

House of New Hope MEDICATION LOG INSTRUCTIONS

Instructions: Write in the date in the top shaded column with the date corresponding to the day of the week, **beginning with the first day of the week medication is given.** Under “Name of Medication” for each “box” place the name of ONE medication; under “Dosage” list amount to be given next to the “Time Prescribed”, for example 5 mg.- 8:00 a.m., 10 mg.-5:00 p.m. Within each box corresponding to the day and date and the time prescribed, write in the **actual** time the medication was taken by the youth and initial (as the person who gave the medication). **Have youth (age 8 and up, as capable) initial** that the medication was given in the gray box corresponding to the day and time. Place an “X” in any box, matching the appropriate day and time, that medication was to be given, but was **NOT**. Explain reasons for any missed medication and any concerns in the comment section. Anyone dispensing medication, must be listed under persons dispensing medication and write in their name, signature and initial. **You will begin a new sheet any time the kind of medication or dosage is changed.** If medication is given at school, you should request that they provide you with documentation of the days that medication(s) were given and turn this information in to HONH with your medication log.

Period Covered: 3/3 to 3/12/07 **Youth’s Name:** Robert Lewis (RL) **D.O.B.** 1-5-2000

Person(s) Dispensing Medication: Print Name, then signature and initials. For example: Joanne Bloom,

Print Name: Joanne Bloom **Signature:** Joanne Bloom **Initials:** JB

Print Name: _____ **Signature:** _____ **Initials:** _____

Example: Period Covered: 3/3/07 to 3/12/07

		Date:								3/3	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12
Name of Medication	Dosage	Time Prescribed	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
Ritalin	5 mg.	8:00 am					8:05 <i>JB</i>	8:00 <i>JB</i>	8:05 <i>JB</i>	8:07 <i>JB</i>	X	X	X	X	7:58 <i>JB</i>	8:00 <i>JB</i>			
							RL	RL	RL	RL						RL	RL		
	10 mg.	12:00 pm					12:00 <i>JB</i>	12:05 <i>JB</i>	12:00 <i>JB</i>	11:55 <i>JB</i>	X	X	X	X	12:00 <i>JB</i>	12:03 <i>JB</i>			
							RL	RL	RL	RL						RL	RL		
	5 mg.	4:00 pm					4:00 <i>JB</i>	3:55 <i>JB</i>	X	X	X	X	X	4:05 <i>JB</i>	4:07 <i>JB</i>	4:00 <i>JB</i>			
							RL	RL							RL	RL	RL		

Comments: (explain any missed or late dosage or other concerns): On 3/5 child refused to take medication at 4:00 p.m. On 3/6, child left for home visit. Four days of medication given to mother. Youth returned 3/10 and began giving meds again.