TEARS, APPLY TWO DROPS, IN BOTH EYES, FOUR TIMES A DAY	8A																															
	12P																															
	4P																															
	8P																															

16. MEDICATIONS STARTING OTHER THAN THE FIRST OF THE MONTH

	LAST NAME <b>DOE</b>		FIRST NAME <b>JANE</b>																													
	ID # <b>54321</b>		HOME <b>DOE</b>																													
	B.D. <b>OCT 28, 1961</b>																															
	ALLERGIES <b>NKDA</b>																															
	MONTH/YEAR <b>CURRENT MONTH/YEAR</b>																															
MEDICATION	HR	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
COLACE 50MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH	8A	→	→	→																												
	8P	→	→	→																												
NASAL NOSE SPRAY, GIVE TWO SPRAYS, IN EACH NOSTRIL, EVERY 12 HOURS	8A	→	→	→																												
	8P	→	→	→																												

17. MEDICATIONS GIVEN FOR A LIMITED AMOUNT OF TIME



LAST NAME	DOE	FIRST NAME	JANE
ID #	54321	HOME	DOE
B.D.	OCT 28, 1961		
ALLERGIES	NKDA		
MONTH/YEAR	CURRENT MONTH/YEAR		

MEDICATION	HR	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
CORTISPORIN EAR DROPS, APPLY TWO DROPS, IN LEFT EAR, TWICE A DAY FOR TEN DAYS	8A	➔												➔																		
	8P	➔													DISCONTINUE ORDER ON 05/12/YEAR AFTER 8PM DOSE YOUR INITIALS																	
TRIPLE ANTIBIOTIC OINTMENT APPLY SPARINGLY, TWICE A DAY FOR SEVEN DAYS, TO BURN ON RIGHT ARM	8A	➔											➔																			
														DISCONTINUE ORDER ON 05/09/YEAR AFTER 8PM DOSE YOUR INITIALS																		
	8P	➔												➔																		